

Welcome to our annual report. I was appointed as Independent Chair in September 2014 and chaired my first Brent Safeguarding Adults Board meeting in October. My role as an Independent Chair is to support continual improvement in the work of all agencies responsible for providing protection and support to 'adults at risk' in Brent.

I am grateful for the work already undertaken by Brent Safeguarding Adult Board's previous Chair, Phil Porter, who has guided the board to date. The board achievements over the past year have attracted significant national and local press coverage. Some highlights include Mencap's Disability Hate Crime Awareness Project and Brent Council's Abuse. See it. Stop it! campaign both featured in this report.

The board works hard at continually identifying areas for improvement and evaluating what we do well. This year we are changing how we do things so we can keep you up to date with where we are at throughout the year. We will update on our priorities throughout the year. I look forward to an exciting year ahead for the board and hope you find this Annual Report interesting.

Fiona Bateman

Independent Chair

Brent Safeguarding Adults Board

TEXT BOX: The board works hard at continually identifying areas for improvement and evaluating what we do well.

What is Brent Safeguarding Adults Board?

Brent Safeguarding Adults Board (BSAB) is a multiagency group working together. The board is made up of people who have an active interest in the well being of vulnerable adults. Each agency is committed to being proactive part in changing things for the better in Brent for vulnerable adults. The board meets six times a year.

Current Independent Chair: Fiona Bateman

Brent Safeguarding Adults Board

Brent Council:

Adult Social Care,

Children and Families Department,

Housing Department,

Legal services (advisory)

Community Safety Brent

Clinical Commissioning Group

Metropolitan Police Brent

Mencap

The Probation Service

North West London Hospital Trust

London Fire brigade

London Ambulance Service

Ealing and Harrow Hospital Trust

Care Quality Commission

Central and North West London Foundation

Trust

Healthwatch

Brent Local Safeguarding Children Board (LSCB)

About the board

The focus for the board in 2013-14 was to ensure effective and collaborative leadership in safeguarding activity across the statutory, voluntary and private sectors. At the BSAB Safeguarding Conference in February 2014 the board consulted widely on the priority areas on which to focus and identified a number of key priorities. Details of the work undertaken to address those are set out later in this report. In addition the board has identified its key priorities for the remainder of this year at the end of this report.

P. 4. Together we aim to raise awareness and promote action in the prevention of abuse of vulnerable adults.

p. 5. Making Safeguarding Personal

The term 'safeguarding adults' covers everything that assists an adult at risk of abuse or neglect to live a life that is free from such harm and which enables them to retain independence, well-being, dignity and choice. It is about listening to people who are at risk about how they would like agencies to support them to live free from abuse and neglect as well as promoting good practice for responding to concerns on a multi agency basis.

Brent Safeguarding Adult's Board is built on the foundation of Making Safeguarding Personal, approaching our work with vulnerable adults from their perspective. Putting the person who is being abused or at risk of abuse at the centre of everything we do.

Being person-centred means that we listen to vulnerable adults carefully, focusing on supporting them to decide what is best for them and helping them to achieve

their goals. Responding to the needs of individuals enables us to continue to reflect and review what we do and how we do it.

The Board is a partnership of senior officers from local statutory and voluntary agencies. It coordinates strategic decision making across the agencies, provides advice regarding safeguarding responsibilities and develops quality assurance measures to ensure all partner agencies' practices are effective at identifying and stopping abuse for those at risk. The Board also leads on raising awareness and promoting action in the prevention of abuse of vulnerable adults.

Members of the Board remain responsible for their operational core responsibilities but work collectively to implement agreed improved safeguarding practice to promote the wellbeing of adults in Brent.

Where a vulnerable adult is being abused Brent Council's Safeguarding Adults Team will lead an investigation and intervene, drawing on support from BSAB member agencies, to stop the abuse.

TEXT BOX: Where a vulnerable adult is being abused we will investigate and intervene to stop the abuse.

P.6. What does the Safeguarding Adults Team look like?

In 2011 Brent Council reconfigured Adult Social Services into teams which follow a customer's journey. As part of the restructure our Safeguarding Adults Team was created, allowing other teams to focus on their core business while ensuring there was a clear focus in the department on Safeguarding Adults.

