

Camden Safeguarding Adults Partnership Board

Annual report 2014/15

“Safeguarding is everybody's business”



Royal Free London
NHS Foundation Trust



Central and North West London
NHS Foundation Trust

Camden and Islington
NHS Foundation Trust



voluntary
action
camden

Camden
Clinical Commissioning Group

University College
London Hospitals
NHS Foundation Trust



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

If you are worried that an adult is at risk of or is experiencing abuse, neglect or exploitation in Camden, call:

Adult social care, Camden Council

Phone: **020 7974 4000** (9am to 5pm)
or **020 7974 4444** (out of hours)
Textphone: **020 7974 6866**

If you believe a crime may have been committed contact:

Camden police community safety unit on 101.

If immediate help is needed from one of the emergency services call **999**.

If you are a member of the public or resident in Camden you can contact us anonymously to raise your concerns.

Introduction to the 2014/15 annual report

Camden Safeguarding Adults Partnership Board (SAPB or “the Board”) is required by law, under the Care Act 2014, to produce an annual report each year. The report must set out what we have done during the last year to help and protect adults at risk of abuse and neglect in Camden. The Care Act came into force on 1st April 2015.

This annual report tells you:

- how we have prepared to meet our legal duties under the Care Act;
- the profile of adult safeguarding in 2014/15;
- how well we have done in delivering the promises in our safeguarding strategy;
- what each partner agency has done to help deliver our safeguarding strategy;
- what each of our sub-groups and the High Risk Panel have done;
- what training was provided in 2014/15 and what proportion of the workforce is trained;
- the findings and impact of any Serious Case Reviews we carried out; and,
- our priorities looking forward, set out in our new safeguarding strategy.

Case study examples are provided throughout the report to illustrate how we tackle abuse, promote wellbeing and help people to stay safe. Names in all cases studies have been changed to protect people’s identities.

This report will be sent to each partner organisation and published on the Board web pages. As required by the Care Act, a copy will also be sent to:

- the Chief Executive and the Leader of Camden Council;
- the Borough Commander for Camden of the Metropolitan Police Service;
- the Director of HealthWatch Camden; and
- the Chair of Camden’s Health and Wellbeing Board.

It is anticipated that those organisations will fully consider the contents of our annual report and how they can improve safeguarding in their own organisations, networks and via their partnership with us.



Foreword from the chair



Thank you for your interest in safeguarding adults in Camden. As independent chair of Camden Safeguarding Adults Partnership Board I am pleased to be introducing this Annual Report. This has again been a demanding year for the partnership with all organisations experiencing significant challenges in this period of austerity and getting ready for implementation of the Care Act 2014. Nonetheless, we have done everything we can to keep adults at risk as safe as possible.

The partnership has continued to strengthen this year and the contributions of all partners to achieving our priorities are detailed in this report. I am particularly grateful to the service user and carer representatives on the Board for their contributions and for helping us to stay focussed on what actually makes a difference to people's safety and wellbeing. Camden Clinical Commissioning Group has been a great support in helping to ensure good quality services are available in Camden, particularly by providing advice on good medical, nursing and pharmacy practice and significant funding for the Board. They have appointed an adult safeguarding lead this year to help improve the quality of care commissioned. The Metropolitan Police Service continues to play a key role in the partnership and their support and advice has been greatly valued. The local NHS Trusts have all helped to provide examples of good practice and contributed willingly to the work of the Board and sub-groups. The voluntary sector partners help us to keep in touch with the wider community in Camden. The London Fire Brigade has been key to helping us with our preventive work, particularly the High Risk Panel described in this report. I am very grateful for the support of all partners in developing our work.

We have continued to raise public awareness about what adult safeguarding is and how you can report concerns you may have about an adult at risk. All partners helped to raise awareness at community events they attended or organised and 13,000 leaflets were distributed in order to raise awareness. We have also supported partners in raising awareness of domestic violence, particularly against older people.

The number of referrals for adult safeguarding enquiries continues to increase year on year with a 25% increase this year. Financial abuse is a significant issue in Camden representing more than a quarter of all referrals, and we will work with financial institutions and the police to minimise this.

I would particularly like to thank Rosemary Westbrook, Director for Housing and Adult Social Care at Camden Council, for her support and enthusiasm and Sarah Lui for the fantastic way in which she organises the work of the Board. I would also like to thank the Councillors in Camden for their interest and encouragement. Particular thanks are due to Councillor Pat Callaghan whose unfailing support and dedication has been hugely valued. Lastly I would like to thank the people of Camden for their vigilance.

Marian Harrington

Independent Chair,
Camden Safeguarding Adults Partnership Board

Introduction to Camden Safeguarding Adults Partnership Board

The SAPB is a group of statutory, voluntary and independent organisations working together to stop abuse. The Board coordinates how agencies across the borough work together in order to help and protect adults who may be at risk of harm.

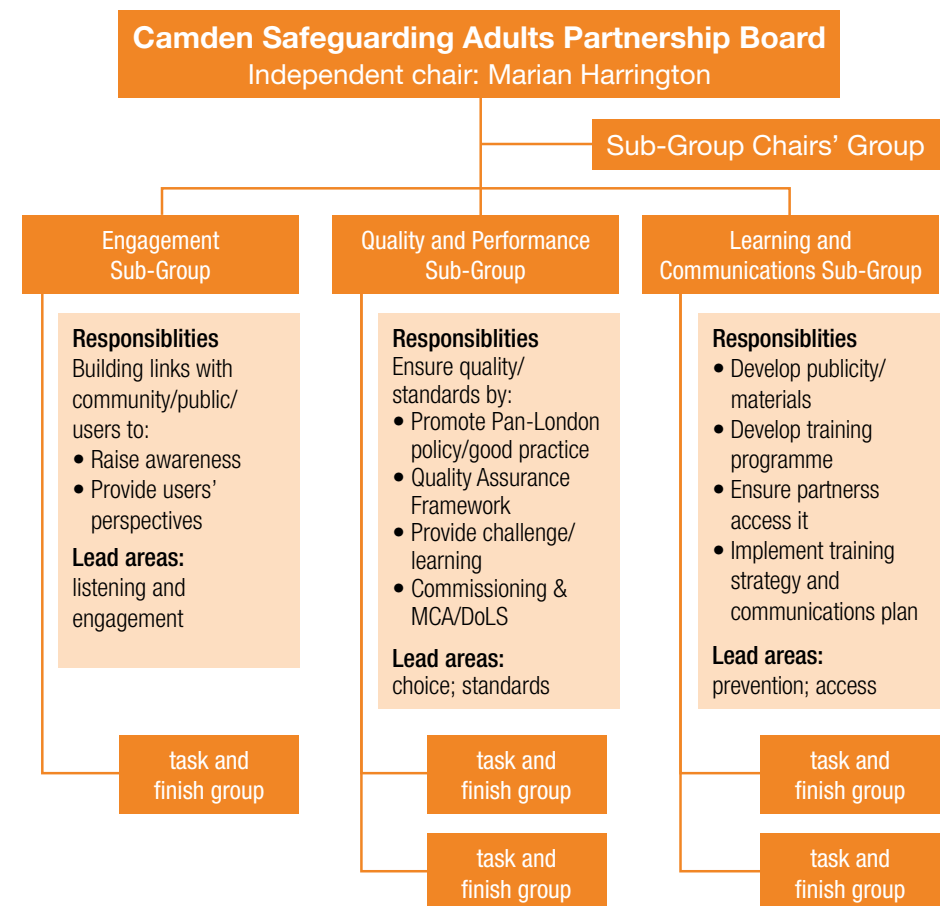
The following organisations were part of the Board in 2014/15:

- Camden Council – Adult Social Care, Housing, Community Safety, Commissioning and Procurement divisions
- Camden Clinical Commissioning Group
- Metropolitan Police Service in Camden
- Camden and Islington NHS Foundation Trust
- Central and North West London NHS Foundation Trust
- London Ambulance Service NHS Trust
- Royal Free London NHS Foundation Trust
- University College London Hospitals NHS Foundation Trust
- NHS England
- London Fire Brigade in Camden
- Voluntary sector organisations – Age UK Camden, Camden People First and Hopscotch Asian Women’s Centre.

Each organisation sends a nominated senior staff member to attend the Board as their “Board member”. A list of Board members and how often they attended meetings can be found at Appendix 1.

The Board meets every three months. It has a “**safeguarding strategy**” that sets out the actions we have committed to taking in order to help and protect adults in Camden.

The Board is supported by sub-groups that do some of the day-to-day work that helps to deliver the safeguarding strategy. The sub-groups make safeguarding information materials and training available, run events, monitor quality and standards, and develop guidelines. They can set up short-life task and finish groups to help them achieve these things.



The Board makes sure that there are strong adult safeguarding policies and processes in place. We check that all organisations are signed up to them, and that they are working well to protect people from abuse and neglect.

Organisations are committed to working together to improve the well-being of adults at risk in the borough. The Board checks that what each organisation is doing is effective, for example by looking at audit or inspection findings from partner agencies, and by challenging organisations to complete self-audits of their safeguarding arrangements and supporting them to develop action plans.

What is safeguarding adults?

'Safeguarding adults' means protecting an adult at risk's right to live in safety, free from abuse and neglect. The legal framework for safeguarding adults work is set out by the Care Act 2014. Safeguarding involves:

- People and organisations working together;
- Preventing abuse or neglect from happening in the first place;
- Stopping abuse and neglect where it is taking place;
- Protecting adults at risk in line with their views, wishes, feelings and beliefs;
- Empowering adults at risk to keep themselves safe in the future; and,
- Everyone taking responsibility for reporting suspected abuse or neglect.

What is abuse?

Abuse is when someone treats an adult at risk in a way that harms, hurts or exploits them. It can take many forms – ranging from shouting at someone or undermining their confidence and self-worth, to causing physical pain, suffering and even death. There are 10 types of abuse: physical, sexual, domestic, psychological, financial and material, neglect, self-neglect, discriminatory, organisational and modern slavery. Abuse can happen just once or many times; it can be done on purpose or by someone who may not realise they are doing it.

Who is an adult at risk?

An 'adult at risk' is someone who is over 18 years of age who, as a result of their care and support needs, may not be able to protect themselves from abuse, neglect or exploitation. Their care and support needs may be due to a mental, sensory or physical disability; age, frailty or illness; a learning disability; substance misuse; or an unpaid role as a formal/ informal carer for a family member or friend. More information is available at camden.gov.uk/asg

**Case
study A****Emotional and domestic abuse**

Linda is a 60 year old lady living in a two bedroom flat. She has a history of mental health difficulties and receives support from an advocate.

Earlier this year Linda' son, his wife and their children moved into her house. Life at home became cramped and frustrating and Linda's son started shouting and throwing objects at the walls.

Linda confided in her advocate that she felt intimidated and suicidal. She felt she had nowhere to go, and was riding buses just to get out of the house. Linda wanted her son's family to be helped to find their own place to live. Linda's advocate gave her information on Camden Safety Net domestic abuse services, and with Linda's agreement raised a safeguarding concern.

A social worker from Camden Council adult social care met Linda and her advocate, and helped her consider the risk she faced and what she would do if she felt unsafe – including leaving the house and contacting police and friends. Linda was also offered emotional support from a victim support worker. Children's social services worked with Linda's son to reduce any risk to the children, whilst Housing teams helped the family move into temporary accommodation.

