

Helping adults to live a life free from abuse or neglect



# ANNUAL REPORT 2018/2019

Did we make a Difference? We think so, and here's why



# Bexley Safeguarding Adults Board ANNUAL REPORT 2018/2019

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## Section 1: Statements from our Independent and Acting Chairs

In 2018-2019, the BSAB went through a transitional period and has recently recruited a new Independent Chair. After nearly four-years, Annie Callanan, former Independent Chair, handed the partnership role over to focus on safeguarding adults elsewhere in the UK. The BSAB thanks Annie for all her hard work from January 2015-December 2018 as our Independent Chair.

### Statement from Annie Callanan, Independent Chair (January 2015-December 2018)

'I am delighted to introduce the Bexley Safeguarding Adults Board (BSAB) 2018-19 Annual Report in this my fourth year as Independent Chair and covering third full year in operation



implementing the Care Act 2014. It has been a pleasure working alongside and with Bexley colleagues over the last 3 years. The work of the Bexley Safeguarding Adult Board whilst complex and challenging, I am assured that the partners working with adults in Bexley will continue this work.

We have, as a Board, continued to have a strong leadership and a consistent Chairs Group that provides the work of the Board through the Sub Groups. Our presence across the UK has grown; including sharing our best practice examples, attending National meetings and sitting on other panels and boards to ensure Bexley is at the forefront of the Making Safeguarding Personal agenda.

We advanced our work plan to involve and engage with the wider community groups not always known to services. We've continued to deliver our commitment to working across all agencies, supporting operational services work to prevent abuse from happening by commissioning when appropriate Safeguarding Adult Reviews (SARs) and facilitating Learning Events to share best practice examples.

We have increased awareness of adult abuse in Bexley through delivering bespoke learning events and continued to support the Local Authority's Learning and Development Programme, which continues to be a welcomed resource in Bexley.

We achieved this by establishing a rolling programme of Safeguarding Adults Self-Assessment Audits throughout the partnership (15 individual teams) and assessed effectiveness through peer-to-peer Challenge Events (4 held this year), so that learning is shared which has led to improved engagement. We will continue to use this information to consider Board priorities for the next years' work plan.

We continue through our Local Implementation Network (LIN) to learn from MCA and DOLS challenges and will continue to increase our support through the legislative proposed changes so that adults at risk are being properly assessed in relation to their capacity to make their

own decisions about their care and life choices and their rights protected when their liberties are curtailed.

We have continued to work more closely with the Local Safeguarding Children's and Community Safety Partnership Boards and meeting regularly with the Chief Executive Officer at Bexley Council to explore ways to improve cross Board work and maximise our joint impact and achievement in these challenging times.

We will need to work more closely in the coming year with our partners in Bexley Voluntary Services Council (BVSC) and other 3rd sector Universal Services to build tighter engagement of service users, where we can actively hear back from those accessing services.

We have appointed a Vice Chair, Michael Boyce, Deputy Managing Director, Bexley CCG, who has brought new and valuable insight to the dynamics of the partnership. We have also appointed three new Lay Persons, Jaqueline Smith, Jenny Caney and Julie McMahon, which have brought a greater sense of transparency.

We will continue to keep all agencies informed of our expectations and offer support and guidance wherever possible with our new website - [www.safeguardingadultsinbexley.com](http://www.safeguardingadultsinbexley.com), e-briefings and attending forums and welcome invitations to team meetings and other meetings across the partnership.

In conclusion, I would like to say, 'Thank you,' to everyone that has supported and worked with the BSAB, but most of all the Board Members for your dedication and hard work over the last four years. I'd like to extend my thanks to Anita Eader, BSAB Practice Review & Learning Manager; Malcolm Bainsfair, Head of Safeguarding Adults; and Michael Boyce, Vice Chair and Deputy Managing Director at the Bexley CCG for support and insight.

It has been refreshing to see the partnership work collaboratively to drive the Board's key objectives across Bexley in 2018-2019 and look forward to hearing of Bexley's continued progress as I leave Bexley to pursue new opportunities I am confident that the Bexley Safeguarding Adults Board is in a good position to continue the work of the Board and deliver on the priorities to Helping adults to live a life free from abuse or neglect.

It's been an honour and a privilege to serve as the Independent Chair of the Bexley Safeguarding Adults Board.'

*Annie Callanan, Independent Chair, Bexley Safeguarding Adults Board (BSAB) January 2015-December 2018*

## Statement from Acting Chair, Michael Boyce

Statement from  
Acting Chair,  
Michael Boyce:

'Everyone is entitled to live their lives free from harm and, regardless of age, gender, religion or ethnicity, it's important that they feel safe and protected. It is our Board's responsibility to ensure that all potentially vulnerable people in Bexley's population are kept as safe as possible from abuse or neglect, whether they are a hospital patient, a care home resident or are living in their own home. I am proud to say that an enormous amount of good work has taken place over the past year and I have been privileged to be part of the hard work and dedication of the BSAB.

I would personally like to thank Annie for her leadership over the last four-years in supporting the partners to complete the work of the BSAB, to fulfil its statutory responsibilities. I have particularly enjoyed working with colleagues during the transitional period (7th December – 1st April) whilst I undertook the role of Acting Chair for the BSAB and thank the board for their confidence in my ability to stand into the role during this time. Working in partnership with the two other statutory partners: London Metropolitan Police Service and the London Borough of Bexley we were very fortunate to recruit Eleanor Brazil as our new Independent Chair.



As acting Chair, I mediated with Board partners to finalise and publish the commissioned Safeguarding Adult Review (SAR), introduced a revised Board Risk Register and finalised the end of year Budget position. In addition to this I became much more engaged with Board partners and the complexities they undertake outside of the quarterly full board meetings. I experienced effective inter-agency working with safeguarding experts who demonstrated an astonishing level of dedication and commitment to safeguard, prevent and reduce the risk of abuse and neglect.

I look forward to continuing the work of the Board with partners in my previous role as Vice Chair, ensuring we involve and engage with frontline staff, lay members and individuals living in Bexley.'

*Michael Boyce, Acting and Vice Chair, Bexley Safeguarding Adults Board (BSAB) December 2018-March 2019*

## Statement from Newly Appointed Independent Chair, Eleanor Brazil

'I am delighted to be appointed to this key role. Protecting vulnerable adults and enhancing their lives is something very important to me. There is a strong partnership in place in Bexley doing some excellent work on this. It is a privilege and pleasure to join them and to chair the Board.'

*Eleanor Brazil, Independent Chair, Bexley Safeguarding Adult Board Chair, April 2019-present*



## Section 2: What is the BSAB purpose?

The Bexley Safeguarding Adults Board (BSAB) is a statutory body established by the Care Act 2014. It is made up of senior people from organisations that have a role in preventing the neglect and abuse from adults. Its main objective is to protect all adults in its area who have needs for care and support and who are experiencing or at risk of abuse or neglect against which they are unable to protect themselves because of their needs.

### Our Statement of Purpose:

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.

### 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.

All agencies with full or associate membership of the SAB agree to subscribe to the underpinning values,

principles and definitions laid out within the existing and any subsequent revisions of the 'Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse'.

### Partner agencies will:

- **Work together**, as partners to deliver effective frameworks for improved safeguarding, prevention and best practice;
- **Actively promote**, the empowerment, independence and well-being of vulnerable adults;
- **Ensure the safety of vulnerable adults**, by integrating strategies, policies and services relevant to abuse within the framework of relevant legislation and promotion of human rights;
- **Respect the right of the individual** to lead an independent life based on self-determination and personal choice;
- **Identify people who are unable to take their own decisions** and/or protect themselves, their assets and bodily integrity, ensuring they have access, as necessary, to statutory (an Independent Mental Capacity Advocate) or other advocacy service, to enable a decision to be made in their best interest;
- **Ensure an assessment of decision making capacity** is undertaken where a vulnerable adult makes life-

transforming decisions or choices that may adversely affect their well-being and protection from abuse or risk of abuse and where they do not have appropriate family or friends to support them;

- **Accept that the right to self-determination can involve risk** and ensure that such risk is assessed, recognised and understood by all concerned;
- **Seek to minimise risks** through open discussion between the individual and agencies about the risks involved and through the use of agreed protection arrangements and risk management plans;
- **Ensure that when the right to an independent lifestyle and choice is at risk the individual concerned receives appropriate help**, including advice, support and protection, where necessary from relevant agencies;
- **Assure that the law and statutory requirements are known and used appropriately** so that vulnerable adults receive the protection of the law and access to the judicial process.

### Organisations represented on the BSAB:

Statutory partners as listed in the Care Act are:

1. London Borough of Bexley: specific teams -
  - a. Adult Social Care
  - b. Housing Services
  - c. Children's Social Care
  - d. Community Safety
  - e. Domestic Abuse Services
  - f. Public Health
2. London Metropolitan Police Service
3. Bexley Clinical Commissioning Group

### All other Key Partners as recommended by the Care Act are:

4. Healthwatch Bexley
5. Bexley Voluntary Social Care Council – voluntary and charity sector
6. Lewisham and Greenwich NHS Trust
7. Dartford Gravesham NHS Trust
8. Oxleas NHS Foundation Trust
9. National Probation Services
10. London Fire Brigade
11. London Ambulance Services (through Brent SAB)
12. Lay People

*Note: The BSAB may invite as appropriate any other organisation, team or service that the BSAB as and when requested*

## Section 3: What are our Statutory (legal) Duties and did we make a difference

### The Board has several statutory (legal) duties as set out in the Care Act 2014, they are:

1. **Ensure Statutory Partners are appropriately represented on the SAB:** we've had full representation at the SAB meetings in 2018-2019 and have included the last year's statutory and non-statutory attendance in Section 11: Appendices and Supported Links of this Annual Report.
2. **Develop and produce a 3-year Strategy and an annual Business Plan to direct the work of the Board that reflects priorities:** this is listed below in the Did we make a difference? What has the BSAB achieved section.
3. **Publish a SAB annual report/ accountability statement highlighting the Board's progress and achievements in meeting stated objectives in the Strategic Safeguarding Plan and ensuring this is widely reported across partner agencies and organisations:** this report and all previous BSAB Annual Reports can be found here – <http://www.safeguardingadultsinbexley.com/who-are-we/#>
4. **Learn from the experiences of individuals, through undertaking Safeguarding Adult Reviews (SAR) in accordance with the national guidance of best practice and the Board's SAR protocol:** since the enactment of the Care Act

2014 on 1st April 2015, the BSAB has commissioned and published 3 Safeguarding Adult Reviews, held 3 Learning Events and 3 Conferences across the partnership to review, identify learning and share experiences with recommendations. All published SAR's can be found here

<http://www.safeguardingadultsinbexley.com/protecting-adults/serious-adult-review-learning/>

### Our Structure and Governance:

The Bexley Safeguarding Adults Board (BSAB) meets on a quarterly basis and is supported by an executive Chairs Group. The Chairs Group are the named leads of all the BSAB Sub Groups which also meets quarterly. The Sub Groups of the BSAB are considered where the work of the Board takes place outside of the statutory Board meetings. The BSAB Independent Chair attends the Health & Wellbeing Board and the work of the BSAB has oversight from the Adult & Children's Oversight Scrutiny Committee of the London Borough of Bexley.

The BSAB recognises there are many other boards, groups and committees that partners attend as representatives of the Board; including but not limited to local, regional and national platforms. These links are fundamental for keeping Bexley well-informed and enables Bexley SAB to influence in wider-forums.

### Did we make a difference?

Most importantly, the BSAB must be able to evidence what difference the work has done to help adults to live a life free from abuse or neglect. We can evidence our efforts to achieve these goals in Bexley below.

### What has the BSAB achieved in 2018-2019 to fulfil its Strategic Objectives and Work Plan?

The BSAB agreed in 2015, the BSAB agreed to a 3-year Strategic Plan to fulfil the safeguarding principles of:

- Working together, as partners to deliver effective frameworks for improved safeguarding, prevention and best practice;
  - Actively promote, the empowerment, independence and well-being of vulnerable adults;
  - Ensure the safety of vulnerable adults, by integrating strategies, policies and services relevant to abuse within the framework of relevant legislation and promotion of human rights;
  - Respect the right of the individual to lead an independent life based on self-determination and personal choice;
  - Identify people who are unable to take their own decisions and/or protect themselves, their assets and bodily integrity, ensuring they have access, as necessary, to statutory (an Independent Mental Capacity Advocate) or other advocacy service, to enable a decision to be made in their best interest;
- Ensure an assessment of decision making capacity is undertaken where a vulnerable adult makes life-transforming decisions or choices that may adversely affect their well-being and protection from abuse or risk of abuse and where they do not have appropriate family or friends to support them;
  - Accept that the right to self-determination can involve risk and ensure that such risk is assessed, recognised and understood by all concerned;
  - Seek to minimise risks through open discussion between the individual and agencies about the risks involved and through the use of agreed protection arrangements and risk management plans;
  - Ensure that when the right to an independent lifestyle and choice is at risk the individual concerned receives appropriate help, including advice, support and protection, where necessary from relevant agencies; and
  - Assure that the law and statutory requirements are known and used appropriately so that vulnerable adults receive the protection of the law and access to the judicial process.

The chart below indicates the progress against these priorities from the BSAB Joint Work Programme Targets as set in 2016:

Joint Work Programme Targets	2016-2017 Updates (as published in 2017)	2017-2018 Updates (as published in 2018)	2018-2019 Updates
Create a Communication Strategy – exploring new ways of sharing information	<p>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></p> <p>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.</p>	Completed and adopted a new Communication Strategy Protocol.	Further engagement across the partnership and including new partners to the distribution of information from the BSAB; including the commencement of a six-weekly BSAB Newsletter (published copies can be found here: <a href="http://www.safeguardingadultsinbexley.com/who-are-we/#">http://www.safeguardingadultsinbexley.com/who-are-we/#</a> )
Engagement - share a greater commitment and understanding that safeguarding is everyone's business, which makes working collaboratively a key priority of the Board.	<p>Attendance to Board and its Sub Group meetings has continued to be a priority for the partnership.</p> <p>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.</p>	On-going as a statutory responsibility.	<p>The BSAB held a Development Session with National Making Safeguarding Personal (MSP) Lead, Jane Lawson to identify priorities for the BSAB around MSP.</p> <p>The BSAB launched an Engagement Sub Group in February 2019 to focus on Making Safeguarding Personal across the partnership.</p> <p>Note: Section 6 of this report covers more on these priorities.</p>
Establish 'Critical' Attendees for Multi-Agency Training for 'added-value.'	BSAB identified those most in need of multi-agency training.	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.	<p>The BSAB continued multi-agency training to partners. There was a greater number of attendees and more courses added to the offer for both internal and external partners.</p> <p>Note: Section 7 of this report covers more on the courses delivered, numbers attended and feedback from attendees.</p>
Feedback from Sub Groups directly to Board and back down to frontline.	<p>All Sub Group Chairs submit a quarterly report to the Full Board meetings.</p> <p>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.</p>	On-going as part of the Memorandum of Agreement.	<p>The minutes/notes from the Sub Groups have been submitted to both the Chairs and full SAB meetings instead of a separate report so that members could see the details of the decision-making.</p> <p>The full SAB has opportunity at each meeting to ask a Sub Group Chair queries or make comment on the work streams.</p>

