

LAMBETH SAFEGUARDING ADULTS PARTNERSHIP BOARD

General Agenda Section

10 October 2017

14:00 to 17:00

Phoenix House

Attendees:

Siân Walker (SW) – <i>Chair</i>	Independent Chair
Moira McGrath (MM)	Director of Integrated Commissioning (Older Adults) / CCG Safeguarding Lead, LB Lambeth and Lambeth Clinical Commissioning Group
Kevin Marshall-Clarke (KM)	HMPS Brixton
Sean Oxley (SO)	Detective Superintendent, Metropolitan Police Service
Alan Brand (AB)	Station Manager Clapham and West Norwood, London Fire Brigade
Godfried Attafua (GA)	Service Director (Interim), South London and Maudsley NHS Foundation Trust
Sarah Wilding (SW)	Director of Nursing, Adult Services and Adult Safeguarding, Guys and St Thomas' NHS Foundation Trust
Rachel Sharpe (RS)	Director of Strategic Programmes, LB Lambeth
Conal Percy (CPer)	Community Involvement Officer, London Ambulance Service
Alex Babudoh (AB)	Senior Occupation Officer, National Probation Service
David Michael (DM)	Head of Service, Reviews, Children's Social Care, LB Lambeth
Richard Sparkes (RSp)	General Operations Manager, Adult Social Care, LB Lambeth
Ruth Hutt (RH)	Director of Public Health, LB Lambeth
Cllr Jim Dickson (JD)	Chair of the Lambeth Health and Wellbeing Board
Barbara Joyce (BJ)	Office of the Public Guardian

In attendance:

Janna Kay (JK)	Quality and Safeguarding Adults Manager, LB Lambeth
Mala Karasu (MK)	Head of Safeguarding, Guys and St Thomas' NHS Foundation Trust
Heather Smith (HS)	Head of Safeguarding, Kings College Hospital NHS Foundation Trust
David Rowley (DR)	Lead Safeguarding Nurse, Lambeth CCG
Ella Pollock (EP)	Violence Against Women and Girls Officer, LB Lambeth
Ceri Gordon (<i>minute-taker</i>)	Adult Safeguarding Support Officer, LB Lambeth

Apologies:

Catherine Pearson (CPea)	Chief Executive, Lambeth Healthwatch
Andrew Christie (AC)	Independent Chair, Lambeth Children's Safeguarding Board
Paula Townsend (PT)	Corporate Director of Nursing, Kings College Hospital NHS Foundation Trust
Adela Kacsprzak (AK)	Head of Lambeth and Wandsworth cluster, National Probation Service
Mark Stancer (MS)	Director of Children's Social Care, LB Lambeth
Cllr Jackie Meldrum (JM)	Cabinet Member for Social Care, LB Lambeth
Fiona Connolly (FC)	Director of Adult Social Care, LB Lambeth
Aisling Duffy (AD)	Chief Executive, Certitude
Philip Powell (PP)	Stakeholder Engagement London Ambulance Service
Helen Charlesworth-May (HC)	Strategic Director, Adults and Health, LB Lambeth

4.	Minutes and matters arising from meeting held 05 July 2017, and update on actions; General agenda section
	<p>Minutes agreed for accuracy.</p> <p>Review of actions:</p> <p>(2) SW reiterated that she would welcome invitations from partner organisations to spend time with frontline staff in respect of safeguarding activity.</p> <p>(3) It was noted that Kings College Hospital and Probation Services have been unable to complete this audit tool due to staff turnover and staff illness. HS and AK to aim for completion of the audit tool by end of October 2017 and to return to CG.</p> <p>(4) Conversations on training provision for Board Members will be taken forward to Development Day. JK and DJ will also lead a session at the Development Day in February 2018.</p> <p>(5) All members who have not yet completed the Level 1 Safeguarding Children e-learning, to do so by end of December 2017, so that this can be reported on in January 2017.</p> <p>(6) The Law Commission’s proposal for changes to the Deprivation of Liberty Safeguards was discussed at the MCA subgroup. (Due to time constraints, updates from subgroups were not heard at this meeting; Board Members can request access to the minutes of the MCA Subgroup for further detail on the group’s reflections on the proposal).</p> <p>(7) Feedback on the LSAB budget proposal is covered in the Chair’s Report (agenda item 5)</p> <p>(8) The LSAB Annual Report has now been published and shared with partners.</p> <p>(9) Gathering feedback from alerters perspective;</p> <p>There have been further discussions on how we can gather feedback from the perspective of alerters and this something that the P&Q group is looking at.</p> <p>It is recognised that it can be difficult providing feedback on concerns raised by the emergency services but it was also noted that when there is feedback sent to the central system for ambulance service, this does go back to the crews. Police ‘Merlins’ on the other hand are a one-way process with no avenue for providing feedback.</p> <p>The Multi-Agency Safeguarding Hub (MASH) is able to show where referrals come from and where they are then allocated. It was noted that emergency service referrals received by the MASH are not always safeguarding concerns.</p> <p>More generally, there is a need to understand what people expect from feedback and being honest about what we can share. Giving feedback improves the quality of referrals.</p> <p>It was noted that the LAS are welcome to spend time with the Adult MASH team and feedback to the frontline, if this would be helpful.</p>

