

Camden Safeguarding Adults Partnership Board

Annual Report 2020/2021

"Safeguarding is everybody's business"



NHS
North Central London
Clinical Commissioning Group



London Ambulance Service **NHS**
NHS Trust

Great Ormond Street
Hospital for Children
NHS Foundation Trust

Camden and Islington
NHS Foundation Trust

Central and North West London
NHS Foundation Trust

University College
London Hospitals
NHS Foundation Trust

The Tavistock and Portman
NHS Foundation Trust

Royal Free London
NHS Foundation Trust



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

If you are worried that a person who is over the age of 18 years, who has care and support needs, and you feel they are at risk of or are experiencing abuse, neglect or exploitation from another person, you should seek help for them by calling:

Adult social care

- Phone: **020 7974 4000** (9am to 5pm) or **020 7974 4444** (out of hours)
- Textphone: **020 7974 6866**
- If immediate help is needed from one of the emergency services call **999**.
- If the person is not in danger now dial **101**
- If you're not sure what to do, or need some advice, there are people who can help. You can talk to your GP or nurse, a social worker, a police officer or your key worker. They will help you to respond to the concerns.

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Introduction

The year covered by this report, 2020/21 saw the world react to the Covid-19 pandemic. We all know it has had unprecedented impact on all of us, with many families suffering personal tragedies.

This report provides an overview of the work of the Board, our partners and our sub-groups during this extraordinary year. Though the Coronavirus Act 2020 does not affect the duties to safeguard adults at risk as laid out in the Care Act 2014, we have all had to change the way in which we work, and this has created new challenges to our communities, neighbourhoods and volunteers. This has meant changes to the way services have had to respond to safeguarding the most vulnerable people and how business is conducted. Our hospitals have been overwhelmed at times with Covid-19 patients, non-essential treatments have been impacted, care homes for some part of the year have had to close their doors to visitors and a large proportion of our community have been shielding.

The Board have witnessed the tremendous effort that many agencies, and individuals, in Camden have made to keep their fellow citizens safe often whilst putting themselves at risk. That includes members of the public who have taken an increased interest in the circumstances of the vulnerable in their communities.

Throughout the year, the Board has kept its work going and has taken a very keen interest in how services have managed to keep doing their work whilst facing a set of circumstances never experienced before in our lifetimes.

Working from home has become the new normal and meetings convened using digital platforms such as Teams or Zoom. The Board and its sub-groups have continued to meet virtually in their commitment to continue to make improvements. Moving from physical meetings to virtual meetings has increased attendance and participation. Professionals and practitioners have found the increasing use of digital technology not only challenging but also helpful, enabling and accessible.

Safeguarding adults has remained a statutory function and a priority. Nationally and locally at the start of this year and the pandemic the number of safeguarding concerns being raised reduced only to increase and return to normal as everyone adapted to the Covid-19 restrictions. Nationally and locally the number of people experiencing Domestic Abuse increased. During this extremely challenging year we have made exceptional progress with some of our Board Priorities which have included organising a virtual Transitional Safeguarding Conference with front line practitioners and policy makers, and the publishing of our multi-agency Self Neglect Toolkit.

As we move into 2021-22 the Covid-19 pandemic remains with us and we will continue to work in partnership to ensure Safeguarding adults remains a priority.

Message from the new Independent Chair

Christabel Shawcross (appointed in June 2021)

I am delighted to have been appointed as the new Independent Chair for Camden SAPB from June 2021. I would like to thank James Reilly who was Chair for 4 years for all the hard work he has done to establish the multi-agency partnership to focus on key priorities and raising awareness of safeguarding amongst partner agencies. The last year dominated by COVID has been a huge challenge. I know he would want to pay tribute to the extraordinary efforts made by frontline staff, all of whom worked throughout to safeguard adults at risk as best they could. He was also aware of the terrible impact of the increasing number of deaths from COVID and the loneliness felt by everyone having to isolate, whether in their own home or in residential care. Both he and I want to send condolences to all those affected by the devastating impact and increased number of deaths due to COVID.

He steered the SAPB to maintain its focus on highlighting safeguarding concerns and my task now is to work with partners to analyse and learn the lessons for last year and be clear on priorities for 21-22.

Inevitably the unexpected and unique challenges of COVID meant planned safeguarding development work would need to be delayed until the situation improved. The positive vaccination programme from January has enabled this to start to happen but as I write this piece it is October 2021 and we are facing higher cases and hospital admissions, there is no room for complacency. I strongly believe the role of the partnership is to support and facilitate its front-line staff to engage effectively with all communities and we are very conscious of the impact of health inequalities on Asian, Black and Mixed race communities which impacts on safeguarding. How to improve awareness and provide support is a key priority, already being driven by the Safeguarding Engagement Subgroup about to produce an accessible video on what safeguarding means.

Other priorities are training awareness and learning from SARS. A key learning focus

being on the impact of homelessness. One significant impact of COVID was the need to delay consultation on a new safeguarding strategy which we are working on. Our ambition is to have as many views as possible on what our safeguarding priorities should be and to raise more awareness of the complex challenges such as Modern Slavery, Self-neglect and Cuckooing.

After lockdown all services across health, social care, police and voluntary sector have seen increases in Domestic Violence referrals and we want to work more closely with community safety and the children's partnership to promote awareness of how to seek help. Increasing numbers of young people in transitions to adult services have complex needs and this is a priority group for the SAPB to have a joint strategy with children's services following a successful conference last year.

The safeguarding of people with learning disabilities, badly affected by COVID, continues to be a high priority following the national issues raised by out of area placements, and planning the involvement of the local advocacy group in a learning event to promote a focus on Making Safeguarding Personal.

The overall safety of health and social care services provided is overseen and assured not only by CQC but by health and social care commissioners to ensure that high standards of safeguarding practices in the provider sector are consistently achieved. I would also thank their staff who played a huge role in helping residential and nursing care homes, and supported living / home care providers to access the help they needed to continue to ensure the comfort and safety of vulnerable residents.

Please continue to raise safeguarding concerns and referrals to asc.mash.safeguarding@camden.gov.uk, phone: **020 7974 4000** and select option 1 (9am to 5pm) or **020 7974 4444** (out of hours). Also, please look out for our strategy consultation in January 2022. We really want to hear your views.

What we do

The Board comprises a core membership of statutory partners from Camden which includes senior representatives from Camden Council, Police and Clinical Commissioning Group, as well as other statutory organisations and the voluntary sector. A full list of member organisations is included in Appendix 2.

Our Board meets quarterly with most of our business delivered through our sub-groups. Our duties and functions are set out in the Care Act 2014 <https://www.legislation.gov.uk/ukpga/2014/23/contents>

All partner organisations have a role in safeguarding people from abuse and neglect. The Board commissions an Independent Chair to provide an independent perspective, challenge and support in achieving its ambitions.

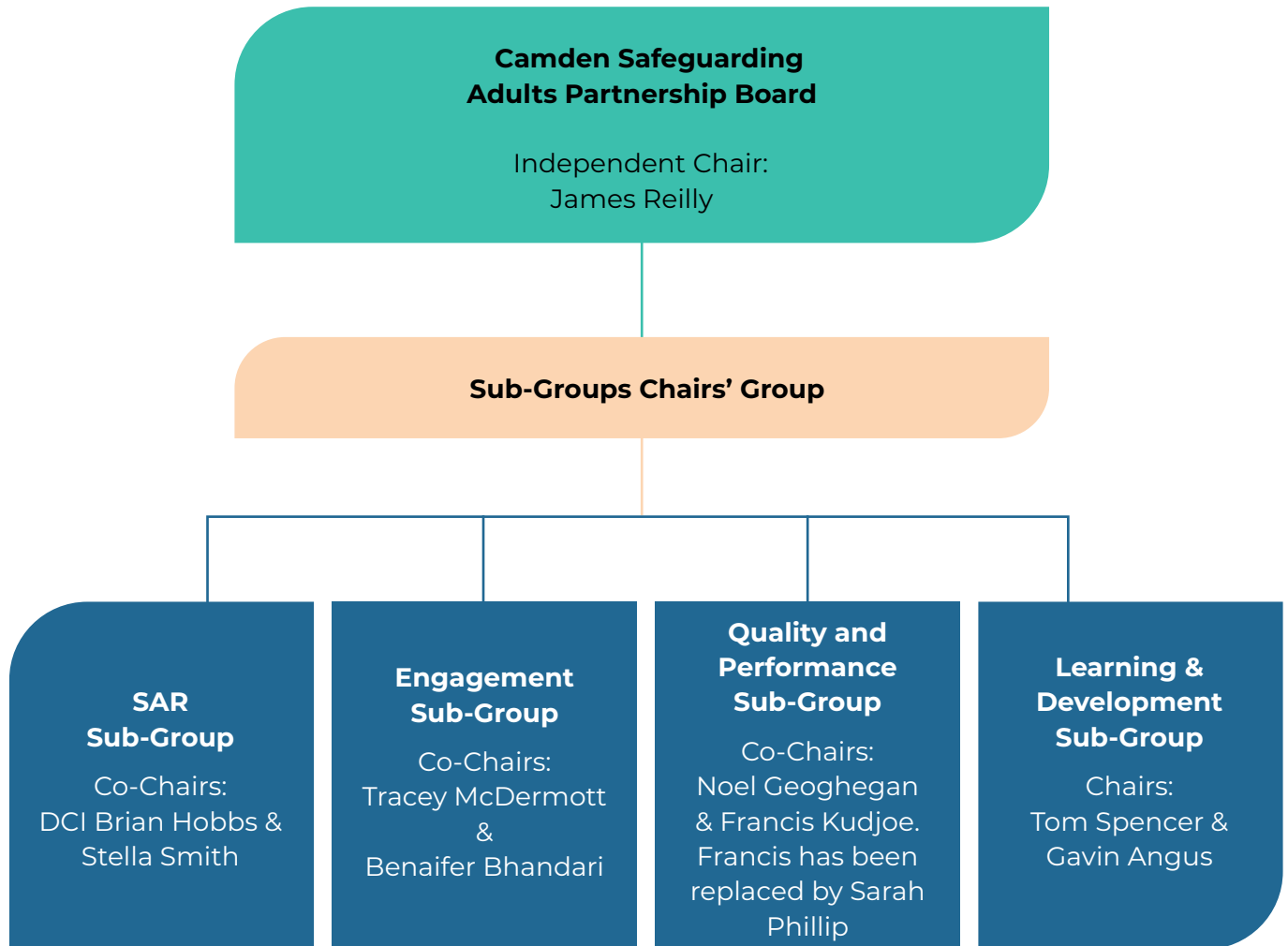
The Board has the strategic lead for safeguarding adults in Camden and specifically those adults with care and support needs who may be experiencing, or are at risk of, abuse or neglect.

We want to ensure that all residents and people who work with adults at risk in Camden know about safeguarding adults and know how to respond should they come across a concern. We do this by promoting and maintaining cohesive partnership working to safeguard adults at risk from harm. The Board is not responsible for delivery of services, though those who plan and make decisions about services locally have representation at the Board and give the Board regular assurance on how their services respond to and protect adults at risk of abuse or neglect.

sexual abuse intimidation pushing
withholding food and drink bullying coercion
scalding pinching restraint leaving on own
teasing hitting ignoring needs
misusing medication stealing money or benefits
shaking neglect
emotional abuse

Governance Arrangements

The Board is a multi-agency statutory body, which makes decisions about the strategic direction of safeguarding adults in Camden. The work of the Board is coordinated by a full time Board Manager and a part time Board Officer.

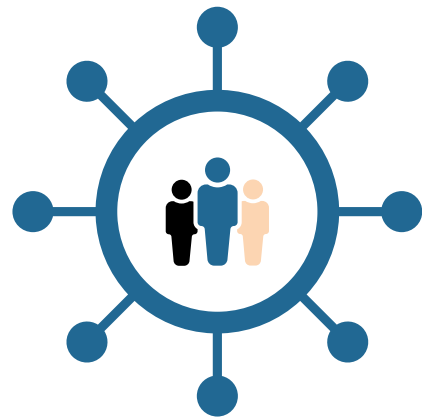


The sub-groups of the Board are pivotal in supporting the Board to achieve its objectives and continue to deliver on campaigns and develop tools to support professionals and residents in understanding and responding to adult safeguarding concerns.

Impact of Covid-19 on Camden Residents



A survey conducted in 2020 by Healthwatch Camden found that levels of concern about Covid-19 were high among all people in Camden. However, Asian respondents were significantly more worried about catching the virus (**67%**), and Black respondents were slightly more worried (**57%**), compared to White counterparts (**50%**).



Black respondents were significantly more concerned about job security (33%) compared to White (22%), Asian (20%) and other respondents (24%).

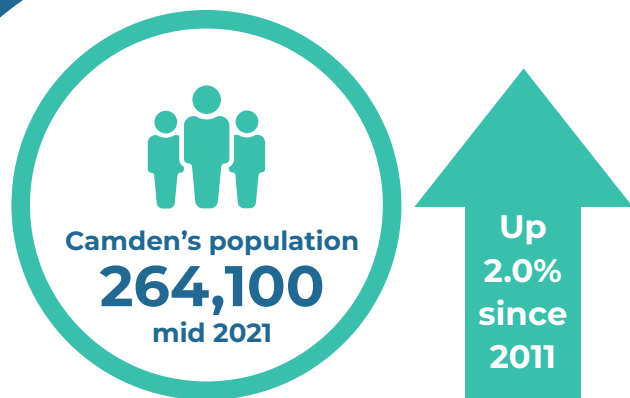


People with disabilities were more likely to report concern about being lonely and isolated (**54%**) than the general population (**31%**).