Linda is happy with this outcome because it has reduced the stress and anxiety the family was under. She has a better relationship with her son and her grandchildren. She feels more confident about how to keep herself safe in future

Preparing for the Care Act 2014

The **Care Act** has brought together all the different laws and guidance about the care and support of adults and put it under one simple piece of legislation. It has added three new types of abuse for us to help people stay safe from

– self-neglect, domestic abuse and modern slavery (such as trafficking, or domestic servitude). During 2014/15 we made sure that we were ready to meet the new requirements when the Care Act came into force on 1st April 2015.

It is now a legal requirement to:

Therefore we have prepared by:



make enquiries if a person is at risk of abuse and unable to protect themselves

- Making sure we have well-established ways of reporting and investigating abuse, and services for the new types of abuse (e.g. the High Risk Panel and Camden Safety Net)
- Supporting a refresh of the pan-London policy and procedures so there is consistency. We will finalise our arrangements when the updated procedures are published
- Updating our training courses and briefing teams and partner organisations



have a safeguarding adults board

- Confirming we already have a well-established safeguarding adults board, with an independent chair and senior representatives from relevant organisations (Appendix 1)
- Agreeing a new Safeguarding Strategy and delivery plan together with Camden residents
- Updating our Constitution, which the Board will look to agree in 2015/16



arrange reviews of serious cases under certain circumstances

- Developing our old Serious Case Review protocol into a new Safeguarding Adults Review framework, which the Board will approve in 2015/16
- Exploring Safeguarding Adults Review training for Board members
- Tasking the Quality and Performance Sub-Group to conduct regular learning sessions from reviews conducted elsewhere – starting with a review from Dorset



arrange for someone to have an independent advocate in certain circumstances

- Making sure enough independent advocacy services are available locally
- Providing teams with guidance on when and how to arrange advocacy in safeguarding
- Signing up to “Making Safeguarding Personal” so that the views and wishes of the adult at risk of abuse guide everything we do to protect them and help them stay safe

Case study B

Financial abuse



Geoffrey is an 84 year old man with early stages of dementia who lives on his own in Camden. A fraudster visited and said that repairs totalling £5000 were needed on Geoffrey's flat. Geoffrey gave him a cheque but the work was never completed. A few days later, another fraudster appeared claiming to be a plain clothes police officer. He took Geoffrey to the bank and persuaded him to withdraw £10,000.

Geoffrey mentioned his experiences to his long-standing friend Peter, who realised he had been scammed and helped Geoffrey report it to the police. The police raised

a safeguarding concern and started investigating, although a lack of fingerprints and CCTV evidence meant they could not find out who took Geoffrey's money.

Geoffrey was upset he had lost some of his savings, but did not feel unsafe or that it would happen again. Geoffrey wanted to stay independent and did not want anyone to "take over" his finances. A social worker completed a capacity assessment with him to prove he could manage his day-to-day money with a little bit of help. With Peter's support Geoffrey participated in a safeguarding meeting to agree a plan to keep him safe in future. The plan included:

- No longer having a cheque book, as Geoffrey rarely used it.
- A cap on weekly cash withdrawals so that Geoffrey could take out money he needed for daily living, but a fraudster could not take out large amounts.
- Asking the bank's central fraud team to consider compensation for Geoffrey.
- Putting in place a Lasting Power of Attorney for Peter to manage Geoffrey's finances, but only to come into effect if Geoffrey's memory deteriorated.

- Adding a spy hole and chain to Geoffrey's front door for security.
- Geoffrey identifying what steps he would take with unknown callers to his flat in future and who he would call if he needed immediate help.
- Asking trusted neighbours to be alert and to report anything suspicious.

2014/15 – the safeguarding story in numbers

How much abuse and neglect was reported?



We received **1223** concerns that someone was at risk of abuse or neglect

545 reported incidents of abuse or neglect needed us to take action

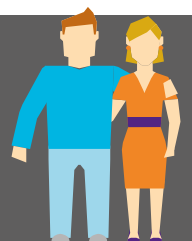


We distributed **13,000** leaflets and **6,000** posters to help people know how to spot and report abuse



What were people at risk from?

55% of the abuse was caused by a friend, family member or neighbour



26% of the concerns we took action on were about neglect, and...



26% were financial abuse

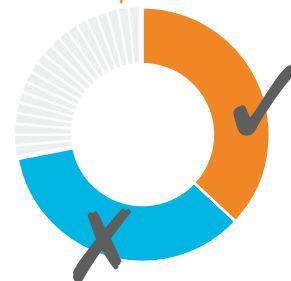


57% of abuse took place in the adult's own home!



What did we do to protect people?

37% of our investigations proved abuse did or probably did take place



And **35%** proved abuse definitely didn't happen

Following our investigations, adults remained at risk in only

6% of cases

– often because they wanted to keep their relationship with a family member who is abusing them.

We received **418** applications for authorisation to keep someone in hospital or at home for care or treatment

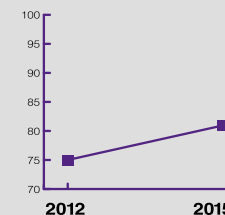
This is a **650%** increase on last year



There were **824** individual attendances at multi-agency training courses in 2014/15, and partner organisations also ran training for their own staff.



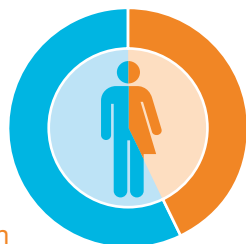
81% of people who used social care services said services help them to feel safe. This has increased from 75% three years ago.



Who was at risk of abuse and neglect?

57% of abuse was against men

43% of abuse was against women



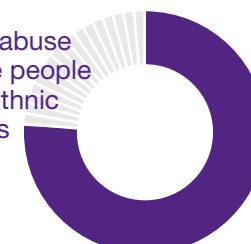
This is the opposite of last year.



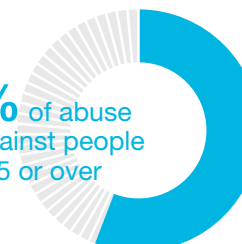
54% of victims had a physical support need

25% a mental health need

76% of abuse victims were people from white ethnic backgrounds



56% of abuse was against people aged 65 or over



Case
study C

Multi-disciplinary responses to discriminatory abuse



Jenny is 35 years old and has learning disabilities and suffers from depression. She lives on a Camden estate with her husband and three children. Jenny told her nurse from Camden Learning Disabilities Service that the family are being harassed and intimidated by some young people living on their estate because of Jenny's learning disability. They have suffered on-going hate crime incidents including kicking their front door; putting stink bombs, cigarette butts and dog poo through the letter box; and verbal abuse. It started a couple of years ago and now happened again. She is worried about the children, who no longer want to go out and play. Jenny's husband has attempted to protect the family by reporting the problems to the police and asking Camden Council housing if they can move house.

A safeguarding concern was immediately raised for Jenny, and children's social services were alerted of the potential risk to the children. With Jenny's consent, a strategy meeting was held between social workers, housing officers and community safety officers. They agreed a protection plan to increase the family's safety whilst trying to help them move house.

A fireproof letterbox was installed, the family were given personal alarms and patrol services on the estate were increased by wardens, caretakers and the police safer neighbourhood team. A letter about anti-social behaviour was delivered to every household on the estate, and community safety officers checked CCTV footage to try and identify who was carrying out the abuse. The family were referred to witness support services and received on-going support from Camden Learning Disabilities Services nurses and psychologists.

The family were risk assessed by Camden Council housing and referred to a housing safety interventions panel. The family received additional points and were able to move house after a few months. They now feel safe and happy in their new home.

What have we done in our safeguarding strategy to help and protect adults?

Our safeguarding strategy ran from 2012 to 2015, setting out our promises to help and protect people under five strategic outcomes. This section of the report tells you how well we have done against the promises we made.

1. Prevention

We promised to...

- Raise awareness so local people and banks can report concerns of abuse
- Help adults protect themselves
- Identify training for carers and ethnic minority communities to highlight risks and signs of abuse

How have we done?

- ✓ Put more information on our website
- ✓ Sent out 6000 posters & 13000 leaflets
- ✓ Helped SURGe produce 100 copies of their Keeping Safe DVD
- ✓ Held events with community groups attended by 278 Camden residents
- ✓ Run two sessions for family carers
- ✓ Improved links with trading standards
- ✓ Shared more information on scams
- ✓ Drafted awareness raising information for banks and post offices

This has resulted in...

- ↑ Reports about abuse have risen from 700 per year (2012) to 1223 per year (2015)
- ↓ But reports from friends, family and victims have fallen from 69 to 51 per year
- ↓ Fewer reports are made of abuse against Asian (87 per 100,000 people) and mixed ethnicity (89 per 100,000) people compared with the whole population (247 per 100,000)

2. Choice

We promised to...

- Help people fully understand any risks in their choices and decisions
- Provide safeguarding information to help people using direct payments
- Take into account people's wishes when making decisions on their behalf

How have we done?

- ✓ Signed up to the Making Safeguarding Personal programme
- ✓ Developed safeguarding training for Personal Assistants and "how to be a good employer" sessions for people who employ Personal Assistants
- ✓ Included safeguarding information and advice on the Camden PAs website
- ✓ Started regular case audits, covering risk management, choice, capacity and best interest decisions

This has resulted in...

- ↑ Good risk analysis in 84% of cases (Apr '15), compared with 60% in Oct '13
- ↑ Asking the adult's wishes in 70% of cases, compared with 54% in Oct '13
- ↑ Improving people's choice in 78% of cases, compared with 62% in Oct '13
- ↓ But we only offer independent advocate support to a small number of people

3. Listening and engaging

We promised to...

- Invite people who've been through safeguarding to feedback on the service
- Empower staff to share their views
- Enable carers and people with different communications needs to help us improve services

How have we done?

- ✓ Designed and piloted safeguarding feedback interviews for customers
- ✓ Published "you told us, we did" information after our community event
- ✓ Heard staff views through focus groups with hospital and housing workers
- ✓ Made leaflets and audio information available in 6 languages and easy read
- ✓ Involved people with learning disabilities and visual impairments on the Safeguarding Engagement Group

This has resulted in...

- ↑ A new housing-social care flowchart to help information sharing and feedback
- ↑ Priorities identified to involve more people for whom English is not their first language in improving safeguarding services
- ↑ Priorities identified to expand feedback interviews and learn from the results

4. Standards

We promised to...

- Help all agencies use the same policy
- Include safeguarding, dignity and respect in all care agency contracts
- Develop a culture of learning
- Help residential and nursing homes to safeguard people 'right first time'

How have we done?

- ✓ Supported agencies to adopt the same policy and procedure across London, self-audit their arrangements and train their staff and volunteers
- ✓ Added clauses on safeguarding, dignity and respect to all contracts and carefully checked agencies are adhering to them
- ✓ Developed a protocol to learn lessons from serious cases in Camden, and looked at lessons from serious cases elsewhere in the country
- ✓ Held safeguarding learning slots at care agency and housing forums
- ✓ Tested enhanced care homes monitoring methods

This has resulted in...

- ↑ 87% of SAPB agencies' self-audits showing their policies and procedures were up to date in 2014
- ↑ 3331 staff/ volunteers being trained on the pan-London policy since April 2012
- ↑ Development of a Quality Assessment Framework for care homes
- ↑ Testing of a customer satisfaction survey for providers to run each year

5. Access

We promised to...