	<p>There could also be improvements in the frontline teams undertaking a safeguarding investigation sending notifying email to tell an alerter that information is being taken forward for further investigation.</p> <p>AB noted that from the LFB perspective there is regular feedback and there is assurance that social care is picking up on the issues raised. The Chair noted that regular attendance from LFB at the Board helps to facilitate conversation.</p> <p>(10) Proposal on equalities meeting will be presented as part of update to the Board on the Strategic Plan for 2017/18 (agenda item 9)</p>
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5.	Chair's Report
	<p>The <u>Safeguarding Adults Review (SAR) subgroup (SARSG)</u> has met twice since the last LSAB meeting in July. Members of the subgroup have agreed to take case forward as a SAR (SAR E).</p> <p>The Chair expressed particular thanks to DJ and JK in going through previous SAR referrals made by ASC staff. As a result of this exercise, SW feels assured that all information has been captured and there is a good system going forward.</p> <p>The Chair also highlighted that we are yet to receive feedback from the majority of Board Members regarding the <u>Budget Proposal</u>; Lambeth Adult Social Care is funding the majority of the costs of the Board. As previously stated, the MPS and LFB have an agreed rate. Lambeth CCG have confirmed that they would make a contribution, and have proposed London wide conversation regarding LAS contributions.</p> <p>The budget report set out the costs of running the board and principles for contribution. This is an issue for SABs nationally.</p> <p>It was noted that <u>Paula Townsend</u> will be leaving Kings College Hospital in December, and the Chair wished to express particular thanks for all her contributions to the work of the Board.</p> <p><u>A report of the Learning Disabilities Mortality Review (LeDeR)</u> was presented to the Health and Wellbeing Board in January setting out the process, and it was indicated that there would be a report back to update on arrangements. There are 3 LeDER reviews currently underway in Lambeth; none yet completed.</p> <p>Action 2: An Update on the LeDeR will be an item on the Health and Wellbeing Board in January 2018; DR to drafting an updating report for SW to present.</p>

6.	Key Performance Report
	<p>RSp presented key highlights from the Key Performance Report.</p> <p><u>Activity</u></p>

The work of commissioning colleagues with providers in the borough with placements of older persons may have impacted on the reductions in the number of safeguarding concerns being received; there were previously high numbers of referrals and homes are now being moved out of the provider concerns process. The change in activity may also be a result of clearer definitions from the Board.

Lambeth ASC will continue to track activity to see if this is a continued trend.

It was noted that roughly around 50% of all concerns received go on to enquiry.

There have been discussions around what does good data look like and how much this figure tells us. The concerns received may not all be appropriate but it could be argued that it is important that the local authority receives all these referrals and makes the decisions on thresholds for leading to enquiry.

The Threshold Task and Finish group will look at decision making for referrals that come through to SLaM and ASC; it is a key area for the local authority to consider whether it is getting the right number of concerns and if the right number are going through to enquiry.

Categories of abuse

There has been a decrease in the number of concerns relating to neglect and acts of omission, and this is potentially a good news story.

Electronic call monitoring has been introduced and there is an aim to have all domiciliary care providers using this technology; currently 70% to 80% do. This gives real time reporting on where care calls are expected but not made and will immediately provide evidence that adult social care (ASC) can use, allowing the service to move more quickly to identify issues.