<p>Explore how Providers are being Pro-active and Preventative</p>	<p>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.</p> <p>The BSAB Business Manager worked closely with BVSC to consult with Providers across the health &amp; 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.</p>	<p>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.</p>	<p>The BSAB appointed a 3rd Lay Person this year; now the BSAB has Lay Person's from the following sectors: learning and physical disabilities, education and working with families, transport and charity sectors.</p> <p>The Engagement Sub Group will be chaired in rotation by the Lay Persons; this sub group will also seek membership from providers and service users where appropriate.*</p> <p>The Learning &amp; Development Programme delivered by the BSAB Practice Review &amp; Learning Manager has offered two new courses for Providers working in Bexley.</p> <p>The BSAB Practice Review &amp; Learning Manager has attended Universal Services Adult Social Care Provider Events and Forums for information sharing and networking as well as seeking engagement for future work.</p>
<p>Feedback on our Quality Assurance teams with Commissioned Services.</p>	<p>The BSAB Chair for the Performance Management &amp; Quality Assurance Sub Group attends the QCS Meetings with the London Borough of Bexley, CQC and other key professionals monthly. There are two QCS groups: 1) Nursing and Care Homes; and 2) Domiciliary Care Home.</p>	<p>The BSAB invited Quality Assurance Teams for the first time to be audited and present at a Challenge Event in July 2017.</p>	<p>The BSAB held 5 Challenge Events in 2018-2019 across the partnership the Feedback Summary is in Section 8 of this report.</p> <p>The BSAB signed off in December 2018 a Key Performance Dashboard to implement and drive strategic decisions related to making safeguarding personal for adults at risk in Bexley and to alert the statutory partners to any problems or findings identified in local practices in Bexley.</p>
<p>Further Lay Person Involvement by reviewing Job Descriptions.</p>	<p>National research to identify best practice models on engaging with lay persons.</p>	<p>The Lay Person is now appointed and will be looking at Job Descriptions and assisting Providers in 2018-2019.</p>	<p>The BSAB has 3 Lay Persons, which all have Job Descriptions and have attended an induction with the BSAB Practice Review &amp; Learning Manager and have attended most if not all the SAB meetings.</p> <p>They will between them chair the Engagement Sub Group as noted above.*</p>
<p>Strategic Review of how the Board functions - membership and how it works, links to other Boards</p>	<p>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.</p>	<p>Ongoing matter arising.</p>	<p>The BSAB Acting Chair asked for the Annual Report to include attendance for SAB meetings in 2018-2019.</p> <p>The BSAB has invited new membership this year to include other statutory boards and key partners that deliver services in Bexley.</p> <p>Note: Section 4 of this Report covers the BSAB Attendance Record for 2018-2019 meetings.</p>
<p>Identify and explore - Who are the 'unknown' people at risk?</p>	<p>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.</p>	<p>Ongoing work of the BSAB.</p>	<p>The BSAB worked with the Faith Forum Leader for the Churches of Bexley (over 200 members) to deliver joint Safeguarding Adult Awareness Training with specific focus on matters arising in faith communities.</p> <p>The BSAB has greater links with CSPB and the new Children's Partnership Board than previous years and contributed towards the LBB's Corporate Modern Day Slavery Protocol as an output from the Joint Modern Slavery Conference held in March 2018.</p> <p>The BSAB completed a workshop during the Development Session for MSP to identify what this means and how to move this work forward.</p> <p>Note: Section 6 covers these specific targeted priorities.</p>

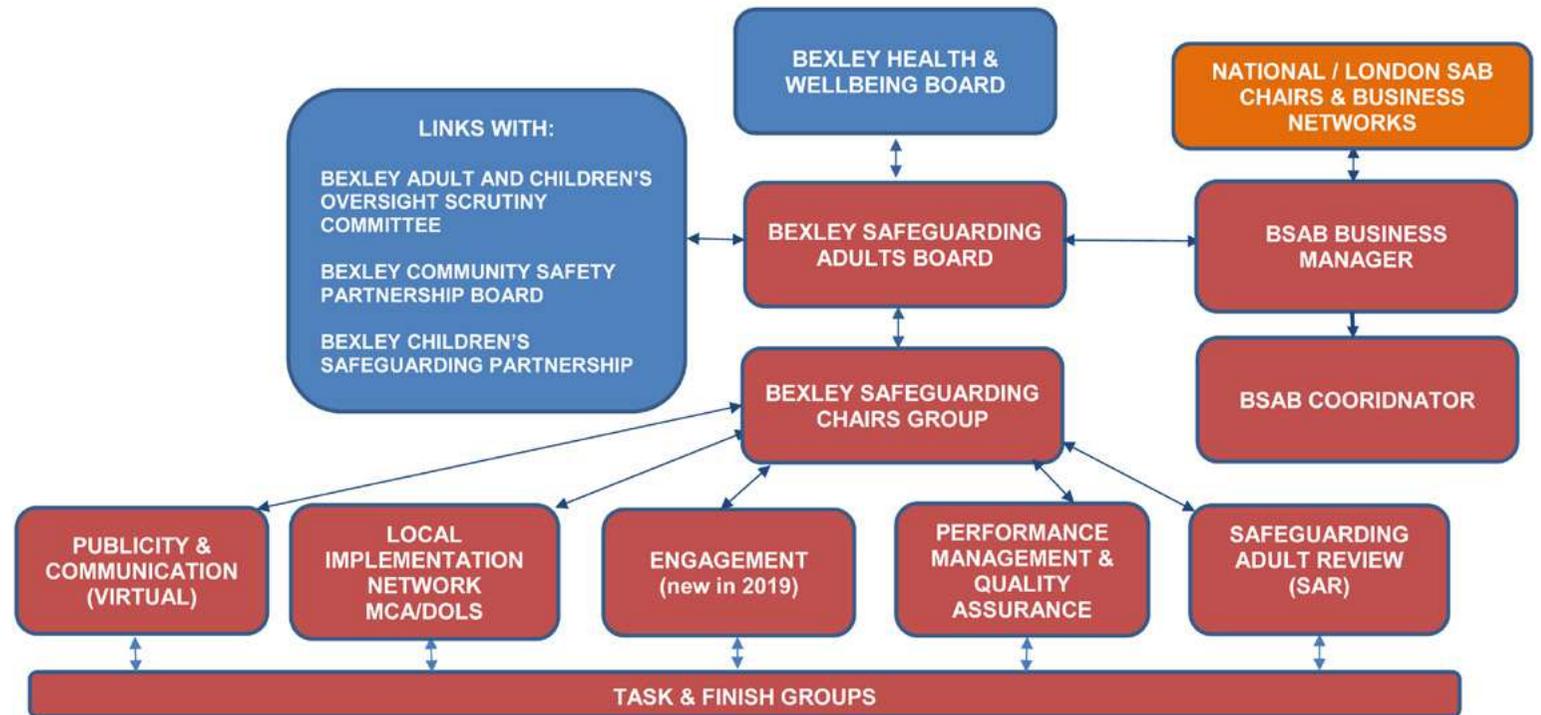
## Section 4: 2018-2019 BSAB Current Structure -

### How does it all line up and who is responsible?

The Bexley Safeguarding Adults Board is the statutory SAB under the Care Act 2014 for Bexley. The BSAB partners agreed to complete the work of the Board through creating four sub groups. At the start of 2018, there were four sub groups.

In September 2018, the BSAB held a Development Session led by Jane Lawson, a National Leader on Making Safeguarding Personal (MSP), and concluded that an Engagement Sub Group was needed to drive the work of MSP in Bexley. The Engagement Sub Group launched it's first workshop in February 2019.

The chairs of the sub groups met quarterly before each SAB to discuss, challenge and highlight work of the Board that required full SAB attention. Where needed the sub groups agreed task & finish groups for short pieces of work. This annual report is a key piece of statutory work that is required by the SAB. The Independent Chair will submit to the full SAB for sign-off and then present to the Bexley Adult Social Care Oversight and Scrutiny Members for endorsement before publication.



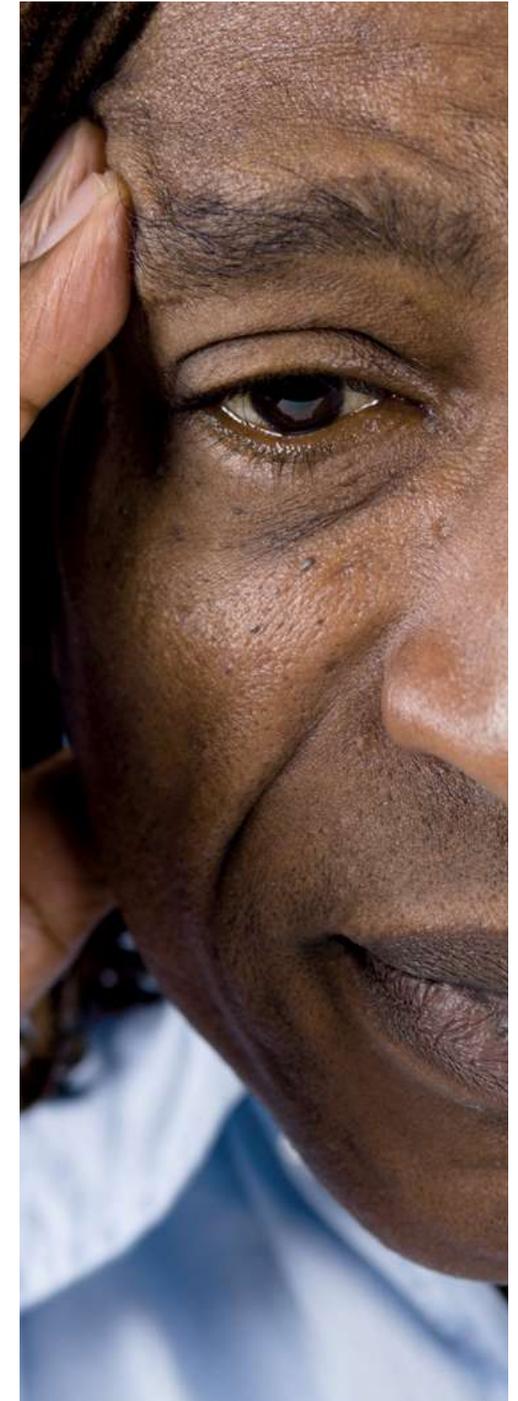
Updates from Sub Groups –  
Achievements and Work Still  
Outstanding:

**1. Safeguarding Adult Review & Learning Sub Group:**

**Aim:** This Sub Group of the Bexley Safeguarding Adults Board is to ensure the *statutory responsibilities* of the Board are carried out in respect of Safeguarding Adult Reviews (SARs), Serious Incidents (SI) and Learning Disability Mortality Reviews (LDMR); and where appropriate participate in Domestic Homicide Reviews (DHR) and Children's Serious Case Reviews. This Sub Group is a combination of both SAR and Best Practice & Learning Lessons, which makes it responsible for monitoring professionals and volunteers, assessing situations on behalf of organisations know and include the potential safeguarding dangers for vulnerable adults from carers or others by the lessons learned Nationally, Regionally and Locally. Ensuring the requirement to report any concerns of abuse or neglect is known across agencies.

**Membership:**

1. Sub Group Chair - Malcolm Bainsfair, Head of Adult Safeguarding & Principal Social Work, London Borough of Bexley (LBB)
2. Sub Group Vice Chair - Gina Tomlin, Safeguarding Lead, Dartford & Gravesham NHS Trust, Darent Valley Hospital
3. Judith Clark – Adult Safeguarding & Quality Lead, Bexley Clinical Commissioning Group (CCG)
4. Kevin Murphy - Head of Housing, LBB
5. Deborah Simpson - Domestic Abuse & Sexual Violence Strategy Manager, LBB
6. Stacy Washington - Head of Safeguarding Adults & Prevent, Oxleas NHS Foundation Trust
7. Peter Curtin Borough Commander, London Fire Brigade
8. Amanda Gillard – Practice Review & Learning Manager, Bexley Safeguarding Partnership for Children and Young People
9. Jayne Garfield-Field - Healthwatch Bexley
10. Anita Eader - Practice Review & Learning Manager, Bexley Safeguarding Adult Board (BSAB)
11. Alexandra Gregory – Coordinator, Bexley Safeguarding Adult Board (BSAB)
12. Liz Taylor- Safeguarding Advisor, QEH, Lewisham & Greenwich NHS Trust
13. Julie Tillbrook - Joint Commissioning Manager (Substance Misuse) Public Health, LBB
14. Caz Brown - Adult Safeguarding Manager, Lewisham and Greenwich NHS Trust
15. Lesley Hamilton - Detective Chief Inspector, London Metropolitan Police, SE BCU
16. Margaret Anderson – Head of Social Care & Principal Social Worker – Bexley Care
17. TBC - Head of Service Families & Child Protection, London Borough of Bexley



Work Plan / Tasks Achieved	Work Still Outstanding
To ensure there is a clear referral pathway and process for commissioning and conducting SARs and other forms of learning review activities within Bexley.	This work is still outstanding due to partners not showing evidence that the SAR Toolkit has been shared and embedded across their organisations.
To ensure that there is a clear decision-making pathway where a recommendation is to conduct a Review; including the rationale for the type of methodology used and internal vs. external commissioning.	This work is completed. The SAR Decision-Making Form has been fully implemented into the SAR Toolkit and SAR Sub Group processes.
To establish and maintain a "Learning from Experience" Database in which learning from SARs and other forms of learning reviews carried out locally and nationally are logged and learning shared with practitioners to inform local practice.	<p>The BSAB agreed to the purchase of an online secure database which will hold all Reviews. This is being developed alongside colleagues in Community Safety so that Bexley DHRs can also be recorded. This database is due to launch by 1st June.</p> <p>A 'roadshow' will be designed and presented to all partners so that clear pathways to use and access can be shared for effective learning.</p> <p>Work with the National SAR Library is also outstanding, this is being led by ADASS and SCIE. The SAR Champion for Bexley, Lewisham, Greenwich and Bromley is Anita Eader, BSAB Practice Review &amp; Learning Manager.</p>
Review Serious Incident and Death Notifications. In 2018-2019, there were 8 cases notified to the Board.	This work is ongoing as and when incidents are notified to the Board.
Refer reviewed Notifications to the Chair of the Board. In 2018-2019, the SAR Sub Group has referred 5 cases to consider. Only 4 of those are being commissioned as a SAR for Review. There are 3 cases pending.	This work is ongoing as and when incidents are notified to the Board.
Organising Learning Events following Reviews. In 2018-2019, there was 1 Learning Event held following the completion of a SAR.	The SAR Sub Group is organising 2 future Learning Events; one is scheduled for Summer and one is to be held in mid-Autumn.
Monitoring the BSAB Action Plans from Reviews. In 2018-2019, there were 2 published SARs. Since 1st April 2015, there have been 3 published SARs that have Action Plans.	The SAR Sub Group still requires organisations involved in the SARs to update on their actions to give assurances to the Board action has been taken, learning has been shared and embedded into making practice safer.
To construct a plan and process for consistent feedback from service users and carers involved in any Review process under taken by the BSAB.	The Board has involved and engaged with families during Reviews commissioned, however, an agreed approach is still outstanding.
Ensure that reports and feedback from the Chair of the LeDeR Steering Group are raised at the SAR Sub Group for learning to be shared and BSAB actions to be recommended.	The SAR Sub Group has LeDeR as a standing item for updates; however, more work is needed here to learn from and agree BSAB Actions.



## 2. Performance Management & Quality Assurance Sub Group:

**Aim:** Providing assurance to the board of the effectiveness of the multi-agency system in Safeguarding Adults across Bexley. Identifying opportunities to develop and enhance the effectiveness of multi-agency processes.

