ANNUAL REPORT - 2015 / 2016

"Safeguarding is everyone's responsibility"

INTRODUCTION FROM INDEPENDENT CHAIR SARAH BAKER

Welcome to the 2015/2016 Annual report for the Croydon Safeguarding Adult Board. I present this report as the newly appointed chair in March 2016.

The Care Act 2014 requires all local authorities to set up a Safeguarding Adults Board with other statutory partners – the Police and the Clinical Commissioning Group (CCG). Croydon has had a Safeguarding Adults Board since 2014 and so continues to work together as a partnership embedding the Care Act requirements; these are discussed on page 4.

The SAB undertook a Safeguarding Adult review in line with Section 42 of the Act – See page 13.

The CSAB has a vibrant training and development programme to ensure that all frontline practitioners and managers have the skills and knowledge to identify and protect vulnerable adults.

The engagement and joint working with the voluntary sector has ensured the CSAB is continually focussed on the views and voice of the community. The voluntary sector members bring a welcome challenge to the work of the SAB partnership.

The SAB had a development day in February to review progress and set priorities for the coming year:

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1. **Making Safeguarding Personal – Ensuring advocacy services are commissioned and accessible to vulnerable adults**
2. **Mental Capacity Act – practitioners understand and are able to apply the MCA to ensure all vulnerable adults are assessed and services tailored to meet their needs**
3. **The CSAB partners gain greater understanding of the different communities in Croydon and apply this knowledge to service commissioning and delivery**
4. **The CSAB ensures compliance with the Care Act 2014 with focus on**
   - **Mutual challenge**
   - **Duty Of Candour**
5. **Awareness Raising and Engaging Communities with a focus on**
   - **Financial abuse**
   - **Social Isolation**

As the newly appointed independent chair to the CSAB and CSCB we have the ideal opportunity to work more co-operatively and effectively across both boards to strengthen safeguarding within vulnerable families. Particular focus will be on:

* Female Genital Mutilation
* Prevention of Radicalisation
* Mental health
* Substance misuse

As we move forward with our priorities I would like to thank partners for their openness, honesty and transparency. There is a commitment and drive to ensure safeguarding Vulnerable adults is high on everyone's agenda.

Chapter 1– Local Demographics

Local Demographics

Croydon is an outer London borough bordering Surrey to the south and Lambeth, Lewisham and Southwark to the north. Croydon is London's southern-most borough and covers an area of 87 square kilometres with an estimated population of 379,031, of which approximately 75.4% are over 18 years of age.

Croydon has a diverse population with 45% from Black Minority backgrounds and 55% from White British backgrounds. The B and ME ethnicities with the highest representation are Black Caribbean, Black African, Indian, Other Asian, and Other Black.

Croydon has become relatively more deprived between 2010 and 2015 and is ranked 17th most deprived borough in London and is in 231 position out of 326 local authorities (Indices of Multiple Deprivation 2015), with 25th most deprived in the country for the crime domain and 19th most deprived for barriers to housing and services.

Vulnerable Groups

It is impossible to offer a complete picture of adults at risk in Croydon because, despite the best efforts of local services to identify, engage with, and support adults who are being harmed or are at risk of being harmed, some abuse or neglect may be hidden. What we do know is that we need the support of all services and the local community to raise awareness of what constitutes a safeguarding concern.

Abuse of vulnerable adults can take many forms, including financial, physical, and emotional, or can be linked to households where there is domestic abuse, substance misuse and mental health issues.

This annual report starts by looking at the categories of adults at risk in Croydon who have been identified by the local authority and other agencies as in need of protection as a result of their vulnerability.

The role and duties of Safeguarding Adults Boards (SABs) and Director of Adult Services

The Director of Adult Services has specific statutory responsibilities under the Care Act 2014 . These include to:-

- Maintain a clear organisational and operational focus on safeguarding adults.
- Make sure relevant statutory requirements and other national standards are met.
- Make sure Disclosure and Barring Service (DBS) standards are met.

The CEO is also responsible, through the appointment of an effective Independent Chair, for ensuring :-

- That the SAB continues to develop an independent, objective and authoritative identity.
- The SAB will have clear independent leadership and strategic vision.
- That partners work effectively together to safeguard adults at risk in their area.
- To ensure adult safeguarding maintains a high profile across all agencies, organisations and communities in the city.
- The SAB will evaluate its effectiveness in scrutinising safeguarding work across all partner agencies.
- The SAB will work collaboratively with the other SAB's locally to reduce repetition and share the same working documents / strategies etc., particularly where organisations work across more than one Board.

The Purpose of a Safeguarding Adults Board

The overarching purpose of a SAB is to: -

- Assure itself that local safeguarding arrangements are in place as defined by the Care Act
- Prevent abuse and neglect where possible
- Provide a timely and proportionate responses when abuse or neglect has occurred.

The SAB must take the lead for adult safeguarding across its locality and oversee and co-ordinate the effectiveness of the safeguarding work of its member and partner agencies. It must also concern itself with a range of matters which can contribute to the prevention of abuse and neglect such as the:

- Safety of patients in local health services
- Quality of local care and support services
- Effectiveness of prisons in safeguarding offenders

Core duties: -

SABs have three core duties. They must:

- Develop and publish an Annual Strategic Plan setting out how they will meet their strategic objectives and how their member and partner agencies will contribute.
- Publish an annual report detailing how effective their work has been.
- Arrange Safeguarding Adult Reviews for any cases which meet the criteria for such enquiries.

Care Act 2014 Statutory Guidance

The legal framework for the Care Act 2014 is supported by this statutory guidance which provides information and guidance about how the Care Act works in practice. The guidance has statutory status which means that there is a legal duty to have regard to it when working with adults with needs of care and support and carers.

On 10th March the Department of Health published the refreshed edition of the Care and Support statutory guidance. The statutory guidance supports implementation of part 1 of the Care Act 2014 by local authorities, the NHS, the police and other partners. The new edition supersedes the version issued in October 2014. It takes account of regulatory changes, feedback from stakeholders and the care sector and developments following the postponement of social care funding reforms to 2020. The guidance is being published as an online document and the new format is intended to be read online and so has improved navigation and search functionality. Not all chapters have been revised and some have only received minor clarifications to improve understanding following feedback from the sector.

Statutory Guidance to the Care Act 2014 (Updated March 2016, DH)

The link below indicates where changes have been made and provides more detail on the more significant changes.

Table summarising revisions to the Care Act 2014 Statutory Guidance

The Department of Health has also update the series of factsheets about the Care act 2014.

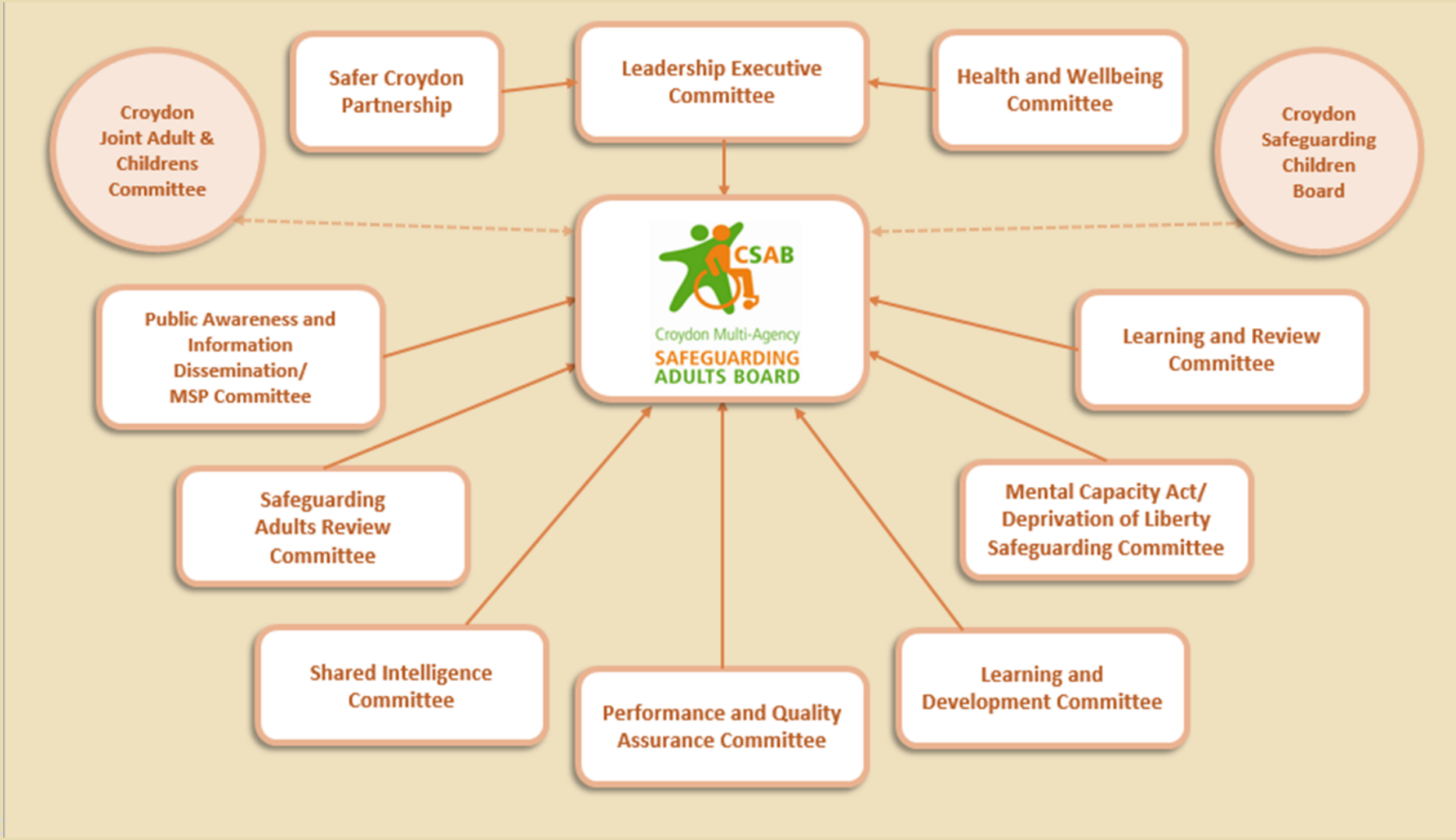
Care Act 2014 Factsheets (Updated March 2016, DH)