- Understand the different issues that concern Camden communities and help all to spot and report abuse
- Move more cases to prosecution
- Prevent re-offending
- Coordinate work on hate/ mate crime

How have we done?

- ✓ Heard the concerns of different communities through the Safeguarding Engagement Group, events and our safeguarding strategy consultation
- ✓ A survey on hate crime run by Community Cohesion teams
- ✓ Agreed ways of working between adult social care and the police
- ✓ Shared information with probation on offenders being released from prison
- ✓ Helped distribute disability hate crime awareness raising materials
- ✓ Supported a Camden Hate Crime Conference – included a workshop on mate crime

This has resulted in...

- ↑ Priorities identified to develop sharing stories and local champions schemes because people still tell us there are barriers to reporting abuse
- A slight fall in police action/ prosecution on cases: 61 cases in 2011/12, and 45 in 2014/15
- ↑ 3 learning disability hate crime cases came to the Safety Interventions Panel

WHAT NEXT?

Through our 2012-2015 Safeguarding Strategy, partner agencies have achieved a great deal to help and protect adults. But there is always more to do, e.g.:

- To help more families and friends to spot and report abuse
- To raise awareness in ethnic minority communities and remove barriers to reporting
- To ensure everyone who needs it receives support or advocacy to help them be involved in decision-making on their safety
- To make sure the views and wishes of the adult are at the centre of everything we do
- To offer everyone the opportunity to give feedback

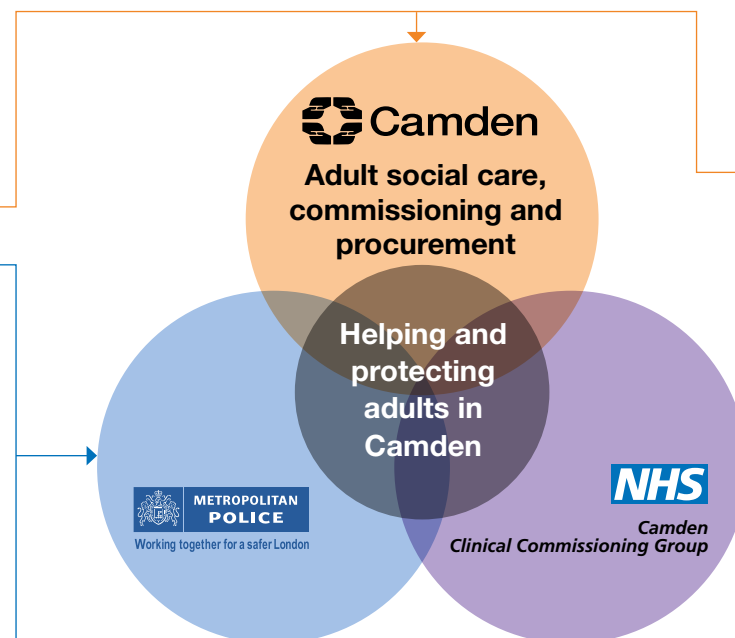
Our **new safeguarding strategy** (see page 29) includes priority actions around these things and many more...

What has each partner organisation done to contribute?

We began setting up a multi-agency safeguarding hub, which aims to bring staff from key services (like adult social care, mental health, police, health and housing) together in the same place to receive and risk assess safeguarding concerns. It is helping us share information and respond to concerns more quickly.

We commissioned new advocacy services to make sure we can fulfil our duties under the Care Act to fully involve people in decisions on their safety.

We developed a quality alert process, a customer satisfaction survey and quality assessment framework for care homes and home care. This is helping us to identify poor or abusive care cultures, and put action plans in place with providers to prevent abuse in the future. We also developed a Suspension of Care Services protocol to use if needed.



We recruited an additional Detective Inspector, to specialise just in safeguarding adults and children cases. Increased resources and a clear governance structure means safeguarding is not an “add on” – the profile of safeguarding has been raised, and we can offer more timely, expert responses. Very few boroughs have a specialist safeguarding resource like this.

We trained all officers who are primary and secondary investigators in safeguarding – including how to use our Vulnerability Assessment Framework. Officers are now recognising and reporting more abuse, and providing a better initial response. We have increased the police presence in the multi-agency safeguarding hub due to the higher volume of work.

We embarked on a process of culture change, helping staff to understand and embrace the role of safeguarding in policing. Officers increasingly see policing as about protecting vulnerable people and not just about “catching baddies”. We are reporting more abuse as a result, and sharing more intelligence with our partners – e.g. hospitals and other boroughs.

We developed **safeguarding metrics** (measures of activity and performance) for health providers that will be monitored in contracts. It will help us track patterns of concerns and help providers improve so people are kept safe.

We supported health providers to adopt a pressure ulcer (“bed sore”) protocol. We developed it for nursing and care homes and delivered training. It is increasing staff confidence in deciding when to raise safeguarding concerns for pressure ulcers.

We continued CCG and GP adult safeguarding training, including for out-of-hours GP services. We also continued our domestic violence scheme, which resulted in 101 referrals in 2014/15 compared with 17 last year.

We had a big conversation about safeguarding – using:

- focus groups for staff
- the housing association forum
- a “Housing and Health Summit” with public health

We also ‘health checked’ our services against new guidance from the Social Care Institute for Excellence. This helped staff to be clear about their role, and we drew up a detailed action plan for 2015/16.

We trained 251 staff in 2014/15. 68% of our staff now have up-to-date training and can spot and report abuse and neglect. This compares with 30% of staff trained in 2012.

We continued to make the highest numbers of referrals to the High Risk Panel (8 out of the 25 cases referred this year), and worked closely with partner organisations to support residents to de-clutter hoarded homes. Feedback we received shows this improves safety, health and quality of life for these residents, and for those living nearby.



We used **innovative approaches to raise awareness** around domestic violence and abuse within the community, particularly in relation to older victims through our “kNOW it’s not too late” campaign.

We continued to fund Independent Domestic and Sexual Violence Advocates at two local hospitals, resulting in 168 referrals from the two hospitals in 2014-15, compared with 66 in 2013-14. We expanded the Identification and Referral to Improve Safety (IRIS) project across GP practices in Camden.

We implemented a consistent risk assessment model for victims of anti-social behaviour. During the last quarter of 2014/15 100% of victims whose cases were considered at the Safety Interventions Panel (also known as a Community Multi-Agency Risk Assessment Conference) were made safer through our interventions.

We ran a half-day workshop on recent Supreme Court rulings; we created a **new Mental Capacity Act lead role; and we trained 100 staff** on using the Mental Capacity Act, Deprivation of Liberty Safeguards and Independent Mental Capacity Advocates. This is helping staff to legally protect service users’ rights and support their decision-making.

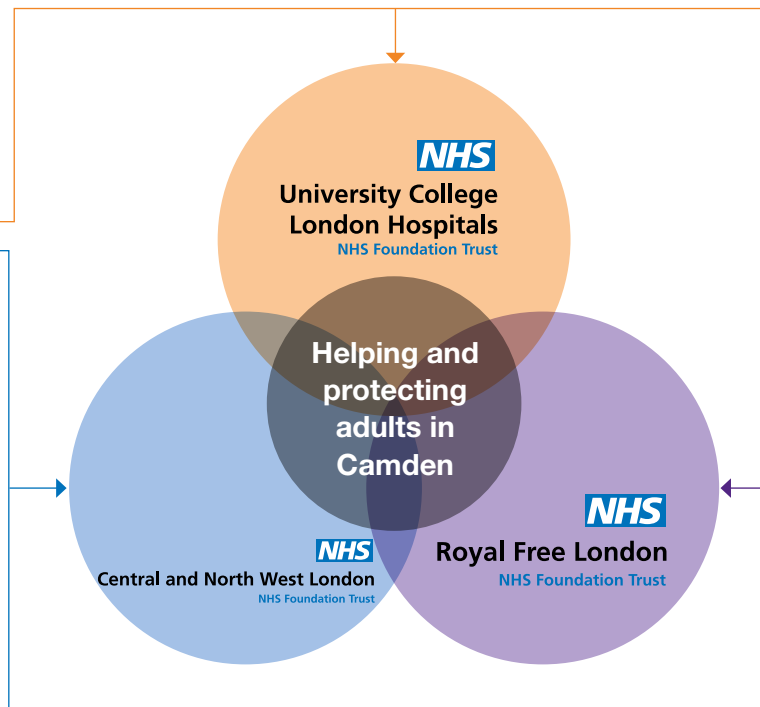
We launched the Awareness and Response to Domestic and Sexual Abuse project, and trained 421 staff on Female Genital Mutilation, forced marriage and so called ‘honour’ based violence. We also hosted a ‘White Ribbon’ event. This has improved awareness of domestic abuse amongst mental health patients and awareness of risk to carers. It also increased our referrals to Multi-Agency Risk Assessment Conferences.

We held regular safeguarding forums for staff to talk about safeguarding issues, process queries and complex cases. This has improved staff confidence and the quality of care provided.

We arranged a legal masterclass with two expert lawyers and the Department of Health in response to the Supreme Court ruling and House of Lords Select Committee review. This resulted in a 472% rise in the number of Deprivation of Liberty Safeguards applications we make. We were a member of the national planning panel revising the Deprivation of Liberty Safeguards forms. We were also nominated to represent acute hospitals in presenting the UK Mental Capacity Act model to the Swedish Government.

We expanded our team of safeguarding experts by establishing new roles, including: a Learning Disabilities Clinical Nurse Specialist; an Independent Domestic and Sexual Violence Advisor; and a Safeguarding Adults Nurse. This is helping us improve the support we offer to patients at risk, which is evidenced by a 35% increase this year in the referrals we make.

We met our domestic abuse quality improvement goals (known as a CQUIN) and implemented 2014 guidelines on domestic abuse from the National Institute for Health and Care Excellence. We also trained 394 staff in domestic abuse awareness and started using new screening tools in our emergency and maternity departments to help us identify and support people at risk.



We promoted person-centred and compassionate care by:

- Introducing the #hellomynameis campaign so patients know who's treating them.
- Introducing a consent crib sheet and making advocacy more available
- Making information available in different languages and easy read, and helping staff to book interpreting services.

Exit surveys show patients feel they were treated with compassion.

We updated our guidance to reflect the Care Act, and produced a safeguarding/ mental capacity/ Deprivation of Liberty Safeguards flowchart for staff. We created a new safeguarding adults and mental capacity act post.

75% of staff completed Mental Capacity Act and Deprivation of Liberty Safeguards training, and tailor-made sessions were run on compassion, attitude and gentleness. This has resulted in a 7.5% increase in Deprivation of Liberty Safeguards applications, meaning we are better protecting people's human rights.

We strengthened our safeguarding team to make sure we have the right skills and resources to provide timely coordinated responses to concerns. Staff have increased confidence in the support they receive, and are more aware of potential patient safeguarding issues.

We developed an integrated safeguarding committee and an integrated strategy with 10 key aims that form the basis of our action plan. This has given us a shared vision that safeguarding all our patients is everyone's business. It is helping us develop a culture of compassionate care.

We updated our safeguarding policy and training strategy to reflect the Care Act 2014. This is supporting a consistent approach to safeguarding training and services.

We improved our data collection so we can separate adult safeguarding from welfare concerns. In 2014/15 we raised 17,651 welfare concerns, and 4,522 adult safeguarding. Of these, just under 500 welfare and just over 100 safeguarding concerns related to Camden.