There is a potential increase in the numbers of financial abuse which could be linked to increasing awareness and work with families around financial arrangements. ASC will continue to monitor to this. There is still further work needed to tease out issues around threshold and police views on whether there is enough to process with prosecution/if in public interest.

There is also wider work with Department of Work and Pensions (DWP) where there are concerns around appointeeships, and there have been issues in establishing communication with them; there is a need for improved information sharing on issues around financial abuse.

It was noted that it may also be useful to have contact with the British Banking Association, as banks have become sensitised and responsive to financial abuse.

Timeliness

ASC are doing reasonably well and the majority of safeguarding work for each referral is completed in 3 months. There are historic issues of cases running longer than 12 months, and some of these relate to significant staff changes in teams where safeguarding work had progressed but the allocated social worker had not completed recording process.

	<p>Training was rolled out in the first quarter of 2016/17 to move away from set timescales and focus on proportionality – some safeguarding work is complex and we would expect this to take time, whereas other work can be completed more quickly.</p> <p><u>Decision making</u></p> <p>There has been an increase in decisions taking 6 working days or more; teams want to make decisions with adequate information and this can create tensions with wanting to make decisions in timely way. There is pressure on the front door team, who will pass safeguarding enquiries on to long term teams and need to be clear when this decision has been made.</p> <p>ASC need to test the narrative on decision making, and it may be useful to breakdown decision making data across different services.</p> <p>The Chair also reflected on the impact of cuts and austerity on what we all can do, and how the loss of/changes to non-statutory commissioned services due to different levels of funding can impact statutory services.</p> <p><u>Deprivation of Liberty of Safeguards (DoLS)</u></p> <p>The number of authorisations in place has doubled. The DoLS team have done a lot of work in tracking authorisations that are due to come to an end, meaning we do not have people in placements without safeguards.</p> <p>Lambeth ASC are also looking to improve the number of signatories and incentives for Best Interest Assessors (BIAs) within the local authority.</p> <p>SW noted that she is also currently liaising with other Board leads regarding the issues BIAs across NHS services, and will feedback at a future Board.</p> <p>It was also noted that DoLS data does not show where there have been people who return home before the assessment is completed, and so the volume of requests may actually be much higher. There is a need for more work around community DoLS.</p> <p>Action 3: For future Key Performance report to include a breakdown of referral source and for this to be considered on an annual basis.</p>
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7.	Themed Assurance Report; Crime and Community Safety
	<p><u>Multi-Agency Safeguarding Hub (MASH) – David Jennings</u></p> <p>The Adult MASH switched on processing of emergency referrals from the police in October 2016, and from the London Ambulance Service and London Fire Brigade in January 2017; as a result like for like figures are not yet available.</p> <ul style="list-style-type: none"> - Around 60% of Police Merlins were directed to mental health services.

- A reverse was seen for referrals from the London Ambulance Service where a larger proportion are for physical health services – services we at ASC are directly in control of.

The MASH is not a front door service, and instead cast an eye over the presenting issue which is then broken down in broad categories.

The breakdown on known and unknown cases shows that very few are new people not known to any service. 52% are known to more than one service.

Only 5% of referrals led to no further action – a positive indication that people are aware of appropriate issues that need to be raised.

Comments from LSAB Members:

An aspiration for all services should be to be able to reach people early enough to prevent deterioration, and for services to have the capacity to do planned assessments which involve the police. There are high rates of sectioning in Lambeth, and this is a quality concern.

LAS have very high numbers of frequent 999 callers, and subsequently have a high threshold for that which is considered a frequent call and this is not being fed in to process.

Lambeth Metropolitan Police Service – Sean Oxley

Figure 6 of the assurance report presented to the Board raises some issues on the number of concerns being raised by the Police.

SO wondered whether this related to the recent departure of a SLaM team member from the MASH, as this role was an important link that made a real difference. DJ clarified that this was a post within the Children's MASH. GA confirmed that this post is being recruited to, with view to have someone in post by the end of January. The Adult MASH hopes to work alongside the Children's MASH more closely in the future. DJ highlighted that the Adult MASH was also looking to secure a MH post.

The reduction in the number of safeguarding concerns being received may also be a result of improved conversations between adult social care and police colleagues, demonstrating a positive relationship.

