



**Hillingdon Safer Adults  
Partnership Board  
Annual Report  
2014 - 15**

**HILLINGDON SAFEGUARDING ADULTS  
PARTNERSHIP BOARD  
ANNUAL REPORT 2014-15**

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## 1. INTRODUCTION

This is my last annual report as independent chair of Hillingdon Safeguarding Adults Partnership Board, and also the last annual report prior to the Care Act 2014 entering the Statute books in April 2015.

This year has seen the establishment of both the Vulnerable Persons Panel and Care Governance Board. The Vulnerable Persons Panel manages and monitors high risk cases of "self neglect", including hoarding. The Care Governance Board is part of the framework established to identify, monitor and respond to serious quality issues or identified risks to service users, within care provider services. These developments have facilitated better partnership working and improved multi-agency management of high risk cases and local care service provision.

The Safeguarding Adults Partnership Board (SAPB) has continued to oversee the implementation of the Winterbourne and Francis action plans. One Serious Case Review was completed during the year and an action plan agreed.

Services successfully managed a large increase in Deprivation of Liberty Assessments following a court judgement and the Council has begun implementation of *Making Safeguarding Personal*. This underpins the Care Act and introduces a person centred, outcome focussed way of working that will affect all agencies.

In order to prepare for Care Act implementation the Board commissioned an independent review in December 2014. The review identified many areas for development and improvement, including some changes to the Board's structure and functioning. The review identified a strong commitment to safeguarding across all agencies and operational managers, and good safeguarding practice following an alert, along with some high standards of investigation and reporting.

In this context, the Board and services represented are well placed for implementation of the Care Act in 2015 and I wish them every success.

Lynda Crellin  
Outgoing chairman June 2015

## **2. CONTEXT**

### **2.1 Role of SAPB and Annual Report**

The Safeguarding Adults Partnership Board is a multi-agency partnership comprising statutory, independent and charitable organisations with a stakeholder interest in safeguarding adults at risk. A full list of members can be found at Appendix A with attendance details for the year.

The Board's objective is to protect and promote individual human rights, independence and improved wellbeing, so that adults at risk stay safe and are protected at all times from abuse, neglect, discrimination, or poor treatment.

#### **The role of the Board and its members is to:**

- lead the strategic development of safeguarding adults work in the borough of Hillingdon.
- agree resources for the delivery of the safeguarding strategic plan.
- monitor and ensure the effectiveness of the sub-groups in delivering their work programmes and partner agencies in discharging their safeguarding responsibilities
- ensure that arrangements across partnership agencies in Hillingdon are effective in providing a net of safety for vulnerable adults
- act as champions for safeguarding issues across their own organisations, partners and the wider community, including effective arrangements within their own organisations
- ensure best practice is consistently employed to improve outcomes for vulnerable adults.

Since November 2011, the SAPB has had an independent chairman, who also chairs the Local Safeguarding Children's Board (LSCB). The independent chairman is a member of the London and national chairs' groups SAPB.

In accordance with good practice, an annual report has been produced in previous years and presented to Council Cabinet, the Health and Wellbeing Board, and the Community Safety Partnership. From April 2015, production of an annual report will become a statutory requirement (Care Act 2014).

Through common membership, there are links to Multi Agency Public Protection arrangements (MAPPA), and the Multi Agency Risk Assessment Conference (MARAC).

## **2.2 Hillingdon context**

Hillingdon is the second largest of London's 33 boroughs, covering 44.6 square miles.

Greater London Authority population projections estimate that in 2014 there were 292,000 people living in Hillingdon, of whom 13% were aged over 65 years of age and 6.1% over 75. Hillingdon is an ethnically diverse borough with 43% of residents from Black and Minority Ethnic groups, the largest groups being Indian, Pakistani or other Asian.

The proportion of those over 65 is slightly higher than the London average, but lower than that for England as a whole.

The population is projected to increase across all age groups, mainly due to internal migration and an increase in the birth rate and decrease in the death rate. The projected increase is larger than other North West London Boroughs. The proportion of those from black and ethnic minorities is also projected to increase, particularly in the south of the Borough.

The numbers of those with mental health needs and physical, sensory and learning disabilities are also expected to increase. Adults with learning disabilities who will be returning to the community from long stay settings (in line with Winterbourne recommendations) will contribute to this increase.

Hillingdon has 48 GP practices serving a GP registered population of 301,000 (2015).

There are 64 care homes in the Borough providing a range of services including nursing and dementia care, care for people with learning disabilities and mental health needs.

During 2014-15, Adult Social Care services provided support to 5,973 adults. Of this total 4,343 were aged over 65, 332 had mental health needs, 4,352 had a physical disability, 669 had a learning disability and 607 received support with memory and cognition.

The Multi Agency Safeguarding Hub (MASH) was launched in April 2015 with Adults Services in attendance.

## 2.3 London and National Context

Hillingdon, along with most other London Boroughs, has signed up to the Pan-London Safeguarding Policy and Procedures (PLP). This ensures a consistent framework for safeguarding adults, including definitions of roles and responsibilities, timescales for responding, and, in particular, cross-borough working. The procedures are currently being reviewed in terms of Care Act compliance.

Up to and including 2014-15, the SAPB has worked in accordance with the Government 'No Secrets' Policy of 2000 and the ADASS standards published in 2005.

The Care Act 2014 supersedes the 'No Secrets' guidance. It places Adult Safeguarding Boards on a statutory footing. Safeguarding within the Care Act is based on the six principles of empowerment, protection, prevention, proportionality, partnership and accountability.

Core membership of the Safeguarding Adults Partnership Board is defined in the Act (i.e. the Local Authority, Clinical Commissioning Group and Police). Boards are encouraged to have strong and explicit engagement with NHS providers, Care Quality Commission, Voluntary Sector, Housing providers, Fire and Rescue services, Prisons, Probation Service and the criminal justice system.

The statutory guidance accompanying the Care Act notes that Safeguarding Adults Partnership Boards have three statutory functions, to:

- Produce a three year strategic plan,
- Produce an annual report with an annual work plan,
- Carry out Safeguarding Adult Reviews (SARs) when required and to oversee implementation of the findings.

SAPBs should focus primarily on strategic and policy issues, and members must have sufficient seniority to speak on behalf of their agencies and to commit resources and agree actions.

