Richmond Safeguarding Adults Board

Safeguarding Adults Board

Annual Report 2016-17

NHS Richmond Clinical Commissioning Group

METROPOLITAN POLICE

LONDON BOROUGH OF RICHMOND UPON THAMES

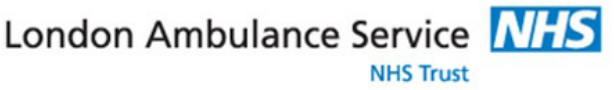

LSCB
Richmond upon Thames


NHS
England


London
Community Rehabilitation Company
PROBATION


East London NHS
NHS Foundation Trust


LFB
LONDON FIRE BRIGADE


London Ambulance Service NHS
NHS Trust


healthwatch
Richmond upon
Thames


Chelsea and Westminster Hospital NHS
NHS Foundation Trust

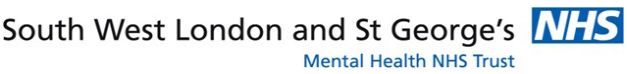

METROPOLITAN
POLICE


Hounslow and Richmond
Community Healthcare
NHS Trust


CareQuality
Commission


NHS
Richmond
Clinical Commissioning Group


council for voluntary service
richmond upon thames


South West London and St George's NHS
Mental Health NHS Trust


your healthcare


Kingston Hospital NHS
NHS Foundation Trust


achieving
forchildren


National
Probation
Service

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Foreword from the Independent Chair

This is the third Richmond annual review report to which I am writing the foreword and one, I am pleased to say, which details significant developments over the past year. Firstly, the stronger focus by the Board as a whole on the individual safeguarding experiences of some of Richmond's more vulnerable people; and secondly, even more robust working arrangements between the 21 separate organisations or services represented on the Board.

One of our aims in this annual review report is to give confidence to the Richmond public that the borough's Safeguarding Adults Board is properly committed to and capable of discharging its responsibilities in the way people in Richmond have a right to expect.

I am pleased to be able to highlight, for example, the number of references in what follows to 'making safeguarding personal', not just in the adult social care, mental health and learning disabilities services submissions, but in almost every organisation's self-assessment, assurance & peer challenge review that we conducted during the year. The Board as a whole has benefited from two of the individual case safeguarding adults reviews it conducted focussing on the learning arising; in particular about the complex and so often interrelated aspects of neglect, self-neglect, personal rights and choice, mental capacity, underlying mental health or substance misuse problems, and fire risk. As the report details, 45% of the 386 alleged abuse enquiries during the year were about neglect or self-neglect. The challenges of these cases are often more complex and difficult for organisations to judge how best to respond appropriately than it is in cases of physical, sexual or financial abuse. To support staff across organisations the Board has been pleased to see the very positive work of the Vulnerable Adults Multi Agency Panel which was established during the year.

This report details the ways in which the Board's priorities for the 2016-17 year (and 2017-18) have been determined through clear strategic aims and an annual business plan which is subject to progress review at each quarterly meeting. In addition, the Board has established a new 'performance dashboard' which provides us with good information about patterns and trends from data collected from Council, the seven NHS organisations serving the borough, Police, Fire and Probation services. It has also meant a move from having a specific Board performance review subgroup to a whole Board performance review process overseen by a newly established SAB strategic leadership group of Director of Adult Social Services, NHS CCG Chief Officer, Police Superintendent and Independent Chair meeting together quarterly. As Independent Chair I welcome both the clear three-statutory organisation strategic leadership of the Board, together with the much wider membership of the Board as a whole with all feeling included, integral and valued, as well as ultimately publicly accountable.

There are many other aspects of 2016-17 I could comment on in this foreword, including the impact of major organisational re-configurations - 'Richmond and Wandsworth staff combining' for Council services, 'Richmond and Kingston' combining for NHS CCG roles and Metropolitan Policing, as well as other pan-borough service combinations. Also, I must recognise the unavoidable reality of staff reductions, competing priorities and workload pressures in almost every area of service impacting on the quantity and quality of what services in Richmond are able to achieve, and on staff and managers personally. It is my role as Independent Chair, with the SAB, to encourage, to facilitate, to expect and to hold to account every organisation, service and its senior leadership representative in relation to safeguarding adults. However, I need to do these within a realistic context of what can be done, what is funded and what is achievable.

There is a great deal of important content in the pages which follow which set out matters from 2016-17, and also now into 2017-18. I want to recognise every person and organisation who has contributed to this report, and to all Board members for their work during the year. I want to identify particularly those who have done so much work on the Communications and Engagement and Safeguarding Adults Review subgroups. I should make special mention of Lynn Wild in her new role as Head of Safeguarding and Professional Standards and the hugely welcome addition of a SAB Co-ordinator (albeit interim) across Richmond and Wandsworth, Barbara Grell, in a role previously missing, which has significantly strengthened support to the Board's working as an effective partnership.

However, as I hope I would be the first to recognise and this report indicates, there is no complacency anywhere. There are weaknesses. There are things to do and things to improve in 2017-18 and beyond. But equally I would emphasise, there are very good safeguarding adults' services across partner organisations in Richmond. There is much to be pleased about in comparison with many other places.

Finally, as I have said in my forewords previously, all that is written in this annual review is open to public question, challenge and scrutiny, but whatever weaknesses are identified, everybody in Richmond can be assured of the Boards (and my) commitment to seeking to drive improvements or developments wherever they are needed. The Board is absolutely clear about its role, responsibility and accountability to the people of Richmond.

Brian Parrott

Independent Chair,
Richmond Safeguarding Adults Board

Glossary of terms

In using this document, a number of phrases, wording or acronyms have been used. The following provides more information and where necessary a definition

Adult at risk

A person aged 18 or over who is in need of care and support regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect.

Advocacy

Taking action to help people who experience substantial difficulty contributing to the safeguarding process to say what they want, secure their rights, represent their interests and obtain the services they need.

Care Act 2014

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. Local authorities have new safeguarding duties. They must:

- **lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens.
- **make enquiries, or request others to make them,** when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed. These are known as **Section 42 enquiries.**
- **establish Safeguarding Adults Boards,** including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy.
- **carry out Safeguarding Adults Reviews** when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them. These are referred to as **Section 44 reviews**.
- **arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

Any relevant person or organisation must provide information to Safeguarding Adults Boards as requested.

Cheshire West Judgement

On the 19th March, the Supreme Court published its judgment in the case of P v Cheshire West and Chester Council and P and Q v Surrey County Council. This judgment has clarified the "acid test" for all people who lack capacity to make decisions about whether to be accommodated who are:

- Not free to leave
- Under continuous supervision
- Under the responsibility of the state

The court ruled the person's compliance or lack of objection to their placement, the purpose of it or the extent to which it enables them to live a relatively normal life for someone with their level of disability were all irrelevant to whether they were deprived of their liberty.

The judgement widened the application of the Deprivation of Liberty safeguards to include people in care homes and supported living placements. This judgement resulted in a significant increase in the number of DoLS cases numbers regarding care home placements, and also applications to the Court of Protection to authorise deprivations of liberty in supported living.

Covert medication and deprivation of liberty

This case is known as AG v BMBC & Anor [2016] where District Judge Bellamy gave useful clarification as to the seriousness of the consideration that must be given to the use of covert medication, especially in the context of DoLS authorisation. The judge held that:

- The use of medication without consent or covertly whether for physical health or for mental health must always call for close scrutiny. Covert medication is a serious interference with a person's autonomy and right to self-determination under Article 8. It is likely to be a contributory factor giving rise to the existing DOL. Safeguards by way of review are essential.
- The managing authority has a duty to monitor for any change in a person's circumstances on an ongoing basis. This obligation exists no matter how long or short the stipulated duration of the authorisation was granted. There must be a care plan setting out clear roles and responsibilities for monitoring and addressing the issue of when a review is necessary.

The guidance to supervisory bodies is that:

- If a person lacks capacity and is unable to understand the risks to their health if they do not take their prescribed mediation and the person is refusing to take the medication then it should only be administered covertly in exceptional circumstances;
- before the medication is administered covertly there must be a best interest decision which includes the relevant health professionals and the person's family members;
- If it is agreed that the administration of covert medication is in their best interests then this must be recorded and placed in the person's medical records/care home records and there must be an agreed management plan including details of how it is to be reviewed.

Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) are an amendment of the Mental Capacity Act 2005. The safeguards aim to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards set out a process that hospitals and care homes must follow if they believe it is in the person's best interests to deprive them of their liberty, in order to provide a particular care plan. The Deprivation of Liberty Safeguards can only be used if the person will be deprived of their liberty in a care home or hospital. In other settings the Court of Protection can authorise a deprivation of liberty.

Care homes or hospitals must ask a local authority if they can deprive a person of their liberty. This is called requesting a standard authorisation.

A recent court decision determined that a deprivation of liberty occurs when:

- a person is under continuous supervision and control in a care home or hospital, and
- is not free to leave, and
- the person lacks capacity to consent to these arrangements.

There are six assessments which have to take place before a **standard authorisation** can be given.

If a standard authorisation is given, one key safeguard is that the person has someone appointed with legal powers to represent them. This is called the **relevant person's representative** and will usually be a family member or friend.

Other safeguards include rights to challenge authorisations in the Court of Protection, and access to Independent Mental Capacity Advocates (IMCAs).

Independent Mental Capacity Advocate (IMCA)

Established by the Mental Capacity Act (MCA) 2005 IMCAs are mainly instructed to represent people where there is no one independent of services, such as family or friend, who is able to represent them. IMCAs are a legal safeguard for people who lack the mental capacity to make specific important decisions about where they live, serious medical treatment options, care reviews or adult safeguarding concerns.

Making Safeguarding Personal

Making Safeguarding Personal is a sector led initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances. It is about engaging with people about the outcomes they want and ascertaining the extent to which those outcomes were realised at the end.

MSP seeks to achieve:

- A personalised approach that enables safeguarding to be done with, not to, people.
- Practice that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'.
- An approach that utilises social work skills rather than just 'putting people through a process'.
- An approach that enables practitioners, families, teams and the Board to know what difference has been made.

MARAC (Multi-Agency-Risk-Assessment-Conference)

MARAC (Multi-Agency-Risk-Assessment-Conference) is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors. A survivor is referred to the relevant MARAC if they are an adult (16+) who resides in the borough and are at high risk of domestic violence from their adult (16+) partner, ex-partner or family member, regardless of gender or sexuality.

After sharing all relevant information they have about a survivor, the representatives discuss options for increasing the safety of the survivor and turn these into a co-ordinated action plan. The MARAC will also consider other family members including any children and managing the behaviour of the perpetrator. Information shared at the MARAC is confidential and is only used for the purpose of reducing the risk of harm to those at risk.

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 survivor, but all may have insights that are crucial to their safety. The responsibility to take appropriate actions rests with individual agencies; it is not transferred to the MARAC.

Organisational abuse

The mistreatment or abuse or neglect of an adult at risk either by a regime or individuals within settings and services that adults at risk live in or use, that violate the person's dignity, resulting in a lack of respect for their human rights. (Care and Support Statutory Guidance, 2014).

Outcome

An Outcome is what the person who has experienced abuse or neglect wants from any work that is done with them. This may be that they feel safer but it also may mean that they feel that their choices and wishes have been respected. Measuring outcomes helps the Board to answer the question "What difference did we make?" rather than "What did we do?"

Person/organisation alleged to have caused harm

The person/organisation suspected to be the source of risk to an adult at risk.

PREVENT

PREVENT is part of the government's counter-terrorism strategy. Its aim is to stop people becoming terrorists or supporting terrorism. Its relevance to the work of the Board is that safeguarding work can play a part in protecting people at risk of harm from being drawn into terrorism-related activity against their will. All government departments have been required to carry out training through approved Workshops to raise Awareness of Prevent (WRAP). Compliance with this training and ensuring that the local referral mechanisms are working is a key part of the work of the Board.

Safeguarding Adult Manager

The person who manages, makes decisions, provides guidance and has oversight of safeguarding concerns that are raised to the Local Authority.

Safeguarding Concern

This is the term used to describe when there is (or might be) an incident of abuse or neglect and it replaces the previously used term of 'alert'.

Safeguarding Enquiry (Section 42 enquiry)

Establishes whether any action needs to be taken to stop or prevent abuse or neglect, and if so, what action and by whom the action is taken. Previously this may have been referred to as a 'referral' .

Safeguarding Enquiry Officer

The member of staff who undertakes and co-ordinates the actions under Section 42 (Care Act 2015) enquiries.

1. About the Richmond Safeguarding Adults Board and what it does

The Richmond Safeguarding Adults Board (The Board) is a long established partnership of agencies who together work to promote people's right to live in safety, free from abuse and neglect. Its purpose is to ensure that organisations work together to both prevent abuse and neglect, and respond in a way that promotes each person's wellbeing, should they experience abuse or neglect. From 1 April 2015, the Board became a statutory body with specific duties and functions. These requirements are set out in the Care Act 2014 at www.richmond.gov.uk/the_care_act

The Board leads the strategic oversight of adult safeguarding arrangements in Richmond for adults with care and support needs who may be experiencing or at risk of abuse or neglect. The Board does this by:

- Making sure that local arrangements are in place and that the safeguarding work of its members is effective.
- Improving the way local agencies and services work together to respond when abuse or neglect have occurred and to prevent abuse and neglect from happening.
- Making sure that people are placed at the centre of enquiries when abuse or neglect has occurred.
- Ensuring continuous improvement, development and learning to develop a shared understanding of best practice.
- Setting out our vision, aims and objectives in strategic & business plans and ensuring that we deliver on these.

The six safeguarding principles

The work of the Board is guided by the six principles that underpin all adult safeguarding work. These are:

- **Empowerment:** Adults are encouraged to make their own decisions and are provided with support and information.
- **Protection:** Adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding.
- **Prevention:** Strategies are developed to prevent abuse and neglect that promote resilience and self-determination.
- **Proportionate:** A proportionate and least intrusive response is made, which is balanced with the level of risk.
- **Partnerships:** Local solutions through services working together within their communities.
- **Accountability:** Accountability and transparency in delivering a safeguarding response.

Boards Governance Framework

The governance framework of the Board includes the definition of a **Vision** which defines the outcomes it wants to achieve for the residents of the London Borough of Richmond upon Thames.

The **Strategic Aims** and 2 year objectives define how the Board plans to achive its Vision and provides direction and continuity to each years Business Plan.

The **Annual Business Plan** provides a detailed plan of specific key actions, and target timescales required to achieve the Board's Strategic aims.

The **Annual Report** reflects on the previous years activity and reports progress towards the Strategic and Annual Business Plan.