ACHIEVEMENTS OF THE CSAB IN RELATION TO THE CARE ACT

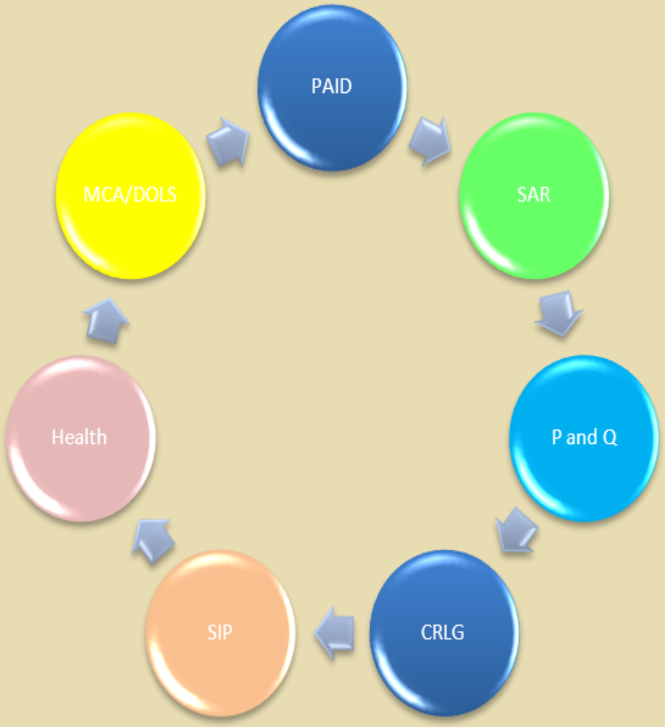
- Croydon Safeguarding Adult Boards are implementing changes required under the Care Act.
- Partner agencies have been requested to audit how they are implementing the Care Act locally
- A Safeguarding Adults Board has formed including review and revision of previous Board arrangements and the appointment of an Independent Chair.

CHAPTER 2

What is the Croydon Safeguarding Adults Board? The Croydon Safeguarding Adults Board (CSAB) aims to promote awareness and understanding of abuse and neglect. Its work is to generate community interest and engagement in safeguarding issues to ensure "Safeguarding is Everyone's Business". The well-being and safety of local people is our main concern and we adopt a zero tolerance stance on the abuse, neglect or discrimination of any person, including people at risk or in vulnerable situations in any setting.



Croydon Safeguarding Adults Board and its Committees



Leadership Executive Committee : To ensure the effective co-ordination of services to safeguard and promote the welfare of adults[1] in accordance with the Care Act 2014 and Care and Support Statutory Guidance 2014.

CSAB (Croydon Safeguarding Adults Board): The strategic multi-agency steering group with statutory responsibility for the oversight and co-ordination of safeguarding activity across Croydon.
P&QA (Performance and Quality Assurance Committee): Responsible for the production of effective management information and governance to the CSAB.
SAR (Safeguarding Adult Review Committee): Responsible for the commissioning of and learning from Safeguarding Adult Reviews.
PAID (Public Awareness and Information Dissemination Committee):(inc Making Safeguarding personal) : Responsible for ensuring effective communication from the SAB, as well as between partners and members of the board. This Committee helps develop a culture within safeguarding services that ensures that the way we respond in safeguarding situations enhances the involvement, choice and control of adults at risk, alongside improving their quality of life , well-being and safety.
Health Committee: Promotes and integrates best practice in relation to safeguarding adults at risk / adult protection across the health economy in Croydon through co-operation and joint working, thereby facilitating better outcomes for adults who be at risk of harm.

L&D (Learning and Development Committee): Responsible for co-coordinating the development of multi-agency learning across Croydon and developing training to address the specific training needs of staff working across the Borough.
Learning and Review committee :- The role of the LARC, as a multidisciplinary group, will be to learn from individual investigations and casework and to ensure that the lessons learned are recorded and widely disseminated across partner agencies and organisations working with adults at risk by all members
Sharing Intelligence Committee:
To share intelligence regarding the provider market (both domiciliary and 24 hour settings). This includes matters of good practice as well as matters of concern and poor practice. This was set up in response to the recommendations of a previous Serious Case Review (now referred to as a Serious Adult Review).
Joint Adults and Children's Committee The Croydon adults and children's boards are set up to ensure that their statutory responsibilities for both Adults and Children's are met.
MCA and DoLS Task and Finish group : ensuring that people who may lack capacity are kept safe. By developing knowledge and practice in respect of the MCA/DoLS across the partnership people are better protected .

Learning and Development

The CSAB training programme for 2015/16 was well received and the feedback was generally very good. The training for staff, providers and partners incorporated the Care Act changes, Making Safeguarding Personal, Mental Capacity Act and DoLS training.

All the courses offered were informed by developments in practice, the latest legislation, national and local guidance and local policy and procedures.

In 2015/16 we increased the range of safeguarding adults training, offering a more diverse range of courses, delivery methods and tools.

In pursuit of delivering high quality, multiagency training programmes and opening up to a wider audience, we developed e-learning resources: Me-learning - accessible to London Borough of Croydon (LBC) staff, residents and partner organisations, and Croydon Learning - open to LBC staff.

In 2016/17 we are exploring innovative ways of providing learning, such as webinars, bite-size learning, toolkits and a CSAB website.

In pursuit of delivering high quality, multiagency training programmes to support CSAB, it is notable that in 2016/17 we need to consider:

* **Evaluation** – developing an evaluation tool that will evaluate and appraise the effectiveness of safeguarding adults learning and development activities with regard to the transfer of learning into good practice in day-to-day activities, ensuring that safeguarding issues are integrated and moved from the margins to the mainstream.

* **Quality Assurance** – developing mechanisms to ensure that quality assurance methods for both the procurement and delivery of safeguarding adults learning and development activities are fit for purpose.

* **Low take-up from target groups** - monitoring attendance against places booked and referring any shortfalls to the relevant managers – the objective being to address resource waste and staff competency.

* **Sharing good practice** - establishing and maintaining links with safeguarding adults learning and development sub-groups throughout our region and nationally in order to develop and share good practice.

* **Agency Induction** - establishing if safeguarding adults should be part of each agency's staff induction programme.

* **Bournemouth Competency Framework** - considering the Bournemouth competency framework in its entirety– to help our understanding of how the competency framework is being used in safeguarding.

Six principles of Safeguarding

- **Empowerment**
  People being supported and encouraged to make their own decisions and have informed consent.
- **Prevention**
  It is better to take action before harm occurs.
- **Proportionality**
  The least intrusive response appropriate to the risk presented.
- **Protection**
  Support and representation for those in greatest need.
- **Partnership**
  Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability**
  Accountability and transparency in safeguarding practice.

Safeguarding Statistics for 2015-2016

The figures on the next 2 pages , are sourced from the data submitted to the Department of Health in July 2016, which looks at safeguarding contacts received during 2015-16 and whether they progressed to a safeguarding enquiry.