'Making Safeguarding Personal' must underpin all practice, with a clear focus on the desired outcomes of the adult.

The Care Act also defines a new key role within each partner organisation of Designated Adult Safeguarding Manager (DASM).

### 3. BOARD IMPACT AND EFFECTIVENESS

#### Review of the Safeguarding Adults

In January 2015, the SAPB commissioned a review to assess its effectiveness as a Board. The review looked at all aspects of Safeguarding Adults in the Borough. The review followed the Local Government Association (LGA) peer review/challenge methodology which was originally developed by the Improvement and Development Agency (IDeA) and approved by the Association of Directors of Adult Social Services (ADASS), the Social Care Institute for Excellence (SCIE) and the NHS confederation.

The focus was on identifying opportunities for improvement and learning in 8 main areas:

1. Outcomes
2. People's Experience of Safeguarding
3. Leadership
4. Strategy
5. Commissioning
6. Service Delivery and Effective Practice
7. Performance and Resource Management
8. Local Safeguarding Adults Partnership Board.

The review also applied an additional standard of Care Act compliance.

The review identified that in all cases reviewed, the individual adult was safeguarded and that some workers and managers achieved high standards of investigation recording and oversight.

The key recommendations for the Board to be Care Act compliant are:

**Recommendation 6:** The Board should establish a revised Structure with seniority of members from each agency to demonstrate commitment and importance of the board and enhance its ability to operate effectively.

**Recommendation 7:** Resourcing of the work of the Board and infrastructure that effectively ensures delivery of core functions and the work programme should be agreed between the statutory partners and reviewed annually. This would include the setting up of the integrated safeguarding unit.

The full recommendations from the Review can be found in Appendix B.

#### Performance framework

An important development has been the production of a dashboard report to improve the performance and quality information available to the SAPB. A copy of the annual dashboard figures for 2014/15 is included at Appendix C.

The Safeguarding Adults Partnership Board has spent much of 2014-15 preparing to be compliant with the Care Act. As a consequence of the Peer Review in January 2015 and with the appointment of a new independent chair the Board is now poised to confirm its forward strategy and action plan.

### Links with other strategic bodies

Protocols have been developed with the Health and Wellbeing Board and the Safer Hillingdon Partnership. This Annual Report will be presented to both during Q3 2015-16.

### 3.6 Progress against action plan

#### What we planned to do – our key priorities

WHAT WE SAID WE WOULD DO	WHAT WE DID
<b>Outcomes, peoples experience of safeguarding</b>	
<ul style="list-style-type: none"> <li>• Ensure safeguarding process fully includes the person in the process</li> </ul>	<ul style="list-style-type: none"> <li>• Hillingdon is currently implementing Making Safeguarding Personal (MSP).</li> <li>• Board members have been debriefed about MSP including presentation by the safeguarding lead for the London Borough of Sutton.</li> </ul>
<b>Leadership, strategy and commissioning</b>	
<ul style="list-style-type: none"> <li>• Implement the recommendations from the Winterbourne Report and Care Qualities Commission Review of learning disability services.</li> </ul>	<ul style="list-style-type: none"> <li>• The Winterbourne View Steering group membership was revised to ensure a stronger commissioning focus.</li> <li>• A discharge tracker has been set up that determines likely dates for discharge and this is monitored by the steering group.</li> <li>• A clinical group meets</li> </ul>



WHAT WE SAID WE WOULD DO	WHAT WE DID
	<p>monthly to monitor progress on discharge and alerts the steering group to any potential problems.</p> <ul style="list-style-type: none"> <li>• Agreement has been reached between the Council and Hillingdon Clinical Commissioning Group (HCCG) on a mechanism to agree joint funding of people who are discharged into community placements.</li> <li>• In 2014 a review of Learning Disability Services was commissioned with HCCG to inform future plans for Learning Disability Services. This will inform how local services are reshaped in light of the Winterbourne report. The review has been finalised, presented to Adult Social Care Senior Management Team and the HCCG Governing body. Recommendations and action plan agreed and in place.</li> </ul>
<ul style="list-style-type: none"> <li>• Implement recommendations from Francis Report.</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital Trusts gave assurances about compliance and outstanding actions to SAPB in October 2014.</li> </ul>
<p><b>Service delivery and effective practice</b></p>	
<ul style="list-style-type: none"> <li>• Develop better identification and support through MASH</li> </ul>	<ul style="list-style-type: none"> <li>• MASH in Hillingdon went live in April 2015. A protocol has been activated with mental health services.</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure that good MCA practice is embedded across the</li> </ul>	<ul style="list-style-type: none"> <li>• Members of the Board will undertake Mental Capacity</li> </ul>

<b>WHAT WE SAID WE WOULD DO</b>	<b>WHAT WE DID</b>
partnership	Act training which will include Deprivation of Liberty Safeguards and best interest decisions). <ul style="list-style-type: none"> <li>• Funding for this was obtained through NHS England.</li> <li>• 6 members of staff have been funded to undertake Best Interest Assessor training.</li> </ul>
<b>Performance and resource management</b>	
<ul style="list-style-type: none"> <li>• Improve care governance system</li> </ul>	<ul style="list-style-type: none"> <li>• Care Governance Board in place which meets monthly to oversee quality of local provision.</li> </ul>
<ul style="list-style-type: none"> <li>• Improve multi agency response to people who are vulnerable, particularly where self neglect/hoarding is an issue</li> </ul>	<ul style="list-style-type: none"> <li>• A Vulnerable Persons Panel is now well established and meets monthly.</li> </ul>
<b>Safeguarding Adults Partnership Board</b>	
<ul style="list-style-type: none"> <li>• Ensure SAPB is ready for Care Act implementation</li> </ul>	<ul style="list-style-type: none"> <li>• Peer review carried out and reported to key partners in March 2015.</li> </ul>
<ul style="list-style-type: none"> <li>• Maintain standards of quality and improve performance and identify issues</li> </ul>	<ul style="list-style-type: none"> <li>• Audit carried out as part of peer review and findings to be implemented in 2015.</li> <li>• The audit identified that people were safeguarded.</li> <li>• An action plan has been identified for the review's recommendations.</li> </ul>
<ul style="list-style-type: none"> <li>• Increase Housing staff</li> </ul>	<ul style="list-style-type: none"> <li>• 6 training sessions carried</li> </ul>

<b>WHAT WE SAID WE WOULD DO</b>	<b>WHAT WE DID</b>
awareness of safeguarding issues in the context of the Care Act.	out, with 87 Housing staff trained.