The Safeguarding Adults Team provides a central point of contact for all safeguarding concerns relating to adults in Brent. The team reviews every alert made to it and investigates cases whenever it believes an adult who may need care and support is at risk of or may be experiencing abuse or neglect.

The views and wishes of the adult are central to the safeguarding process and the Safeguarding Team work in partnership with the alleged victims, family, carers, professionals and relevant others to optimise the safety and wellbeing of adults who are at risk of harm.

The team works in accordance with Protecting Adults at Risk: London multi agency policy and procedures to safeguard adults from abuse.

The creation of the Safeguarding Adults team does not detract from the underlying ethos in the department, that 'safeguarding is everyone's responsibility', but it does ensure there is a clear lead on safeguarding investigations and a coordinated response between all relevant partner agencies.

The team comprises of the following staff –

A Safeguarding Adults Team Manager who has overall responsibility for the operational running of the team and the development of safeguarding adult processes within Brent Council.

A Deprivation of Liberty Safeguards Safeguarding Adults Manager who is responsible for ensuring all referrals sent to the team related to Deprivation of Liberty Orders are progressed in accordance with legislation and policy and the safety and wellbeing of the adult is optimised. They also lead on the development of Deprivation of Liberty Safeguards processes in Brent.

4x Safeguarding Adults Managers – They are responsible for screening all the safeguarding concerns that are sent to the team and deciding what action needs to be taken. They lead on the safeguarding investigations, ensuring protection plans are in place to keep people safe and the appropriate processes are followed in accordance with legislation and policy. They also lead on developing the safeguarding process within Brent Council and raising awareness of the process with relevant agencies throughout Brent.

3x Safeguarding Investigators – They visit victims, alleged perpetrators and relevant others to obtain their views, optimise their safety and gather information related to the investigation. They carry out urgent and planned visits dependent on the level of risk. They present their investigation findings to the Safeguarding Adults Manager or a multi-agency meeting where an outcome and action plan is agreed.

4x Safeguarding Liaison Officers – They provide support to the Safeguarding Adults Manager, gathering information and carrying out tasks to make sure any new safeguarding alerts are progressed appropriately. They provide support with administrative tasks in the team. They also visit alleged victims and perpetrators of harm to obtain their views, optimise their safety and gather information related to the investigation.

P. 7. Safeguarding adults – the priorities

The Safeguarding Adults Board sets out clear priorities to address each year. The priorities are identified from data analysis of the work undertaken by the Safeguarding Adults Team. For a detailed report and information on the comparative data for the UK please go to: www.brent.gov.uk/xxxxxxxxxxxxxxxxxxxx

The priorities for 2014 were:

- **Reducing financial abuse and ensuring a more effective multiagency response**
- **Reducing avoidable pressure ulcer incidents**
- **Improving processes and procedures to embed high quality standards**
- **Changing practice and policy: making Brent safer**
- **Improving multi-agency working, including board effectiveness**
- **Changing culture – commissioning for quality What is Financial Abuse?**

Financial abuse is where a vulnerable adult is the victim of theft, fraud or is being pressured to give money to other people. The Safeguarding Adults Team work closely with Board member agencies, including the Police and the Office of the Public Guardian to investigate allegations of financial abuse and seek redress. Betty's case provides an example of financial abuse and how agencies working together can support and protect vulnerable adults.

Betty

A case illustrating stopping financial abuse – Voiceability Advocacy

Raising alerts

Betty was referred to the safeguarding team for alleged financial abuse. Betty was not sure where her money was going. Carers had some concerns and raised a safeguarding alert. The investigation identified Betty's friend Ted as the alleged person to have caused harm. As a single person without any relatives in the community Betty was referred to the advocacy service, Voiceability

P.8 Jenny the advocate Jenny, an advocate from Voiceability, was able to work together with Betty throughout the investigation. As someone who previously had been assessed as unable to manage finances it was important to establish how Betty managed now.

Action

Betty had previously had a stroke and her ability to communicate had been affected. Noticing the communication difficulty, Jenny referred Betty to speech and language therapists for an assessment. With the help of speech and language therapy it was identified that Betty did have the capacity to manage her finances on a day-to-day basis. The issue was Betty's ability to make herself understood by others and not her capacity to manage her finances.

