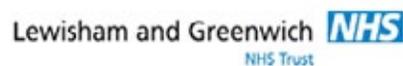




**Bexley Safeguarding Adults Board**  
*Helping adults to live a life free from abuse or neglect*

# ANNUAL REPORT 2017/2018

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



# **Bexley Safeguarding Adults Board**

## **ANNUAL REPORT 2017/2018**

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# 1. Independent Chairperson, Annie Callanan's Statement:

This is my third Introduction to the BSAB Annual Report in which we meet our statutory obligations to produce this report and equally important, take the opportunity to acknowledge progress in preventing adult abuse and in responding appropriately when it happens.

We also look at what we have done, as a wide and varied sector, to share learning and to make structural, policy and practice improvements.

One of the major events we held this year was the Learning Event from Bexley's first Safeguarding Adult Review. Although it is regrettable that, for good reason we were unable to publish the whole report, the engagement of managers from both Children's Services, through the Safeguarding Children's Board and Adult Services (including Health) was commendable. The Learning Event was well attended and insightful as we discussed the complexity; challenges and necessity of recognising and responding to self-neglect in Adults in Bexley. The afternoon presentation by Professor Michael Preston-Shoot, an expert in self-neglect, was engaging and helpful and the shared learning with our colleagues in Children's Services, invaluable.

The Chair of the Safeguarding Adults Review (SAR) Group, held by Bexley Healthwatch, has had to step down due to other commitments and I want to acknowledge the support and challenge we received during her tenure. Her work helped us build an effective SAR that led Bexley's first review, as well as identifying and implementing changes that strengthened capacity to focus on learning and identify the best and most effective process for progressing reviews.

We have appointed one lay member to the Board and are currently in process of interviewing a second, these are frequently invaluable members of Safeguarding Boards, bringing community voices to the table and at times reminding us to communicate in more straightforward ways with each other and with the communities we serve in Bexley.

We continue to work closely with the LIN Group on Mental Capacity Act and Deprivation of Liberty Safeguards and are fortunate to have the lead for that group working with the Department of Health, to support legislative changes in making the process more accessible and effective.

The Performance Management and Quality Assurance Sub Group has made significant progress towards identifying a set of Performance Indicators across the wide and varied sector working in Adult Services in Bexley. We appreciate that work as a Board and the fact we are working more closely the CCG through the active engagement of their Director of Quality and Performance who has also take on the role of Vice Chair of the Safeguarding Adults Board.

Publicity and Communication Sub Group has produced excellent information and leaflets for staff; managers and; members of the public working with all agencies to raise awareness of Adult Abuse and the importance of prevention.

All of the Sub Groups Chairs form the Executive Chairs Group of the Safeguarding Adults Board, working together to reduce duplication, identify areas of priority and to support each other and inform the work of the Board.

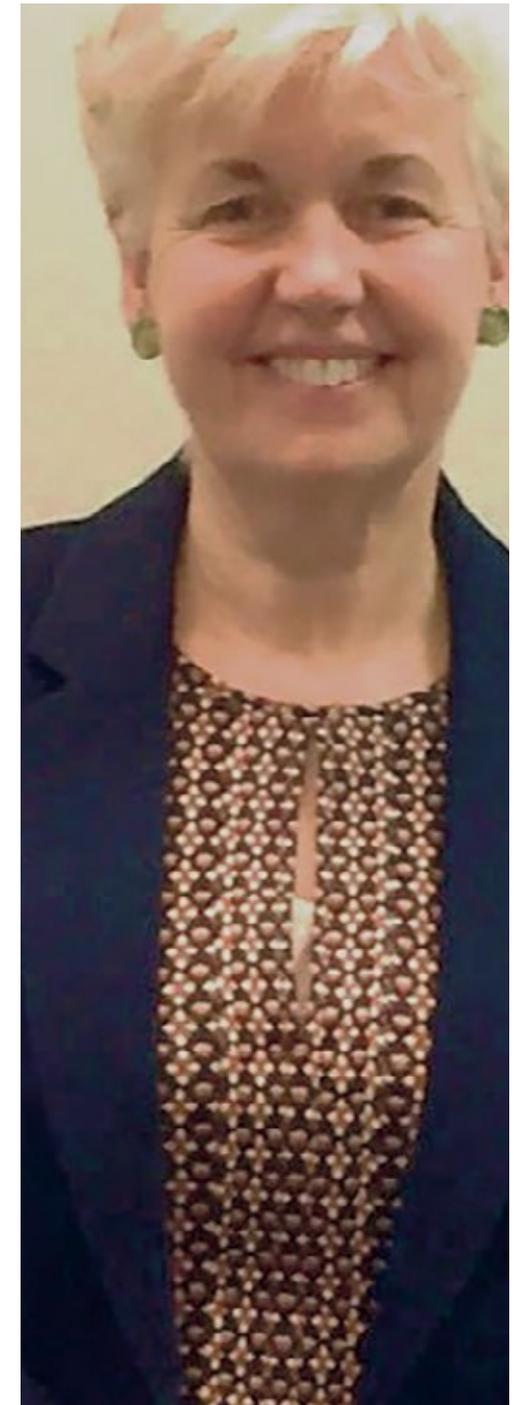
We have continued to hold Safeguarding Audits, which feed into challenge events and help us, as a Board, gain insight in progress and identify where we need to focus our energies. This past year we have extended Audit to Provider Services and although very early days, that work will undoubtedly progress during the next year.

We held a conference on Modern Day Slavery which will build on the early work in both recognising and responding to this phenomenon in Bexley and beyond.

We will continue to support each other through the crisis in homelessness; pressures on Social Care and Health and work with all our colleagues to acknowledge invaluable work, continue to support and to challenge each other to improve services to Adults in Bexley.

*Annie Callanan, Independent Chair, Bexley Safeguarding Adults Board (BSAB)*

If you are concerned that an adult you know may be at risk of abuse, harm or neglect from either an individual or an organisation, please make contact with the Safeguarding Adults Team by calling 020 8303 7777.



## 2. Bexley Safeguarding Adult Board Statement of Purpose:

**The Bexley Safeguarding Adults Board (BSAB) is to protect and promote individual human rights so that adults stay safe and are at all times protected from abuse, neglect, discrimination, or poor treatment.**

### We will:

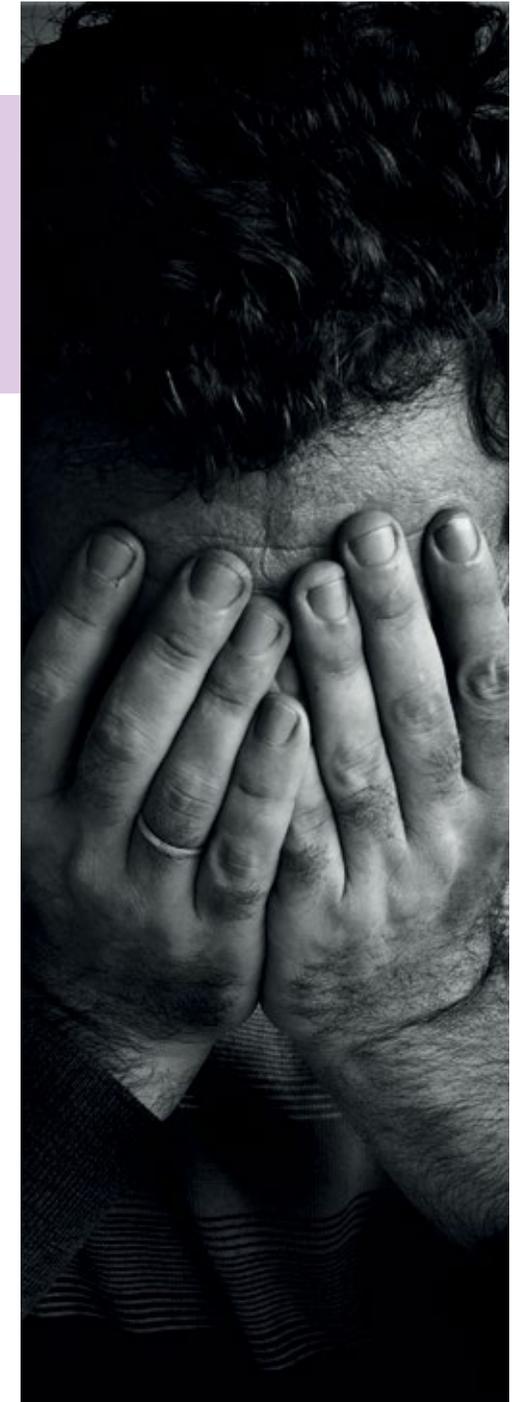
- Not tolerate abuse
- Reduce risk to adults in vulnerable situations, as well as reacting effectively when it happens
- Ensure local systems aim to protect people at risk are proportionate, balanced and responsive
- Work together to prevent harm and improve services
- Ensure there is communication with the public to develop awareness of the need to safeguard and protect adults in vulnerable situations from harm
- Provide information and support on how to access services to ensure the safety of adults in vulnerable situations
- Hold local agencies responsible and to give good reason for practice relating to Adult Safeguarding, Deprivation of Liberty Safeguards and Mental Capacity

The BSAB is accountable for its work to its constituent agencies and through the People Overview and Scrutiny Committee of Bexley Council and to the respective Local Strategic Partnerships as well as the Health and Wellbeing Board.

The Independent Chairperson, will be responsible for reporting to these groups. Board members are accountable to their own organisations, and to the Board within the remit of the stated roles and responsibilities. Those who sit on the Board will hold responsibility for feeding back to and representing the views of their own agencies when decisions are taken.

The Bexley Safeguarding Adults Chairs Group (BSACG), led by the Independent Chairperson, reports directly to the Board. The BSACG focuses on the delivery of BSAB strategic objectives and priorities and is a multi-agency forum made up of the Chairs from the BSAB Sub Groups. The Sub Groups are co-ordinated by identified representatives from key partner agencies who are responsible for making a written report to the BSACG on a quarterly basis.

Each Sub Group operates to terms of and reference and work plan agreed by the Board, which focuses on the delivery of SAB strategic objectives and priorities. Short term task and finish groups have also been set up as required and these focus on the implementation of specific objectives or projects, such as: Self-Neglect and Hoarding.

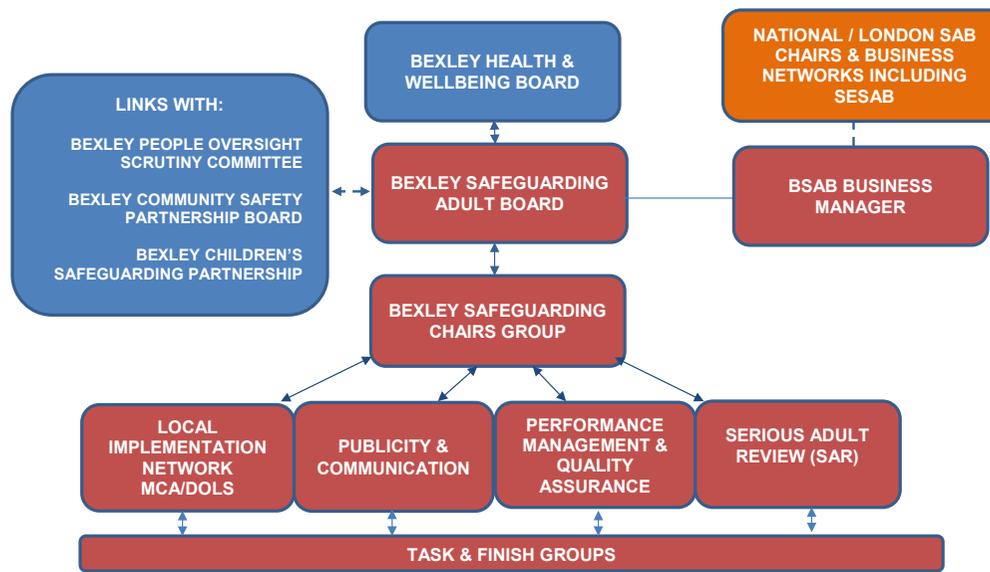


### 3. BSAB Structure and Objectives:

The BSAB is accountable for its work to its constituent agencies, through the People Overview and Scrutiny Committee of Bexley Council, and to the respective Local Strategic Partnerships as well as the Health and Wellbeing Board. The Independent Chairperson, will be responsible for reporting to these groups. Board members are accountable to their own organisations, and to the Board within the remit of the stated roles and responsibilities. Those who sit on the Board will hold responsibility for feeding back to and representing the views of their own agencies when decisions are taken.

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#### 2017-2018 BSAB BOARD STRUCTURE:

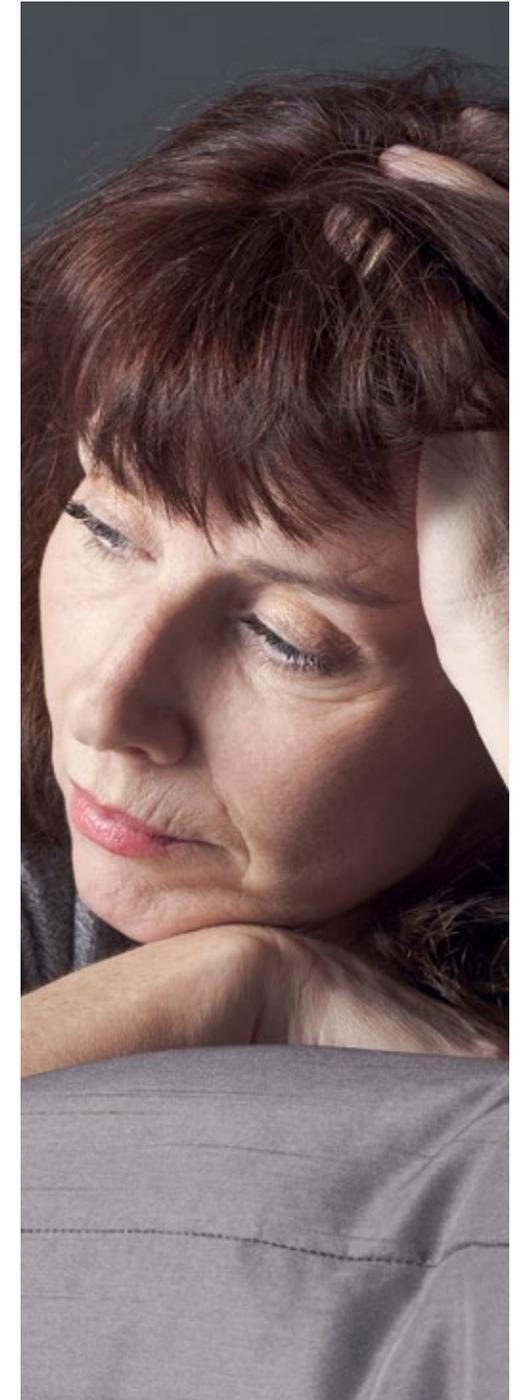


### 3.3 Objectives of the Chairs Group and Sub Groups:

#### The BSACG will:

The BSACG will:

- contribute evidence and information to the Safeguarding Adults Board Annual Report
  - provide a quarterly report to the BSAB on the outcomes of the work undertaken by the group
  - consider the impact of guidance, legislation, case law, multiagency procedures and protocols on operational practice
  - share new research evidence and take responsibility for dissemination of research to inform practice
  - support the development of local practitioner forums and to feedback issues and concerns to the group and where appropriate to the Board
  - ensure the development of local inter-agency protocols and guidance regarding thresholds consistent with principles of alert, referral, decision, safeguarding strategy, assessment, planning, review, recording and monitoring
  - develop agreed protocols for Board approval to allocate and clarify agency roles and responsibilities including having effective adult safeguarding employment practice and processes
- disseminate information on policy, procedures and best practice
  - provide information to the BSAB regarding other matters regarding the wider Safeguarding remit, e.g. matters of safety in the home or community, to enable the BSAB to commission reports and work for progress to be reported to the Board
  - ensure that an equality impact assessment on safeguarding adults' policy and procedures is in place and reviewed as required.



## 4. Snap Shot – Our 2017-2018 ‘Top Ten’ Achievements:

1. Continued commitment from key partners through a multi-agency funded budget and the contributors were:

| Partner  | Contribution (£) |
|--|------------------|
| London Borough of Bexley, Adult Social Care and Housing Services | 40,160           |
| NHS Bexley Clinical Commissioning Group (CCG)                    | 40,160           |
| Metropolitan Police Service                                      | 5,000            |
| Lewisham and Greenwich NHS Trust                                 | 12,550           |
| Dartford Gravesham NHS Trust                                     | 12,550           |
| Oxleas NHS Foundation Trust                                      | 12,550           |
| London Fire Services   | 500              |

2. Held 6 Challenge Events – continuing to review multi-agency audits by expanding to partners in commissioning teams across the sector and providers in the community to evidence the effectiveness of policies and procedures for the recruitment and supervision of people working with vulnerable adults. Our aim was to ensure compliance with national guidance, including integration of best practice and learning Information and practice sharing to improve the way adult protection is managed in Bexley.
3. Updated and published a more clear and structured Serious Adult Review (SAR) Guidance Toolkit by including timescales, responsible persons and creating new forms to give greater support to those that may make a SAR Notification to Board.
4. Published and took action on Bexley’s first Serious Adult Review (SAR) by holding a Learning Conference for all Board members as well as those working in the health & social care sectors. The BSAB Learning Action Plans from the SAR are monitored by the Performance Management & Quality Assurance and SAR Sub Groups quarterly.

We continue to access National SAR cases and how the best practice and learning lessons could be applied in Bexley to promote a culture of prevention and responsiveness to the needs of residents.

5. The Training & Development Sub Group joined with the PMQA Sub Group in June 2017. Safeguarding Adults Team offered a Train the Trainer course for Providers in Bexley to roll-out Basic Awareness Level 1. This is particularly important as it offers Providers ‘free’ training and ensures all courses are delivered in a multi-agency way.

Feedback from the courses is captured and feedback to trainers and the team for further support, advice and on occasion more bespoke training – e.g. working on how to train faith leaders especially around the concept of ‘giving.’ At the December 2017 Board Meeting a decision was made to hold a Task & Finish Group for Training to review the current Training Programme.

6. The Communication Strategy was agreed and published which will support the awareness raising of adult safeguarding and associated aspects of self-protection with partner agencies and service users and carers.
7. Launched the Board’s independent new website – [www.safeguardingadultsinbexley.com](http://www.safeguardingadultsinbexley.com) – the site has acted as online platform for information sharing and signposting for both the public and professional user.
8. The Bexley Business Manager is a key member of the New Scotland Yard safeguarding dashboard-working group, which will bring greater cohesion between local services and the police especially around the recording of safeguarding concerns.
9. Held a Joint Safeguarding Board Learning Conference with Bexley’s Safeguarding Children’s Board on Modern Slavery: Myths and Responsibilities. The Conference was a huge success offering National, Regional and Local updates, statutory guidance and next steps for professionals across both Boards.