#### **4. WORKFORCE**

Each agency has a responsibility to ensure that their staff are suitable trained in Safeguarding procedures and practice. For example, the Council has trained 172 members of staff in a variety of subjects including Mental Health and Homelessness. On the Mental Capacity Act (MCA), CNWL have rolled out MCA awareness for children's services to 126 staff members and at the Hillingdon Hospital, Safeguarding Adults awareness training is delivered monthly as part of the Statutory and Mandatory staff training programme.

Full details of the training can be found in the partner updates where reported.

#### **5. EFFECTIVENESS OF LOCAL SAFEGUARDING ARRANGEMENTS**

In response to fluctuations in the number of contacts leading to a safeguarding referral, which reached a peak in Q2, (see the Dashboard report at Appendix B) a number of workshops were held to clarify and promote better understanding about safeguarding thresholds in order to achieve a more consistent and proportionate response going forward.

In addition to the Dashboard the Council has developed a range of reports to facilitate effective performance monitoring. These include:

- monthly reports to enable Service Managers and Team Managers to keep abreast of performance in their respective service areas and within individual teams; and
- provider performance reports to facilitate operational and strategic oversight of safeguarding practice in care service provision.

To evaluate the effectiveness of safeguarding practice in the Borough, including multi-agency partnership working, 20 safeguarding cases were audited as part of the Safeguarding Adults Partnership Board review in January 2015. An action plan has been developed from the recommendations of the audit, of note the audit found that in all 20 cases the adult had been appropriately "safeguarded".

#### **5.2 Inspections and reviews**

The Council's Social Care Inspection Team reviews and monitors the quality of care being delivered by care service providers in the borough. This has

included carrying out unannounced inspections, to ensure that provider services are delivering quality care.

Monthly reports on service providers are submitted to the Council's senior management team and regular contract monitoring meetings are held with service providers.

During 2014/15, the social care inspection team carried out 113 inspections of domiciliary care services, residential, nursing homes, and supported living services.

Inspections inevitably result in an action/improvement plan for the care service provider and implementation of the action plan is subsequently monitored by the social care inspection team.

Inspections can also lead to a range of additional actions and interventions ranging from low level monitoring to intensified support involving weekly visits over a protracted period of time.

The outcome of visits and any recommendations arising are recorded with subsequent tracking of individual care homes, to ensure recommendations are actioned by them. Similarly, complaints about social care providers are tracked and followed up. In this way, the team can build up a picture of how individual care providers are meeting the needs of people in their care. The team is working on new ways to collate the overall performance of social care providers contracted to the Council.

The team is particularly important in monitoring required improvements for settings where there have been safeguarding concerns and in working with colleagues in the Care Quality Commission (CQC) on the regulatory standards providers must comply with. They also share 'soft' information with CQC in order to be able to follow up appropriately on concerns.

Going forward, in keeping with the spirit of the Care Act, the team will move towards a Quality Assurance model. This model will help care service providers better understand what 'good' safeguarding practice looks like, as well as helping them identify improvements to improve quality.

It is worth noting that during 2014 -15 the Care Quality Commission carried out regulatory inspections of two of the agencies represented on the Hillingdon Safeguarding Adults Partnership Board: Hillingdon Hospital Foundation Trust and Central and North West London NHS Foundation Trust.

### **5.3 Case Reviews**

One Serious Case Review was carried out in 2013-14. All actions from the review have now been completed. Key learning points from the Serious Case Review include:

- The need for clear and timely communication between agencies at critical points: for example, when a patient is brought to Accident & Emergency by ambulance there must be a formal hand-over of concerns about the patient to A&E staff;

- Non-attendance at appointments should be followed up more rigorously;
- Agencies should remain vigilant for indicators that a carer might be in need of an carer's assessment and/or support;
- Discharge should not be the default position when contact cannot be made with a vulnerable patient - alternative means of making contact should be explored.

## **5.4 Priority groups and developments**

### **Voice of the vulnerable adult**

The voice of the adult is clearly captured within the Making Safeguarding Personal (MSP) framework. MSP places the adult at the centre of safeguarding establishing their views and desired outcomes from the outset.

MSP is the embodiment of "person centred, outcome focussed" practice thereby empowering the individual and their family - as far as is practicable - to identify and recognise risk and thereafter take control of their care and support to keep themselves safe.

### **Mental Capacity/ Deprivation of Liberty Safeguards (DoLS)**

The Supreme Court judgement in the P v Cheshire West and Chester Council and P and Q v Surrey County Council in March 2014, is very significant in determining whether care/treatment arrangements for an individual lacking capacity amount to a Deprivation of Liberty.

The Court determined that for those people who do not have capacity to consent to the restrictions there are two key questions to consider in determining whether a person is deprived of their liberty:

- Is the person subject to continuous supervision and control?
- Is the person free to leave?

If the answer to the first question is yes and the second question is no, then the person is deprived of their liberty. Factors that are deemed no longer relevant are:

- The person's compliance or lack of objection
- The relative normality of their placement
- The reason or purpose of a particular placement

The DoLS Supervisory Body for Hillingdon has received 436 authorisation requests for 2014-15 compared to 15 for 2013-14.

## **6. COMMENTARY FROM AGENCIES**

All member agencies represented on the SAPB were asked to produce a return based on the following areas:

- What is the agency role and services provided
- Regulator inspection in the reporting period and outcomes
- Safeguarding training ( included in a previous section)
- Challenges in the reporting period
- Progress against safeguarding priorities
- Priorities for 2015-16
- Good news stories and good practice examples

These can be found at Appendix D.

## **7. SUMMARY AND PRIORITIES FOR 2015-16**

### **7.1 Summary**

On the basis of the information we have, the Board believes that services across Hillingdon are successfully supporting residents and safeguarding vulnerable adults. Responses and investigations have on the whole been speedy and proportionate, and vulnerable adults have been appropriately safeguarded.

The establishment of the Care Governance Board and the Vulnerable Persons Panel have created constructive vehicles that should enhance multi-agency communication and information sharing.

Case reviews and other information however also indicate that there are potential risk areas. Staff are not confident about using the Mental Capacity Act and there is evidence that further improvement is needed in information sharing, particularly at high risk transition points such as admission to and discharge from hospital. It is important to ensure that high standards are maintained in social care assessment and planning.