Vision and Principles

Our vision is for Richmond to be a place where everyone lives in safety, free from abuse and the fear of abuse with the rights of citizenship.

This means that as a Safeguarding Adults Board, we will continue to work in partnership to ensure mutual co-operation and work with our local communities to:

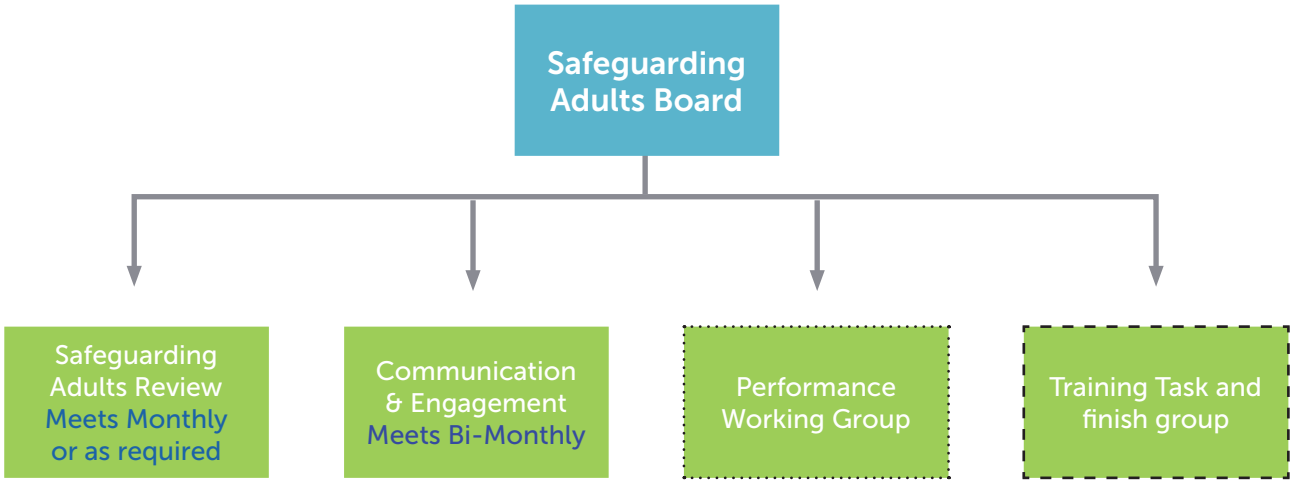
- Take all actions in our power to actively prevent abuse and neglect from happening.
- Identify, report and remove the risk of abuse and neglect.
- Support people who have experienced abuse, in ways that they wish to be supported and enable them to recover and regain trust in those around them.
- Place the person at the centre at all times throughout our interventions and support.
- Improve community awareness.
- Share information and intelligence.
- Learn from Safeguarding Enquiries and Safeguarding Adults Reviews to improve our practice and preventative strategies.
- Give assurance through our annual report.

"No-one should have to tolerate or be exposed to abuse, neglect or exploitation."

How we work

The Board meets quarterly and undertakes its work through various groups and working parties. In addition, during 2016-17 the Board's three key statutory partners – Council, NHS CCG and Police, together with the Board's Independent Chair, established an (in effect) executive quarterly meeting of Council Director of Adult Social Services, CCG Chief Officer and Police Superintendent. It became well established during the year, giving an opportunity for 'top level' overview of direction, progress and performance, as well as planning for each subsequent formal Board meeting.

Richmond Safeguarding Adults Board Structure 2016/17



The **SAR Subgroup** was developed to oversee the Board's response to the Section 44 of the Care Act (2014) requirement to review adult deaths or serious harm where abuse or neglect may have occurred. It is chaired by the Assistant Director of Adult Social Services (Commissioning and Quality Standards) Richmond and Wandsworth Local Authorities and attended by senior officers designated by the 3 statutory partners. The SAR Subgroup met 10 times during the year. During 2016/17 the Board considered a total of 7 SAR referrals and agreed 1 met the criteria as a SAR and in a second case a lighter touch learning review was undertaken. Three SARS, agreed in 2015/16, were completed during the year and 1 is still in progress. The learnings were discussed by the board partnership and changes in practice identified. Details are provided in chapter 5.

The SAR sub group evaluated and reviewed our local Safeguarding Adults Review Protocol and included a MSP focus on the involvement of the relevant person or their family and friends in the SAR process. The new SAR protocol can be accessed here: www.richmond.gov.uk/local_safeguarding_adult_review_protocol.pdf.

The **Communication and Engagement Subgroup** raises public awareness of safeguarding and how to act on concerns about abuse and neglect. It is chaired by a CCG representative and meets on a bi-

monthly basis. Membership includes representation from the statutory partner agencies, Healthwatch and Richmond Community Voluntary Services. The group also make reference to a Readers Group to ensure that the content of any written material is accessible. A new safeguarding leaflet for people with a Learning Disability and a Safeguarding Adult Review leaflet for family and friends were developed during the year.

A **Training Task and Finish Group** was established to report on options for assuring the Board that the adult workforce across the partnership is sufficiently skilled and knowledgeable about safeguarding. The majority of organisations were able to evidence high numbers of staff being trained in basic safeguarding adults awareness and reporting. More detailed training is provided to smaller numbers of staff. Each partner organisation described the training plan going forward, taking account of gaps as identified by the audit.

The **Performance Working Group** comprised of representatives from the local authority and the CCG and engaging with other partners as required. Its purpose was to discuss and develop a performance Dashboard for the Board showing the activities of the partnership in relation to Board priorities. The dashboard can be found here: www.richmond.gov.uk/council/how_we_work/partnerships/sab

Board Members

The Board is led by an independent chair and has a core membership of 21 organisations. Below is a list of the agencies represented on the Board. Members are of sufficient seniority within their organisation to be able to make decisions and commit resources on their behalf. There is an expectation that representatives will attend all four meetings each year.

- **Richmond and Wandsworth Council Adult Social Care**
- **Richmond CCG**
- **Richmond Metropolitan Police**
- **Richmond and Wandsworth Housing**
- **Richmond and Wandsworth Public Health**
- **Richmond Community Safety Partnership representative**
- **Richmond Council member representative**
- **South West London and St Georges Mental Health Trust**
- **Healthwatch Richmond**
- **London Fire Brigade – Richmond**
- **London Ambulance Service**
- **National Probation Service – London**
- **Richmond LSCB representative**
- **Kingston Hospital NHS Foundation Trust**
- **Chelsea and Westminster Hospital NHS Foundation Trust**
- **London Community Rehabilitation Company (CRC)**
- **NHS England**
- **Richmond Council for Voluntary Service**
- **Hounslow and Richmond Community Healthcare**
- **Your Healthcare**
- **Richmond Wellbeing Service**

2. What we set out to do

The Board adopted five strategic objectives for 2016/17.

PERSON CENTRED PRACTICE AND MAKING SAFEGUARDING PERSONAL

LEADERSHIP, GOVERNANCE AND PARTNERSHIP

PREVENTION, COMMUNITY ENGAGEMENT AND AWARENESS RAISING

POLICY, PRACTICE AND STAFF DEVELOPMENT

ACCOUNTABILITY, PERFORMANCE, QUALITY AND ACHIEVEMENT

To develop a safeguarding culture which promotes adults at risk as being central to and fully involved in safeguarding arrangements, plans, process and any intervention.

To deliver strategic leadership, governance and the widest possible partnership to deliver on our statutory safeguarding responsibilities.

To improve levels of engagement and knowledge of safeguarding by raising awareness with the public, vulnerable people, their carers and supporters and hard to reach communities and high risk groups.

To ensure the requirements and the spirit of the Care Act 2014 are fully implemented by all agencies that hold statutory and non-statutory responsibility for safeguarding, through best practice.

To ensure our aims, objectives, plans and service interventions are appropriately and proportionately reviewed so we can monitor progress, take corrective actions and ensure continuous learning, improvement and quality.

3. What we achieved 2016/17

1 To develop a safeguarding culture which promotes adults at risk as being central to and fully involved in safeguarding arrangements, plans, process and any intervention.

To achieve this:

- We have ensured that we have embedded Making Safeguarding Personal[1] in adult safeguarding practice through ensuring that people who are involved in the enquiry are able to define their own outcomes and to determine the extent to which the safeguarding process helped them to achieve them. Almost 92% of people reported that their outcomes had been fully or partially met.
- The Local Authority monitors and reports on the level of Safeguarding Enquiries for Black, Asian and Minority Ethnic (BAME) residents to ensure equality. During the current year 9% of cases involved BAME groups which is 2% higher than in 2015/16. The BAME population in Richmond is 14% for people age 18 – 64 and 6% for people age 65 and over, according to the 2011 Census data.
- In 64 % of cases the risk was removed or reduced as a result of adult safeguarding enquiries.
- The Local Authority coordinated a range of audits to look at multi-agency enquiries and to provide assurance that practice is proportionate, personalised, robust, timely and leads to outcomes of improved safety and wellbeing.
- Health and social care partner agencies worked together to establish both a 'Falls' and a 'Pressure Ulcer' Protocol setting out common principles for reporting and recording adult safeguarding concerns. This is widely used by health providers and helps to ensure that the approach to safeguarding is consistent across the area. (Protocol can be found at www.richmond.gov.uk/safeguarding_adults_pressure_ulcers_protocol)

2 To deliver strategic leadership, governance and the widest possible partnership to deliver on our statutory safeguarding responsibilities

To achieve this:

- We met regularly throughout the year and attendance at all meetings was good.
- We held a successful peer challenge and support event with all Board Partners, to obtain assurance on the quality of services and awareness of adult safeguarding issues across the partnership. Fourteen partners responded to the self-assessment and have identified development areas for the coming year. There was evidence of continuous improvement across the partnership with no areas rated as 'not yet started' (Red). There was significant progress in relation to Prevent training[2] which had been a relatively undeveloped area in 2015 /16. Mental Capacity Act (MCA) and Making Safeguarding Personal (MSP) remain as priorities on the Board's business plan.
- The Vulnerable Adults Multi-agency (VAMA) Panel was established in March 2016 as a result of the learning from a Safeguarding Adult's Review. The VAMA Panel is a method of undertaking multiagency safeguarding enquires for people who self-neglect/hoard and are difficult to engage in a traditional safeguarding enquiry. Referrals to the VAMA panel are made from across the partnership and professional work together to supports the person to effect changes and to reduce risk. During 2016/17, sixty-one referrals were made to the VAMA Panel. 53% of the referrals have been closed, 23% are on-going, and 24% were not considered to be appropriate for the VAMA panel and were signposted to other processes. Of the closed cases, the risk was removed in 24% of cases and reduced in 49%. In 27% of cases the risk remains as a result of people making capacitated lifestyle choices and refusing engagement with any of the agencies.
- The Local Authority Provider Risk Panel provides a holistic overview of safeguarding incidents, complaints and observations in care and nursing homes, hospitals and domiciliary care agencies. The panel maintains a provider risk action plan which is discussed regularly at the Local Authority's Care Governance Board.
- We received reports and updates from the Local Authority on the level of applications for authorisation of the Deprivation of Liberty Safeguards (DoLS) and of the compliance of local providers with these statutory requirements.

[1] Making Safeguarding Personal is a sector led initiative which aims to develop an outcomes focus to safeguarding work. It is about focusing on people's outcomes – see Glossary

[2] Prevent is part of the government's counter-terrorism strategy. Its aim is to stop people becoming terrorists or supporting terrorism. All public organisations are required to ensure staff attend workshops to raise awareness of Prevent (WRAP).

3 To improve levels of engagement and knowledge of safeguarding by raising awareness with the public, vulnerable people, their carers and supporters and hard to reach communities and high risk groups.

To achieve this:

- We have continued to raise public awareness and understanding of adult safeguarding through print and online material.
- We have used our performance dashboard to capture outcomes of wider prevention interventions such as fire safety visits and the reporting of disability hate crime. This year the Richmond London Fire Service completed 1226 fire safety visits to priority risk households in order to improve the fire safety.
- The reporting of disability hate crime remains relatively low with 14 cases reported in 2016/17. However, numbers whilst small have more than doubled compared to last year when only 6 cases were reported.
- We have regular representation at the Board by Richmond Council for Voluntary Service who represents the wider community in shaping the local safeguarding adults response.

4 To ensure the requirements and the spirit of the Care Act 2014 are fully implemented by all agencies that hold statutory and non-statutory responsibility for safeguarding, through best practice.

To achieve this:

- The Board and its partners have adopted the updated London Multiagency Procedures and have developed a full range of complementary policies, local procedures and guidance around effective risk management.
- All partners have strategies in place to ensure training and refresher training of staff on all aspects of adult safeguarding relevant to their roles.
- We updated referral routes between the Local Authority and Metropolitan Police Service to improve interagency communication.
- The SAR policy has been reviewed and revised. The SAR Protocol 2016 ensures that the relevant person, representative, family or friends are able to give their view and be involved as much as possible in any SAR undertaken.
- Where people lack capacity we facilitate their involvement in adult safeguarding through an appropriate representative such as a family member or Independent Mental Capacity Advocate (IMCA). 97% of people who lacked capacity had involvement of someone to support and represent their views.

5 To ensure our aims, objectives, plans and service interventions are appropriately and proportionately reviewed so we can monitor progress, take corrective actions and ensure that continuous learning informs improvement and quality measures.

To achieve this:

- We established a performance dashboard which provides regular reporting on the achievement of the business plan objectives.
- We held an away day where we reviewed our activity and updated our business plan.
- Safeguarding partner organisations completed a self-assessment review and attended a peer challenge and support panel to discuss the content of their submissions and provide any support needed to achieve compliance.
- The Board received performance reports showing the improved outcomes to adults at risk through VAMA, SAR's and Section 42 Enquiries.
- We monitored the quality of local health and social care providers through reports presented to the Board by the CCG and Local Authority commissioners.
- The Board is represented on a range of regional networks such as the London Safeguarding Adults Chairs Group, the Assistant Directors of Adult Social Care group, the London Safeguarding Adults Board and the London Safeguarding Adult Review Task and Finish group. This helps the Board to influence regional and national adult safeguarding developments as well as to learn from the wider adult safeguarding network.

4. Measuring Safeguarding Progress

Safeguarding Concerns

The introduction of the Care Act from 1 April 2015 brought some significant changes in terminology and safeguarding requirements. For the purposes of this report, we are comparing Concerns and Enquiries in 2016/17 and 2015/16 to Alerts and Referrals in the previous years. Although a different definition, it allows some comparison to previous performance.