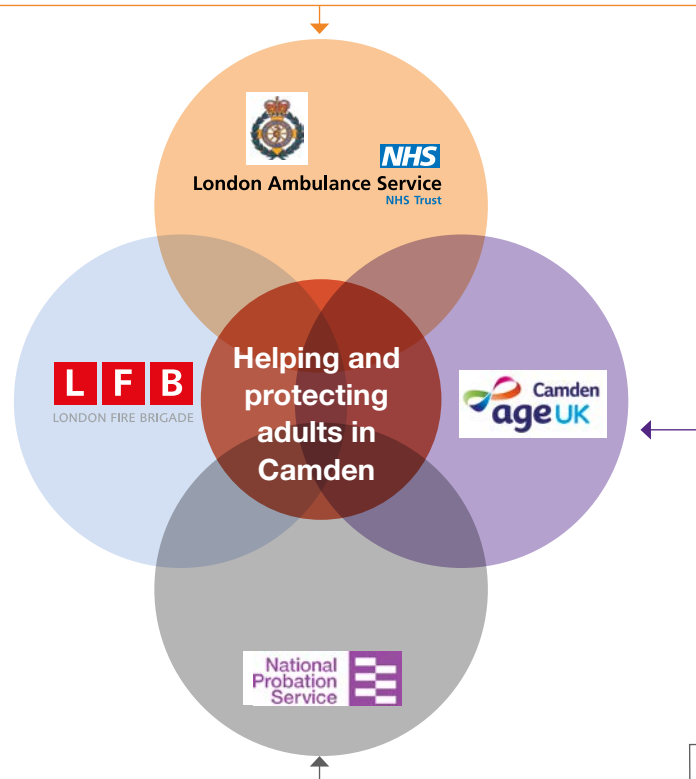
We updated our safeguarding policy in line with the Care Act, our mental health patients and safeguarding guidance, and developed a new policy on managing allegations against staff. This is helping ambulance crews respond consistently to safeguarding concerns.

We completed a Safeguarding Adult at Risk Audit Tool and developed an action plan to improve how we keep people safe. We also identified new senior leads on PREVENT and mental capacity to raise the profile of these areas.

We continued to contribute to the High Risk Panel, offering recommendations and working closely with partners to reduce fire risk to our most vulnerable residents, helping people to stay safe.

We provided over 2400 home fire safety visits in Camden in 2014/15, at least 80% of which were to our most vulnerable residents. The visits provide advice on keeping safe and, if needed, we immediately raise any safeguarding concerns.

We enhanced our display of safeguarding adults posters and leaflets in our fire stations. This is improving staff confidence and skill in spotting and reporting abuse.



We worked with adult social care to find a simpler and more secure way of raising concerns. 100% of our alerts are now successfully received via an encrypted email, and are dealt with more efficiently. We can now follow up and get feedback on alerts we made.

We developed a centralised reporting system so we can review concerns and outcomes. We feed trends and issues to Age UK national office to influence country-wide policies and procedures.

We now have a named trustee who ensures safeguarding is always on trustee meeting agendas. The trustees now have a better awareness of the safeguarding reporting procedure and issues that arise.

The London Probation Trust was split into the National Probation Service (NPS) and the London Community Rehabilitation Company, to better manage offenders who pose a risk to vulnerable adults and children. In NPS London **we established new structures for safeguarding adults** – including a senior manager and a Camden and Islington Senior Probation Officer as a single point of contact.

We continued running staff awareness briefings, updated in light of the Care Act, and held quarterly practitioner forums. Our Multi-Agency Public Protection Arrangements chairs attended a training event and now have a better understanding of their role in adult safeguarding.

We developed practice guidance and presentations on probation-related sections of the Care Act and our responsibilities. This has helped staff understand when safeguarding duties apply and the responsibilities of prisons and local authorities for offenders and for adults living in Approved Premises.

What has each sub-group and the high risk panel done?

Learning and Communications Sub-Group

The role of this sub-group is to oversee the training programme, make sure that workers and volunteers in Camden are trained, and lead communications work to raise awareness of safeguarding issues.



In 2014/15 we asked organisations what % of their workforce had completed safeguarding training, but not every organisation was able to tell us.

We have flagged this up to the SAPB so that next year we can help partners to be sure their staff know how to help people to stay safe.



Quality and Performance Sub-Group

The role of this sub-group is to monitor the numbers and types of abuse cases in Camden, analyse how effective our work is at supporting people to stay safe, and suggest actions we can take to improve how we protect people.

In 2014/15 we...

Learned lessons from a Serious Case Review in Dorset

Looked at the results of audits into financial abuse and care home contract monitoring

Explored a small rise (from 51 in 2013/14 to 68 in 2014/15) in reports of abuse and neglect alleged to be taking place in hospital

Audited 75 safeguarding cases and discussed how well we had worked together to help people stay safe

This told us that...

We need to support staff to gain people's trust, share information, and make more use of the High Risk Panel

More information should be available on financial abuse, and a new manager is monitoring contracts and safety in care homes

Less than 10% of the very few allegations made against hospitals were proved true or partly true. We feel confident hospitals remain safe places

The audits found 58% of our work with people was good or excellent. In 2015/16 we want this to improve further

Safeguarding Engagement Group

The role of this sub-group is to help Camden SAPB hear the voice and views of: residents in Camden, people at risk of abuse or neglect, and any unpaid carers.



Next year we will...

- Start developing a safeguarding champions scheme
- Help people share their stories of experiencing abuse and safeguarding services

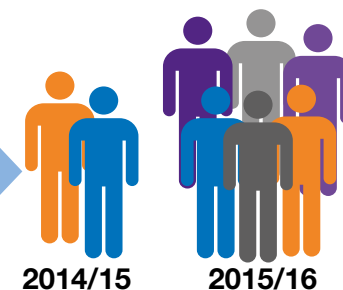
High Risk Panel

The panel was set up by the Board and meets every six weeks to help progress complex cases. It brings together different organisations (e.g. housing, mental health, adult social care, environmental health, fire, voluntary organisations etc.) to find ways of working together to support people at high risk of self-neglect, hoarding or fires.



Looking forward...

We expect more people to be referred to us for help in 2015/16. We are reviewing how the panel works so we can support more people.



Case
study D

Self neglect and fire risk



Arnold is a 70 year old man living in a council property. He has a history of alcohol misuse, heavy smoking and self-neglect. He receives support with his personal care, incontinence, maintaining hygiene of the flat and managing bills and debts.

There was a fire in Arnold's property due to a discarded cigarette butt, and two weeks later another fire due to Arnold cooking under the influence of alcohol.

The London Fire Brigade referred Arnold to Camden's High Risk Panel, which agreed some joint work to help Arnold stay safe, including:

- A home fire safety visit to provide advice, and Arnold agreed that London Fire Brigade could fit smoke alarms in all his rooms.
- Two sets of fire-retardant bedding – funded by London Fire Brigade and Camden Council adult social care.
- A CareLine linked alarm, to alert services quickly if there is another fire.
- An auto-mist sprinkler system funded by Camden Council housing.
- Two deep cleans of Arnold's property.
- An offer of support from alcohol services, which Arnold declined.
- And a review of Arnold's care package and medication.

This work has significantly reduced the risk to Arnold and his neighbours, and work is still ongoing.

Mental Capacity Act and Deprivation of Liberty Safeguards

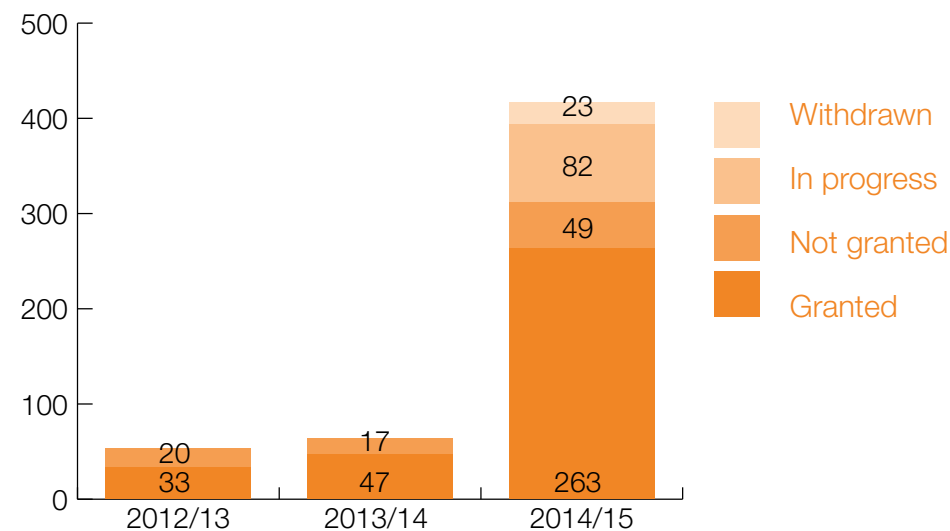
The Mental Capacity Act is a law that upholds everyone's right to make decisions for themselves as far as they are able. It also sets out how to know if someone cannot make a particular decision at a particular time (called "lacking capacity"), and how someone else can make decisions in their best interests.

The Deprivation of Liberty Safeguards is part of the Mental Capacity Act. The Safeguards make sure that people who lack capacity in hospitals and care homes are looked after in a way that does not inappropriately restrict their freedom. Where someone does need to be kept in a hospital or care home to receive care and treatment, the Safeguards make sure the decision is taken properly and is in the person's best interests.

In March 2014 the Supreme Court made a significant **judgement** on two cases, which has resulted in the concept of the "Acid Test" (whether someone is under continuous supervision and whether they are free to leave) to decide if somebody is being deprived of their liberty. This has widened the number of people who come under the Safeguards. This is good because we can now protect more people but it has put partner organisations under tremendous additional pressure. National paperwork for the Safeguards was also reviewed and simplified in January 2015, which University College London Hospitals NHS Foundation Trust in Camden contributed to.

As a result of the Supreme Court ruling, Camden received 418 applications for a Deprivation of Liberty Safeguards authorisation in 2014/15 compared with only 63 the year before – a 650% increase. Hospitals in Camden experienced similar increases in the numbers of applications they were making. Nationally the total number of Safeguards applications increased by 870% between 2013/14 and 2014/15. Of the 418 applications received by Camden, 263 were granted, 49 were declined, 23 were withdrawn and 82 were still in progress at the end of the year.

Deprivation of Liberty Safeguards applications by outcome



Hospitals, local care homes, and Camden Council adult social care have been under enormous pressure to make sure applications are made under the Safeguards for people who need them and that the right decisions are made in the person's best interests. All partners have risen to the challenge and worked hard to protect people from being unlawfully deprived of their liberty, however the changes have impacted on staffing and resources. Partners have also updated their training, policies and procedures. Camden SAPB monitored the impact of the Supreme Court ruling on the partnership and people's safety. The SAPB supported Camden Council adult social care to develop, circulate and implement a prioritisation system for Safeguards applications to make sure the most urgent cases received attention at the right time.

The SAPB also received development funding from NHS England around the Mental Capacity Act. The Board is putting the money to work by producing some leaflets and posters on the Mental Capacity Act, training for residential and nursing homes, and a targeted communications campaign for GP surgeries to raise awareness.

Looking forward to 2015/16, the Law Commission has opened a national consultation on the law of mental capacity and deprivation of liberty. The paper concludes that the Safeguards are 'deeply flawed' and propose that they be replaced with a new system, to be called 'Protective Care'. The consultation is open until 2nd November 2015. A final report including recommendations and a draft Bill is expected to publish in 2016 with a view to changing the law.