Reductions in resources across all agencies inevitably has an impact on capacity and external factors – such as High Court Judgement on DoLS – puts increased strain on those resources.

Partnership working is strong. There are, however concerns about commissioning processes, particularly the separation of responsibilities across the Clinical Commissioning Group and NHS England. This has an impact on planning, particularly for those who are mentally ill, or who have learning disabilities.

NHS England has so far not been represented on the SAPB, although it is understood that there are plans to develop co-commissioning arrangements. The Board wish to further develop relationships with GPs as critical providers and coordinators of services.

The implementation of the Care Act along with the personalisation agenda, will involve a step-change in how all professionals work with adults.

The peer review has helpfully given a steer how to best move forward into the implementation of the Care Act and the SAPB's role in that.

It is vital that all partners ensure that the SAPB is appropriately resourced to carry out its functions and to comply with its statutory responsibilities.

## **7.2 Priorities for 2015-16**

- 1) Resourcing and developing the Safeguarding Adults Partnership Board
- 2) Implementing Making Safeguarding Personal across all safeguarding activity and across all partner agencies
- 3) Ensuring Care Act compliance across all agencies
- 4) DoLS – ensuring there is an effective model of practice to build upon including enhancing the functions of the DoLS Supervisory Body
- 5) Mental Capacity Act – embedding knowledge and skills across all partner agencies
- 6) Raising public awareness of Safeguarding

## 8. APPENDICES

### Appendix A: Membership of the Hillingdon Safeguarding Adults Partnership Board and attendance during 2014-15

<b>Organisation</b>	<b>Attendance 2014-15</b>
London Borough of Hillingdon including Public Health Team	100%
Hillingdon Hospital	100%
Royal Brompton & Harefield Trust	100%
Hillingdon CCG	100%
CNWL	100%
Voluntary Sector	100%
Metropolitan Police	67%
London Fire Brigade	67%
Hillingdon Community Health	67%



# Appendix B: Performance information

Report Author: LBH Performance Intelligence Team

**Safeguarding Adults Board - Yearly Report - Draft Format**  
For Period: 2014/15

For further information please contact:  
Paul Alexander Ext 6906

### Contacts

Quarter	Contacts	% of contacts leading to referrals
Q1 13/14	332	34.34%
Q2 13/14	379	34.04%
Q3 13/14	325	36.92%
Q4 13/14	352	38.07%
Q1 14/15	369	35.77%
Q2 14/15	399	50.13%
Q3 14/15	441	38.55%
Q4 14/15	413	28.81%

### Referral Details, Outcomes

Quarter	Referrals - New	Referrals - Closed
Q1 13/14	114	129
Q2 13/14	129	97
Q3 13/14	120	101
Q4 13/14	134	188
Q1 14/15	132	128
Q2 14/15	200	190
Q3 14/15	170	153
Q4 14/15	119	125

### National Comparisons - Contd.

Region	Physical	Sexual	Psychological	Financial	Neglect	Discriminatory	Institutional
England 13/14	27%	5%	15%	18%	30%	4%	4%
London 13/14	25%	4%	17%	21%	30%	3%	3%
Hillingdon 13/14	22%	2%	16%	26%	30%	1%	1%
Hillingdon 14/15	25%	7%	14%	22%	25%	4%	4%

### Contact Progression

Metric	2014/15	2013/14
# Contacts Progressing To referral within 24 Hours	260	70
% Contacts Progressing To referral within 24 Hours	42%	14%

### Referrals - Opened and Closed

Metric	2014/15	2013/14
# Referrals Opened	621	497
# Referrals Closed	596	515

### Contacts by Source

Source	2014/15	2013/14
Community Services		
Independent provider agency	9	1
Other agcy NSPCC, Age Conc, Travelcare	382	431
Other Local Authority	230	284
Private Sector Home	187	95
Internal		
Internal	6	7
Not Known/Recorded	38	32
Public (Including Relative/Friend)	31	35
Self referral	142	94
Statutory Agencies		
Centr Gov Agcy, Prison, Customs	53	11
Legal, Police, Court, Prob, Immigr	184	167
Primary health (GP, DN etc	5	2
School/College	323	187
Secondary health, Hospital/ Hospice	32	42
<b>Total</b>	<b>1622</b>	<b>1388</b>

### Age Bands (Referral Starts)

Age Band	2014/15	2013/14
18 - 64	237	160
65 - 74	85	63
75 - 84	130	108
85 - 94	143	134
95+	26	32

### National Comparisons

Region	Care home	Hospital	Own home	In community	Other
England 13/14	36%	6%	42%	5%	11%
London 13/14	25%	7%	51%	4%	13%
Hillingdon 13/14	17%	0%	49%	10%	25%
Hillingdon 14/15	25%	2%	48%	2%	23%

### National Comparisons

Region	18-64	65-74	75-84	85-94	95+
England 13/14	37%	12%	23%	24%	4%
London 13/14	40%	12%	22%	22%	4%
Hillingdon 13/14	33%	13%	22%	28%	4%
Hillingdon 14/15	36%	13%	22%	24%	3%

### National Comparisons

Region	No further action	Risk remains	Risk reduced	Risk removed
England 13/14	36%	7%	25%	22%
London 13/14	36%	6%	33%	25%
Hillingdon 13/14	37%	3%	20%	21%
Hillingdon 14/15	22%	3%	42%	32%



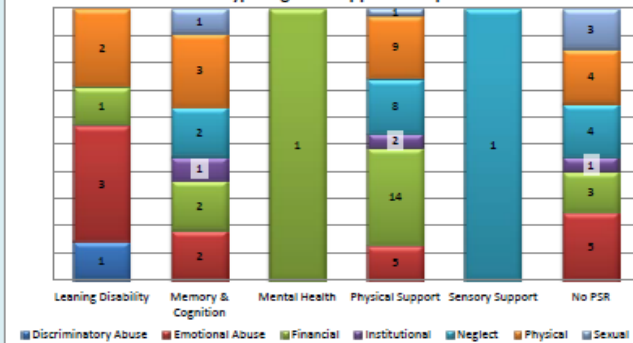
Closed Referrals - Outcomes and Case Profiling