### Membership:

1. Sub Group Chair: Judith Clark, Adult Safeguarding & Quality Lead, Bexley Clinical Commissioning Group (CCG)
2. Sub Group Vice Chair: TBC
3. Paul Hickford, Team Leader, Prevention and Advice, Public Protection Housing & Public Realm, LBB
4. Jaswinder Kang, Safeguarding Adults Coordinator, Safeguarding Adults Team, LBB
5. Lesley Hamilton, Metropolitan Police Service
6. Kevin Murphy, Head of Housing Services, Public Protection Housing & Public Realm, LBB
7. Deborah Simpson, Domestic Abuse & Sexual Violence Strategy Manager, LBB
8. Gina Tomlin, Safeguarding Lead, Dartford Gravesham NHS Trust
9. Stacey Washington, Safeguarding Lead, Oxleas NHS Foundation Trust
10. Laura Williams, Head of Integrated Commissioning for Older, Integrated Commissioning, LBB
11. Peter Curtin, Borough Commander, London Fire Brigade
12. Debra Oki, Safeguarding Lead, TLC Bexley
13. Alison Rogers, Assistant Director Integrated Commissioning, Bexley CCG
14. Malcolm Bainsfair, Head of Safeguarding Adults, Safeguarding Adults, LBB
15. Carl Coffey, Team Manager, LAC Placements and Specialist Services, LBB
16. Vikki Wilkinson, Chief Executive, BVSC
17. Anita Eader, Practice Review & Learning Manager, BSAB
18. Alexandra Gregory, Coordinator, BSAB
19. Judith Angell, Interim Senior Quality Assurance Officer, LBB

Work Plan / Tasks Achieved	Work Still Outstanding
The BSAB developed and agreed a new Performance Dashboard to identify the data required for the multi-agency self-assessment audit and subsequent challenge event and to monitor the implementation of actions identified through Challenge events.	This will be reported to the Chairs Group and a quarterly written report to be submitted to the Safeguarding Adults Board.  The first submission of data partners is due by July 2019 for presentation to full Board in September 2019.  The PMQA Sub Group will need to analyse data gathered and identify key themes arising from this data.
BSAB held 4 Challenge Events to seek assurances from 15 organisations/teams in working in Bexley. This year we asked new organisations/teams to submit and present, they are listed in Section 7 of this report under Self-Assessment / Challenge Event Feedback.	The PMQA Sub Group will be monitoring in 2019-2020 Action Plans following 2018-2019 Challenge Events.
NEW for 2019-2020	The PMQA Sub Group will need to gather feedback on National initiatives effecting safeguarding adults.
NEW for 2019-2020	Work more closely with cross cutting local strategies which might include Domestic Abuse and public health strategies and partner agency initiatives.
NEW for 2019-2020	Challenge agencies on how they involve and engage with individuals in Bexley; regardless of s.42 involvement.

### 3. Publicity & Communications Sub Group:

**Aim:** Review progress in the development and implementation of effective communication strategies to assist in the awareness of adult abuse and self-protection and prevention strategies across Bexley.

#### Membership:

1. Sub Group Chair - Malcolm Bainsfair, Head of Safeguarding Adults, LBB
2. Julie Powell, Trading Standards Officer, LBB
3. Anita Eader, Practice Review & Learning Manager, BSAB
4. Natalie Forbes, Communications Officer, LBB
5. Katie Overton, Senior Administration Officer, BVSC
6. Paul Fisher, Operations Partnership & Dev. Manager, LBB
7. TBC, Project Coordinator, BVSC
9. TBC, Head of Communications & Organisational Policy, CCG
10. TBC, Metropolitan Police Bexley

Work Plan / Tasks Achieved	Work Still Outstanding
To report to and receive advice from the Board on matters relating to communication and publicity.	This is ongoing as matters arise; including joint projects such as Modern Slavery Campaigns across the high streets and Modern Slavery protocol for the London Borough of Bexley.
To ensure that the issue of adult safeguarding achieves prominence within the London Borough of Bexley and its multi-agency partners and that publicity practices of all agencies supports this.	This is ongoing as a consistent message is required.
NEW for 2019-2020	To update and share the Communication Strategy, which will support the awareness raising of adult safeguarding and associated aspects of self-protection with partner agencies and service users and carers.
NEW for 2019-2020	To update and review BSAB information or awareness are clearly presented to service users, carers and professionals in appropriate formats; including bereavement information when involved in SARs.
NEW for 2019-2020	To develop/contribute materials and means to support prevention strategies as required by the Board; including working with partners in Public Health and other vital areas to ensure alignment of the key messages. .
NEW for 2019-2020	To identify means to raise awareness within key target client and other groups as may be required.

#### 4. Local Implementation Network (LIN) MCA/DoLS Sub Group:

##### Membership:

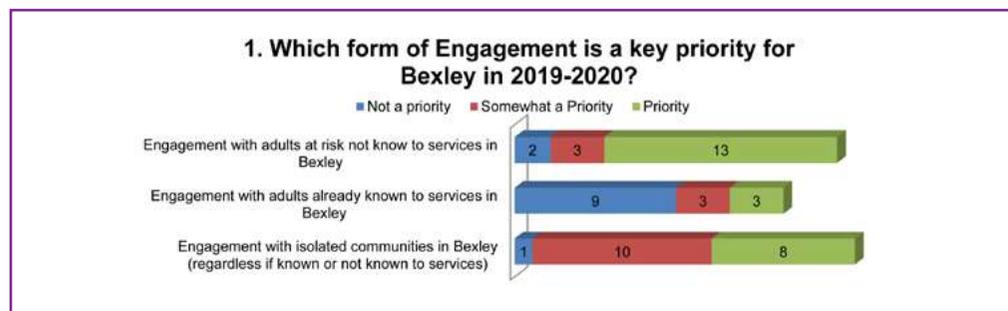
1. Sub Group Chair: Henry Gilfillan, Mental Capacity and Deprivation of Liberty Safeguards (DoLS) Lead, LBB
2. Sub Group Vice Chair: Dr Olu (Deji) Sorinmade, Consultant Older Adult Psychiatrist, Oxleas
3. Judith Clark, Adult Safeguarding & Quality Lead, CCG
4. Gina Tomlin, Safeguarding Lead, Darent Valley Hospital, DGHT
5. Anita Eader, Practice Review & Learning Manager, BSAB
6. Malcolm Bainsfair, Head of Safeguarding Adults & Principal Social Worker, LBB
7. Dr Karen Upton, Paediatrics, Pharmacy, General Practice Safeguarding Lead, CCG
8. Liz Taylor, Safeguarding Lead, Lewisham & Greenwich NHS Trust, Queen Elizabeth Hospital (QEH)
9. Bonny Waterman, Head of Complex Care, LBB
10. TBC, SEND Consultant, Children's Services, LBB
11. Jo Cross, Head of Service for LAC & Permanence, LBB
12. Rashida Adenekan, Team Manager, Preparing for Adulthood Team, LBB
13. Laura Williams, Head of Integrated Commissioning, Older People & Physical Disabilities, LBB
14. Alexandra Gregory, Coordinator, BSAB

Work Plan / Tasks Achieved	Work Still Outstanding
Developed, published and shared nationally the BSAB Mental Capacity Toolkit to identify and set relevant quality standards in relation to the MCA & DoLS are in place for all partners so that they can have access to best practice guidance, toolkits and learning.	
The BSAB Annual Self-Assessment Challenge Events included a section on DoLS and all feedback regarding MCA/DoLS is to be shared at the LIN Sub Group for potential actions and work streams to support partners / organisations working and supporting those in Bexley.	This is ongoing through the annual review process.
BSAB Annual Report	This is ongoing - to ensure the BSAB meets governance requirements through ensuring BSAB delegated bodies are kept informed of progress through statutory Annual Report data and matters arising throughout the year.
The new BSAB Key Performance Dashboard includes MCA information for quarterly review.	This is ongoing - to ensure the effective delivery of an Independent Mental Capacity Advocacy (IMCA) service incorporating DOLS IMCA & RPR requirements and to ensure that monitoring feedback arrangements are in place with those commissioning bodies involved; linking with the BSAB Chairs Group to ensure monitoring through the BSAB Risk Register and Annual risk self-assessment tool is identified.
NEW for 2019-2020	To set and identify information for users, families and carers, and the public about MCA 2005 and their implications

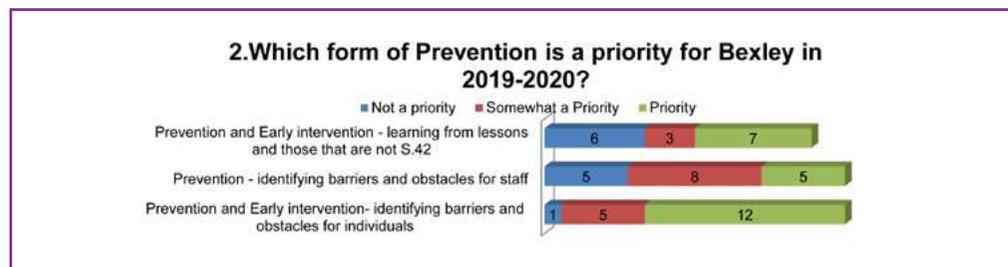
## 5. The new Engagement Sub Group Priorities for the Board –

Following the Development Session on Making Safeguarding Personal in September 2018, a consultation questionnaire was members on how the Board should engagement and where to focus for 2019-2020. Below are the five summary questions (each box) with the agreed new engagement priorities bolded above each summary box.

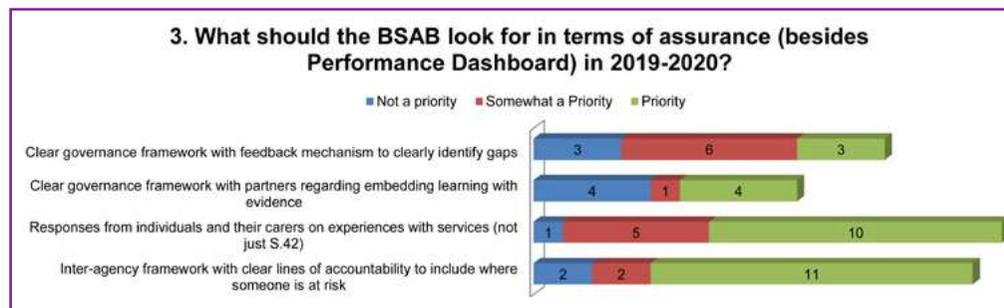
- Priority 1 - Engagement with adults at risk not known to services in Bexley



- Priority 2 - Prevention and Early Intervention – identifying barriers and obstacles for individuals



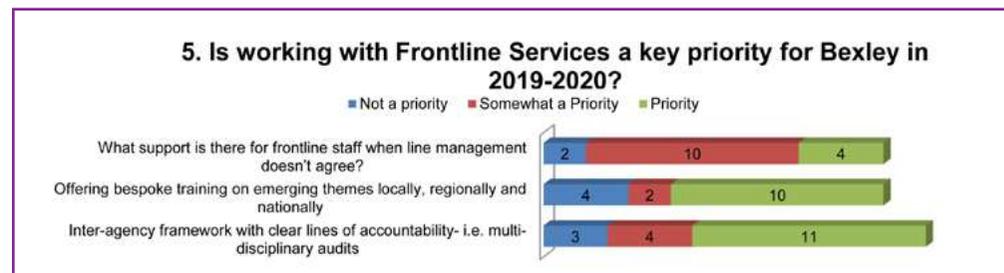
- Priority 3 - Responses from individuals and their carers on experiences with services (not just s.42)
- Priority 3a - Inter-agency framework with clear lines of accountability to include where someone is at risk – i.e. escalation of concerns and whistleblowing



- Priority 4 - Agreed to identify and feedback from referrers regardless of s.42.



- Priority 5 - Offering bespoke training on emerging themes locally, regionally and nationally
- Priority 5a - Inter-agency framework with clear lines of accountability – i.e. multi-disciplinary audits



## The newly agreed Engagement Sub Group:

**Aim:** To review progress in the development and implementation of effective engagement strategies according to the BSAB adult abuse and self-protection and prevention strategies across Bexley.

### Membership:

1. Sub Group Chair – Chairing Arrangements between the 3-Lay People: Jackie Smith, Jenny Caney & Julie McMahon
2. Sub Group Vice Chair – TBC
3. Rashida Adenekan, Team Manager, Preparing for Adulthood Team, LBB
4. Malcolm Bainsfair, Head of Safeguarding Adults & Principal Social Worker, LBB
5. Cllr Brad Smith, Lead Member, Adult’s Social Care
6. Anita Eader, Practice Review & Learning Manager, BSAB
7. Paul Fisher, Operations Partnership and Development Manager, LBB
8. Alexandra Gregory, Coordinator, BSAB
9. Jane Garfield-Field, Healthwatch Bexley
10. Ranjit Bhamra, Co-Chair, Inspire Community Trust
11. Deborah Simpson, Domestic Abuse and Sexual Violence Strategy Manager
12. Vikki Wilkinson, Chief Executive, BVSC
13. Julie Powell, Trading Standards Officer, LBB

Work Plan / Tasks Achieved	Work Still Outstanding
NEW for 2019-2020	Analyse information submitted on the BSAB Performance Dashboard relating to involvement and engagement with individuals and feedback to the Board any themes or actions needed.
NEW for 2019-2020	To identify and include new partners in BSAB communication distribution, which will support the awareness raising of adult safeguarding and associated aspects of self-protection with partner agencies and service users and carers.
NEW for 2019-2020	To oversee the development and launch of the BSAB Making Safeguarding Personal Charter across the partnership.
NEW for 2019-2020	To contribute towards the BSAB Self-Assessments (audit tools) ensuring evidence that partners are involving and engaging with service users, patients and public regarding feedback on services in relation to the safeguarding continuum and how they impact and shape services.
NEW for 2019-2020	To identify existing methods of sharing information to public, service users and patients across the partnership.
NEW for 2019-2020	To identify existing methods of gathering information from public, services users and patients across the partnership.
NEW for 2019-2020	To identify existing groups, meeting and forums for patients, services users.

## Section 5: What support has the BSAB offered to Providers working in Bexley?

The BSAB continued to offer support Providers working with adults in Bexley in 2018-2019. The below chart indicates the courses delivered in a face-to-face setting by the Safeguarding Adult Team with the London Borough of Bexley, which includes the BSAB Practice Review & Learning Manager.

As you can see from the chart below, the figures of attendees have increased in 2018-2019. The promotion and offer to both internal and external colleagues by the BSAB and its partners is key to ensuring learning is shared across the partnership.

The BSAB is not limited to the work of the Safeguarding Adults Team alone and recognises that most partners have internal training and learning arrangements across their network; for example, NHS partners have the new intercollegiate guidance with comprehensive training and supervision matrixes as well as engagement with patients and carers as a key priority – all of which the BSAB seeks assurances against.

The BSAB has attended Universal Service Provider Events – two in 2018-2019 and three Provider Forums to share and gather information to contribute towards the work of the Board.

However, as identified in Section 6 of this Report, the BSAB understands that this work is ongoing and has agreed to focus more on feedback from service user/patient and carer forums, which will be highlighted in next year's report.

Safeguarding Training Courses	2017-2018 Number of Delegates Attended	2018-2019 Number of Delegates Attended
Safeguarding Basic Awareness	69	46
Safeguarding Adults Level 2 & 3	35	34
Role of the Enquiry Officer	17	28
Train the Trainer Basic Awareness	8	17
Train the Trainer Modern Slavery	6	
Prevent	33	470
Hoarding & Self-Neglect	14	54
Information Gathering from Providers	13	9
Minute-taking Safeguarding Meetings	13	20
Practice Development Workshop – Domestic Violence	8	
Safeguarding against Finance Abuse	12	14
The Role of Court of Protection	7	6
Self –Neglect Learning Conference	24	30
Modern Slavery Learning Conference	75	
Modern Day Slavery	460	29
<b>Total</b>	<b>494</b>	<b>757</b>

## Section 6: Self-Assessment / Challenge Event Feedback

The aim of this Partnership Self-Assessment Tool is to provide all organisation/teams in Bexley with a consistent framework to assess monitor and/or improve their Safeguarding Adults arrangements. In turn this will support the Bexley Safeguarding Adults Board in ensuring effective safeguarding practice across the Borough. The Partnership Self-Assessment Tool should be used to help organisation/teams to improve and strengthen arrangements for safeguarding adults with care and support needs. An open and honest approach is encouraged to enable the organisation/team to get maximum benefit from the process.