Case study E

Deprivation of Liberty Safeguards



Due to a brain injury, Angela experiences extreme anxiety, disorientation, hallucinations and a lack of risk awareness. This means her behaviour can be unpredictable and difficult to manage, including physical aggression, swearing, shouting and sexual disinhibition, and she needs ongoing care and treatment. Angela is very close to her father. It has been alleged (but never proved) that he is

inappropriately physically close with Angela and gets frustrated with the demands of her care needs.

Over the years Angela has been kept for treatment in several different specialist hospitals and care homes under the Mental Health Act 1983. However, due to her unpredictable behaviour and changing medication, no long term effective care plan has been found.

Last year Angela was discharged from the Mental Health Act. A decision was needed on where she should live and receive treatment. Health professionals made a Deprivation of Liberty Safeguards application to keep Angela long term in a high-level specialist hospital. However, whilst Angela liked elements of where she lived at the time she repeatedly expressed a wish to live with her father; at the same time, her father wanted her to return home to live with him, supported by a care

package funded by Camden Council.

Angela's care arrangements were fully reviewed, including capacity and best interest assessments. Different options were considered for where to continue treatment. This showed that Angela's liberty would be unnecessarily restricted in a specialist hospital – she would be under constant supervision, significantly medicated, have few trips out, and no sense of autonomy.

A full risk analysis was completed, along with test and trials of community care arrangements and Angela living with her father. It was found that the major risks of Angela living with her father could be adequately managed, and she returned home. Angela's last review showed that both father and daughter have settled well into the new living arrangements and no safeguarding issues have arisen.

Serious Case Reviews

We consider conducting a Serious Case Review when an adult with care or support needs dies or suffers significant harm and there are concerns about how partner organisations have worked together.

Serious Case Reviews identify lessons we should learn to improve how partners work together. A Serious Case Review is not an inquiry into how an adult died or was harmed, and does not try to find out who is to blame – this is the job of the police, criminal courts or coroner.

In 2014/15 Camden SAPB received four Serious Case Reviews requests, compared with zero in 2013/14 and previous years. We agreed that one of these requests met the criteria in our protocol for a Serious Case Review. The Board therefore arranged for a Serious Case Review to take place and brought together a panel of relevant organisations, which met twice in 2014/15 to review how partners had worked together on the case. The panel is expected to meet once more in 2015/16 and will present a report and recommendations to the Board.

The Board also agreed that we should learn from the three cases that we did not arrange a Serious Case Review for.

- On one case Camden Clinical Commissioning Group used the safeguarding investigation outcomes to implement an action plan with three health providers involved in the case. This involved improving training take up for GPs, replacing use of fax communication with secure email, and reviewing referral processes so all staff are clear on what to do and who to contact if they are concerned about an adult.
- On another case the Board agreed to set up a task and finish group to develop a simple safe discharge checklist that will be used across Camden. The aim of the checklist is to make sure there is good communication when someone leaves hospital and all the support they need is put in place when they need it. The task and finish group will start meeting in 2015/16.

- On the final case the Board agreed to bring relevant partner organisations together for a round table learning event, which is planned to take place in 2015/16. This event will look at how organisations can better work together to protect adults when there are known risks about someone being released from prison.

There were no Serious Case Reviews on-going from 2013/14 that finished this year.

From April 2015 Serious Case Reviews will be known as Safeguarding Adult Reviews. Section 44 of the Care Act 2014 places a duty on Camden SAPB to arrange Safeguarding Adult Reviews in certain circumstances. The Board has revised its protocol for reviews into a new framework, which includes a menu of review methods for learning from cases and is expected to be approved by the Board in 2015/16.

Each year, we will use this annual report to tell you about the Safeguarding Adult Reviews we have arranged, the learning we found and how this will be embedded.

Training

The Board continues to promote and use the multi-agency training strategy and competency framework. This sets out four levels of training for different groups of staff according to their role in the safeguarding process, as set out in the table below. Some staff and volunteers may need more than one level of training.

Level	Target groups	Example courses
1	Staff and volunteers who have infrequent or non-direct contact (or both) with adults at risk of abuse, such as clerical staff	<ul style="list-style-type: none"> Online learning (known as “e-learning”)
2	Staff and volunteers who have frequent, direct contact with adults at risk of abuse, such as paid carers, housing officers	<ul style="list-style-type: none"> Half-day safeguarding adults awareness
3	Managers, staff and volunteers with specialist roles (such as direct payment officers)	<ul style="list-style-type: none"> Safeguarding alerts for managers Introduction to financial and material abuse
4	Social workers and those with responsibility for coordinating or managing investigations (or both)	<ul style="list-style-type: none"> Investigating safeguarding cases Investigating financial abuse Risk assessment and protection planning

In 2014/15 we continued to fund multi-agency training through the Training and Development Service. The safeguarding adults programme consists of online learning and face-to-face sessions on safeguarding, mental capacity and deprivation of liberty to meet needs across the partnership.

The Training and Development Service also provides bespoke, on-site training sessions to private, public or voluntary sector organisations in the borough.

All training is fully subsidised (free at the point of delivery) to staff and volunteers of any agency working with Camden residents who may be adults at risk.

Training delivery in 2014/15:

In 2014/15 there were **824** attendances at multi-agency training compared with 809 the year before. Average course attendance fell from 11 to 8. This was due to staffing changes affecting marketing in the early part of the year, and the cancellation of courses with less than 8 bookings.

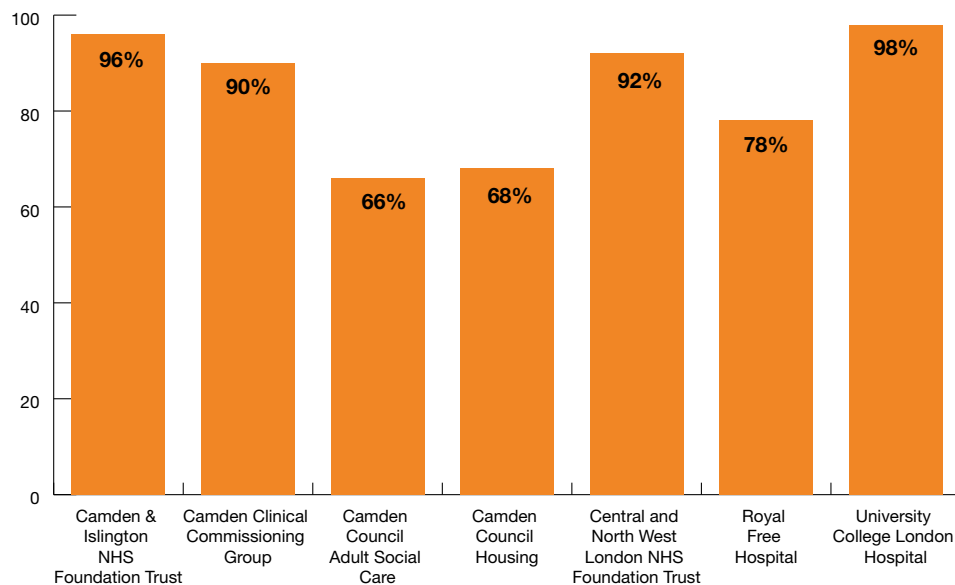
In 2014/15 bespoke on-site training was provided to 351 practitioners and volunteers in Camden – to **New Horizons Youth Centre**, the **Police**, **King's Cross and Brunswick Community Centre** and to **GPs** in partnership with the General Medical Council. Numerous sessions have been scheduled with more organisations for 2015/16. In the latter half of 2014/15 we focussed on advertising training to the multi-agency workforce, and using conferences, open days, public events and telemarketing to raise awareness of the training offer.

All trainers are assessed for **quality** before we employ them to deliver training sessions, and each training session is also rated by delegates via a feedback sheet. All trainers in 2014/15 have **scored between 75% and 100% on delegate feedback**.

Training compliance in 2014/15

Each SAPB partner organisation is asked to report to the Learning and Communications Sub-Group the proportion of their workforce that has completed safeguarding adults training at a level appropriate to their role.

Proportion of workforce completing adult safeguarding appropriate to role (April 2015)



In addition, the following organisations reported the numbers of staff trained but did not convert this into a proportion of the workforce:

- **London Ambulance Service** – 4178 staff across London trained in adult safeguarding, and 100% of all contractors' staff.
- **National Probation Service** – 18 staff attended train the trainer sessions in 2014/15, and 300 staff across 14 boroughs have now completed safeguarding adults awareness briefings.

- **Metropolitan Police Service in Camden** – trained 223 officers (from emergency response, neighbourhood policing and criminal investigation department teams) on adult safeguarding in 2014.

Only partner organisations who supplied the SAPB with training data have been included in the section above. In 2015/16 the Board will be following up with organisations that have reported low training completion rates or not reported any training completion.

Training priorities for 2015/16

In order to meet the requirements of the Care Act, we have made the following changes:

New courses:

We have withdrawn the following courses due to low attendance and/ or new courses being introduced:

- Protecting against systemic neglect in health and social care settings
- Introduction to financial and material abuse
- Investigating financial and material abuse
- Chairing safeguarding meetings

The content from these courses has been incorporated into new courses:

- NEW: Three day course: "Making Section 42 safeguarding enquiries"
- NEW: One day course: "Safeguarding Adult Managers in the Local Authority and the Mental Health Trust"

We have also introduced a range of other courses to cover the new types of abuse under the Care Act (domestic abuse, self-neglect and modern slavery), and on advanced Mental Capacity Act and Deprivation of Liberty Safeguards.

Conference:

In addition, for 2015/16 the Board will run its first conference on safeguarding adults, targeted at practitioners and volunteers who works with Camden residents who may be adults at risk of abuse.

Training compliance:

In 2014/15 it has proved increasingly difficult for all partners to gather information on what percentage of their workforce has had safeguarding training and report this to the Learning and Communications Sub-Group. This was partly due to a need to update the Board's competency framework – which sets out what type of training is needed for each job role, so that organisations can gain assurance their workforce has completed appropriate training. A task and finish group met in early 2015 and drafted a new training levels framework for approval by the SAPB in 2015/16.

Quality assuring training:

In 2015/16 the Learning and Communications Sub-Group will also explore how to measure the quality of our training and whether it is effective in equipping staff to protect people and help them stay safe.

Funding:

In order to fund these developments, the Training and Development Service has kindly added a further £5,000 to supplement the Board's existing training budget for 2015/16. We have also successfully bid for funding from NHS England to boost the supply of Best Interest Assessors locally in 2015/16.