A Safeguarding Concern occurs when any safeguarding issue is first raised with Adult Social Care. After a Concern is received it is reviewed, considered and risk assessed. It will either be resolved at this stage or dealt with through another route if not considered to be a safeguarding matter, or it will advance to the next stage of the safeguarding process for fuller investigation and formal intervention. This is called a Section 42 Enquiry.

1354 Concerns

386 Enquiries

In the 2016/17 financial year there were:

- 1354 safeguarding Concerns raised,
- 386 Section 42 Enquiries commenced.

This is the highest number of Concerns ever received in Richmond and a 30% increase in the number of safeguarding Concerns raised when compared to the previous year. The number of Safeguarding Enquiries have reduced by 8% during the same period. Consequently, 2016/17 saw the lowest proportion of Concerns progressed to Enquiry with 29% compared to 40% in 2015/16 and 34% in 2013/14. This is due in part to increased awareness of adult safeguarding issues across the health and social care system and is a positive feature.

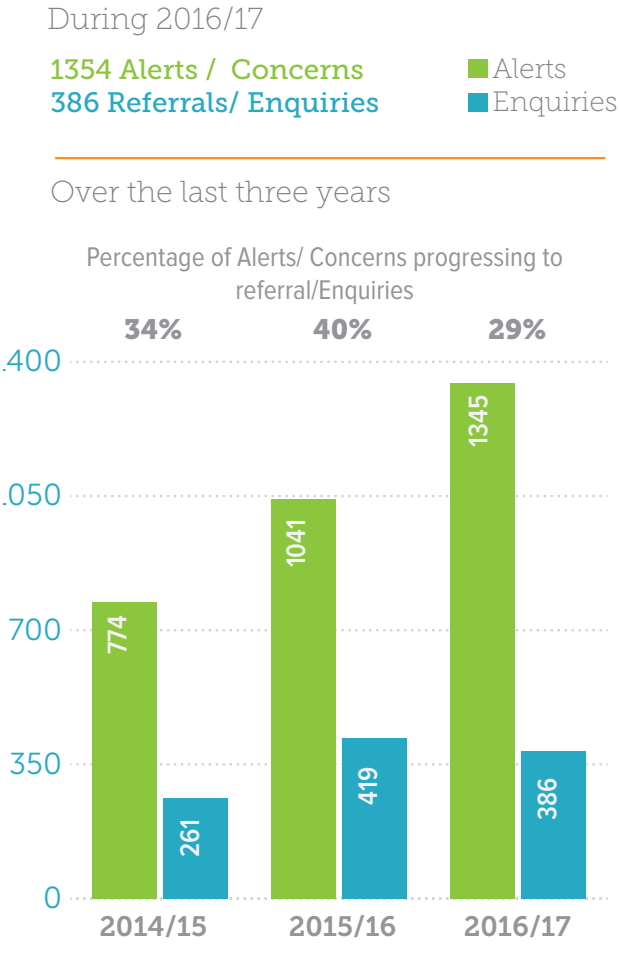


Chart 1: Number of referrals and percentage of enquiries

Outcomes for adults

Overall there were 375 enquiries undertaken in 2016/17. The risk was removed or reduced in 245 cases as shown on Chart 3. The risk remains in 51 cases (14%). This can be explained through positive risk taking and enablement factors, where people may have chosen to live with the risk or manage the risk themselves.

No action was taken in 21% (80) cases. This could be because people, who have the mental capacity to decide, made the choice to refuse a safeguarding enquiry or as a result of establishing that there was no risk apparent.

Risk

Removed - 14%
Reduced - 52%
Remains - 14%

CHART 3: Outcomes for Concluded Enquiries

Personal outcomes achieved

Gaining both a qualitative and quantitative understanding outcomes remains central to our work. We have streamlined our process to embrace a Making Safeguarding Personal approach to safeguarding.

Chart 4 shows that nearly 92% of the adults at risk (338 people) felt they achieved the outcomes they wanted, which is a positive reflection on personalised practice. Thirty-one people felt their outcome was not met. This is broadly similar to the percentages achieved in the last two quarters of last year. Outcomes may not be achieved for a variety of reasons given the complexity of some situations and of the interpersonal relationships at the time. In some instances, the outcomes which people wanted may not have been realistic in the circumstances. In all cases, the safeguarding process works towards the person directing the safeguarding process and for their outcomes to be met, whenever this is practical.

Chart 4: Personal Outcomes achieved

Type of alleged abuse and comparison with previous years

The top three types of alleged abuse are:

- Neglect – 116 incidents (30%)
- Financial abuse - 89 incidents (23%)
- Emotional and Psychological – 65 incidents (17%)

These are followed by:

- Self-neglect – 59 incidents (15%)
- Sexual abuse – 33 incidents (6%)
- Physical abuse – 28 incidents (7%)
- Domestic abuse – 19 incidents (5%)
- Institutional – 5 incidents (1%)
- Discriminatory – 4 incidents (1%)

There were no cases of modern slavery.

In 2016/17, the most prevalent 2 types of adult abuse were neglect (116 cases) and financial abuse (89 cases). Both of these types of abuse are most prevalent for older people and this is consistent with the increase in Concerns for older people.

Neglect occurs mainly in care homes and relate to issues in terms of quality assurance in the care homes. Although overall most care homes in the borough are rated good or outstanding by CQC, safeguarding incidents reflect occasions when the care quality has reduced for a period of time.

Highest incidents

Neglect - 30%
Financial - 23%
Emotional - 17%

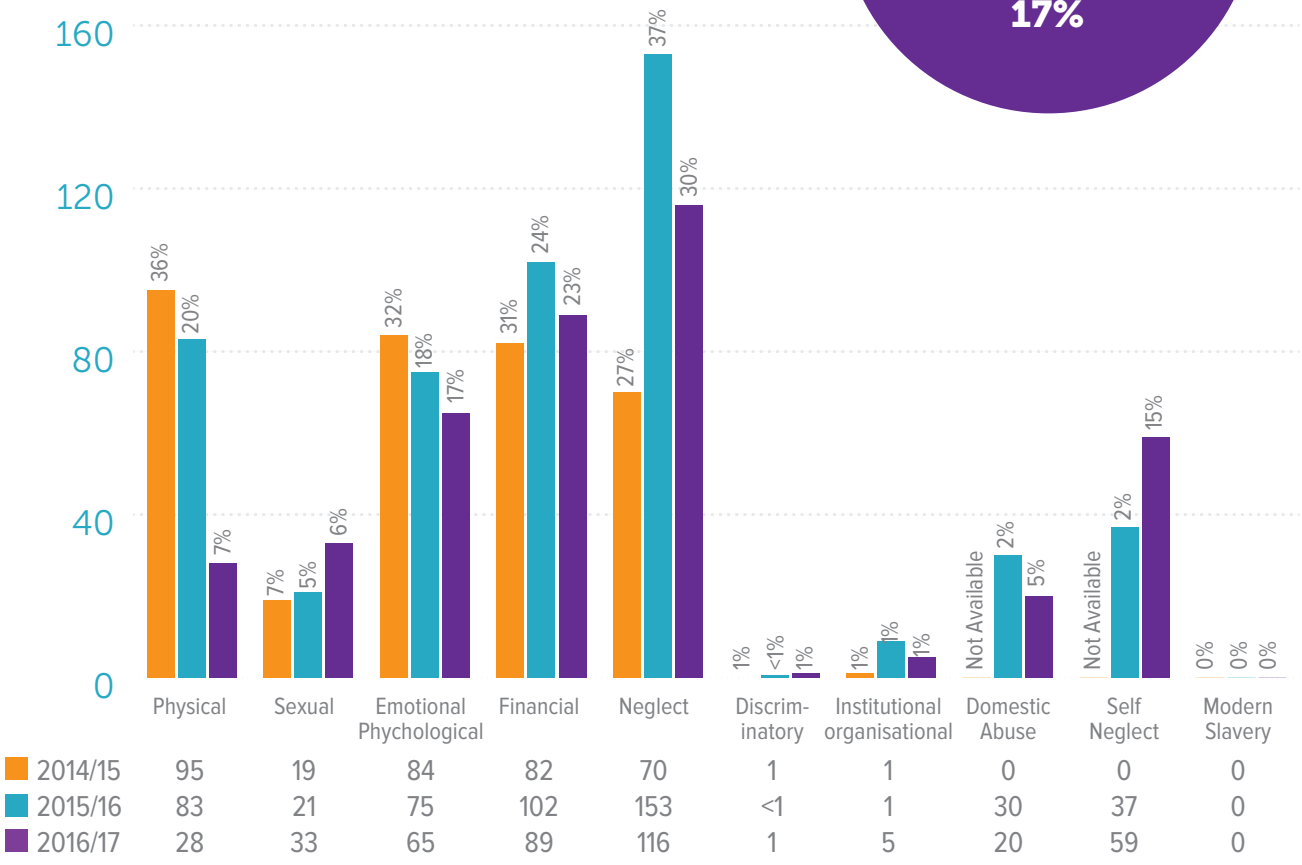


CHART 2: Nature of abuse for safeguarding Referrals/Enquiries

Local providers engage positively with safeguarding enquires and work in partnership with the Local Authority and CCG to make positive changes.

Financial abuse most frequently occurs for older people receiving support in their own homes. The person alleged to have caused harm may be a friend/ family member or an employed care worker. The Board plan to focus on this area in the coming year.

There were 59 cases of self-neglect reported during 2016/17 with 44 or 75% of these being older people. The increase in the number of self-neglect cases shows the impact of the changes of definition as a result of the Care Act. Many of the cases of self-neglect are managed through multiagency processes such as the Vulnerable Adults Multi-Agency (VAMA) Panel.

Location of alleged abuse

As with previous years, adults at risk are more likely to be abused in their own homes (Chart 5).

Where does abuse happen?

67% -Own home
13% - care home
3% - hospital

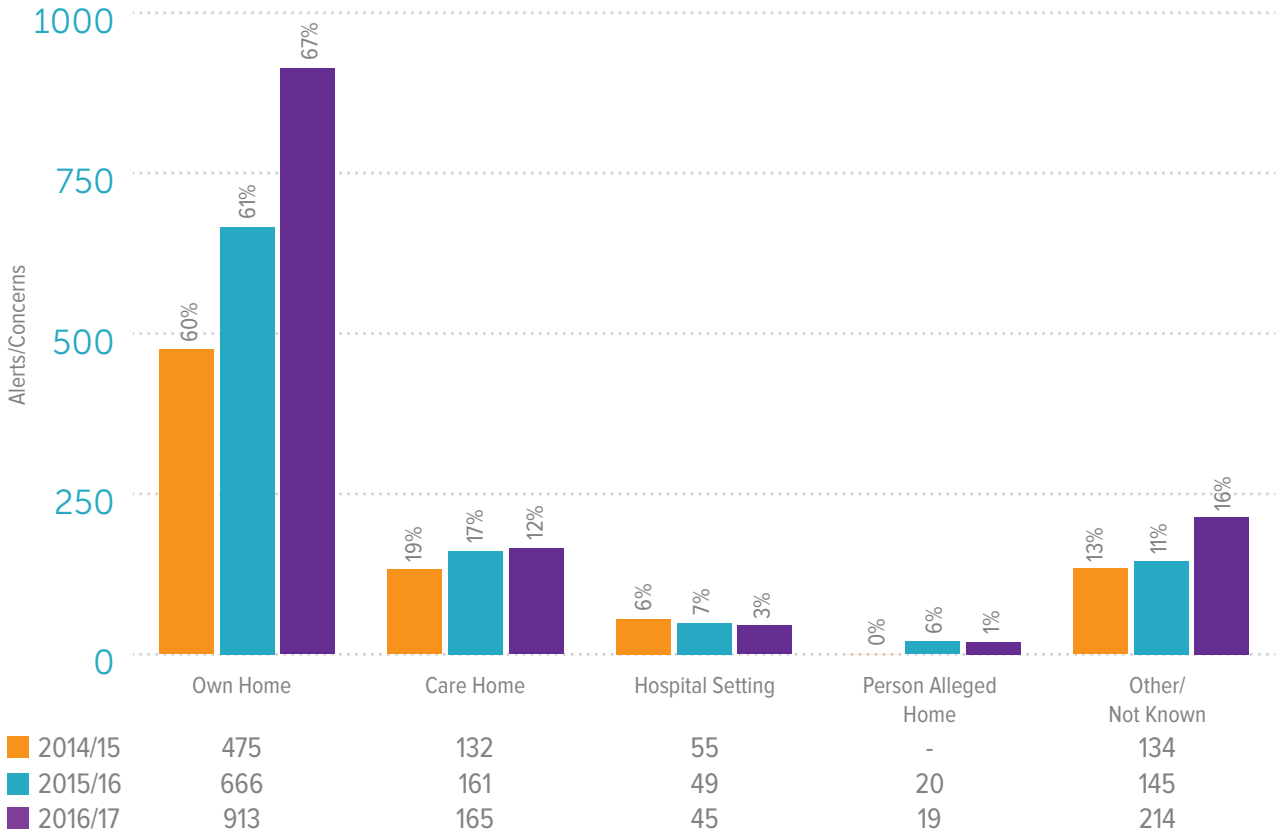


CHART 5: Location of alerts/concerns - comparison to previous years

Safeguarding Enquiries by Ethnicity

There were a total of 32 safeguarding enquiries involving people who identified themselves as Black, Asian and Minority Ethnic (BAME). 9% of all enquiries relate to the victim being a member of one of the BAME communities. The 2011 census showed the BAME residents comprise 14% of people age 18 – 64 and 6% for people age 65 and over. The level of safeguarding is therefore broadly reflective of the population suggesting that ethnicity is not a factor in people requiring safeguarding.

Detailed breakdown of ethnicity and comparison with previous years is shown in Chart 6 below.