Results

The Safeguarding Adults Team was able to identify her friend Ted as the perpetrator and remove the risk of further abuse.

Jenny made sure that Betty's voice was heard and her wishes taken into consideration. Jenny was also able to pick up on eyesight problems and arrange a visit to the opticians. The focus always remained on Betty's wishes whilst ensuring legal information was obtained in case of prosecution. Working together enabled Betty to have her needs met, stop the abuse and move forward.

Reducing avoidable pressure ulcer incidents

Many people who are frail and have restricted mobility are at risk of developing sores on the points of their body which receive the most pressure. These are known as pressure sores and are sometimes called bed sores or ulcers. Pressure sores start with skin discoloration but, if left untreated, they can become very deep and infected; in the worst cases they can be life threatening. With management and

care, pressure sores can be avoided in most cases. Sometimes pressure ulcers are an indicator of poor care or neglect and a safeguarding alert needs to be raised. Monitoring the number of pressure ulcers enables the Safeguarding Adults Board to address any concerns raised in the standard of care provided in care homes and hospitals.

The Safeguarding Adults Board has put in place a preventative strategy to reduce avoidable pressure ulcers. Staff across care homes and hospitals receive training on how to identify risk and prevent pressure ulcers.

The training has resulted in an increase in referrals for 2013/2014 to 15 cases, up from 13 reported in 2012/2013 (increased by 15%). This has led to the setting up of a multi-agency group looking to work directly with providers to improve practice so as to improve the quality of life for all patients in those settings. More details on outcomes are set out later in this report.

Improving Processes and Procedures

As part of the making safeguarding personal programme the Safeguarding Adults Board places the vulnerable adult at the heart of investigations. The Board seeks to ensure that processes continue to work effectively to achieve the Board's key objectives. For example, the Board must make sure communication between agencies is open and that information is shared with the consent of the person at risk or when it is necessary to protect the vulnerable adult. The Board's focus is on what person wants to achieve as an outcome at the end of the investigation, so it is important to confirm that the processes supports the person, rather than the adult's needs becoming overridden due to process. In 2013-14 the Board wanted to ensure that the process for safeguarding was responsive to the needs of individuals and that investigations were completed in a timely manner. Our data shows that during this periods all alerts were screened within 24 hours of receiving them, with the majority of referrals requiring full investigation being concluded within 25 day time-frame.

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Raising Alerts and Working Together

The Board is committed to working with its partners in the voluntary sector. Brent Mencap is represented on the Board and works closely with partner agencies, including by providing useful challenge, to ensure that vulnerable adults are supported to be safe in the community.

There was a safeguarding incident involving a vulnerable adult called 'Adam', which Mencap alerted the safeguarding adults team to. The perpetrator was also a vulnerable adult. During the course of the investigation it was discovered that reporting systems did not allow allegations to be recorded against an alleged perpetrator case notes. The issue raised led to the Mencap and the safeguarding adults team to hold regular tracking meetings with the police lead so that the risk to possible victims and alleged perpetrator's could be considered and effective protection put in place. Additional case audits were implemented to monitor how this worked in practice and this has now led to a positive change in practice.

P. 10. Improving multi-agency working, including board effectiveness

The Board carries out multi-agency case audits and uses this information alongside the statistical data from Adult Social Care Outcomes Framework (ASCOF)* and the Safeguarding Adults Return, as well as other audit tools, to ensure that work it has undertaken is effective and increases the flow of communication across services to tackle abuse.

* <http://ascof.hscic.gov.uk>

Audits on ten percent of safeguarding cases

As part of improving multi-agency working the Board undertook Case Audits to ensure communication and processes between agencies are optimised. Aiming to streamline processes to reduce disruption to the vulnerable adults who require safeguarding interventions.

Understanding the needs of staff and our customers is an on-going process. By checking on ten percent of all safeguarding alerts raised we are continually building a picture of the needs of vulnerable adults in Brent. This enables us to ensure that communication pathways are working well and change anything that seems to be an issue. We can also begin to see if there are any 'hotspots' in the borough, highlighting areas of potential abuse or risk that we need to target.