There were reported challenges of digital exclusion, however use of WhatsApp groups by young and old alike challenges pre-conceptions about resistance of older people to communicating via technology.

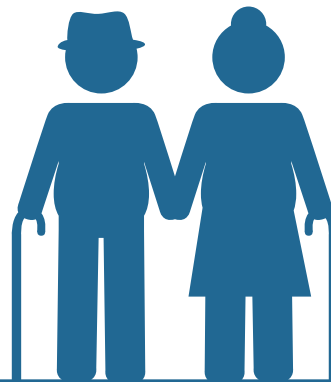


Camden's population



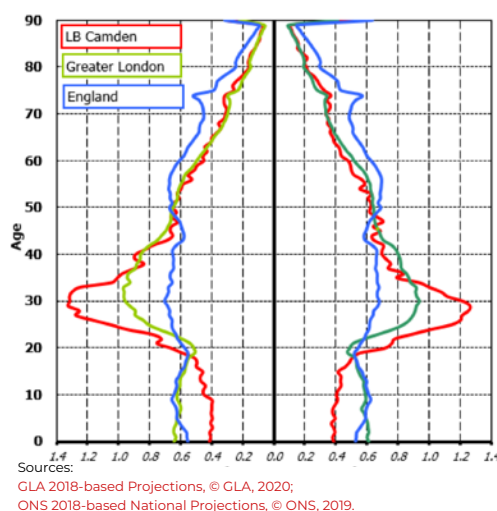
Camden's average annual population increase since 2011 is approximately **2.0%** meaning that Camden's rate of growth is more than double that for London (**1.1%**) and England (**0.7%**).

The Camden population size is expected to increase to **265,351** by **2029**, an increase of **4%**, with the highest expected growth in the **older age groups**

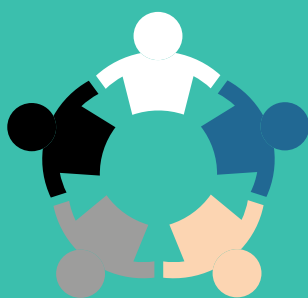


The average age of Camden residents is **38.9** years, slightly above the London average of **37.7 years** and lower than the England average of **41.0** years. The 'population pyramid' graph shows the relative differences by age and sex:

Single Year of Age Population Structure
Mid 2021: Camden, London, England

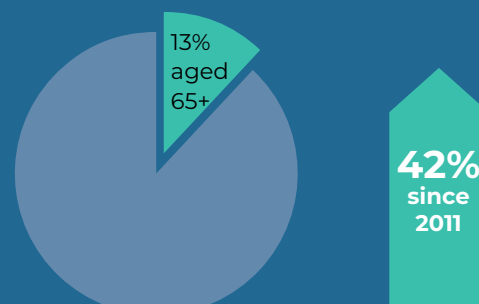


36.3% of Camden adult social care users reported to have as much social contact as they want with people that they like. This is lower than reported rates in England of **45.9%**.



33.8% of Camden Residents overall are from Black, Asian and other communities, but the proportion of each group is different according to age. This means that agencies need to ensure that diversity is given careful consideration when designing services.

32,400 Camden residents are aged **65+**, **13%** the total population in mid-2021. That number has increased by **42%** since 2011 and is projected to increase to 46,300 by 2031.



Deprivation

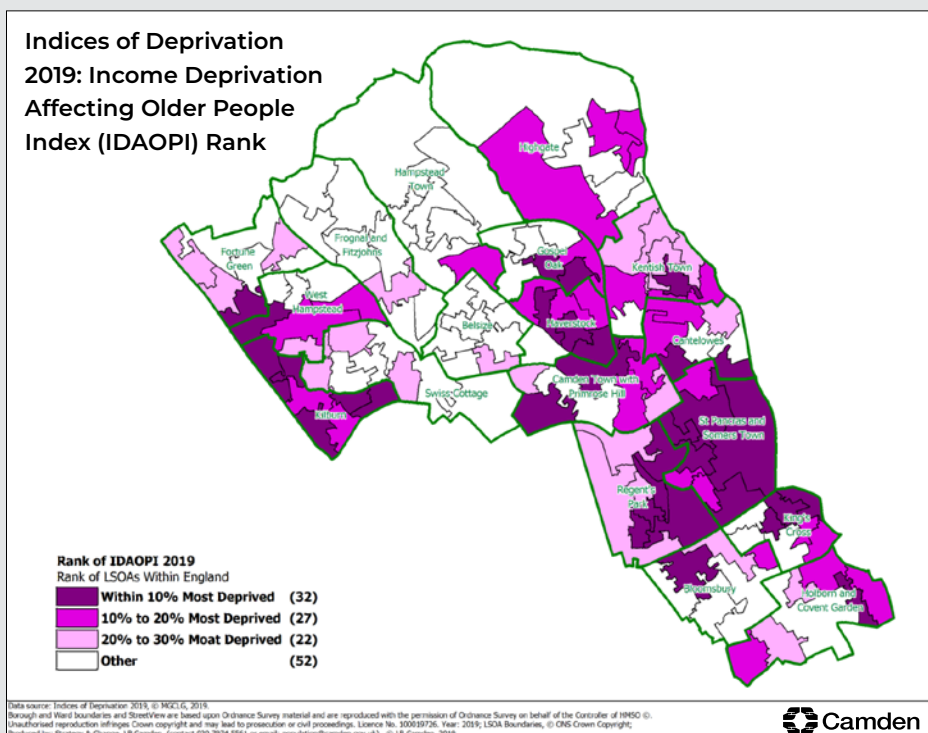
According to the 'average rank', Camden is the **132nd** most deprived local authority in England (out of 317).
By all other summary measures Camden is ranked *less* deprived.



The Indices of Deprivation is designed at the small area Lower Level Super Output Areas (LSOAs: these are statistical geography based on census Output Areas - there are 133 LSOAs in Camden)

By small areas the overall Index of Multiple Deprivation (IMD) finds 8 LSOAs fall within the 15% most deprived and 22 fall within the 20% most deprived.

The Income Deprivation Affecting Older People Index (IDAOPi) shows that nearly a quarter of Camden LSOAs fall within the 10% most deprived in England.



Care



In 2011, **17,306** Camden residents provided some unpaid care. This is 7.9% of all Camden residents.

Of those providing unpaid care, **2,736** were aged 65+. This is 11.4% of all residents aged 65 and above in Camden.

Source: 2011 Census, © Crown copyright (Next census data will be updated in March 2022)

Life expectancy

Male life expectancy at birth in Camden



83.3
years

Male healthy life expectancy at birth in Camden



67.9
years

Female life expectancy at birth in Camden



87.1
years

Female healthy life expectancy at birth in Camden



63.7
years

The gap between health life expectancy (a calculated proportion of that whole life that is spent in a healthy condition) and life expectancy (the average number of years of life expected to be lived by a person) represents a significant challenge for agencies.

Source: Life Expectancy and Healthy Life Expectancy at Birth 2017-19, © ONS, 2021.

Health



In 2011, **17.3%** of Camden residents aged 65+ were in bad or very **bad health**. This compares with **17.2% in London** and **15.3% in England**.

Source: 2011 Census, © Crown copyright (Next census data will be updated in March 2022)



In Camden in 2020, there were **1,627** people with a **dementia diagnosis**, down slightly from 1,825 at the end of 2019/20.



10% of adults in Camden have a diagnosis of **depression** (33,499 people), higher than the London average.



Public Health England estimates that in 2019, the prevalence of **adult smokers** was **12.0% in Camden** compared with **12.9% in London** and **13.9% in England**.



In 2018/19, there were **1,147 alcohol - related hospital admissions** of Camden residents, a rate of **544 per 100,000**. This is lower than for **London (557 per 100,000)** and significantly better than for **England (664 per 100,000)**.



In 2019/20, **48.2%** adults in Camden have excess weight, a lower level compared with the **London average of 55.7%** or against the **national average of 62.8%**.



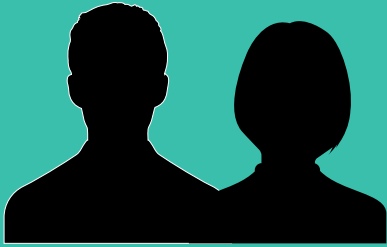
Proportion of adults with learning disabilities aged 18-64 years who live in settled accommodation with their own tenancy or with family: **86.3%**



Of Camden's 23,977 people aged 65+: **10,113** (42%) **lived alone** and **474** (2%) **lived in residential homes**.



32% of the total **local authority budget** is spent on **adult social care**.



What were people at risk from?

42% of the abuse was caused by a friend, family member or neighbour and in 29% of enquires, the source of risk was an individual known but not related, relative/ family carer, informal carer (includes non-statutory/ other enquiries)

29% of concerns involved an element of neglect (up 11% on last year), not including the **16%** related to self-neglect

23% of concerns involved a financial element, a 12% increase on last year

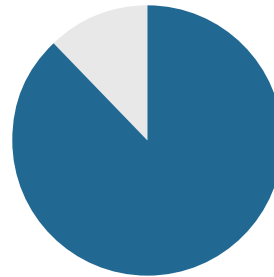
60% were moved into accommodation after rough sleeping in Camden from April 2020 – March 2021



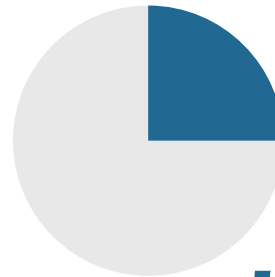
433
individuals

were supported into accommodation from sleeping on the streets.

What did we do to protect people?



In **88%** of cases (where a risk was identified and action taken) risks were either reduced or removed.



25% of enquiries supported Asian, Black and Mixed race people

Safeguarding Story in numbers

1,268 individuals who raised a concern

Who was at risk of abuse and neglect?

43% of abuse was against men

57% of abuse was against women

51% of victims had a physical support need and 8% had a learning disability

54% of abuse was against people aged 65 or over

65% of abuse victims were people from white ethnic backgrounds

Who is an adult at risk?

Safeguarding adults applies to someone who is over 18 years of age who, because of their care and support needs, may not be able to protect themselves from abuse, neglect or exploitation. Their care and support needs may be due to a mental, sensory or physical disability; age, frailty or illness; a learning disability; substance misuse; or an unpaid role as a formal/ informal carer for a family member or friend. More information is available from the board's website at www.camden.gov.uk/safeguarding-adults

What is safeguarding adults?

Safeguarding adults means protecting an adult to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect. It is also about preventing the abuse of adults who might be unable to protect themselves because of their disabilities or care needs. At the same time, it is essential that we make sure the person's views, wishes, feelings and beliefs are a key part of deciding any action.

What is abuse?

Abuse is when someone treats an adult in a way that harms, hurts or exploits them. It can take many forms – ranging from shouting at someone or undermining their confidence and self-worth, to causing physical pain, suffering and even death. There are many different types of abuse; more details about abuse can be found on the Safeguarding adults webpage: [Safeguarding Adults Partnership Board - Camden Council](#)
Abuse can happen just once or many times; it can be done on purpose or by someone who may not realise they are doing it. It can happen anywhere including at home, in care homes, in a day care centres or hospitals.

Adults who are not able to speak up for themselves are particularly vulnerable and we all need to speak up to keep them safe.



We all have a role to play

What is Making Safeguarding Personal (MSP)?

MSP emphasises a personalised, simplified approach to adult safeguarding, which prioritises the individual's wishes and empowers them, wherever possible, to feel they have choice and control. The outcomes must be about improving quality of life, wellbeing and safety for the individual themselves. MSP continues to be a big focus and the golden thread that needs to be considered in everything that we do to safeguard the residents of Camden.

How the Board have overseen and led safeguarding in Camden in 2020/2021

April 2020



With regard to emerging global trends, the Board began to think about the potential safeguarding impact of Covid-19. Partners began to discuss and share the developing safeguarding risk-profile at Pan-London and national level. Covid-response focussed on ensuring safeguarding arrangements are maintained, monitoring safeguarding adults activity levels and ensuring key messages are getting to the public, professionals and volunteers.

Partnership working - The response to Covid-19 has required committed and innovative partnership working in a number of areas, including ensuring that the person at risk of abuse (or their representative) remains at the centre of the safeguarding process. We identified the actions partners took during the early impact of Covid, when lockdown was eased and then when lockdown was reimposed.

June 2020

The Board delivered Covid-19 related comms on subjects such as domestic abuse, the heightened risk of scams/fraud and how to keep safe whilst volunteering.

May 2020



Work was underway to reinstate the Safeguarding Engagement sub-group. In previous months and in preparation, the Board reached out to our charity, community and voluntary sector partners to invite them to be part of this sub-group to lead the way by advising and assisting us with engaging community stakeholders to help shape and monitor its plans and those of its partners. It will provide an interface between the Board and its partner organisations and the wider public to increase awareness of safeguarding adults in Camden and provide a channel of communication with members of the public. It will provide a users' perspective on protection issues, advising the Board on policies, procedures and publicity particularly in relation to the prevention of abuse.

July 2020

SAPB Annual Delivery Plan 2020/21

The annual delivery plan was signed off by the Board at its meeting in July 2020. In recognition that all partners have been responding to the Covid-19 pandemic and the direct impact that this has had on delivering some of what we had intended to do, the Board acknowledged that some actions from the delivery plan may not be possible to achieve. The Board exercised flexibility as required so that partners can continue to respond to the pandemic and therefore have extended the delivery plan along with the current Board Strategy to March 2022.

August 2020

Partners provided regular assurance to the Board about the work they were doing within their own organisation and collectively to anticipate new risks that emerged as a consequence of Covid-19, mitigate the risks associated with the changing nature of how support was provided, and manage safeguarding duties as 'business as usual' given the exceptional pressures across the health, social care and criminal justice workforce.