### Purpose of Partnership Self-Assessment Review and Challenge Events:

After organisation/teams and teams have completed the self-assessment the BSAB Practice Review & Learning Manager will review them so that the following can be identified from the partnership:

- Individual and/or collective strengths
- Common areas for improvement where organisation/teams can work together with support from the Board
- Single agency issues that need to be addressed
- Partnership issues that may need to be addressed by the Board issues that need to inform the Board's Strategic Plan

In 2018-2019, the BSAB asked over 10 different partners to complete a Self-Assessment Tool (audit tool) and then asked them to engage with a panel of their peers, including BSAB Statutory partners for challenge on their submissions. Some did the assessment but did not attend challenge; others did not submit the assessment nor attend the challenge. The BSAB partners will need to engage more with these partners to have assurances and there is a comprehensive action plan to continue seeking assurances.

### Positive Feedback and Examples of Best Practice highlighted at the Challenge Events:

- London Metropolitan Police Services, SE BCU are introducing Mental Health Teams to focus on Vulnerable Adults and High Intensity Users to Services.
- Preparing for Adulthood Team, London Borough of Bexley submitted two very detailed case examples where evidence can be seen that provision of care and support services to promote safety and wellbeing (e.g. home care, telecare) to meet the individual's needs was flexible and person-centred.

- Oxleas NHS Foundation Trust / Bexley Care Mental Health for Working Age Adults gave several examples – 1) A case where there was a multi-agency response to risk sharing and management with a strong focus on secure housing and help for substance use; 2) Guardianship case leading to service user being the most settled and positive for many years with good support from home and oversight of order by AMHP with regular reviews; 3) Regular liaison meetings with housing to share information and support housing applications; 4) Chairing the MH High Risk Panel – particularly links with Fire Service, Community Safety, Domestic Abuse Services and the Police; and 5) Quarterly Liaison meetings with Police and Ambulance Service.
- Bexley Integrated Commissioning Team have submitted that they - 1) have a developed QA process which uses information from several sources (safeguarding concerns, complaints, service deficiencies, CQC reports, GP feedback and reviews) to identify providers that they need to monitor and work with to ensure the safety of service users and the quality of the care delivered by them; 2) LBB reviews outcomes of care providers CQC Inspections and works proactively to address with the provider any issues which have led to a poor inspection outcome. This has resulted in incremental improvements across services both in terms of inspection outcomes but also to quality of services provided; 3) LBB has been actively engaged in LGA/ADASS development work regarding 'Thresholds' for safeguarding enquiries and will support work in 2019 regarding improved guidance for referrers regarding what constitutes a safeguarding concern; and 4) The work of the Triage Hub within ASC has ensured that all concerns received have some kind of response, either section 42 enquiries or some other form of intervention i.e. QA. Additional data capture arrangements relating to outcomes other than section 42 are in development and will be available to the SAB within 2019.
- The Leaving Care Service, London Borough of Bexley submitted that they work with young people aged 18-25 who are leaving the care of LB Bexley. The service has been inspected under the Ofsted inspection earlier this year and was the recent subject of a North Yorks. Diagnostic. Both found good examples of relationship-based practice and of pathway plans.
- The presentation and submission by Orbit Group was by far the best example of good practice from a provider seen to date by the BSAB. There was evidence provided by video and website links to show real-time and interactive responses with staff and the public. Orbit has an internal panel of multi-skilled staff that all safeguarding and other types of concerns get raised; they then screen them and report on them as appropriate. One example of best practice was regarding working with those that self-neglect and hoard as well as domestic abuse cases where action needs to be swift and often in conjunction with statutory services.

There are a few underlying points to be highlighted and escalated back to the Full Board and it's Sub Groups to be made aware of in order to provide support and where needed additional 1:1 meeting with partners/teams to ensure the embedding of good/ best practice of safeguarding adults across Bexley.

### Key themes for the Board to focus on in 2019-2020:

1. Partners need support with to share and cascade the Bexley Safeguarding Adults Board information to middle and frontline staff including service users where applicable;
2. Partners need support to embed the statutory duties to notify the BSAB when a serious incident has occurred which meets the criteria for Safeguarding Adult Review (SAR) and to make notifications to the Board;
3. Most partners need to evidence Making Safeguarding Personal by gaining feedback and demonstrating practice change and implementation and change; and
4. Partners need support with embedding BSAB frameworks – i.e. Safeguarding Competency Framework, SAR and MCA Toolkit

**Summary charts below indicate when the challenge events took place, who the panel members were, who completed and presented the self-assessment –**

Challenge Event 1 – November 2018
<b>Panel Members</b>
London Metropolitan Police Services – Bexley
Annie Callanan, BSAB Independent Chair
Judith Clark, Safeguarding and Quality Lead, NHS Bexley Clinical Commissioning Group
Stuart Rowbotham, Director of Adult Social Care, London Borough of Bexley
Anita Eader, BSAB Practice Review & Learning Manager
Lesley Hamilton, Detective Chief Inspector, SE BCU, Bexley
<b>Self-Assessments completed by:</b>
Lesley Hamilton, Detective Chief Inspector, SE BCU, Bexley
Jo Cross, Head of Service of Looked After Children & Permanence, London Borough of Bexley
Ademola Balogun, Senior Social Worker, Preparing for Adulthood Team, London Borough of Bexley
<b>Presentation at Challenge Event by:</b>
Lesley Hamilton, Detective Chief Inspector, SE BCU, Bexley
Carl Coffey, Team Manager, Leaving Care, London Borough of Bexley
Rashida Adenekan, Preparing for Adulthood Manager, London Borough of Bexley / Bonny Waterman, Head of Complex Care, London Borough of Bexley

Challenge Event 2 – January 2019
<b>Panel Members</b>
Michael Boyce, BSAB Acting Chair (December 2018-present), Chief Operating Officer, Bexley CCG
Judith Clark, Safeguarding and Quality Lead, NHS Bexley Clinical Commissioning Group
Stuart Rowbotham, Director of Adult Social Care, London Borough of Bexley
<b>Self-Assessments completed and Presented by:</b>
Stacy Washington, Head of Safeguarding Adults & Prevent, Oxleas NHS Foundation Trust, Corporate Services
Doug Reid, Service Manager Bexley Adult Community Services, Oxleas NHS Foundation Trust/Bexley Care
Margaret Anderson, Head of Social Care & Principal Social Worker – Bexley, Oxleas NHS Foundation Trust/Bexley Care

Challenge Event 3 – January 2019
<b>Panel Members:</b>
Michael Boyce, BSAB Acting Chair (December 2018-present), Chief Operating Officer, Bexley CCG
Stuart Rowbotham, Director of Adult Social Care, London Borough of Bexley
Anita Eader, BSAB Practice Review & Learning Manager
<b>Self-Assessments completed and Presented by:</b>
Judith Clark, Safeguarding and Quality Lead, NHS Bexley Clinical Commissioning Group
Malcolm Bainsfair, Head of Adult Safeguarding & Principal SW, London Borough of Bexley
Alison Rogers, Assistant Director Integrated Commissioning

Challenge Event 4 – March 2019
<b>Panel Members:</b>
Caroline Latham-Parker, Head of Quality & Performance, Bexley CCG
Karen Upton, Safeguarding Lead GP, Bexley CCG
Anita Eader, BSAB Practice Review & Learning Manager
Malcolm Bainsfair, Head of Safeguarding Adults/Principal Social Worker
<b>Panel Apologies –</b>
Michael Boyce, BSAB Acting Chair (December 2018-present), Chief Operating Officer, Bexley CCG
Stuart Rowbotham, Director of Adult Social Care, London Borough of Bexley
Kevin Murphy, Head of Housing Services
James Foley, Detective Superintendent, Safeguarding Lead, SE BCU (Lewisham, Greenwich and Bexley)
<b>Self-Assessments and Presentation at Challenge Event:</b>
Andrew Meyer, Head of Tenancy Services, Orbit Group and Madeleine Jefferies, Regional Tenancy Services Manager, Orbit Group
<b>Submitted but did not attend Presentation:</b>
London Fire Brigade, Peter Curtin, Bexley Commander
Debra Oki, SENCO & Designated Safeguarding Lead - The Learning & Enterprise College – Bexley and
Beth Fillingham-Douglas, Programme Manager & Designated Safeguarding Lead
<b>No submissions / No presentation / No apologies:</b>
Sharon Leader, Peabody
Michelle Martin, L&Q

## Section 7: BSAB Partner Adult Safeguarding Practice Examples:

This section is dedicated to Adult Safeguarding Practice examples across the partnership. The BSAB has very dedicated partners to ensure adults in Bexley are safeguarded from harm and neglect. Traditionally, safeguarding was viewed as a local authority duty only. The Care Act 2014 has given safeguarding adults a greater presence in the local authority but also in the wider-community.



### Housing Services, London Borough of Bexley – example of best practice:

The person we assisted was a young man with initials BK. We met with him and his father to introduce the litter enforcement officers as BK had an unsettling experience with officers in Dartford in 2016.

The Dartford incident resulted from false allegations by Kingdom Officers that are no longer employed by the company but caused BK to not want to go, primarily into Bexleyheath, due to a fear of enforcement officers. Totally understandable.

Myself, the Kingdom Team Leader from Kingdom and one of his officers met with BK and his father here at Foots Cray Officers for an informal chat and cup of tea. They both expressed their concerns and talked the issues through but after about half an hour, BK said he was much more comfortable now and was told that he could approach any of the officers employed on litter enforcement whenever he sees them, even if it is just to say hello and have a chat.

All officers working on this contract have been advised of how to deal with people with learning difficulties or mental health issues but are seeking further training to join in with the safer places scheme. Kingdom are committed to be a safe point of contact for anyone that needs assistance at any time when they are out and about patrolling, (Dave Saunders, Head of Street Scene Services & Northern Area Team Manager, London Borough of Bexley).



### Making Safeguarding Personal is a key area of focus within Adult Social Care and the feedback from Service Users, Carers and staff alike is that it has been vital in capturing the voice of the adult and his/her representative.

One example is that of Mrs Smith who lives with her husband, James. He has a long-term brain injury which affects his mood, behaviour and his ability to manage close family relationships.

This has led to him shouting and hitting out at his wife, who is also his main informal carer. Mrs Smith told a professional who was involved in supporting her that she was becoming increasingly frightened by James's physical and verbal outbursts and at times feared for her personal safety.

Other family members were unaware of the extent of the harm and Mrs Smith was exhausted and considering leaving the situation.

The situation presented significant personal risk to Mrs Smith but there was also a risk of fragmenting relationships if the social care staff were not sensitive to the needs of the whole family. The social worker, under supervision from her manager invested time in meeting with Mrs Smith to explore her preferences around managing her safety and how information about the situation would be communicated with the wider family and with James.

This presented dilemmas around balancing the local authority's duty of care towards Mrs Smith with her wishes to remain in the situation with her husband. Placing emphasis on the latter inevitably meant that Mrs Smith would not be entirely free from



the risk of harm but allowed the social worker to explore help and support options which would enable Mrs Smith to manage and sustain her safety at a level which was acceptable to her.

The social worker received regular supervision to allow time to reflect on the support being offered and to ensure that it was 'person centred'.

The outcome for Mrs Smith was that she was able to continue to care for her husband by working in partnership with the local authority. The social worker offered advice about how to safely access help in an emergency and helped her to develop strategies to manage her own safety – this included staff building rapport with James, building on his strengths and desire to participate in social activities outside the family home. The effect of this was that some of the trigger points of him being at home with his wife for sustained periods during the day were reduced because he was there less. Mrs Smith also had a number of pre-existing support opportunities, including counselling and a good relationship with her son and her friends. The situation will be reviewed regularly with Mrs Smith but for the time being she feels much more able to manage.

In relation to their experience of the Safeguarding process, the Mrs Smith was very grateful that somebody took the time to listen to what she had to say and the support to help her continue to care for her husband whilst feeling safer.



### Case Study from Mental Capacity and Deprivation of Liberty Safeguards (DoLS), London Borough of Bexley –

The names mentioned on this statement are fictitious for confidential purpose.

A DOLS assessment was carried out with Mrs A, in Ball Unit at Sunflower Mansion. The purpose of the assessment was to establish whether Mrs A is deprived of her liberty and if so, to recommend DOLS Authorisation. The referral stated that “We are working with the family to agree a permanent move to the Memories neighbourhood; however, irrespective of this we now feel that we have to consider restrictive measures to ensure her

safety. This will either be by inviting Mrs A to visit the Memories community or by providing 1:2 or 2:1 observation. This is still being agreed with family”.

My observation was that the home had already made a decision to transfer Mrs A to Memories Unit which is more dementia focused with a locked door policy in operation. Mrs A was taken a couple of times to the Memories Unit for few hours with her daughter to familiarise herself with the staff and the environment, but family said on each occasion that Mrs A, went there she never liked it and often became emotional and would request to go back to Sunflower Mansion where she was quite happy. Moving Mrs A to the Memories Unit appeared to be more about depriving her of her Liberty rather than considering a less restrictive option for her which she was getting in her current unit.

Based on the outcome of my assessment, and coupled with the information collated from her family, staff and Mrs A's care plan, I felt it would not be in her best interest to be transferred to the Memories Unit which was the original plan as recorded in her referral. This however will breach Mrs A's 'Right to liberty' under Article 5, of the European Convention on Human Rights (ECHR). Apart from Mrs A, being deprived of her liberty in a secure unit, it would also be detrimental to her mental and physical health. Mrs A's family were very distraught about it.

I supported the family to ensure that Mrs A was not transferred to the Memories Unit. Rather, I recommended a short DOLS Authorisation for Mrs A to remain at Sunflower Mansion to give both the family and Sunflower Mansion enough time to discuss any highlighted issues in order to reach a decision that would be in Mrs A's best interest and to ensure her safety. Subsequently, Mrs A's family found an alternative placement where her current needs will be appropriately met and managed in a manner considered to be the least restrictive and proportionate to her identified care needs. However, Mrs A would remain in Sunflower Mansion until she is moved to her new care home which the family were very pleased with, (Comfort Tariah, DoLS Assessor, London Borough of Bexley).



Healthwatch Bexley is the local consumer champion for health and social care for children and adults. We support people who live, or access services in the Borough of Bexley, listening to their experiences, views and concerns, so that we may help to influence and improve health and social care services.

A priority for Healthwatch Bexley for the past year, has been to improve GP access and quality of care for people with a learning disability in Bexley. With the help of volunteers from Bexley Mencap and the Speaking Up Group, we have visited 26 GP practices in the Borough to explore how learning disability friendly they were and to ask questions about the annual learning disability health checks.

In July 2018 Healthwatch produced a final report that incorporated the findings from all 26 practices and it was presented at various meetings with Bexley CCG. Since then, Karen Upton- (Named GP for safeguarding Children Bexley, Clinical lead for children's services Bexley CCG, Champion for asthma, autism and learning difficulties) has begun visiting GP surgeries to talk to staff, especially receptionists, about how to deal with a person with learning disabilities. Karen has urged that education of practices is essential. Most importantly, in November, three members of the CCG attended the Learning Disability Partnership Board, with proposals regarding the Annual Health Checks going forward.

Unfortunately, Healthwatch Bexley was not shortlisted in 2018 for an award at the Healthwatch England Annual Conference, due to the outcomes of this project not yet being known, but we did present a workshop to over 20 other Healthwatch representatives, about the whole Learning Disability/Look & Listen project. We will however re-submit our application this year, as significant progress has now been made in the borough for people with a learning disability.

Bexley Mencap and their volunteers however, were lucky to receive an award and nomination for their involvement in our project, including winner of 'Caring at its Best Award' and 'Bexley Volunteer Awards- Inspirational Team Award Nominee'.