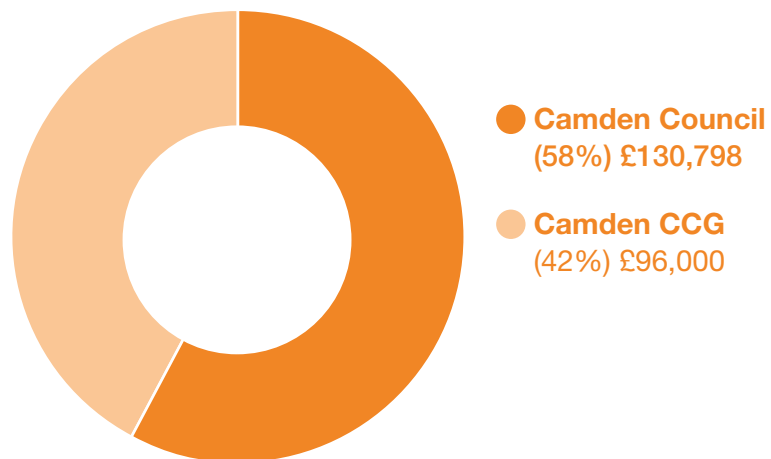
Board funding and expenditure

Funding

We were funded in 2014/15 by Camden Council adult social care and Camden Clinical Commissioning Group as set out below. Funding from the Clinical Commissioning Group was ring-fenced for: two part-time posts to arrange and deliver safeguarding multi-agency training, and the independent chair. All remaining SAPB costs were met from Camden Council budgets. Other partners contributed in kind by offering venues for meetings and by offering staff time to lead on safeguarding work streams.

Camden SAPB funding 2014/15

Total spend £226,798

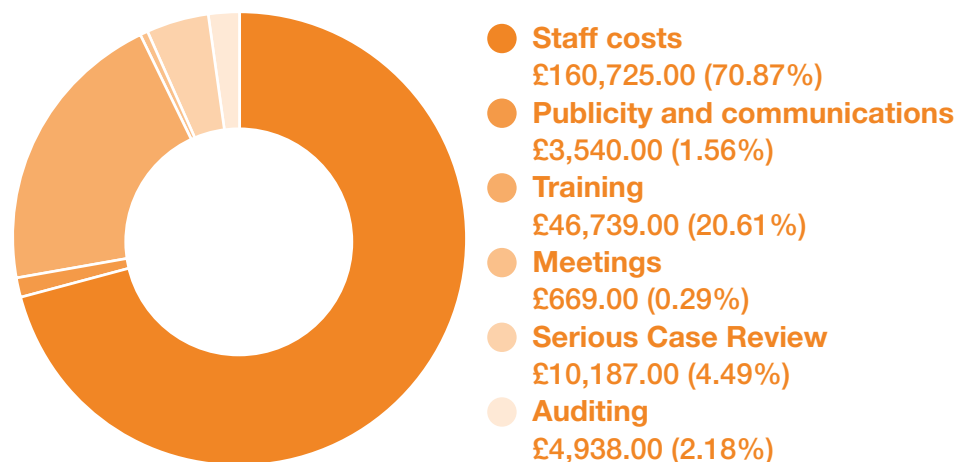


Expenditure

Staffing costs (associated with training posts, independent chairing and Board management) made up the majority of our expenditure for 2014/15, along with trainer fees. Further costs related to conducting a Serious Case Review, auditing to quality assure our practice, and publishing the annual report and updated leaflets.

Camden SAPB funding 2014/15

Total spend £226,798



Case
study F

Personalised approaches to supporting family carers



Michael is an 85 year old man who had a stroke 17 years ago. He suffers from right-sided weakness, tooth pain and some mild hallucinations and uses a wheelchair. His wife of 54 years provides all his care and support, meals and housework.

Michael's wife contacted Camden Council adult social care to ask for a break so she could visit her family in Liverpool. A social worker visited to discuss this, and Michael started hitting his head due to a hallucination. His wife imitated him out of frustration, Michael hit her on the arm, and she started calling him names. When the social worker explored this behaviour with them, they acknowledged it was not appropriate but also that it was not intentional and it was just how their relationship was. Being "stuck with each other 24/7" had an impact.

Options were explored to help Michael and his wife get the breaks they needed, including home care, a short stay in a care home and a day centre. They declined most of the offers, but agreed for Michael to attend a lunch club and for his wife to receive support from Camden Carers' Centre. Michael was also helped to get antibiotics from his GP and a visit from a community dentist for his tooth pain.

Michael and his wife are happy with the outcome, and know who to contact for more support. Camden Carers' Centre is alert to the risk of carer stress and breakdown.

Looking forward – what are our priorities?

Over the coming years, we will continue working together to improve how safe people feel and are from abuse. Board partner organisations are committed to helping adults, their carers, the public and professionals to make Camden a place where adults can enjoy their right to live free from neglect and exploitation.



We have also committed to working more closely with the safeguarding adults board in Islington. Although we have different populations and face some different challenges, as neighbouring boroughs there are also many things of mutual interest that we can work on together. This will help our limited funds go further, improve our effectiveness and secure better value for money.

In the Autumn of 2014 we asked residents, professionals and volunteers in Camden and Islington what they thought we should focus on over the next three years to protect people and help them stay safe.

We have listened to what people told us, and brought everyone's views together into a new Safeguarding Strategy that will run from 2015 to 2018 and replace our old strategy that has now been completed.

A new safeguarding strategy

The new strategy sets out the shared ambitions of Camden and Islington SAPBs for safeguarding in our boroughs from 2015 to 2018. It outlines the areas our Boards will focus on over the next three years to improve how we prevent abuse, help and protect adults, and promote wellbeing. It summarises the work our Boards will do until 2018, and the difference that we expect this to make for people at risk of or experiencing abuse in Camden and Islington.

In the strategy we have agreed with Islington 33 goals that we will work to over the next three years. These are set out under six new priority areas, as shown in the diagram on the next page. You can download a full version of the strategy and our annual delivery plans at camden.gov.uk/asg. Each Board will report on their progress against the strategy: Camden's progress will be reported on in our future SAPB annual reports.

Priority 1 – Empowerment

What it means:

“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

Our goals:

- Keep the person at the centre and work holistically
- Make information and advice more accessible
- Raise awareness of scams, fraud and financial abuse
- Share stories and experiences
- Listen to the person’s experience of safeguarding

Priority 4 – Protection

What it means:

“I get help and support to report abuse and neglect. I get help to take part in the safeguarding process to the extent to which I want.”

Our goals:

- Help communities and families to actively report abuse
- Equip staff and volunteers to protect people
- Equip the voluntary/ community sector as active partners
- Respond promptly to safeguarding concerns
- Respond to new abuse types, e.g. slavery
- Enhance professionals’ skills and knowledge

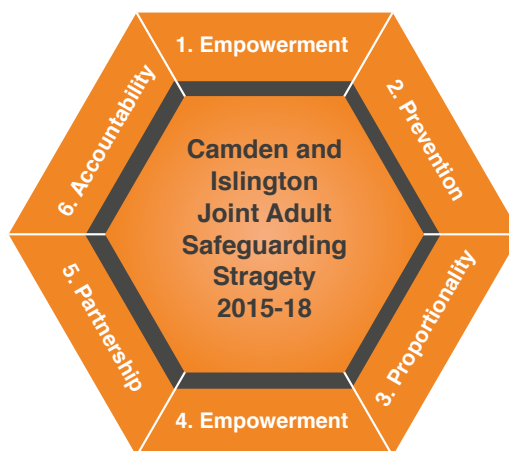
Priority 2 – Prevention

What it means:

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

Our goals:

- Make information on protecting yourself available
- Reduce situations in which people can be abused
- Identify quality of care issues early to prevent abuse
- Prevent vulnerable people from being groomed
- Learn from serious cases around the country



Priority 5 – Partnership

What it means:

“I am confident professionals will work together, with me and my network, to get the best result for me... only sharing personal information if helpful and necessary.”

Our goals:

- Help all partners identify and report abuse
- Share the right information at the right time with the right people
- Give feedback to people who report concerns
- Embed as a statutory safeguarding adults board
- Make links with other partnerships

Priority 3 – Proportionality

What it means:

“I am sure professionals will work in my best interests as I see them, and will only get involved as much as needed.”

Our goals:

- Identify and deal with the risks people face
- Respect people’s rights, helping them find solutions
- Respond to self-neglect appropriately
- Improve how we consider and assess issues of capacity
- Only deprive people of their liberty if absolutely necessary
- Respond to serious cases appropriately
- Explore programmes to help people who abuse others

Priority 6 – Accountability

What it means:

“I understand the role of everyone involved in my life and so do they.”

Our goals:

- Help more victims to get a positive outcome
- Use trends in quality of care to prevent abuse
- Encourage a learning culture, not a blame culture
- Use more data to quality assure safeguarding services
- Involve adults, families and carers in quality assurance

APPENDIX 1: Board representatives and attendance 2014/15

Partner Agency	Representative	Agency attendance
Independent Chair	Marian Harrington	100%
Camden Council – adult social care and joint commissioning	Rosemary Westbrook Director, Housing and Adult Social Care	100%
	Tim Bishop Assistant Director, Adult Social Care and Joint Commissioning	
	Mary Clifton Interim Head of Adult Social Care and Safeguarding	
Camden Clinical Commissioning Group	Joanne Wickens Elected Nurse representative (Q&P sub-group chair)	100%
	Neeshma Shah Director of Quality and Clinical Effectiveness	
Metropolitan Police - Camden	Andrew Packer Detective Chief Inspector	100%
Camden and Islington NHS Foundation Trust	Colin Plant Director of Integrated Care	100%
Camden Council - housing	Jo Adams Service Development Manager	100%
Camden Council - community safety	Tom Preest Head of Community Safety (L&C sub-group joint chair)	100%
Camden Council - procurement	Tim Rising Acting Head of Procurement - People Services	100%
Central & North West London NHS Foundation Trust	Helen Willetts Head of Clinical Practice	100%
London Ambulance Service NHS Trust	Patrick Brooks Community Involvement Officer	75%

Partner Agency	Representative	Agency attendance
London Fire Brigade - Camden	Matt Herrington Borough Commander, Camden	75%
NHS England	Stephan Brusch Professional Safeguarding Adults Advisor (London Region)	50%
Royal Free London NHS Foundation Trust	Dee Blaikie Adult Safeguarding Lead	50%
University College London Hospitals NHS Foundation Trust	Betsey Lau-Robinson Trust Lead – Safeguarding Adults (L&C sub-group joint chair)	100%
Voluntary sector organisations	Hira Bhanderi Advice and Advocacy Manager, Age UK Camden	75%
	Melissa McClelland Homecare Registered Manager, Hopscotch (SEG joint chair)	
	Frances Mostafa Camden People First (SEG joint chair)	

The following organisations were included on the Board distribution list in 2014/15:

Care Quality Commission	Jane Ray Compliance Manager – Camden, Islington and Haringey
London Community Rehabilitation Company	Catherine Askew Assistant Chief Officer
National Probation Service - London	Mary Pilgrim Assistant Chief Officer
Tavistock and Portman NHS Foundation Trust	Elisa Reyes-Simpson Consultant Social Worker and Adult Psychotherapist

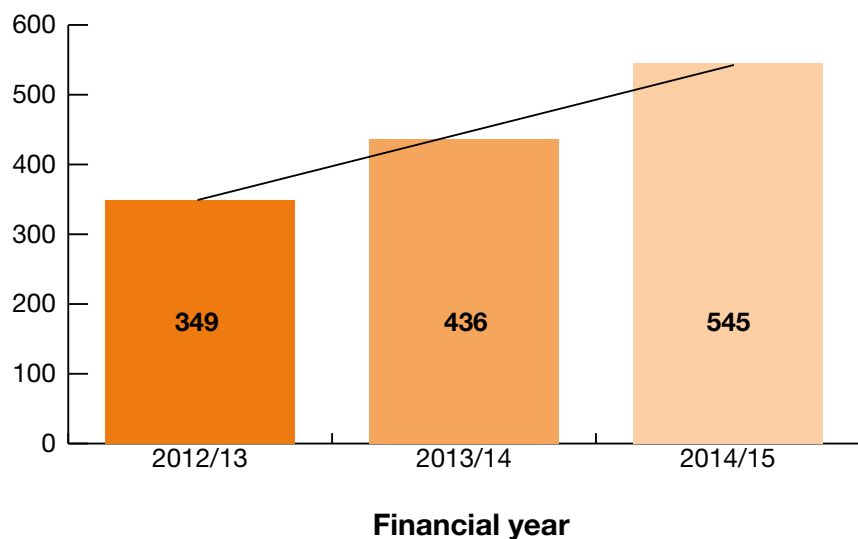
APPENDIX 2: Safeguarding adults performance information

Information on numbers and types of abuse incidents and the action taken to protect people is collected and presented to the Board every three months. All data are provisional and taken from the annual return to the Department of Health – known as the Safeguarding Adults Return – unless otherwise stated. Percentages may not total 100% due to rounding.