October 2020

Transitional Safeguarding Conference – We came together with the Camden Safeguarding Children's Partnership to hold this virtual conference in October 2020. We brought together an audience of frontline safeguarding professionals, policy makers and leaders working with Camden adolescents and adults. The aims were to

- understand the complexities of safeguarding adolescents across developmental stages to prepare them for their adult lives
- To understand the range of harms that could lead to increased adversity in adulthood.
- To reflect on how we can work with adolescents/ adults to help them avoid risks, manage challenging situations and learn from mistakes.
- To be innovative in re-designing a personalised safeguarding system that effectively meets the complex needs of vulnerable adolescents and adults.

The Transitional Safeguarding Working Group has been formed consisting of partners from Adults and Children's services to actively build on the work from the conference and to make the fundamental changes that are required for us to work together to have fewer residents fall through the transitional gap.



January 2021

Report on Adult Pathway and Rough Sleeper deaths in Camden. The board heard about the deaths occurring in the adult pathway, and amongst rough sleepers on the street. The adult pathway relates to housing provision for single homeless with support needs in hostel and supported accommodation. Referrals come from the Homeless Prevention Service or Homelessness Outreach Service.

March 2021

Work began on the recruitment process for a new Independent Chair of Camden Safeguarding Adults Partnership Board.

Safeguarding Adults Reviews (SARs)

Under the Care Act 2014, the Board is responsible for the coordination of SARs. These are statutory independent reviews commissioned where there has been an incident of serious harm or death involving an adult at risk. SARs are about learning and not apportioning blame. They set out to establish what may have gone wrong and to identify where agencies or individuals could have acted differently or worked better together. SARs also recognise the complexity of safeguarding work and will identify the areas of good practice too. Key recommendations are made at the end of a SAR and this will often include the learning needed to prevent future incidents of serious harm or death from happening again. This learning is shared across all partners and is published on our webpage. We published 2 SARs in 2020/21 - you can read them here: <https://www.camden.gov.uk/safeguarding-adults#lide>

We identified 1 referral for a SAR in 2020/21 and another 1 was considered which the Board will be holding a learning event on in July 2021 focusing on homelessness. This is near completion and recommendations will be made and taken forward by the SAR sub-group. The SAR Sub-group has also continued to monitor the actions plans that were developed following SARs which were considered in previous years in Camden. We are now considering our approach to implementing the recommendations and gathering assurance in light of the findings from the National SAR Analysis, which was completed at the end of 2020. [Analysis of Safeguarding Adult Reviews: April 2017 - March 2019 | Local Government Association](#)

Case outline: Hannah

Hannah aged 55, was known to health and social care services in Camden and was a frequent caller to emergency services. She had a diagnosis of Huntington's Disease, recurrent depressive disorder and was dependent on alcohol. She had a history of traumatic experiences and low mood from a young age. Hannah served a 6-month Community Order for threats and verbal aggression in the context of alcohol. She was found deceased in her flat by builders. She was murdered by a person that she had met in the pub for the first time who accompanied her home.

Hannah's condition could have made her more susceptible to alcohol, and cognitive impacts of the disease may have also left her less able to understand or discern the intentions or motivations of others.

The case was referred and progressed as a Safeguarding Adults Review. You can read the Hannah SAR report here: (camden.gov.uk) as there were concerns about accountability and responsibility for leading on safeguarding. It raised many concerns about.

- 'Cuckooing' also known as home invasion and involving targeted abuse by others
- The absence of information sharing between agencies
- A lack of understanding how Hannah's cumulative and complex needs relating to Huntington's disease, alcoholism, depression and isolation should have been identified.
- A lack of understanding of the application of mental capacity act assessment.

Hannah's daughter contributed her views to the SAR report and would like to see that lessons are learned from her mother's death.

Key findings:

The SAR Reviewer made a number of findings in this case, which included:

The Board and relevant responding agencies should consider how attending staff may be briefed with appropriate information about a person's risk factors and vulnerability.

There should be a single point of referral for safeguarding concerns, and a single team tasked with the initial safeguarding response.

The London Borough of Camden Council and Camden and Islington NHS Foundation Trust should work together to forge closer working relationships. Training together, supervision, and regular strategic and operational meetings may help to ensure consistent application of social care duties.

When people with complex needs, co-existing conditions, and adverse childhood experiences present to services there should be consideration of a professionals meeting or other communication model, to consider the management of multi-agency interventions.

Actions taken in response to the SAR

- Camden Council and Camden and Islington NHS Foundation Trust are forging closer working relationships which will further develop through neighbourhood working and a wider integration of health and social care services.
- A Board multi-agency 'Cuckooing' guidance document to raise awareness has been produced and is about to be published.

Case outline: Hannah

- Further work is progressing to work together with partners to collate 'Cuckooing' data and embed regular training.
- The High-Risk multi- agency Panel is in place for staff to raise issues of concern and risk that are not being addressed.
- Mental Capacity Act (MCA) training is being updated in preparation for the introduction of Liberty Protection Safeguards (LPS). Specific MCA and LPS training is being arranged for Board partners.
- Adult Social Care are making changes to the Mosaic workflow to ensure that Cuckooing can be clearly identified as the named abuse type.

Case outline: Mr V

Mr V had a severe and profound learning disability, he had impaired sight and hearing and he was totally reliant on those around him for all aspects of his care and support and daily living activities. Mr V had lost contact with family members. He was unable to speak up for himself and needed someone to advocate on his behalf. He was cared for in a supported living accommodation that had 24-hour care staff support.

In January 2014, Mr V had suffered weight loss and diarrhoea and was referred by his GP to specialist cancer service for suspected cancer of the colon. He was placed on the two-week cancer investigation pathway.

Despite initial referral to hospital for suspected cancer of the colon due to a series of events and delays Mr V did not receive the follow up and after care that he should have had. As a result, there were missed opportunities for further investigations and the cancer spread to Mr V's lungs and became inoperable leading to his untimely death.

This SAR was conducted because of a Learning Disability Mortality Review that was conducted for Mr V after his death. You can read the Mr V SAR report here: (camden.gov.uk) The review highlighted that there was good practice and quality end of life care, with all involved agencies working together to ensure Mr V was as comfortable as possible at the end of his life. It also looked at the initial cause of Mr V's illness and scrutinised the information presented. It exposed issues around missed appointments, poor use of the Mental Capacity Act 2005 and confusion around follow up medical appointments.

Key findings:

The need for better advocacy for people who are totally reliant on others for all their care and support.

Training for health and social care staff on knowledge, and confident use in practice of the Mental Capacity Act 2005.

Establishing a named role/professional who is responsible for the overall coordination of care for people with a learning disability who have complex health and social care needs.

Changes to the hospital appointment system for people who are totally reliant on others for all their care and support to be recorded as "Was Not Brought" as opposed to "Did Not Attend."

Use of Communication tools such as the Hospital Passport which shares health and social care information and should be kept regularly updated as a running record.

Training for care staff on supporting people with complex health needs to health appointments and to have extra support from their managers via supervision.

Training and empowerment of care staff to advocate for people in their care and encourage confident challenge of the health system.

Actions taken in response to the SAR

- It is now the responsibility for the Care Home service managers to follow up issues when people they care for are unwell. They take on this responsibility and it is not left solely to the care staff.

Case outline: Mr V

- The Registered Managers now immediately contact the Community Learning Disability Service (CLDS) to alert of concerns and work as a team not separate organisations. CLDS now have a named worker arrangement in place to assure consistency of communication and coordination of health and social care support.
- The Hospital Trust has incorporated information on the Mental Capacity Act 2005 into adult safeguarding level 3 training as set out by Adult Safeguarding: roles and competencies for healthcare staff.
- A Hospital specialist learning disability liaison nurse is now in post and has developed clear networks within the Trust to support staff.
- The Trust has actioned work to ensure that discharge summaries and letters for people with similar needs as Mr V are simplified and that they facilitate better communication with other agencies.
- The Trust is using the review of Mr V as a learning opportunity for reflection and supporting the need for effective communication between all agencies. The internal Serious Incident report as an outcome of Mr V's case is being used for training and reflection with the colorectal surgical team.
- The Trust has now put in place a robust nurse led follow up pathway for the management of patients follow up and oversight.
- Mental Capacity Act Training is in place for GPs, supporting them to understand the application in practice and establish protocol within the electronic records system.
- A focused piece of work has taken place around improving uptake and undertaking of annual health checks as well as improving coding of people with a learning disability on the GP electronic records.

Highlights of other work in 2020/2021

The year has been one of transformation and progress, and we would like to thank colleagues and partners who have worked hard throughout the year, in the face of sustained pressures. Covid-19 'coronavirus' has brought very different demands on our health and care systems and we are privileged and thankful for the unwavering care and commitment demonstrated by colleagues and partners, in an unprecedented set of circumstances. The voluntary effort in Camden has been heartening and we are incredibly proud of the response to coronavirus in Camden

Integrated Performance Dashboard (IPD)

We have continued to make improvements to the IPD in 2020/21. We have increased partnership input on the report, which now includes contributions from Trading Standards. The report is formatted against the six principles set out in the Care Act and sets out to provide the evidence of the work of the SAPB in each quarter period.

The Board have suggested vast improvements to the data it scrutinises at each meeting. This continues to be a priority for the Board.

Liberty Protection Safeguards (LPS) Mental Capacity Amendment Act 2019

The Act will introduce LPS to replace the current Deprivation of Liberty Safeguards. The Board receives updates from partners on their preparations for LPS.

Multi-agency Safeguarding Hub (MASH)

MASH continues to be a central point of contact for safeguarding referrals in Adult Social Care. It is noted that key partners both statutory and non-statutory value the work of MASH and often refer to the team for advice and support on case work.

MASH have supported the work of the SAPB in the following ways:

- Completing referrals to the SAR Sub-Group.
- Being a central point of contact for referrals where there is significant concerns about a provider.
- Leading safeguarding enquiries for some of the most complex cases, which include; retrospective enquiries following the death of a client, leading on People in Positions

of Trust (PiPoT) referrals, making National Referral Mechanism (NRM) referrals and coordinating planning and enquiry meetings for individuals with a number of presenting needs.

- Continuing to be a central point of contact for SAPB partners.

Counter Terrorism: Radicalisation and Extremism

Camden continues to be identified as a priority area where the threat from terrorism and radicalisation is higher than other parts of the country. The SAPB continues to work in partnership with statutory partners in order to manage and mitigate against the risks of radicalisation in Camden; though there is room for improvement in particular where adults at risk of radicalisation do not meet the threshold for s.42 or do not have any care and support needs according to the Care Act 2014.

LeDeR (Learning Disabilities Mortality Review Programme)

The Learning Disability Mortality Review (LeDeR) programme was established in 2016 to assist in addressing the health inequalities that people with learning disabilities face. The programme supports local areas to review all deaths of people with learning disabilities, and to take forward the lessons learned in the reviews to make service improvements.

In Camden, there have been 7 deaths reported for people with a learning disability, and 5 reviews have been completed during 2020-2021. A total of 19 reviews have been completed since the programme was first established.

During 2020-2021, 43% of deaths occurred in quarter 1 which coincides with the first peak wave of Covid-19, and Covid-19 and respiratory related illness was the recorded cause of death in 2 of the deaths.

Camden LeDeR Steering Group takes strategic oversight of the reviews of deaths of people with learning disabilities, driving transformation to improve care. Key themes from reviews in the reporting period have resulted in the following action:

- Pulse oximeters have been provided to supported living providers to address the risk of silent hypoxia;
- Camden Learning Disability Service, Primary Care Networks and Central North West London NHS Trust have worked together to offer vaccines to all those in supported living ahead of the Joint Committee on Vaccination and Immunisation priority list
- Learning from a Safeguarding Adults Review has been incorporated into Mental Capacity Act training across Camden acute and mental health trusts
- The uptake of annual health checks has been encouraged through presentations at the nurse practitioners forum and a GP engagement event, and engagement with the Family Members Reference Group.

A new LeDeR Policy was published in March 2021 and Learning from lives and deaths – People with a learning disability and autistic people (LeDeR) policy 2021 will be introduced on 1st June 2021. The policy introduces a number of key changes and has determined that there is a move in governance from Clinical Commissioning Groups (CCGs) to integrated care systems (ICSs).

Local priorities for delivery in 2021/2022 include:

- Development of an annual health check training programme for GPs
- Development of 'Was Not Brought' policies in provider organisations
- Development and implementation of the new LeDeR policy
- Continue to take forward the learning into action and monitor outcomes

Sub-groups of the board

The Board signed off the Terms of Reference for the Quality & Performance Sub-group and the Learning & Development sub-group.

National Probation Service

The Board received an update on the changes to the Probation Service that the Government announced changes to the delivery of Probation services to come into effect in June 2021. It will see the offender management, accredited programme, structured intervention and community payback functions of London Community Rehabilitation Company all being moved into the National Probation Service.

Partner Agency Perspective

Age UK Camden: Throughout the lockdowns Age UK Camden have worked closely with Camden Trading Standards and the Metropolitan Police to maintain and promote a high level of scams awareness. This was in relation to the increased volume of scams both nationally and in the local community. The Police developed scams awareness literature which we were able to deliver with the emergency food parcels. We delivered over 6000+ in Camden including to some of the most vulnerable and isolated members of the community. This included older people and anyone who was self-isolating due to being high risk.

Age UK Camden have ensured that staff and volunteers have received awareness and training on several safeguarding topics. This has included training with Samaritans on suicide awareness, dealing with people who are expressing suicidal ideation, self-neglect/hoarding, disseminating learning from SAR's and information with regards to the potential increase in domestic violence during the last 12 months to maintain a high level of awareness of domestic violence and where those at risk can seek support and advice.