This dataset has also been configured to look at those safeguarding enquiries and to establish:

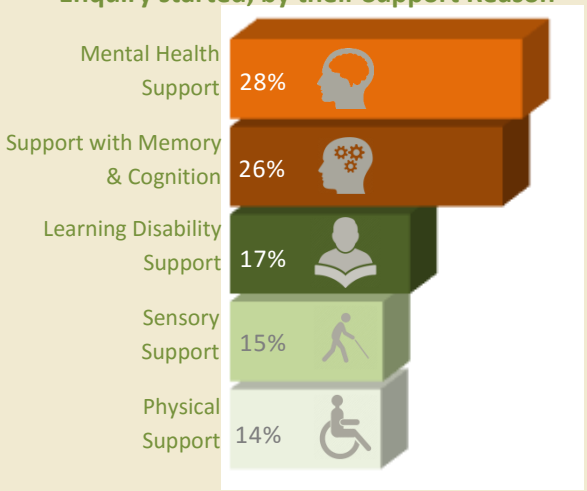
- where the adults at risk experienced abuse,
- the type of abuse alleged,
- who was allegedly abusing the adult, and
- the outcome of the enquiry.

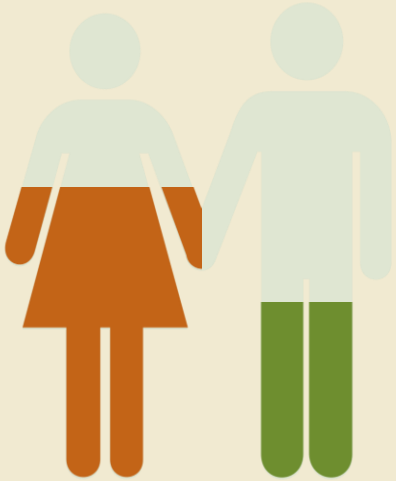
Please note that the location of abuse does not necessarily mean the adult was experiencing abuse from staff at these locations; for example, an adult may be experiencing abuse at a Hospital, but it maybe from a relative visiting the adult whilst they were in Hospital who was alleged to be causing abuse.

The graphics on the first page show the demographics of the adults who had at least one safeguarding contact during 2015-16, and the graphics on the next page represent the same contacts which were progressed to a safeguarding enquiry during 2015-16 and their outcome where available.

Safeguarding Referrals Received during 2015-16

Percentage of adults with a Safeguarding Enquiry started, by their Support Reason

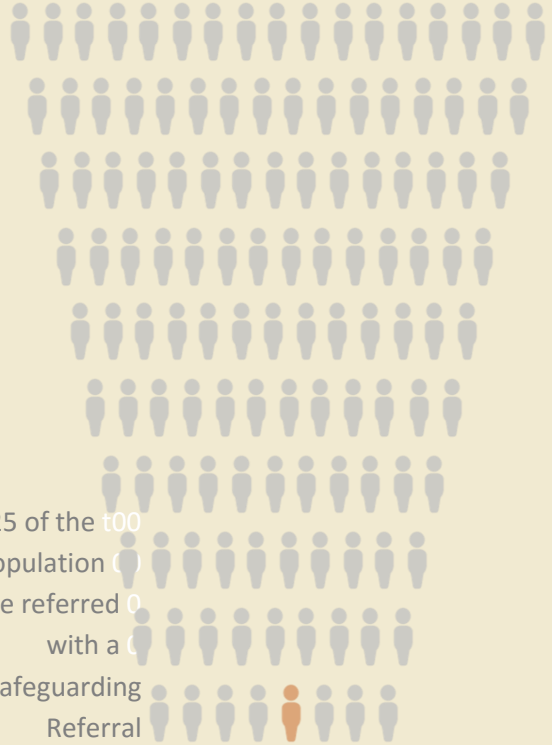




25% more females were reported as experiencing abuse than males

1%

Of the adult population in Croydon had a Safeguarding referral in 2015-16



1 in 125 of the population were referred with a Safeguarding Referral

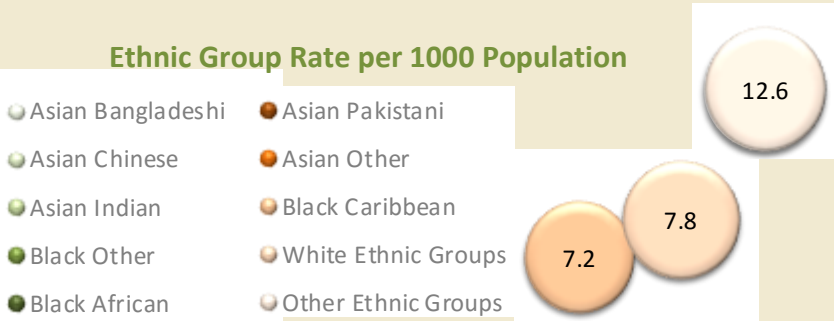
Of which, 13 in 20 Safeguarding Referrals converted into a Safeguarding Enquiry

Of which, 1 in 10 Safeguarding Enquiries were substantiated*

AGE GROUPS

2 in 5 adults referred as allegedly experiencing abuse were aged over 75

Ethnic Group Rate per 1000 Population



The Black and Minority Ethnic (BME) rate per 1000 population of Croydon of those referred is 4.9 which is an improvement from 2014-15 at 2.3

Safeguarding Enquiries Started during 2015-16

1638

Safeguarding Enquiries started in 2015-16

174

Safeguarding Enquiries started in 2015-16 have been closed as substantiated*

3 in 5 safeguarded adults allegedly experienced abuse in their own home

1 in 4 safeguarded adults allegedly experienced abuse in a care home setting

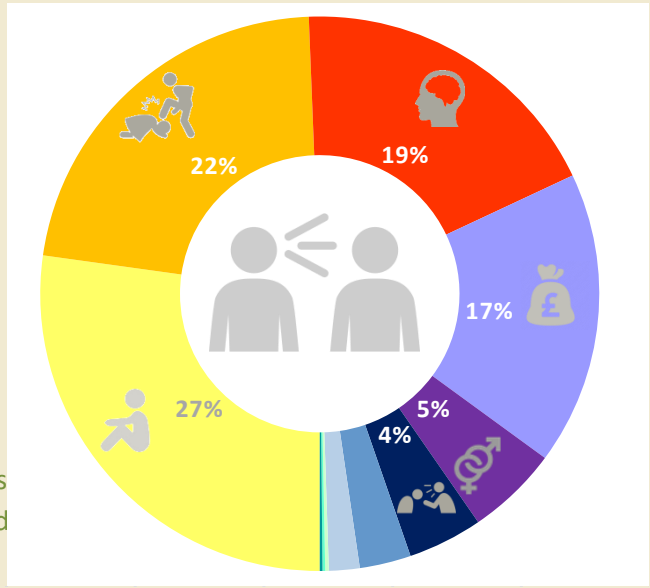
1 in 20 safeguarded adults allegedly experienced abuse in a hospital environment

3 in 5 were allegedly experiencing abuse from someone they knew

3 in 10 were allegedly experiencing abuse from a formal carer

1 in 10 were allegedly experiencing abuse from a stranger or unknown person

Type of Alleged Abuse



Neglect and Acts of Omission	522
Physical Abuse	425
Psychological/Emotional Abuse	357
Financial or Material Abuse	328
Sexual Abuse	102
Domestic Abuse	83
Self Neglect	57
Organisational Abuse	34
Discrimatory Abuse	4
Sexual Exploitation	3
Modern Slavery	3

CSAB Aims and Achievements for 2015-2016

Performance and Quality Assurance Committee

Aims:

- Consistent and robust outcomes for vulnerable adults.
- The monitoring of performance against the CSAB work plan.
- The sharing and application of learning and experience from practice in Croydon and across the UK, including from safeguarding adult reviews and audits.
- To look at audits to ensure there is effectiveness of safeguarding arrangements across local partner agencies.
- Monitoring of the consistency of threshold decisions.
- The group will monitor performance of safeguarding, and provide a quarterly report to the CSAB, and annual summary report as part of the CSAB annual report.

Achievements during 2015/16 have been:

- Developing a performance dashboard which will enable CSAB to measure assurance from partners.
- Regular meetings with multi agency partners to gain assurance that they are signed up to this work from t here own agencies and can carry work from the committee through to their organisations.

Making Safeguarding Personal

Aims:

- To promote Making Safeguarding Personal through all its work streams.
- Oversee the rewrite of relevant documentation to ensure that documents are person centred in relation to safeguarding.
- To compile an audit tool, carry out audits and report findings to the QA and performance sub group and then to the CSAB.
- To facilitate effective ensure that Making Safeguarding Personal is embedded in practice.

Achievements during 2015/16 have been:

- Developing an outcome focused feedback form which will ensure that outcomes for those at risk of harm are met.
- Involvement in developing person led literature which will keep adults at rsk advised of the support that is available to them.
- Developed an audit tool to measure practice against the key principles embedded in making safeguarding personal.