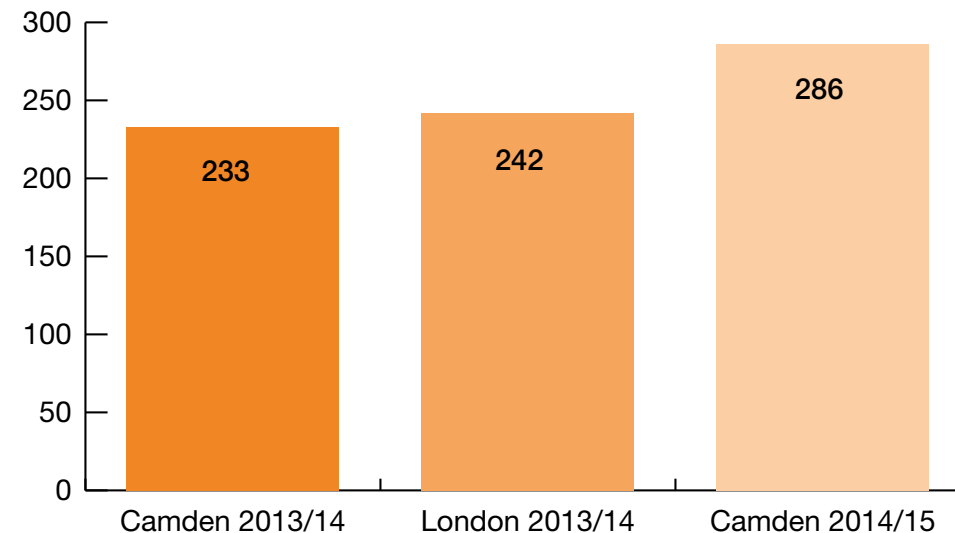
How much abuse and neglect was reported?

The number of reported cases of abuse and neglect we took action on in 2014/15 increased by 25% compared with the previous year (as shown by the chart below left).

Number of reported cases of abuse and neglect we took action on - by year



Rate of referrals per 100,000 population



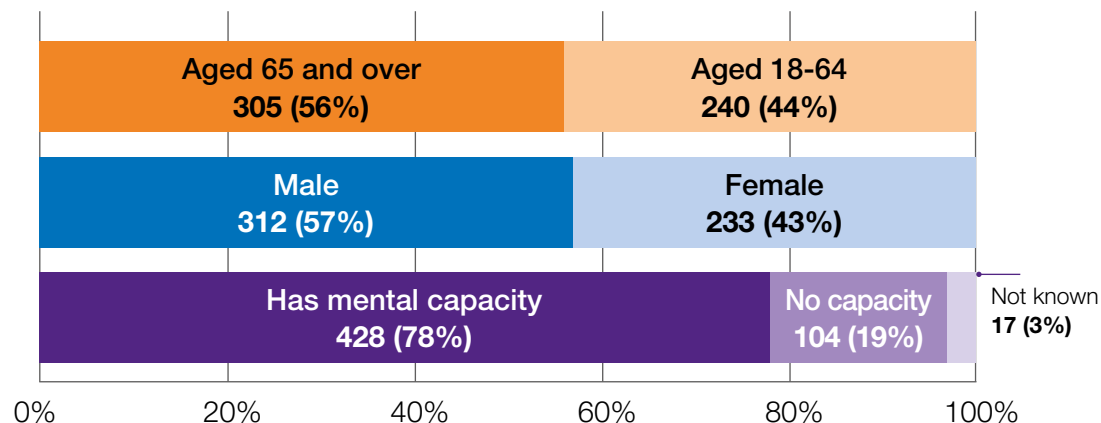
Sources: 2013 and 2014 Mid-Year Population Estimates from the Office for National Statistics

To illustrate how this compares with other boroughs, the chart on the right above calculates how many reported cases of abuse we took action on per 100,000 population in 2014/15 (called the “rate of referrals”) and compares this with the rate of referrals in 2013/14 and across all of London in 2013/14 (latest data available). This suggests that the rate of referrals in Camden significantly increased in 2014/15. This does not necessarily mean that more abuse and neglect is happening – it is more likely that as the Board has raised awareness of abuse and neglect there is a higher level of reporting because more people are confident to speak out and tell us when they are concerned about someone.

Who is at risk of abuse and neglect?

The majority of referrals continued to relate to people aged 65 and over (56%), compared with 62% in 2013/14. More referrals were received for abuse and neglect of males than of females, which is the opposite of previous years.

Safeguarding referrals by demographic 2014/15

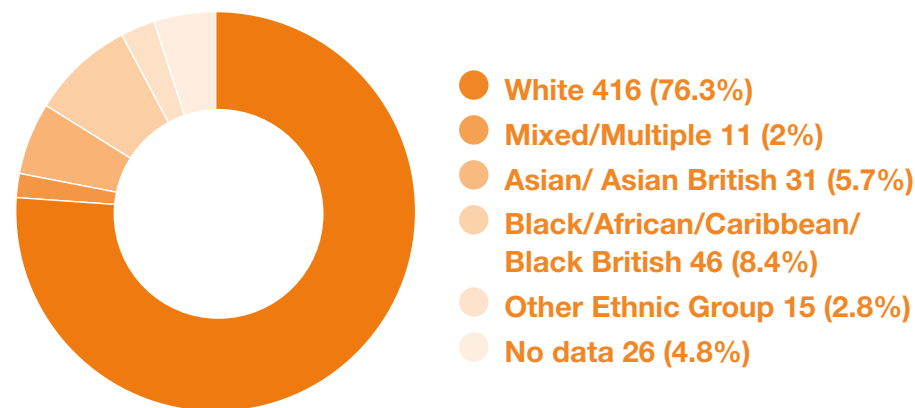


The proportion of people referred who had the mental capacity to make relevant decisions about their safety increased to 78% in 2014/15 from 54% in 2013/14. For everyone who lacked mental capacity, support was put in place via an appropriate family member or friend (in 50 cases) or via an independent advocate (in 54 cases) to help them make their views and wishes known and to contribute to decision-making around their safety.

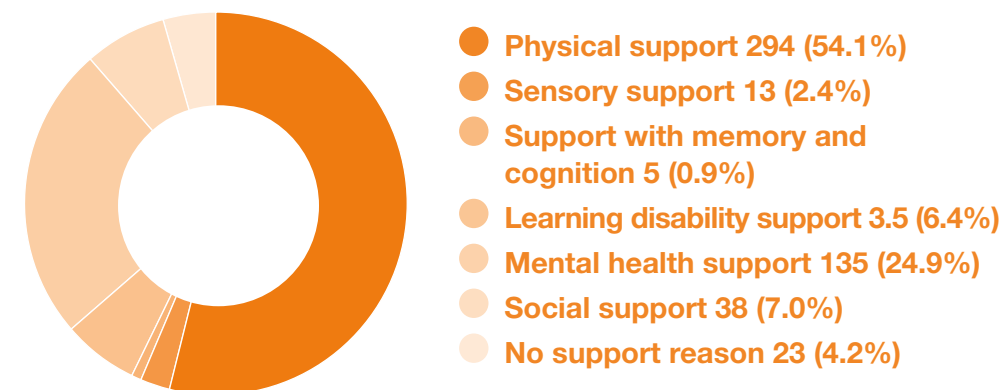
Over three quarters of referrals in 2014/15 were for adults of white ethnicity. The breakdown of referrals by ethnicity is in line with last year, meaning that people of Asian and mixed ethnicity continue to be under-represented in safeguarding referrals when compared with referral rates for all ethnic groups in Camden and nationally.

In 2014/15 individuals referred to safeguarding were most likely to have a physical support need(s) or mental health need(s). This is comparable to the proportion of all social care services that are provided (57.7% of which are for people with physical support needs).

Referrals by ethnicity 2014/15

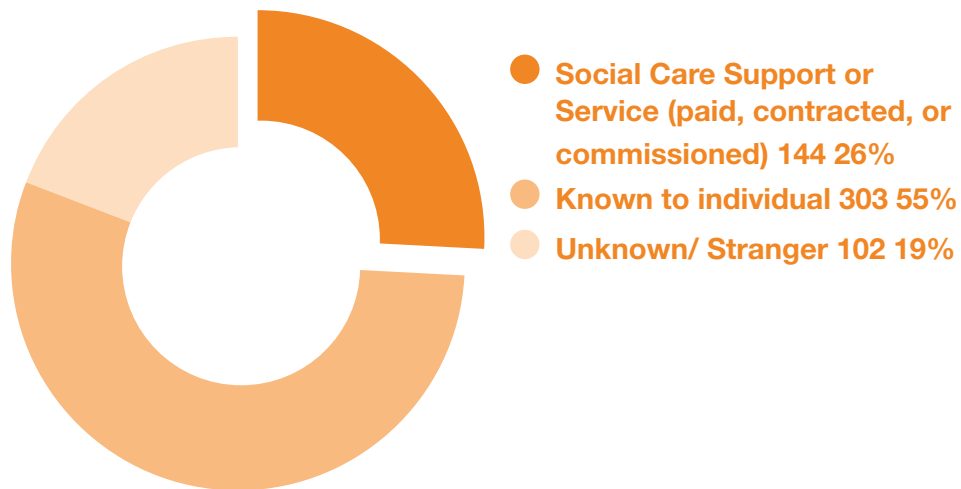


Referrals by primary support reason 2014/15



What abuse and neglect were people at risk from?

Individuals(s) or organisations believed to be the source of risk 2014/15



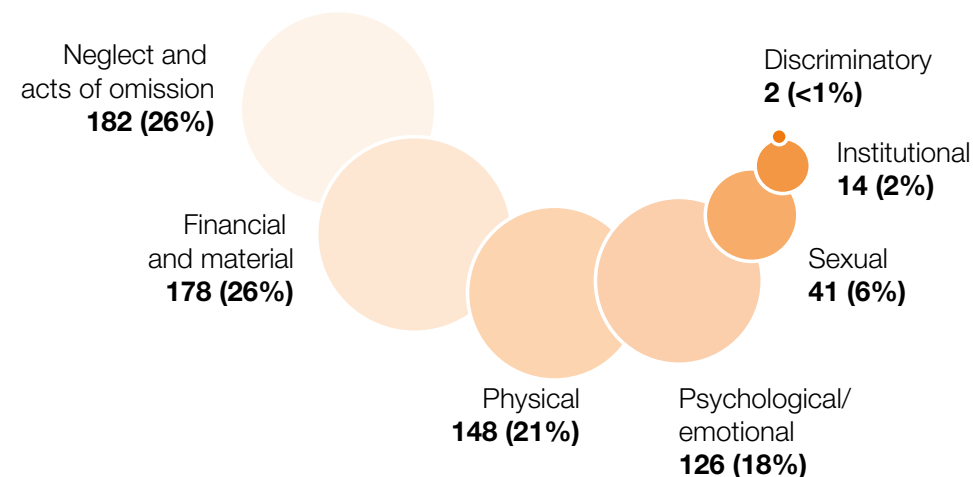
As in previous years, in 2014/15 adults continued to be most at risk from individuals known to them (e.g. family, friends and neighbours). In 2014/15, the proportion of abuse alleged to have been caused by social care professionals or services was around 10% lower than in 2013/14 whilst the proportion of abuse alleged to have been caused by strangers to the adult at risk was around 10% higher.