10. The Board restructured in order to be more efficient and concise with key messages coming from the partnership.



## 5. What we promised: 2017-2018 Work Programme with Strategic Objectives

| OBJECTIVES AND PRODUCTS   | SUB GROUP                                       | OUTCOMES / AIMS  |
|---|---|--|
| <p>Develop multi-agency training across partners: Training Survey for Professionals working in care and support<br/>Training Needs Analysis following the outcome of the Survey</p>   | <p>Training &amp; Development Sub Group</p>     | <p>Partnership working with different key agencies across Bexley to keep them accountable alongside each other and share their understanding of risk and intervention.<br/>Preventing abuse with the empowerment to professionals across the service areas are given the opportunity the feedback on their training needs.<br/>Empowering professionals with a set of expectations from BSAB for best practice.</p>                                    |
| <p>Ensure reflective practice opportunities are across agencies in Bexley particularly focusing on Managerial Training (Levels 2/3):<br/>Clear expectations for agencies working in care and support in Bexley<br/>Reviewing this at the Annual Challenge Events</p>  | <p>Training &amp; Development Sub Group</p>     | <p>Empowering key leads of agencies understand their role under safeguarding adults in Bexley.<br/>Empowering staff by offering line managers training.<br/>Preventing abuse in the community by ensuring all levels have training</p>   |
| <p>Ensure that the Training Needs identified at Challenge Events are recorded and reviewed as part of the Annual Training Programme Review.</p>   | <p>Training &amp; Development Sub Group</p>     | <p>Prevention of abuse by identifying gaps in Training Needs across partner agencies.<br/>Keeping professionals accountable to their own training gaps and identifying ways to empower them to develop their workforce.</p>  |
| <p>Establish the Referral Procedures for a Serious Adult Review (SAR) and a Serious Incident (SI):<br/>To ensure to include the process for Commissioning and Perimeters of External/Internal Review<br/>Who refers? Where? How? Links to key statutory agencies – including Coroner.</p>   | <p>SAR Sub Group</p>                            | <p>Empowering and encouraging professionals to make their own decisions.<br/>Preventing (in SI) cases any further harm.<br/>Proportionality towards the case with willingness to participate as a partnership and offer the least intrusive response appropriate to the risk presented.<br/>Protecting the public with support and representation for those in greatest need by reviewing cases for learning and offering best practice solutions.</p> |
| <p>SAR/SI Best Practice &amp; Learning to be available to professionals across the partnership.</p>   | <p>SAR Sub Group</p>                            | <p>Ensuring professionals are given a proportionate view of the cases reviewed under SAR/SI.<br/>Empowering professionals to give feedback and agencies to implement best practice and learning updates across the partnership.</p>  |
| <p>Create / Update Bexley Safeguarding Adults Board Communication Strategy:<br/>Plan any marketing requirements, such as postcards, posters, pull-up displays as and when needed/if needed<br/>Include up-to-date Safeguarding information within Information for Carers<br/>Collect and press release good news stories -case studies, etc<br/>Hold and attend events – promotion via pull-up displays, printed information (postcards, factsheets)<br/>Links with Community Safety Partnership Board (CSPB) regarding the themes such as -Mate / Hate Crime and Domestic Violence; Identify ways to combine Domestic Abuse Strategic Partnership Group work with Safeguarding Adults<br/>BSAB Website Governance<br/>Develop an Easy Read Fact Sheet aimed at people alleged to have caused harm, informing them of the safeguarding procedures</p> | <p>Publicity &amp; Communications Sub Group</p> | <p>All Publicity and Communications Campaigns</p>  |

| OBJECTIVES /PRODUCTS  | SUB GROUP  | OUTCOMES / AIMS  |
|---|--|--|
| Review and Update Audit Tool and Performance Measures and hold Challenge Events ensuring to include additional questions relevant to Bexley: Training Needs Analysis Questionnaire, Reaching BME/Hard to reach groups, Involvement with other Boards in Bexley – HWBB, CSPB, LDPB, BSCB, Follow up on HR policies include responding to possible PREVENT related concerns about staff, Self-Neglect and Hoarding, MDS / Sex Trafficking | Performance Management & Quality Assurance Sub Group | Offering partners an opportunity to evidence their Safeguarding Adults practices to the BSAB for assurances. Accountability on what is 'expected in Bexley' for best practice Empower partners to peer challenge for learning.   |
| Develop or Review a consistent MCA/DOLS toolkit – model for Bexley  | LIN Sub Group  | Guidance/Toolkit for making MCA/DOLS meaningful  |
| Ensure Transitions Team are invited to LIN on a regular basis<br>Develop Transitions based Survey for Training Needs Analysis Review for CSC/Education professionals  | LIN Sub Group  | Preventing young people from harm by ensuring professionals and carers understand MCA/DOLS across the Transitions partnership.<br>Empowering young people and their families to make informed decisions with consent.<br>Empowering professionals to make the least intrusive decisions for young people in Transitions.<br>Accountability towards safeguarding young people with respect to their own decision-making and understanding.  |
| Review and analyse recommendations from Regional / National learning into adult safeguarding issues for best practice and learning:<br>Link with London SAB Learning Database<br>Link for National Database – <a href="http://www.hampshiresab.org.uk/learning-from-experience-database/serious-case-reviews/">http://www.hampshiresab.org.uk/learning-from-experience-database/serious-case-reviews/</a>                               | Best Practice & Learning Lessons Sub Group           | Best Practice & Learning Lessons should focus on the benefits to Bexley professionals and public.  |
| Contribute towards the Communication Strategy by identifying a pathway to disseminate best practice information and learning lessons; including:<br>SAR Event: Multi- agency Learning Event with more frontline staff<br>Ensure involvement with existing groups – i.e. Commissioning groups of Residential/Nursing and Dom Care are given working opportunities to learn   | Best Practice & Learning Lessons Sub Group           | The SAR Learning Event to Operational Level Staff Groups (multi-agency) will give an opportunity for agencies to openly discuss how their agencies will implement and take away practical applications to making adults safe in Bexley and with partners that support Bexley residents.  |
| Oversee and review identified risks highlighted on BSAB Risk Register   | Performance Management & Quality Assurance Sub Group | Board funding – to deliver priorities and for SARs as required, Board attendance and participation, Board members representative reflect the SAB's terms of reference/memorandum of understanding (for example: Board members are strategic decision makers in their organisation), Sub Groups attendance and participation, Board governance arrangements, Partner agencies risk management processes, Feedback from Audit Tools and Challenge Events, Partner agencies systems to assure Board of their fitness to deliver on Board policies, There is a lack of engagement or involvement, the Board does not know what their experiences are), Learning from, and positively responding to, SAR's and national and or local enquiries, Partner agencies information sharing arrangements, Dissemination from Board to staff and adults at risk, Raising the public profile of safeguarding vulnerable adults, Effectively managing the linkages with other parts of the strategic architecture such as Health and Wellbeing Boards, Overview and Scrutiny Committees and Community Safety Partnerships |
| BSAB Annual Report:<br>Review Annual Report Data and identify key statistics and desirables to be reported<br>Construct a plan and process for consistent feedback from service users and carers involved in safeguarding procedures  | Board Support  | Transparency in safeguarding practice.   |
| Identify and capture more data and information streams for BME communities and hard to reach groups   | Board support  | Ensuring inclusion and partnership across all the vulnerable people in Bexley.<br>Empowering community and religious leaders to become involved with safeguarding adults.  |

## 6. Taking Stock: How are we doing?

The Chairs Group identified the Joint Work Programme targets using the objectives in section 5 above. Below is the Board's work in progress:

| 2016-2017 JOINT WORK PROGRAMME TARGETS   | PROGRESS SO FAR...  |
|--|---|
| Communication Strategy – exploring new ways of sharing information   | BSAB Publicity and Communications Sub Group finalised the Communication Strategy. This is published on the BSAB Website – <a href="http://www.safeguardingadultsinbexley.com">www.safeguardingadultsinbexley.com</a><br>All Members of the Publicity and Communications Sub Group have been changed to include all media and communications teams of the Board. This includes: London Borough of Bexley, Oxleas, CCG, BVSC, Lewisham and Greenwich NHS Trust and Dartford Gravesham NHS Trust as well as other key members such as: Trading Standards, Universal and Library Services.  |
| Engagement - share a greater commitment and understanding that safeguarding is everyone's business, which makes working collaboratively a key priority of the Board. | Attendance to Board and its Sub Group meetings has continued to be a priority for the partnership.<br>Although continuity of membership is difficult to maintain due to the pressures on partner resources, the Board has worked collaboratively to integrate safeguarding adults in day-to-day work.   |
| Establish 'Critical' Attendees for Multi-Agency Training for 'added-value.'  | All BSAB supported Training is multi-agency. The Safeguarding Adults Team organises and delivers the Training Programme and ensures that all sessions are multi-agency.   |
| Feedback from Sub Groups directly to Board and back down to frontline.   | All Sub Group Chairs submit a quarterly report to the Full Board meetings. The Chairs of the Sub Groups are responsible for cascading information back down to the frontline as and when key information, guidance and recommendations arise.   |
| Explore how Providers are being Pro-active and Preventative  | The BSAB participated in an ADASS pilot audit for Care Providers during the Summer and Autumn 2017. The BSAB Independent Chair met with providers across Bexley in two-sessions in July 2017 to hear key issues and support for providers across the sector were given.<br>The BSAB Business Manager worked closely with BVSC (a key board partner) to consult with Providers across the health & social care sector to identify two-provider representatives to attend Board quarterly. The consultation resulted in two-providers being selected by the Board and have started to attend Board in December 2017.<br>The BSAB Independent Chair and Business Manager have interviewed and selected a Lay Person to attend Board on a quarterly basis which started March 2018. |
| Feedback on our Quality Assurance teams with Commissioned Services.  | The BSAB Chair for the Performance Management & Quality Assurance Sub Group attends the QCS Meetings with the London Borough of Bexley, CQC and other key professionals on a monthly basis. There are two QCS groups: 1) Nursing and Care Homes; and 2) Domiciliary Care Home.<br>The BSAB invited Quality Assurance Teams for the first time to be audited and present at a Challenge Event in July 2017.  |
| Further Lay Person Involvement by reviewing Job Descriptions   | The Lay Person is now appointed and will be looking at Job Descriptions and assisting Providers in 2018-2019.   |
| Strategic Review of how the Board functions - membership and how it works, links to other Boards   | The BSAB discussed membership at the Chairs Meeting in May, August and November meetings. Membership continuity remains difficult, but partners are committed to fulfilling the work of the Board.  |
| Identify and explore - Who are the 'unknown' people at risk?   | The BSAB continues to identify and explore 'unknown' people at risk including those in BME and hard to reach/seldom heard groups across the sector in Bexley by meeting with Faith Forum leaders, Housing Providers, London Metropolitan Police Service/Community Safety Partnership professionals and other providers across BVSC membership to seek ways to identify and support at adults at risk in Bexley.   |

## 7. The Strategy Partnership ADASS/LGA Audit: Audit of the Board's Work

The Bexley Safeguarding Adult Board Joint Statement has reported below answers to the Association of Directors for Adult Social Care (ADASS) and Local Government Associations (LGA) Making Safeguarding Personal (MSP) Audit for SAB's to complete. Below is our response to the audit:

| AUDIT QUESTIONS  | RESPONSE   |
|--|--|
| <b>MEMBERSHIP</b>  |  |
| <p>I. What level of representation is there on the Board from the three core agencies?</p> | <p>The level of representation on the Bexley Safeguarding Adult Board is as follows:</p> <p>London Borough of Bexley:<br/>           Chief Executive London Borough of Bexley, Director of Adult Social Care, Service Director Bexley Care, Assistant Director, Bexley Care, Head of Service, Safeguarding Adults Team, Mental Capacity Lead, Deputy Director for Public Realm and Housing Services, Head of Housing Services, Director of Children's Services, Community Safety Manager, Communities</p> <p>Bexley NHS Clinical Commissioning Group:<br/>           Chief Operating Officer/Managing Director, Director of Quality, Governance &amp; Performance, AD Quality Governance Bexley CCG, Lead for Adult Safeguarding and Quality</p> <p>London Metropolitan Police Services:<br/>           Borough Commander – Bexley, Superintendent – Bexley, Deputy Superintendent – Bexley, Safeguarding Lead – Bexley</p> <p>The Board is also expected to involve a much wider range of organisations and individuals who will have an Associate role and may include:</p> <ul style="list-style-type: none"> <li>• Lay Person Representatives</li> <li>• Adult Social and Health Care Representatives</li> <li>• South London Coroner's Office</li> <li>• London Ambulance Service</li> <li>• London Fire Service</li> <li>• Representatives of providers of health and social care services i.e.               <ul style="list-style-type: none"> <li>o Lewisham &amp; Greenwich NHS Trust</li> <li>o Dartford Gravesham NHS Trust</li> <li>o Oxleas NHS Foundation Trust</li> </ul> </li> <li>• Representatives of housing providers</li> <li>• National Probation Services</li> <li>• Bexley Healthwatch</li> <li>• Care Quality Commission               <ul style="list-style-type: none"> <li>o Adult Education services - The Learning Centre Bexley</li> </ul> </li> <li>• Representatives from the Independent Sector, Third Sector and providers of services for adults through Commissioned Services:</li> <li>• Bexley Voluntary Services Council (BVSC) - Members of user, advocacy and carer groups</li> <li>• Professional Representatives – Adult Social Care Provider Services</li> </ul> |

|  |  |
|--|--|
| 2. Is there an Elected Member on the Board?  | Yes – Cabinet Member Adult Social Care attends the Board meetings and has attended events that the Board has held; such as – Serious Adult Review Learning Event on Self-Neglect.  |
| 3. Is there a member of the local Healthwatch on the Board?  | Yes – The Bexley Healthwatch Manager attends Board meetings and is a member of several Sub Group meetings.   |
| 4. How are you engaging service users on the Board and/or in the work of the Board e.g. service user representatives on Board and/or sub-groups or going out to service user groups? Please describe | <p>In early 2017, the Bexley Safeguarding Adult Board's Business Manager consulted with service users across Bexley to design the Board's independent website.</p> <p>Since then the Board has been working on a key piece of work linking with partners including the Learning Disability Partnership Board (LDPB). There is a desire to ensure the engagement and involvement is meaningful and offers real opportunity to contribute as the service user.</p> <p>There are some fundamental considerations as to what this means in practice, which the Board is working on. Especially on how we support the service users to have meaningful contribution as well as the Board engage appropriately.</p> <p>Key partners have been working this year on Mystery Shoppers across Bexley with the help of Healthwatch Bexley and the Bexley CCG (feedback from this event is in the below: The Residents' Voice: Health and Social Care feedback for Bexley Adult Safeguarding Board section).</p> <p>The Performance Management &amp; Quality Assurance Sub Group of the Board will be looking more closely at the information captured to see how we can drive practice.</p> <p>A strategic aim for 2018-2019 is to engage and include service users in the work of the SAB. Work across the partnership is being done to gather information of those who have used Bexley services. The PMQA Sub Group will be auditing the partnership this year on how service users shape their services.</p> <p>The Board will be working on a Proposal as to what we want to do and drive a T&amp;F to bring together the work in progress across the partnership. Defining the role. Recognising the work being done elsewhere – crossover; LDPB-safety as an example.</p> |
| 5. Does the Board have wider governance arrangements in place, For example, a Leadership Executive sitting above the Board? Yes No<br>If yes, please describe  | <p>Yes. The Independent Chair of the Board attends Bexley's Health &amp; Wellbeing Board quarterly and contributions are reciprocated to achieve strategic aims across the two boards.</p> <p>The Annual Report is submitted to the People Oversight Scrutiny Committee (POSC).</p> <p>The Board has links and connectivity across many boards, agencies and governance (stat and non-stat) across Bexley partners.</p> <p>This year the Board will need to look at how best to contribute to the HWBB and expectations from HWBB to Board to be explored in more detail.</p>  |
| 6. Is there a Memorandum of Agreement/terms of reference for the Board in place? Yes No  | Yes; last updated September 2017.  |
| 7. Does the Board have a Board Manager? Yes No<br>If yes, is this shared across Children's Services?   | <p>Yes, the Bexley Safeguarding Adult Board has a Business Manager.</p> <p>This role is not shared with the Local Children's Safeguarding Board (LSCB) as the functions for safeguarding adults and children are separate, although children and adult services continue to work on strengthening relationships and cross service engagement is improving.</p>   |
| 8. Has the Board published its strategic plan? Yes No<br>If yes, when, time covered and where has this been published?   | <p>Yes, each Annual Report the board publishes the Strategic Plan at the end of the report.</p> <p>The Board decided at our Development Day in November 2016, to refer to the strategic plan as our Work Programme.</p> <p>All the Board publications are on our website – <a href="http://www.safeguardingadultsinbexley.com">www.safeguardingadultsinbexley.com</a></p>  |
| 9. Has the Board published/going to publish its annual report Yes No   | Yes.   |
| 10. Has the Board published its annual budget or is intending to? Yes No   | 2017-2018 Annual Budget contributions have now been published in the Board's Annual Report.  |

|  |   |
|--|---|
| <p>11. Have you made links with other partnerships i.e. Local Safeguarding Children's Board, Health and Wellbeing Board, Community Safety Partnership, Quality Surveillance Group? Please describe below</p> | <p>Yes, The Board has made links over the years with other partnerships; safeguarding adults is a core statutory requirement and several (if not all) partners attend various meetings in and outside Bexley.</p> <p>A few of the most regularly attended meetings are:</p> <p>Local Safeguarding Children's Board (LSCB) – Several partners are cross-sector with Children's Services in Bexley. Those members attend various meetings for the Local Safeguarding Children's Board; including, Learning Hub for the LSCB and as needed the Serious Case Panel meetings as well as attend the regular MASH meetings based at Bexley Civic Offices.</p> <p>Health &amp; Wellbeing Board (HWBB) – The statutory partners of the Care Act 2014 all are members of the HWBB. When appropriate the Independent Chair will share information to Board on a quarterly basis.</p> <p>Learning Disability Partnership Board (LDPB) – much cross over around the Safety &amp; Quality Sub Group as the Head of Safeguarding Adults Chairs this Sub Group meeting. The Assistant Director for Bexley Care, Adult Social Care Co-Chairs and sits on Board. Key links and information are shared quarterly at each Board meeting.</p> <p>Community Safety Partnership Board (CSPB) – the Chairs of this Sub Group attends Board quarterly as well as relevant links with Domestic Violence Team being key members of various Sub Groups of the Board. The newly appointed Domestic Abuse and Sexual Violence Strategy Manager, Communities and also attends the Domestic Violence Committee Chaired by the Director of Children's Services as well as the Domestic Violence Operational Meeting to ensure synergy is captured and duplication is minimised.</p> <p>Safeguarding Committees – NHS Trusts have a variety of Safeguarding Committees where partners from safeguarding adults attend and bring information back into Board.</p> <p>Quality Commissioning Safeguarding (QCS) – QCS meetings take place for Residential/Nursing Homes and Domiciliary Care services for Bexley. These meetings involve key partners from across the partnership including CQC. The information from these meetings is then fed into the Board.</p>   |
| <p>12. How does the Board measure its effectiveness e.g. challenge events? Please describe</p>   | <p>The main mechanism the Board measures its effectiveness is by holding cross-sector multi-agency Challenge Events.</p> <p>The Bexley Safeguarding Adults Board (BSAB) held 6 Challenge Events in 2017-18; 4 in 2016-2017.</p> <p>Year on year there's been a review by the Board to ensure the right questions are asked, created action plans for partners following the challenges, made visits to partners' premises, written to and encouraged support for all the partners of the Board. This work is all monitored by the Performance Management &amp; Quality Assurance (PMQA) Sub Group.</p> <p>An example of Challenge Event effectiveness:</p> <p>In 2016-2017, Housing Services were audited for the first time regarding safeguarding adults in Bexley. The action plan set out for Housing Services included: basic safeguarding awareness training, mental capacity training and support around referrals especially regarding mental health services with their clients. The Housing Services since then has achieved all of the above actions leaving the services in a better position to take on the challenges that may arise with the Housing Reduction Act coming into force in 2018. The Board has assurances now that the Housing Services are compliant with the Care Act 2014.</p> <p>There is always room for improvement with effectiveness and the Board in 2018-2019 will be focusing on support with action plans are not always kept updated and much chasing to seek assurances especially regarding Key Performance Indicator's, case audits and sharing learning.</p> <p>Also, as previously answered the Board can only truly monitor it's effectiveness by engaging with individuals in services; the Board wishes to gather their views in a meaningful way and shape how Bexley drives Making Safeguarding Personal (MSP) in the coming years.</p> <p>Other areas of how the Board monitors effectiveness can be found:</p> <p>Serious Adult Review Learning Events – actions and embedding the plans and measuring the impact</p> <p>London Borough of Bexley's Performance Dashboard</p> <p>Working towards evidencing the work of the Board through a Gantt Chart to see overlapping projects and peak periods throughout the year</p> <p>London Borough of Bexley's Annual Survey – specific questions about safety</p> |