Abuse Types and Primary Support Reasons

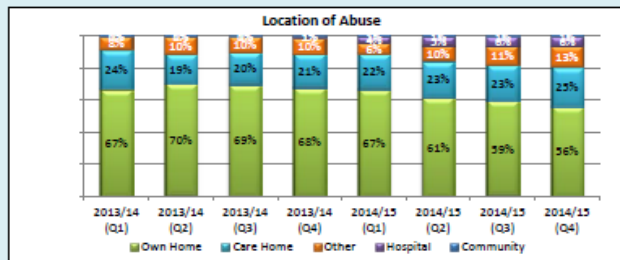
Types of alleged abuse		2014/15	2013/14
Discriminatory Abuse		3	3
Psychological/Emotional Abuse		65	91
Financial and Maternal Abuse		114	151
Institutional Abuse		18	6
Neglect and Acts of Omission		131	178
Physical Abuse		118	131
Sexual Abuse		27	27
<b>Total</b>		<b>476</b>	<b>587</b>

Primary Support Reason		2014/15	2013/14
Learning Disability		87	69
Memory & Cognition		65	55
Physical Support		245	153
Mental Health		22	10
Social Support		1	1
Sensory Support		7	7
<b>Total</b>		<b>427</b>	<b>295</b>

Abuse Types against Support Groups



Location - Perpetrators



Location of Abuse		2014/15	2013/14
Care Home		99	106
Community		3	3
Hospital		24	3
Other		51	51
Own Home		225	340

Alleged Perpetrators		2014/15	2013/14
Total Cases With Alleged Perpetrators		395	503
% Cases with Alleged Perpetrator Information		66%	98%

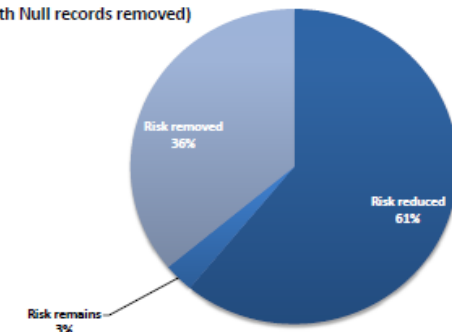
Alleged Perpetrators		2014/15	2013/14
Health Care Worker		48	42
Friend / Neighbour		28	34
Not known		35	45
Other		51	93
Other Family Member		97	111
Other Professional		22	46
Other Vulnerable Adult		17	17
Partner		24	27
Social Care Staff		67	68
Stranger		5	17
Volunteer / Befriender		1	3

Outcomes

Conclusion of cases		2014/15	2013/14
Substantiated fully		139	165
Substantiated partially		68	48
Inconclusive		124	120
Not substantiated		201	170
Investigation ceased		64	12

Results of action taken		2014/15	2013/14
Risk Removed		189	143
Risk Reduced		251	117
Risk Remains		27	17
No further action (Null records)		129	238

Results of Action Taken (With Null records removed)



Deprivation of Liberty	Number of DOLS cases	2014/15	2013/14
		442	6

Concluded Cases	# Cases meeting LBH Criteria (Full Safeguarding Report Required)	2014/15	2013/14
		208	174
	No further action under SA process	388	341

## **Appendix C: Recommendations from Peer Review**

**Recommendation 1:** The Board should formally adopt MSP and oversee roll out across the Borough.

**Recommendation 2:** The Board should receive a report on the National Competency Framework with the view of adopting the Framework as the underpinning of workforce development plans for all partners.

**Recommendation 3:** Building on the disbanding of the specialist team - Consideration to be given to how the advanced practitioner role in the operational teams can assist in supporting and developing safeguarding practice.

**Recommendation 4:** The Board commissions the Strategic Plan and agrees the associated work programme.

**Recommendation 5:** The Executive Operational Group to take responsibility for developing the annual Business Plan and co-ordinating delivery of the annual work programme. The plan will capture all developments in relation to the development and maintenance of priorities to become a high performing SAPB.

**Recommendation 6:** The Board should establish a revised Structure with seniority of members from each agency to demonstrate commitment and importance of the board and enhance its ability to operate effectively.

**Recommendation 7:** Resourcing of the work of the Board and infrastructure that effectively ensures delivery of core functions and the work programme should be agreed between the statutory partners and reviewed annually. This would include the setting up of the integrated safeguarding unit.

**Recommendation 8:** The Board with other key strategic partnerships develops protocols/memorandums of understanding to ensure wider understanding of respective roles, responsibilities and involvement in the protection of vulnerable adults.

## Appendix D: Partner Updates

### Adult Social Care

<b>Name of agency</b>	<b>London Borough of Hillingdon (LBH)</b>
Description of service	Adult Social Services/ Safeguarding /Quality Assurance
Safeguarding training undertaken in reporting period. % of staff trained at each level.	<p>The number of LBH staff who have accessed training in 2014 - 2015 are as follows:</p> <p>Mental Health &amp; Homelessness: 10  Mental Capacity Act and Mental Health Act Interface:12  Interview &amp; Investigation Skills (2 day workshop): 53  Charing Safeguarding Meetings (SAMs): 13  Safeguarding Adults - eLearning: 46  Mental Capacity Act - eLearning: 38</p> <p>LBH currently has 3 trained Best Interests Assessors (BIAs); all 3 BIAS attended refresher training during 2014-15.</p> <p>The Safeguarding Adults &amp; Quality Assurance Manager ran 2 workshops on <i>Safeguarding Thresholds</i> in this period.</p>
Regulator inspection in reporting period and outcomes	<p>During 2014-15 LBH carried out the following "inspection visits" to care provider services:</p> <p>Residential/Nursing Homes: 64  Supported Living: 34  Domiciliary Care: 15</p> <p>These figures do not include subsequent follow-up visits or spot visits.</p>
Challenges in the reporting period	<p>Development of performance dash boards to inform operational teams in the management of safeguarding.</p> <p>Workforce development, recruitment and retention.</p>
Progress on safeguarding priorities in the reporting period	<p>Responsibility for safeguarding was successfully repositioned as "everybody's business" within operational adult social care teams;</p> <p><i>Making Safeguarding Personal</i> is being piloted within operational teams for a 6 month period;</p> <p>A rolling safeguarding training programme has been re-established;</p> <p>Improved Safeguarding Performance reporting is being developed;</p> <p>A full time, permanent Safeguarding Adults &amp; Quality Assurance Manager was appointed.</p> <p>Development of Care Governance Board and framework for Adult Social Care.</p>