In 2014/15 people were most at risk from neglect and acts of omission – this was the most common reported type of abuse (26%), closely followed by financial and then physical abuse. This pattern remains broadly similar to the previous year when, for the first time, neglect overtook financial abuse as the most commonly reported type of abuse in Camden.

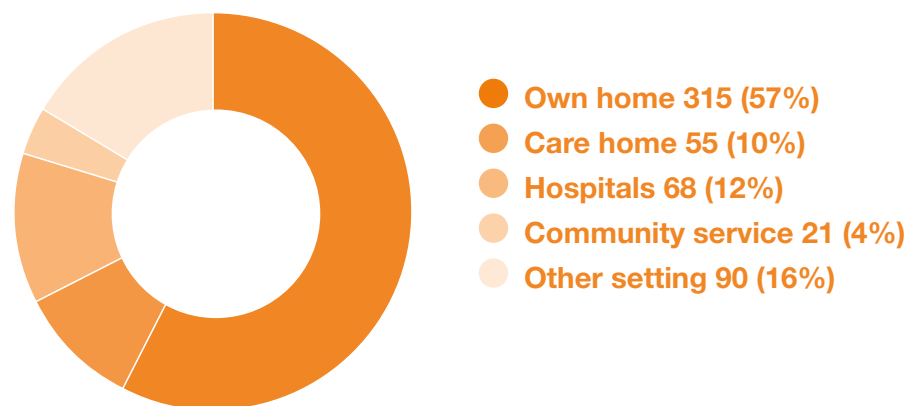
The most commonly reported place that abuse or neglect took place in 2014/15 was in the adult's own home (57% of cases investigated), which

represents an increase on the 49% of investigated cases last year. The proportion of investigated allegations of abuse or neglect taking place in care homes fell from 19% in 2013/14 to 10% in 2014/15.

Types of alleged abuse 2014/15



Location of alleged abuse 2014/15



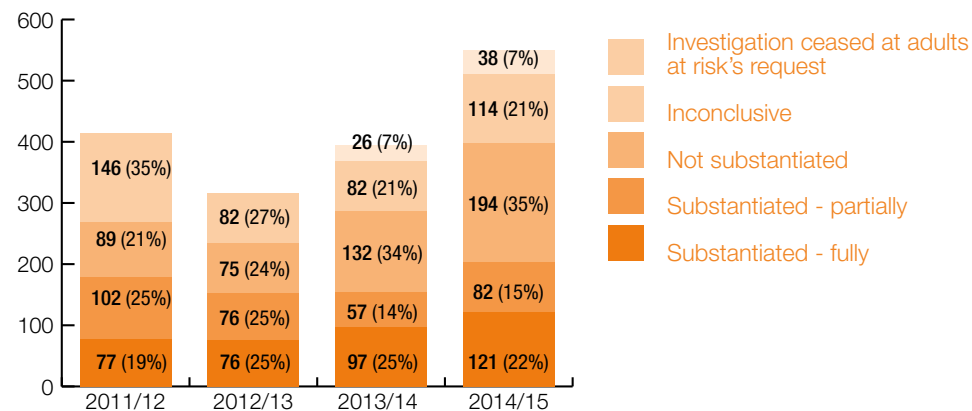
What did we do to protect people and help them stay safe?

In 2014/15 we investigated more allegations of abuse than in previous years, however the proportions of investigations that proved abuse took place (fully substantiated) or proved abuse didn't happen (not substantiated) are the same as last year. The most common conclusion of an investigation is that the allegations of abuse or neglect were not substantiated.

After we had investigated and taken action, the risk remained for the adult in 33 cases (6%), compared with in only 16 cases (4%) last year). There are valid reasons as to why risk may still remain after we have taken action to protect someone. For example, the adult at risk may want to stay in contact with a family member who is abusing them. In these situations professionals will help the adult to understand the risk and how they can manage it, and make sure they know how to access support if they need it (such as counselling or further safeguarding interventions).

Our records show that in 277 cases (50%) no action was taken during or after the investigation to protect the adult, which is an improvement on last year (255 cases, or 65%). This is likely to be a recording error – analysis suggests that professionals are recording this at the end of the investigation to indicate that no further action is planned, rather than selecting one of the other categories to record the action they have already taken during the investigation to protect someone. The Board will follow up on this in 2015/16 to improve recording.

Case conclusions 2014/15

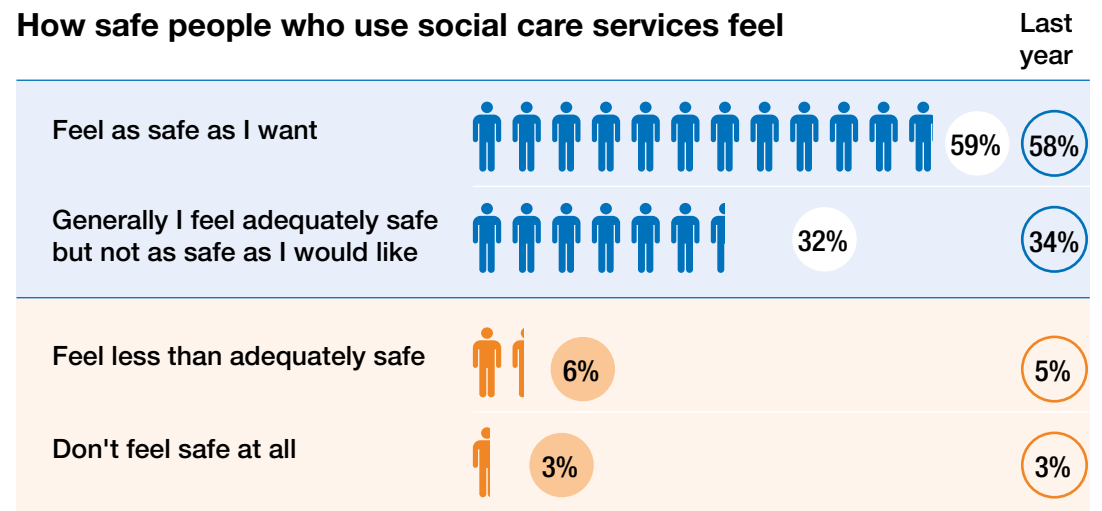
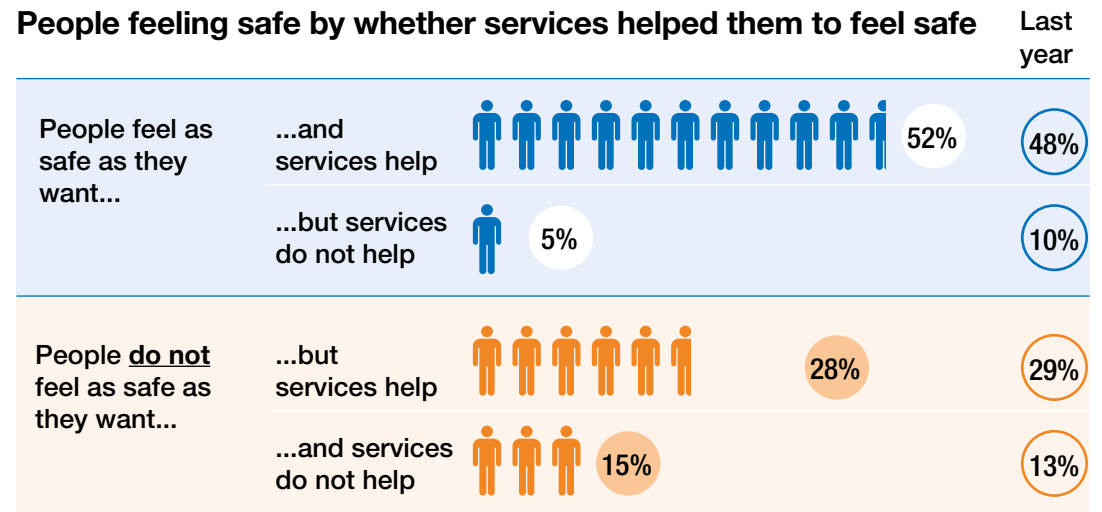


Action taken to manage risk 2014/15



Overall, 91% of people told us they feel safe in Camden (which includes safe from falls and crime as well as safe from abuse and neglect). This is the same as last year.

Slightly more people told us this year that services help them to feel safe, and slightly fewer people told us that services do not help them to feel safe



Your comments

We want to know what you think of this annual report. This is your opportunity to tell us what you liked or disliked and what you would like to see in next year's annual report.

You can print and fill out this page and return to the address below, or [complete this survey online](#):

1. Are you (please tick one)

- an adult who has received or is receiving safeguarding services in Camden?
- a carer?
- a family or friend of someone receiving safeguarding services in Camden?
- a Camden resident?
- a provider of health or social care services in Camden ?
- a member of staff working for Camden Council ?
- other (please say) _____

2. How would you rate this annual report, with 1 being poor, and 5 being excellent? (Please circle the appropriate number.)

1 2 3 4 5

3. Please tell us which parts you found most interesting and why.

4. Please tell us which parts you found least interesting and why.

5. Was there anything in this report that you did not understand?

6. The annual report would be even better if...

Getting involved:

If you live in Camden and would like to become involved in the work of Camden SAPB, we would love to hear from you. Our Safeguarding Engagement Group provides an opportunity for residents and people who have used safeguarding services to share their stories and views. This helps others stay safe from abuse and neglect and helps the SAPB to improve safeguarding services. If you would like to get involved, please tell us your name, number and email address (if you have one) so that we can contact you.

Name:

Telephone number:

Email address:

Please return your completed form to:

Camden SAPB Safeguarding Engagement Group, c/o London Borough of Camden, Town Hall, Judd Street, London, WC1H 9JE.

Find out more

Summary and easy read versions of this report are available for download at camden.gov.uk/asg

For more information or if you would like this report in large print, Braille, audiotape or another language, please contact us:

Camden Safeguarding Adults Partnership Board

c/o London Borough of Camden

Town Hall

Judd Street

London WC1H 9JE

Phone: 020 7974 4444

Email: camdenSAPB@camden.gov.uk

For further information click on the link below:

[Camden Care Choices](#)

[Camden Joint Strategic Needs Analysis \(JSNA\)](#)

[Camden Health and Wellbeing Board](#)

[Camden Community Safety Partnership](#)

[Camden Safeguarding Children's Board](#)

[Camden Safety Net](#)

[kNOw this isn't love](#)

[Information for carers](#)

[If you have a complaint or a suggestion](#)

[Contact Camden](#)