Training

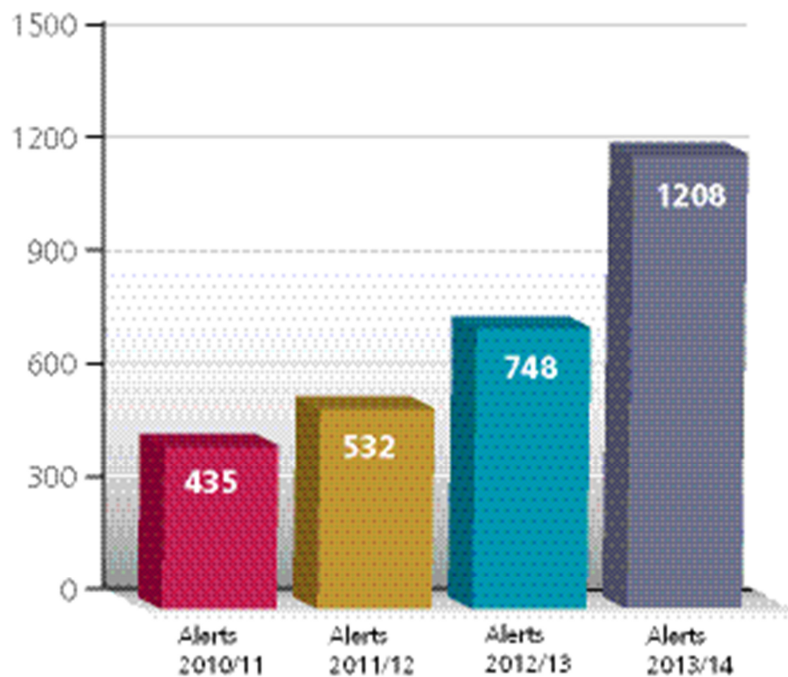
Additionally through training and awareness raising we are able to promote best practice, improve multi-agency working and ensure vulnerable people are at the heart of what we do.

Throughout 2013 and 2014 we have we have been working hard to increase awareness within staff and communities of how to identify abuse or risk of abuse. Our multi-agency training programme has delivered 92 courses to a total of 1,001 staff across health, social care, housing and recovery teams attending the courses.

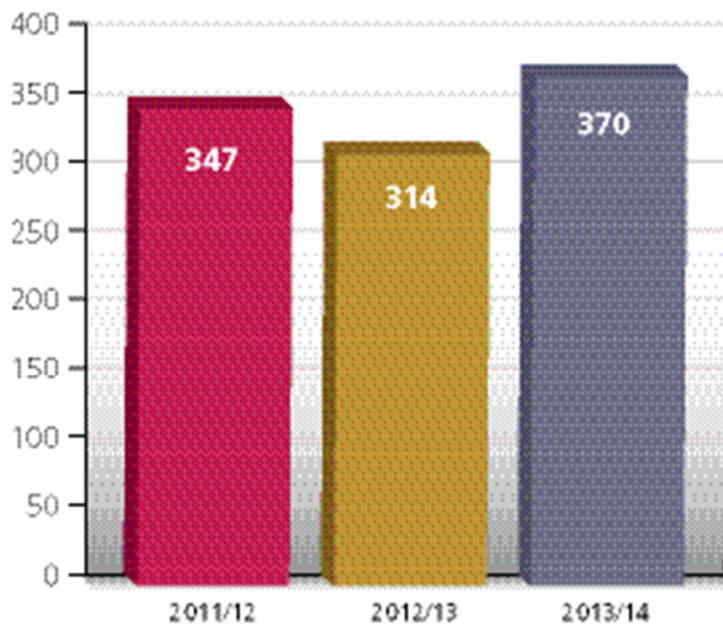
The London North West Healthcare NHS Trust reports that safeguarding adults is an integral part of staff induction and regular mandatory updates. There is increased safeguarding level 3 training, with compliance 88 per cent. Further dementia training focuses on the provision of patient focused care to improve both patient outcomes and experience. PreVent trainers have been introduced supporting a rolling educational programme across the trust. Key staff have been trained such as those working in Accident and Emergency (A&E), Security, Chaplains and the Site Management team. Safeguarding training now fully incorporates Domestic Violence and Learning Disabilities.

This appears to be having a positive impact on the numbers of safeguarding alerts raised. This is good news for vulnerable adults in Brent, as we continue to raise awareness and tackle institutional abuse. The increase in alerts is a positive result demonstrating that people are now recognising when abuse is happening and they are confident to raise an alert.