HMP Brixton – Kevin Marshall-Clarke

KM gave a summary of the tabled document which outlined the processes and procedures that are in place for dealing with abuse in HMP Brixton.

KM noted that HMP Brixton sees around 15 acts of violence every month, and 10 to 15 acts of self-harm every month. There are around 6 concerns raised every month from the public and 10 to 15 community concerns from other prisons. Every member of staff has a legal duty to report concerns.

Prisons have a challenging population, with many prisoners having a mental health diagnosis, being from a care background, or having learning difficulties – these groups are overrepresented

in the prison community and this sees the most vulnerable in our society placed alongside those more likely to exploit or abuse them. HMP Brixton also has an older population of prisoners.

KM outlined training requirements and the reporting requirements around every act of harm.

KM advised that there is national instruction for safeguarding policies, but each prison introduces their own policy based on this. HMP Brixton do not currently have a policy which covers all the different strands of safeguarding, but have separate policies for different aspects of abuse e.g. a policy for bullying and a policy for financial abuse.

There are high rates of suicides in prisons nationally, but KM noted that there has not been a suicide at HMP Brixton in many years, with the last death being in 2015 and which was substance misuse related. Every serious act of self-harm receives a full investigation that goes to the Minister's Office. There is good learning from these which could feed in to information presented to the Board.

It was also noted that HMP Brixton have made much progress in the last year and will be fully staffed by end of November, with an additional 32 officers. HMP Brixton is ahead of the curve in this respect.

The Chair note that it is particularly helpful having KM attending the Board. It may be helpful to gather information on the numbers of adults with care and support needs within HMP Brixton; there can be further liaison with KM on when this information is brought before the Board.

London Ambulance Service (LAS) – Conal Percy

CPer drew attention to the Domestic Abuse pathway and Hoarding pathway which have been introduced, as highlighted in the LAS's Safeguarding Annual Report.

There has also been learning following work by the safeguarding team, which picked up on 115 missed referrals by frontline staff; often this was youth violence, but there is likely some cross over with adult services when there are domestic abuse issues.

The Chair also welcomed the transparency of the LAS Safeguarding Annual Report as it shows the number of allegations against staff.

It was noted that call centre staff also have training and can raise safeguarding concerns, and there are other mechanisms in place for raising concerns if the crew do not attend. This was introduced 2/3 years ago and is now fully embedded.

It was noted that LAS staff may be aware of people who are not known to other partners, due to the accessibility of the 999 process. The frequent caller lists are monitored and these are shared with GPs. (MM, DJ and CPer to pick up on this particular issue outside of the meeting).

Multi-Agency Risk Assessment Conference (MARAC), Violence Against Women and Girls (VAWG) - Ella Pollock

There has been a slight increase in the number of referrals from the previous year, and the repeat referral rate has also slightly increased showing that there has been improvement in cases being identified.

There are still low numbers referred from Lambeth Adult Social Care, and this may be as a result of practitioners not picking up domestic abuse as the primary issue. There is continued work to address this outside of MARAC.

The VAWG Team have also started working with the London Fire Brigade to support them to better identify and respond to domestic violence. Work is ongoing and a further update can be provided once processes have been agreed.

London Fire Brigade (LFB) – Alan Brand

The LFB have invested in providing more training which has led to an increased understanding of what to look for when identifying safeguarding issues. This has made it easier to refer, with two way communication established. As we continue to improve awareness, there should be an increase in the number of referrals (where numbers are currently low).

The LFB have a central database to retain information so that this can be shared (where appropriate) and reported on. There is also scope for joined up referrals for severe risk concerns.

The majority of concerns that the LFB come across relate to hoarding and self-neglect.

Referrals that come through from LFB are predominately passed on to ASC rather than mental health.

SW noted that SAR E relates to a fire death.

Grenfell Tower response by MASH – David Jennings

DJ summarised the engagement with the LFB to carry out fire risk assessments on housing blocks in Lambeth and work to build a better understanding of the social care needs for people living in those blocks.

The MASH team went through all profiles for adult social care service users and compared needs with the person identified as tenant or the lease holder. 509 people identified as having social care needs, potentially need adult social care intervention.

This was a good example of joint working.