Ethnicity	2014/15		2015/16		2016/17	
	Number	%	Number	%	Number	%
White	222	85%	365	85%	291	75%
Mixed	*	1%	*	0%	*	1%
Asian or Asian British	9	3%	12	3%	11	3%
Black or Black British	7	3%	*	1%	12	3%
Other Ethnic Groups	6	2%	8	3%	9	2%
Not Stated	19	6%	12	5%	59	15%

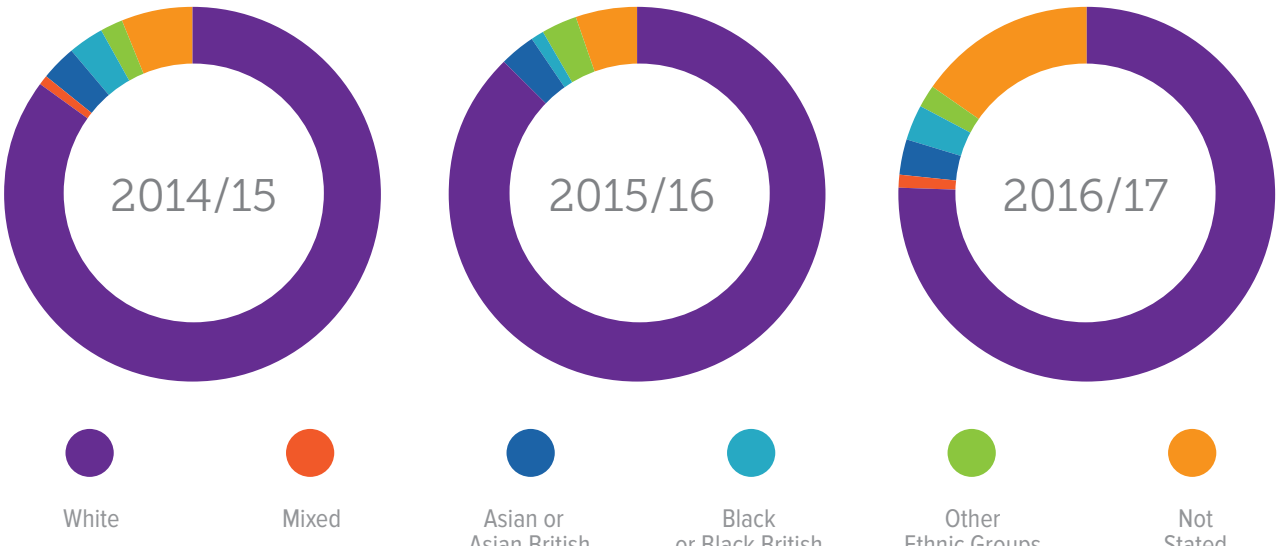


CHART 6: Ethnicity of people with safeguarding referral/enquiries

Mental Capacity of people involved in the safeguarding process

30% of people who were safeguarded lacked capacity

Determining the mental capacity of people to make decisions about the safeguarding process is important. As illustrated in chart 7 the 271 (68%) people who were involved in adults safeguarding had capacity to make decisions about the safeguarding process. 121 (30%) of people lacked capacity to make decisions about the safeguarding process.

Where people lack capacity there is a requirement to involve advocates to support people and to ensure their voice and wishes are taken into account in the enquiry. Of the 121 concluded enquiries (114 people) reported to lack capacity 117 enquiries (96.7% - 110 people) had access to support via a family member or an advocate.

CHART 7 Mental Capacity Status

5. Learning from Safeguarding Adult Reviews

The Safeguarding Adults Reviews (SARs) (www.richmond.gov.uk/safeguarding_adult_reviews) that have been undertaken this year have provided insights into how effectively organisations are working together in safeguarding and supporting vulnerable people, some of whom may only be at the fringes of statutory services. A successful SAR results in an appraisal of collaborative and single agency working, identifies learning and makes improvements to systems and practice. The key findings from the completed SARs to date has identified the challenges of engaging with people with capacity who are reluctant to accept support or to make changes in their behaviour, which may pose harm or risk to themselves. The importance of persisting and using a joined up, multi-disciplinary approach was highlighted and it was recognised that staff need to be supported to persevere in forming relationships and finding mechanisms to secure changes and that this may take considerable time.

A focus for the Board was to find effective ways of working with practitioners, organisations and families during SARs to answer questions, give everyone involved a better understanding of the circumstances that led to the serious harm or death and how to act to prevent future incidences. It is hoped that the process of SARs will help to build sustainable improvements in practice across the partnership.

Governance of SARs

The Board has set up and delegated the responsibility of the consideration of referrals, oversight, and management of SARs to a SAR Sub Group Chaired by the Assistant Director of Adult Social Services. The sub group's membership includes senior colleagues from the CCG and Police. Where necessary the group membership is extended to other Board representatives to consider issues specific cases. The SAR Sub Group has co-ordinating oversight of SAR Panels commissioned to consider specific cases and reports at each Board ensuring diligent governance.

The SAR Sub Group has overseen the development and publication of a revised local SAR Policy (www.richmond.gov.uk/local_safeguarding_adult_review_protocol) endorsed by the Board in December 2016. This comprehensive document provides a local framework, complementing the Care Act Statutory Guidance and Pan London Policy.

The sub group has utilised a number of different methodologies in order to ensure that the SAR process is both proportionate and meaningful. A key challenge has been the availability of sufficiently skilled independent reviewers to undertake the SARs.

The Number of SARs

In the period of this report, the SAR sub group considered 7 referrals and concluded that 6 did not meet the SAR criteria. One case was taken forward as a SAR but remains temporarily suspended to allow an on-going police investigation to be completed. In another case (which did not meet the SAR criteria) it was agreed to progress a learning review to identify how agencies could work more effectively together in the future.

In 2015/16 we identified 4 SARS and work on these has continued into the current year. Three were completed in the current year and the themes and actions are reported below. One was particularly complex as a result of parallel processes being undertaken by the Independent Police Complaints Commission (IPCC) and the Coroner, and is still in progress.

Themes from SARs

Quality of direct practice

In two of the three SARs the issue of the person (who had capacity) not willingly engaging with services was the central theme. The learning was about the importance of practitioners being encouraged not to give up too soon, and seek ways to sustain support and to be professionally curious. The role of the practitioner in remaining involved with and seeking innovative ways to form positive relationships with people who choose to take such risks was recognised. As was the recognition that when an adult has capacity and chooses high risk behaviours despite the best efforts and endeavours of staff, this can leave them feeling personally and professionally responsible although they have exhausted their limited legal or practical authority in such situations. The board acknowledged that all life involves risk and the importance of balancing mitigating risk with people's rights to living a happy and meaningful life.

The understanding of the Mental Capacity Act and its application to work with people has been explored in all the SARs. The balance between a presumption of capacity and sufficient professional scepticism is a difficult one in practice. It was noted that in one instance there had been insufficient consideration of a mental capacity assessment and a best interest decision in relation to a proposed care plan.

Inter-professional and Interagency collaboration

Although there were instances where professionals worked together, particularly in the context of Section 42 safeguarding enquires to identify risk and agree a way forward, there were also instances which professionals and agencies worked in parallel and not with the joined up or shared approach that would have been expected. with professionals adhering to organisational requirements without sufficient reference to others.

There were instances where those involved lacked sufficient knowledge or skills and where better joint working would have improved inter agency referrals, such as for health care were missed.

There were instances when the communication and information sharing between agencies could have been improved, for example when both housing and social care services were aware of a potential injury, but no onward refer to medical services or a GP was made.

Impact of organisational factors on how practitioners work

In one SAR there were issues with care plans and risk assessments not being up to date and of care workers not adhering to the agreed care plan. This was coupled with a lack of management oversight of care workers carrying out their duties, particularly at night. This highlighted significant issues with the providers quality assurance system.

There were examples of emails being missed when staff were on leave resulting in delays of assessments being progressed.

Changes as a result of SARs

One of the significant changes was the introduction of a Vulnerable Adults Multi Agency (VAMA) Panel as a key mechanism to facilitate interagency communication, to develop a holistic understanding of high risk cases and to agree an intervention strategy. This panel has been well supported by all partners and is working effectively.

The London Fire Brigade made available a significant amount of money to help prevent fires across London. Based on the situation with one SAR, a successful bid was made for portable sprinkler systems by the Local Authority and Richmond Housing Partnership. In addition, the Local Authority has been able to enhance their fire monitoring Telecare provision as a result of the London Fire Brigade funding. The local fire service continues to undertake fire safety home visits to prevent home fires in order to prevent fatal home fires.

The issue of self-neglect has been a key focus for adult safeguarding with additional training of adult social care staff in understanding and dealing with self-neglect. Local guidance was issued by the Local Authority (www.richmond.gov.uk/services/adult_social_care/safeguarding_adults/vulnerable_adult_multi_agency_panel).

The adoption of the London Fire Brigades "Clutter rating" has helped ensure a common understanding between different professionals in dealing with hoarding. This aids in correctly calibrating risks and to plan effective interventions.

A wide range of training has been undertaken by partners in relation to the implementation of the Mental Capacity Act. It is evident in chapter 7 that health and social care partners have prioritised this area as a result of learnings from SARs.

In addition to the learning that Safeguarding Adult Reviews have provided this year, and opportunities for change and improvement, there is also a growing sense of trust and transparency between agencies; improved information sharing; and a genuine desire to work together to improve people's experiences of safeguarding and prevent deaths and serious harm, caused by abuse or neglect.

Overview of Completed SARs

Case 1 (Mr B)

Mr B was a staunchly independent man who lived with a family member in social housing. At the time of his death he was in his 90's, and had significant health conditions, including cancer. Mr B's living conditions, health and welfare were raised as a concern to social services. Action was taken to speak to Mr B and his family carer who both declined any support from social services. After his death (which was from natural causes), the full extent of his unkempt and unhygienic living conditions became apparent.

The SAR criteria were met and it was agreed that a traditional Independent Management Review approach would be used. The overview report was completed in February 2016.

The SAR concluded that Mr B was in control of his life and his decision-making and there was no indication at any time that he lacked mental capacity, rather he made particular choices that suited him. The reason for the SAR referral was to learn from the situation that services could be more responsive, better joined-up and support professional staff in being curious about issues that may or may not present as acceptable. There were missed opportunities to have intervened in Mr B's care and work more collaboratively across agencies. The GP was not informed about what appeared to be a 'head injury' (later confirmed as a symptom of his illness).

The findings and recommendations contributed to the establishment of the VAMA panel that now supports professionals to reduce the risks of harm especially in such cases where chronic risk taking puts a person at high risk of harm. This includes where the person does not wish to engage with services, refuses help and support, in cases of self-neglect and hoarding. The SAB receives quarterly reports re VAMA activities as part of its Dashboard.

The SAR also led to additional training of specific staff groups, information sharing and other guidance was reviewed and clarified as a result of learning.

Case 2 (Mr T)

Mr. T was an independently minded man with full capacity who smoked and had limited mobility due to his Multiple Sclerosis. Despite interventions from a range of health and social care staff, and being aware of the risk of fire, he continued to smoke in bed. There were two previous fires in his home where he suffered some degree of injury, before the final fatal fire in December 2015.

The SAR criteria were met and it was agreed that a Social Care Institute of Excellence (SCIE) "Learning Together" approach would be used. The final report was presented to the Board in December 2016.

The findings were that over the course of the 6 months preceding his death (the time period covered by the review); Mr. T was well supported by all professionals. Significant good practice was identified particularly in that the local authority managers used a flexible, person-centered approach to supporting Mr. T and recognised his right to make decisions about his life but remained involved to find a way to better support him. Significant interventions were offered including provision of specialist equipment to minimise risk which Mr T chose not to use. It was noted that there were limited opportunities for staff and agencies to formally work together where service users present ongoing significant risk. The VAMA panel was established by the time the SAR took place and is used for similar situations to ensure co-ordination between agencies.

As with Mr. B, the case highlighted the difficulties facing staff when an adult has capacity and chooses high risk behaviours. It was recognised that staff often feel personally and professionally responsible when they have limited legal or practical authority to keep the person safe.

The case highlighted the need for agencies to use a joined up multiagency approach rather than parallel processes to support high risk people. To ensure that the value of the VAMA panel was understood across the partnership, its aims and referral mechanism were more widely publicised as a result of this SAR.

Case 3 – AM

AM was a woman in her 80's who lived in a local care home. At the time of her death she had been diagnosed with dementia and had limited mobility, requiring assistance with transfers and being reliant on staff to meet her needs. She had developed pressure ulcers and needed careful positioning to prevent them from getting worse. She died in November 2015 as a result of suffocation when she rolled onto her front from where she was positioned on her side.

The SAR criteria were met and it was agreed that, given the completion of a thorough Section 42 safeguarding enquiry, as well as an ongoing police investigation, a light touch review would be completed. The final report was presented to the Board in July 2016.

The review highlighted key areas of poor practice by the provider as well as failures of their quality assurance systems. There were also delays in the wider system which contributed to less than optimal care. There were issues of interagency and inter-professional working being undertaken in parallel rather than being joined up.

At the time the review was completed a number of changes had already been put in place by the care provider to address the issues identified in the Safeguarding Enquiry and a number of reminders and staff training updates were undertaken to improve practice across the organisations involved.

6. The Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) place a range of statutory duties on local authorities as 'Supervisory Bodies' in the context of Schedule A1 of the Mental Capacity Act 2005 (MCA). Since the 'Cheshire West' Supreme Court judgement in March 2014[3], the number of requests for DoLS authorisations has increased significantly nationally and this is mirrored in Richmond. Overall the total number of applications received increased from 855 last year to 945 this year (i.e. 10% increase).

Table 1 below shows that there was a significant increase in the number of completed applications (37%) this year

1020 DoLs requests

Deprivation of Liberty safeguards in Practice

Tom

Tom is a 77 year old man who lives alone in his own home. His wife, Sara, died 12 years ago. He has no children, but his niece and nephew visit him intermittently.

Following a stroke in August 2016 Tom was hospitalised, and diagnosed with dementia at this time. He moved to a hospital based rehabilitation ward for a period of intensive rehabilitation prior to discharge. Throughout his stay in hospital Tom consistently stated that he would like to return home. The hospital applied for a standard DoLS authorisation. Tom was assessed as lacking capacity to consent to his care and treatment in hospital and met the criteria for a standard authorisation. This authorisation was granted for a period of 12 weeks to give sufficient time for the rehabilitation to take place and for discharge arrangements to be put in place. A paid representative was appointed as his family did not feel they could undertake this role.

After a 3 month period Tom was objecting to staying in hospital, stating his wish to return home. The hospital did not believe it was in Tom's best interest to return home as they were concerned he would not manage his medication and this would lead to harm. Professionals wanted him to move into a care home.

An application was made to the Court of Protection by his representative to challenge the determination that he should move into a care home. Tom remained in hospital while this challenge took place, since it was not appropriate for him to move to a nursing home, given his clear objection to this proposal. Tom exercised his right to be heard before the Judge and to express his wishes regarding his future care. An intensive package of care was provided by the local clinical commissioning group and Tom returned home.

Without the DoLS being in place, Tom would have had no right to challenge the situation. The DoLS gave him a voice and a clear right to appeal.

compared to last year. There has been an even more significant reduction (-59%) in the number of incomplete applications at the year end. This is a positive development as it indicates a reduction in the backlog and that applications are being processed more quickly.