We have seen an increase in alerts:



and an increase in referrals



Just under half (172 or 46 percent) of the 370 referrals are in respect of people in the service group of Physical Disability, Frailty and Sensory Impairment. The proportion relating to Learning Disability, 82 (22 percent) and Mental Health, 86 (23 percent) are very similar to national figures. The lowest representation is for those defined as Other Vulnerable People, 29 (8 per cent) and Substance Misuse, one.

A quarter of cases for 2013-2014 were inconclusive. We have set targets for 2014-2015 to lower this to ten percent.

Just over a third of concluded referrals were substantiated. Brent set itself a target in the Brent Safeguarding Adults Board Annual Report for 2012/13 to reduce the number of cases defined as Inconclusive for 2013/14. The percentage defined as Inconclusive has risen from 23% for 2012/13 to 25% for 2013/14. As such this has remained a key performance indication for the Safeguarding Adults Board to monitor each quarter to ensure improvements. The Safeguarding Adults Team also received support, including access to legal advice, investigation technique skills training and were restructured during the year in order that they would have a dedicated investigator resources over and above the Safeguarding Adults Manager role to improve outcomes of investigations.

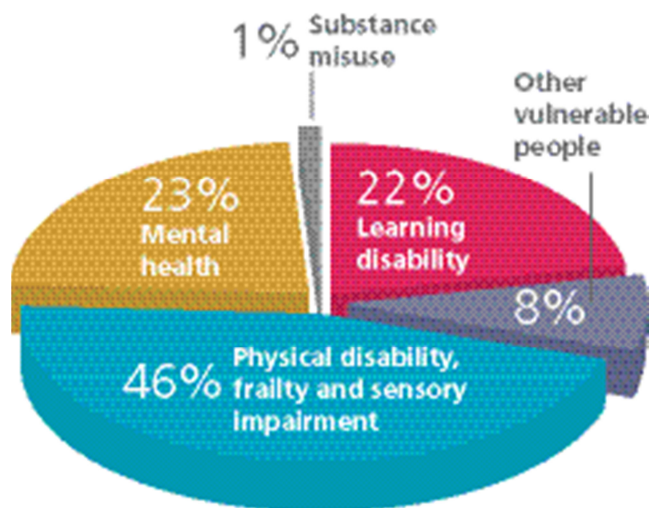
A full programme of continuing training and development is scheduled for 2014-2015:

www.brent.gov.uk/xxxxxxxxxxxxxxxxxxxxx .

Changing culture – commissioning for quality

Commissioning across all services requires contractual arrangements to include level 2/3 safeguarding training for all staff. Where there are any concerns with commissioned services, immediate plans are put in place to closely work with addressing the issues and minimising risk. These plans are then monitored and reviewed by the multi-agency subgroup comprising Clinical Commissioning Group (CCG), Brent Council’s safeguarding team, Brent council’s Contract Monitoring and Commissioning Team and the Care Quality Commission (CQC). Quarterly reports are presented to the board to ensure operational standards are maintained.

Types of referral:



P. 12 Spotlight on projects and campaigns

Brent Mencap Hate Crime Awareness Project 2013-4

Brent Mencap's Hate Crime Awareness Project, funded by the Trust for London, started in April 2013. Key tasks were prepare, advertise and run training sessions and workshops on hate crime against people with a learning disability. The key audiences for these sessions are people with learning disabilities, their carers and support workers and the police.

What Mencap did

All except one of the training sessions have been run jointly with at least one assistant trainer with learning disabilities. The work has included training and preparing the assistant trainers.

Four training sessions have been delivered to police in Brent, to 64 police officers. A fifth session was planned, but postponed on the day, because of a serious crime requiring intense policing. The sessions to date have been delivered to police in Brent (although the officers come from a variety of locations). Training sessions have been arranged to take place in Ealing during the forthcoming year.

Five workshops have been delivered to people with a learning disability, reaching 43 people, plus eight staff members and attended by the four police officers who contributed to the workshops.

Two workshops have been delivered to support workers, reaching 12 members of staff.

A session was delivered to a special school assembly for anti-bullying week, reaching approximately 90 young PWLD and 15 staff members.