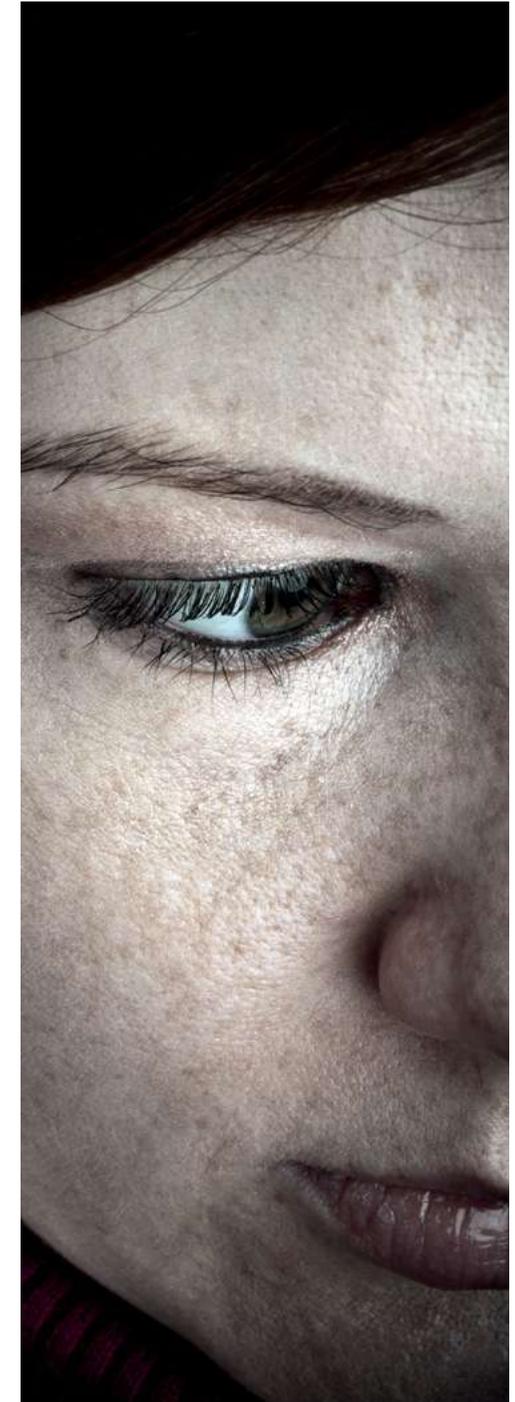
Over the last year Healthwatch Bexley have also looked at the role of local carers in the Borough of Bexley. We conducted two studies, one looked at the experiences of 115 Bexley residents, over the age of 18, who had a caring role for friends or family. Healthwatch visited many different adult carer's groups to engage with carers and distribute a questionnaire. The second study looked at the experiences and views of 27 Young Carers aged between 8-16 years of age. The findings from both studies was analysed, recommendations made and both reports were presented to Bexley Health and Wellbeing Board in November 2018.

Healthwatch Bexley supported Bexley CCG by carrying out an audit of local GP Patient Participation Groups (PPG) and helped to promote the CCG Mystery Shopper scheme. Healthwatch talked to residents in local libraries, Bexleyheath Shopping centre and community groups and encouraged them to become part of the CCG Mystery Shopper scheme. As a result of these engagements the number of local residents registered as Mystery Shoppers increased significantly.

We visited all 26 GP practices in Bexley Borough, speaking to both the Practice Manager and Chair of the Patient Participation Group, to explore what was working well or not working. This enabled us to identify barriers to GP Practices having an effective Patient Participation Group. A report was produced for the CCG based on the findings and recommendations were made for both the CCG and GP Practices.

Healthwatch have regularly visited all the libraries in Bexley Borough talking to residents about health and social care service they use, finding out what is or is not working well. We have also visited Queen Marys, Darent Valley and Erith Hospitals. We regularly support residents to navigate the complaints procedure and signpost them to local services.

Over the past year, we have worked hard to ensure that the needs of patients, service users and carers are noticed by our partners in the health and care system across Bexley. Through our work and contributions at various health and care boards and committees, we have raised the profile of Healthwatch and demonstrated our skills and expertise in engaging with patients, residents and the public, (Jayne Garfield-field, Healthwatch Bexley).



### The new South East Bexley Command Unit (BCU), changes in 2018-2019 and how this links to the BSAB:

On the 28th November 2018, the London Boroughs of Bexley and Lewisham as well as the Royal Borough of Greenwich, became the South East Basic Command Unit (SE BCU) as part of the wider Metropolitan Police Service organisational change process.

### The move to a SE BCU also meant several changes occurred, some practical examples are:

- A named-single Detective Superintendent in charge of Safeguarding across the three BCU's.
- The formation of a specialist Mental Health Team, comprising of 1 Sergeant and 5 constables
- The creation of a Safeguarding 'Hub' based at Bexley police station where the missing and child sexual exploitation teams are co-located.

On the 18th February 2019, officers from the Child Abuse and Sexual Offences (CASO) command joined the SE BCU. This new collaborative work allows a more holistic approach to be undertaken when investigating complex offences of rape, domestic abuse and child abuse.

The formation of the SE BCU has led to a greater focus on tackling issues across the region ensuring a more joined up approach to all aspects of safeguarding (children and adults), allowing the police to look across all three boroughs (where there is cross over), allow a better approach to victims and assist in preventative strategies across the SE of London.

### The new SE BCU has brought other benefits to the Bexley partnership, such as:

- Development of 'Serenity Integrated Mentoring' (SIM) by mental health team to support high dependency users of mental health services.

- Single designated Detective Superintendent attends all Safeguarding Adults Board meetings including being a single-point of contact for the Board.
- Police have actively participated and involved with Safeguarding Adult Reviews (SARs); submitted a Self-Assessment and presented at Challenge Events of the BSAB; Worked to establish the new BSAB Key Performance Dashboard; and with the recruitment of newly appointed BSAB Independent Chair, Eleanor Brazil.

The work of the Metropolitan Police Service actively supports the partnership of the Bexley Safeguarding Adults Board and seeks to participate as statutory partners under the Care Act 2014.



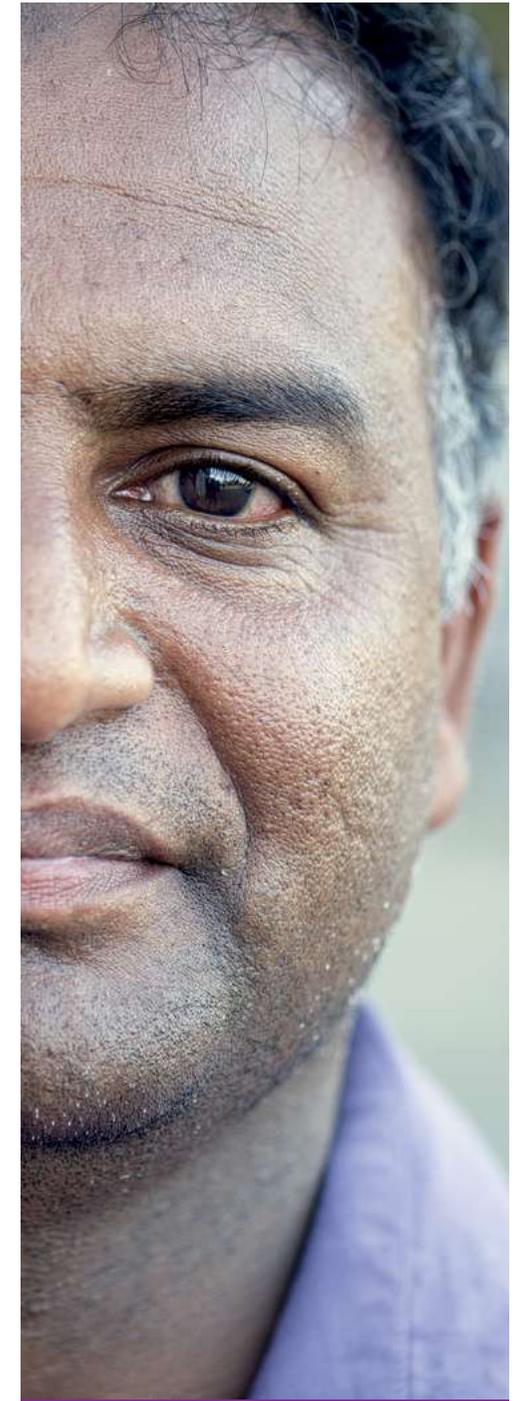
### Clinical Commissioning Group

The Learning Disabilities Mortality Review (LeDeR) is a national NHS Funded programme that commenced in June 2015 that wants to improve the quality of health and social Care for people with learning disabilities. They are doing this by supporting local reviews of deaths of people with learning disabilities in Bexley. Deaths of people with learning disabilities can be reported by anyone (family member, advocate, GP, residential care worker or other) who is aware of the death of a person with learning disabilities. For more information please click here - <https://www.bris.ac.uk/sps/leder/notification-system/>

### Bexley Learning Disability Mortality Review Information:

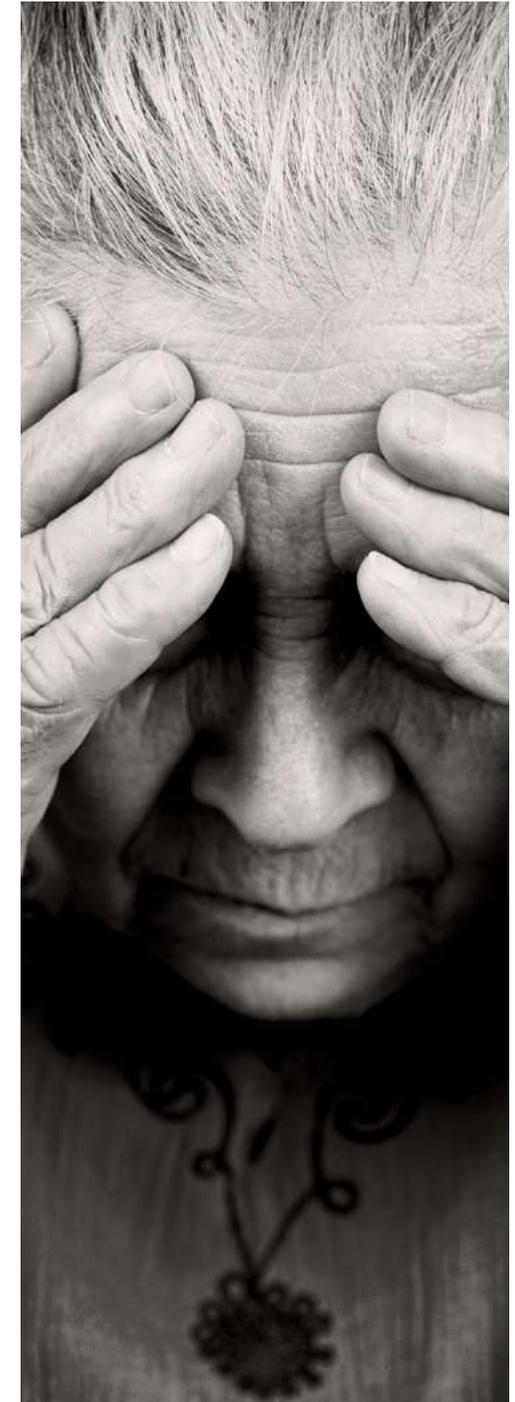
The Learning Disability Mortality Review Programme was established to drive improvement in the quality of health and social care service delivery for people with learning disabilities (LD) by looking at why people with learning disabilities typically die much earlier than average and since June 2015 Bexley has:

- 12 Completed Reviews
- 7 Reviews in Progress
- 1 awaiting allocation



**Key Messages coming from the reviews both locally and nationally are that there is a need to:**

- Strengthen collaboration and information sharing, and effective communication between different care providers or agencies.
- Push forward the electronic integration (with appropriate security controls) of health and social care records to ensure that agencies can communicate effectively and share relevant information in a timely way.
- Health Action Plans developed as part of the Learning Disabilities Annual Health Check should be completed and shared with relevant health and social care agencies involved in supporting the person (either with consent or following the appropriate Mental Capacity Act decision-making process)
- All people with learning disabilities with two or more long-term conditions (related to either physical or mental health) should have a local, named health care coordinator.
- Providers should clearly identify people requiring the provision of reasonable adjustments, record the adjustments that are required, and regularly audit their provision
- Mandatory learning disability awareness training should be provided to all staff, and be delivered in conjunction with people with learning disabilities and their families
- There should be a national focus on pneumonia and sepsis in people with learning disabilities, to raise awareness about their prevention, identification and early treatment
- Local services must strengthen their governance in relation to adherence to the Mental Capacity Act, and provide training and audit of compliance 'on the ground' so that professionals fully appreciate the requirements of the Act in relation to their own role
- A strategic approach is required nationally for the training of those conducting mortality reviews or investigations, with a core module about the principles of undertaking reviews or investigations, and additional tailored modules for the different mortality review or investigation methodologies
- All changes in physical or mental health should be checked out.
- There is a need for a person-centred approach with staff having advanced communication skills enabling them to provide the right support to ensure that all health needs are identified and addressed.
- Bowel function in people with a learning disability is to be closely monitored to avoid constipation and associated problems.
- Heart related diseases are a leading cause of death for people with a learning disability and people at high risk should be closely monitored and the appropriate preventative action taken.



Issue Arising	Learning	Response
<b>Communication with relatives and delays in review</b>	Some relatives prefer not to be contacted re the review too soon following the death of their relative. When contact is made it is preferred that it be by someone who they already know rather than immediately by the independent reviewer.	Feedback given to the LeDeR programme that the letter to relatives from the reviewer may not be the most beneficial way to get engagement and could be distressing for the family member.
<b>Hospital Staff can have difficulty in communicating effectively with the person who has a learning disability leaving the person feeling isolated</b>	People with a learning disability in hospital may benefit from there being an electronic way of contacting the person who knows them best in order that they can help interpret needs and the best way to respond to the identified need.	The possibility of introducing the use of iPads for the person is being discussed and explored in health forums.
<b>Very few people with a learning disability are being referred for a post mortem and where they are the reason has not been understood by the family</b>	Some clinicians are recording the learning disability as cause of death.	Briefings and further training to be arranged for hospital clinicians around recording of cause of death and of decision making around referral to the coroner.
<b>Clinical Decisions made in A&amp;E not to resuscitate without assessing patient therefore would not admit him to ITU – family member feeling pressured into this</b>	The family member would like the way patients with LD are dealt with in A & E departments reviewed. At the time of the admission her anxieties are about the health of their relative and there was a feeling that as a family they were treated differently on several occasions when they attended A & E. The family member said that If there had not been a diagnosis of a learning disability the clinician would have assessed and tried some treatment prior to involving her in discussions about non initiation of life support. This may not have been the case but it appears that there was insufficient communication with the family for them to understand the clinical decision made.	There is work in progress in relation to full assessment and compliance with the Mental Capacity Act for all clinical decisions including a decision to complete a Do not attempt to resuscitation document – this will ensure that families are appropriately consulted and will provide assurance that decisions are being made with a focus on clinical presentation rather than a diagnosis of a Learning Disability.
<b>No access to a bereavement service specifically supporting carers who have suffered the loss of a relative or friend with a learning disability</b>	There is a gap in the system for bereaved parents who have spent time looking after a child with complex needs and who subsequently died. In this case 20yrs have been spent in a caring role. The mother is at a loss as to what to do now.	Explore the groups that are appropriate to meet the needs of the carer. Options available have been explored, however in Bexley there appears to be nothing specifically for LD patients. The relative was signposted to CRUSE and other national support groups.
<b>Ensure that patients receive a MCA, Community DoLS and that this is clearly documented in care records</b>	It is not embedded in practice that MCA/DoLS are undertaken and recorded – particularly for people in the community and in family homes and in hospital.	Feedback has been given to the hospital and CHC team. And there has been an increase in applications for Deprivation of liberty Safeguards and Community Deprivation of Liberty Orders.
<b>All staff consider and evidence MCA and Best Interest</b>	That for many decisions for people who lack capacity agencies are not fully following the principles of the Mental Capacity Act, or recording Mental Capacity Assessments and Best Interest Decisions	To consider how to progress this issue within the sub group of the Safeguarding adults board. A Mental Capacity Act Toolkit has been developed by the Safeguarding Adults Board and is available for use by all agencies. Training is available and links to the training have been shared amongst health and Social Care providers. Ongoing monitoring of implementation by the London Borough of Bexley and Bexley Clinical Commissioning Group.