|  |   |
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| <p>13. Have you made links with other significant partners e.g prisons, providers, housing?<br/>If yes, please state who and how you maintain these relationships?<br/>Yes No</p>  | <p>Yes, we've:<br/><br/>Made significant links with our Housing Providers – relaunching the Housing Forum after 12 years due to the work of the Business Manager and the Housing Services Team.<br/><br/>Closer links with National Probation Services, Voluntary organisations and Faith Forum leaders across Bexley this year, have helped bring better insight to the work of the Board but also signpost and assisted those doing the frontline work with clear and concise support/advice.</p>   |
| <p>14. Is the Board seeing an increase in concerns as a result of the Care Act?<br/>Yes No</p>   | <p>Yes. By nature more classification of abuse; such as: Modern Slavery, Self-Neglect and the numbers are increasing also because we believed that the more people know the process and pathway for support/advice, the more referrals come in.<br/><br/>Also, there's been an increase of referrals coming in from cross-sector agencies and partners including self-referrals where they didn't historically. For example: Housing Services now track all referrals to MH Services in Bexley.<br/><br/>How do we know?<br/><br/>London Borough of Bexley completes two types of audits in their safeguarding adult team; one by the manager and a Deep Dive completed by a Safeguarding Coordinator/Principal Social Worker to look at themes and practice issues.<br/><br/>The Board will focus on in 2018-19:<br/><br/>Work being done on dashboards; SAC data is mandatory, as to how the data impacts on the plan.<br/><br/>Complex issues – re: self-referrals – concerns from family/friends or agencies directly. Look to understand this more.<br/><br/>Clarification from Independent Chair over what KPI's are needed and why the Board is tracking/looking – the partners believe more qualitative data is needed; such as: multi-agency case / policy and procedure audits.</p> |
| <p>15. Is the Board seeing a change in the pattern of section 42 enquiries compared to investigations before the Care Act?<br/>Yes No</p>  | <p>Yes.<br/><br/>Local Authority reports the change includes: early enquiries and assessed earlier; more formal safeguarding have come down by 1/3 with outcomes. Driven by Care Act enables the team to get in early vs. go through the full process. The Triage Team started Autumn 2016 massively impacted the way individuals are supported.<br/><br/>How we ensure we don't miss someone?<br/><br/>Loop back through the Safeguarding Adult Team.<br/><br/>Quality Commissioning Safeguarding (QCS) Meetings capture to prevent and dashboard notes in multi-agency; CQC is a key member of these groups.</p>  |
| <p>16. Is there a SAR protocol in place? Yes No</p>  | <p>Yes.</p>   |
| <p>17. How many SARs have the Board commissioned since 1 April 2015?</p>   | <p>Bexley Safeguarding Adult Board has:<br/><br/>1 Commissioned SAR – completed and published<br/><br/>1 Commissioned SAR – final stages of report – to be published March 2018<br/><br/>1 Commissioned SAR – just received and looking for Independent Reviewer</p>  |
| <b>PRACTICE</b>  |   |
| <p>18. Has the Care Act had an impact on safeguarding practice? Yes No<br/>If it has, how do you know that the Board is being assured of the quality of practice and also that practice is improving? Please describe.</p> | <p>Yes.<br/><br/>Referrals from partners that otherwise did not make them historically.<br/><br/>Training has reached more providers, agencies and staff then prior.<br/><br/>Practice is improving across the sectors.</p>   |

|  |   |
|--|---|
| <p>19. Is the Board undertaking regular multi-agency audits of activity?<br/>Yes No</p>  | <p>Yes through the partnership.</p>   |
| <p><b>PERSONAL AND OVERALL IMPACT</b></p>  |   |
| <p>20. Has there been any personal impact on your role as a Bexley Safeguarding Adult Board Chair?<br/>Yes No</p>                                      | <p>Yes, I believe I have had a personal/professional impact, by working closely with colleagues in Bexley that's allowed me opportunity to make an impact, particularly in working across sectors represented particularly on the HWBB. Although my status as a member or not of the HWBB has neither arisen nor been referred to, there is an expectation that I will attend and as SAB Chair, contribute. My desire to be transparent and engage with partners in a multi-agency forum gives me the opportunity as the Independent Chair to ask the challenging questions to seek better outcomes for Bexley residents.</p> |
| <p>21. Is there a particular issue facing the BSAB as a result of the Care Act that you would want escalating to a national level? Please identify</p> | <p>I consider the Care Act has heightened awareness of Adult Safeguarding everywhere, including Bexley and that is a significant improvement however much work is needed across the sectors to truly embed safeguarding practice nationally, regionally and locally.</p>  |
| <p>22. On a scale of 1-10 (10 being the highest), what has been the overall impact of the Care Act on the BSAB?</p>                                    | <p>Significant impact – as statutory – commitment and engagement at all levels has changed; financial support and work for the board – 8.</p>   |
| <p>Further Comments:<br/>23.</p>   | <p>On-going progression – on a journey<br/>What has Children's learned as not statutory?<br/>Changes across Police – Tri-borough<br/>CCG – STP; 5 boroughs<br/>Noting the changes around the board with partners</p>  |

## 8. Healthwatch Bexley: The Residents' Voice

Healthwatch is the independent consumer champion for health and social care services in Bexley. We regularly undertake engagements with a wide range of different community groups, patients, residents and stakeholders, to obtain their views on health and social care services in Bexley. Residents in Bexley are keen to make their voices heard and our engagement has highlighted a number of key concerns.

Primary care and access to General Practice (GP) appointments is one of the most common concern expressed by residents. Residents and patients are frustrated by the long waiting times to secure an appointment or the lack of availability for on-the-day appointments. As a result, Bexley Clinical Commissioning group (CCG) has introduced extended opening hours to General Practice between 8am-8pm for non-urgent appointments 7 days per week, to improve access. However, some patients do not feel listened to and feel that longer appointment times may be beneficial with more emphasis on prevention.

Keeping healthy and active is of high importance to Bexley residents and people worry about being a burden on family and friends, or becoming ill. Social isolation and loneliness are also key concerns and creating engaging communities, through a wide range of activities including access to wellbeing centres, social groups, exercise classes and befriending services, is essential to support this.

Residents also express concerns around home care and care homes, including the quality of care provided. Residents feel that carers are under-paid, unreliable and in short supply. Residents are worried that they cannot afford to pay for good care and would need to spend all their savings on care. People also raised concerns that contracts for care are allocated to profit making companies instead of non-profit making organisations, affecting quality of care.

Unpaid carers felt there was a lack of services, support and understanding of their caring situation. Carers often felt unable to access services, for their own purposes, as they cannot leave the person they care for. Unless specialist help was available, carers were not able to access services that are available, and suggests that more funding and respite is needed, particularly for those caring for elderly and vulnerable spouses or relatives. Being able to access services and support will help ease the pressure on carers.

The level of awareness of services available to older people and residents in Bexley is mixed. Many people said they did not know where to go to get help or find information, feeling more information should be available especially for those without a computer or internet access. Residents generally used the Bexley Magazine, doctor's surgery and friends to find out information. What is available needs better publicity. However, residents have raised a number of concerns when accessing services such as extensive form filling; long waiting times for assessments and less complicated forms and application for services.

Healthwatch is an active partner of the Adult Safeguarding Board in Bexley. Healthwatch will continue to raise areas of concern to the Board and it is our expectations that the Board will support Healthwatch in raising these issues where relevant stakeholders in a timely manner.



## 9. Partner's Responses - Examples of the Care Act 2014 in practice:

### London Borough of Bexley Housing Services:

During the recent Challenge Event an area of growth for the Housing Services was raised particularly around how the London Borough of Bexley and the Bexley Safeguarding Adult Board link with Housing Associations. Specific measures have now been put in place to improve partnerships with the big-three Housing Associations in Bexley (Peabody, Orbit & L&Q).

Since September 2017, the Board has encouraged regular Bexley Housing Associations Group meetings, which meet quarterly in order to focus on strengthening partnerships and sharing information on key strategic issues including: safeguarding and emergency planning.

To date, the main Housing Associations have actively engaged with the Council linking with the BSAB Business Manager where topics can be addressed such as: safeguarding awareness, reiterating the referral routes and informing them of free training opportunities available.

Housing Services have also invited the BSAB Business Manager to the wider team meeting of all Housing Managers to enhance awareness and communication channels. An action that has come out of this engagement is that all housing providers are required to arrange safeguarding training for all of their staff.

### Bexley Clinical Commissioning Group:

A Learning Disability Mortality Review (LeDeR) was carried out in 2017 that evidenced positive multi agency working in Bexley. It showed how a gentleman (X) who had been in institutional care since the age of 8, with no contact from any family member, was empowered to live a full and active life in his final years.

X was recorded as being a very energetic hyperactive man who displayed sudden episodes of scratching others inflicting deep wounds, biting, stealing food and eating faeces. He was placed in a secure unit in 1969 as he was considered to be a high risk to others. In 2004 this gentleman was assessed and accepted as a resident of a Bexley Residential Home for people with learning disabilities.

The Residential Home, LD Nurse and Acute trust worked in close partnership to ensure that X suffered the least distress for the shortest possible time whenever health interventions were needed. It is evident that they all worked in a wholly person-centered way which enabled him to trust them. He had free access to large grounds which he loved and when this was discovered a National Trust pass was purchased for him and he was taken out on trips with the support of two staff. Whilst under the care of the home, with active support from the Learning Disability Service, X's aggressive behavior reduced and his physical health was well controlled. X was able, depending on his mood, to assist staff with making his breakfast and taking and putting his laundry in the washing machine. He enjoyed having staff attention and lived a full life being given as much choice and control as was possible with his impaired cognitive abilities, until his physical health deteriorated some months before he died. There was clear evidence of a person centred support planning and of appropriate referrals having been made for medical interventions and end of life support.

The conclusion of the mortality review was that apart from the lack of formal Mental Capacity Assessments and Best interest decisions X had received very good care from the residential home, community and acute services. The documented care evidenced that the individuals from all agencies working with him, whilst interacting in an appropriately professional manner, had a genuine affection for him and helped the latter years of his life to be as fulfilled as possible. For more information on the LeDeR programme visit: <http://www.bristol.ac.uk/sps/leder/>

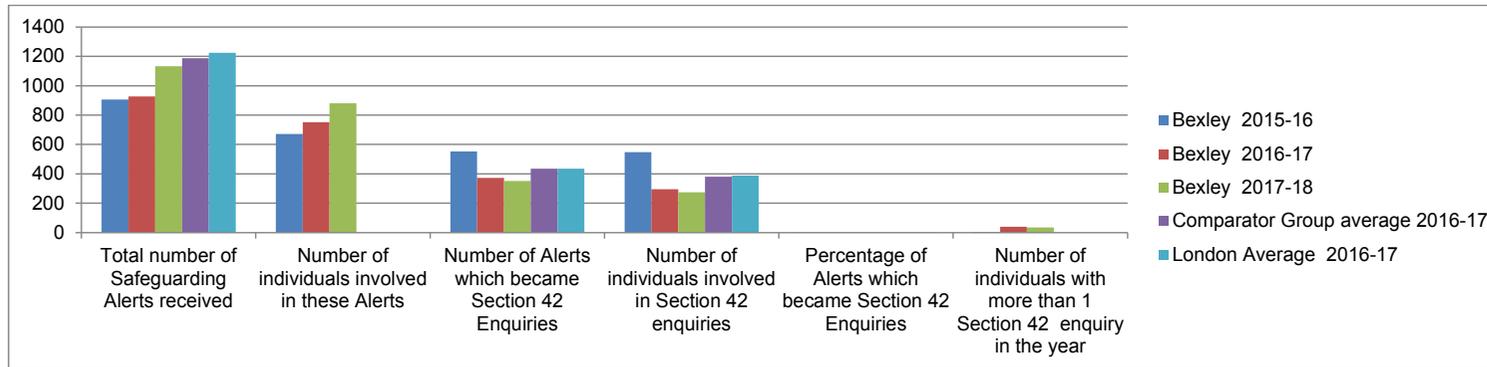


## 10. What do the numbers tell us?

### The data will provide information about:

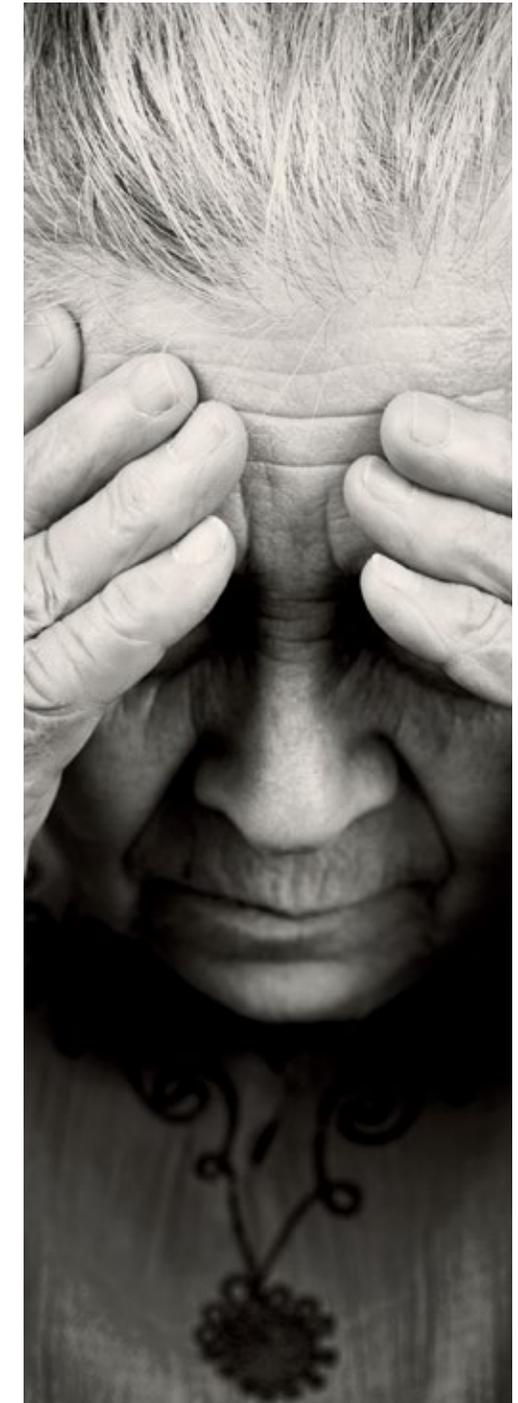
- The number of safeguarding adults alerts received during the year and the number of people involved
- The number of alerts which became Section 42 enquiries
- A full demographic breakdown of all people who were the subject of a Section 42 enquiry and details of the nature and location of the alleged abuse, the action taken and the outcome (for completed cases)
- The mental capacity status and engagement level of all those who were the subject of a Section 42 enquiry
- A comparison of activity volume over the last three years and Bexley's position in relation to its comparator group and London

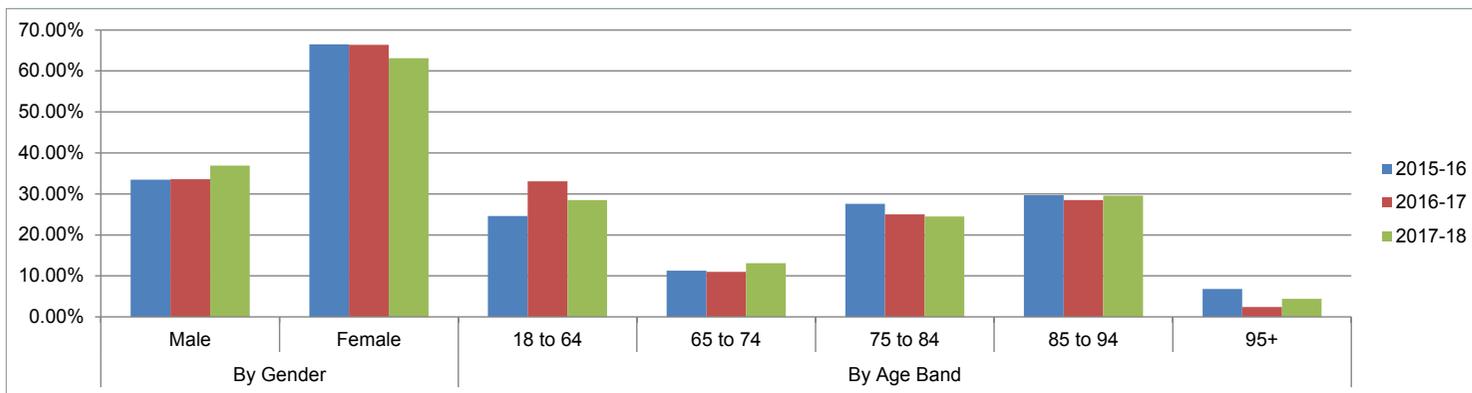
### New Safeguarding Adult Referrals with comparator data:



| Safeguarding Adults - Year on Year:                                   |  | Bexley 2015-16 | Bexley 2016-17 | Bexley 2017-18 | Comparator Group average 2016-17 | London Average 2016-17 |
|---|--|----------------|----------------|----------------|----------------------------------|------------------------|
| Total number of Safeguarding Alerts received                          |  | 906            | 927            | 1133           | 1188                             | 1224                   |
| Number of individuals involved in these Alerts                        |  | 672            | 752            | 881            |                                  |                        |
| Number of Alerts which became Section 42 Enquiries                    |  | 552            | 372            | 352            | 435                              | 435                    |
| Number of individuals involved in Section 42 enquiries                |  | 548            | 295            | 274            | 380                              | 389                    |
| Percentage of Alerts which became Section 42 Enquiries                |  | 60.9%          | 40.1%          | 31.1%          | 36.6%                            | 35.5%                  |
| Number of individuals with more than 1 Section 42 enquiry in the year |  | 4              | 40             | 35             |                                  |                        |

| Demographic profile of people who are the subject of Section 42 enquires in Bexley: |          | 2015-16 | 2016-17 | 2017-18 |
|---|----------|---------|---------|---------|
| By Gender   | Male     | 33.5%   | 33.6%   | 36.9%   |
|   | Female   | 66.5%   | 66.4%   | 63.1%   |
| By Age Band   | 18 to 64 | 24.6%   | 33.1%   | 28.5%   |
|   | 65 to 74 | 11.3%   | 11.0%   | 13.1%   |
|   | 75 to 84 | 27.6%   | 25.0%   | 24.5%   |
|   | 85 to 94 | 29.7%   | 28.5%   | 29.6%   |
|   | 95+      | 6.8%    | 2.4%    | 4.4%    |