PAID (Public Awareness and Dissemination) Committee

Aims:

- To raise awareness of safeguarding and communicate that safeguarding matters to everyone.
- To communicate to the public the CSAB websites.

Achievements during 2015/16 have been:

- Production of leaflets and other literature to enable those at risk to be able to have clear access to what constitutes abuse and how to seek support.
- Start of a SAY IT LOUD service user project which will consult with adults at risk on the service provision and outcomes that they want.and enorce change where needed .

Safeguarding Adult Review Committee

Aims:

- To act as a committee of the Croydon Safeguarding Adults Board (CSAB) to ensure the responsibilities of the Board are carried out in respect of safeguarding adult reviews and other forms of learning review activities.
- To ensure there is a clear process for commissioning and carrying out of safeguarding adult reviews and other forms of learning review activities within Croydon.

Achievements during 2015/16 have been:

- Bi– Monthly meetings with good representation across partner agencies.
- Commissioning a serious case review in 2015: Learning from this review was disseminated to agencies via the Board and actions are being monitored by the committee. The executive summary will be published on the website in September 2016.
- Paving the way for when further Safeguarding Adult Reviews are commissioned, so the findings will be published on the CSAB website.
- Working in collaboration with the Learning and Reflection committee , the SARC will ensure that there is a broad spectrum of learning for partner agencies to enable those at risk to be safer in Croydon.

What is a Safeguarding Adult Review?

Legislative and Policy Background:

The Care Act 2014 places a responsibility for Safeguarding Adults Reviews, in Section 44 as outlined:

(1) A Safeguarding Adults Board must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if:

(a) there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and

(b) condition 1 or 2 is met.

(2) Condition 1 is met if—

(a) the adult has died, and

(b) the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

(3) Condition 2 is met if—

(a) the adult is still alive, and

(b) the SAB knows or suspects that the adult has experienced serious abuse or neglect.

The purpose of a Safeguarding Adults Review (SAR) is neither to investigate nor to apportion blame. It is only relevant when professionals can learn lessons and adjust practice in the light of lessons learnt. It therefore requires outcomes that:

- Establish what lessons are to be learned from a particular case in which professionals and organisations work together to safeguard and promote the welfare of adults at risk.
- Identify what is expected to change as a result, to improve practice.
- Improve intra-agency working to better safeguard adults at risk.
- Review the effectiveness of procedures (Both multi-agency and those of individual organisations).

Mr. A1 – Safeguarding Adult Review

The purpose of a Safeguarding Adults Review (SAR) is neither to investigate nor to apportion blame with the aim for professionals and agencies to learn lessons and adjust practice in the light of lessons learnt.

The CSAB commissioned a SAR into the death of Mr A1 during 2014. The Executive summary of the SAR is due to be published on the CSAB website.

Background and History:

Mr. A1 was a gentleman with a severe learning disability and epilepsy who died on 14th July 2013 in Croydon University Hospital.

Mr. A1 experienced an institutional lifestyle after spending many years living in a long stay hospital, St Lawrence's, and then moving with some of the same staff to a care home, The Gables, in 1990. The Gables was run and managed by the NHS Trust that eventually became Surrey and Borders Partnership NHS Trust. It was set up as part of the national movement to care for people with a learning disability in smaller community based homes rather than big institutions. The Gables was taken over by The Brandon Trust before a decision was taken a few years later for it to close. As part of the closure plan Mr. A1 was transferred to the Tree Tops, a residential home run by Totem Care on the 13th July 2013.

During the period of transition from The Gables to Tree Tops, Mr. A1 became unwell and was seen by a GP at Birdhurst Medical Practice and then again by the out of hours GP service at The Gables. As a result of the out of hours assessment, Mr. A1 was taken to Croydon University Hospital where he was given an abdominal x-ray, blood tests and catheterised, before being discharged.

The lack of a personalised approach to care meant that Mr. A1's needs, wishes and preferences were not always 'listened' to or perceived. It was, for example, not until a visiting optician diagnosed Mr. A1 as blind in his left eye and partially sighted in his right that staff were aware he had an impairment .

Summary of concerns:

A number of factors contributed to the perceived decline in Mr A1's quality of life as follows:

- Loss of sight and the decision made by staff not to explore the option of surgical intervention
- Poorly managed epileptic seizures
- Lack of stimulation through daily activities and carer support
- The death of his friend/companion
- Lack of attention to physical health needs
- Poor communication between staff within and across organisations

Mr. A1's quality of life is described by his brother as having declined as he became partially sighted. The changes in the management of The Gables meant that there were less resources and opportunities available to him for daily activities. It is not known whether, had Mr. A1 been better understood by his carers, and had his brother had confidence in the same providing a stimulating and caring home environment, whether the same decision would have been made at the end of his life.

Throughout the SAR, examples of poor communication between professionals and poor record keeping were highlighted, e.g., when a person is unable to communicate their needs, it is imperative that time is taken to understand what is important to that person, their care needs and personal preferences.

- Incomplete annual reviews, confusion over the dates of major life events
- The missing Learning Disabilities Passport
- Lack of clarity in exchanges between professionals/agencies
- Lack of personalised and holistic care approach and the impact on Mr. A1.

Multi-agency learning:

There are a number of recommendations that the multi agency partners involved in this case will need to provide assurance to the CSAB.
At the time of writing, the multi-agency partners are undertaking a Learning Review Event and this will include robust action planning.

Recommendations are sectioned under headings:-

- Commissioning and contracts
- Annual health checks
- Providing information to carers
- Responsibilities of care staff in relation to medical symptoms
- Mental capacity and best interests decision making
- Learning disability passport
- Specialist learning disability advice
- Record keeping
- Professional roles and responsibilities
- The SAR Process

If you would like a copy of the executive summary, or if you have any questions, please contact the csab@croydon.gov.uk

CHAPTER 3 CSAB Partners' Work in the Year to Date

Croydon CCG:

Croydon CCG has oversight of safeguarding matters across the borough's health economy and works in partnership with providers. The responsibilities of this require significant contribution to and leadership within the safeguarding agenda. The CCG has an integrated safeguarding team which includes adults and children, has designated professionals for safeguarding and ,since January 2016, a designated nurse for looked after children (LAC). This encourages a holistic perspective of safeguarding across the generations.

In view of this, the CCG's involvement in safeguarding is wide reaching and includes the following:-

Statutory partner of the CSAB and committees with the designated safeguarding professionals and executive lead for safeguarding actively engaged in the work of the board, ensuring that there is appropriate consideration given to issues relating to health and relevant inclusion in discussion and planning. The CCG safeguarding adult practitioner nurse is the DASV champion and member of the Channel Panel.

Successful year long funded NHSE London Mental Capacity Act and Deprivation of Liberty Safeguards Project across health and social care economy.

The CCG maintains oversight of the safeguarding arrangements of provider organisations through a quality assurance process which include Prevent, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) which is relevant to both adults and children.

In recognition of the prevalence of female genital mutilation (FGM) within Croydon, the CCG has funded a dedicated project in 2015 -2016 to raise awareness amongst communities and professionals and provide support to women and girls affected.

The CCG safeguarding team continues to support practitioners in primary care by promoting the continuing development of safeguarding knowledge and expertise. This is by means of numerous learning opportunities through the safeguarding case reflection model and GP safeguarding leads workshops. The workshops include presentations from partners in both adult and children's safeguarding. The safeguarding team are also supporting GPs in completing safeguarding self-assessments which allows them to consider their organisational arrangements and how to strengthen them where needed.

For 2016 -2017 the CCG safeguarding team will continue to support the CSAB with the designated nurse for adult safeguarding to chair both the newly formed committees of the board, namely Safeguarding Adult Review Committee and Health Committee. Through funding from NHSE London learning events regards the Prevent awareness to primary care in particular GP Practices with the support of counter terrorism colleagues.

London Borough of Croydon

1) Work Done

Croydon Council, as the Local Authority, has the statutory obligation to enquire into each report of concern raised for adults with care and support needs. Many of these reports become Section 42 Enquiries.

In the year the Council received 2475 safeguarding alerts. Of this approximately 1346 went forward for a full Section 42 enquiry (previously referred to as a *safeguarding investigation*). This represents a significant increase on the 2014-20015 numbers and is likely due to the additional 3 categories of abuse being added since the Care Act. The overwhelmingly prominent group requiring a safeguarding response were Older People.