Top 3 priorities 2021/2022

- Continue to raise awareness of safeguarding and that everyone has the right to live a life that is free from abuse, harm and neglect.
- Maintain a high awareness of scams.
- Keep staff/volunteers updated and knowledgeable on safeguarding issues.

Camden and Islington Mental Health Trust (CIFT): Throughout the reporting year 2020/21, the safeguarding team maintained core business in the face of pandemic changes. The safeguarding team had consistent representation at MARAC, Prevent/Channel Panel, safeguarding adults and children's partnerships and sub-groups. Successfully developed and rolled out integrated safeguarding adults and children training with a participatory and e-learning component. Collaborated with the Mental Health Law Team to offer weekly Drop-in Surgeries for Trust practitioners for case discussion. Combined the adults and children safeguarding policies in the Trust with a single policy. Established a Single Point of Contact for the safeguarding duty desk to provide safeguarding advice to Trust and multi-agency staff via phone, emails and MS Teams.

Top 3 Priorities for 2021/22

- To develop a lifespan approach to safeguarding training and supervision arrangements in the Trust with an integrated 'Think Family' approach and Making Safeguarding Personal at the core.
- To work with local authority partners to strengthen safeguarding practice and reporting systems in relation to Section 75 arrangements, Section 42 workflow and the implementation of the Safeguarding Dashboard
- To develop safeguarding activity at an integrated care system and integrated care partnership level and strengthen strategic safeguarding alliances across the NCL footprint.

Camden Carers: have identified Ciare Reynolds as the organisational safeguarding lead. She has attended the Safeguarding Adult Partnership Board and the engagement sub-group. Staff and trustees have completed safeguarding training in this year. We have introduced a new question to our Health and Lifestyle checks which has helped open up conversations relevant to safeguarding and allowed us to provide appropriate support when concerns are raised. We have added safeguarding as its own project on our case management system (allowing us to pull off

data in a timely way). Safeguarding is now a regular agenda item for the Support and Wellbeing team meetings in addition to being an item in supervision with front line staff. Phase one of our internal safeguarding audit has been completed, identifying gaps, sharing good/bad practice and setting up safeguarding group within organisation. Camden Carers staff attend family group conferences. Camden Carers CEO was part of the interview panel for the new independent SAPB Chair.

Top 3 priorities for 21/22

- Further specialist training for staff and managers
- Working in partnership with the high risk panel
- Completing internal audit and implementing any changes identified

North Central London Clinical Commissioning Group: In April 2020 the five Clinical Commissioning Groups in North Central London – Barnet, Camden, Enfield, Haringey and Islington – merged to form a single CCG, North Central London Clinical Commissioning Group (NCL CCG), in line with the NHS Long Term Plan. Alongside this, borough partnerships continued to support working at a 'place' level.

Over the last year NCL CCG has worked closely together with the London Borough of Camden, NHS providers, general practices, and voluntary and community organisations, working to respond to the pandemic.

As a statutory partner, NCL CCG is represented on the SAPB by the Director of Quality and the Designated Professional for Safeguarding Adults, and the CCG plays an integral role in supporting the SAPB by facilitating the Quality & Performance sub-group, which the designated professional co-chairs. During the reporting year, the CCG strengthened support and advice to providers through increased supervision, and weekly virtual safeguarding surgeries to GP practices. For assurance, the CCG requested Business Continuity Plans from acute, mental health & community providers to have oversight of safeguarding arrangements and developed a joint children & adult assurance matrix for acute and mental health providers. To align & strengthen NCL safeguarding/partnership working, 3 NCL safeguarding task and finish groups were established - communication & engagement, risk review, learning and development - and an NCL safeguarding strategy was developed.

Top 3 priorities for 2021-2022

- Transitioning to an Integrated Care System and ensuring the resident voice is heard at all levels of work.
- Developing arrangements for compliance with the forthcoming Liberty Protection Safeguards
- Ensuring implementation of key changes in the new LeDeR policy introduced on 1st June 2021: Learning from lives and deaths – People with a learning disability and autistic people (LeDeR) policy 2021.

Central & North West London NHS Foundation Trust (CNWL): During Covid CNWL's Safeguarding Adults and Mental Capacity Act Specialists continued to provide support for staff and multi-agency partnerships in working to safeguard adults at risk. Teams adapted service provisions to meet the safeguarding issues presented during Covid, including:

- Impact on mental health;
- Increase in domestic abuse;
- Increase in financial abuse/psychological abuse, scamming;
- Social isolation impact on increase to vulnerability.

Staff have been accessing e-learning training, and Level 3 webinars have taken place.

Training was provided to the Procurement Team on 12 October 2020 on Modern Slavery and Human Trafficking. More sessions will follow.

CNWL held an in-house Domestic Abuse Conference in November 2020 with 340 attendees, developed domestic abuse training, and appointed a Domestic Abuse Co-ordinator in August 2020, who has increased the number of Domestic Abuse Ambassadors Trust-wide.

Top 3 priorities for 2021/22

- Implementing arrangements for Liberty Protection Safeguards, as laid out in the Mental Capacity (Amendment) Act 2019.
- Promoting the Camden Self-Neglect Toolkit and advising/supporting staff with making appropriate Safeguarding referrals about Self-Neglect concerns.
- All clinical staff having access to support and advice on the MCA in addition to receiving training and written guidance; MCA policies linked to relevant policies; MCA profile continually refreshed.

London Borough of Camden, Adult Social Care (ASC): Safeguarding activity has been consistent and prioritised throughout the Covid-19 pandemic. Our teams in ASC adjusted effectively to the Public Health measures and the Care Act easements (created under the Coronavirus Act 2020). Technology has enabled us to continue to undertake safeguarding work in a multi-agency way, with virtual meetings and training sessions in place of traditional face-to-face events. Essential visits to individuals have taken place with Personal Protective Equipment, where alternative options are not deemed to be appropriate.

Preventative work has increased, with all newly opened enquiries reviewed weekly to support social work practitioners in their work. Safeguarding Leads have worked with Trading Standards, Camden Safety Net and Family Group Conference preventatives to provide three Covid-19 advice and information sessions for ASC workers.

There has been an increase in concerns categorised as self-neglect during the pandemic period. Our response included:

- the promotion of the Multi-Agency Self-Neglect Toolkit, developed by the Camden Safeguarding Adults Partnership Board in March 2020, across the service and to our external partners;
- the development of prompt sheet to support practitioners with cases of self-neglect and training delivered by Safeguarding Leads to Adult Social Care Practitioners;
- the auditing of all cases will involve hoarding, across the service, to ensure that the right professionals are involved and that the Safeguarding Framework is used where necessary and risk assessments are in place;
- the development of a standalone hoarding assessment tool for Camden Adult Social Care and our partners;
- the commissioning of an external trainer, Belinda Oates, who specialises in Safeguarding to provide training sessions on self-neglect and hoarding to Camden practitioners;
- visits from Safeguarding Leads to Adult Social Care's Duty, Locality and Neighbourhood teams to discuss self-neglect and hoarding best practice, including when referral to Community Mental Health Teams is appropriate;
- a shared ownership approach and greater oversight of the risks involved; newly opened safeguarding enquiries are reviewed weekly by Safeguarding Leads, with skills and training to recognise specific needs of hoarding. Reports are generated to identify risks at an earlier stage.

Adult Social Care's Safeguarding Learning and Development Group (SLDG) continued throughout 2020/21. The SLDG has representation from teams within ASC, Camden & Islington Foundation Trust, the voluntary sector, and Rethink advocacy services. Representatives take

information and learning from the groups back to their respective services. The sessions, which have included bite-sized learning in working with informal carers, and self-neglect and hoarding.

Camden has a High-Risk Panel (HRP). The purpose of the panel is to facilitate discussion and input from a range of professionals, for cases which feature a high level of risk. Actions are suggested to mitigate identified risks. A task and finish group has been established to review the functions and future of the HRP. At present all actions that are suggested in the HRP are followed up at the next meeting to monitor that progress has been made.

The Camden and Islington NHS Foundation Trust (C&I) implemented a new safeguarding workflow, which was embedded into the Trust's CareNotes electronic system. This has resulted in an increase in safeguarding activity. Adult Social Care and C&I are working together to further develop the workflow to ensure accuracy in data capture.

Adult Social Care continues to support the work of the Safeguarding Adults Partnership Board by facilitating the Learning and Development, Quality and Performance, Engagement and Safeguarding Adults Review sub-groups. ASC is represented at all sub-groups and SAPB meetings.

Top 3 priorities for 2021/22

- **Mental Capacity:** The Liberty Protection Safeguards (LPS) are due for implementation in April 2022. Before the pandemic ASC had been planning for the implementation of LPS by October 2021. We have developed a project plan, which is aimed to ensure ASC and our partners achieve a smooth-running transition from the Deprivation of Liberty Safeguards (DoLS) system to the new LPS system. Implementation of the LPS system should be fully completed by April 2022, with transitional arrangements for up to one year in place.
- **Transitional safeguarding:** Safeguarding for vulnerable young adults is a significant area for development for ASC in 2021/22. ASC, with the support of colleagues in children's services, will be implementing a task and finish group to look at some of the key areas of development, which include: strengthening the process around earlier transition work between children's and adult services; understanding the pathway into adult services for young adults, and; development of operating principles.
- **Self-neglect and hoarding:** We will continue to consider our response to self-neglect and hoarding, which will include an internal audit to review progress.

London Borough of Camden, Commissioning: The Commissioning teams have a well-established quality assurance process, including regular monitoring meetings with providers and unannounced quality visits to services. There are also provider forums (e.g. monthly meetings with care home and extra care managers), which facilitate the sharing of best practice and working together on challenges. Commissioners collaborate with ASC and the CCG to review provider quality concerns, with a joint focus on keeping residents safe and there are monthly meetings to discuss these issues. Meetings are also held quarterly with CQC's Regional Officers to discuss provider performance. Commissioners work closely with providers to develop their monitoring and evaluation systems and improve quality. This has included working with contracted providers to ensure their policies and procedures comply with adults' safeguarding legislation, and also working with in-house services to develop and implement action plans and learning events following safeguarding concerns. Focus on ensuring that commissioned services meet and exceed quality and safety standards is an ongoing priority.

London Borough of Camden, Housing Department: During the pandemic our focus was on reaching out to our residents, especially the most vulnerable, to make sure they were safe and well and to provide help when it was needed. Housing staff made contact with our tenants and leaseholders aged over seventy to identify those needing support and repairs staff visited people we couldn't contact to do welfare checks. We worked with partners to secure and provide accommodation to get as many rough sleepers as we could off the streets and accessing services

and support. We increased the provision of multi-disciplinary wraparound support for vulnerable homeless people, for example at the Britannia Hotel, and are looking to roll this out for more residents of the adult pathway. We furnished empty homes to provide extra accommodation to reduce risk for those impacted by overcrowding, shared facilities or domestic violence and abuse. Housing officers responded to an increase in tensions between neighbours during lockdown and were trained in adopting a restorative approach to conflict. We changed our approach to domestic violence, introducing a new multi-disciplinary team to support case-workers and our in-house psychologist was joined by two new specialist staff to improve our services to residents experiencing issues with their mental health. We stepped up our support to residents struggling with money issues providing crisis payments as well as benefits and debt advice.

Promoting financial resilience remains a priority for housing services for the year ahead, helping residents to withstand new challenges and avoid homelessness. We will continue to develop our response to domestic violence and abuse and to resident safety with a particular focus on those at highest risk and fire safety.

London Borough of Camden, Learning Disabilities Service (CLDS): The Day Service at Greenwood had to close during lockdown. The service tried to make contact with as many people as possible and check how they were. Lots of people stopped their support as they were worried about COVID. We offered advice about how to stay safe and how to use PPE. All staff were able to get the PPE and COVID tests they needed. There were no COVID outbreaks in supported living. The change of supported living providers happened smoothly. We helped reopen the day service for people living with family carers. CLDS Nurses and Doctors worked to get people vaccinated as soon as possible.

- More people died last year than usual. This was due to Covid-19
- Lots of people struggled with lockdown and some people and families feel they didn't get enough support
- Some people needed more medication to help them cope
- Some people showed they were unhappy by their behaviour and this was very difficult for families
- A few people needed emergency support because of this. Sometimes this support was not available quickly

Top 3 priorities for 2021/22

- Make sure everyone gets an annual health check with their GP
- The Living a Good Life Project will improve activities and opportunities in Camden
- Continuing our work to prevent people from having to go into hospital

Great Ormond Street Hospital NHS Trust: In 2020/2021, 582 over 18 year olds were admitted as inpatients at Great Ormond Street Hospital GOSH and 2815 adults were seen as outpatients. The main specialities regularly seeing adult patients are Cardiology and MRI services and clinical Genetics. This data enables us to fully target specific areas as well as to maintain a focus on adult safeguarding across the organisation.

Over the past year the trust have continued to focus on embedding the Mental Capacity Act, new interim DoLs guidance for patients aged 16 and 17 years, raising awareness around adult safeguarding in a paediatric hospital and preparing for the forthcoming Liberty Protection Safeguards LPS in 2022.

The trust has developed standard operating procedures to ensure the protection of liberty of all patients over the age of 16 years who lack capacity which has enabled GOSH to make a number of applications to the Court of Protection.

All staff are trained in adult safeguarding and the compliance for adult safeguarding training across the trust is 96%.

The safeguarding team have also provided supplementary learning and communications across the trust in regard to MCA, DoLs and the forthcoming LPS.

The trust is in the process of developing a new safeguarding strategy which also will include a domestic abuse strategy which will aim to strengthen processes and support systems for domestic abuse in both children and adult safeguarding.