Safeguarding priorities for 2015/6	<p>The Peer Review style audit of safeguarding, commissioned by the Safeguarding Adults Board in January 2015, produced a number of recommendations which have been incorporated into an action plan for 2015-16.</p> <p>The headline objectives - some of which are a continuation of priorities for 2014-15 - are:</p> <p>Introduce a regular audit programme of Safeguarding cases within operational teams;  Increase management oversight of safeguarding practice;  Build on the role of Advanced (i.e. senior) Practitioners in order to spread expertise throughout the organisation;  Implement Making Safeguarding Personal;  Ensure robust Advocacy Services are available;  Establish a Provider Forum;  Continue with a programme of staff training;  Robust performance reporting;  Adapt IT system to current practice;  Development of quality assurance framework.</p>
Good news stories	<p>The monitoring of care service provision now sits within the remit of the <i>Safeguarding Adults &amp; Quality Team</i> - facilitating closer and more robust links with LBH's Care Governance Framework.</p> <p>The implementation of <i>Making Safeguarding Personal</i> within ASC has been positively received, is progressing well and with pleasing results. The results of the 6 month pilot will continue to be fed back to the SAPB.</p>
Good practice examples	<p>The introduction of a Police Safeguarding Clinic has facilitated regular and timely discussion between the Police and ASC and has improved partnership working significantly as a consequence.</p>
Any other comments	<p>The Care Act 2014 places safeguarding adults and the role of the SAPB on a statutory footing which presents a golden opportunity going forward to influence good practice. This is reflected in the future plans/strategies of the SAPB which is positive.</p>

## Central and North West London NHS Foundation Trust

Name of agency	Central and North West London NHS Trust
	<p>The Trust provides both mental health and community services across five Boroughs.</p> <p>Operationally, CNWL is managed in three divisions; each headed up by a Director of Operations and supported by a Nursing and Medical Director. They are responsible for all elements of care and delivery within their respective divisions.</p> <p>In relation to CNWL Hillingdon services, Maria O'Brien, as the Divisional Director of Operations, has responsibility for these services and is the senior director responsible for safeguarding in Hillingdon; supported by Michelle Johnson, the Divisional Director of Nursing.</p> <p>Michelle Johnson, the Divisional Nursing Director, chairs the Divisional Safeguarding Group of which the Named Nurse Safeguarding Children is a member.</p> <p>Each of the boroughs is headed up by a Borough Director and a Clinical Director; they are a key link and member of the local adult safeguarding boards.</p>
Description of service	<p>Safeguarding Adults Team: CNWL have a dedicated adult safeguarding team, consisting of 6 x WTE and 2 x 0.6 WTE. These staff are split across the 3 divisions, CNWL Hillingdon falls into 'Goodall' Division. The team's primary role within Goodall Division is to provide expert advice, supervision, education and training. This team also has the capacity to gather and analyse data, carry out audits and meet the Prevent agenda. All front line staff have access to the safeguarding adults practitioners.</p>
Regulator inspection in reporting period and outcomes	<p>The CQC have identified 16 Essential Standards (also known as outcomes) that the Trust must meet at both a corporate and team level. Outcome 7 relates to safeguarding.</p> <p><b>Outcome 7:</b> Safeguarding people who use services from abuse. People who use services - are protected from abuse, and their human rights are respected and upheld.</p> <p>CQC inspected CNWL in February 2015. Awaiting official report, due to be released in June 2015, some informal feedback has been given.</p>

<p>Challenges in the reporting period</p>	<p>Many of the challenges faced by front line staff can be mitigated by effective training, supervision and support systems. For example front line staff struggle to:</p> <ul style="list-style-type: none"> <li>• balance the need to recognise that people with capacity have the right to make their own decisions with a duty to care</li> <li>• recognise that they don't need to make the decision about whether something falls within the safeguarding agenda but instead report concerns</li> <li>• negotiate confidentiality agreements so the safeguarding process is as transparent as possible</li> </ul> <p>There have been many changes to the Safeguarding Adults agenda in the last year, including the release of the Care Act which is the biggest change in social and health care for over 60 years, it consolidates and strengthens existing legislation and further integrates health and social care service.</p> <p>The new criteria for DOLs following the Supreme Court judgement decision.</p> <p>Training helps staff to meet these challenges and is reinforced with regular reflection and learning from cases in supervision and opportunistic teaching.</p>
<p>Progress on safeguarding priorities in the reporting period</p>	<p>Priorities for 2014 – 15</p> <p>Prevent: Hillingdon's safeguarding adults team have given training to over 292 members of staff regarding Prevent. They have been to team meetings and service leads meetings to give training as well as the booked training for any staff to attend. This training will be mandatory from July 2015.</p> <p>MCA &amp; DOLs: It was acknowledged that staff struggle to apply the theory of MCA and DoLs to clinical practice and therefore much greater emphasis was placed on 'case studies' to embed learning in practice.</p> <p>Identification and targeting of teams who do not ring safeguarding adults practitioner with queries: Teams needing more awareness were recognised by looking at safeguarding adults case records. Case studies were completed with all DN teams with more emphasis on certain teams. An audit regarding staff knowledge of the safeguarding process completed. Contact details of safeguarding adults team were distributed.</p>



Safeguarding priorities for 2015/6	<p><b>Learn from serious incidents and cases</b> (including SARs and domestic homicides) locally and nationally: Lessons are applied to minimise the chances of similar incidents happening in Hillingdon.</p> <p><b>Respond to cases of self-neglect and/ or non-engagement with services:</b> Such cases are properly understood and responded to (including issues of capacity and/ or underlying illnesses) to keep people safe whilst respecting choice and independence.</p> <p><b>Share the right information with the right people at the right time:</b> Key information is shared at the right time to enable holistic and comprehensive risk assessment and safeguarding, whilst legal requirements (such as the Data Protection Act and patient confidentiality) are complied with.</p>
Good news stories	<p>First session of MCA awareness for children's services was rolled out in September 2014; this has been well received by 126 staff members.</p> <p>CNWL has undergone many changes in the past year, one of which is that the safeguarding adults team (previously HCH) now cover CNWL mental health services for the whole division, this has been positive for staff and managers.</p> <p>Mental health services in Hillingdon have received a good report from CQC regarding MCA awareness and training. A recent internal audit showed our older peoples services as outstanding in this area.</p>
Good practice examples	<p>Safeguarding Adults practitioner attends monthly meetings with service leads, enabling her to feedback and discuss issues for staff to cascade to frontline staff.</p> <p>Safeguarding Adults practitioner ran surgeries for mental health staff in conjunction with the mental health law deputy manager, for advice regarding safeguarding, MCA, consent, capacity and good documentation. These were well attended and CNWL is aiming to provide more in the future.</p>