2) Key Achievements

- The development of a triage function to manage all safeguarding referrals and provide an appropriate and proportionate response to cases. This has reduced the amount of cases going to full Section 42 enquiry significantly to allow better allocation of staff resources.
- The development, implementation and review of the Provider Concerns protocol based on *Pan London 2015* document to help support and enquire into the provider market and service users thereof when serious and/ or multiple enquiries come to light.
- A coordinated response to fatal fires resulting in the absence of any fatal fires since May 2015. This was achieved with the help of partner agencies and the Croydon London Fire Brigade.
- Electronic systems in place to collate Making Safeguarding Personal information to help ensure that Croydon Council is being person centred in safeguarding responses.
- Two Journal Articles jointly written with Croydon Trading Standards and the University of Bournemouth which have been published in academic journals on the subject of Mass Marketing Fraud and Scams.
- The Transforming Adult Social Care project has begun with the safeguarding re-design underway. Safeguarding activities will become the responsibility of all social work teams (as opposed to having a dedicated safeguarding team) to increase knowledge.
- Work has begun on the development of an online training matrix to better monitor staff training and identify and address any gaps in professional development.

3) Future Priorities and Key Issues

- To continue to work with third sector and community partners to increase the safeguarding message and engagement across the whole community. Croydon continues to try to ensure that the safeguarding message is one that reaches the entire community.
- To develop and embed a new AIS safeguarding recording format which enhances data collection in a more automated manner involving less labour intensive practices. This will also improve feedback to alerters who initially raised the safeguarding responses.
- Reduce the figure of 13.5% of cases where ethnicity is not recorded through increased electronic recording (improved safeguarding workflow on AIS).
- Launch a fire prevention awareness advertising campaign to further help spread the message of fire awareness to the community.
- Continued research in areas of Adult Safeguarding work with the aim of learning from experiences and sharing learning in a professional and academic manner.
- The completion of the Transformation Project (safeguarding work stream) to widen safeguarding responses out to all social work teams.

London Metropolitan Police— London Borough of Croydon

Croydon Police takes the safeguarding of vulnerable people very seriously. It is one of our core objectives and there has been a recent re-structuring to ensure that sufficient resources are devoted to this key area of policing i.e. keeping people safe.

Croydon has been ahead of other areas in that there was already a Safeguarding Adults Board in existence prior to it becoming a statutory requirement. This has allowed us to build on these existing structures to develop even better safeguarding arrangements with our partners. We are now far more conscious of the need to ensure adequate arrangements are in place for all vulnerable adults, in order to properly safeguard them. For example, evidence shows that those people that hoard can be more vulnerable to fire. We have therefore worked closely with Croydon's London Fire Brigade unit and Croydon Council, to ensure that arrangements are put in place so that the risk of fire is reduced where combustible material has been 'hoarded'.

The new Mayor of London is due to publish his policing plan in September and I believe that there will be a far greater focus on reducing vulnerability. I am confident that the existing arrangements in Croydon will allow us to meet this change in emphasis. We are properly represented at all safeguarding meetings and we play an active role in developing multi-agency plans to reduce risk. I look forward to developing this approach even further in the future.

SLAM:

Work was undertaken to improve the interface between the Trusts Serious Incident (SI) process and safeguarding adults' activity. Thus there is close working links between the Trusts Safeguarding Adults Lead and the Trust Patient Safety Lead.

Most incidents recorded on the Trust Incident Reporting system (Datix) as including a Safeguarding Adults component occur within Inpatient settings and this is reflected in the categories of alleged harm being reported. This accounts for the higher number of Safeguarding Adults Datix incidents reported by Psychosis, B&D and MHOAD CAGs – as outlined in Table 3 below. To some degree it also demonstrates the services with perhaps a higher number of individuals who meets the criteria of being considered an adult to whom the safeguarding duty applies under Section 42 of the Care Act.

CAG	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Total
Addictions	1	3	6	3	7	2	1	1	2	1	2	0	26
B&D Psychiatry	17	21	27	18	13	26	22	10	16	10	18	18	216
CAMHS	0	0	1	1	2	0	2	0	0	0	0	0	6
MHOAD	8	9	12	8	8	14	9	16	9	3	8	4	108
MAP	1	0	3	4	2	1	4	4	4	4	4	5	36
PSYCH Med	6	4	3	3	0	3	12	1	5	2	3	6	48
Psychosis	26	19	22	31	31	26	31	30	31	31	31	36	345
Corporate	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	59	56	74	68	63	72	81	62	67	51	66	69	785

Trustwide Datix Reports with a Safeguarding Adults issue 2015/16

A review of the above Datix incidents finds that by far the main incident type, which was felt to include a Safeguarding Adults issue, was related to patient on patient physical abuse. The joint second highest categories of harm are psychological, sexual (including exploitation) and also financial/material abuse. The data indicates difference in reporting levels across services in different boroughs as well as by CAG – this is something that will require further exploration to identify reasons for such disparity.

SLAM continued ::-

key achievements and strengths in Safeguarding work ?

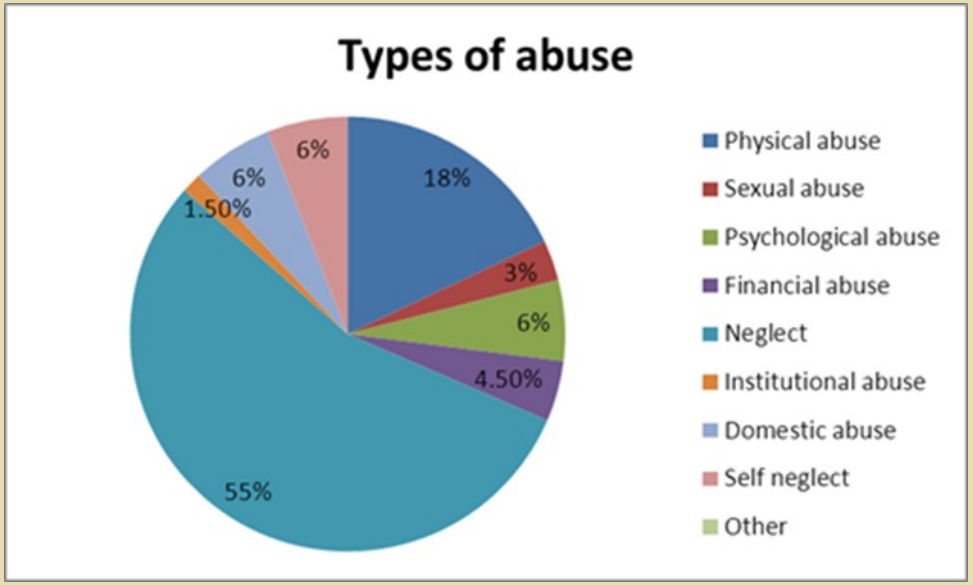
The current Trust Safeguarding Adults Lead commenced in post in early April 2015. Significant work has been undertaken across SLAM since then, focusing on safeguarding adults' issues and compliance with new statute (Care Act 2015/Health & Social Care Act 2008 – 2014 Regulated Activities amendments).
A Safeguarding Adults Thematic Review was presented to the Board Quality Sub Committee in May 2015 outlining an Action Plan for 2015/16. Below is the plan with an update for the year end (April 2016)

Croydon Health Services

THEMES and CASES

The total number of cases which was reported during the financial year 2015/16 was 73 and a break down is illustrated in Chart 1. The majority of cases referred were relating to patients older than 65 years. The ones which were grouped as “other” included those patients with mental health issues and difficult family dynamics.

The data set confirms that the highest percentage at 55% of the cases was related to neglect. Chart 2 indicates the breakdown of type of abuse reported with the category “other” referring to those service users referred for safeguarding as a result of self-harm, family dynamics and concerns which were investigated under the complaints process.



Case study where staff apply the Mental Capacity Act:

A 69 year old gentleman with dementia, living in a care home and he does not have a next of kin or any family members. He used to smoke roll-ups but not recently and he also doesn't drink in the residential home, although he drank excessively in the past. He suffers with persistent voice hoarseness and the ENT doctors are suspecting laryngeal cancer. Very limited information about his medical history was available at his first clinic appointment in March 2016 at Croydon University Hospital (CUH). A best interest meeting was held at the follow-up clinic appointment with the patient, Independent Mental Capacity Advocate, ENT Consultants, Named Nurse for adult safeguarding and the carer from the care home. The outcome of the best interest meeting was to do a biopsy under general anaesthetic. The care home will arrange for a familiar carer to accompany the patient to offer reassurance and support on the day of the procedure. The consultant rearranged the theatre list and secured an early morning slot.

What are your key achievements and strengths in this work?

- The Named Nurse was substantively appointed on the 10 March 2016
- The task and finish group has been initiated to drive the PREVENT agenda across Croydon Health Services (CHS)
- The named nurse for safeguarding adults works closely alongside the adult social care teams within Local Authority and launched the new skin damage tool during April

What has emerged or been identified over this past year, that needs to be pursued?