The organisations top priorities for 2021-2022 in relation to safeguarding are

- Development of Safeguarding Strategy (including review of mandatory training and supervision policy).
- Enhanced FGM awareness and training, to address the nil return reported throughout 2020/21.
- Development of a Domestic Abuse Strategy, in-conjunction with Camden's Violence Against Women & Girls (VAVG) Lead.
- Preparation for the Implementation of Liberty Protection Safeguards

Hopscotch Women's Centre: Due to the high number of referrals for Domestic Abuse (DA), we trained all our staff on DA, Female Genital Mutilation, Honour Based Violence and Child abuse. Ensured all staff had proper understanding on issues, were aware of responsibilities around safeguarding and people protection.

Our Homecare service had safeguarding as a top priority. Service users and staff were protected at all times.

To ensure this is happening we have a strong safeguarding policy that covers all parties. We also have safeguarding leads who will ensure that all matters are dealt with in a timely manner.

All staff are trained on safeguarding through induction and refresher training.

Covid Impact: We adapted our policy/procedures for added barriers and risks faced by the women and children in minoritized communities facing abuse, poverty and unemployment.

Our Homecare service had to adapt quickly to ensure the safety of service users and staff, following government guidelines with strong input from the local authority to help us to remain safe at all times.

We had to adapt our policy accordingly. Meetings and extra training was given to all staff.

For 21/22, we will continue exactly as we are – with our main focus being on safeguarding our clients and keeping staff up to date on our safeguarding policy.

London Fire Brigade (Camden): We worked closely with Camden Social Service and London Ambulance Service (LAS) regarding priority referrals for vulnerable persons and carried out Home Fire Safety visit (HFSV) where required maintaining pre-screening and COVID safe measures.

- Impact of COVID restrictions led to drop in number of households we were able to visit and then limited our visits to priority addresses.
- Supported our blue light agencies with LAS Ambulance Driver Assist (ADA), Pandemic Multi Agency Response Team (PMART) and Mortuary Body Handling (MDH) and local groups delivery essential supplies to Camden resident's.
- Looking forward to 2021/22 we will still prioritise HFSV referrals, safeguarding concerns following an incident, direct contact from vulnerable members of the public.
- We have launched a new community engagement project to work closer with our key partners so fire stations can better work with communities and involve them in what we deliver at a local level.
- 2021/22 will see us work closely with our Fire Safety teams and begin visiting small/medium size businesses and large residential premises to offer fire safety advice and confirm regulations are being met.

Metropolitan Police Service (MPS) (Camden): A recent Her Majesty's Inspectorate of Constabulary Fire and Rescue Service inspection noted the following:

"In a time of unparalleled change, the public looked to the police to keep services running and to keep order. Stepping in when many others could not or would not, the police took immediate and decisive action to keep people safe, tackle crime and find answers to problems brought by the pandemic."

Safeguarding will always be a priority for the MPS and at Central North (CN) we take this a step further. Our Senior Leadership Team are committed to ensuring we provide the best possible service and so, when the pandemic broke and lockdown was introduced, we took immediate steps to ensure that sufficient resources were moved into our Public Protection Units to meet the anticipated increase in demand. This approach paid dividends. Whilst levels of abuse did rise across the UK in general, at CN we have seen one of the lowest increases in London and indeed across the UK as a whole. Furthermore, we are delighted to share with you the news that our Public Protection teams have produced some fantastic results and we have led the MPS in terms of our detection rates (SD rates) for Domestic Abuse, Rape & Serious Sexual Assaults and Child Abuse cases. That is not to say we are complacent about these figures, we will of course strive to continue to improve, but it is always helpful to compare our performance against others and to be seen to be 'leading the way' in London is a fantastic achievement.

Moving forward, coming out of lockdown and the opening up of the 'Night time Economies' will bring new challenges, but we wish to reassure you that we have sufficient plans in place to deal with these and help people get back to enjoying life in London in the 'New New'

Royal Free London NHS Foundation Trust: The safeguarding team was supported by the organisation in order to work remotely to provide valuable support to staff and continued to work with partner agencies in all safeguarding matters.

Acknowledging the challenges for colleagues from the DoLS team to visit patients'- all department facilitated virtual best interest assessments when needed and also facilitated virtual family interactions with the patients.

Other key highlights are:

Employed a substantive safeguarding adult administrator who works closely with the safeguarding children team

Introduced a learning log in order that staff can be more flexible with their contributions towards the Level 3 safeguarding adult requirements

Continued to support safeguarding team members who are studying for their Masters

Commenced monthly updates on Freenet to inform Trust staff of events regarding safeguarding (e.g. Hoarding awareness Week)

Top 3 priorities for 2021/22

- Implementation of LPS to fulfil organisation's statutory responsibilities and protect Patients' human rights.
- Enhancing Staffs' safeguarding skills and Knowledge in line with Adult Safeguarding: Roles and Competencies for Health Care Staff (Intercollegiate Document 2018).
- The New Electronic patient record and safeguarding referral system to support and prompt staff to capture patient's voice, feelings and wishes to make safeguarding personal.

Tavistock & Portman NHS Foundation Trust:

- a. Appointment to Adult Safeguarding & PREVENT Lead post
- b. Increase in recorded adult safeguarding concerns
- c. Improved compliance with adult safeguarding training
- d. Adult safeguarding & PREVENT policies updated
- e. Increase in PREVENT referrals

Top Priorities for 2021/22

- a. Develop Trust approach to Domestic abuse
- b. Maintain Improvement in adult safeguarding training compliance in relation to RCN Competency framework
- c. Improve staff competence and confidence concerning Mental Capacity Act and Liberty Protection Safeguards
- d. Strengthen Safeguarding support structures further within the Directorates
- e. Further develop awareness of PREVENT

Covid -19 impact/good work

- a. Improvement in adult safeguarding training compliance
- b. Increase in numbers of concerns raised
- c. L3 training delivered via video conferencing
- d. Adult Safeguarding and PREVENT policy framework updated

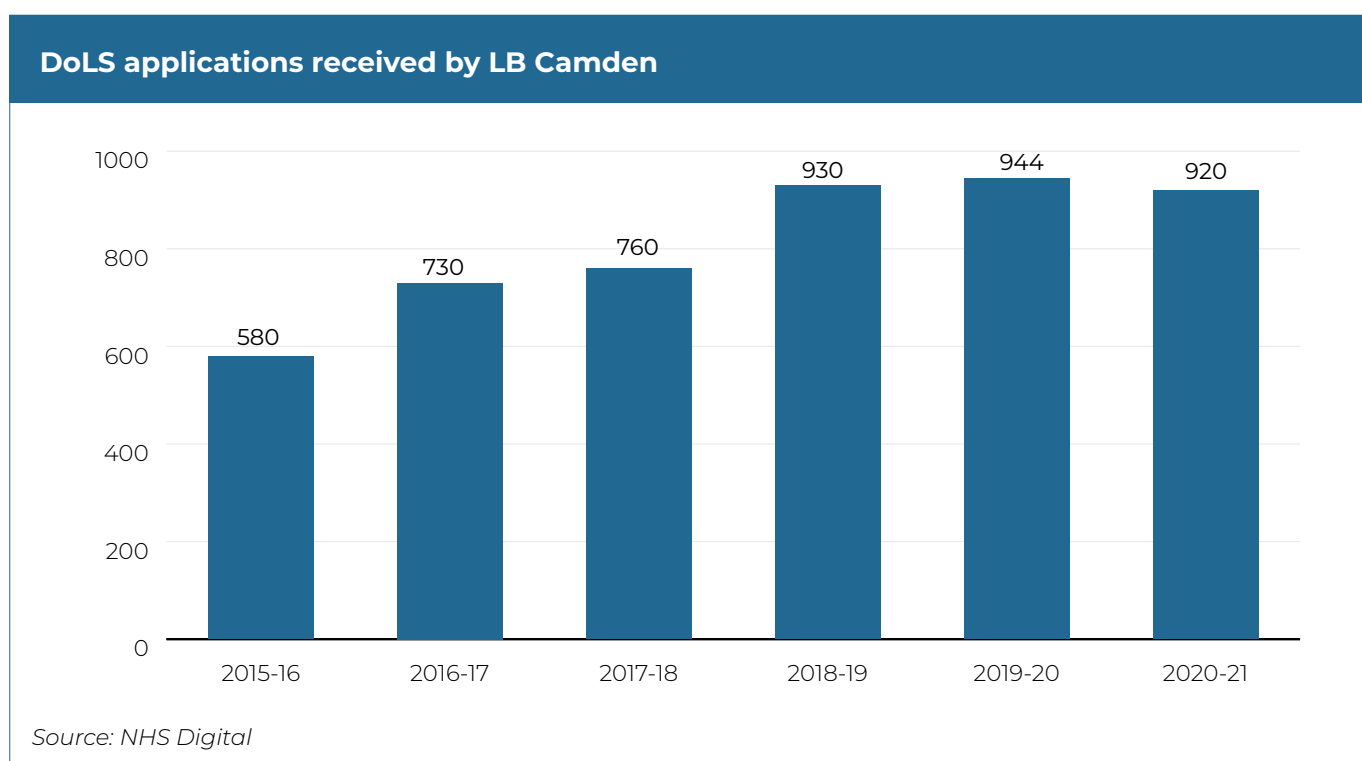
University College London Hospitals NHS Foundation Trust: For 2020/21, UCLH referred safeguarding adult concerns, an increase of 4% (774), mostly in the second part of the year
Deprivation of Liberty Safeguards applications increased by 9% (946)

Staff continued to safeguard patients, regardless of the national crisis

- It was business as usual for the Safeguarding Adults team. It maintained its resilience despite staff illness & workforce challenges.
- It continued with providing onsite support for patients, families & staff throughout all lockdowns, by being responsive & sensitive to people's needs.
- This included direct support for patients & families especially people with Learning Disabilities & Autism, with regards to restrictive access to the hospital & end of life pathways
- Patients had more complex needs & required intensive mental health support. Self-neglect & Domestic Violence were the top referral groups.
- The team developed guidance for people with LD on vaccinations, testing & Admission Pathways advice
- A strategic plan is in place to prepare for the implementation of the Liberty Protection Safeguards in 2022
- We are proud to open our brand new 80 bed hospital at Grafton Way for haematology & cancer. The country's second Proton Beam centre will be opened within the next few months.
- The team are developing 3 films for LD patients for the new hospitals, in addition to the 11 YouTube videos online
- UCLH hosted an MCA Masterclass for the London networks, on the 7.7.2021, with tremendous success. It was funded by NHS England/Improvement
- Our 7th MCA Conference is planned for the 30.9.2021

Deprivation of Liberty Safeguards (DoLS)

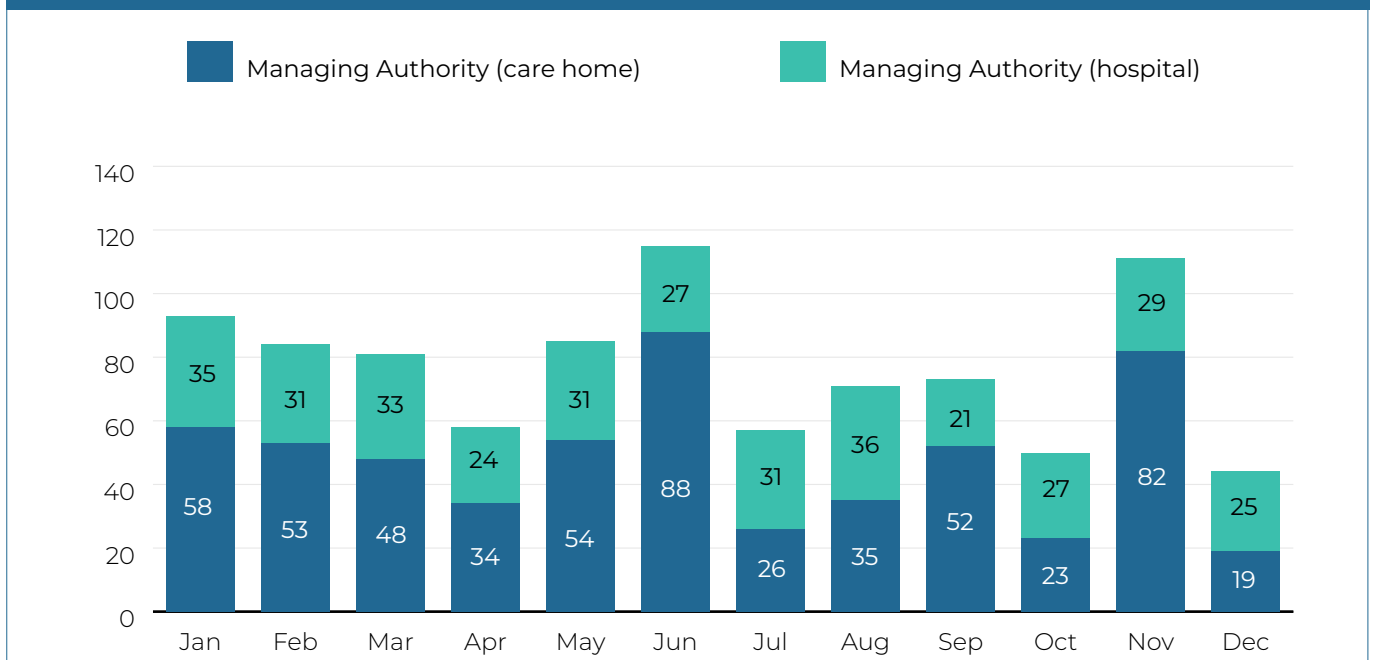
The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act and is a legal framework to protect people who lack capacity to make decisions about their care/treatment arrangement. DoLS had been scheduled to be replaced by the Liberty Protection Safeguards (LPS) in October 2020, but this has now been postponed until April 2022 at the earliest. This date is however is looking increasingly ambitious, because the draft regulations and the code of practice which will guide implementation of LPS are yet to be published/open for a period of consultation. The LPS, when implemented, will create a new administration and practice model, different to the way DoLS is currently implemented. That said, safeguards vis-à-vis deprivation of liberty remain i.e. care arrangements that amount to a deprivation of liberty will continue to need to be authorised if deemed in the person's best interests, with the LPS framework covering anyone from 16 years and above.