Staff from the hate crime project and other Mencap staff have ensured that the message that hate crime should always be reported is embedded in other Mencap activities, including visits by the transport safety police, community police and officers from the fire services.

P.14 Brent Council's Abuse. See It. Stop It! publicity campaign

The success of Brent Council's Abuse. See it. Stop it! campaign raised awareness of adult abuse and how to raise alerts across the borough. Featured in The Guardian, local press, on billboards and leaflets in public places, the campaign ran throughout 2013-2014, highlighting that safeguarding is everyone's responsibility.

Hoarding and self-neglect

This year, the Board's new initiatives targeted people who self-neglect and/or hoard. Hoarding can cause increased risk of fire in the home. Along with the fire service we have been providing information and home visits to people who hoard.

Forced marriage

The council's legal team has been working together with the police to tackle the issue of forced marriage, improving connections to work collaboratively to prevent and reduce the incidences.

The Patient Passport

A Patient Passport provides immediate and important information for doctors, nurses and administrative staff in an easy-to-read form, promoting a positive experience for people with learning disabilities going into hospital.

Ealing and NWLHT NHS Trust has trialed the Patient Passport and successfully rolled it out during 2013/14. The Learning Disabilities Nurse fully supports staff and patients in the ward areas.

NHS England/Association of Directors of Adult Social Services audit

All health agencies represented on the Board and Brent Council have completed the statutory audit tool to test how embedded the safeguarding culture is within their organisations.

When looked at as whole, this is evidence that safeguarding responsibilities are well understood across those agencies. There remains work to be done to further embed good practice, but the agencies and Brent Safeguarding Adults Board now have clarity on how to better support staff to continually improve safeguarding outcomes. (link to more detailed information here).

BSAB/Health and Well Being Board

There is now an agreed protocol between the Safeguarding Adults Board and the Health and Well Being Board. (link to protocol)

Where we are currently represented

The Safeguarding Adults Board is represented at the following meetings/organisations:

- Healthwatch Brent
- The Drug and Alcohol Treatment Partnership

Board

- The Substance Misuse Reference Group
- Carers Forums
- Working Families Group (Brent)
- The Safeguarding Unborn Children Group
- Multi-Agency Risk Assessment Conference

(MARAC)

- Multi-Agency Public Protection Arrangements

(MAPPA)

- Self-neglect and Hoarding Group
- LSCB
- Community Safety Partnership

Deprivation of Liberty Safeguards and The Mental Capacity Act

The Mental Capacity Act 2005 provides a framework for making decisions on behalf of people who don't have the mental capacity to do so for themselves. Deprivation of Liberty Safeguards (DoLS) procedures are designed to protect vulnerable adults who can't make decisions about treatment or care, who need to be cared for in a restrictive way. For example, some people who have dementia, a mental health problem (but are not detained under the Mental Health Act 1983) or a severe learning disability and need to be supervised in their daily activities so as to keep them safe from harm.

The aim of the safeguards are to:

- make sure people can be given the care they need in the least restrictive way. This means following good practice in care homes and hospitals
- prevent decisions being made to suit the home or hospital rather than the needs of the person receiving care
- provide safeguards for people in receipt of restrictive care to ensure regular reviews of their care
- provide the rights to challenge unlawful detention against the person's will.

Best Interest Assessors

Best Interest Assessors (BIAs) assess people to find out whether a deprivation of liberty is in the best interests of the person. If the authorisation is to be granted, the BIA ensures the least restrictive option is in place. They act independently from those responsible for deciding and funding the care required for a vulnerable adult.

Brent DoLS Authorisations 2013-2014

In 2013-14 a total of 18 applications were submitted for authorisation of a deprivation of liberty under these Safeguards, this is a slight increase from the previous years. This resulted in 19 full Best Interest Assessors (BIAs) assessments being completed, as one required two assessments in the year when their deprivation period was extended. The majority of those requiring care that amounted to a deprivation of liberty received this care in residential placements and, in line with national comparators for that period, most deprivation of liberty authorisations were granted to provide care to older people. As the second table demonstrates, deprivations of liberty were authorised in only 12 of the 18 applications and, for a further 4 adults deprivations were in place for under one month. In only two cases where the circumstances such that deprivations were authorised for over one year.