Practice has also been influenced by case law[4] which ruled that the administration of covert medication is an interference with Article 8 of the Human Rights Act and as such must only be undertaken with the proper authorisation in place. This coupled with the National Institution for Healthcare and Excellence (NICE) Guidance stating that medication should not be administered covertly until after a best interest meeting has been held, unless in urgent circumstances, has placed a clear duty on care homes to ensure that there is a management plan in place and that the care home (as managing authority) keeps the situation under review. This has led to a number of shorter authorisations being granted with an overall increase in the number of authorisations a person may have throughout the year.

Table 2 below shows the status of the applications at year end. It can be seen that there has been a 29% increase in the number of active applications in 2016/17 compared to the previous year. This is due to managing authorities becoming more familiar with the requirements of DoLS. This is further demonstrated by reduction of the number of withdrawn applications of 57% compared to the previous year.

There has been an increase in the number of authorisations not granted. The primary cause for this is the person being assessed as having capacity to consent to care and treatment or the persons circumstances having changed before the qualifying assessments were completed.

Table 1: DoLS Activity	2016-17	2015-16	Change from 2015-16
Total completed applications	845	620	37%
Number of incomplete applications	100	235	-59%
TOTAL	945	855	10%

Table 2: DoLS applications by Status:	2016-17	2015-16	Change from 2015-16
Not Granted:	80	65	24%
Granted:	760	790	-4%
Withdrawn:	20	50	-57%
Not Yet Signed Off:	75	190	-59%
No authorisations active at year end	625	485	29%

[3] Supreme Court judgment in the case of P v Cheshire West and Chester Council and P and Q v Surrey County Council – see glossary.

[4] AG v BMBC & Anor [2016] (full details www.bailii.org - District Judge Bellamy)

7. How our Partners are making a difference

Richmond Clinical Commissioning Group (RCCG)

Staff training

Richmond and Kingston CCG's have recently joined together to form a local delivery unit and therefore the training strategy is currently under review.

RCCG has one accredited PREVENT (Counter Terrorism) Health Wrap Trainer. 94.9%of staff who work for RCCG have received PREVENT awareness training as part of the Safeguarding Adults awareness training which took place in December 2016.

Two Level 1 Safeguarding Adults training sessions took place in December 2016. Staff who were unable to attend were able to complete an online training package. 94.9% of staff have now completed this training.

The Governing Body received Safeguarding Adults Training in December 2016, which was adapted from level 1 training to ensure that the Governing Body understand the main Safeguarding Adults messages.

No stand-alone Mental Capacity Act (MCA) training is planned. The Safeguarding Adults lead has sound knowledge of MCA and is the first point of contact for RCCG to discuss MCA or Deprivation of Liberty Safeguards issues.

RCCG's safeguarding adults lead is planning to book appointments to visit all Richmond GP surgeries in order to gauge the level of safeguarding training required. GP's have a responsibility to access their own training. There was a GP safeguarding forum 03.05.2017 and a presentation was given by the NHS England PREVENT lead. GP safeguard forums are held every quarter and have updates on both children's and adults safeguarding issues.

Meeting Board commitments and priorities

RCCG safeguarding team work in partnership with the local authority safeguarding team to promote adult safeguarding and work together when needed on individual and large scale safeguarding investigations. The RCCG safeguarding team are

Safeguarding in Action

Maxine's Story

Maxine was a survivor of severe violent abuse from a string of violent men over the last 7 years. The abuse led her deep into alcoholism and depression, and an emotional dependency on these men who exploited her vulnerability. During the past 2 years Maxine was making regular contact with police and partners after she was attacked, punched, assaulted and received threats to kill her on a number of occasions. Due to her vulnerability it proved extremely difficult to secure a prosecution against her perpetrators, and once one was removed, another replaced them soon after.

The Domestic Abuse Integrated Offender Management (DA IOM) team identified the case for intensive partnership working and engagement. Maxine was provided with an enhanced level of support through the court process in a trial against her latest perpetrator Frank, and for the first time felt able to provide evidence to the court. Although the trial was unsuccessful the police team gave evidence to the court of the long history of vulnerability and abuse to obtain a court order against Frank.

At the same time the team reached out to Maxine's violent perpetrator and offered him support to stop his abuse, challenged his abusive attitudes to women, and built a relationship with him. Over time he was motivated by the Domestic Abuse Integrated Offender Management Team to take a housing option and Domestic Abuse Integrated Offender Management Team worked with keyworkers to motivate him to tackle his substance misuse and behavioural problems. The Domestic Abuse Integrated Offender Management Team worked with Frank through his alcoholism and depressive episodes.

Maxine continued to receive an enhanced level of support throughout from the Domestic Abuse Integrated Offender Management and London Probation Team in partnership with the Safeguarding Process, including daily supportive visits from a police officer, and a relationship between her and the police was built.

The intervention with her perpetrator provided Maxine with the respite and space to engage and work with the police. Maxine was so relieved and empowered by the new approach that she told the police and her social workers "I can't believe this is finally happening I wish DA IOM had been around 7 years ago." Over the past 9 months of intensive work there has been a cessation in her abuse, Frank is addressing his issues and focussed on having healthy relationships in the future, Maxine's health has improved, and she is looking forward to a healthy and safe life.

an active member of the Richmond Board and its sub groups and Chair the communications sub group. The RCCG safeguarding team monitor the standards and quality of adult safeguarding across the health economy of the London Borough of Richmond upon Thames.

As a commissioning organisation we seek assurance from our providers that their staff training, policies and procedures are all current and up to date and gain assurance that organisations are reporting all safeguarding issues. We receive statistical information from providers on their training figures and information relating to serious incidents and safeguarding concerns.

To ensure rigour and scrutiny of commissioned services, care and quality review groups for commissioned services are held on a monthly basis attended by commissioners and senior members of staff from commissioned services. Safeguarding is a standing item on the agenda for these meetings.

Priorities for 2017/18

1. To raise the profile of understanding domestic violence and offering support, guidance and signposting for our primary health care partners and colleagues.
2. To increase focus on the promotion, understanding and support with the Mental Capacity Act and Deprivation of Liberty Safeguards.
3. To raise awareness and understanding of adult safeguarding in the general population of Richmond.
4. To have a continued focus on making safeguarding personal and ensure all RCCG safeguarding work has the views and wishes of the person at the centre of the process.
5. To increase the focus on the PREVENT Strategy throughout RCCG by joint steering group meetings, Train the Trainer events and introducing and promoting a PREVENT Road Map.

Metropolitan Police Service MPS (Richmond)

Staff training

Richmond police, led by the Detective Chief Inspector (DCI) ensures that all toolkits and awareness training are delivered so that adult safeguarding is fully understood. Detective Inspectors (DI's) are encouraged to participate in safeguarding training and participate in SARs to enhance their knowledge and understanding.

Meeting Board commitments and priorities

Resources in safeguarding have been strengthened during the year by appointing a Commander as the designated safeguarding lead. Richmond and Kingston Police have merged their Criminal Investigation Department (CID) function building in resilience to enhance the delivery of both local and MPS strategic objectives.

Our key developments:

- **Monthly Safeguarding Meeting** - During the last reporting period Richmond police have implemented a new monthly 'Safeguarding meeting'. The meeting is targeted at responding to the highest risk vulnerable people, dangerous people and dangerous places.
- **Multi-Agency Safeguarding HUB (MASH)** - Specialist officers trained in the areas of adult and children safeguarding triage and collaborate information and progress adult safeguarding cases where criminality is suspected as well as signposting information to adult services. Referral pathways have been revised and strengthened to enable speedy responses through case triage and case signposting to ensure the most appropriate department is involved e.g. domestic violence, PREVENT (counter terrorism).
- **Involvement in safeguarding - Vulnerable Adults Multi-agency Panel, Board Subgroups, and Safeguarding Adults Reviews** - The Met Police Richmond continues full representation, contribution and involvement in safeguarding meetings and strategies.
- **Missing Persons (Misper)** - The latest internal audit saw an exceptional 100% compliance with the revised Misper policy for Richmond.
- **Domestic Abuse Integrated Offender Management Pilot -** The pilot has focused on an initial 10 cases of high risk long-term Domestic Abuse. The initial results showed a significant reduction in the volume and seriousness of abuse, and an improvement in the safety and welfare of victims. Richmond police has therefore made a bid for funding to continue this risk reduction and prevention work.

Priorities for 2017/18

The Metropolitan Police Service (MPS) have increased focus on safeguarding and vulnerability matters; this is reflected in the end of the 'Mayor's Office for Policing and Crime (MOPAC) 7' focus on volume offending and evidenced in the MOPAC Police and Crime Plan 2017-2021. The plan focuses on High Harm priorities such as

Vulnerable people, Vulnerable Places, Domestic Violence, Hate Crime and Violence against Women and Girls (VAWG). Richmond police had previously reflected this focus at local level and welcome the service-wide change in emphasis.

Our priorities:

1. The Richmond Police Safeguarding Meeting will be developed with a view to inviting relevant adult social care leads.
2. The MPS strategic vision is moving towards prioritising safeguarding, vulnerability and harm as opposed to acquisitive crime. This cultural change will continue to be developed and embedded locally.
3. The MPS is developing and delivering bespoke vulnerability focused training to all officers which will only enhance our ability to identify and support vulnerable adults.
4. Consideration to encompass Kingston Police will be explored. In partnership with the Board to explore a more formal audit procedure for Police activity and identification of Adult safeguarding training.
5. Explore with Adult Social Care Adult Single Point of Access or Multiagency Safeguarding hub process mirroring that taken when safeguarding Children.
6. The Vulnerable Adult Multi-Agency panel terms of reference will cater for the gaps in service delivery identified.

Safeguarding in Action

Working with homeless people

The Homeless Health Link project focusses on working proactively with rough sleepers to register themselves with and use GP services with a view to reducing attendance levels at A&E services.

The project also aimed to encourage engagement by providing access to nurses/ practitioners through community settings. The service met its agreed targets for the Borough and the project has secured Big Lottery funding for an additional two years to 2018/19.Additionally, the Local Authority, working with LB Wandsworth, Royal Borough of Kingston and SPEAR, was successful in securing Department of Communities and Local Government (DCLG) funding to support a rough sleeper programme and received a £400,000 grant. Working collaboratively with LB Merton and LB Sutton who presented a mirror bid, the project focuses on enhanced accommodation options across the five boroughs, additional tenancy sustainment support and improving links with Private Rented Sector (PRS) landlords.

This funding will allow the Local Authority to:

- secure additional Housing in Multiple Occupancy (HMO) bed spaces throughout the multi-borough bid area;
- help new rough sleepers off the street and into independence through more rapid crisis intervention; and
- Develop monitoring and performance management frameworks and reporting arrangements to ensure improved outcomes for rough sleepers.

London Fire Service – Richmond

Staff training

All staff are familiar with the Brigades Adult and Children's safeguarding policies. Safeguarding input/ awareness is a requirement within the Borough training plan which in turn informs the station based plans. Safeguarding training is therefore firmly embedded across the Borough.

Meeting Board commitments and priorities

The London Fire Brigade (LFB) is an active member of the Boroughs Vulnerable Adult Multi Agency (VAMA) panel which specifically looks at vulnerable persons in a multi-agency forum. The Brigade has also taken part in a number safeguarding reviews and in addition through its Home Fire Safety visit programme strives to identify the most vulnerable and help to reduce risk especially that associated with fire.

Priorities for 2017/18

1. The LFB in Richmond will continue to be an active member of the Boroughs Safeguarding Adults Board and will also continue to ensure that safeguarding remains an organisational priority in all our Community Safety and our operational interventions and activities.
2. A specific priority for 2017 / 2018 is to significantly increase the number of vulnerable persons in Richmond who have a linked telecare system. Currently only a very small percentage of users in Richmond have a system linked to their smoke alarm.

National Probation Service – Richmond

Staff training

All staff to complete the mandatory training for their role by the end of March 2018; e-learning for all staff and a one day classroom training session for all frontline staff. This will be part of everyone's performance appraisal for the year.

Meeting Board commitments and priorities

Developing a **performance framework** which better informs the success of our collective actions - The National Probation Service (NPS) has introduced new contacts and registers for the offender database which more accurately records the work related to adult safeguarding and adult social care, including relating to referrals made.

Improving awareness of adult safeguarding - Staff have completed the mandatory NPS delivered adult safeguarding training. Safeguarding Adult processes have been mapped onto the national process mapping tool, EQUIP.

Priorities for 2017/18

1. Ensuring all staff complete mandatory adult safeguarding training.
2. Ensure staff are using performance data - contacts and registers.
3. Ensure NPS, and Local Authority - Adult Safeguarding and Adult Social Care.
4. Teams have a good understanding of each other's roles and responsibilities.

Safeguarding in Action

Sylvia and Trevor

Sylvia is a 74 year old lady who lives with her husband, Trevor, in their house in Richmond. Sylvia has advanced dementia, limited mobility and is no longer able to verbally communicate her needs. Sylvia's daughter, Susan, is very involved in supporting her parents and actively participates in representing her mother's views. Sylvia attends a specialist dementia day centre and is assisted at home by Trevor with all her daily activities such as her personal care, meal preparation, and taking her medication.

Safeguarding concerns were raised by the Sylvia's key worker at the Day Centre regarding a small cut on her lip. At the same time a support worker at the luncheon club that Sylvia and Trevor attend regularly also raised some concerns. The support worker was worried that Trevor was appearing irritable and occasionally aggressive towards his wife. He would at times raise his voice and had been observed dragging her to the car when they were leaving.

A safeguarding meeting was held at the Day centre to discuss the concerns and how Sylvia and Trevor could be supported. Sylvia, Trevor, Susan and the day care worker attended the meeting and it was soon established that the cut on Sylvia's lip was caused accidently when Trevor was feeding her.

In the meeting Trevor was able to share that he was experiencing significant stress caring for Sylvia. He felt that he had taken on too many aspects of caring for his wife and he was tired and frustrated. Trevor was however, very unwilling to stop caring for Sylvia and was reluctant to agree to additional care services being arranged. He specifically wanted Sylvia to remain at home with him and he was clear that he wanted to continue caring for her.

Susan was very concerned about her father's stress and his ability to continue caring for Sylvia. She did not feel it was safe for either of them and wanted the following:

- Sylvia to be assisted with personal care through a support plan provided by the Local Authority which would make her mother safer and her father less stressed
- Sylvia to attend fewer social activities as she felt they were tiring for her

After some discussion with the family Trevor agreed to stop some of their social activities and to accept homecare to assist Sylvia every morning with her personal care and breakfast. The day care support worker also offered to support Sylvia with breakfast on the days she attended. These services were immediately arranged and reviewed at a meeting with the family four weeks later.