- Developing a policy for safeguarding adults' supervision has been identified as one of the key priorities for 2016
- Team to develop a robust compliance audit tool to monitor activity related to MCA and DoLS
- The safeguarding adults team to review the training strategy
- Strengthening of the adult safeguarding team

Healthwatch Croydon

Healthwatch Croydon is the Consumer Champion for health and social care and is part of a larger network of Healthwatch across the country. It works towards a society in which people's health and social care needs are heard, understood and met.

It aims to ensure that local people in the community are included in shaping health and social care delivery in their area; that local people have the opportunity to influence the services they receive as well as holding services to account. This can be very important at times of change and of re-commissioning.

In its role as the Consumers Champion, volunteers have visited nursing and residential homes to carry out what are referred to as 'Enter and View visits'. These are arranged to assess the experience of the service from the point of view of the Service User. Similar visits have been undertaken at Croydon University Hospital and at venues where services are provided. In addition to these, Healthwatch Croydon takes calls from the public who often seek advice or guidance about accessing care and/or support services. It is in this way that it may encounter Safeguarding issues. Healthwatch Croydon does not provide any direct health or care services to the public.

Healthwatch Croydon is represented on the Safeguarding Adults Board and related groups. This helps to ensure that the organisation is kept up-to-date with any new legislation and developments and provides it with an overview of current work and priorities in Croydon.

Healthwatch volunteers receive Safeguarding training via the council and are able to access on-line training. All instances of suspected abuse are referred on to the Safeguarding department. Staff and volunteers are made aware of their responsibilities and the procedure that they need to follow in the event of a Safeguarding issue arising.

All paid staff, volunteers and Board members have an enhanced DBS check before carrying out any visits or taking part in any areas of Healthwatch related work. The CEO of the organisation is the lead on Safeguarding.

We have good links with the Safeguarding Board and the Co-ordinators of Safeguarding and the CQC. In particular part of our work has been to look at the quality of care and delivery of care in nursing and residential care homes over the past year.

Up to the year ending the 31st March 2016 we did not encounter any issues that required a referral to Safeguarding.

Vanessa Hosford - Acting Chair - Healthwatch Croydon

Croydon Age UK

Key Safeguarding Achievements from the past year

During the past year we have made a number of referrals to the Safeguarding team, as well as receiving referrals from them for our Advocates to support clients during and after Safeguarding investigations. Safeguarding referrals have come from various individuals and/or organisations, including Social Services, Health Visitors, SLaM, Carers Centre, Alzheimer's society, etc.

We are considered preferred partners by the Safeguarding team, and are well respected in this area and our Advocates are asked to attend best interest and strategy meetings to support clients.

All staff and volunteers who work with clients have undertaken Safeguarding Adults at Risk training.

During the last year, we had eleven Social Work Student placements. They worked within AUKC projects and had the opportunity to shadow our experienced staff team, providing an opportunity for them to learn about Safeguarding Adults at Risk processes and procedures and the impact this can have on clients.

Roles and Responsibilities

Safeguarding training is compulsory for all staff, volunteers and Social Work Students. Everyone is trained to recognise any signs of abuse and understand their role and responsibility in relation to Safeguarding. As part of our Organisational Quality Standard, Safeguarding is an item on all staff, volunteer and Trustee team meetings and all staff and volunteer supervision sessions.

During the year, we ran several Safeguarding Adults at Risk training sessions which were opened up to other voluntary sector groups.
We ran a 'Fraud' event in conjunction with Barclays, Croydon Police, British Transport Police and Trading Standards focusing on:

* Fraud prevention
* Recognising different fraud scenarios
* Protecting people's personal and security information
* Keeping safe online
* What to do if you're a victim of fraud

Work around the Care Act

With our Advice Services Croydon (ASC) partners, we have provided Information and Advice, Advocacy and Hearing Support to Croydon residents, enabling them to make informed choices about their care and support and other issues that affect them, their families and those they care for. Our independent Advocates have worked with those who require support to represent themselves and where required, have represented them. Our Advocates have represented and supported adults who have been the subject of safeguarding enquiries or reviews. We have worked with our ASC partners to ensure that services have been accessible .

The New Care Act states that a Care Act Advocate must have or be working towards obtaining an Advocacy Qualification and our Advocates are currently working towards obtaining Advocacy Diplomas, the highest Advocacy Qualification currently available.

Age Uk continued...

Challenges for the Year Ahead

As always, challenges will be around the level of referrals received and how best to manage this; monitoring quality and quantity to ensure that all cases are dealt with thoroughly and professionally.

We will continue to ensure that all staff and volunteers undertake Safeguarding Adults at Risk training and are currently exploring opportunities to up-skill staff so that we can deliver the training ourselves.

Any good news stories or other news you want to share?

Safeguarding referrals that we receive indicate a difficult time in a client's life. In 2012 Age UK Croydon received a referral for a client who had been financially and psychologically abused by a neighbour's son, who had initially befriended her. At that time, we had a 'Buddying' Project that paired an older person with a client that had experienced financial abuse. The client received this service and responded positively to it. She was nervous about meeting people and anxious about leaving the house at all. She received weekly visits from the buddy until the project closed a year later. She then received input from the Financial Maintenance Project at Age UK Croydon. This helped her deal with and keep on top of her paperwork. After this she was referred to the Visiting Service Project and matched with a Befriender. She has been receiving weekly visits from her Befriender for almost 2 years now.

The client describes how when she had ' those awful things happen to her' she came to the attention of 'services' . She was then referred to Age UK Croydon which enabled her to access and benefit from new services and opportunities. She openly says that her life has become better and much happier as a result of accessing these services.

When we first met her she was very quietly spoken, very anxious and openly quite tearful. In the past 4 years that we have known her, she has re-discovered her passion for writing and reading. She has blossomed. She has written several poems that she has sent to us. She has even presented a talk to a group of older people at an Age UK event. This was the lady who was once too anxious to set foot outside her house without a carer. With her be-friender, she has also talked on a radio show and taken part in a video on isolation and loneliness and the difference having a befriender has made to her.

Most importantly, she talks about how a difficult time in her life, led to many new doors opening for her. Her case shows so clearly, that letting clients know of services available can make a big difference.

The poem below was written by the client and shows the difference she feels:

Hooray for Age UK Croydon!

Thank you for making life better,
For lifting me up from despair,
From Buddies thro' to benefits,
You helped me, you were there.

You assist the old and the lonely,
Give them hope and a cause to smile,
And when you see someone succeeding,
It makes it all worthwhile.

Croydon Domestic Abuse Service

Roles and Responsibilities:

- Lead on delivery of Croydon's Domestic Abuse and Sexual Violence (DASV) strategy; including encouraging partners to drive forward actions aimed at reducing or eliminating DASV in the borough.
- Advocate for the needs of adults and children experiencing domestic abuse by operating a responsive frontline service (the Family Justice Centre) which operates in line with adults and children safeguarding principles.
- Manage the Multi Agency Risk Assessment Conference (MARAC) to ensure partners take joint responsibility to safeguard victims of DASV whose risk of harm is high.

Work Around the Care Act:

Safeguarding referrals are made for vulnerable adults with care and support needs who experience domestic abuse. In the last year, (April 2015 – March 2016), 11 referrals were made by the Family Justice Centre.

Working in partnership with care managers, FJC has offered advice and advocated for vulnerable adults with other services (e.g. housing, courts) to ensure further harm from domestic abuse is prevented. 10 referrals have been made by adults social care in to FJC over the period April 2015 – March 2016.

The Care Act has also been cited in all domestic abuse training to increase an understanding amongst practitioners of the relevance of domestic abuse within the Act and what their statutory duties are in light of this.

Challenges for the Year Ahead:

- Managing needs of vulnerable adults with no recourse to public funds (NRPF) is a key challenge. We would like to further develop strong links with the council's NRPF team. Hope to work with other partners to adopt a systemised approach to supporting victims who are further marginalised due to their immigration status.
- Proactively managing prolific perpetrators of abuse as a means to safeguard victims is an ongoing challenge. We plan to trial a multi-agency approach to managing perpetrators, involving joint working with the police, gangs team and the key multi-agency panels i.e. MASH, MARAC and MAPPA. Through the high risk panel, there will also be oversight of young people of concern which will contribute to a coordinated response to safeguarding vulnerable children and adults.
- To address current and future challenges, we wish for a sub-group of the Adults and Children Safeguarding Boards with explicit responsibility for DASV to be created so as to assert the understanding that domestic abuse and sexual violence is both a safeguarding and adults and children's matter and increase our sphere of influence with partners and the professional networks.