<b>Mother reported that when she attended A &amp; E on several occasions that the staff, without assessing Timmy said he was not for resuscitation and therefore would not admit him to ITU. The mother felt “pressured” into agreeing to this</b>	The mother would like the way patients with LD are dealt with in A & E departments reviewed. At the time of attendance her anxieties are about the health of her child and Timmy’s mother felt that her son and her were treated differently on several occasions when they attended A & E. If this had been a “normal child” then she states that they would have assessed and tried some treatment prior to involving her in discussions about non-initiation of life support	All patients should routinely be assessed prior to difficult conversations with families.
<b>Mother would like support from a LD bereavement group</b>	There is a gap in the system for bereaved parents who have spent time looking after a child with complex needs and who subsequently died. In this case 20yrs have been spent in a caring role. The mother is at a loss as to what to do now.	Explore the groups that are appropriate to meet the needs of the mother. I have explored what options are available in Bexley but there appears to be nothing specifically for LD patients. I have sign posted the mother to a local CRUSE group and other national bereavement groups.
<b>Ensure that patients receive a MCA, Community DoLS and that this is clearly documented in care records</b>	It is not embedded in practice that MCA/DoLS are undertaken and recorded.	Feedback to be given to the hospital and CHC team.
<b>All staff consider and evidence MCA and Best Interest</b>	As above	To consider how to progress this issue within the sub group of the SAB.
<b>Care Home Staff on duty at night without the support of a Manager can miss signs of a deteriorating resident and or can be reluctant to call out an ambulance</b>	No matter how small the matter is, it is best to seek help from a health professional if person appears to be in pain or acting different to usual.	Staff to seek help from health professional sooner than later if a person’s health is deteriorating (this may be demonstrated through unusual behaviour).
<b>Patient had had several hospital admissions before being referred to the Complex Physical Health Nursing team</b>	People with numerous complex health issues would benefit from the input of a Community Learning Disability Nurse to coordinate care.	Criteria to be developed at a local level as to when a referral should be made to the Complex Physical Health Nursing team. There is no in place a Learning Disability Liaison Nurse in Hospitals who can help facilitate appropriate referrals.
<b>Hoarding</b>	Access to appropriate support can be difficult even for professional.	Referral process to the local authority and London Fire Brigade to be more explicit to internal and external agencies. For the referral process to include raising a safeguarding for self-neglect.
<b>Historic Allegations of Abuse</b>	Response from professionals to an historical allegation of abuse by a person with a learning disability may be different to the response of a similar allegation from someone with no diagnosis.	Awareness raising through Safeguarding Training that historic allegations of abuse need to be taken forward.
<b>Health Profiles and passports</b>	These have not been completed for many of the patients reviewed and where they have been done there is scope for improvement in quality.	Support has been given to the GPs to increase both the quantity and quality of these reviews.
<b>Feeding and risk feeding for people with a learning disability</b>	Aspiration pneumonia caused by aspiration of food and drink is a leading cause of death.	Awareness raising across all agencies. Specialist training is being commissioned for care home staff to gain advanced skills in managing swallowing and choking risks.

Good practice has also been identified from the Bexley Reviews and can be summarised as follows:

- Positive multidisciplinary team involvement within the acute and community settings. In some cases, there was good use of hospital passport and involvement of family and carer's – this is usually the case when the complex physical health care nurse was allocated and or where there is a learning disability specialist coordinating the care.
- For most of cases there was timely and regular access to health support and screening services. (There have been a minority of cases where this was not the finding).
- Positive social care support for people to live independently in the community where possible.
- Positive contributions by the Learning disability liaison nurses and Speech and language therapists in the acute trusts and community.

The general level of support provided to Bexley Residents with a Learning Disability has been found to be good although there is still a need for significant improvement to ensure that this vulnerable group of our community receive the optimum level of social and health care available.

The LeDeR Committee meets quarterly and feeds into the BSAB SAR & Learning Sub Group as a standing item, where the learning can be captured and shared as appropriate.



## Section 8: What is the Safeguarding Adults Collection (SAC)?

NHS Digital has a set of indicators that each local authority must submit annually. The 2018-2019 submissions are not due to be uploaded to NHS Digital until mid-to-late May 2019, so the 2018-2019 National picture cannot be submitted in this report however the National Report is available at this link (once NHS Digital publish):

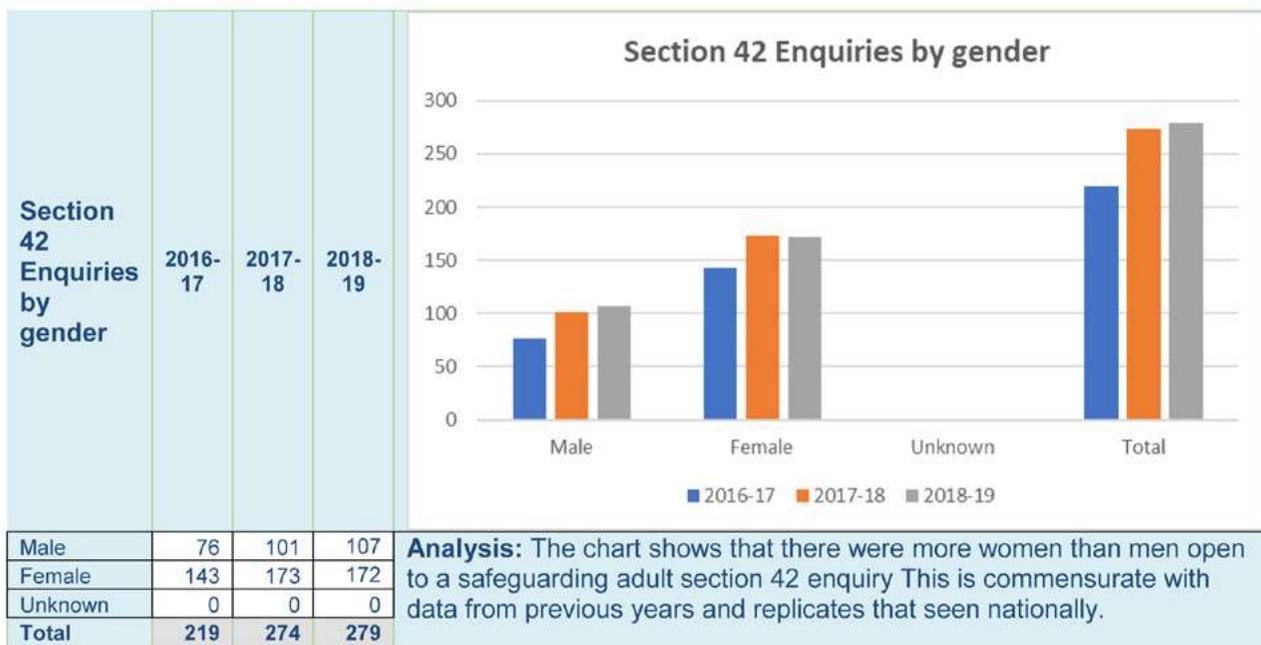
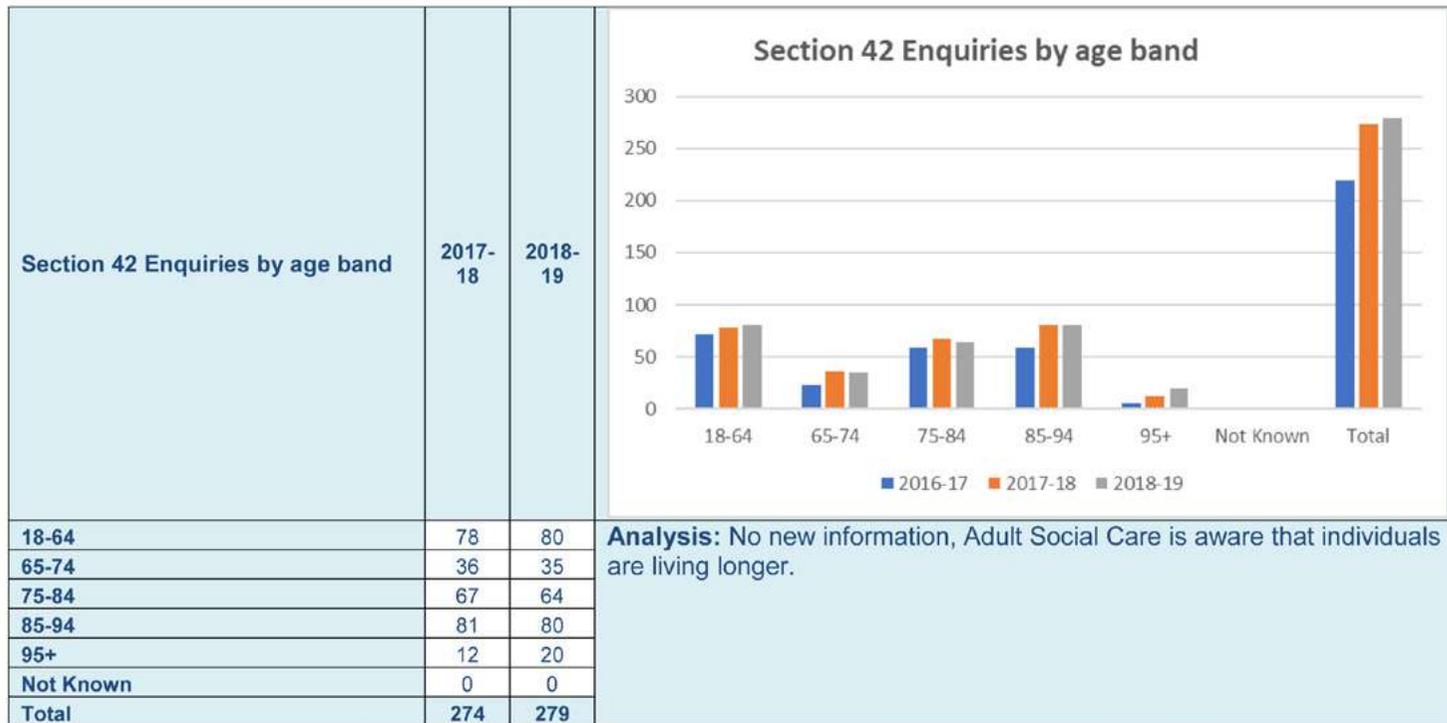
<https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults>

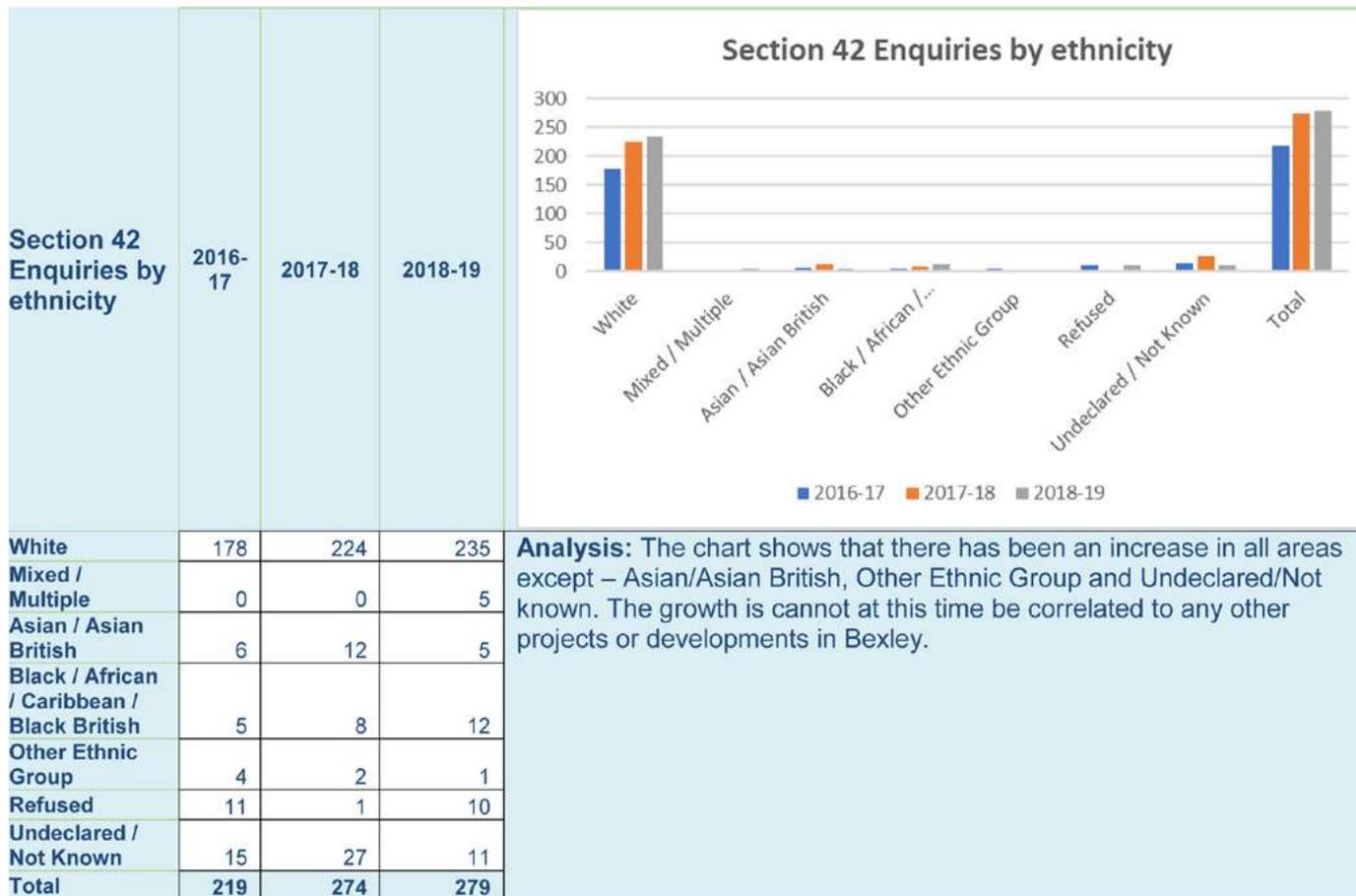
Below are the Year on Year SAC Figures for Bexley submitted to NHS Digital:

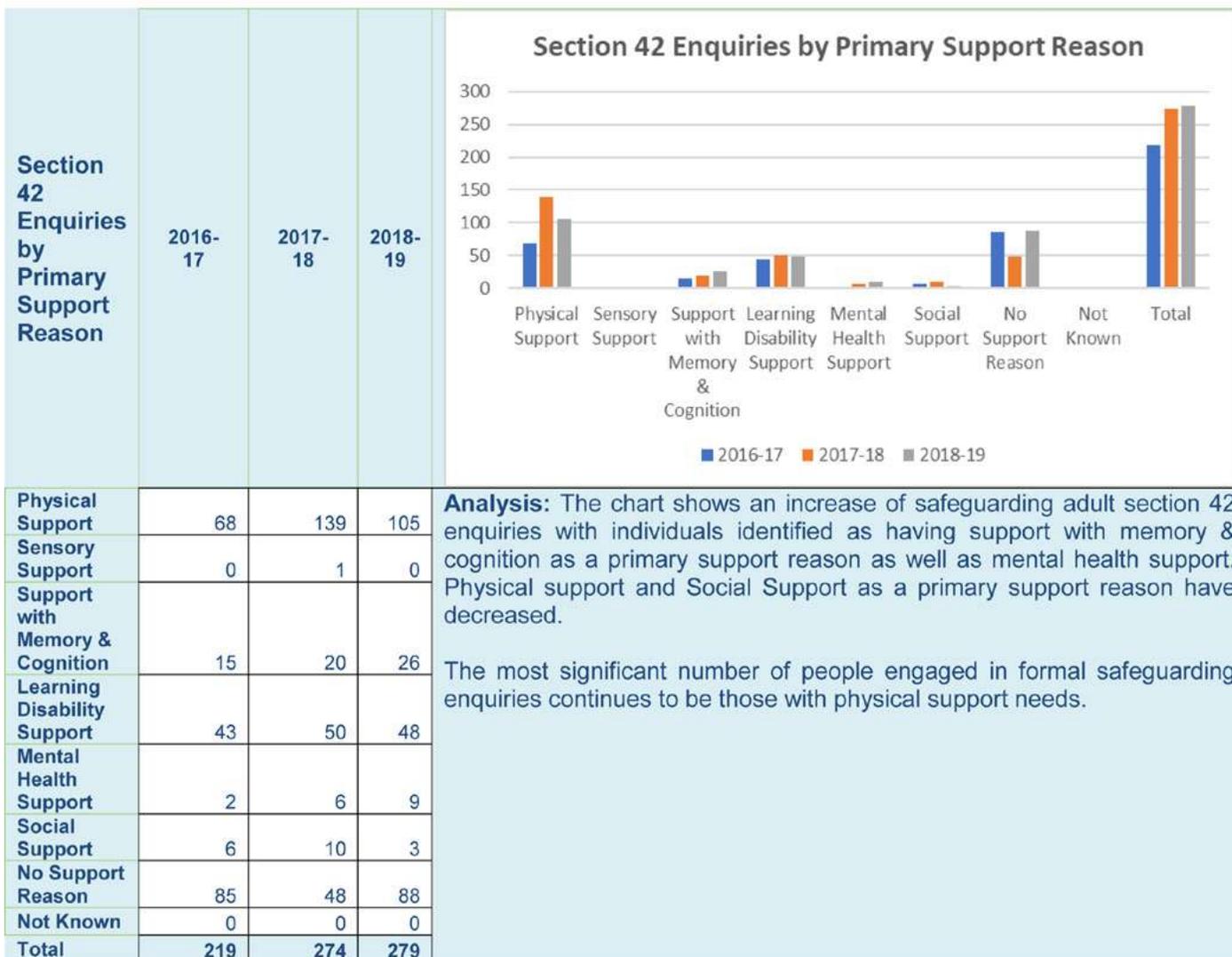
### Section 1: Demographic Tables

The data in these tables should only relate to concerns or enquiries which were raised or commenced during the reporting year

Counts of Safeguarding Activity including multiple concerns	2016-17	2017-18	2018-19	<p><b>Counts of Safeguarding Activity including multiple concerns</b></p> 
	927	1133	1185	
Total Number of Safeguarding Concerns	927	1133	1185	<p><b>Analysis:</b> The total number of safeguarding concerns raised, and total number of other Safeguarding enquiries have increased over the last three years; however, the total number of s.42 safeguarding enquiries has decreased. Analysis in BSAB Annual Report 16-17 and 17-18 assumed that due to greater investment of safeguarding adult awareness, training and professional development that professionals were raising concerns more than previous years, this chart may evidence this awareness levelling off.</p> <p>Not all safeguarding concerns raised meet the eligibility for formal safeguarding enquiries. Of those that do not proceed to formal section 42 enquiries, each has action/response and outcome, such as a Care Act assessment, Carers Assessment, Formal Complaint, information shared with the Quality Assurance Team, etc.</p>
Total Number of Section 42 Safeguarding Enquiries	372	352	339	
Total Number of Other Safeguarding Enquiries	555	781	846	







**Analysis:** The chart shows an increase of safeguarding adult section 42 enquiries with individuals identified as having support with memory & cognition as a primary support reason as well as mental health support. Physical support and Social Support as a primary support reason have decreased.

The most significant number of people engaged in formal safeguarding enquiries continues to be those with physical support needs.

Section 42 Enquiries by Reported Health conditions	2016-17	2017-18	2018-19	Section 42 Enquiries by Reported Health conditions																																																																																			
	<p><b>Section 42 Enquiries by Reported Health conditions</b></p> <p>Legend: 2016-17 (Blue), 2017-18 (Orange), 2018-19 (Grey)</p> <table border="1"> <thead> <tr> <th>Health Condition</th> <th>2016-17</th> <th>2017-18</th> <th>2018-19</th> </tr> </thead> <tbody> <tr><td>Chronic Obstructive Pulmonary Disease</td><td>2</td><td>0</td><td>7</td></tr> <tr><td>Cancer</td><td>5</td><td>1</td><td>4</td></tr> <tr><td>Acquired Physical Injury</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>HIV / AIDS</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Other</td><td>37</td><td>36</td><td>14</td></tr> <tr><td>Stroke</td><td>8</td><td>8</td><td>3</td></tr> <tr><td>Parkinson's</td><td>3</td><td>1</td><td>0</td></tr> <tr><td>Motor Neurone Disease</td><td>0</td><td>1</td><td>0</td></tr> <tr><td>Acquired Brain Injury</td><td>0</td><td>0</td><td>1</td></tr> <tr><td>Other</td><td>5</td><td>2</td><td>0</td></tr> <tr><td>Visually impaired</td><td>2</td><td>5</td><td>4</td></tr> <tr><td>Hearing impaired</td><td>0</td><td>3</td><td>0</td></tr> <tr><td>Other</td><td>1</td><td>0</td><td>0</td></tr> <tr><td>Learning Disability</td><td>47</td><td>51</td><td>20</td></tr> <tr><td>Autism (excluding Asperger's Syndrome / ...)</td><td>47</td><td>51</td><td>20</td></tr> <tr><td>Asperger's Syndrome / High Functioning...</td><td>47</td><td>51</td><td>20</td></tr> <tr><td>Dementia</td><td>60</td><td>40</td><td>30</td></tr> <tr><td>Other</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>None</td><td>40</td><td>110</td><td>180</td></tr> <tr><td>Total</td><td>220</td><td>280</td><td>280</td></tr> </tbody> </table>				Health Condition	2016-17	2017-18	2018-19	Chronic Obstructive Pulmonary Disease	2	0	7	Cancer	5	1	4	Acquired Physical Injury	0	0	0	HIV / AIDS	0	0	0	Other	37	36	14	Stroke	8	8	3	Parkinson's	3	1	0	Motor Neurone Disease	0	1	0	Acquired Brain Injury	0	0	1	Other	5	2	0	Visually impaired	2	5	4	Hearing impaired	0	3	0	Other	1	0	0	Learning Disability	47	51	20	Autism (excluding Asperger's Syndrome / ...)	47	51	20	Asperger's Syndrome / High Functioning...	47	51	20	Dementia	60	40	30	Other	10	10	10	None	40	110	180	Total	220	280
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Autism (excluding Asperger's Syndrome / High Functioning Autism)	1	2	13	
Asperger's Syndrome/ High Functioning Autism	2	0	0	
Other	0	1	1	
Dementia	62	47	31	
Other	4	10	5	
None	40	106	176	
<b>Total</b>	<b>219</b>	<b>274</b>	<b>279</b>	



## Section 2: Case Detail Tables

All information recorded in these tables should be about cases that concluded during the reporting year

Concluded Section 42 enquiries by Type of Risk	Concluded Section 42 enquiries by Type of Risk		
	2016-17	2017-18	2018-19
Physical Abuse	40	32	26
Sexual Abuse	7	4	13
Psychological Abuse	6	12	3
Financial or Material Abuse	20	40	26
Discriminatory Abuse	0	1	0
Organisational Abuse	0	2	0
Neglect and Acts of Omission	55	67	46
Domestic Abuse	3	2	1
Sexual Exploitation	2	0	0
Modern Slavery	3	0	0
Self-Neglect	2	5	4
<b>Total</b>	<b>138</b>	<b>165</b>	<b>119</b>

**Concluded Section 42 enquiries by Type of Risk**

Type of Risk	2016-17	2017-18	2018-19
Physical Abuse	40	32	26
Sexual Abuse	7	4	13
Psychological Abuse	6	12	3
Financial or Material Abuse	20	40	26
Discriminatory Abuse	0	1	0
Organisational Abuse	0	2	0
Neglect and Acts of Omission	55	67	46
Domestic Abuse	3	2	1
Sexual Exploitation	2	0	0
Modern Slavery	3	0	0
Self-Neglect	2	5	4
<b>Total</b>	<b>138</b>	<b>165</b>	<b>119</b>

**Analysis:** The chart shows a significant increase in Sexual Abuse safeguarding adult section 42 enquiries in the last year. But a decrease in all other types of risk.

The increase in sexual abuse concerns relates, in part, to younger females who have been engaged in high risk lifestyles or situations resulting from domestic abuse relationships.

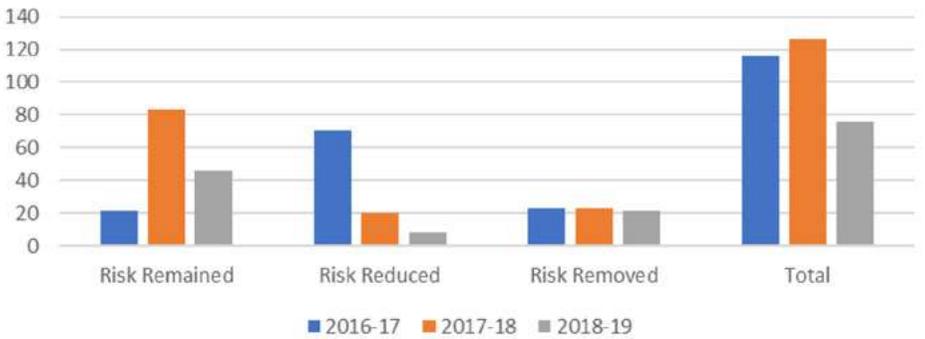
Concluded Section 42 enquiries by Location of Risk	2016-17	2017-18	2018-19	Concluded Section 42 enquiries by Location of Risk		
				2016-17	2017-18	2018-19
Own Home	55	77	59	55	77	59
In the community (excluding community services)	3	8	5	3	8	5
In a community service	2	5	1	2	5	1
Care Home - Nursing	2	4	2	2	4	2
Care Home - Residential	30	68	48	30	68	48
Hospital - Acute	3	0	1	3	0	1
Hospital - Mental Health	1	1	0	1	1	0
Hospital - Community	2	2	2	2	2	2
Other	2	0	1	2	0	1
<b>Total</b>	<b>100</b>	<b>165</b>	<b>119</b>	<b>100</b>	<b>165</b>	<b>119</b>

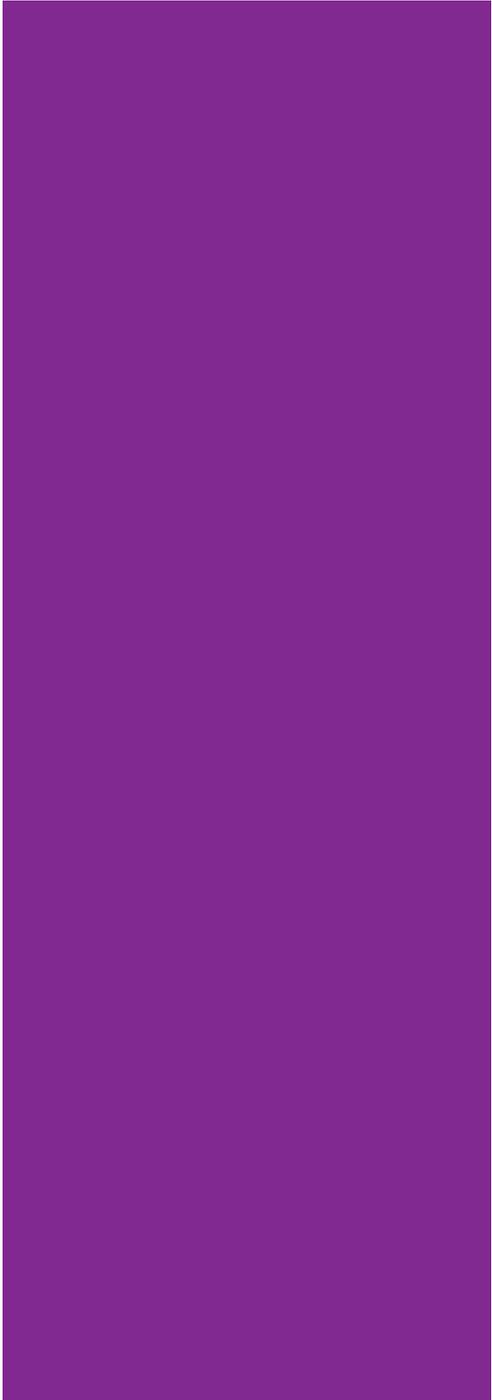
  

Concluded Section 42 enquiries by Source of Risk	2016-17	2017-18	2018-19
Service Provider	48	87	57
Other - Known to Individual	47	52	52
Other - Unknown to Individual	5	26	10
<b>Total</b>	<b>100</b>	<b>165</b>	<b>119</b>

**Analysis:** The chart shows there have been decreased safeguarding enquiries in all areas except the acute hospitals. The chart below indicates a decrease in safeguarding adult enquiries where the Source of Risk has been a Service Provider based upon data from the previous year, but a resumption of levels previously realised

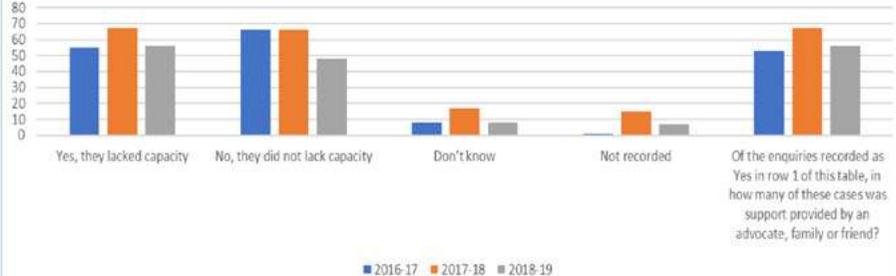


Risk Outcomes: Where a risk was identified, what was the outcome / expected outcome when the case was concluded?	2016-17	2017-18	2018-19	<p style="text-align: center;"><b>Risk Outcomes:</b> Where a risk was identified, what was the outcome/expected outcome when the case was concluded?</p> 
Risk Remained	22	83	46	<p><b>Analysis:</b> The chart demonstrates to what extent the level of risk experienced by the adult has been addressed or reduced by the safeguarding intervention. Often it is not possible to eliminate risk completely but has reduced it to an acceptable level for the person.</p>
Risk Reduced	71	20	8	
Risk Removed	23	23	22	
<b>Total</b>	<b>116</b>	<b>126</b>	<b>76</b>	

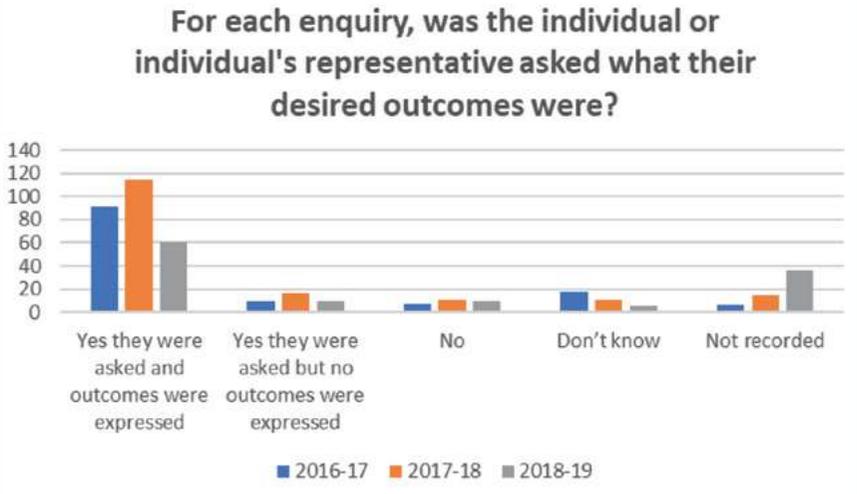


## Section 3: Mental Capacity Tables

All information recorded in these tables should be about cases that concluded during the reporting year