At this review meeting Trevor reported that the services were going well and he was satisfied with the quality of care provided to Sylvia. Susan was very appreciative of the safeguarding procedures as she had been very worried about her parents but had always found it difficult to discuss this with her father who became upset when the subject was raised. The involvement of a social worker and the meetings had provided an opportunity for Susan to discuss alternative arrangements to support her parents. Susan noticed the difference the additional support was making to both Sylvia and Trevor. The support worker reported that Sylvia continues to attend the day centre and was well and content.

The safeguarding process had supported Sylvia to remain at home and continue with her familiar activities. It enabled Trevor to continue in his role of caring for Sylvia but reduced the pressure and stress associated with his caring role and prevented any further harm coming to Sylvia.

Richmond & Wandsworth Local Authority Adult Social Services

Staff training

Richmond and Wandsworth Department of Adult Social Services has continued to provide a comprehensive training programme to Social Work practitioners and managers. This will ensure that the workforce is skilled in completing safeguarding adult's enquiries that are outcome focused, personalised and proportionate. The programme has built on the previous years provision, further aligning training between the two boroughs for consistency of practice, and updating the content in accordance with the Care Act and learning from regular practice audits.

The key components are Safeguarding Adults Enquiry Officer training and Safeguarding Adults Manager (SAM) training. On completing these mandatory courses, managers and practitioners have received advanced training through modules on domestic situations, decision making and mental capacity.

Regular Best Practice Forums have also continued this year, providing an opportunity for operational staff and safeguarding managers to share ideas, information and best practice guidance regarding safeguarding practice, creating opportunities for reflection, professional development and develop learning for evidence based decision making skills.

Training was also provided to social work practitioners and managers on a range of topics including Domestic Abuse and effective use of the Multi-Agency Risk Assessment Conference (MARAC); Hoarding and Self Neglect; signs and symptoms of abuse, think family, risk assessment, recording, Achieving Best Evidence, Mental Capacity Act Assessments, Deprivation of Liberty Safeguards and Prevent Counter-terrorism awareness training.

Meeting Board commitments and priorities

Richmond and Wandsworth Department of Adult Social Services has consolidated and improved on the safeguarding adult's practice. A significant development during the reporting year has been the creation of a Shared Staffing Arrangement, in October 2016. As a result, a joint Safeguarding Adults Team has been established across the two boroughs, providing support to the Safeguarding Adults Boards and to managers and practitioners.

There has been a continued focus on embedding the requirements of the Care Act 2014, with an emphasis on Making Safeguarding Personal, on coordinating outcome-focused, personalised and proportionate enquiries, in response to an increasing number of safeguarding concerns. This has included improved guidance, updated training and staff briefings and practice audits.

For the majority of people risk has been reduced or removed and their desired outcomes have been fully or partly met, and they have felt safer as a result of the safeguarding enquiry. Robust risk management arrangements are in place, mainly covering self-neglect, and these have led to significant reductions in risk through effective multi-agency working. Our Provider Risk Panel now has CCG representation and has continued to improve intelligence on local standards of care and contributed to provider concerns enquiries, resulting in significantly improved quality of care. There has also been an increased focus on organisational learning through Safeguarding Adults Reviews.

Priorities for 2017/18

There are a number of key areas in which we intend to further enhance service standards.

1. Prevention of abuse through person centred care and basic awareness training in provider settings, increased community outreach work and safeguarding conferences across the two boroughs.
2. Safeguarding adults enquiries which are personalised and proportionate and which lead to improved safety and wellbeing; including improved involvement of service users and representatives in influencing and shaping safeguarding practice; providing clear and updated guidance to staff, alongside reflective supervision and performance review.
3. Reinforce completion of Mental Capacity Assessments and access to advocacy when necessary.

4. Further improvement in safeguarding enquiry responses to self-neglect and hoarding which lead to reduced risk.
5. Further improvement in collaboration with Health, Commissioning and Contract Monitoring partners in sharing intelligence on quality standards and safeguarding concerns, conducting provider concerns enquiries and ensuring that the safeguarding clauses in provider contracts are robust.
6. Further improvement in learning from Safeguarding Adults Reviews to enhance practice, particularly in collaborating with partners.
7. Improved partnerships building on current delegated enquiry arrangements, particularly with the Clinical Commissioning Group and the Police.
8. A skilled workforce through up to date formal training, workshops and SAM forums, with further prioritisation of self-neglect and hoarding, domestic abuse and modern slavery.
9. Further externally commissioned and internal peer auditing of practice and ensuring that learning is applied through guidance and training.
10. Robust recording of protected characteristics and assurance of equality in accessing safeguarding support.

Richmond & Wandsworth Local Authority – Housing

Staff training

An e-learning module is provided to all new staff and as refreshers periodically. Bespoke housing safeguarding refresher training has been carried out across all housing staff and 87% of staff are currently trained. It is a priority ensure all staff receive training and courses every three years.

Meeting Board commitments and priorities

Richmond and Wandsworth Local Authorities through the Shared Staffing Arrangement (SSA) will ensure that there is equality of service across boundaries and that all residents will have equitable access to housing services. The department has a delegated safeguarding lead (located within the Housing Policy and Performance Team) to work and take forward the priorities of both the Richmond and Wandsworth Boards.

We have prioritised households that have been identified as vulnerable and who are in temporary accommodation or require support to maintain a tenancy. Our Team has a 100% success rate of working with, resettling and ensuring tenants maintain their households for longer than 12 months. The Borough has also focused on ensuring that when temporary accommodation is the only option that is provided in which the Borough or in a Borough nearby such as Hounslow with a view to long term resettlement in the Borough as soon as possible.

Priorities for 2017/18

1. Ensure compliance with and implementation of the safeguards contained in the Homelessness and the Homelessness Reduction Act.
2. Continue to review and evaluate temporary accommodation and out of Borough placements.
3. Continue to implement the SSA including networking across the partnership.
4. Implement our safeguarding training plan.
5. Monitor and audit safeguarding adults referrals to ensure that they are timely and appropriate.
6. Review and revise the safeguarding policies and procedures across the department to ensure that they are fit for purpose under the SSA and reflective of best practice, statute and guidance.
7. Work closely with our housing provider Richmond Housing Partnership and we will continue to ensure that front line staff and operatives are fully trained in safeguarding.

Richmond and Wandsworth Local Authority – Public Health

Staff Training

All members of the public health team are required to undertake "Safeguarding Adults – Level 1" online training every 2 years and records are kept of training completion dates and certificates. The training champion has completed the relevant Mental Capacity Act, Deprivation of Liberty Safeguards and Safeguarding Level 1 classroom trainings.

Meeting SAB commitments and priorities

The Shared Staffing Arrangement (SSA) Public Health Quality and Risk Framework has been developed in consultation with both Richmond and Wandsworth Clinical Commissioning Group commissioners and the Local Authority Quality Assurance and Safeguarding teams. The Framework sets out a consistent and multi-agency approach for managing identified provider quality concerns and risk. It also sets out the decision mechanisms for monitoring quality, escalating issues as appropriate and reporting/communicating the actions being taken to improve services and mitigate risks. Public Health safeguarding procedures are in line with local procedures and the Framework makes reference to safeguarding adults, and specifically references the Mental Capacity Act.

A Public Health Quality Assurance infrastructure is in place for both the Richmond and Wandsworth Local Authorities which consists of the Public Health Quality Assurance Framework, Public Health Quality Assurance group that meets on a quarterly basis and a number of Quality Assurance Dashboards which collated together form the Public Health Quality Assurance report. The Public Health Quality Assurance Group has a multi-agency membership to ensure that the quality issues are discussed, debated and resolved in a timely manner. Safeguarding is explicitly covered in the Public Health Quality Assurance Quarterly Report, which provides an opportunity for commissioners and public health leads to formally report any safeguarding concerns with any public health commissioned service. This also provides assurance on a regular basis that the safeguarding reporting mechanisms have been checked, even if there are no safeguarding concerns to report.

We have recently carried out a contract review for all public health commissioned primary care services. All contracts now include reference to the Local Authority policies and/or London Multi-Agency Adult Safeguarding Policy & Procedures. In addition, we identified where contracts were sub-contracted and reviewed the contracts to ensure the appropriate clauses were included regarding sub-contracting and responsibilities.

The Public Health team completed the SAB self-assessment audit and participated in the Peer Challenge and Support event which highlighted the areas of success as well as the gaps which are being addressed. An action plan is in place and is being monitored on a regular basis.

Priorities for 2017/18

1. Collaborate with other groups to ensure we are accessing all the training opportunities available to us.
2. Ensure that the Public Health team are clear on the contents of the Public Health Quality and Risk Framework and when to refer to it.
3. There are cross cutting themes with the Health and Wellbeing priorities 2016-21 such as Differential Commissioning, Place-based approach, Outcomes Based Commissioning and Prevention. The framework ensures that all these priorities are implemented and are quality assured.
4. There are also cross-cutting themes with the Community Safety strategy such as safeguarding, monitoring of incidents and complaints and risk assessment and management. The Community Safety team is part of the Public Health Division and it is envisaged that close working between the two teams will happen in the future.

Healthwatch Richmond

Staff training

Whilst we do not provide a direct service to vulnerable people, we do ensure that all staff and volunteers have undertaken the appropriate level of training for their roles. Staff and volunteers are recruited through a selection and vetting process including interviews, references, DBS checks training and ongoing supervision and assessment.

This includes:

- Staff and volunteers include Enter and View representatives who visit NHS and care environments via our statutory powers.
- Staff who provide advice and information about NHS and social care services via phone, email and through our outreach sessions.

In addition to the formal training and assessment offered by the Local Authority we undertake training in our own policies and procedures and provide ongoing support through group and one to one supervisions.

Meeting Board commitments and priorities

Our main involvement with the Safeguarding Adults Board is as a critical friend and we have provided constructive input to the Board in through reviewing documents and processes and challenging assumptions.

We are also involved in the Communications and Engagement Sub-group and have supported the Board through this mechanism to adopt an increasingly effective process of engagement and communication. In addition to this we support the Board directly through our own communications and community engagement to reach the community.

As an active organisation with strong networks across the community we promote links with the Safeguarding Board and raise awareness of its work with the community and wider stakeholders

Priorities for 2017/18

1. Ensuring that the Board considers the interests of patients and the public in its work.
2. Ensuring that partners support the duty of the board to raise awareness of safeguarding and abuse within the wider community.
3. Encouraging the Board to consider the experiences of patients and the public, both in terms of how these are gathered and how these are used by partners and the Board.

Richmond Community Voluntary Services (RCVS)

Staff training

Whilst there is no requirement to provide training, RCVS do ensure that relevant staff understand and have an awareness of safeguarding, and complete the online awareness course. We promote the importance of safeguarding training to the local voluntary and community sector.

Meeting Board commitments and priorities

Leadership, Governance and Partnership- As the key support organisation for the voluntary and community sector (VCS) in Richmond, RCVS champions safeguarding to the VCS in Richmond to ensure organisations understand their responsibilities and to generally raise awareness. This is done via electronic communications and network meetings.

Messages around safeguarding are shared as appropriate at other strategic meetings to promote joined up messages which will ensure a greater impact, including the Health and Wellbeing Board, Local Learning Disability Partnership Board, and the Care and Support Partnership Board.

RCVS takes part in learning events when appropriate and encourages opportunity for VCS providers to access this learning when it is relevant to their work.

Prevention, Community Engagement and Awareness Raising – RCVS is a committed member of the communications sub-group and strongly supports the Board's intention to spread messages on Safeguarding to ensure the community know what it is and what they should do.

RCVS looks for opportunities to increase communications and learning, for example suggesting the Board has a presence at the Full of Life Fair, and arranging for a Trading Standards Officer to speak at a meeting of Local Authority and VCS attendees on financial scams and doorstep crime.

RCVS supports the Board in its work around Policy and Practice and circulates updates to key documents e.g. the Pan London Procedures to the wider voluntary sector. RCVS also collects feedback from voluntary groups if there are general issues they are facing, for example, issues around self-neglect.

Priorities for 2017/18

1. Continuing to raise general awareness of Safeguarding in the community wherever possible.
2. Work with the Board communications sub-group in the development of its work to ensure messages are 'user-friendly' to increase take up. We will also support the sub-group's work to increase contact with community groups and have a presence at local events.
3. Ensure that voluntary and community sector groups have opportunities to access relevant training on Safeguarding when needed and ensure that all volunteers know about safeguarding.
4. Ensure that the voice of service users and carers contributes to engagement activity and that feedback informs future work.

Hounslow Richmond Community Health Trust (HRCH)

Staff training

Safeguarding Adults Level 1 (introduction) and Level 2 is provided at induction or new staff and must be updated every 3 years. Level 1 training is aimed at all staff, including contractors and voluntary staff. HRCH's target for compliance is 90%. There is also an e-learning option. Level 2 training is mandatory for all clinical staff and is offered face to face at Trust Induction and is also available online. HRCH's target for compliance is 90%. Domestic abuse identification and management of Modern Slavery and Human Trafficking will be our particular focus for 2017-18.

All staff must complete Mental Capacity Act (MCA)/ Consent training appropriate to their role & responsibility.

Basic Prevent Awareness training target is 90% and refreshed 3 yearly, within the face to face Trust Induction Level 1 Safeguarding children and adults training. Prevent Awareness Training Level 3 and 4 is for all clinical staff working with adults, children and young people, parents and carers i.e. specialist nurses for safeguarding, Looked after Children's nurses, Practice nurses, health visitors, children's nurses, sexual health nurses, paediatric allied health professionals, adult community nurses and Named Nurses and compliance target is 85%.This is delivered as Workshops to Raise Awareness of Prevent Radicalisation (WRAP) completion.

The annual update from the Safeguarding team provided to Trust staff will include briefing on national and local changes in law and guidance, and key learning from Safeguarding and SARs.

The HRCH Training Strategy is due for review in December 2017 and will be updated in compliance with the final Adult Intercollegiate Document.

Meeting Board commitments and priorities

- Continuing to develop our role as the strategic lead for safeguarding, building on our leadership

responsibilities with our statutory partners. HRCH met this by active participation in the Board's subgroups and working groups, including delegation of Safeguarding Enquiries and planning for community engagement.