RS added that housing records record vulnerable residents who do not necessarily meet social care thresholds. Though the work undertaken by the MASH team highlighted that these records tended to focus on tenancies and would not necessarily contain all the information about the household. Housing colleagues have now developed this list in order to capture this information.

Housing is currently doing fire risk assessments on the 7 tallest priority blocks in the borough.

It was noted that there are 67 housing associations operating in Lambeth with 23,000 properties owned by other registered landlords in the borough – where there is not confirmed data.

There is a need to have an interface with housing providers outside of this meeting – this is a conversation that can be picked up by RS and the incoming Head of Service for ASC's Quality and Safeguarding Adults Service, in order to bring together providers to understand their responsibilities for safeguarding and provide an overarching view. Liaison with housing providers

	<p>needs to be considered more widely and it was noted that the council has no legal supervisory reasonability; the Greater London Authority does.</p> <p>This exercise does provide assurance to the Board, and housing colleagues now know what data we need to collect and how we can access this in an emergency.</p> <p>Action 4: Meeting to be set up with RS and the HoS for Quality and Safeguarding Adults in order to take forward conversations on safeguarding responsibilities and overarching view.</p> <p>The Chair also drew attention to the document produced by The London Resilience Partnership; Identification of the Vulnerable. This has been produced in the light of Grenfell. SW will pick up on the issues raised in this document with the London Independent Chairs Network, in order to consider how to identify those who may potentially come under adult safeguarding if a major incident should occur.</p>
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8.	ADASS Adults at Risk Audit Tool
	<p>MK provided summary of the progress so far in compiling findings from the adults at risk audit tool.</p> <p>Organisations which were able to complete this tool have shown that they can demonstrate that they have good adult safeguarding policy and governance in place.</p> <p>No organisations rated themselves as ‘red’ in any of the RAG ratings, which is positive. Further, each organisation was able to say what they were not doing well.</p> <p>Areas where organisations identified that further work was needed was in ensuring candour and openness, and in evidencing a model for supervision of safeguarding adults work – this is a piece of work we’d like to take forward as a partnership, in addition to improving training opportunities.</p> <p>The Chair has recommended the proposed Challenge and Support event be arranged once all information is collated so that all partners can learn from each other. It was also suggested that this take place next year, where we will be able to see progress or where there has been no improvement.</p> <p>SW also noted that in addition to this piece of work there will be consideration of a Peer Review with another Safeguarding Adults Board, to allow for external audit and review.</p> <p>Action 5: RSp, FC and SW to have discussions on how to approach peer review for the Lambeth Safeguarding Adults Board.</p> <p>SW also noted the positives of Solace and Refuge completing this tool, and RS added Commissioning had promoted an expectation that they complete this tool.</p>

9.	Update on LSAB Strategic Plan
	<p><u>Prevention</u>: Reducing the number of safeguarding concerns relating to abuse and neglect in private in family life</p> <p>MK drew attention to the conflict this aim might have with our aim to increase awareness; we would expect the number of concerns in this area to increase if we are successful at raising awareness.</p> <p>Data provided by ASC give an indication on how practitioners are understanding domestic abuse. There are continued efforts to improve staff knowledge and understanding through training and further communication, with intention to measure change through post training evaluation.</p> <p>It was also noted that the way abuse is labelled may change the approach, and this may be why people are choosing different categories of abuse in order to meet the most appropriate response.</p> <p>DJ added that the new safeguarding forms introduced by ASC will encourage practitioners to complete a more robust risk assessment where concerns involve domestic abuse (Safer Lives).</p> <p>There is a recommendation for the Board to receive a further update in January 2018 and for Members to consider the promotion of domestic abuse training within their own organisations.</p> <p><u>Representation</u>: Equalities measurement of Section 42 work in Lambeth</p> <p>A brief audit was undertaken with members of the Performance & Quality subgroup to get a better understanding of what information we collect already.</p> <p>All organisations need to consider how we gather information; there is acknowledgement that there may be challenges in changes that we collect information and we are therefore trying to be pragmatic in our expectations.</p> <p>A minimum data set of age, disability, ethnicity, sexual orientation, religion and gender has been proposed.</p> <p>The collection of additional data is a more long term consideration.</p> <p><u>Promotion, Communication and Involvement</u>; Measuring awareness of adult safeguarding in Lambeth</p> <p>The Community Reference Group have undertaken work to devise a survey to measure awareness, and have piloted this for usability.</p> <p>Recommendation for Board Members to take part in targeted work to gather responses and to consider how best to disseminate.</p> <p>Action 6:</p> <p>(i) Survey to be sent out to Board members to create links on individual organisation’s websites and to identify individual within organisation to collate feedback.</p>