The number of DoLS applications received in 2020-21 showed a first year on year decline since the Cheshire West judgement in 2014. This reduction in applications by 24 applications is likely due to the impact of Covid -19 on both hospital and care home admissions, though this impact appears to have been limited. Meanwhile, as the chart below indicates, the majority of the applications received continues to come from care homes and this has remained consistent over the last 12 months (see chart below).

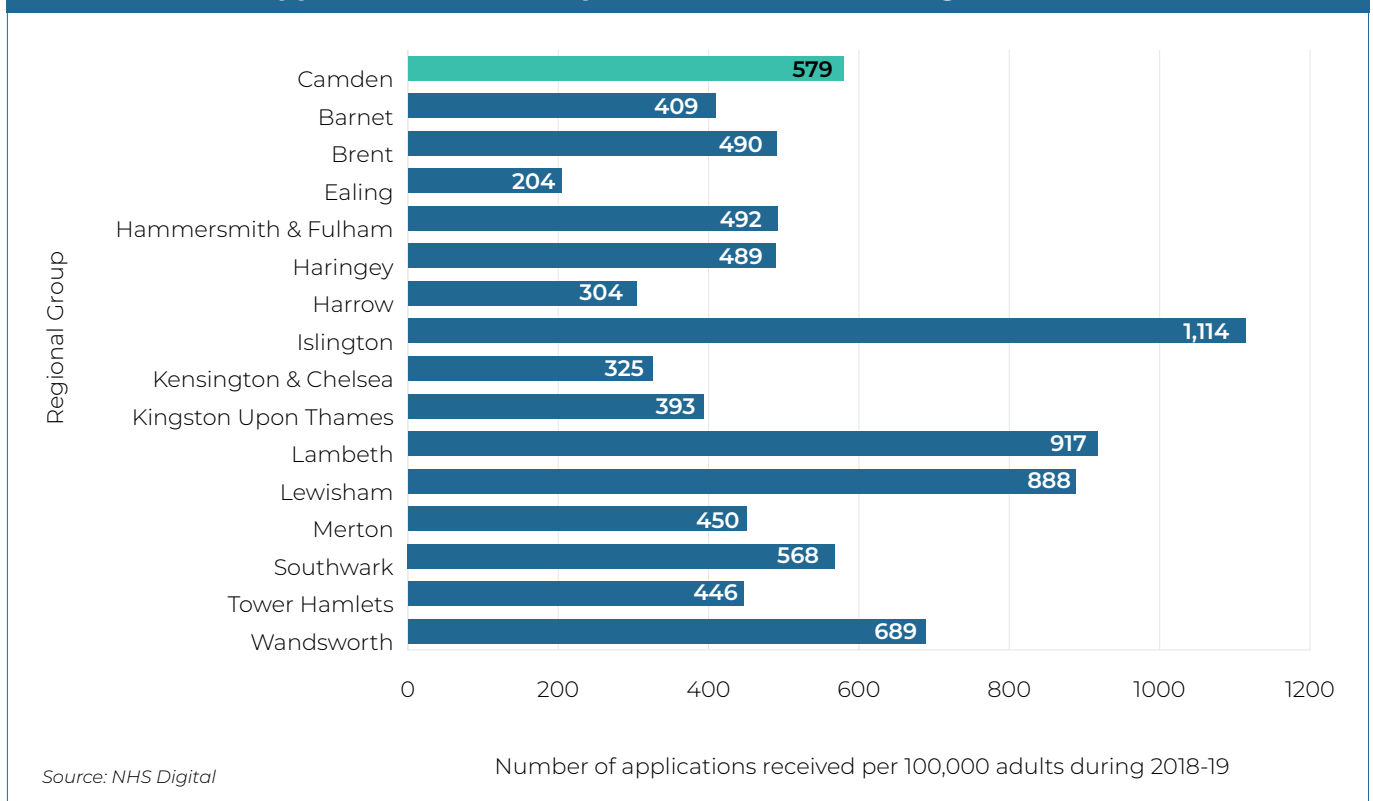
The London Borough of Camden continues to smartly consider how it can meet this ongoing demand which poses a substantial challenge to resources. It is recognised that if suitable capacity to cope with these applications is not made available, the council could be inadvertently responsible for illegal deprivations of liberty and vulnerable to legal challenges, thereby representing a potential further impact on resources.

DoLS applications received by Managing authority in 2020/21



The ageing population demographics suggest that the number of DoLS applications will continue to remain relatively high though the figures in the last few years suggest a slowdown in pace of increase. Consequently, work continues to increase awareness of Deprivation of Liberty among staff at care homes, families, carers and other stake holders, and this is being achieved through i.e., care provider's forum, carer's voice/forum and other trainings made available to providers

Number of DoLS applications received per 100,000 adults during 2020-21



Finally, whilst we await the implementation of the LPS, Camden remains committed to the requirements of the current legislation and this is demonstrated by the fact that there is no waiting list for DoLS applications.

Our Strategic Objectives for 2021/22

Whilst the SAPB partners have had to focus work on recovery from COVID and its ongoing impact on people's health and lives, including staff, it has been able to focus on some key strategic priorities to improve safeguarding awareness and protecting those at risk. These remain fluid with increased referrals of domestic violence, self-neglect and hoarding. All requiring close multi agency work across community safety partners, health, social care, voluntary sector, police and fire services.

Key priorities for the SAPB developed and led through partners own work and our subgroups are to:

- Conduct consultation, draft and publish the new Board Strategy
- Transitions Conference: Receive regular feedback on progress of next steps
- Maintaining high standards of strategic safeguarding work as Covid-19 continues.
- Gain assurance and support for readiness of the Mental Capacity (Amendment) Bill.
- Promote transitional safeguarding: safeguarding for vulnerable young adults led by adult social care in partnership with children's services to develop strengthening the process around earlier transition work, understanding the pathway into adult services for young adults, and development of operating principles.
- Help promote awareness of safeguarding amongst the wider Camden community including resources to help community partners support victims of abuse.
- To promote better multi agency understanding of how to respond to people who are not looking after themselves because of self-neglect.
- To conduct a review of our SAR action plans to ensure both practice improvement
- Identify continuing gaps to further develop our multi-agency learning and development and inform wider strategic planning.
- Align with the Local Government Association National SAR thematic analysis and the proposals for sector led improvement which will involve cross working with all of the sub-groups.
- Looking at how to promote Making Safeguarding Personal as part of safeguarding adults' week in November.
- Create a 7-minute briefing for MSP.
- The SAPB partners continuing to take a lead within their own agencies to deliver on their and SAPB priorities.
- The voluntary and community sector have a crucial role in engagement
- and will be working to maintain a high awareness of scams, provide specialist training for staff and managers and work in partnership with the high-risk panel.
- Across health and social care the cross cutting focus will continue on the fundamental changes required to implement arrangements for Liberty Protection Safeguards by April 2021, as laid out in the Mental Capacity (Amendment) Act.

Appendices

1. Performance Data
2. Board Partners

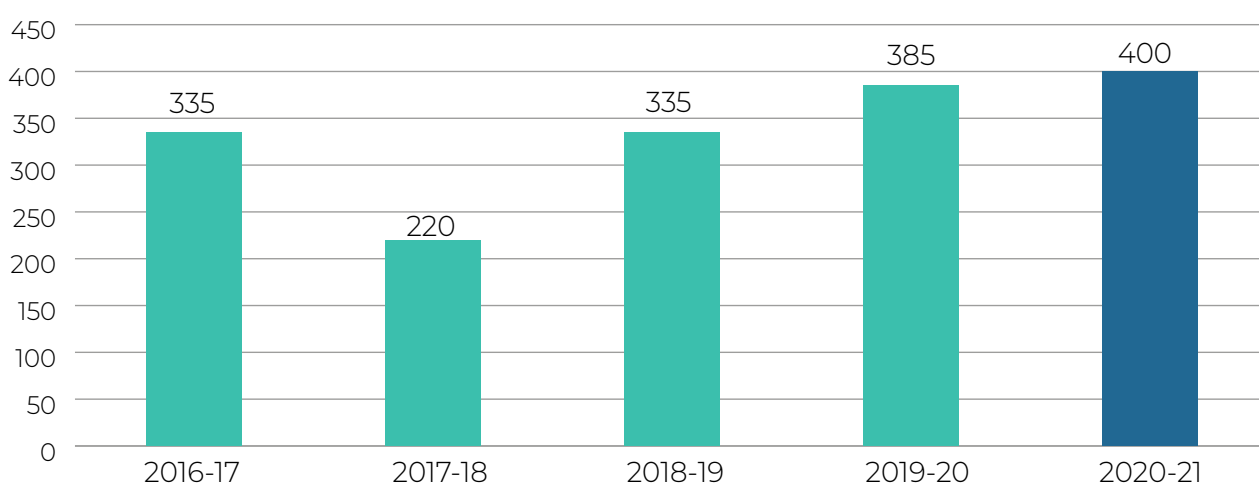
Appendix 1: London Borough of Camden Safeguarding Performance Data

Information on numbers and types of abuse incidents and the action taken to protect people is collected and presented to the Board each quarter.

All data is taken from the annual return to the Department of Health – known as the Safeguarding Adults Collection – unless otherwise stated. Percentages may not total 100% due to rounding and figures may have changed since the submission of the data.

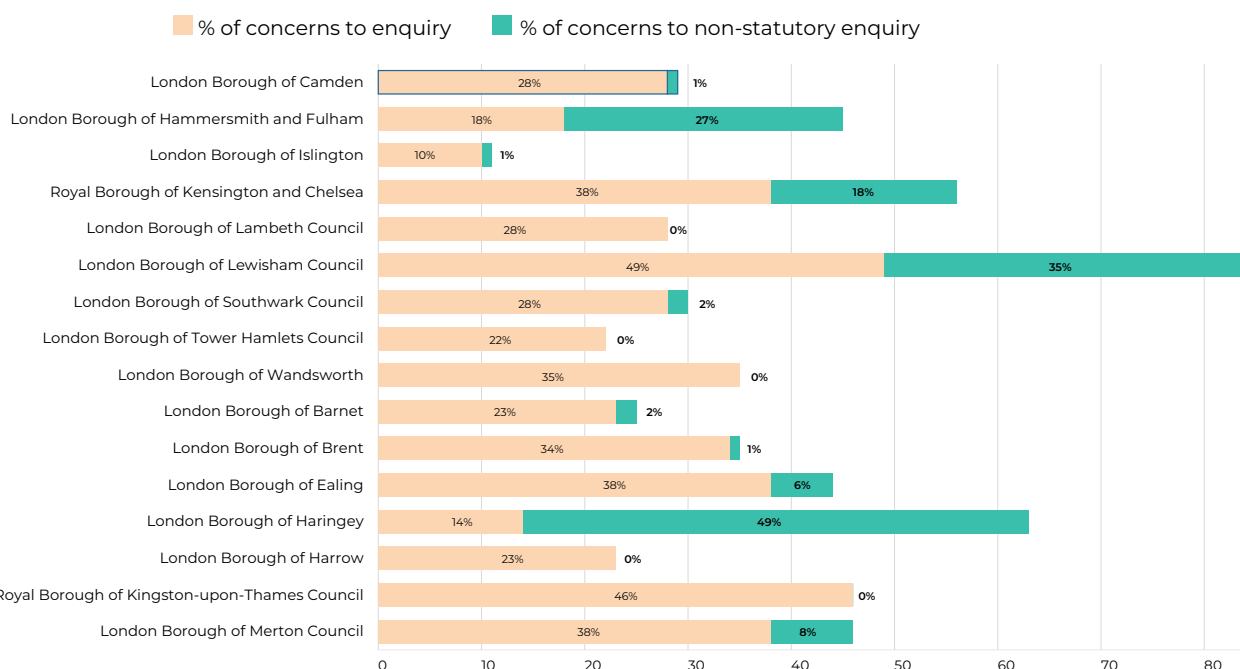
Individuals involved in S.42 Safeguarding Enquiries investigated by LB Camden

As per Safeguarding Adults Collection data, rounded to the nearest 5



The number of individuals involved in section 42 safeguarding enquires investigated by LB Camden has continued to gradually increase year-on-year as it did in 2019-20.