Croydon Domestic Abuse Service continued…

Good News:

Helping an exceptionally vulnerable woman turn her life around has led to a Borough Commander Commendation for Claire Brookes, an Independent Domestic Sexual Violence Advocate at FJC. The commendation ceremony took place at The Warren Metropolitan Sports Club, Bromley on Friday 1 July. Claire was nominated for her help in bringing a successful three years, six months custodial sentence, and an indefinite restraining order, against a man who had carried out serious assaults on his partner. The drug-dependant victim was being forced into sex work by her boyfriend, who was convicted of Grievous Bodily Harm against her. She had suffered such serious injuries she was hospitalised and had reconstructive surgery. The victim is currently waiting for re-housing with the aid of a support group.

Key Achievements from the Past Year:

The IDVA based at Croydon University Hospital has led in ensuring safeguarding needs of vulnerable patients are addressed including where regard needs to be given to their mental capacity or safety needs in terms of being at risk of domestic abuse.

The hospital setting has offered an alternative safe location for patients who are victims of domestic abuse to access support as the perpetrator may not immediately detect the victim seeking independent support especially if their movements are excessively monitored. 129 patients received support from the IDVA, in the period April 2015 – March 2016, as a result of their needs being identified while at the hospital.

94 schools and 35 GPs have identified a lead for domestic abuse within their environments which provides a direct link between the Domestic Abuse and Sexual Violence service (DASV) and these universal services; therefore creating network of practitioners that facilitates early identification and intervention in regards to families affected by DASV.

There has been a 32% increase in high risk cases referred to the MARAC. This means a greater number of victims of DASV have received multi-agency intervention to mitigate the risk of harm to them

Although the volume of cases referred from children's social care is still low, there has been a 76% year on year improvement in the number of children's social care referrals to MARAC and a 17% improvement in referrals made to the Family Justice Centre.

Prevention of future fire deaths—Joint work with London Borough of Croydon and London Fire brigade

Scale and nature of the issue:

Croydon is the largest of the London boroughs with over 370,000 residents. Croydon is also a very large borough geographically. It is service by five fire stations. It also has the largest cohort of elderly clients in receipt of social care. Of the seven clients to have passed away in Croydon through fatal fire all had mobility issues. Secondly all but one were smokers. The client who was not a smoker appears that have had a match as an ignition source but it is unclear as to why.

Thus the overwhelming evidence was that clients who smoke and clients with mobility issues were most likely to have a serious fire and one that may prove fatal. It was also apparent from these cases that at times clients had tried to respond but been unable to, likely owing to both the fire and smoke as well as their pre-existing mobility issue.

To further help identify a possible victim profile, all clients lived alone. Interestingly all but one client was a home owner who lived alone. No such fires occurred in residential or nursing settings. Furthermore all seven clients were known to formal services (although not always an active client). As a result of this it could be said that each client had an opportunity to be fire risk assessed by their professional at some point during their health and social care customer journey.

Croydon has had several near miss fires resulting in varying levels of injury, but for the purpose of this update fatal fires remains the focus.

What has been done?

- Setting up a small working group
- Provision of multi agency training , including housing , dom care , mental health colleagues and social workers , to inform them of the key fire related issues effecting adults and risk
- Risk assessment questions in relation to fire risk are being embedded into the care management process

Priorities for year ahead:

- Continue to spread the message and highlight fire risk concerns
- Learn more from this work and embed it into culture
- Continue with the working party forming a strong link to the CSAB , with TOR and a workplan

London Ambulance Service

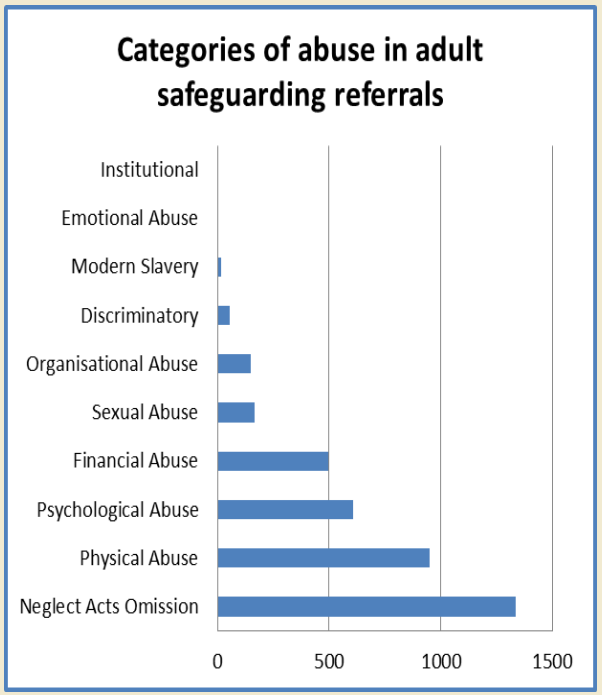
The London Ambulance Service NHS Trust (LAS) has a duty to ensure the safeguarding of vulnerable persons remains a focal point within the organization and the Trust is committed to ensuring all persons within London are protected at all times.

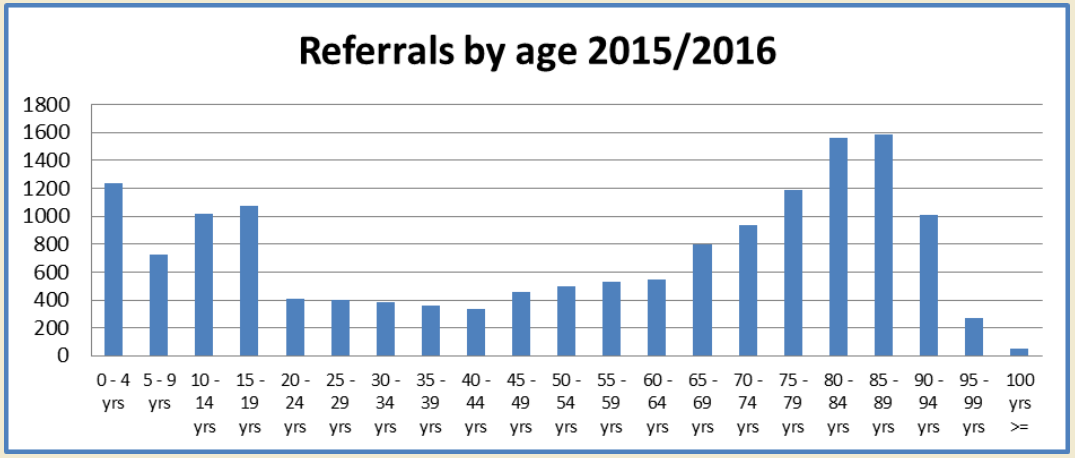
This report provides evidence of the LAS commitment to effective safeguarding measures during 2015/16. A full report along with assurance documents can be found on the Trusts website.

Referrals or concerns raised to local authority during 2015-16

The LAS made a total to 17332 referrals to local authorities in London during the year:

- 4561 Children referrals
- 4331 Adult Safeguarding Concerns
- 8440 Adult welfare Concerns





Perhaps not surprisingly, the very young and the old are most likely to be the subject of referrals. For children, once out of infancy and their most vulnerable period they are most likely to be the subject of a referral once over 15.

Around a third of referrals for all children, according to an in-house audit conducted in Q1 of this year are related to self-harm. The majority of these are in the in the 15-18 age range.

Mind in Croydon

We have continued to ensure that all staff and volunteers receive safeguarding training and are encouraged to make referrals where appropriate.

Because of the nature of the people with whom we work, we also work consistently with our service users to ensure that they have an understanding of safeguarding and what kind of behaviour they need not tolerate. We have worked with a number of individuals who have needed our support through the safeguarding process.

Self-neglect has been an issue of concern to us and we have worked with colleagues to ensure that people who are living alone are encouraged to engage with a range of activities so that they do not neglect themselves.

In particular, we worked closely with colleagues from Croydon Council to look at how we could develop a service for those people in Croydon for whom hoarding is an issue. We hope to develop this work further and undertake a pilot in the coming year.

Financial Scams

Key Achievements:

- Series of training events held for internal and external partners to raise awareness and understanding of financial abuse
- Implementation of joint working protocol for Trading standards (TS) and Adult Social Services (ASS)

Roles and Responsibilities:

- TS has a statutory duty to enforce consumer protection legislation – in relation to safeguarding this involves criminal investigations into doorstep crime incidents and mass marketing fraud issues often targeted against older or more vulnerable people. The Care Act imposes a further duty on us as an LA.
- Internal procedures stipulate that all cases are considered for referral and necessary referrals made within set time frames.