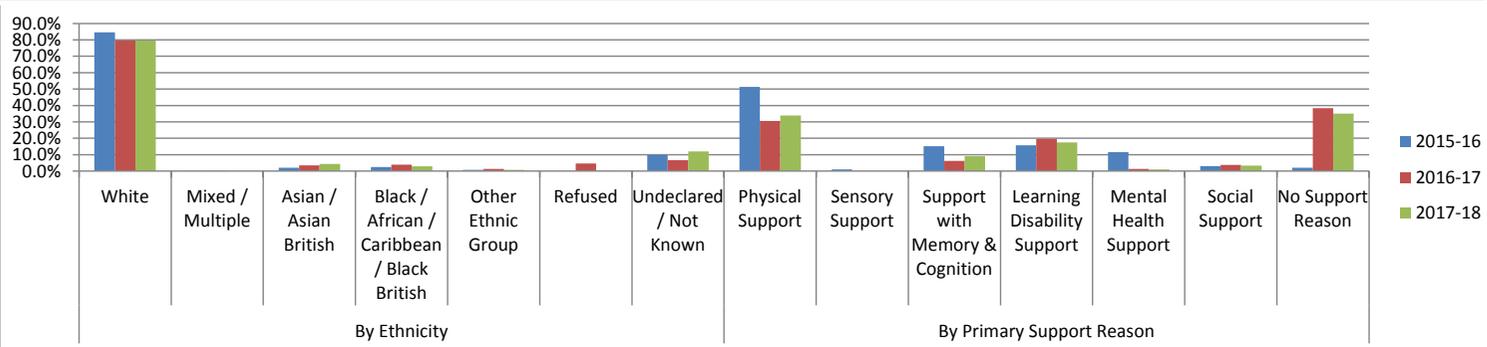




### Analysis:

There has been an only marginal shift in the demographic profile within gender and age band with females and those aged 85 to 94 continuing to be the most prevalent.

| Demographic profile of people who are the subject of Section 42 enquires in Bexley: |   | 2015-16 | 2016-17 | 2017-18 |
|---|---|---------|---------|---------|
| <b>By Ethnicity</b>   | White                                       | 84.6%   | 79.6%   | 79.6%   |
|   | Mixed / Multiple                            | 0.4%    | 0.3%    | 0.0%    |
|   | Asian / Asian British                       | 2.0%    | 3.5%    | 4.4%    |
|   | Black / African / Caribbean / Black British | 2.5%    | 4.0%    | 2.9%    |
|   | Other Ethnic Group                          | 0.7%    | 1.3%    | 0.7%    |
|   | Refused                                     | 0.0%    | 4.6%    | 0.4%    |
|   | Undeclared / Not Known                      | 9.9%    | 6.7%    | 12.0%   |
| <b>By Primary Support Reason</b>  | Physical Support                            | 51.3%   | 30.6%   | 33.9%   |
|   | Sensory Support                             | 1.0%    | 0.0%    | 0.0%    |
|   | Support with Memory & Cognition             | 15.2%   | 6.2%    | 9.1%    |
|   | Learning Disability Support                 | 15.8%   | 19.6%   | 17.5%   |
|   | Mental Health Support                       | 11.6%   | 1.3%    | 1.1%    |
|   | Social Support                              | 3.0%    | 3.8%    | 3.3%    |
|   | No Support Reason                           | 2.1%    | 38.4%   | 35.0%   |

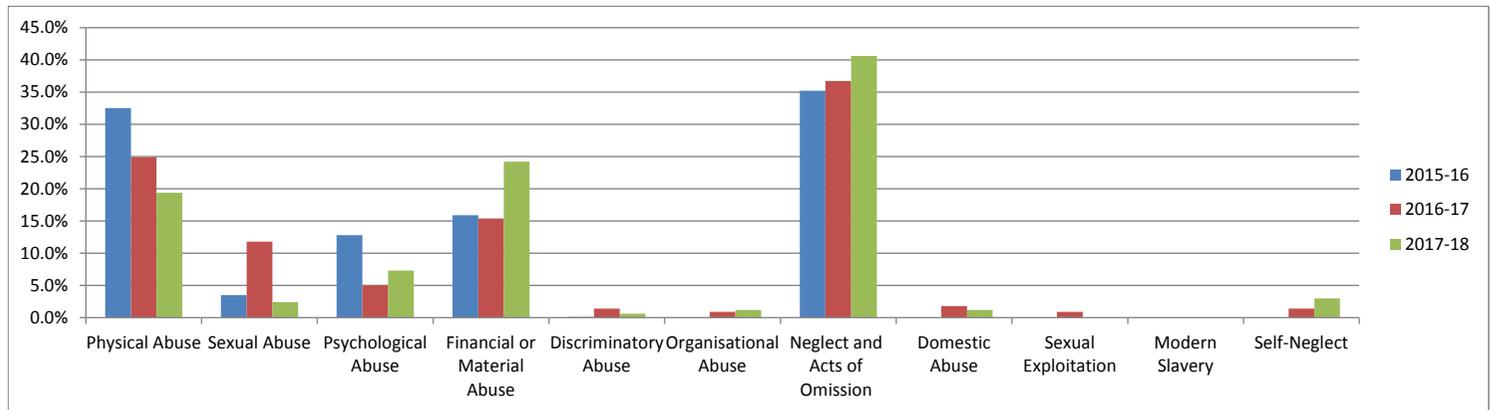


### Analysis:

The ethnicity and primary support reason breakdown has changed very little in recent years with White and Physical support being the most prevalent although their remains a high proportion with no recorded primary support reason.

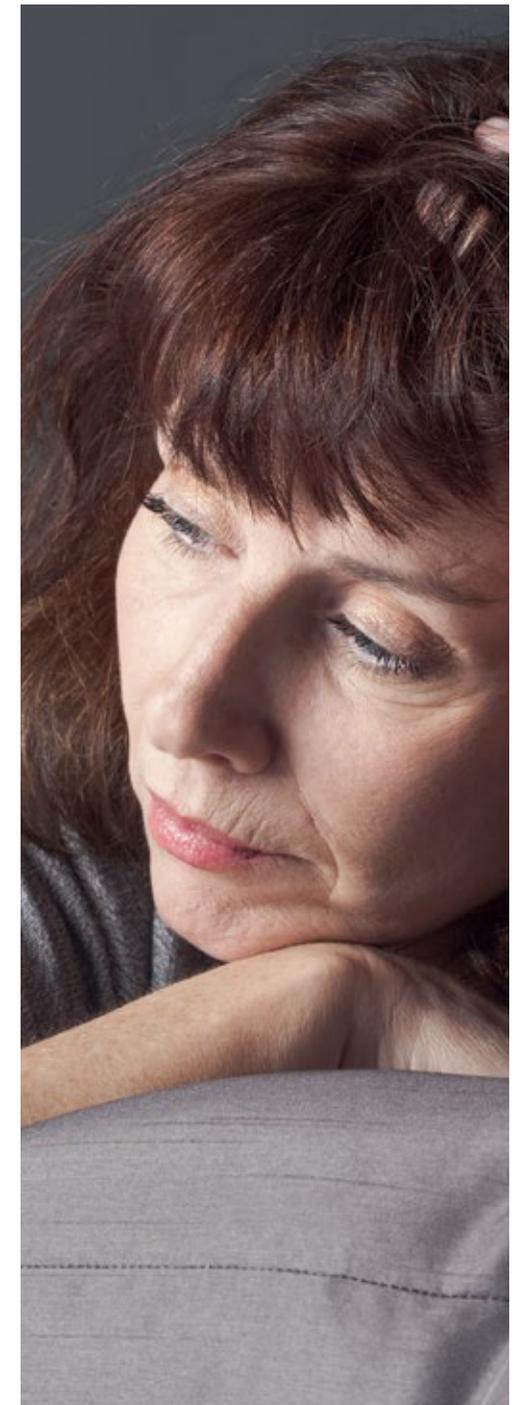


| Concluded Cases – by Type of Abuse | 2015-16 | 2016-17 | 2017-18 |
|------------------------------------|---------|---------|---------|
| Physical Abuse                     | 32.5%   | 24.9%   | 19.4%   |
| Sexual Abuse                       | 3.5%    | 11.8%   | 2.4%    |
| Psychological Abuse                | 12.8%   | 5.0%    | 7.3%    |
| Financial or Material Abuse        | 15.9%   | 15.4%   | 24.2%   |
| Discriminatory Abuse               | 0.1%    | 1.4%    | 0.6%    |
| Organisational Abuse               | 0.0%    | 0.9%    | 1.2%    |
| Neglect and Acts of Omission       | 35.2%   | 36.7%   | 40.6%   |
| Domestic Abuse                     | 0.0%    | 1.8%    | 1.2%    |
| Sexual Exploitation                | 0.0%    | 0.9%    | 0.0%    |
| Modern Slavery                     | 0.0%    | 0.0%    | 0.0%    |
| Self-Neglect                       | 0.0%    | 1.4%    | 3.0%    |

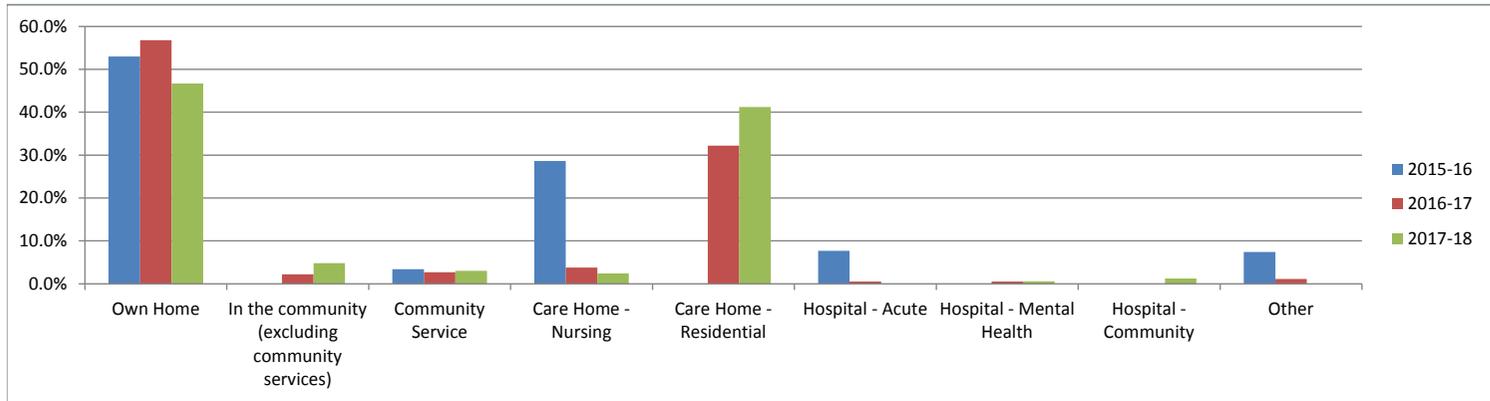


**Analysis:**

In 2017-18, we have seen a reduction in cases involving physical abuse; The proportion of cases involving sexual abuse has returned to a similar level to 2015-16, having spiked in 2016-17; and the largest increases have been in cases involving Financial abuse and neglect and acts of omission.



| Concluded Cases – by location                   | 2015-16 | 2016-17 | 2017-18 |
|---|---------|---------|---------|
| Own Home  | 53.0%   | 56.8%   | 46.7%   |
| In the community (excluding community services) | 0.0%    | 2.2%    | 4.8%    |
| Community Service                               | 3.4%    | 2.7%    | 3.0%    |
| Care Home - Nursing                             | 28.6%   | 3.8%    | 2.4%    |
| Care Home - Residential                         |         | 32.2%   | 41.2%   |
| Hospital – Acute                                | 7.7%    | 0.5%    | 0.0%    |
| Hospital - Mental Health                        |         | 0.5%    | 0.6%    |
| Hospital - Community                            |         | 0.0%    | 1.2%    |
| Other   | 7.4%    | 1.1%    | 0.0%    |

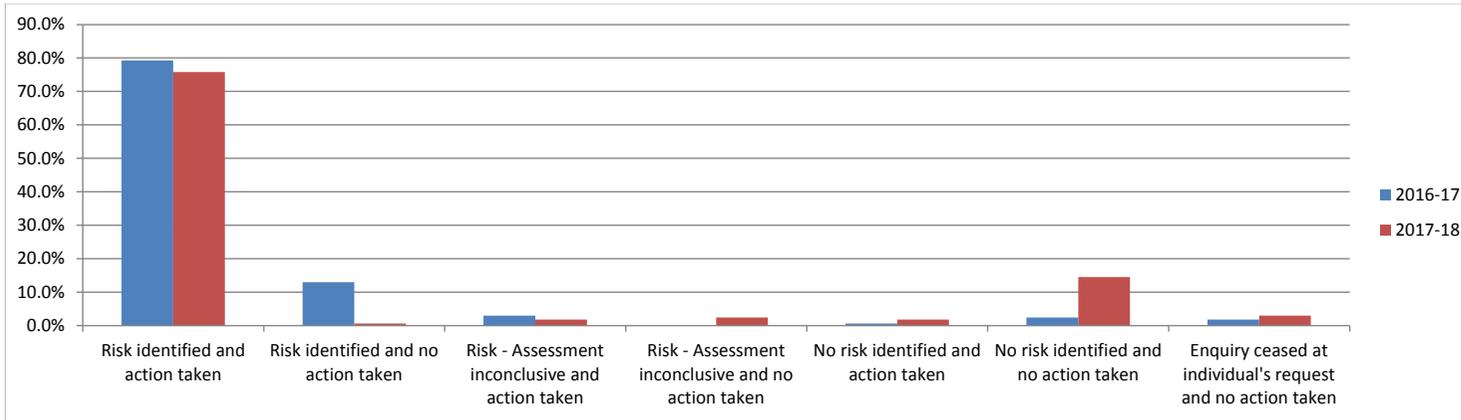


**Analysis:**

In 2017-18, we have seen a reduction in the proportion of Section 42 enquires where the alleged abuse took place in the person’s own home whilst the proportion in residential homes has increased. Please note that in 2015-16, the SAC return grouped locations differently as reflected in the table.



| Concluded Cases – by action:                               | 2016-17 | 2017-18 |
|--|---------|---------|
| Risk identified and action taken                           | 79.3%   | 75.8%   |
| Risk identified and no action taken                        | 13.0%   | 0.6%    |
| Risk - Assessment inconclusive and action taken            | 3.0%    | 1.8%    |
| Risk - Assessment inconclusive and no action taken         | 0.0%    | 2.4%    |
| No risk identified and action taken                        | 0.6%    | 1.8%    |
| No risk identified and no action taken                     | 2.4%    | 14.5%   |
| Enquiry ceased at individual's request and no action taken | 1.8%    | 3.0%    |



**Analysis:**

Overall, in 2017-18 there was a slight decrease in the proportion of cases where a risk was identified and action taken but an increase in the proportion where there was no risk identified and no action taken.



## Support and Engagement:

| For each enquiry, was the adult at risk lacking capacity to make decisions related to the safeguarding enquiry? | 2016-17 | 2017-18 |
|---|---------|---------|
| Yes   | 44.4%   | 40.6%   |
| No  | 50.3%   | 40.0%   |
| Don't know  | 4.7%    | 10.3%   |
| Not recorded  | 0.6%    | 9.1%    |
| <b>Of the enquiries recorded as "Yes" in this table:</b>  |         |         |
| How many of these cases was support provided by an advocate, family or friend?                                  | 100.00% | 100.00% |
| In what proportion were desired outcomes fully achieved?  | 76.5%   | 50.4%   |
| In what proportion were desired outcomes partially achieved?  | 19.7%   | 30.5%   |
| In what proportion were desired outcomes not achieved?  | 3.8%    | 19.1%   |

### Analysis:

Whilst it appears that there has been a small reduction in the proportion of adults at risk who lacked capacity in 2017-18, this may be down to information not being available or recording issues. All those requiring support were provided with this although there has been a significant reduction in the proportion where the expressed desired outcomes were fully achieved; The proportion where the desired outcomes were either partially achieved or not achieved has grown.