2020-21 SAC Benchmarking



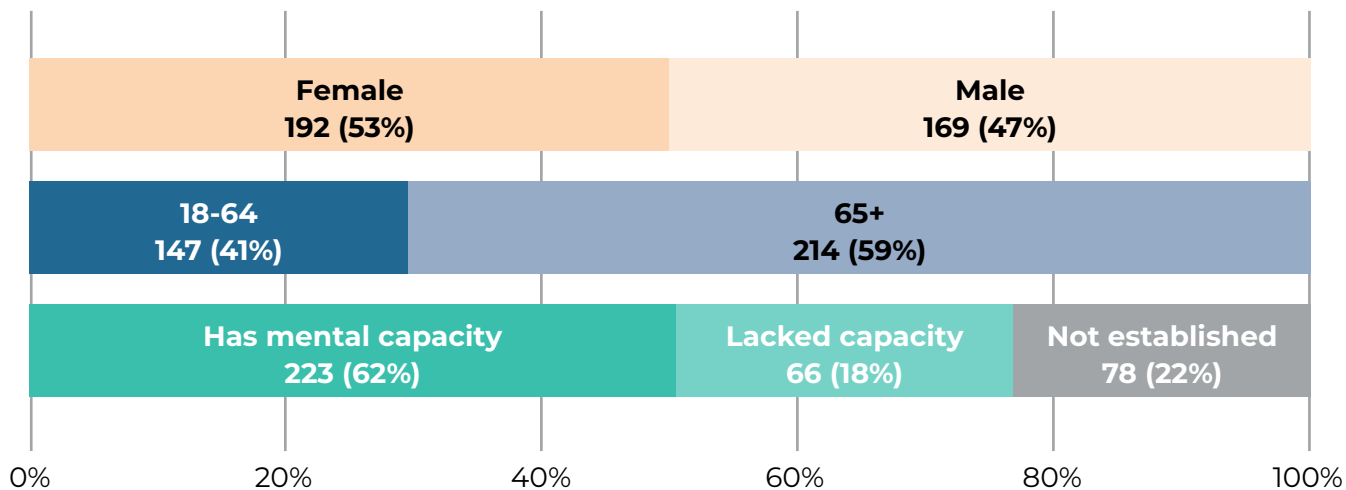
NHS Digital: Safeguarding concerns and enquiries received by CIPFA's Nearest Neighbours

Some boroughs also divert concerns into non-statutory enquiries, but Camden is one of several authorities that rarely do this.

The wide variation between councils in the ‘concerns to enquiries conversion rate’ suggests differing policy and interpretations of the guidelines on when a concern should become an enquiry.

Camden has investigated in detail reasons why concerns are not progressed to full Section 42 enquiries and in around half of cases, signposting to other services is considered to be the appropriate, proportionate response.

Section 42 enquiries started by LB Camden in 2020/2021 categorized by demographic characteristics of persons involved



The proportions of men and women involved in safeguarding enquiries are similar this year, skewed slightly toward women. In 2019-20, the figures were roughly even, and in 2018-19, more men than women were subject to completed safeguarding enquiries. This year more than half of individuals involved in safeguarding enquires were aged at least 65 years old. This reflects that many concerns are reported involving clients of adult social care, which is a predominately older demographic.

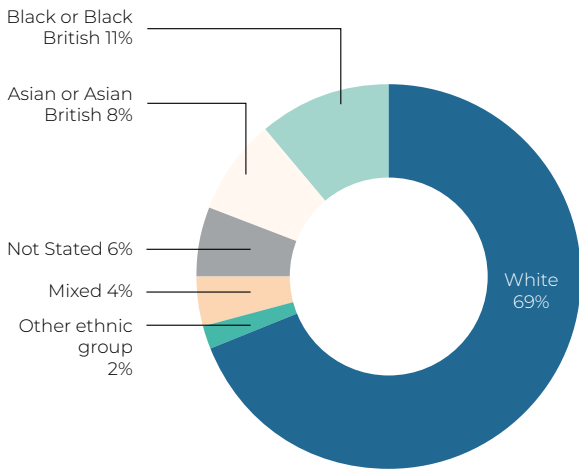
Most individuals involved in section 42 enquiries had mental capacity, but just under a fifth of individuals involved in enquires did not have capacity.

Referral source by client group	Abuse or Neglect	Learning Disability Support	Mental Health Support	No support reason	Other	Physical Support	Sensory Support	Social Support	Substance Misuse	Memory and Cognition	Total
Anonymous		1				2			1		4
C&I NHS Trust Teams	1	5	23	2	2	18			8	3	62
Camden - other dept	1	2	2	4		20	1	1	1	3	35
CQC		1	1			3					5
Education/ Training/ Workplace Establishment		3									3
Emergency Services	9	9	70	71	11	148	9	6	23	9	365
Family Member		7	2	3		34	1		2	6	55
Friend / Neighbour						10			1		11
Housing		2	10	5		29	2	1	12	2	63
NHS Staff - Hospitals		6	17	16	2	135	1		4	9	190
NHS Staff - Primary Health/ Community Health	1	10	15	10	3	97		2	1	7	146
Other		18	7	6	2	42	1		3	2	81
Other LA		2	1		1	3	1			2	10
Other service user			1			1					2
Probation Service				1							1
Self-Referral		3	1			12					16
Social care staff		36	10	1	3	134	3	2	3	19	211
Voluntary Sector	1	3	3	7	1	9		1	1	1	27

The top three referrers in 2020-21 were the emergency services, social care staff and NHS hospitals. However, it is worth noting that 357 of the above referrals were deemed inappropriate for Adult Social Care and signposted to other services; 209 such cases were referred via the emergency services.

Most clients referred (54%) had a physical support need. This was the most common primary support reason by a large margin, followed by mental health support (13% of referrals) and clients without a support plan in place (10%).

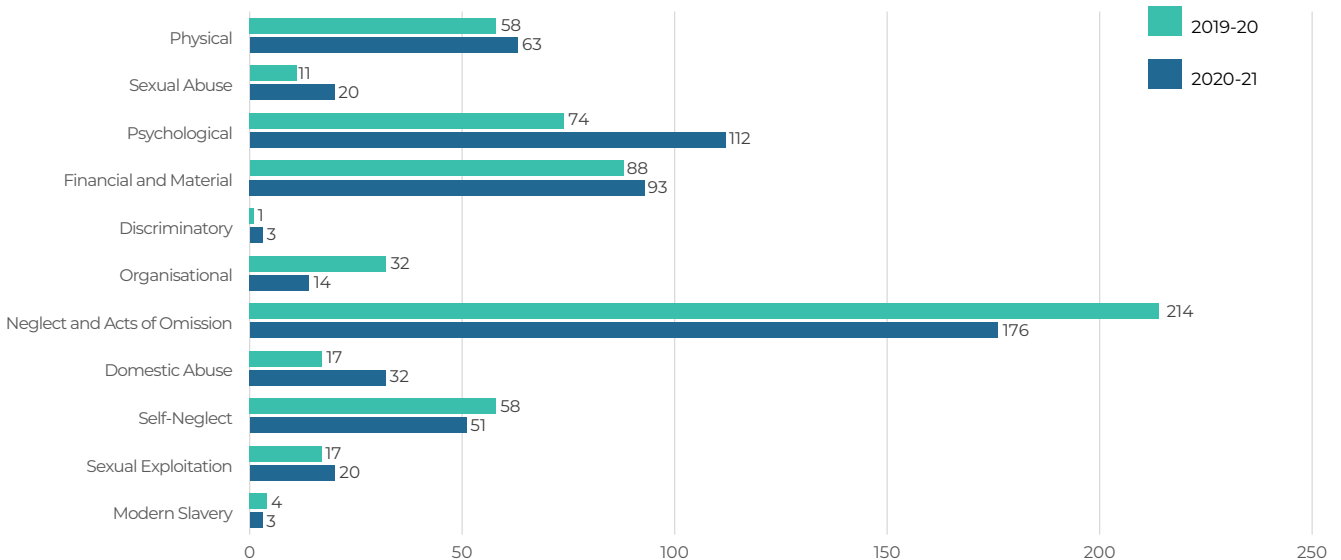
Ethnicity of individuals referred for enquiry (2020-21)



In 2020-21, **23%** of enquires raised involved an individual of Asian, Black or Mixed race community.

The population of LB Camden is 34% Asian, Black or Mixed race so assuming the prevalence of safeguarding concerns is similar across all communities, the number of concerns and enquiries recorded for Asian, Black or Mixed race individuals might be lower than expected. However, it is important to note that 59% of Section 42 Enquiries started involve persons aged over 65 and in this age group, only around 20% of people have a Asian, Black or Mixed race ethnicity, so the percentage of enquiries raised involving an individual of Asian, Black or Mixed race ethnicity is in line with expectations.

Type of abuse alleged in completed enquiries, both section 42 and non-statutory enquiries, investigated by LB Camden in 2020-21



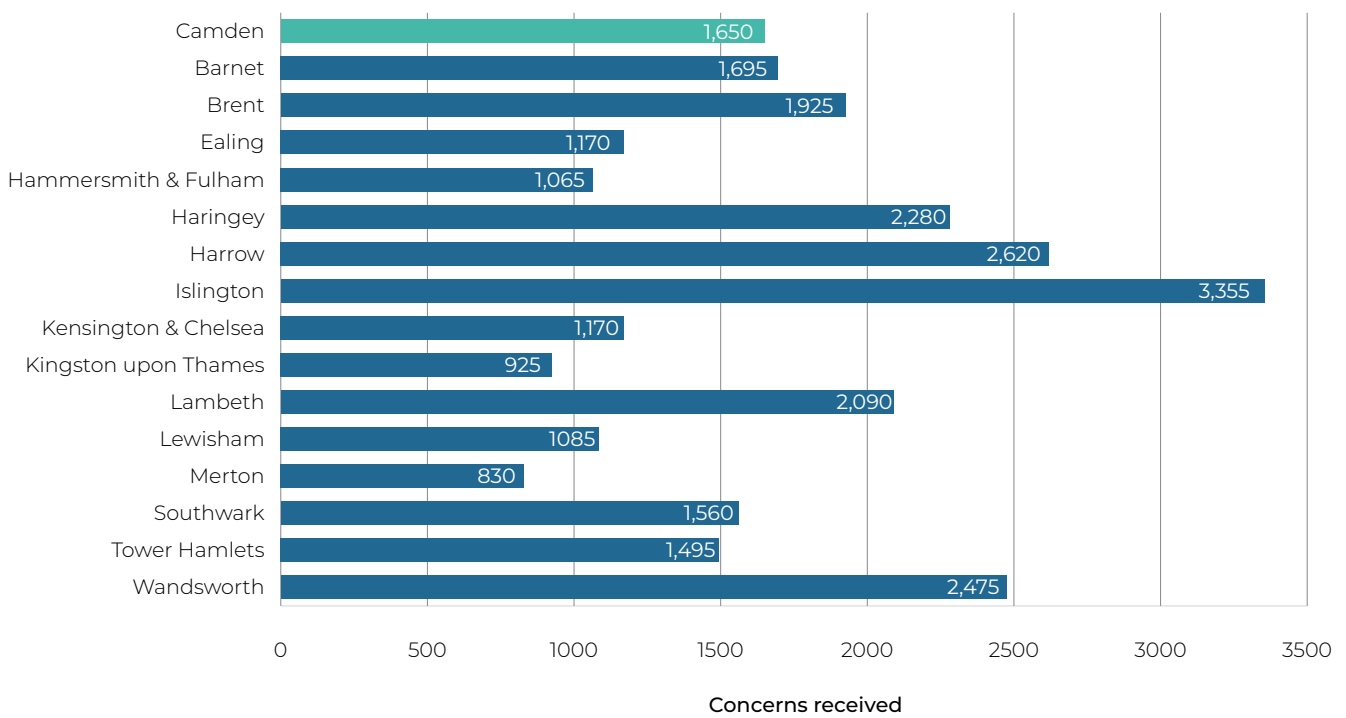
In 2019-20 there has been reduction in the total number of enquiries but enquiries involving neglect and enquiries involving financial and material abuse continue to be two of the most commonly investigated types of abuse.

Instances of abuse: **total number of completed Section 42 enquiries**

	Physical Abuse	Sexual Abuse	Psychological Abuse	Financial or Material Abuse	Discriminatory Abuse	Organisational Abuse	Neglect and Acts of Abuse	Domestic Abuse	Sexual Exploitation	Modern Slavery	Self Neglect
2020-21	63	20	112	93	3	14	176	32	20	3	51
2019-20	58	11	74	88	1	32	214	17	17	4	58

The concern episode is in keeping with the revised pan London safeguarding policies and procedures and the Care Act. It allows the worker to gather relevant information and make proportionate decisions as to whether a full section 42 enquiry is necessary.

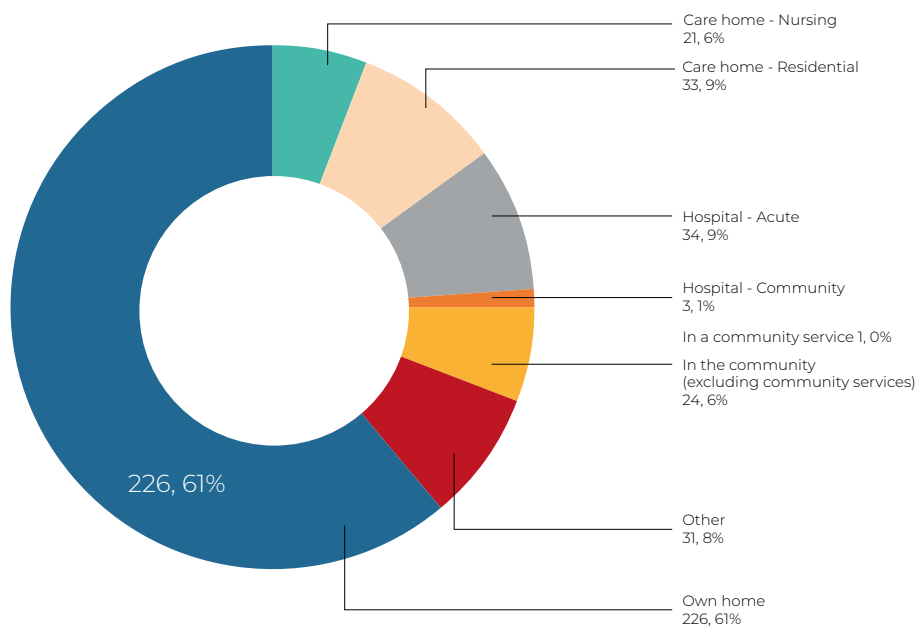
Number of safeguarding concerns received per local authority in England
NHS Digital: Safeguarding Concerns received by CIPFA's Nearest Neighbours (2020-21)



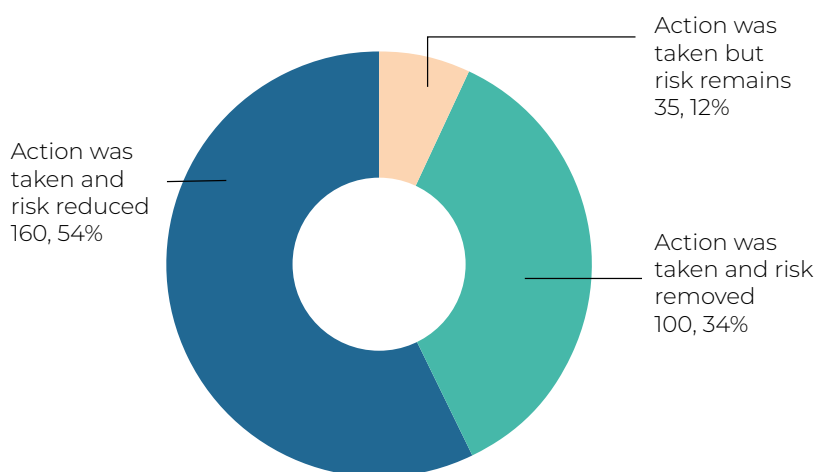
(figures on chart are rounded to nearest 5)

In comparison with its nearest neighbours, LB Camden places similarly to previous years in terms of the safeguarding concern caseload. We have seen a marked upward trend in the number of concerns received when compared with the 1,050 received in 2019/20.