- Zero tolerance for providers putting people at risk. HRCH met this by reporting concerns under duty of candour, and contributing to health aspects of Section 42 Adult Safeguarding Enquiries.
- Finding innovative ways to undertake Safeguarding Adults Reviews and ensuring learnings are shared appropriately. HRCH met this by active participation in the Safeguarding Adult Review (SAR) process using the Social Care Institute for Excellence (SCIE) model and sharing learning in training and telephone advice.
- Continuing to improve our practice and making safeguarding personal. HRCH met this by stressing this in training and telephone advice to staff and in our focus on the use of the MCA to uphold human rights.
- Improving awareness of adult safeguarding through a variety of channels. HRCH met this by training standards and compliance with training targets, contributing to the Communications and Engagement Board's subgroup.
- Developing a performance framework which better informs the success of our collective actions. HRCH met this by reporting both data and outcomes and working collaboratively to identify improvements.
- Supporting local providers to improve the quality of care and support delivered to local people. HRCH benefited from this by discussing cases with adult social care, developing good working relationships with teams.

Priorities for 2017/18

1. Embedding multi-agency safeguarding decision making – pressure damage, falls, medication and reviewing and improving the use of recording tools and templates to guide improved practice.
2. Awareness raising on adult safeguarding especially domestic abuse, modern slavery, trafficking, self-neglect and Prevent Developing user guides and bite sized information on a range of topics which is available on the Intranet as resource for staff.
3. Embedding MCA compliance (including incorporating MCA/DoLS in Contract Meetings where applicable).

Your Healthcare (YH)

Staff training

In 2017/18 all YH staff will continue to receive safeguarding level 1 training as part of their induction, with level 2 and refresher training provided jointly within the children's safeguarding training module. Prevent awareness is provided to staff also as part of their induction and we are currently rolling out the Workshop to Raise Awareness of Prevent (WRAP) though separate training session, but we aim to incorporate this training within induction for new staff.

Meeting Board's commitments and priorities

YH has well established adult safeguarding governance and training with clear leadership within the organisation and a firm commitment to working with local partners. The adult safeguarding agenda feeds into every level of the organisation and providing of services which both prevent and respond to abuse and neglect is of the highest priority. YH has worked closely throughout the year to support the work of the training and communication board sub-groups and has participated in joint learning events.

YH is represented on the YH communication sub-group of the Board. It also has a specific internet page related to Adult Safeguarding which links with Borough sites in order to support those who are looking for information. All YH employees are aware of their responsibility to support people to recognise and report abuse or neglect. There are also close links with other services as a community provider where we are able to support other service providers make improvements in care which

can prevent safeguarding concern or implement changes following safeguarding concerns e.g. the Neuro-disability team (previously known as the Learning Disability Team).

YH has formally adopted the Pan London Procedure and its policy and procedures are compliant with the Care Act. In 2016/17 the Care Act was included in the safeguarding refresher training. This included training around the additional forms of abuse that have now been included in the safeguarding agenda. The aspect of self-neglect continues to pose a challenge and YH is committed to work with partners to identify best practice in working with people who require support in this area. YH recognises that empowering the person using person centred approaches to support them, and is our preferred approach to addressing all types of safeguarding. The organisation is also compliant with the Mental Capacity Act / DOLS requirements and has a comprehensive training programme in place.

Safeguarding in Action

Mary's Story

Mary is a 56 year old lady who lives alone. She was known only to the GP and Tissue Viability Team because she had declined any other support. Mary had very severe and infected wounds on her legs and was not attending her appointments, declined home visits, was not taking prescribed medication and refused all other treatment options.

Due to her presentation the clinicians involved in her care became increasingly concerned about her decision making and were concerned that she might have an underlying mental illness or cognitive impairment that affected her ability to make decisions. The clinicians completed a Mental Capacity Assessment but to their best judgement they found Mary to be capacitated. Mary had made it very clear that she did not want a referral to Hospital and did not want an assessment from the mental health team. The clinicians were so concerned that they then raised a safeguarding concern under self-neglect.

The local authority safeguarding team spoke to Mary and agreed that she appeared to be capacitated but were very clear that Mary did not want involvement from safeguarding and as there was no other public interest reason why they would become involved. A safeguarding team representative did, however, attend a professional MDT to help them think about what could be done to help Mary.

The clinicians realised that they needed help and advice. They contacted the YH Neuro-developmental Service (NDS) because this team has a lot of experience with working with hard to engage people. They asked if NDS could offer some background support around how to arrange the appointments and how to work with her to agree a treatment plan. NDS agreed and everyone agreed that Mary needed to be told because they wanted her to know that she could trust them.

Mary agreed to speak with the NDS worker who attended an appointment and explained the worries that the team had and why he had been asked to help them. Once Mary was assured that she was not going to be formally assessed, diagnosed or labelled she agreed to the NDS involvement. More than that she also agreed to working with the NDS worker and participate in writing her own treatment plan and agreeing to attend set appointments.

The result of this case has been:

- A treatment plan that is making progress
- A lady who is more engaged in her own care.
- A clinical team who have learnt new skills
- Social Services now know of a high risk person in the community and though they are not currently involved they will be able to respond with more knowledge if other concerns are raised in the future

In 2016/17 YH put mechanisms in place to enhance 'Making Safeguarding Personal'. This has included bringing anonymised case presentations to the local Partnership Boards, and the YH Safeguarding Committee. The aim of this is to ensure that individuals experience is not lost when considering more strategic plans.

Each safeguarding that YH is involved in will be considered for learning. It is a priority for YH that our front line services receive feedback on safeguarding outcomes so that staff can understand the benefit of safeguarding and develop services that are as responsive as they can be.

Safeguarding provides quarterly reports to the local Safeguarding Partnerships, CCG and Local Authority commissioners, NHS England and YH internal governance structures. The YH Safeguarding Committee has oversight of the YH safeguarding strategy and is accountable to the YH Integrated Governance Committee. Safeguarding and MCA is part of the on-going audit programme for the organisation.

YH takes part in the annual Self-Assessment Framework which assists us to evaluate our safeguarding practice and set development priorities for the year.

Priorities for 2017/18

1. To deliver the 2017/18 YH Safeguarding Training Plan.
2. To develop a system through which we can more effectively evidence MCA in compliance in practice.
3. To be part of multi-agency safeguarding learning events.
4. To implement and evaluate the multi-agency safeguarding protocols for Pressure ulcers, falls and medication.
5. To increase public awareness of safeguarding.
6. To review and improve systems through which learning can be disseminated.

Richmond Wellbeing Service (RWS)

Staff training

East London NHS Foundation Trust (ELFT) launched the Safeguarding Adults Level 1 &2 training on eLearning in April 2017 and expects to see increased compliance. The Prevent training has been embedded into Safeguarding Adults training Level 1 & 2.

The Level 3 training is offered centrally to those staff in the organisation who carry out Section 42 Safeguarding Adults enquiries and also take on the Safeguarding Adults Manager (SAM) role.

Meeting Board's commitments and priorities

RWS met its commitments by ensuring a high compliance for training at Levels one and two, by having a clear adult safeguarding protocol, by raising awareness of adult safeguarding issues via regular whole team updates and outside visitors invited to attend our whole service meetings.

Priorities for 2017/18

1. We are awaiting feedback from NHS England regarding the delivery of Workshop to Raise Awareness of Prevent (WRAP) training programme.
2. RWS priorities will be to ensure continued awareness within the whole service of adult safeguarding, which is embedded within all our contacts with service users.
3. We will continue to invite outside speakers to discuss local safeguarding issues, to raise awareness, and the Adult Safeguarding Lead will attend and contribute to the local Board and attend any other Safeguarding Adults meetings locally which are useful in continuing to offer adult safeguarding to Richmond service users.

Safeguarding in Action

Making Safeguarding Personal Group.

A co-production project was started in June 2015 that involved MH service users from two boroughs and Trust representatives – it named itself the Making Safeguarding Personal Group (MSP Group). The MSP Group started by looking at ADASS and Local Government guidance on MSP.

How did it work?

This Trust has a long established set of systems and structures for listening to, and engaging, the people who use our services. We want to hear what they have to say about our services. And we do this at every level of service: from the frontline in our in-patient and community services up to the most senior level on the Quality and Safety Assurance Committee (QSAC).

The MSP group was focussed on co-production which was the key to the success of the group. It was the group that owned the project. The trust was a member of that group. It was not the lead, it was not undertaking consultation, and this was not a reference group. It was co-production. That is what underpinned the whole project.

It involved a group of people talking about a difficult subject: their own very personal and distressing accounts of being abused and neglected. Some of the accounts dated back 30 years and some were very recent. Some required formal referral to local authority and the police. Some may have initially appeared trivial, but revealed hurtful failures to show respect and up hold dignity.

The MSP Group wanted to learn from those experiences and try to prevent anyone having to go through the same thing again.

The MSP Group recommendations:

Safeguarding should not just be a professional process, it needs a culture change. Recommendations cover what actions services should take when the service itself is alleged to have been abusive and how safeguarding should be embedded into professional practice. It is important that existing statutory guidance is followed. It is essential that service users are at the forefront of service developments and are represented at the highest organisational levels. There is also the need to increase awareness of safeguarding amongst the general population, and for people to know how to safeguard themselves.

Mental health services should:

- Learn from what happened
- Promote 'Zero Tolerance' everywhere
- Promote social justice
- Uphold rights
- Uphold dignity
- Show respect
- Challenge discrimination

MSP is about a person's experience of feeling abused; it is not about meeting a 'threshold'.

To follow up on the reports completion the MSP Group has:

- Presented the report to the Trust Board (through QSAC).
- The report was included in the Trust 2016/17 annual report.
- An MSP Group representative is now a member of Safeguarding Adults Board sub-group.
- MSP Group representatives are invited to be members of SWLSTG Executive Safeguarding Meeting.
- Co-produced a Recovery College educational sessions for service users: 'How to Keep Yourself Safe' – launch June 2017.
- Held MSP Group Event – opened by the local MP, with CCG, and Local Authority attending to hear service users' own experiences.

Chelsea & Westminster NHS Hospital Trust (West Middlesex Hospital)

Staff training

Training planning will include increasing the scope of risks described in the Care Act Statutory Guidelines. The programme therefore includes training relating to Domestic Violence awareness and training for department Domestic Abuse leads. There is a project being rolled out during 2017/18 to develop awareness and response to people at risk of Modern slavery.

Prevent WRAP training is part of mandatory update for clinical staff during 2017/18. Trust wide sessions are offered on a monthly basis. 900 staff have been trained to date and there is a plan to increase training resource during this period to reach the target specified by NHS England.

The planning included increased training resource to meet targets by quarter 3.

Meeting Board's commitments and priorities

- Safeguarding leadership maintained at board level and engagement with local partners.
- Hospital Safeguarding Committee focuses on areas of work that support Domestic Abuse, modern Slavery, support of people with dementia on people with a learning disability.
- Initiation of projects to update domestic violence policy and to develop and pilot a modern slavery tool kit prior to an anticipated National Role out.
- Redesign of training to incorporate MSP within all levels of training.
- Participated on a Safeguarding Deep dive with Commissioners.

Priorities for 2017/18

1. Safeguarding Training Needs Analysis Develop a revised training strategy and TNA based on the NHSE document when published.
2. PREVENT Training - Improve access by staff to WRAP sessions, Incorporate WRAP in mandatory update session, Extend training resource to 4 trainers. Expand the number of sessions available to staff across all sites.
3. Datix capture of Safeguarding incidents and assurance dashboard.
4. Integration of Safeguarding Policies and procedures (including Prevent).
5. Adult Safeguarding Communications strategy and profile. Use of the NHS England grant to develop broad awareness of safeguarding services for adults at risk) To include co-production of material.
6. Work with the Modern Slavery Pilot collaboratively with Imperial Health Care Trust, Queen Charlottes to support potential National roll out of Modern Slavery Tool kit.
7. Develop support for Adults at risk at West Middlesex University Hospital (WMUH) through support of the new Nurse Advisor role.
8. Clarification of Safeguarding functionality within new Electronic Patient Record System (Cerner).
9. Develop an improved Deprivation of Liberty Safeguards database across both sites.

South West London & St George's Mental Health Trust

Meeting Board's commitments and priorities

The Trust has been rated as 'Good' following the focussed re-inspection by the Care Quality Commission in September. This is one of only four mental health Trusts in the whole of London to be rated 'Good' by the CQC. This has only been made possible by the hard work and dedication of all our staff providing high quality services for our patients.

The new Director of Nursing and Quality has established a monthly Executive Safeguarding Meeting that will provide comprehensive executive oversight of all safeguarding activities. Both CCG and Local Authority representatives will be invited to attend the 'open' quarterly meetings

Priorities for 2017/18

1. From April 2017 the Trust will be moving into a new service line management (SLM) structure to improve the quality of care our patients receive. The structure, which will move from borough, to a service focus, will enable our clinicians to take the lead on service developments and drive improvements in patient care. Services will therefore be delivered in a consistent way which will benefit our patients and help us to be more effective and efficient.
2. Promote Recovery College educational sessions for service users on: 'How to Keep Yourself Safe'.

Kingston Hospital NHS Foundation Trust

Staff training

86% of staff have completed the statutory mandatory level 1 training against a target of 8590. The target was 85%. Bespoke training on Safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) has been provided throughout the year to clinical and nursing staff and to specialist departments.

Meeting Board's commitments and priorities

Kingston Hospital continues to work very closely with the Safeguarding Adults Board to deliver the Board's Business Plan and to identify safeguarding risks posed by providers. The Safeguarding Adults Lead or deputy attends all board meetings. The Safeguarding Adults Lead Nurse participates in relevant SAB sub groups which include training and communication.

Kingston Hospital formally adopted the London Multi-Agency Policy and Procedure and its policies and guidelines are compliant with The Care Act (2014). All safeguarding training provided references to additional forms of abuse that are now included in the safeguarding agenda. The Trust has defined its culture as one that is patient centred which puts safety first and where all staff take appropriate responsibility. To support this the Trust has four values which are: Caring, Safe, Responsible and Value. The Trust has endorsed the six principles of adult safeguarding and promotes the Making Safeguarding Personal approach to supporting and advocating for patients involved in safeguarding concerns.

The Trust has raised 57 formal safeguarding concerns to the Local Authority and participated in section 42 enquiries. It also raised 107 informal safeguarding concerns to the Local Authority which were triaged through the safeguarding team and referred for appropriate care management support or care act assessments.

The awareness of the Deprivation of Liberty Safeguards process and the requirement to

safeguard patients without the capacity to understand their need for care and treatment in hospital has been promoted extensively this year. The Trust made 214 DoLS applications in total (to all boroughs) in 2016/17 compared to 50 applications in 2015/16.

To enhance department level knowledge and awareness of adult safeguarding, all wards and departments have identified link nurses to support each area with Adult Safeguarding and DoLS. The link nurses received half day training from SCIE on Safeguarding, MCA and DoLS in February 2017. This included looking at the training tools available through SCIE with the aim that the link nurses can use these resources to train staff in their specific areas.