Work Around the Care Act:

- Carried out a series of training events on awareness raising of doorstep crime/ scam issues for both internal partners and external sister agencies including police, district nurses, GPs, 3rd sector representatives and financial institutions
- All TS staff trained on their duties under Care Act s42

Joint work for CSAB , London Borough of Croydon and Trading Standards

Key Challenges in the forthcoming year and what's in place to meet the challenges in year 2016/17 :

Challenges:

- Lack of resources
- Increase in referrals
- Under reporting by victims (year on year challenge)

Meeting the challenges:

- Robust training/ work operating procedures in place to ensure staff are confident and capable when dealing with safeguarding issues
- Sharing resources/intelligence where possible with police/ other borough colleagues
- Continue to raise awareness with potential victims and their carers/professionals/partners etc. to keep the knowledge and understanding raised

CHAPTER 4

ACHIEVEMENTS 2015/2016

Priority Areas and Action update on priorities 2015/2016

The CSAB has an agreed vision, objectives and terms of reference, with various committees taking forward its agreed priorities. It has formally agreed to work to Pan London multi agency policies and procedures to safeguard adults from harm. The table below summarises the priority areas and gives an update on these areas for this year to date.

	SUMMARY OF PRIORITY AREAS	PROGRESS TO DATE	RAG
1	Develop effective governance arrangements for the CSAB	• Governance Framework • Comprehensive procedures will be on CSAB Website • Check against audit tool	
2	Communication and Promotion of Safeguarding led through the PAID committee	• CSAB leaflets and business cards have been produced these will actively promote the work of the CSAB and its partner agencies • The Say it Loud project has started this will ensure that there is a clear voice from people that are supported through safeguarding • Advocacy Commissioning are leading on the review of advocacy to ensure that the existing advice offer is built open and incorporates the requirements of the Care Act • Solutions are being sought to ensure that a comprehensive Website is built for the CSAB	

CHAPTER 4

ACHIEVEMENTS 2015/2016

	SUMMARY OF PRIORITY AREAS	PROGRESS TO DATE	RAG
3	Personalisation (Making Safeguarding Personal)	• Developed Audit tools for MSP • Set up MSP sub group • Service users representative on subgroup • Feedback form developed.	
4	Performance and Quality Assurance Committee	• Formation and development of the committee • Ensure a wide multi agency involvement • Developing a Performance Scorecard to enable robust scrutiny of agencies involved in safeguarding adults	
5	Learning and Development Committee	• Developing Learning and Development Strategy • Ensured that there will be learning opportunities on the CSAB website • CSAB engage committees to look at continuous learning • Agreed to develop Croydon training group for this year in conjunction with Croydon Safeguarding Children's Board	
6	Safeguarding Adult Review Committee	• Learning and Review Framework ready to be implemented • Safeguarding Adult Review completed—executive summary to be published on website • Ensured learning from SAR cascaded	

Glossary

This glossary is not an exhaustive list, but explains some of the key words or terms that have been used in this report.

Abuse includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and institutional abuse.

ACPO (Association of Chief Police Officers), an organisation that leads the development of police policy in England, Wales and Northern Ireland.

ADASS (Association of Directors of Adult Social Services) is the national leadership association for directors of local authority adult social care services.

Adult Services arrange social care and support for adults who need extra support. This includes older people, people with learning disabilities, physically disabled people, people with mental health problems, drug and alcohol misusers and carers. Adult social care services include the provision by local authorities and others of care homes, day centres, equipment and adaptations, meals and home care Adult social care also includes services that are provided to carers.

Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.

Alert is a concern that a person at risk is or may be a victim of abuse, neglect or exploitation. An alert may be a result of a disclosure, an incident, or other signs or indicators.

Central Referral Unit is where all adult safeguarding referrals to the police are received, risk assessed, graded and allocated for action by the most appropriate police team and/or partner agency.

CCGs (Clinical Commissioning Groups) were formally established on 1 April 2013 to replace Primary Care Trusts and are responsible for the planning and commissioning of local health services for the local population.

Clinical Governance is the framework through which the National Health Service (NHS) improves the quality of its services and ensures high standards of care.

Community Safety Partnerships bring agencies and communities together to tackle crime within their communities. Community Safety Partnerships (CSPs) are made up of representatives from the responsible authorities, these are Police, police authorities, local authorities, Fire and Rescue authorities, Clinical Commissioning Groups and Probation

CPS (Crown Prosecution Service) is the government department responsible for prosecuting criminal cases investigated by the police in England and Wales.

CQC (Care Quality Commission) is responsible for the registration and regulation of health and social care in England.

DASH (Domestic Abuse, Stalking and Harassment and 'Honour'- Based Violence) risk identification checklist (RIC) is a tool used to help front-line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.

Disclosure and Barring Service (DBS) was established in 2012 through the Protection of Freedoms Act and merges two former organisations, the Criminal Records Bureau and the Independent Safeguarding Authority. The DBS is designed to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults. The DBS search police records and barring lists of prospective employees and issue DBS certificates. They also manage central barred lists of people who are known to have caused harm to vulnerable adults.

DOLS (Deprivation of Liberty Safeguards) are measures to protect people who lack the mental capacity to make certain decisions for themselves. They came into effect in April 2009 using the principles of the *Mental Capacity Act 2005*, and apply to people in care homes or hospitals where they may be deprived of their liberty.

Domestic Homicide Reviews are commissioned by local Safer Communities Partnerships in response to deaths caused through domestic violence. They are subject to the guidance issued by the Home Office in 2006 under the *Domestic Violence Crime and Victims Act 2004*. The basis for the domestic homicide review (DHR) process is to ensure agencies are responding appropriately to victims of domestic abuse offering and/or putting in place suitable support mechanisms, procedures, resources and interventions with an aim to avoid future incidents of domestic homicide and violence.

Family Group Conferences (FGC) are used to try and empower people to work out solutions to their own problems. A trained FGC coordinator can support the person at risk and their family or wider support network to reach an agreement about why the harm occurred, what needs to be done to repair the harm and what needs to be put into place to prevent it from happening again.

HealthWatch is the new independent consumer champion created to gather and represent the views of the public. It exists in two distinct forms - local Healthwatch and Healthwatch England at a national level. The aim of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality. Local Healthwatch has taken on the work of the Local Involvement Networks (LINks).

Health and Well-being Board a statutory, multi-organisation committee of NHS and local authority commissioners, co-ordinated by the local authority which gives strategic leadership across Hampshire regarding the commissioning of health and social care services.

MAPPA (Multi-agency Public Protection Arrangements) are statutory arrangements for managing sexual and violent offenders.

MARAC (Multi-agency Risk Assessment Conference) is the multi-agency forum of organisations that manage high risk cases of domestic abuse, stalking and 'honour'-based violence.

MASH (Multi Agency Safeguarding Hub) is a joint service made up of Police, Adult Services and the NHS. Information from different agencies is collated and used to decide what action to take. This means the agencies will be able to act quickly in a co-ordinated and consistent way, ensuring that the person at risk is kept safe.

Mate Crime occurs when a person is harmed or taken advantage of by someone they thought was their friend. There is limited information on the prevalence of Mate Crime nationally, however there has been an increase in the number of safeguarding alerts that involve Mate Crime across Hampshire in recent years.

Mental Capacity refers to whether someone has the mental capacity to make a decision or not. The Mental Capacity Act 2005 and the code of practice outlines how agencies should support someone who lacks the capacity to make a decision.

NHS (National Health Service) is the publicly funded health care system in the UK.

OPG (Office of the Public Guardian), established in October 2007, supports the Public Guardian in registering enduring powers of attorney, lasting powers of attorney and supervising Court of Protection appointed deputies.

PALS (Patient Advice and Liaison Service) is an NHS service created to provide advice and support to NHS patients and their relatives and carers.

Safer Neighbourhood Teams are local police working with local people and partner agencies to identify and tackle issues of concern in their area to make neighbourhoods safer.

SAR (Safeguarding Adult Review) undertaken by a Safeguarding Adults Board when a serious case of adult abuse takes place. The aim is for agencies and individuals to learn lessons to improve the way in which they work.

SI (Serious Incident) is a term used for serious incidents in the NHS . It is defined as an incident that occurred in relation to NHS-funded services resulting in serious harm or unexpected or avoidable death of one or more patients, staff, visitors or members of the public.

Wilful Neglect or Ill Treatment is an intentional or deliberate omission or failure to carry out an act of care by someone who has care of a person who lacks capacity to care for themselves. *Section 44* of the *Mental Capacity Act 2005* makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity .

APPENDIX ONE

Membership of Croydon Safeguarding Adults Board

Croydon Health Services
Croydon Clinical Commissioning Group
Trading Standards
Croydon Voluntary Action
Age UK
London Fire Brigade
Croydon Mencap
Housing, London Borough of Croydon
Probation service
Croydon Voluntary Action
Croydon & Bromley CRC

London Borough of Croydon
MIND in Croydon
South London & Maudsley NHS Trust
Care Quality Commission
Metropolitan Police for London Borough Of Croydon
Cabinet Member for Families, Health & Social Care, Croydon
Safer Croydon Partnership Unit
Performance Team, Croydon Council
Healthwatch Croydon
Probation service