## The BSAB and Safeguarding Adult Team Bexley provided the following training and learning workshops in 2017-2018:

| Safeguarding Training Courses                     | Number of Delegates Attended |
|---|------------------------------|
| Safeguarding Basic Awareness                      | 69                           |
| Safeguarding Adults Level 2 & 3                   | 35                           |
| Role of the Enquiry Officer                       | 17                           |
| Train the Trainer Basic Awareness                 | 8                            |
| Train the Trainer Modern Slavery                  | 6                            |
| Prevent   | 33                           |
| Hoarding & Self-Neglect                           | 14                           |
| Information Gathering from Providers              | 13                           |
| Minute-taking Safeguarding Meetings               | 13                           |
| Practice Development Workshop – Domestic Violence | 8                            |
| Role of a Manager in a Provider Service           | 12                           |
| Safeguarding against Finance Abuse                | 7                            |
| The Role of Court of Protection                   | 24                           |
| Self –Neglect Learning Conference                 | 75                           |
| Modern Slavery Learning Conference                | 160                          |
| <b>Total</b>                                      | <b>494</b>                   |



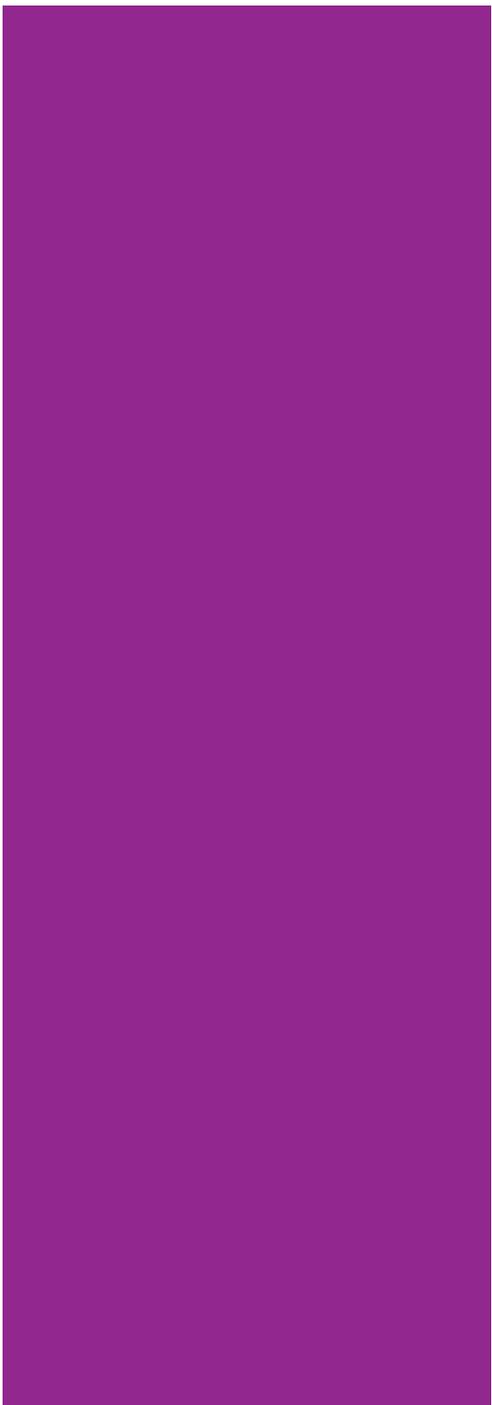
## **11. BSAB Annual Report Executive Summary:**

This report evidences how the Bexley Safeguarding Adult Board partnership has influenced partners and agencies in Bexley in 2017-2018. As Lead Cabinet Member for Adult's Services, I attend quarterly meetings and other events held by the board. My attendance has allowed me to see the dedication across the partnership that drive the Board to Make Safeguarding Personal to Bexley's most at risk. The Board offer a real opportunity to challenge, monitor and support agencies working with the most vulnerable adults in Bexley. I am pleased with 2017-2018's progress as far as presented in this annual report.

In closing, I am hopeful that the work of the Board will continue to offer ways to involve and engagement with individuals across the sector working towards better outcomes for them, their families and their communities.

**Cllr Brad Smith, Lead Cabinet Member for Adult Services 2017-2018, Bexley**



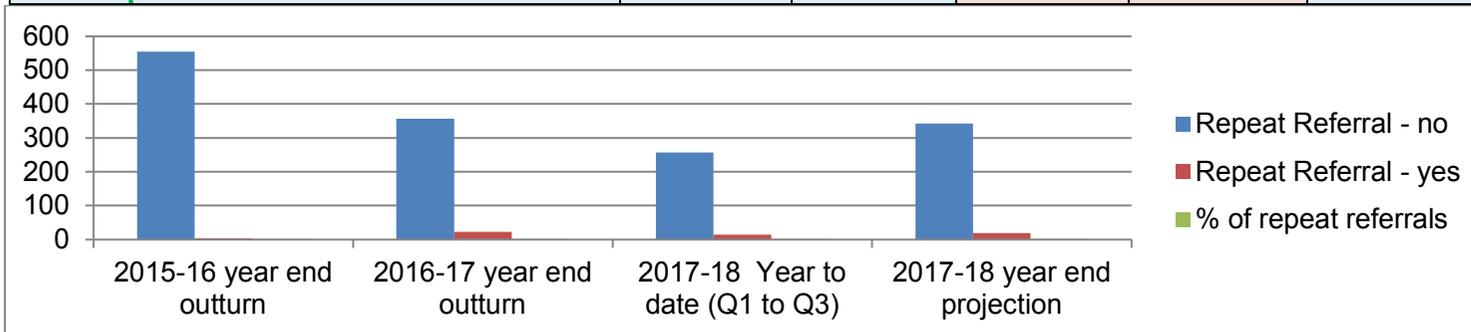


Please see the training chart below for more detail:

| Safeguarding Training Courses                     | Number of Delegates Attended |
|---|------------------------------|
| Safeguarding Basic Awareness                      | 69                           |
| Safeguarding Adults Level 2 & 3                   | 35                           |
| Role of the Enquiry Officer                       | 17                           |
| Train the Trainer Basic Awareness                 | 8                            |
| Train the Trainer Modern Slavery                  | 6                            |
| Prevent   | 33                           |
| Hoarding & Self-Neglect                           | 14                           |
| Information Gathering from Providers              | 13                           |
| Minute-taking Safeguarding Meetings               | 13                           |
| Practice Development Workshop – Domestic Violence | 8                            |
| Role of a Manager in a Provider Service           | 12                           |
| Safeguarding against Finance Abuse                | 7                            |
| The Role of Court of Protection                   | 24                           |
| Self –Neglect Learning Conference                 | 75                           |
| Modern Slavery Learning Conference                | 160                          |
| <b>Total</b>                                      | <b>494</b>                   |

### B. Breakdown of those concerns which became enquiries (referrals):

| Repeat referrals             | 2015-16<br>year end<br>outturn | 2016-17<br>year end<br>outturn | 2017-18<br>Year to<br>date (Q1<br>to Q3) | 2017-18<br>year end<br>projection | Projected<br>Averages |
|------------------------------|--------------------------------|--------------------------------|--|-----------------------------------|-----------------------|
| <b>Repeat Referral - no</b>  | 554                            | 356                            | 257                                      | 343                               | 418                   |
| <b>Repeat Referral - yes</b> | 4                              | 22                             | 14                                       | 19                                | 15                    |
| <b>% of repeat referrals</b> | <b>0.72%</b>                   | <b>5.82%</b>                   | <b>5.17%</b>                             | <b>5.17%</b>                      | <b>3.90%</b>          |



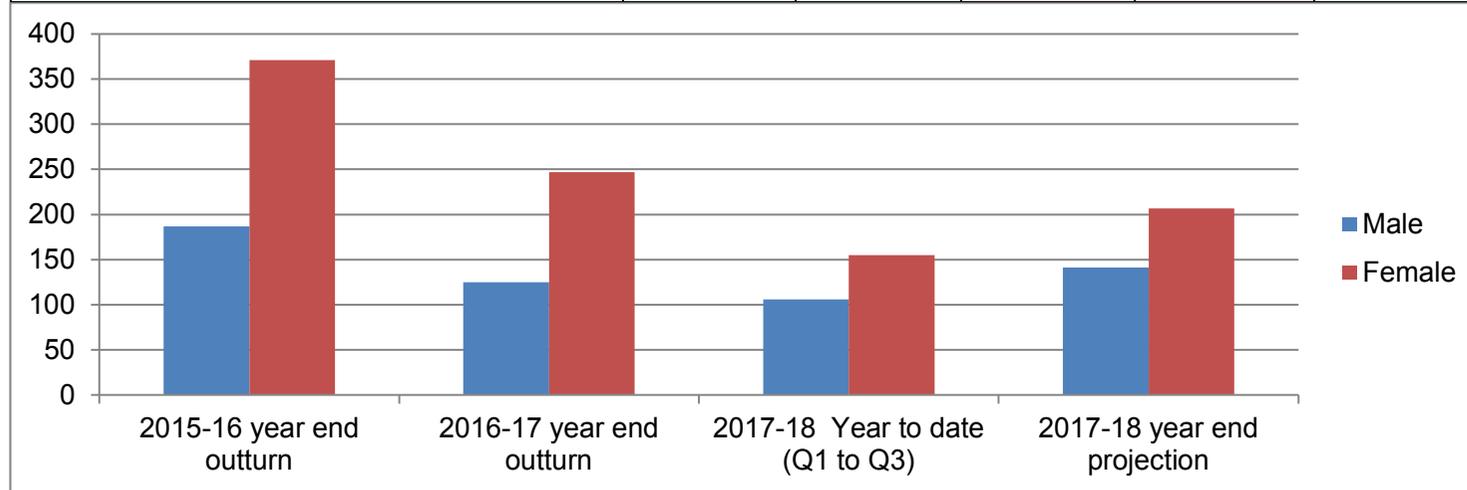
### Analysis:

With the commencement of the Triage Hub responding to all individuals referred with safeguarding concerns, the ability to signpost and re-refer for preventative and universal services has improved making safeguarding much more personal. Overall, the projected averages indicate a decrease over last 2 years.



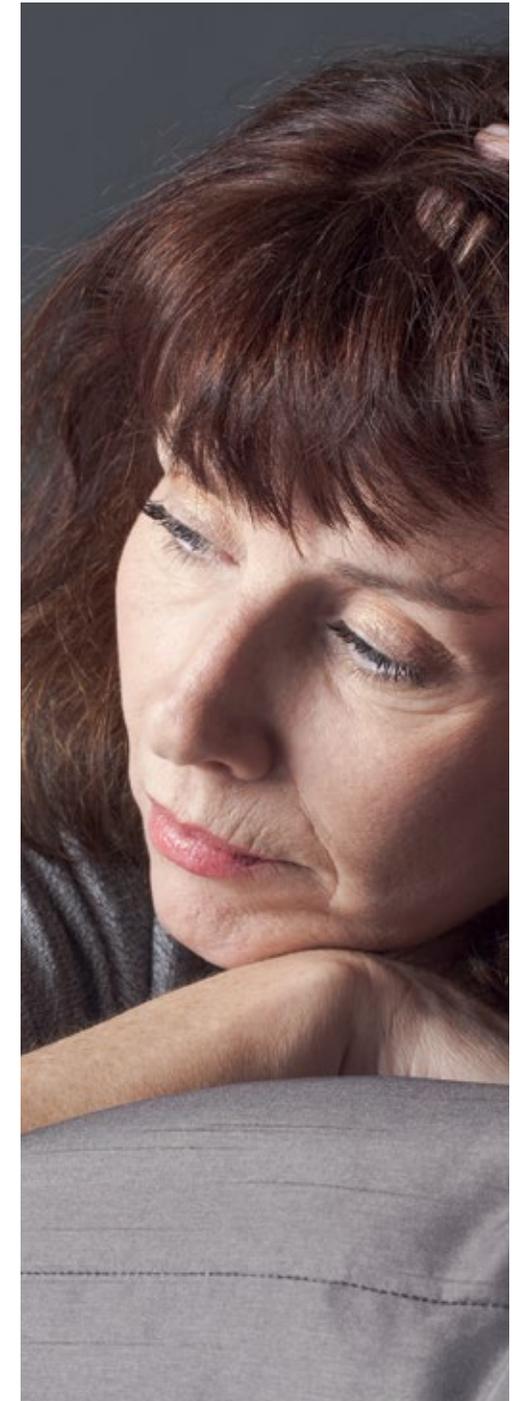
### C. Breakdown based on gender:

| Gender        | 2015-16 year end outturn | 2016-17 year end outturn | 2017-18 Year to date (Q1 to Q3) | 2017-18 year end projection | Projected Averages |
|---------------|--------------------------|--------------------------|---------------------------------|-----------------------------|--------------------|
| <b>Male</b>   | 187                      | 125                      | 106                             | 141                         | 151                |
| <b>Female</b> | 371                      | 247                      | 155                             | 207                         | 275                |
| <b>Total</b>  | <b>558</b>               | <b>372</b>               | <b>271</b>                      | <b>361</b>                  | <b>430</b>         |



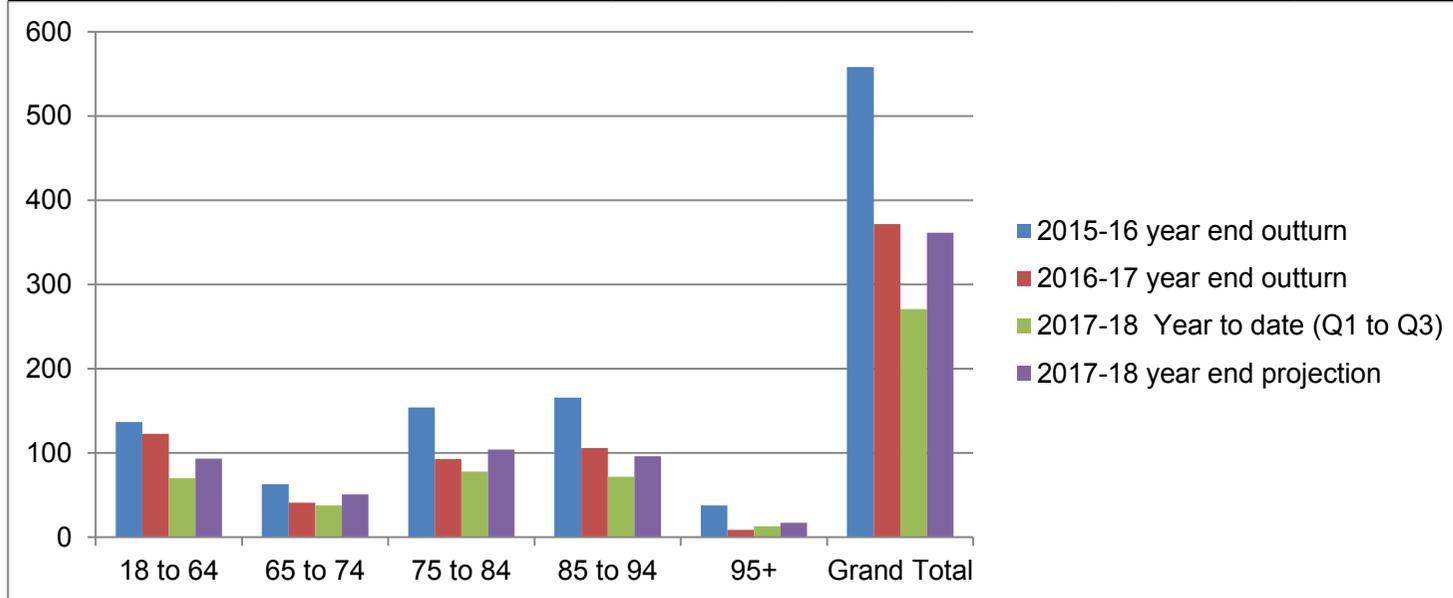
### Analysis:

We have seen an increase in both the male and female alleged victim in safeguarding referrals. Males have increased from 106 previous years to 141. Females have increased from 155 previous years to 207. In the last 3 years, the projected averages indicate an increase overall for both but more so for females which is not an uncommon trend.



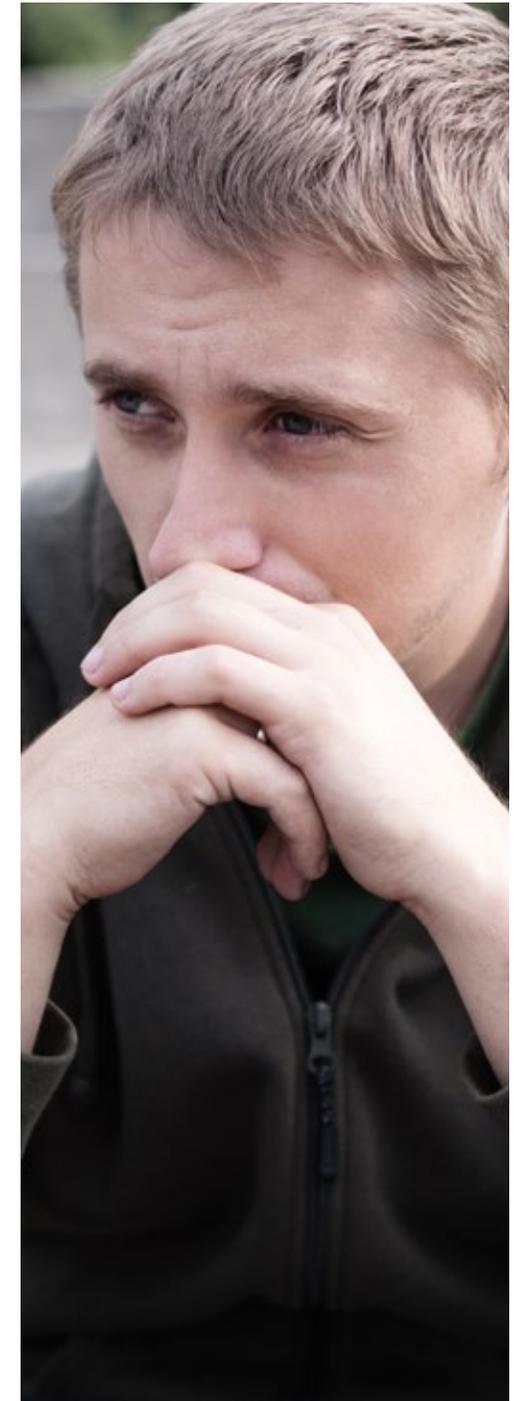
## D. Breakdown – Age Bands:

| Age Bands          | 2015-16<br>year end<br>outturn | 2016-17<br>year end<br>outturn | 2017-18<br>Year to date (Q1<br>to Q3) | 2017-18<br>year end<br>projection | Projected<br>Averages |
|--------------------|--------------------------------|--------------------------------|---------------------------------------|-----------------------------------|-----------------------|
| 18 to 64           | 137                            | 123                            | 70                                    | 93                                | 118                   |
| 65 to 74           | 63                             | 41                             | 38                                    | 51                                | 52                    |
| 75 to 84           | 154                            | 93                             | 78                                    | 104                               | 117                   |
| 85 to 94           | 166                            | 106                            | 72                                    | 96                                | 123                   |
| 95+                | 38                             | 9                              | 13                                    | 17                                | 21                    |
| <b>Grand Total</b> | <b>558</b>                     | <b>372</b>                     | <b>271</b>                            | <b>361</b>                        | <b>430</b>            |



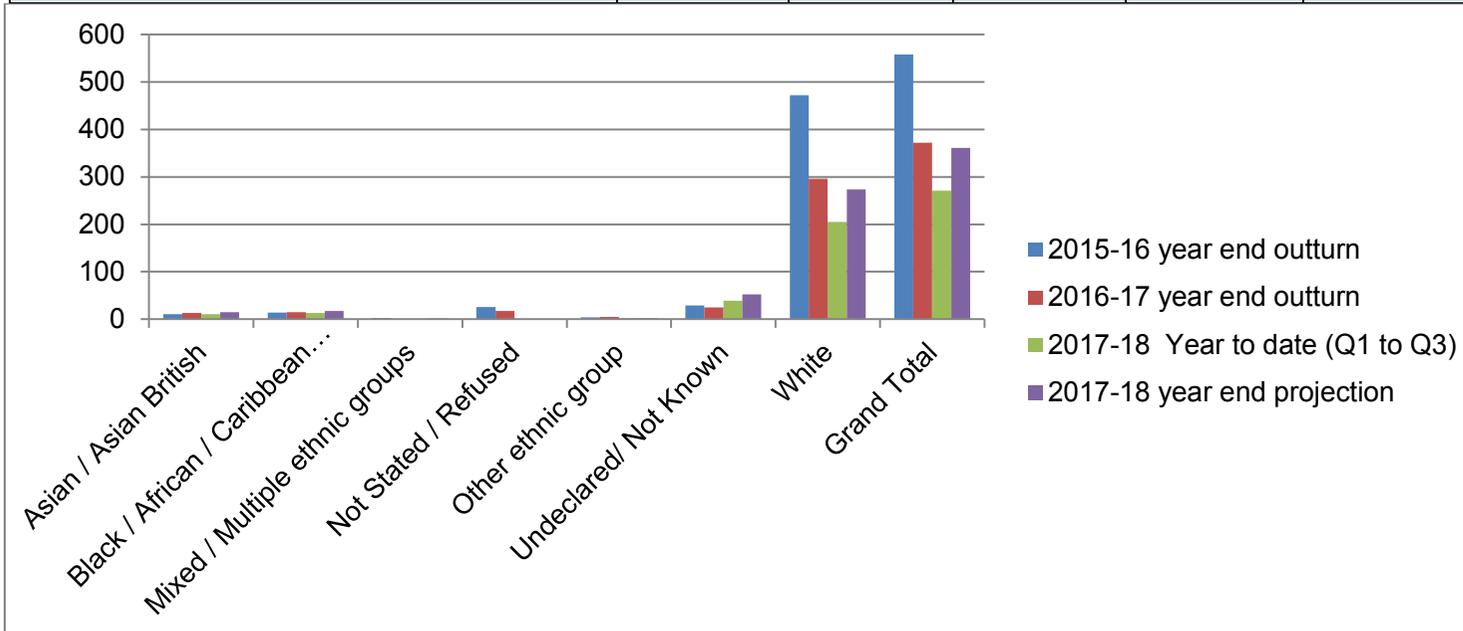
### Analysis:

The data shows that over the last 3 years the projected average increase is across all age bands; however, effecting 18-64, 75-84 and 85-94 which is not uncommon. The data indicates that the projected 2017-18 figures show decrease in 18-64 and 85-94 age bands from year previous, but increase across all other age bands. This is not uncommon as more of the population ages and is staying at home longer these figures are expected to have a gradual increase.