	<p>(ii) Week commencing 27 November 2017 to be used as a targeted week to gather responses to the survey.</p> <p>A follow up email to be sent to Board Members highlighting these recommendations.</p>
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10.	Proposal for delivering Modern Slavery Training
	<p>A briefing has been shared with Board Members setting out who this training will be targeted at; the proposal includes 4 sessions, with up to people at each session.</p> <p>RS noted that Trading Standards are allocated spaces in this proposal, and suggested that this be taken back to the Head of Community Safety to ensure that most appropriate team are given these space. RS to follow up.</p> <p>It was also noted that the most notorious case of modern slavery in Lambeth took place on part of a housing state – it is important to include staff from Lambeth Housing in the training numbers.</p> <p>Action 7: Board Members to nominate staff from within their own organisation or department who need to attend modern slavery training.</p>

11.	Update on FGM Guidance
	<p>Due to time constraints at today’s meeting, the update on new FGM Guidance has been deferred to future LSAB meeting.</p>

12.	LSAB Member’s Handbook
	<p>If Board Members have feedback on the draft handbook, please send them to SW or JK.</p>

13.	Safeguarding Adults at Risk; Information Sharing Agreement
	<p>This has been agreed under the remit of the London Adult Safeguarding Board, alongside NHS England and the Metropolitan Police.</p> <p>Board Members need to sign this information sharing agreement so that it can be taken back to London ADASS, which is coordinating, by 20 December 2017.</p> <p>Action 8: Board Members to return agreed Information Sharing Agreements by 30 November 2017.</p>

14.	Feedback from sub-groups
	If Board Members are interested in getting the notes of any of the subgroup meetings, please contact JK.

15.	AOB
	<p><u>NHS England Briefing</u></p> <p>A summary of the key themes has been shared for information. NHS England have outlined a focus on human trafficking, domestic violence, FGM, the Prevent agenda, MCA and DoLS.</p> <p>There are six CCGs in South East London working together to meet NHS England priorities, with an additional focus on safeguarding supervision. Noted that LAS have been doing some work on this with NHS England already.</p> <p>It was noted that a database to collate SARs across London, and nationally, is being considered in order to allow wider sharing of the lessons that come from these reviews. There is some difficulty in that many SARs in London SARs are not published in full, which may lead to limited access.</p> <p>If Board members have any questions about the agenda items not covered today, email SW (SWalker2@lambeth.gov.uk)</p> <p>A suggestion was made to highlight information only items at future Board Meetings, where questions can be picked up on outside of meetings.</p>

Actions:	Who:
General	
2. Update of the LeDeR will be on the agenda of the Health & Wellbeing Board in January; DR to draft an updated report for SW to present.	Siân Walker/David Rowley
3. For future Key Performance report to include a breakdown of referral source and for this to be considered on an annual basis.	Janna Kay
4. Meeting to be set up with RS and the HoS for Quality and Safeguarding Adults in order to take forward conversations on safeguarding responsibilities and overarching view for housing providers.	Rachel Sharpe/Richard Outram/Janna Kay
5. RSp, FC and SW to have discussions on how to approach peer review for the Lambeth Safeguarding Adults Board.	Richard Sparkes/Fiona Connolly/Siân Walker
6. (i) Survey to be sent out to Board members to create links on individual organisation's websites and to identify individual within organisation to collate feedback. (ii) Week commencing 27 November 2017 to be used as a targeted week to gather responses to the survey.	All
7. Board Members to nominate staff from within their own organisation or department who need to attend modern slavery training.	All
8. Board Members to return agreed Information Sharing Agreements by 30 November 2017.	All

Further action required following review of actions from 05 July 2017 LSAB	Who:
1. Kings College Hospital and National Probation Service to aim for the completion of the adults at risk audit tool by end of October 2017.	Heather Smith/Adel Kacsprzak
2. All members who have not yet completed the Level 1 Safeguarding Children e-learning, to do so by end of December 2017 so that this can be reported on in January 2017.	All