## The Hillingdon Hospital

Name of agency	The Hillingdon Hospital Foundation Trust
Description of service	<p>The Executive Director with responsibility for Safeguarding oversees the annual work and audit programmes for safeguarding adults and progress against these is reported to the Trust's Safeguarding Committee which reports to the Quality and Risk Committee (a board committee) on a quarterly basis. An annual report on safeguarding activity was presented to the Trust Board in October 2014.</p> <p>The Trust has a multi-agency Safeguarding Committee, which meets on a quarterly basis and covers both adults and children safeguarding work. The Committee is chaired by the Executive Director of the Patient Experience and Nursing. A safeguarding data report is received by the committee; this includes clinical incidents, SCR's, DoLS requests, pressure ulcers and FGM information.</p> <p>The Trust revised the Key Performance Indicator (KPI) for Learning Disability, which was also approved by the Safeguarding Committee. This KPI provides the Trust with substantial assurance in terms of safeguarding governance and is reviewed annually at the Safeguarding Committee.</p>
Safeguarding training undertaken in reporting period. % of staff trained at each level.	<p>The Trust training recording structure has been replaced by a system called WIRED, which will improve the accuracy of recording staff compliance, which also links into the Electronic Staff record (ESR).</p> <p>Safeguarding Adults awareness training is delivered monthly as part of the Statutory and Mandatory staff training programme and it is also part of the New Starters Induction programme to the Trust. The mandatory training session duration has been increased and includes information about meeting the needs of adults with learning disabilities and MCA &amp; DoLS.</p> <p>Safeguarding Adult awareness training is now also available via e-learning, accessed via ESR. Bespoke sessions are provided within departments as requested. Training compliance for the reporting period is above 80% and is monitored on the WIRED dashboard. Training compliance has risen from 72.36% in December to 92.95% in March 2015.</p> <p>Enhanced awareness sessions for MCA and DoLS have</p>

	<p>been scheduled for 2015/16 key staff who should attend have been identified through a training needs analysis. These sessions are delivered by a Psychiatric Liaison Consultants based at Riverside and a Lawyer specialising in healthcare law and have been well evaluated.</p>
<p>Regulator inspection in reporting period and outcomes</p>	<p>Within the reporting period there was a re-audit of staff knowledge and awareness of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The results highlighted an overall improvement compared to the audit in 2013/14, however there was a clear indication that more awareness sessions were required. Enhanced MCA and DoLS training sessions have been provided which is detailed above. We have updated the restraint policy and written a new MCA &amp; DoLS policy. There is a new MCA and DoLS Trust policy and the restraint policy has also been updated.</p> <p>The Trust also audited staff, focussing on their understanding of meeting the needs of patients with a learning disability whilst in hospital, the results demonstrated that staff knew who to contact if there were concerns. There needs, however, to be continued awareness and use of the patient passport.</p>
<p>Progress on safeguarding priorities in the reporting period</p>	<p>In order to provide assurance that the Trust is listening and responding to the needs of patients with a Learning Disability, the Head of Safeguarding has attended forums where there are carers and service users present. These forums provide an opportunity to hear the views of people using our services first hand and support our aim of learning and continuously improving.</p> <p>The Trust is represented at the Learning Disability Partnership Board by the Head of Safeguarding, who is also a member of the multi- agency Serious Case Review (SCR) panel, where within the reporting period there has been one SCR.</p> <p>There is also regular attendance at the Hillingdon PREVENT Partnership Group.</p> <p>Safeguarding training compliance has significantly improved, which is reflected in item 3.</p>
<p>Safeguarding priorities for 2015/6</p>	<p><b>Challenges for 2015-16:</b></p> <ul style="list-style-type: none"> <li>• Maintaining compliance of safeguarding training above the Trust target of 80%.</li> <li>• Further embedding of knowledge of MCA and</li> </ul>

	<p>DoLS, especially in relation to recognising and understanding when restrictions might become restraint.</p> <ul style="list-style-type: none"> <li>To re-evaluate Prevent within the Hospital based on recommendations with the Prevent Duty.</li> </ul> <p><b>Priorities for 2015-16:</b></p> <ul style="list-style-type: none"> <li>Implement robust arrangements to put DoLS into practice, modelled on the Social Care Institute for Excellence framework.</li> <li>Audit Programme: <ul style="list-style-type: none"> <li>MCA &amp; DoLS staff knowledge and awareness</li> <li>Meeting the needs of patients with learning disabilities knowledge and awareness</li> <li>Application of DoLS in practice.</li> </ul> </li> <li>Continued engagement with user groups of patients with a Learning Disability and their carers and the Learning Disability team at The London Borough of Hillingdon.</li> <li>Revise the Trust PREVENT strategy following the publication of the Prevent Duty in 2015.</li> <li>Continued liaison with Adult Social Care and other agencies to discuss the implementation of the Care Act in April 2015.</li> </ul>
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### Metropolitan Police

Name of agency	Metropolitan Police (MPS)
Description of service	Law enforcement
Safeguarding training undertaken in reporting period. % of staff trained at each level.	There was no police training during this reporting period.
Regulator inspection in reporting period and outcomes	Mayor's Office for Policing and Crime (M.O.P.C.)
Challenges in the reporting period	<ul style="list-style-type: none"> <li>Ensuring Safeguarding Adult managers remain engaged in the MASH process.</li> <li>Pulling together stakeholders in the MASH to deliver</li> </ul>

	<p>resources previously promised.</p> <ul style="list-style-type: none"> <li>• Driving the delivery group to a successful conclusion.</li> </ul>
Progress on safeguarding priorities in the reporting period	1.Multi Agency Safeguarding Hub ,(M.A.S.H.). go-live date 27th of April 2015.(This is imperative for the integration/development of Adult Safeguarding in the Hillingdon MASH).
Safeguarding priorities for 2015/6	<p>1.To ensure Adult Safeguarding is an integral part of the Hillingdon MASH Process.</p> <p>2.To improve joint working with adult social services and police in Safeguarding.</p>
Good news stories	The MASH launched on 27th April was a well attended presentation informing managers & partners of the remit of the MASH. Individual presentations assisted guests with short presentations of how each contributed in the MASH process. This launch was well attended and received and viewed as a success. This is joint good news with the SCB .
Good practice examples	In January police and adult social services commenced a weekly clinic. Each Wednesday, police attend the Civic Centre and discuss with adult social workers (by appointment and pro forma) on individual cases and supply advice re criminal threshold and the necessity to report /not report and joint investigations. This joint working is believed to be unique to Hillingdon Borough.
Any other comments	A productive year with better joint working between police and partner agencies. This improvement has to increase and improve for the benefit of victims/subjects in Hillingdon Borough.