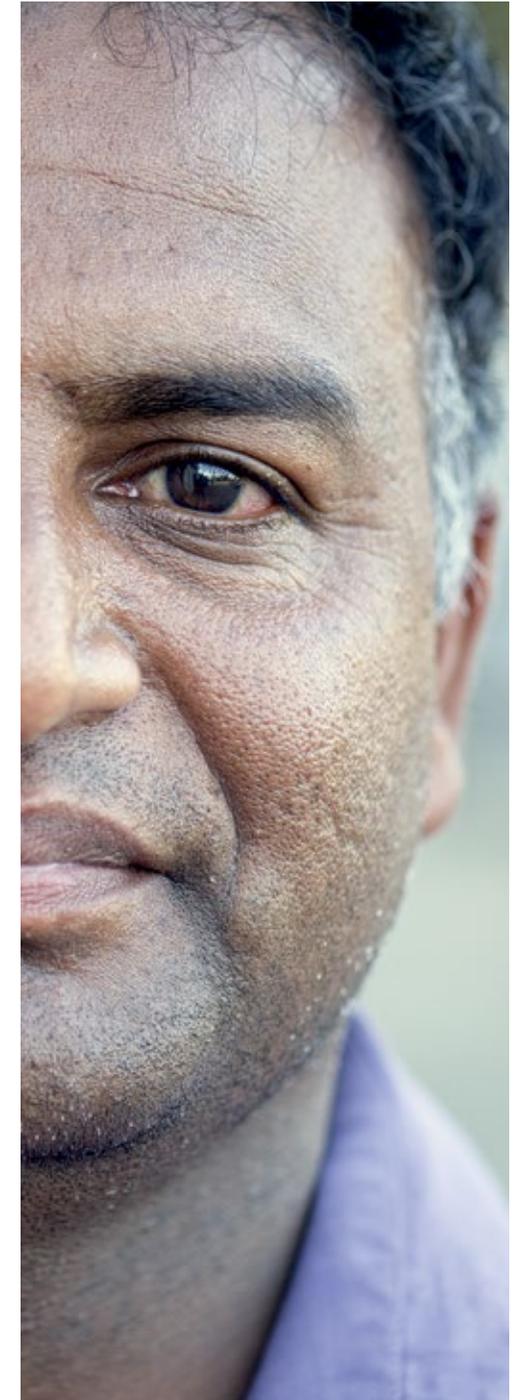
## E. Breakdown - Ethnicity:

| Ethnicity                                   | 2015-16<br>year end<br>outturn | 2016-17<br>year end<br>outturn | 2017-18<br>Year to<br>date (Q1<br>to Q3) | 2017-18<br>year end<br>projection | Projected<br>Averages |
|---|--------------------------------|--------------------------------|--|-----------------------------------|-----------------------|
| Asian / Asian British                       | 11                             | 13                             | 11                                       | 15                                | 13                    |
| Black / African / Caribbean / Black British | 14                             | 15                             | 13                                       | 17                                | 15                    |
| Mixed / Multiple ethnic groups              | 2                              | 1                              | 1  | 1                                 | 1                     |
| Not Stated / Refused                        | 26                             | 17                             | 0  | 0                                 | 14                    |
| Other ethnic group                          | 4                              | 5                              | 2  | 3                                 | 4                     |
| Undeclared/ Not Known                       | 29                             | 25                             | 39                                       | 52                                | 35                    |
| White                                       | 472                            | 296                            | 205                                      | 273                               | 347                   |
| <b>Grand Total</b>                          | <b>558</b>                     | <b>372</b>                     | <b>271</b>                               | <b>361</b>                        | <b>430</b>            |



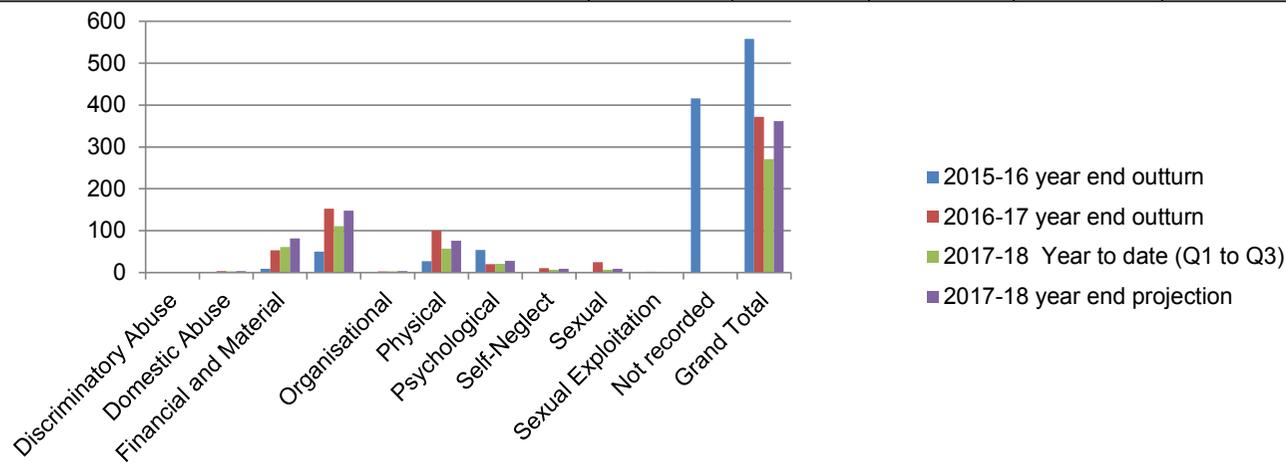
### Analysis:

The data shows that over the last 3 years, the number of Asian/Asian/Black/African/Caribbean/Black British numbers have steadily increased. More people are also showing Undeclared or Not Known than previous years. The work with the BME communities and Faith groups may have contributed to this increase. Greater awareness and support is being offered across the partnership to reach groups more difficult to engage with.



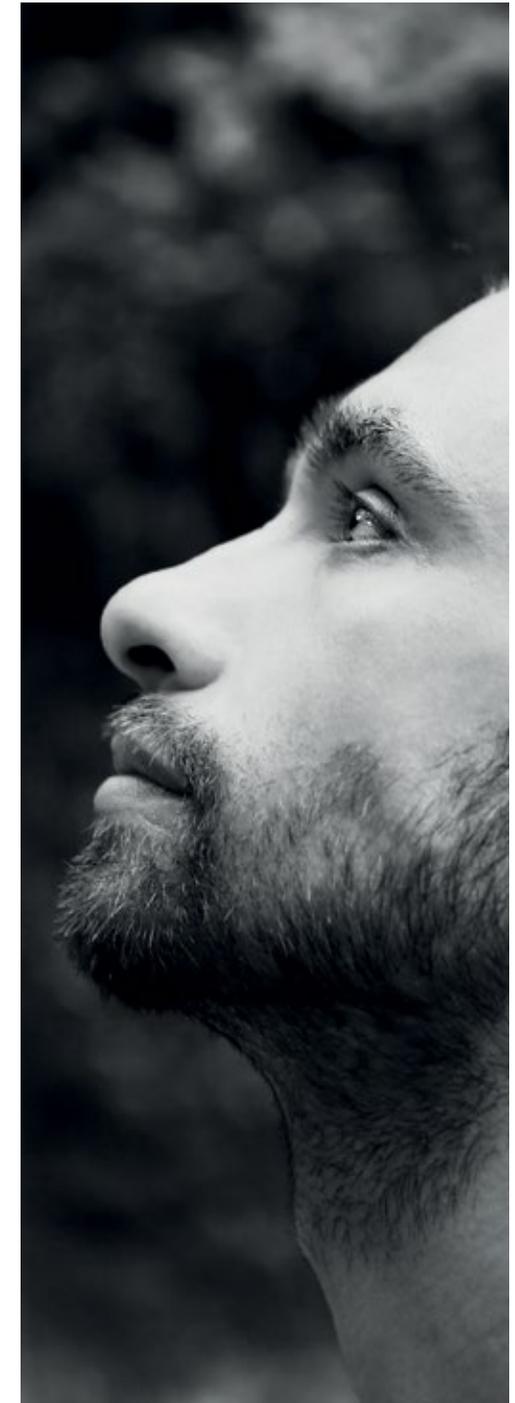
## F. Breakdown - Type of alleged abuse (Primary):

| Type of alleged abuse (Primary)     | 2015-16<br>year end<br>outturn | 2016-17<br>year end<br>outturn | 2017-18<br>Year to<br>date (Q1<br>to Q3) | 2017-18<br>year end<br>projection | Projected<br>Averages |
|-------------------------------------|--------------------------------|--------------------------------|--|-----------------------------------|-----------------------|
| <b>Discriminatory Abuse</b>         | 1                              | 0                              | 1  | 1                                 | 1                     |
| <b>Domestic Abuse</b>               | 0                              | 4                              | 3  | 4                                 | 3                     |
| <b>Financial and Material</b>       | 9                              | 53                             | 61                                       | 81                                | 48                    |
| <b>Neglect and Acts of Omission</b> | 50                             | 153                            | 111                                      | 148                               | 117                   |
| <b>Organisational</b>               | 0                              | 3                              | 3  | 4                                 | 2                     |
| <b>Physical</b>                     | 27                             | 101                            | 57                                       | 76                                | 68                    |
| <b>Psychological</b>                | 54                             | 20                             | 21                                       | 28                                | 34                    |
| <b>Self-Neglect</b>                 | 0                              | 11                             | 7  | 9                                 | 7                     |
| <b>Sexual</b>                       | 1                              | 25                             | 7  | 9                                 | 12                    |
| <b>Sexual Exploitation</b>          | 0                              | 2                              | 0  | 0                                 | 1                     |
| <b>Not recorded</b>                 | 416                            | 0                              | 0  | 0                                 | 139                   |
| <b>Grand Total</b>                  | <b>558</b>                     | <b>372</b>                     | <b>271</b>                               | <b>361</b>                        | <b>430</b>            |



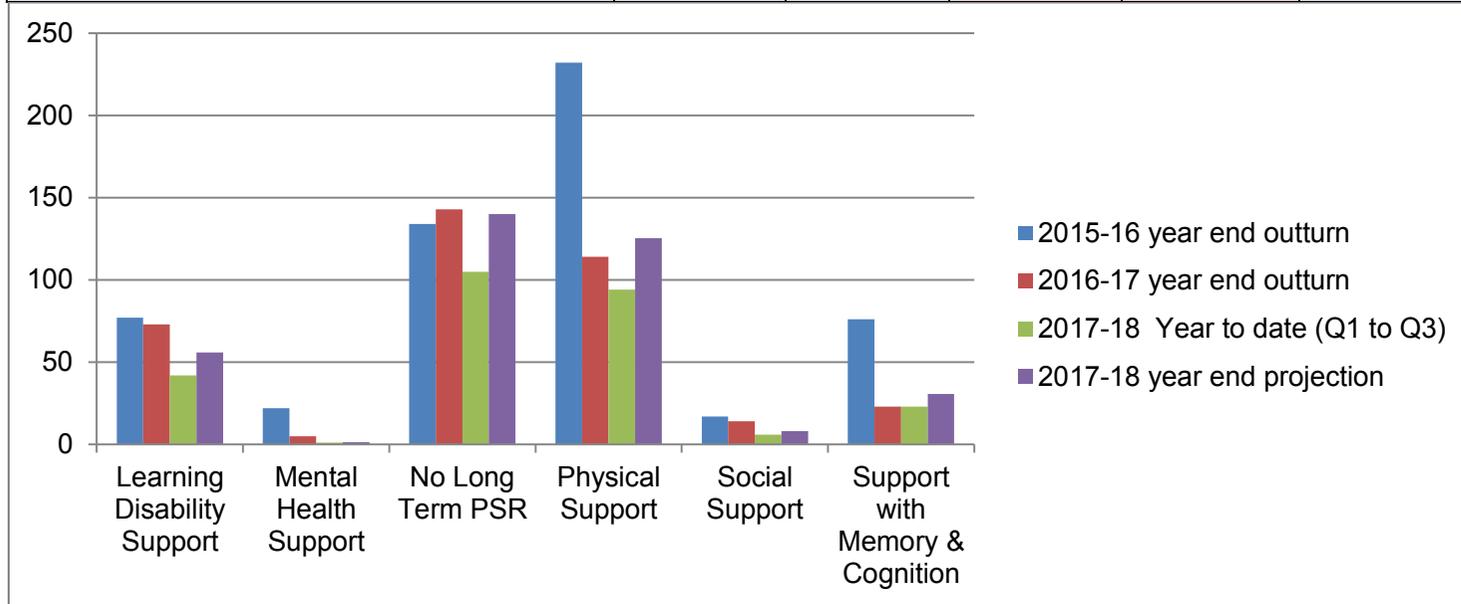
### Analysis:

The data shows increases across all areas with the greatest shown increase in Neglect & Acts of Omission with a projected average indicating an increase over the last 3 years overall. The projected average is also showing an increase over the last 2 years. Financial & Material Abuse numbers need to take into account the vigorous work from the London Borough of Bexley's Trading Standards Team in conjunction with the local Banks and Solicitors to prevent abuse. The work with the BME communities and Faith groups may have contributed to this increase. Greater awareness and support is being offered across the partnership to reach groups more difficult to engage with.



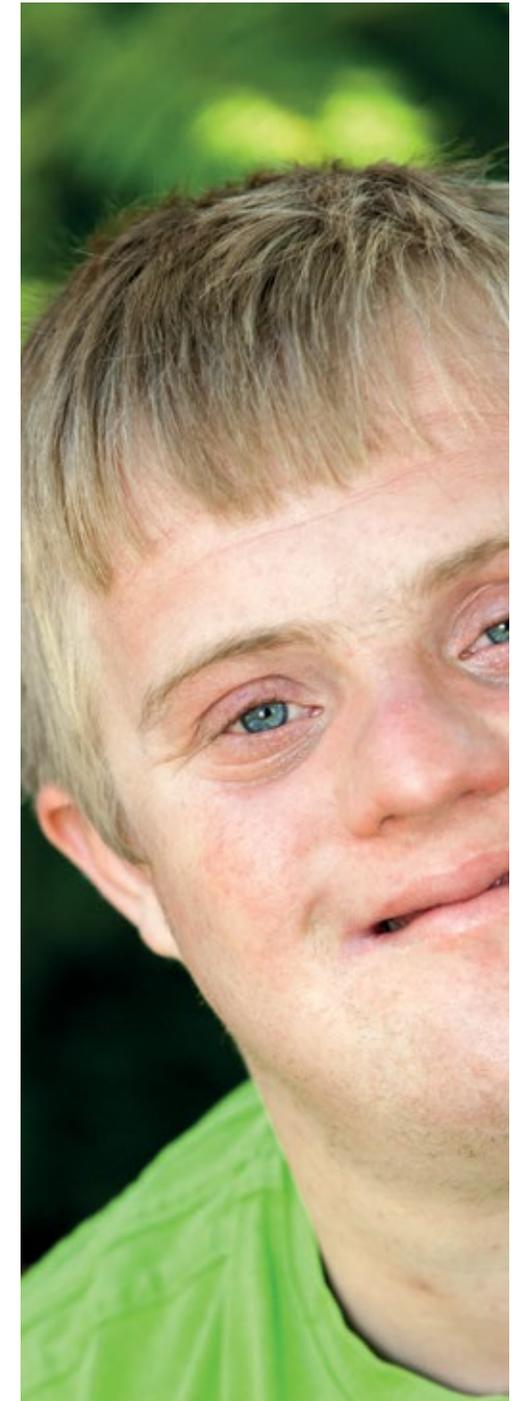
## Breakdown – Long Term Service Needs:

| Long Term Service Needs         | 2015-16<br>year end<br>outturn | 2016-17<br>year end<br>outturn | 2017-18<br>Year to<br>date (Q1<br>to Q3) | 2017-18<br>year end<br>projection | Projected<br>Averages |
|---------------------------------|--------------------------------|--------------------------------|--|-----------------------------------|-----------------------|
| Learning Disability Support     | 77                             | 73                             | 42                                       | 56                                | 69                    |
| Mental Health Support           | 22                             | 5                              | 1  | 1                                 | 9                     |
| No Long Term PSR                | 134                            | 143                            | 105                                      | 140                               | 139                   |
| Physical Support                | 232                            | 114                            | 94                                       | 125                               | 157                   |
| Social Support                  | 17                             | 14                             | 6  | 8                                 | 13                    |
| Support with Memory & Cognition | 76                             | 23                             | 23                                       | 31                                | 43                    |
| <b>Grand Total</b>              | <b>558</b>                     | <b>372</b>                     | <b>271</b>                               | <b>361</b>                        | <b>430</b>            |



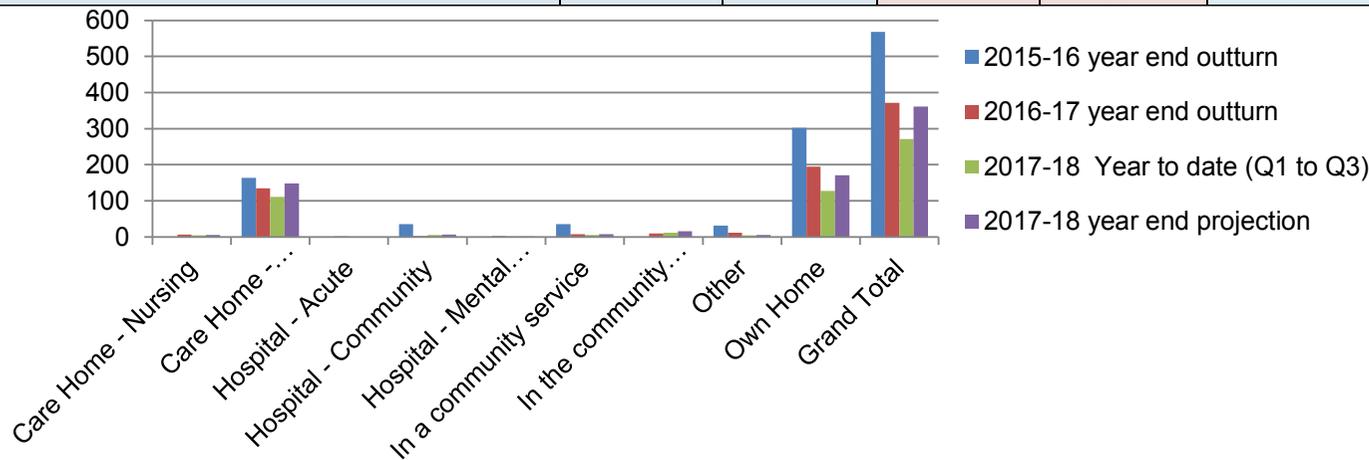
### Analysis:

Data shows that No Long Term PSR (Primary Support Reasons) and Physical Support have net increased the greatest over the last 3 years with projected averages indicating an increase over last 2 years.