Location of alleged abuse (2020-21)



Action taken to manage risk associated with LB Camden residents (2020-21)



Consistent with historical patterns, the client's own home was the most common location of alleged abuse in 2020-21 enquiries, and was a particularly common site of neglect, psychological abuse, and financial or material abuse. The next most common sites of alleged abuse were residential care homes and acute hospitals.

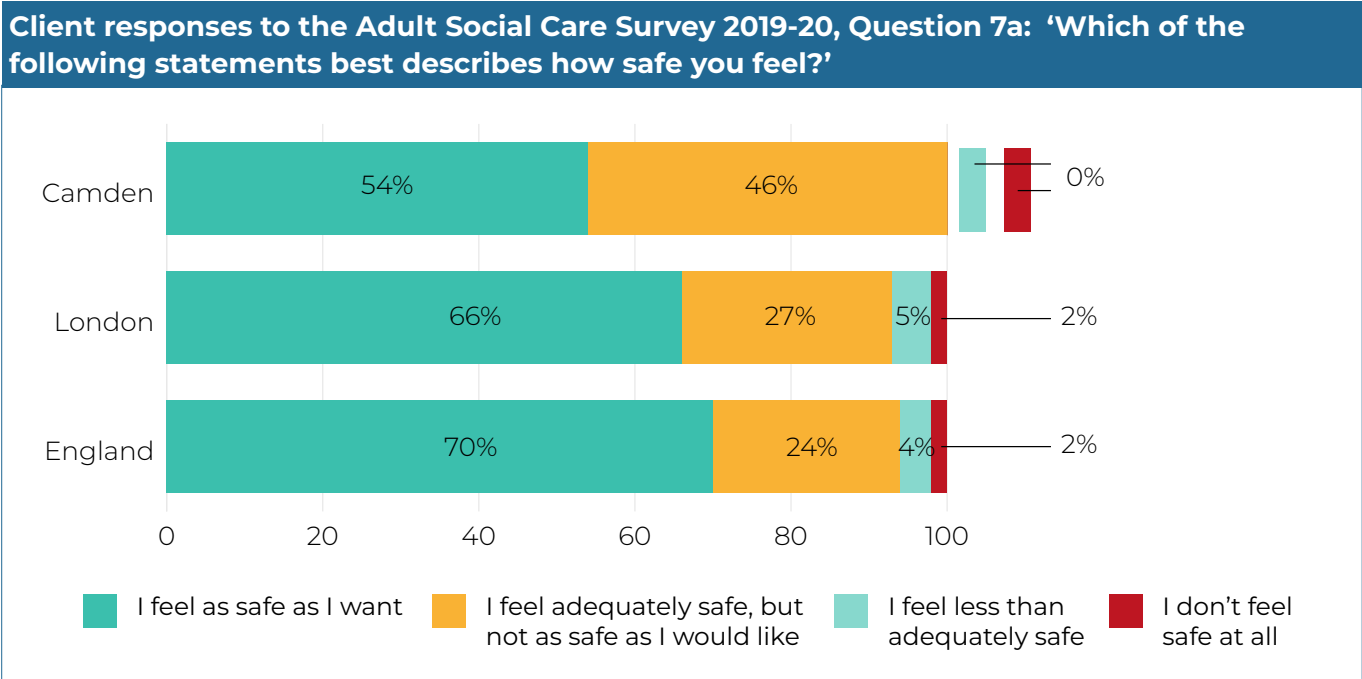
Where a risk was identified as a result of a s42.2 enquiry, the action taken reduced or removed it in the vast majority (88%) of cases. In some cases, the risk remained because the subject of the safeguarding enquiry did not feel able to cease contact with the source of the risk.

The action taken following enquiries reduced or removed the risk in 93% of investigations. In some cases the risk remains because the subject of the safeguarding enquiries/ does not feel able to cease contact with the source of the risk.

Where risk remains, we continue to work with the person and their families with the aim of monitoring and reducing risk in the long term.

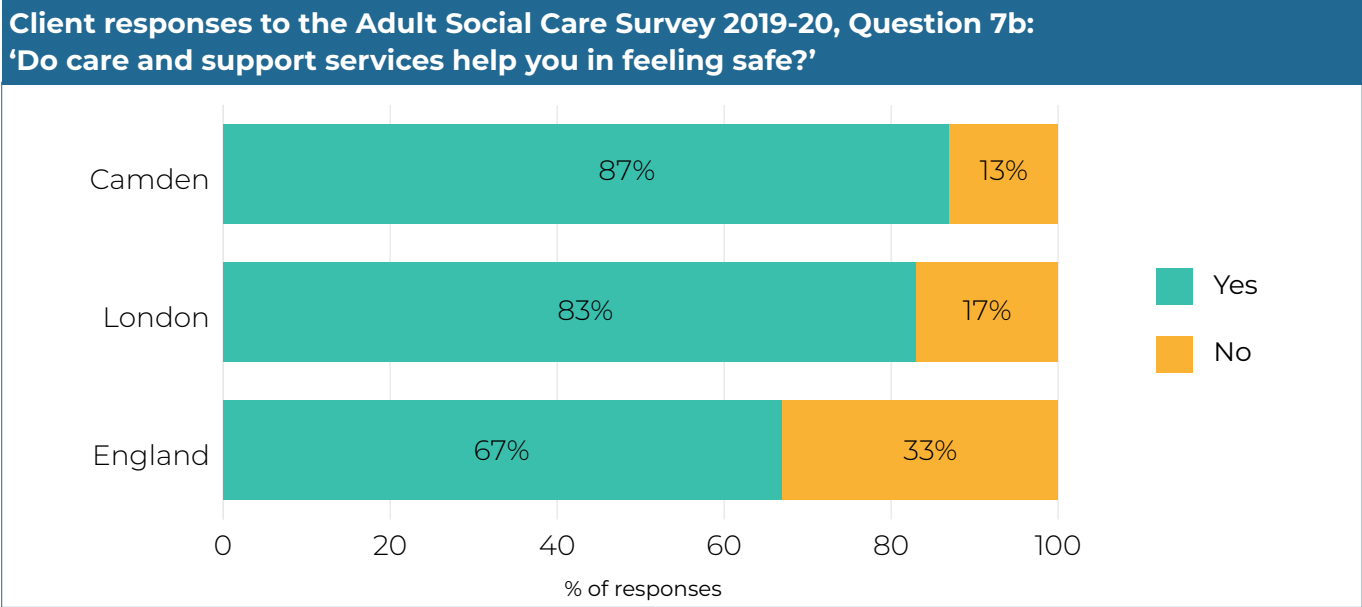
2021 Abuse type by location (enquiries)	Discriminatory	Domestic Abuse	Psychological Abuse	Financial or Material Abuse	Modern Slavery	Neglect and Acts of Omission	Organisational Abuse	Physical	Self-Neglect	Sexual Abuse	Sexual Exploitation
Care home - Nursing			4			23	1	5			
Care home - Residential	1	1	6	4		24	3	6	5	4	
Hospital - Acute			1	1		25	5	8	2	3	
In a community service			2			2		1			
In the community (excluding community services)		3	8	8	2	4	1	9	2	5	1
Other			5	2		3	2	2	2	1	1
Own home	2	25	82	70	1	94	2	28	40	6	1
Not specified		3	4	8		1		4		1	

At the time of publishing this report, the national Adult Social Care Survey (ASCS) data for 2020/21 has not been published so it is not possible to benchmark our data against that of other Councils. The national data for the previous year, 2019/20, is available on NHS Digital website and reflected in the graphs below.



Since the 2018-19 survey, Question 7 of the ASCS relating to how safe clients feel has been split into two separate questions: 7a) 'Which of the following statements best describes how safe you feel?' and 7b) 'Do care and support services help you in feeling safe?'. As a result of this, like-for-like comparisons with last year's report are not possible, but the insights generated are similar.

Encouragingly, all respondents to Question 7a in Camden claimed to feel at least 'adequately safe', although 46% acknowledged that they could feel safer, a figure significantly higher than both the London and national averages. However, of the 178 respondents, none of them reported feeling 'less than adequately safe' or not safe 'at all', despite an average of 6% of respondents nationwide feeling this way.

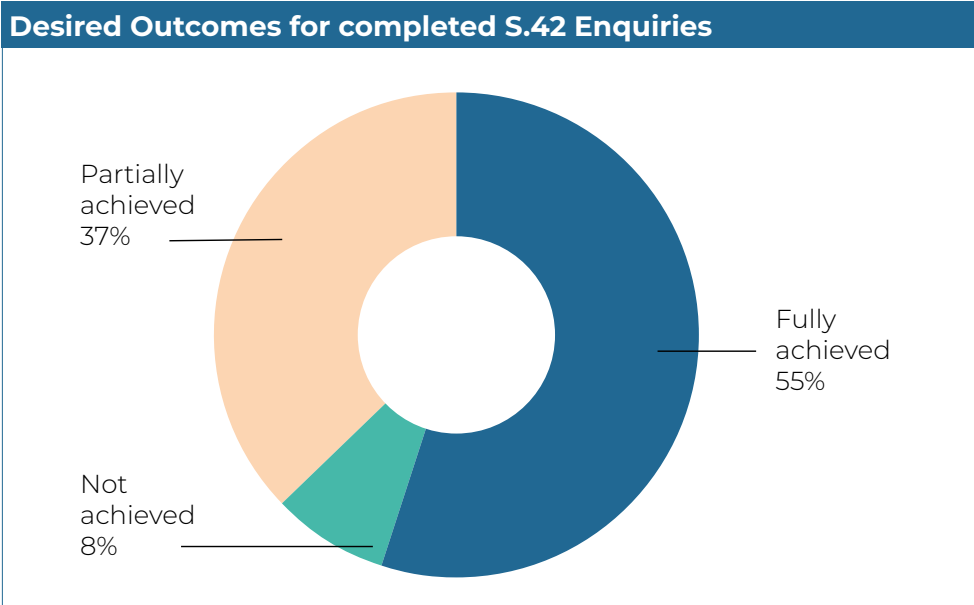


In Camden, two thirds of clients (67%) felt that care and support services helped them in feeling safe in 2019-20, but this was a markedly lower figure than both the London and national averages. However, this was based on a low response rate, with a sample size of just 166.

Making Safeguarding Personal

Desired outcomes are defined as the wishes of the adult at risk or their representative which have been expressed at some point during the information gathering and or enquiry phases.

This approach supports the core elements of Making Safeguarding Personal and endeavours to keep the service users at the centre of the process with a clear focus on outcomes.



Appendix 2: Board Partners

- Camden Council: Adult Social Care, Housing, Community Safety, Integrated Commissioning
- North Central London Clinical Commissioning Group
- Councillor Patricia Callaghan, Camden Council Cabinet Member for Tackling Health Inequality & Promoting Independence,
- Metropolitan Police Service in Camden
- Camden & Islington Cluster National Probation Service
- London Community Rehabilitation Company
- London Ambulance Service NHS Trust
- Camden and Islington Mental Health NHS Foundation Trust
- Central and North West London NHS Foundation Trust
- Royal Free London NHS Foundation Trust
- University College London Hospitals NHS Foundation Trust
- Tavistock and Portman NHS Foundation Trust
- London Fire Brigade in Camden
- Great Ormond Street Hospital for Children NHS Foundation Trust
- Voluntary sector organisations – Age UK Camden, Camden People First, Camden Carers, Hopscotch Women’s Centre
- James Reilly, Independent Chair of Camden SAPB

Journey for 2021-2022

We have successfully appointed a new Independent Chair that started with us in June 2021. As Covid -19 continues to have an effect on our services with increasing levels of mental ill-health as people struggle with higher levels of social isolation, loneliness and bereavement we have seen our Care and healthcare services developing innovative ways of reaching people.

The Board will continue to broaden its reach in raising awareness of adult safeguarding and monitor services to ensure they are protecting the most vulnerable in our society.

Contact

Email: camdenSAPB@camden.gov.uk

The annual report is available to the public on the board's website
<https://www.camden.gov.uk/safeguarding-adults>

Thank you for reading our annual report.

Fatima Fernandes
Camden Safeguarding Adults Board Manager