### London Community Rehabilitation Company

<b>Name of agency</b>	<b>London Community Rehabilitation Company</b>
Description of service	The role of the CRC is to manage the majority of offenders under probation supervision. We work alongside the National Probation Service, which manages offenders who have been assessed as presenting high risk of harm to others. London CRC is one of 21 CRCs supervising offenders across England and Wales. London CRC employs around 1,200 staff and manages almost 30,000 offenders at any one time. Service delivery is currently based on geographical borough 'clusters'. The Hillingdon and Hounslow cluster is one of 15 clusters in London.

<p>Safeguarding training undertaken in reporting period. % of staff trained at each level.</p>	<p>In 2013 London Probation Trust identified and trained up Safeguarding Adult Champions at each borough. During that year each champion delivered briefing sessions to wider practitioners groups at borough level.</p> <p>This 'train the trainer' workshop was rerun in May 2015 and the participants will be cascading the learning in similar cluster based events over the next 3 months across London to all Offender Managers. The participation levels at each cluster are being monitored and reported back to area Assistant Chief Officers. These briefings will ensure that London CRC practitioner staff knowledge remains current and new staff have undertaken training.</p> <p>There is a Pan London ACO Lead who coordinates and delivers meetings centrally with Safeguarding Adults Champions in each cluster to ensure best practice has been promoted, reinforced, facilitated and enhanced via a series of briefings and training events.</p> <p>New Safeguarding Adults procedures for London CRC were launched in March 2015. The London CRC has a safeguarding adults page on the intranet which includes all up to date policy and guidance information.</p>
<p>Regulator inspection in reporting period and outcomes</p>	<p>N/A</p>
<p>Challenges in the reporting period</p>	<p>2014 saw a significant change in the way probation services are being delivered. In response to Government's plans to reform probation, dissolve the Probation Trusts and transfer the work to two new organisations: the National Probation Service (London Directorate) and the London Community Rehabilitation Company came into being on 1 June 2014.</p> <p>In December 2014 the preferred bidder for London CRC was announced and since early 2015 the London CRC has been working closely with MTCnovo to transform the way in which probation services are delivered and together develop new ways of working.</p> <p>This has been a time of considerable change for staff and it will continue to be so as the cohort model of service delivery is rolled out and embedded, The new operating model will introduce 'cohorts' – women, 18-25 year olds, working age males, older males and those with a chronic illness, mental illness or intellectual</p>

	disabilities – whereby offenders are worked with based on their primary presenting need. This will allow front line staff to be better able to identify needs and issues and access the services to which they are entitled to make significant improvements to their quality of life which therefore reduces their chances of reintegration into society and increases the risk of reoffending.
Progress on safeguarding priorities in the reporting period	SA Champions training delivered. London CRC SA procedures launched. Safeguarding Adults page on service Intranet site developed - primary information source for front line practitioners and line managers.
Safeguarding priorities for 2015/6	Our priorities in 2015/16 are to ensure through an ongoing training programme, monitoring and evaluation that all front-line staff are knowledgeable in relation the Care Act 2014 and understand their responsibilities when working directly with service users who are 'adults at risk' to be aware of issues of abuse, neglect or exploitation, that they have a duty to act in a timely manner on any concern or suspicion and to ensure that the situation is assessed and investigated.

### Age UK Hillingdon

<b>Name of agency</b>	<b>Age UK Hillingdon</b>
Description of service	Local Charity offering a wide range of services to support older people in Hillingdon
Regulator inspection in reporting period and outcomes	N/A
Challenges in the reporting period	386 staff and volunteers work for Age UK Hillingdon to support older people and all have training on safeguarding adults as part of their induction. We regularly review our policies and procedures to ensure compliance with Safeguarding and raise awareness with all staff & volunteers so that there is a clear process for reporting abuse.
Progress on safeguarding priorities in the reporting period	Age UK's Director of Services/Deputy CEO has been a member of the Safeguarding Adults Partnership Board. Review of database to include alerts and key steps taken in relation to safeguarding for individuals.
Safeguarding priorities for 2015/6	Keep up to date with new developments in Safeguarding and Disclosure and Barring. Implement the Care Bill's Safeguarding measures as

	<p>required.</p> <p>Review training requirements on Mental Capacity Awareness.</p> <p>Review our monitoring of safeguarding issues across our range of services.</p>
Good practice examples	<p>Safeguarding is a standard agenda item for staff and volunteer meetings and supervision and appraisal processes.</p> <p>Information relating to Safeguarding and relevant contact numbers are displayed on our website and on our services brochure.</p>

### **Disablement Association Hillingdon ( DASH)**

<b>Name of agency</b>	<b>Disablement Association Hillingdon (DASH)</b>
Description of service	Advice, information, advocacy and activities for people with disabilities
Safeguarding training undertaken in reporting period. % of staff trained at each level.	Staff trained in safeguarding level 1 and regular reminders in staff meetings and supervision.
Regulator inspection in reporting period and outcomes	N/a
Challenges in the reporting period	Ensuring that all PAs are DBS checked, as many people are loathe to ask friends or neighbours to undergo checks.
Progress on safeguarding priorities in the reporting period	Staff in personal budget support service encourage safer recruitment practices for clients employing PAs. Advocates available to people going through safeguarding process.
Safeguarding priorities for 2015/6	Safe Places scheme to commence in ward in Hayes and then be introduced in other parts of the borough.
Good practice examples	People attending our sports and activities are given information about keeping safe and encouraged to talk to staff if they have any concerns.