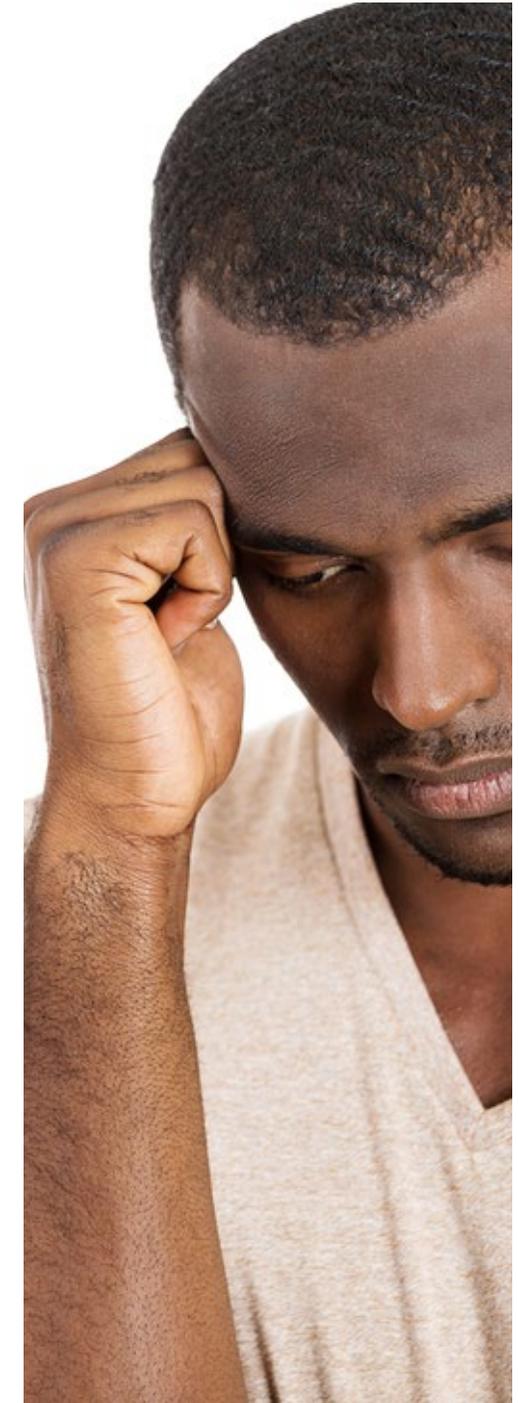
## G. Breakdown - Location of alleged abuse:

| Location of alleged abuse                      | 2015-16<br>year end<br>outturn | 2016-17<br>year end<br>outturn | 2017-18<br>Year to date (Q1<br>to Q3) | 2017-18<br>year end<br>projection | Projected<br>Averages |
|--|--------------------------------|--------------------------------|---------------------------------------|-----------------------------------|-----------------------|
| Care Home - Nursing                            | 0                              | 7                              | 4                                     | 5                                 | 4                     |
| Care Home - Residential                        | 164                            | 135                            | 111                                   | 148                               | 149                   |
| Hospital - Acute                               | 0                              | 1                              | 0                                     | 0                                 | 0                     |
| Hospital - Community                           | 35                             | 2                              | 5                                     | 7                                 | 15                    |
| Hospital - Mental Health                       | 0                              | 2                              | 1                                     | 1                                 | 1                     |
| In a community service                         | 36                             | 8                              | 6                                     | 8                                 | 17                    |
| In the community (excluding community support) | 0                              | 10                             | 12                                    | 16                                | 9                     |
| Other  | 31                             | 12                             | 4                                     | 5                                 | 16                    |
| Own Home                                       | 302                            | 195                            | 128                                   | 171                               | 223                   |
| <b>Grand Total</b>                             | <b>568</b>                     | <b>372</b>                     | <b>271</b>                            | <b>361</b>                        | <b>434</b>            |



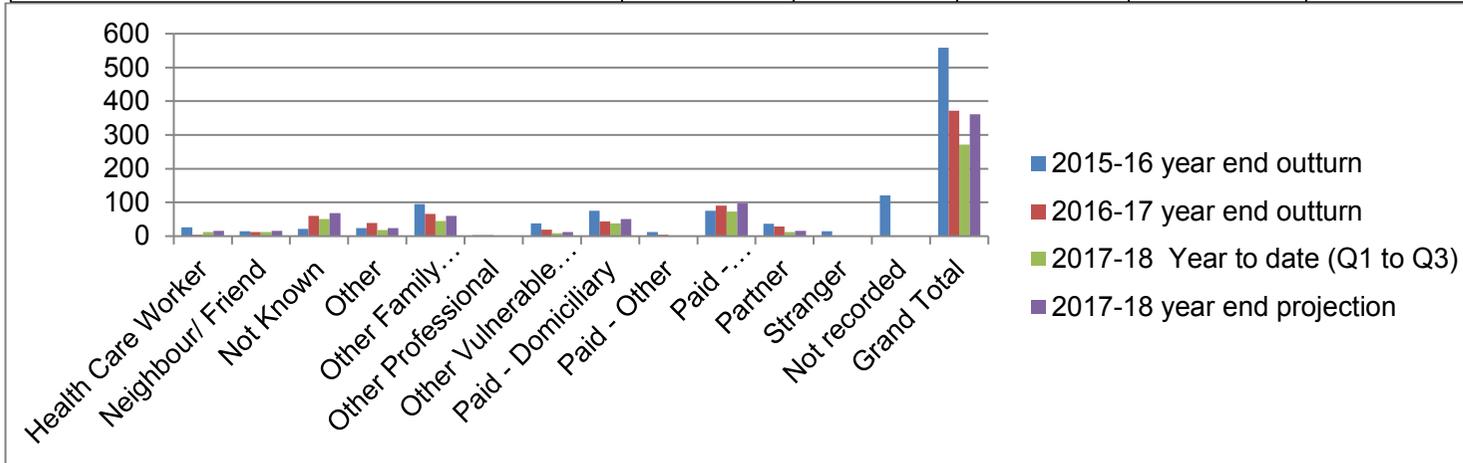
### Analysis:

The data shows that the projected averages are increased overall from last two years. Particularly noting in Care Home – Residential, In a community service and Own Home. The Board has set as an objective for 2018-2019 to focus on commissioning, monitoring and supporting providers working with Bexley residents. This work will include: Training, Safer Recruitment sessions and attending more Provider Forum meetings to show support and offer guidance where applicable.



## H. Breakdown - Relationship of alleged perpetrator:

| Relationship of alleged perpetrator | 2015-16 year end outturn | 2016-17 year end outturn | 2017-18 Year to date (Q1 to Q3) | 2017-18 year end projection | Projected Averages |
|-------------------------------------|--------------------------|--------------------------|---------------------------------|-----------------------------|--------------------|
| Health Care Worker                  | 26                       | 4                        | 12                              | 16                          | 15                 |
| Neighbour/ Friend                   | 15                       | 12                       | 12                              | 16                          | 14                 |
| Not Known                           | 22                       | 60                       | 51                              | 68                          | 50                 |
| Other                               | 24                       | 39                       | 18                              | 24                          | 29                 |
| Other Family Member                 | 95                       | 66                       | 45                              | 60                          | 74                 |
| Other Professional                  | 3                        | 3                        | 0                               | 0                           | 2                  |
| Other Vulnerable Adult              | 38                       | 19                       | 9                               | 12                          | 23                 |
| Paid - Domiciliary                  | 75                       | 44                       | 38                              | 51                          | 57                 |
| Paid - Other                        | 12                       | 4                        | 1                               | 1                           | 6                  |
| Paid - Residential/ Nursing Care    | 75                       | 91                       | 73                              | 97                          | 88                 |
| Partner                             | 37                       | 29                       | 12                              | 16                          | 27                 |
| Stranger                            | 15                       | 1                        | 0                               | 0                           | 5                  |
| Not recorded                        | 121                      | 0                        | 0                               | 0                           | 40                 |
| <b>Grand Total</b>                  | <b>558</b>               | <b>372</b>               | <b>271</b>                      | <b>361</b>                  | <b>430</b>         |



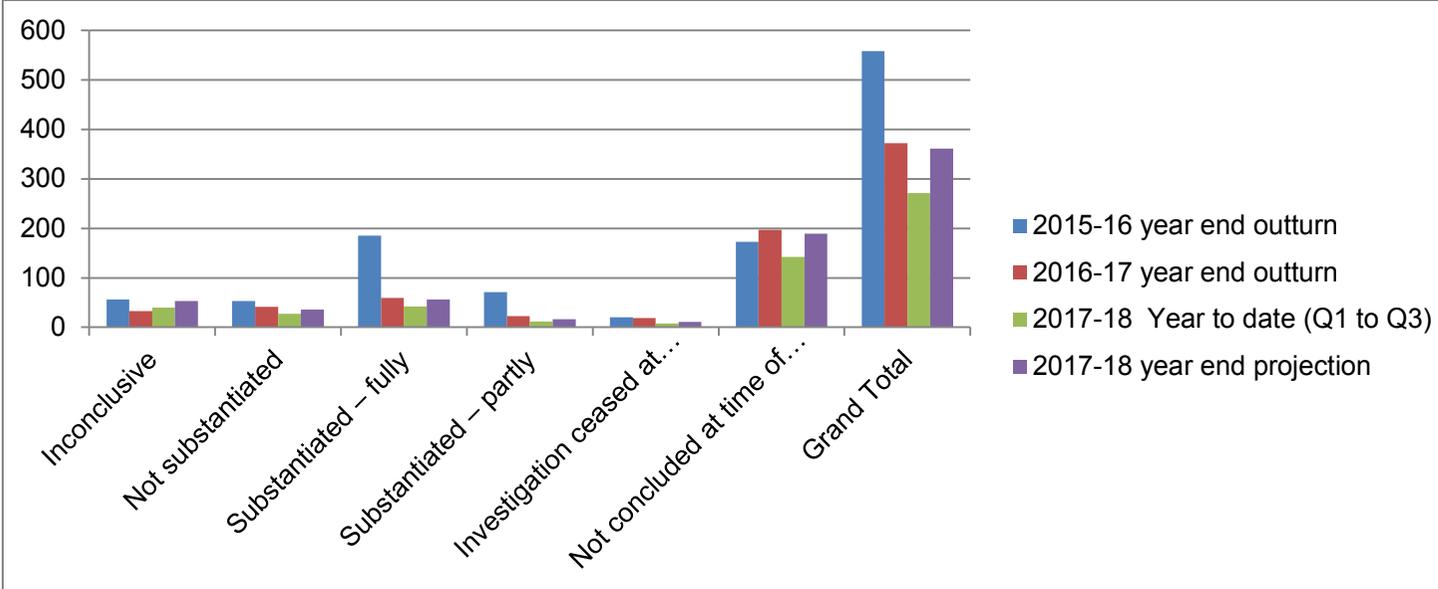
### Analysis:

The data shows that the projected averages are overall increased following the trend in previous charts. The highest increase from previous year were: Health Care Worker and Paid – Domiciliary. As mentioned in Data Section G above, the work of the Board will focus on this area for 2018-19.



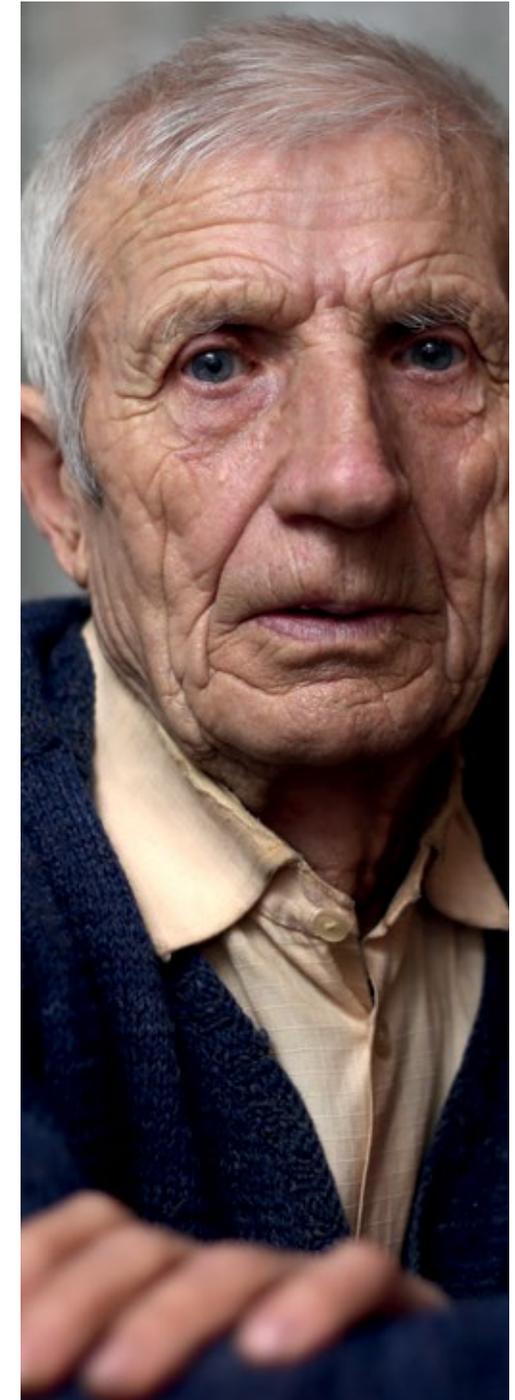
## I. Breakdown - Conclusion:

| Conclusion                                  | 2015-16<br>year end<br>outturn | 2016-17<br>year end<br>outturn | 2017-18<br>Year to date (Q1<br>to Q3) | 2017-18<br>year end<br>projection | Projected<br>Averages |
|---|--------------------------------|--------------------------------|---------------------------------------|-----------------------------------|-----------------------|
| Inconclusive                                | 56                             | 33                             | 40                                    | 53                                | 47                    |
| Not substantiated                           | 53                             | 41                             | 27                                    | 36                                | 43                    |
| Substantiated – fully                       | 185                            | 59                             | 42                                    | 56                                | 100                   |
| Substantiated – partly                      | 71                             | 23                             | 12                                    | 16                                | 37                    |
| Investigation ceased at individuals request | 20                             | 19                             | 8                                     | 11                                | 17                    |
| Not concluded at time of reporting          | 173                            | 197                            | 142                                   | 189                               | 186                   |
| <b>Grand Total</b>                          | <b>558</b>                     | <b>372</b>                     | <b>271</b>                            | <b>361</b>                        | <b>430</b>            |



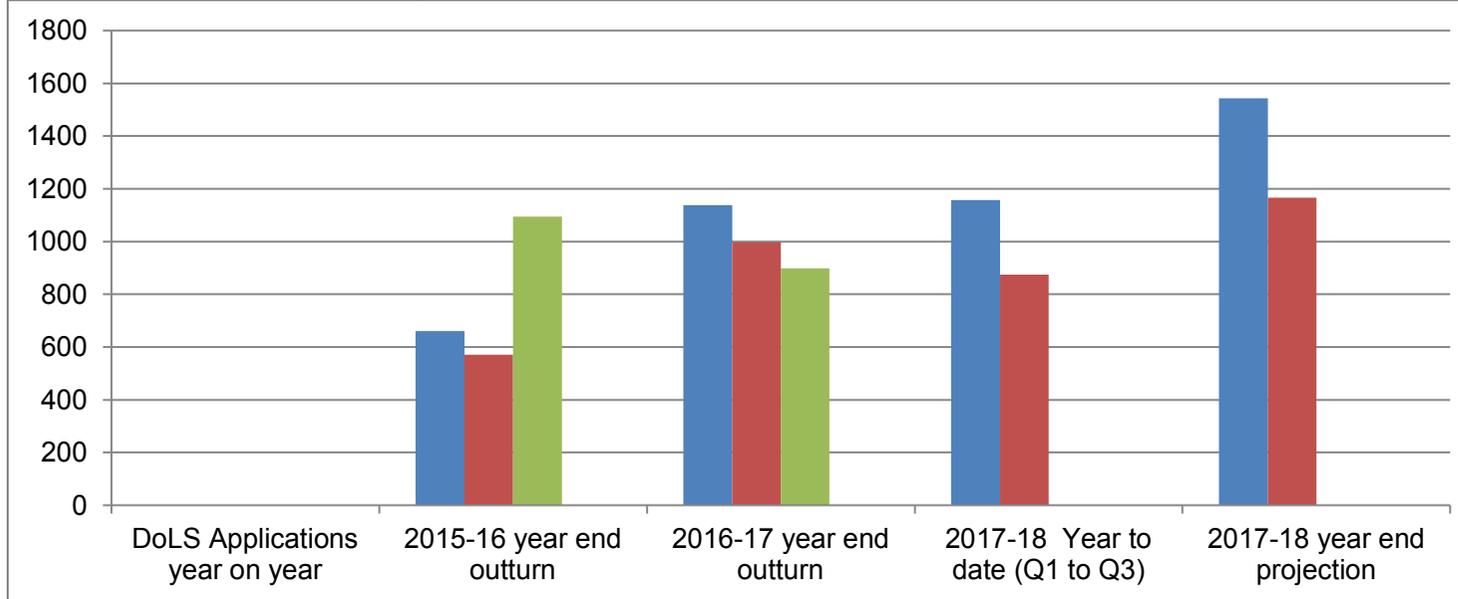
### Analysis:

The data shows a projected average of 47 inconclusive cases in 2017-2018; which has increased over the last 2 years. The projected average for Substantiated – fully has also increased over the 3-year period; however, decreased slightly from previous year.