For each enquiry, was the adult at risk lacking capacity to make decisions related to the safeguarding enquiry?	2016-17	2017-18	2018-19	<p>For each enquiry, was the adult at risk lacking capacity to make decisions related to the safeguarding enquiry?</p> 
Yes, they lacked capacity	55	67	56	<p><b>Analysis:</b> The level of people without capacity to consent to safeguarding interventions has remained relatively constant as was the level of representation as part of the safeguarding process of those without capacity.</p>
No, they did not lack capacity	66	66	48	
Don't know	8	17	8	
Not recorded	1	15	7	
Of the enquiries recorded as Yes in row 1 of this table, in how many of these cases was support provided by an advocate, family or friend?	53	67	56	

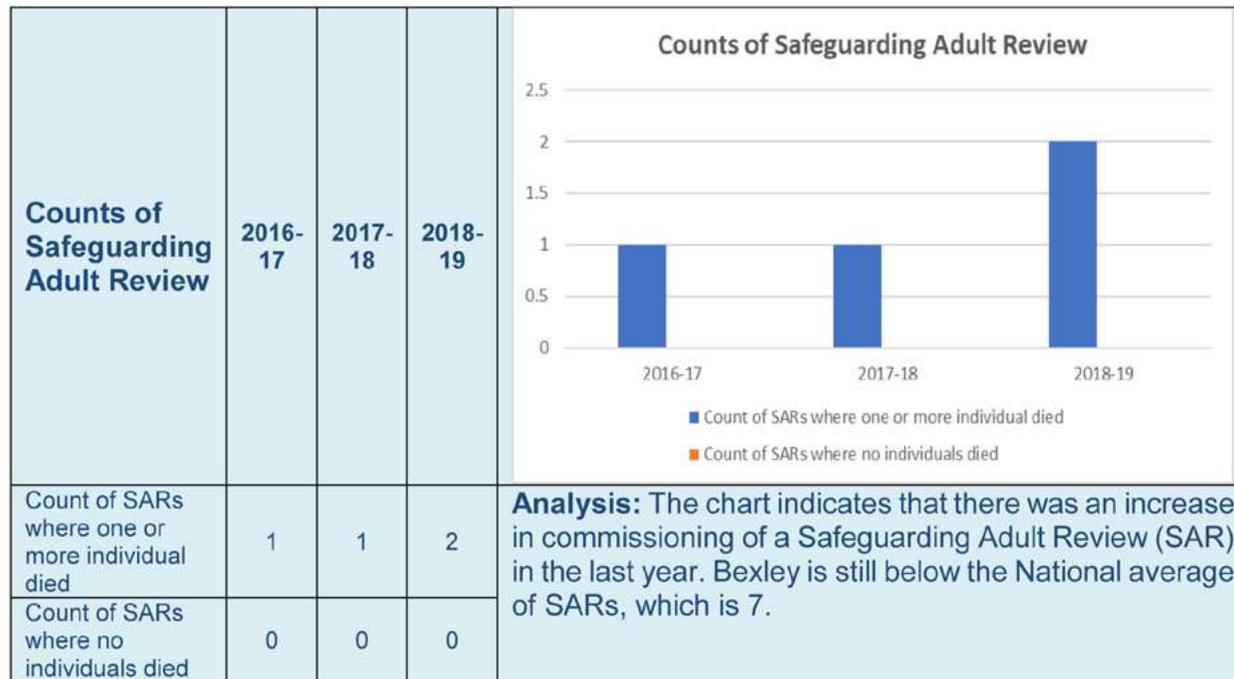
## Section 4: Making Safeguarding Personal (MSP) Tables

For each enquiry, was the individual or individual's representative asked what their desired outcomes were?	2016-17	2017-18	2018-19	<p style="text-align: center;"><b>For each enquiry, was the individual or individual's representative asked what their desired outcomes were?</b></p>  <table border="1" data-bbox="719 225 1576 719"> <caption>Data for Bar Chart: For each enquiry, was the individual or individual's representative asked what their desired outcomes were?</caption> <thead> <tr> <th>Response</th> <th>2016-17</th> <th>2017-18</th> <th>2018-19</th> </tr> </thead> <tbody> <tr> <td>Yes they were asked and outcomes were expressed</td> <td>91</td> <td>115</td> <td>60</td> </tr> <tr> <td>Yes they were asked but no outcomes were expressed</td> <td>9</td> <td>16</td> <td>9</td> </tr> <tr> <td>No</td> <td>7</td> <td>10</td> <td>9</td> </tr> <tr> <td>Don't know</td> <td>17</td> <td>10</td> <td>5</td> </tr> <tr> <td>Not recorded</td> <td>6</td> <td>14</td> <td>36</td> </tr> </tbody> </table>	Response	2016-17	2017-18	2018-19	Yes they were asked and outcomes were expressed	91	115	60	Yes they were asked but no outcomes were expressed	9	16	9	No	7	10	9	Don't know	17	10	5	Not recorded	6	14	36
Response	2016-17	2017-18	2018-19																									
Yes they were asked and outcomes were expressed	91	115	60																									
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Don't know	17	10	5																									
Not recorded	6	14	36																									
Yes they were asked and outcomes were expressed	91	115	60	<p><b>Analysis:</b> Of those that were able to express their desired outcomes this year has seen a decline in recorded conversations. This is a key aspect of Making Safeguarding Personal and therefore a review of recording system/practice has been implemented to identify and address this change.</p>																								
Yes they were asked but no outcomes were expressed	9	16	9																									
No	7	10	9																									
Don't know	17	10	5																									
Not recorded	6	14	36																									

Of the enquiries recorded as Yes in row 1 of this table, in how many of these cases were the desired outcomes achieved?	2016-17	2017-18	2018-19	<p>Of the enquiries recorded as Yes in row 1 of this table, in how many of these cases were the desired outcomes achieved?</p> <p>■ Fully Achieved ■ Partially Achieved ■ Not Achieved</p>
	<p>Of the enquiries recorded as Yes in row 1 of this table, in how many of these cases were the desired outcomes achieved?</p>			
	<p>Of the enquiries recorded as Yes in row 1 of this table, in how many of these cases were the desired outcomes achieved?</p>			
	<p>Of the enquiries recorded as Yes in row 1 of this table, in how many of these cases were the desired outcomes achieved?</p>			
Fully Achieved	79	66	44	<p><b>Analysis:</b> The desired outcomes, where expressed, were achieved in 73% of all safeguarding enquiries.</p>
Partially Achieved	8	40	14	
Not Achieved	4	25	2	

## Section 5: Safeguarding Adult Review (SAR) Tables

The information in these tables should only include SARs that took place during the reporting year



The published Safeguarding Adult Reviews (SARs) can be found on the Bexley Safeguarding Adults Board website:

<http://www.safeguardingadultsinbexley.com/protecting-adults/serious-adult-review-learning/>

## Section 9: Closing Statements from Lead Cabinet Member for Adult Social Care

'This year's annual statement illustrates the hard work of the Bexley Safeguarding Adult Board in 2018-2019. In the last year alone, the BSAB has increased its work with Providers and those closest to the frontline by offering opportunities in Bexley not usually offered, such as free bespoke Bexley face-to-face training.

As Lead Cabinet Member for Adult's Services, I have continued to attend the Board's quarterly meetings, but also, I have actively participated in the development of the new Engagement Sub Group and other key events organised by my fellow members. The Board continues to have a National and Regional presence to develop and share best practice, but in most cases lead on new projects. This

active commitment from BSAB members assures me that the partnership is fulfilling our safeguarding principles in Bexley.

In closing, I look forward to continuing the with the Board in 2019-2020 to embed safeguarding as everyone's responsibility and to present best practice opportunities across the partnership and communities for our adults most at risk in Bexley.'

Cllr Brad Smith,  
Lead Cabinet Member for Adult Services 2018-2019,  
Bexley



## Section 10: Appendices and Supporting Links -

- a. Previous published BSAB Annual Reports – click here: <http://www.safeguardingadultsinbexley.com/who-are-we/#> and scroll down to Publications Tab
- b. Published BSAB Newsletters click here: <http://www.safeguardingadultsinbexley.com/who-are-we/#> and scroll down to Newsletters Tab
- c. Published BSAB SARs - <http://www.safeguardingadultsinbexley.com/protecting-adults/serious-adult-review-learning/> and scroll down the Year Tab and click on any of the published learning listed on the page under each year
- d. Published BSAB Learning & Development Programme 2019-2020 – click here: <http://www.safeguardingadultsinbexley.com/wp-content/uploads/BSAB-19-20-LD-Programme-external.pdf>
- e. BSAB 2018-2019 Full Board Meeting Member and Delegates Attendance

SAB is a statutory duty under the Care Act 2014, the meetings are quarterly and must be quorate with the statutory partners present. They are: London Borough of Bexley, Clinical Commis-

sioning Group (CCG) and the London Metropolitan Police Service.

Below are the BSAB Members and Delegates and their attendance to the full board meetings in 2018-2019: There were four meetings last year with over 30 members invited. The challenge of the BSAB is lack of continuity with attendance across the partnership. In the chart below, the members are listed with their role/organisation they represent, the four meetings – whether they attended or sent a delegate, and the % of total meetings attended/delegated. If the member attended the code is Y for Yes; if they did not attend the code is No for Not Attended; and if solid colour, then not applicable or not invited.

Analysis: In 2018-2019, all meetings have been quorate but notably not all meetings have the same member attend and in some instances no delegate or multiple delegates have been nominated. The BSAB recognises partnership re-structures as a contributing factor in the lack of continuity and turnover of roles/responsibilities. To ensure the BSAB partners are driving the forward the strategic objectives, senior leadership needs to be consistent and visible in Bexley. For effective SAB management partners should keep the BSAB aware of any

changes to membership or their internal governance arrangements.

The BSAB welcomed new members this year –

- Peter Curtin attended in place of Graham Coles
- Stacy Washington started attending in March 2019
- Jayne Garfield-field attended in place of Lotta Hackett from Healthwatch Bexley
- Toni Ainge started attending in December 2018
- Jim Foley attended in place of Andy Furthy due to the SE BCU changes across Lewisham, Greenwich and Bexley
- Jenny Caney was appointed the 3rd BSAB Lay Person in 2018

Name of Member	Role/Organisation	June 2018		September 2018		December 2018		March 2019		% Total Meetings Attended/ Delegated
		Attended	Delegated	Attended	Delegated	Attended	Delegated	Attended	Delegated	
Annie Callanan	BSAB Independent Chair	Y		Y		Y				100
Michael Boyce	BSAB Vice Chair, Deputy Managing Director Quality & Governance, Bexley CCG	N		Y		Y		Y		75
Stuart Rowbotham	Director Adult Social Care, LBB	Y		N		N		Y		50
Tom Brown	Service Director, Bexley Care	Y		Y		N		N		50
Yolanda Dennehy	Asst. Director, Bexley Care	Y		N		Y		Y		75
Maria Hawes-Gatt	Deputy Director of Quality, Patient Experience and Performance, Bexley CCG	N		Y		Y		Y		75
Judith Clark	BSAB Sub Group Chair, Safeguarding Lead, Bexley CCG	Y		Y		N		N		50
Malcolm Bainsfair	BSAB Sub Group Chair, Head of Safeguarding Adult Team, LBB	Y		Y		Y		Y		100
Henry Gilfillan	MCA / DoLS Lead, LBB	N		Y		N		N		25
Anita Eader	BSAB Practice Review & Learning Manager	Y		Y		Y		Y		100
Alexandra Gregory	BSAB Coordinator	Y		Y		Y		Y		100
Jackie Tiotto	Director of Children's Services, LBB	N		N		N		N		0
Siobhan Callahan	Director of Nursing, Dartford Gravesham NHS Trust	N		N	Y - Helen Mencia / Lynn Brooks	N	Y - Gina Tomlin	N	Y - Gina Tomlin	75
Cllr. Brad Smith	Cabinet Member, Adult Social Care, LBB	Y		Y		Y		Y		100
Graham Coles	Borough Commander, London Fire Brigade	Y								25
Peter Curtin	Borough Commander, London Fire Brigade	Y		Y		Y		Y		100
Lotta Hackett	Manager, Healthwatch Bexley	Y		Y						50
Jim Foley	Safeguarding Lead, SEBCU, MPS					N	Y - Lesley Hamilton	Y		100

David Bryce-Smith	Deputy Director, Public, Protection, Housing, Public Realm, LBB	N		Y		Y		Y		75
Kevin Murphy	Head of Housing Services, Public Protection Housing & Public Realm, LBB	Y		N		N		N		25
Karen Upton	Lead GP, Bexley CCG	Y		N		Y		N		50
Andrea Tibble	Senior Probation Officer, National Probation Services	Y		Y		Y		Y		100
Mashhood Ahmed	BSAB Provider Representative			Y		Y				100
Guy Stevenson	BSAB Provider Representative	Y		Y		N				75
Julie McMahon	BSAB Lay Person	Y		N		Y		Y		75
Jacqui Smith	BSAB Lay Person	Y		Y		Y		Y		100
Jenny Caney	BSAB Lay Person			Y		Y		Y		100
Gill Steward	Chief Executive, LBB	N		N		N		N		0
Anjan Ghosh	Director of Public Health-Dep. Director of Health & Wellbeing, LBB	N		N		Y		N		645
Seaton Giles	CQC Inspection Manager (ASC - Bromley, Bexley and Greenwich)	N		N		N		N		0
Toni Ainge	Deputy Director Communities Libraries Leisure Park, LBB					Y		N		50
Joanna Peck	Deputy Chief Nurse Lewisham and Greenwich NHS Trust	N	Y- Caz Brown	N		Y		Y		75
Dawn Mountier	Clinical & Quality Directorate, LAS NHS Trust	N	Y – Philip Powell	N		N		N		25
Deborah Simpson	Domestic Abuse Strategy Manager, LBB					N		Y		25
Debra Oki	Safeguarding Lead, TLC Bexley	N	Y – Emma Sampson	Y		N	Y – Sarah Meredith	Y		100
Vikki Wilkinson	Chief Executive, BVSC	N		Y		Y		Y		75
Jane Garfield-Field	Manager, Healthwatch Bexley			Y		N		Y		50
Emma Sampson	Service Manager, Bexley Two-Fold LECB	Y								25
Andy Furthy	Safeguarding Lead, Bexley MPS	N		N	Y – Dawn Morris					50
Stacy Washington	Safeguarding Adults Specialist Practitioner, Oxleas NHS Foundation Trust							Y		100

Although the BSAB meetings are not published due to private & confidential material, the BSAB has addressed ongoing matters arising from partners and had the following as Standing Board Agenda items this year:

- Updates from the Board's Sub Groups
- Partnership updates including:
  - Housing Services
  - Voluntary and Charity Sector
  - Mental Health Services
  - Policing and the creation of the SE BCU (South East Bexley Command Unit)
  - BSAB Risk Register
  - BSAB SAR Learning
- Strategic updates from National, Regional and Local Boards:
  - National SAB Chairs Board
  - London SAB Chairs Board
  - Bexley Children's Partnership Board
  - Bexley Community Safety Partnership Board
  - Learning Disability Partnership Board
  - Health and Wellbeing Board
  - Other Board updates as relevant to safeguarding adults