The Trust hosted a half-day learning event for supporting service users with learning difficulties and their family and carers. This was very well attended and discussed positive and negative experiences during care episodes at the hospital. The learning from this event will be addressed by the newly established LD steering group.

The Adult Safeguarding triage assessment on the Clinical Record System (CRS) has been redesigned and upgraded. It includes all the categories of abuse with added guidance for staff. It will also directly link staff to incident reporting and the Safeguarding Intranet webpage. MCA assessment templates designed by the Adult Safeguarding consultant lead are now available for all clinicians to use on CRS. This standardises the documentation and sharing of MCA assessments.

In February 2017 the Trust hosted a half day event on PREVENT in conjunction with Kingston CCG. The objective of this was to train trainers to be able to deliver training to their staff. The attendees received the full WRAP training and presentation regarding the role of the Channel Panel and the role of the Police in PREVENT.

The Trust has formed a Mental Health Steering Group for adults, children and young people in collaboration with SWLSTG Mental Health Trust, CAMHS and community partners. The Trust have recognised the need to raise awareness and ensure staff within the organisation understand the full scope of their responsibilities in supporting individuals with a mental health difficulties. This is in accordance with the national framework to improve mental health and wellbeing.

The Safeguarding Adults team have recruited a part-time Band 6 nurse whose immediate responsibilities are to support the DoLS process and applications.

Priorities for 2017/18

1. Continue to ensure all patients are given the opportunity to voice their concerns under the MSP agenda.
2. To continue to deliver improvements in the application of MCA and DoLS to drive up the quality of assessments. An audit is planned for July 2017.
3. To shape and improve the patient information provided to inform patients of their rights. This needs improving in line with the Accessible Information Standard. This will need to be achieved through collaboration with SABs.
4. Continue to promote and deliver PREVENT training.
5. To focus service improvements on 2 key areas; self-neglect and self harm/suicide; driven through a new Mental Health forum.
6. Trust Policies and procedures will be revised in line with the outcome of the pending Law Commission Report.

8. Our Plans for 2017/18

1 To develop a safeguarding culture which promotes adults at risk as being central to and fully involved in safeguarding arrangements, plans, process and any intervention.

- Promote person centred practice in safeguarding across all organisations and make use of local and national initiatives.
- Develop and embed Making Safeguarding Personal across the partnership.

2 To deliver strategic leadership, governance and the widest possible partnership to deliver on our lawful safeguarding responsibilities.

- Undertake an annual self-assessment audit and review of each partners previously agreed action plans.
- Review and update membership and Terms of Reference for the Vulnerable Adults Multi-Agency (VAMA) panel to ensure that all partners are aware of how to make referrals.
- Embed and deepen understanding of the Mental Capacity Act and its application across the partnership, with specific reference to the Deprivation of Liberty Safeguards.

3 To improve levels of engagement and knowledge of safeguarding by raising awareness with the public, vulnerable people, their carers and supporters and hard to reach communities and high risk groups.

- Partners undertake preventive interventions focusing on improving practice and preventing abuse or neglect.
- Develop effective publicity material to raise awareness with a focus on financial scams, bullying and harassment, cybercrime, hate crime, anti-social behaviour, sexual exploitation, radicalisation and modern slavery.
- Deploy social media campaigns to support awareness raising.
- All partners who commission services to ensure that specifications and contracts include clauses to ensure all services comply with minimum adult safeguarding standards.
- Gather feedback from adults at risk, carers and other significant people using adult safeguarding services.

4 To ensure the requirements and the spirit of the Care Act 2014 are fully implemented by all agencies that hold statutory and non-statutory responsibility for safeguarding, through best practice.

- Ensure all partners have strategies in place to ensure training and refresher training of staff on all aspects of adult safeguarding relevant to their roles.
- Develop innovative systems for undertaking and learning from Safeguarding Adult Reviews.
- Ensure appropriate and proportionate responses to Safeguarding Adult Reviews and that learnings are shared across the partnership and these drive sustained changes in practice.

5 To ensure our aims, objectives, plans and service interventions are appropriately and proportionately reviewed so we can monitor progress, take corrective actions and ensure that continuous learning informs improvement and quality measure.

- Establish a Board website.
- Publish Safeguarding Adult Reviews.
- Disseminate learning from SARs and from regional and national work on SARs.

Safeguarding in Action

John's story

John is a 71 year old man who lives with his 60 year old step-brother in a three bedroomed house rented from Richmond Housing Partnership (RHP). He has complex mental and physical health conditions including Post Traumatic Stress Disorder (PTSD), personality disorder, and hoarding syndrome.

John is very independent and suspicious of authority as a result of childhood abuse and as a result finds it difficult to positively engage with others and particularly with state institutions such as the court, housing providers, social services or the NHS. John is partially sighted due to macular degeneration and has poor mobility as a result of injuries sustained in a road traffic accident some years ago and a stroke in 2009, which left him with left sided weakness. He uses crutches to walk. John suffers significant abdominal pain which he attributes to hernias.

John is sensitive to the reactions of others and tries to avoid social interaction as much as possible. He can become verbally challenging when he feels threatened. As a result is he relatively isolated and vulnerable to psychological abuse. Although his step-brother, Mike, lives with him and is clearly significant to John, they appear to have limited interaction with one another. Mike works and takes his meals, showers and does his laundry with other family members. John is estranged from his wider family. John has privately arranged support with reading letters though a local charity.

John's property is significantly cluttered with papers, DVD's, garden equipment and boxes of personal belongings. John has hoarded objects all his life but that when his mother was alive she reduced the level of clutter. Since her death some 20 years ago, the clutter has been increasing and was at ceiling level throughout the property when John was referred to VAMA panel in early 2016. Given John's poor mobility the level of clutter poses a significant fire risk to himself and to others. The Housing provider

worked with John over a number of years to try to reduce the clutter but found that he would initially comply with clearing and then revert back to increasing the clutter. Consequently there was a risk to his tenancy as the housing provider had no choice but to seek an injunction to ensure he cleared the property. On the recommendation of the VAMA panel, John was referred to both Richmond Well-being services and the Mental Health services to receive some psychological input to help him with his PTSD which may be at the root of his hoarding behaviour. Unfortunately, although he initially agreed to these referrals he subsequently declined their support. The input from the CMHT psychologist helped the team working with John to understand how emotionally difficult it was for him to part with his possessions and the importance of working sensitively with him.

John has slowly formed a trusting relationship with the social worker and housing support officer. At John's request, Social Services arranged for John to shower 3 times a week at a nearby sheltered housing scheme as he is not able to use his bath. John has registered with a local GP and now makes use of this service. The social worker, housing support officer and a care worker have worked slowly and sensitively with John to support him in clearing his home to a level where his safety and that of others is not compromised. Progress in clearing the clutter is slow but positive and due to the positive progress with clearing the property, John is no longer at risk of eviction. Without the partnership working it is unlikely that John would have been able to successfully clear his home and he would have been evicted resulting in considerable disruption in his life. The joint working has ensured that John gets the support he needs and that the safety of neighbours is not compromised. John remains open to the VAMA panel as a useful mechanism to co-ordinate input from involved professionals. Through using the multiagency VAMA the risk to John and others is being reduced.

Appendix 1 Business Plan 2016 - 2017

Richmond Safeguarding Adult Board

Business plan 2016 – 2017
(updated September 2017)

Leadership, Governance And Partnership

Aim 1: To deliver strategic leadership, governance and the widest possible partnership to deliver on our lawful safeguarding responsibilities.

OBJECTIVE	HOW	WHEN	OUTCOME MEASURE	MONITORING	RAG
Effective multiagency work aimed at safeguarding adults.	Each partner has a clear effective safeguarding strategy and implementation plan aligned to board priories. Key agencies will be able to demonstrate effective. partnership working to improve safety of local people.	2016/17	Safeguarding priorities will be co-terminus with those of the CSP; the LCSB and the CCG and this can be evidenced through audit. Referrals from Met police to LBRUT.	SAB Audit Performance report	G
Develop and embed Making Safeguarding Personal across the partnership.	Partner organisations will reflect MSP in their policies and procedures.	March 2017 (continuing into 2017/18)	Each organisation evidences developing MSP into safeguarding practice.	SAB Audit & Performance Report	A
Effectively support people who self-neglect and hoard though partnership arrangements	Effective use of VAMA panel. Partnership arrangements around fire prevention mechanisms.	March 2017	Effective management using partnership approaches to safeguard people who self-neglect and hoard especially those who do not engage with services.	Performance report	G
No people will be unlawfully deprived of their liberty.	Managing authorities aware of MCA and make appropriate DoLS referrals. Authorisation of DoLS will be professed effectively within timescales. People and families will be supported to object to deprivations if required.	2016/17 (continuing into 2017/18)	Requests for authorisation Authorisations in timescale.	Performance report	A

Prevention, Community Engagement And Awareness Raising

Aim 2: To improve levels of engagement and knowledge of safeguarding by raising awareness with the public, vulnerable people, their carers and supporters and hard to reach communities and high risk groups.

OBJECTIVE	HOW	WHEN	OUTCOME MEASURE	MONITORING	RAG
To ensure safety of residents and prevent harm through effective partner interventions	Partners undertake preventive interventions focusing on improving practice and preventing harm.	2016/17	Home fire safety visits. Avoidable pressure ulcers. Pressure ulcers progressing to Serious Incidents or safeguarding. Safeguarding concerns raised by Met police progressed as safeguarding . Level of disability hate crime reported.	Performance report	G
Effective public awareness and comm-unications within wider community. Champion	Develop effective publicity material to raise awareness and publicise work of SAB. Have a website to hold all SAB material.	2017/18	Publication of well-designed material to meet needs of board. SAB website operational.	Comms sub Group	G
Ensure best quality care available locally.	Work with providers to ensure good quality provision of services.	2016/17	Care providers with organisational safeguarding. Care providers with action plan or suspension of placements.	Performance report	G

Policy, Practice And Staff Development

Aim 3: To ensure the requirements and the spirit of the Care Act 2014 are fully implemented by all agencies that hold statutory and non-statutory responsibility for safeguarding, through best practice.

OBJECTIVE	HOW	WHEN	OUTCOME MEASURE	MONITORING	RAG
Set out multiagency policies to support more effective safeguarding and to establish common thresholds across the partnership.	Adopt London multiagency Procedures and develop a full range of complementary policy, local procedures and guidance around effective risk management. Develop an Adult Safeguarding Charter which all members, partners and providers sign up to and ensure review. Review referral routes for raising safeguarding concerns to enable alignment across the partnership.	2016/17	Effective multiagency policies agreed in relation to pressure ulcers, falls, medication errors agreed and adopted. Procedures adopted and on SAB web site. A Safeguarding Charter will exist, endorsed by SAB Members, Partners and Providers. Updated or developed referral routes between key partners including LBRUT, Met Police, NHS and Housing partners.	Update to Board from Head of Safeguarding	G
Set out a SAB Learning & Development strategy and ensure safe recruitment of staff	Agencies have a training and development plan that feeds into the SAB L & D strategy. Training outcomes are monitored. Ensuring a safe workforce.	2016/17	SAB L & D Strategy is agreed and published. Training data provide to the SAB. Staff with up-to-date DBS	SAB Audit L & D Sub Group L & D Sub Group	A
Set out a SAB SAR policy and procedures	Update SAR policy. Robust arrangements to decide on SARs. Agreed process for family involvement . Appoint independent chairs /reviewers. Learnings discussed at SAB and published.	2016/17	Updated policy published. Regular meetings of SAR sub group. Policy adopted for family involvement. Progress on active SARs. Learnings published in annual report.	SAR sub group Performance Report Annual Report	G

Person Centred Practice And Making Safeguarding Personal

Aim 4: To develop a safeguarding culture which promotes adults at risk as being central to and fully involved in safeguarding arrangements, plans, process and any intervention

OBJECTIVE	HOW	WHEN	OUTCOME MEASURE	MONITORING	RAG
Promote person centred practice (PCP) in safeguarding across all organisations and make use of local and national initiatives.	Organisations are committed to Making Safeguarding Personal (MSP) and have policies and procedures which reflect this. Arrange 2 multi-agency learning events focusing on quality of provision and MSP Create local Ref Group; involve adults & their reps/ carers who have experienced, or at risk of abuse & neglect, to shape/ influence development of safeguarding practice.	2016/17	People whose outcomes are met. People who felt safer after safeguarding. People who lack capacity supported by IMCA or others in the safeguarding process. A local Reference Group will exist.	Performance report	G

Accountability, Performance, Quality And Achievement

Aim 5: To ensure our aims, objectives, plans and service interventions are appropriately and proportionately reviewed so we can monitor progress, take corrective actions and ensure that continuous learning, improvement and quality

OBJECTIVE	HOW	WHEN	OUTCOME MEASURE	MONITORING	RAG
Monitor agreed Performance measures and report to the SAB.	Quarterly performance report to SAB report. Annual benchmarking report.	2016/17	Safeguarding referral and enquires by equality strands. Repeat enquiries. Safeguarding concerns by type of abuse. Safeguarding enquires by location of abuse. Outcomes – risk remains, removed reduced. Benchmarking data with analysis of Richmond performance.	Performance report	G

The Board as a whole has benefited from two of the individual case safeguarding adults reviews it conducted focussing on the learning arising; in particular about the complex and so often interrelated aspects of neglect, self-neglect, personal rights and choice, mental capacity, underlying non-acute mental health or substance misuse problems, and fire risk or other anti-social behaviours.

Contact Points

Questions about this Report

If you have any questions about this report, please email Safeguarding.Adults@richmond.gov.uk

If you have difficulty understanding this publication and you would like this report in a different language, large print, or Braille please call **020 8891 7971**

An easy read version is available on the web site:
www.richmond.gov.uk/safeguarding_adults_partnership_board

Reporting a Safeguarding Concern

For specific information on Safeguarding in the Borough please look at the London Borough of Richmond-upon Thames website at: www.richmond.gov.uk/safeguarding_adults

During office hours: Safeguarding alerts and general safeguarding concerns should be raised via the Local Authority's Access Team on: **020 8891 7971**

Out of office hours: Via the Adults Emergency Duty team on: **020 8744 2442**

Remember, safeguarding is everyone's business

Deprivation of Liberty Safeguards – Reporting And Advice

Deprivation of Liberty Safeguards (DoLS) are managed directly by the Safeguarding Team. They can be registered or reported to Safeguarding Adult/DoLS Team:

Tel: 020 8831 6337
Fax: 0800 014 8629

Email:Dols@richmond.gov.uk

Remember that in an emergency – you should always call the Police or Emergency Services on: 999

Ref: 189/08/17