The table below show the number of referrals by provider type and customer group

	Older People	Learning Disabilities	Mental Health	Physical Disabilities
Hospital	4	1		1
Care / nursing home	8	4		

The table below gives us information on how long people are deprived of their liberty in Brent

Not granted	Less than 2 weeks	2 – 4 weeks	4 weeks – 2 month	2 – 3 months	3-6 months	6- 12 months	Over a year
6	2	2	2	4			2

A case decided in March 2014 by the Supreme Court explained more clearly situations where deprivation of liberty will occur. This now requires Local Authorities or the Courts to put in place legal authority if a person requiring care is, because they lack mental capacity, unable to agree to the care and living arrangements and where the care they require amounts to constant supervision and/or they would not be free to leave those arrangements.

The DOLS procedure only applies where it is necessary to put in place care that would limit personal freedom and it is proportionate to restrict their liberty in order to protect a person from harm. The change in case law will mean that many more people will benefit from the additional assessments undertaken and, where applicable, advocacy support available to ensure that the care they receive is in line with their best interests. In addition, now, if an individual is likely to be subject to restrictions for over a year statutory bodies are under strict legal requirements to review those arrangements regularly and, if necessary, refer cases to the Court of Protection. This ensures that their care is arranged in a way that promotes their best interests.

The change in the law has had a national impact and put pressure on qualified BIAs. In response to this increased pressure the council is training two further BIAs. Other key SAB partners, such as Brent Clinical Commissioning Group and Central and North West London (CNWL) have given a commitment to train a BIA.

The Board continues to play a key role in the strategic oversight of both the management of the DOL Safeguards but also in highlighting the changes in practice required as a result of the changing case law.

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What's next? 2014-15 and beyond

In April 2015 the Care Act will, for the first time, place the responsibility for safeguarding adults at risk on a statutory footing and require Brent Council (working with relevant partners including the Police and CCG) to establish a Safeguarding Adults Board. The new responsibilities will need to be interpreted within the pre-existing wider legal and cultural framework of obligations owed to vulnerable individuals to ensure that our response to their needs as a board is proportionate and effective. They must also reflect the local issues identified within the detailed audits undertaken during the course of this year. To this end the Brent Safeguarding Adults Board has identified a number of priorities:

1. A Care Act 'Task and Finish' group will review the governance and reporting arrangements of the board to ensure that it is accountable to all the relevant agencies and closely linked to other strategic partnerships to minimise duplication.

The group will also review the membership, work plans and structure of the BSAB sub groups so that the work that these groups undertake is transparent and feeds directly to the work of the main board.

2. The BSAB hopes to encourage genuine participation from across the sector, but specifically from service users and carers in the work of the sub groups so that the voice of these groups better informs decisions of the board.

3. The Board will look to develop a system for commissioning and contracting for safeguarding and Mental Capacity Act training that is monitored for quality assurance across all agencies using the Training Competency Framework already agreed by the board to promote and ensure a shared understanding between all agencies of the standard, monitoring and operational expectations for training. Again this should increase opportunities of access for BSAB member agencies and, more widely, to GPs, the voluntary and private sector providers for good quality, consistent training which should improve practice and reduce risk of abuse and neglect.

4. The Board has adopted an agreed audit tool and will ensure it is completed by the member agencies to demonstrate that safeguarding is recognised as a core function

of their work. The BSAB will devise and continue to review an action plan arising from this audit to ensure that all relevant partners have policies in place, which are widely understood and applied by practitioners, to address known safeguarding risks. It will also look to develop an agreed method for collecting quantitative data to collate key performance indicators from all relevant partners so as to better understand BSAB member agencies' safeguarding practice in the area.

5. Safer recruitment: The BSAB hopes to work with local and national agencies to review practices, including the advice and information that is available to service users and their carers. This is to ensure that they are able to buy care and support services with confidence and so that employers understand their duties to check a person's suitability to work with adults at risk or report concerns regarding a person's suitability to work with vulnerable people where these arise.

6. Continue to focus on pressure sores and tissue viability work, including monitoring the effectiveness of the Tissue Viability Nurse (TVN) post in reducing avoidable pressure sores in the community and raising awareness of good preventative practice in this area of healthcare provision.

With special thanks to LIFT for input and consultation on improving accessibility to our annual report.

www.liftpeople.org.uk