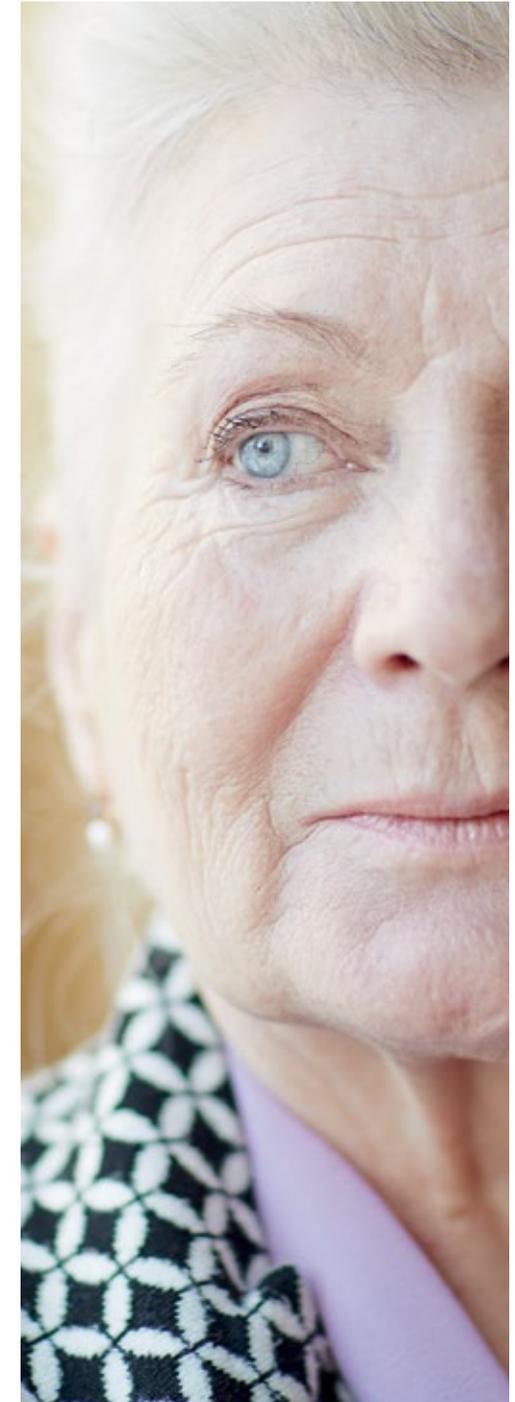
## J. Deprivation of Liberty Safeguards (DoLS):

| DoLS Applications year on year         | 2015-16 year end outturn | 2016-17 year end outturn | 2017-18 Year to date (Q1 to Q3) | 2017-18 year end projection | Projected Averages |
|--|--------------------------|--------------------------|---------------------------------|-----------------------------|--------------------|
| DoLS applications received during year | 660                      | 1138                     | 1158                            | 1544                        | 1114               |
| DoLS applications granted              | 571                      | 997                      | 875                             | 1167                        | 912                |
| DoLS applications open at year end     | 1095                     | 899                      | NA                              | NA                          | N/A                |



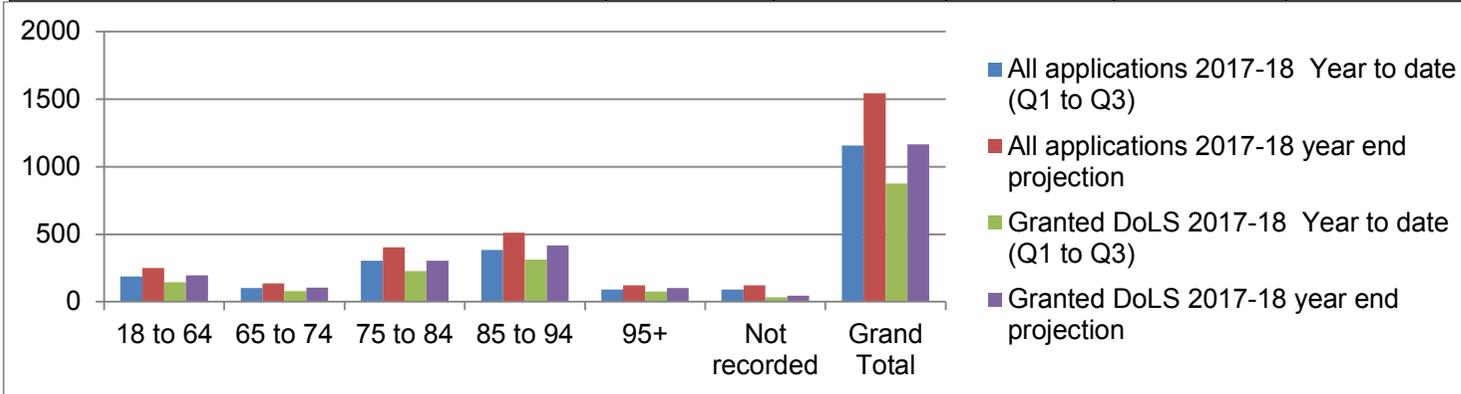
### Analysis:

The data shows the projected averages for the DoLS Applications have decreased from previous year in both received and granted; however, the 2017-2018 year end projection shows more than a doubled about from 2015-2016.



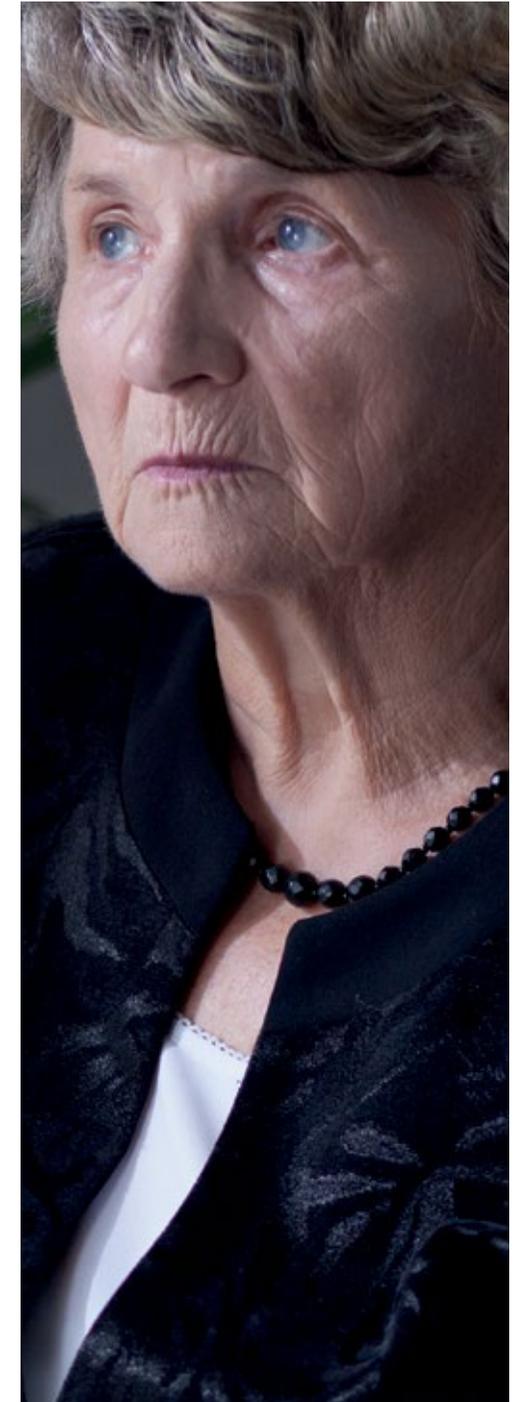
## K. Breakdown - Age breakdown of 2017-18 DoLS applications:

| Age breakdown of 2017-18 DoLS applications | All applications                |                             | Granted DoLS                    |                             | Average Conversion Rate % |
|--|---------------------------------|-----------------------------|---------------------------------|-----------------------------|---------------------------|
|  | 2017-18 Year to date (Q1 to Q3) | 2017-18 year end projection | 2017-18 Year to date (Q1 to Q3) | 2017-18 year end projection |                           |
| 18 to 64                                   | 188                             | 251                         | 146                             | 195                         | 78%                       |
| 65 to 74                                   | 101                             | 135                         | 78                              | 104                         | 77%                       |
| 75 to 84                                   | 303                             | 404                         | 228                             | 304                         | 75%                       |
| 85 to 94                                   | 383                             | 511                         | 313                             | 417                         | 82%                       |
| 95+  | 92                              | 123                         | 77                              | 103                         | 84%                       |
| Not recorded                               | 91                              | 121                         | 33                              | 44                          | 36%                       |
| <b>Grand Total</b>                         | <b>1158</b>                     | <b>1544</b>                 | <b>875</b>                      | <b>1167</b>                 | <b>72%</b>                |



### Analysis:

The data shows that the increase across the age bands for DoLS matches the increase for age bands across the safeguarding referrals as reported above in Data Section D. The age band with the highest conversion rate from application to granted are the 18-64 and 85-94 age band categories. The decrease in the 95+ age band category could be attributed to DoLS applications and conversions taking place a lot earlier than previous years.



# 11. Serious Adult Review (SAR) Publication

## Safeguarding Adult Review, Mrs A, completed by: Gina Tomlin, Safeguarding Adult Lead, Dartford Gravesham NHS Trust

Review completion date: February 2018

Accepted and owned by BSAB date: March 2018

Published date: April 2018

### Introduction:

1.1 Bexley Safeguarding Adults Board (BSAB) initiated this Safeguarding Adult Review (SAR) in 2016, following the notification of death of a 43 year old woman, for the purposes of this report will be known as Mrs A. The review panel are aware that this may be upsetting to people who knew her but they are also concerned about the family's right to confidentiality and privacy. Mrs A was found in her flat by a housing officer on the 9th June 2015 having died from a self-inflicted stab wound in the chest from a carving knife.

### Why was this case reviewed?

1.2 As a result of Mrs A's death, BSAB were required to consider if a SAR should be conducted. A SAR is a multi-agency review process which seeks to determine which relevant agencies and individuals were involved and if anything could have been done differently that could have prevented harm or death from taking place. The purpose of a SAR is not to apportion blame but capture positive learning to improve systems and professional practice for the future.

1.3 In making a decision to initiate a SAR, BSAB complied with the Care Act 2014, the main provisions of which came into force in April 2015. Under the Care Act, Safeguarding Adults Boards must initiate a SAR when an adult in its area with needs for care and support dies or suffers significant negative impact as a result of serious abuse or neglect (known or suspected), and where there is a concern that the partners agencies could have worked more effectively to protect the adult (The Care Act 2014, section 44, Appendices).

1.4 Mrs A had been identified as having care and support needs with a number of professionals and agencies involved that go back a number of years.

1.5 This case was therefore chosen to be reviewed in that the death met the legal criteria. An independent reviewer was appointed by BSAB to facilitate the review.

### Time Frame:

1.6 It was agreed that the period would focus on the period from 2013 to the date of Mrs A's death on 9th June 2015. A small amount of background detail prior to 2013 has been added to give some context to the review. The review period was divided into three phases: Pre-arrest, Arrest and Care Treatment Order Period and the three months to end of life.

1.7 It is within this timeframe that particular attention has been paid to understanding Mrs A's needs, and the services and systems around her.

### Methodology:

1.8 There is no prescriptive methodology for a SAR, though it is now widely accepted that for multi-agency reviews, a system-based approach and methodology is desirable.

1.9 This SAR is using the IMR format; Individual Management Review style (BSAB SAR Toolkit, Appendices) and the SAR is owned by the BSAB in its entirety. The SAR sub group from a partner agency nominated the Lead Reviewer; they had no involvement in the care of Mrs A. There were several meetings with the Lead Reviewer and the involved agencies to Mrs A. care and support across



## The Findings:

2.1 This section contains 13 findings that have emerged from the review. Each finding provides evidence identified by the Review Team that indicates that these are not unique to the case.

2.2 The findings are therefore a reflection of the systems at the time but also indicate that the issues raised are not 'one off events'. Changes to some systems have been implemented prior to the SAR completion.

2.3 SAR's should provide a 'sound analysis of what happened, why and what action needs to be taken to prevent recurrence'. The Care Act also requires that findings should be 'of practical value to organisations and professionals'

2.4 This case raises some fundamental issues facing professionals when working with complex individuals with mental health needs.

It also identifies the additional complexities of someone going through the Criminal Justice System with bail conditions specifically around accommodation.

## Involvement and Engagement with Family:

3.1 The parents of Mrs A contributed to the Serious Incident Review conducted by the Mental Health Trust at the time of Mrs A's death.

At the time of this report's conclusion, the family has not made contact with the Lead Reviewer nor the BSAB directly with respect to Mrs A and the care and support she received even though attempts were pursued.

The Lead Reviewer has taken this in mind to ensure strictest anonymity have been made to respect the deceased and any surviving relatives particularly the young children she left behind.

| PHASE 1: PRE-ARREST              |   |
|----------------------------------|---|
| FINDING                          | ISSUE   |
| 1                                | Lack of compliance with policies / procedures in particular with regards to review within The Care Programme Approach (CPA), Zoning and Risk Assessment.  |
| 2                                | CPA meetings should have an integrated and holistic engagement with professionals across sectors in order to make safeguarding personal.  |
| PHASE 2: ARREST AND CTO PERIOD   |   |
| 3                                | Acute lack of understanding regarding professional language used across the sectors, especially for professionals outside the court, police and probation services requiring improved access for information and terminology. |
| 4                                | Professionals should gather, share and access information in a robust and timely way.   |
| 5                                | In order for services to understand what the concerns are a more formal system of escalation needs to be in place in organisations.   |
| 6                                | Agencies need clear policies / procedures regarding court and probation pathways and the criminal justice system; to include notification when naming of agencies within this.  |
| 7                                | When someone is identified as high risk The Care Programme Approach (CPA) must be followed in a dynamic way ensuring all services not just mental health are involved.  |
| 8                                | All agencies need to understand the importance of their statutory requirements under the Care Act 2014 and to ensure this is managed locally at a senior level and through the Board representative.                          |
| 9                                | Lack of out-of-hours (Fri-Mon) provision services for crisis management.  |
| PHASE 3: 3 MONTHS TO END OF LIFE |   |
| 10                               | Agencies to consider when Court Bail Condition state 'not to return to a specific address' that thorough checks are made with Housing Services for verification of current address.   |
| 11                               | Agencies should consider all options of communication with patients and understand 'writing to' as least beneficial method of communication.  |
| 12                               | Agencies should identify adult community and support services earlier in the 'at risk' assessment stage.  |
| OTHER FINDINGS                   |   |
| 13                               | The community mental health teams in the trust where undergoing a restructure at the time of death.   |

## Involvement and Engagement with Family:

3.1 The parents of Mrs A contributed to the Serious Incident Review conducted by the Mental Health Trust at the time of Mrs A's death.

At the time of this report's conclusion, the family has not made contact with the Lead Reviewer nor the BSAB directly with respect to Mrs A and the care and support she received even though attempts were pursued.

The Lead Reviewer has taken this in mind to ensure strictest anonymity have been made to respect the deceased and any surviving relatives particularly the young children she left behind.

### Summary of Key Action Points:

| FINDING                  | RECOMMENDED ACTION(S)  |   |
|--------------------------|--|---|
| Finding 1                | Ensure Locality Managers are testing the policies and procedures are routinely so that they are applied, understood and across the Trust.  |   |
| Finding 2 and Finding 7  | Incorporate pathways into the BSAB's Safeguarding Adult Toolkit.<br>Ensure Care Coordinators are involving and engaging all professionals/stakeholders and that they are aware of the process and contribute throughout.<br>Ensure the process is being appropriately applied.<br>2-3 Lunch and Learns across Erith Centre and Housing Colleagues to talk through specific issues. | Ensuring the professional involved are compliant with the process and that they adopt a holistic approach to the CPA and the agreed CPA is shared with the MDT; including all professionals involved.<br>Ensuring the domains of the CPA are proactively integrated for each individual so that key identifiers for multi-agency involvement and engagement achieve MSP.<br>Ensuring that all professionals are involved, share and gather all relevant information and engage with key partners working towards MSP.<br>Ensure robust multi-agency meetings, training and learning events across all services and articulate pathways across the services.<br>Hold joint-short team briefings and more collaboration across Housing and Oxleas and other partners. |
| Finding 3                | Incorporate Glossary of terminology used across sectors including Courts, Probation, Housing and other health and social care services; this is not limited to terms but also processes  | Glossary will be located on the BSAB website for reference across partners and public.  |
| Finding 4                | Ensure that all agencies are recording all professionals involved and where a care plan is in place we are sharing that plan with others involved.   | Better engagement and understanding across the services.<br>Better feedback from service users and professionals on quality of services provided.   |
| Finding 5                | BSAB to emphasise and agree an Escalation Process to follow with regards to care and support needs and risks to safeguarding.<br>Ensure that all agencies have an Escalation and Resolute Policy.  | Take to Chairs Meeting for agreement.<br>BSAB Audit to have evidence provided against partner's policies/procedures.  |
| Finding 6 and Finding 12 | Make recommendations to the Courts that when someone is banned from premises the owner of the property should be notified.   | Include in published SAR Report and to escalate to National SAB and HRC   |
| Finding 7                | See Finding 2 as linked  |   |
| Finding 8                | BSAB Toolkit updates and cascading   | Toolkit will be circulated and on the BSAB website.   |
| Finding 9                | BSAB to collect all out-of-hours services and pathways and circulate throughout the partnership.   | Will be added to the Toolkit and kept on the website.<br>All parties will be responsible to keep Board updated on any changes/amendments.   |
| Finding 10               | Agencies to consider appropriate communication and what mitigation can be put in place where potential or likelihood of harm is identified.<br>Create generic inboxes for teams across the agencies.   | Evidenced by communication between agencies. Including, meetings and joint visits where appropriate.  |

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| Finding 11 | All agencies to look at the broader offers available including: preventative and universal services at each review.<br>Ensure BSAB members are aware of Universal Services offer.  | Evidenced by engaging and understanding the universal offers available in Bexley.<br>Universal Services presenting to BSAB |
| Finding 12 | See Finding 6 as linked.   |  |
| Finding 13 | When any of an agency's systems or changes take place, there must be consideration and compensate for disruption on services.<br>All agencies to ensure that when changes occur to processes and structures that they are alert to the risks to adults risk. |  |

This concludes the Summary of the Serious Adult Review Report.  
For more information and to see the full report, please visit the Bexley Safeguarding Adults Board website: [www.safeguardingadultsinbexley.com](http://www.safeguardingadultsinbexley.com)