Southwark Safeguarding Adults

Annual Report 2010-11

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Foreword by the Chair of the Southwark Safeguarding Adults Partnership Board

In a time of considerable change, it is essential that safeguarding services are robust, flexible and responsive in order to respond to the challenges we face. These include embedding personalisation as the norm, organisational change in the public sector, particularly in the NHS, and changes as to how services are commissioned and their quality is ensured. All of this within the context of national financial pressures and reducing budgets. It is a challenge that we all have a responsibility to meet.

It is the responsibility of the Adult Safeguarding Board to provide leadership and direction. It is very likely that the Adult Safeguarding Board will be put on the same statutory footing as the Children's Safeguarding Board. It is a recognition that adult safeguarding is an essential service that must be available when and where it is needed no matter what the setting.

The following report details the safeguarding demands in Southwark and the work being undertaken in response. We have included some anonymised case examples to illustrate and explain the safeguarding process but most importantly the impact on individuals. The report also details how the council, the NHS and other partners are responding both individually and collectively.

I hope you find this report both informative and encouraging.

Yours sincerely

Terry Hutt
Chair of Southwark Safeguarding Adults Partnership Board

Executive summary

The year of 2010/11 has been one of considerable change which has had an impact on the way that safeguarding work is carried out in Southwark. Following a rating of "performing well" for safeguarding in the Care Quality Commission's (CQC) assessment of 2009/10, there has been a continued focus on ensuring that people are safe from harm and abuse. The year has involved work to ensure that the opportunities of the personalisation of adults services, including new personal budgets and the impact on safeguarding work, are realised in Southwark. There has also been work to ensure that people are helped to remain safe within the context of a changing environment in the public and voluntary sector in light of budgets cuts and a reorganisation that is taking place in the NHS.

Southwark like other inner London Boroughs has experienced a year on year rise in the number of safeguarding alerts. Encouragingly, an increasing number of alerts are being raised by the person at risk against whom the abuse is alleged to have been committed, their friends or family. With an increased number of alerts, there is also an increased number of safeguarding investigations. In 2010/11 more people in Southwark have been kept safe.

Southwark is a borough in which over the last year personalisation has become the norm rather than the exception. In 2010/11 work to meet the Putting People First (PPF) milestones and personalisation agenda have changed the way that adult social care supports and safeguards people who use and commission services. Frontline teams are now assessing people for personal budgets which has meant that a greater number of individuals in Southwark, are able to create and choose their own support packages. The implications of personalisation on adult social care commissioning are considerable. The previous model in which the public sector largely commissions and provides is being transformed, and this has also changed the nature of the safeguarding roles of individuals, families, friends and agencies.

The establishment of the personalisation model in Southwark has taken place in the context of a changing public sector environment. The local government settlement reduced Southwark Council's grant by 11.3% in 2011/12, with a further 7.4% reduction planned in 2012/13. This resulted in the Council agreeing to budget reductions, including in adult social care. At the same time, there has been a reorganisation of NHS Southwark with the development of cluster arrangements, that is, with the development of one PCT (the NHS South East London Cluster) to work across the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. This follows a requirement for London PCTs to reduce their management costs by 54% in one year so that the whole reduction would be in place for April 2011. The increase in safeguarding activity in Southwark in 2010/11 has taken place in the context of organisational, practice and proposed legislative changes.

The majority of safeguarding alerts in Southwark relate to acts of abuse which are committed within the victim's own home, often by members of their own

family or by friends. Financial abuse is particularly prevalent. However, as with any local authority in the UK many different forms of abuse are experienced by Southwark residents and some types of abuse are more prevalent than others. Whilst this report describes the preventative actions taken by Southwark Safeguarding Adults Partnership, in the era of personalised services and greater community responsibility, abuse is now more than ever before, everybody's business.

Introduction

Southwark Adult Social Care delivers services to thousands of its residents. This group of people are those generally described as adults at risk. Fortunately, as the following pages show only a relatively small number of people suffer abuse, however, for those that do the consequences can be devastating physically, emotionally and financially. This report describes the work undertaken by Southwark Safeguarding Adults Partnership to combat such abuse.

The Care Quality Commission (CQC) assessment of performance in relation to safeguarding adults in Southwark published in November 2010 stated that the borough was "performing well''. In particular, CQC noted that safeguarding adults governance in Southwark "had improved through the streamlining of the Safeguarding Board and its subgroups, which had maximised multi agency involvement and seen the appointment of an independent chairperson." The assessment also noted that "routine safeguarding was conducted appropriately."

The rating provided by the CQC inspection team was delivered in the context of increased levels of safeguarding activity in Southwark. Year on year there has been an increase in the number of safeguarding alerts received since 2006-7 when figures were first recorded. The figures for 2010-11 are 428 alerts of which 378 or approximately 88% became investigations this compares with 377 alerts and 332 investigations in 2009-10 or 88% of alerts becoming investigations. (see Appendix 1 – Statistical Information)

This increase in safeguarding activity has taken place in the context of the transformation and personalisation of services in Southwark. The transformation agenda aims to offer people greater autonomy, independence and choice over how their services are delivered. This has included the opportunity for people to have choice and control over their care via a personal budget. Adult safeguarding and personalisation share the same underlying principles of empowerment, autonomy and independence and both require the focus of any support to be on outcomes that people value.

The promotion of choice and control, particularly through the use of personal budgets and direct payments requires a change in the way risk is understood, managed and negotiated. To this end a series of bespoke training courses have been run for managers and practitioners on safeguarding and positive risk taking. At a more strategic level the Association of Directors of Adult Social Services (ADASS) has supported such work through various seminars and events and has published a paper covering the topic of personalisation and empowering people. The paper also included a section providing "Top 20

tips to make your area safer for vulnerable adults". At a regional level the "Protecting Adults at Risk, the Pan London Multi-Agency Policy and Procedures to Safeguard Adults from Abuse" serves to improve consistency and joint working across London. This document which was launched in January 2011, represents the commitment of organisations across London to work together to safeguard adults at risk. Southwark through its Partnership Board and safeguarding adult's manager played a major role in the development of the policy and procedures.

In 2010-11 adults safeguarding activity has taken place in an environment where there have been budget cuts announced by the Council, and a reorganisation of the NHS locally. Some key individuals who have supported safeguarding work in Southwark in previous years have moved to other opportunities, whilst other organisations and agencies, including Southwark's newly-established GP consortia, have taken on new responsibilities in support of safeguarding work. It is in this changing environment that the leadership role of the Adults Safeguarding Board has become increasingly important.

This report describes the activities for adult safeguarding during 2010-11 in Southwark and highlights work to ensure that safeguarding is at the forefront of the establishment of the personalisation agenda in Southwark. The report sets out key outcomes achieved, and actions that are now being taken forward in order to ensure people in Southwark are helped to stay safe from harm and abuse.

Safeguarding and Personalisation

The transformation of services and development of personalisation in Southwark, and the consequent work towards meeting the Putting People First (PPF) milestones, is changing the relationship of individuals, families, carers and social workers to the adult social care system. Our social care environment is now one where people increasingly create and choose their own support packages and contains opportunities and challenges in order to ensure individuals are kept safe from harm and abuse.

2010-11 has seen the considerable progression of the vision of service delivery in which people are supported to live independent and fulfilling lives based on choices that are important to them. Services have had to change. There has been a focus on individuals rather than institutions, with work to shift the balance of care in Southwark away from residential homes and towards more personalised support services in community settings.

Southwark has produced a "Vision for the future of social services" and a "Charter of rights" which aims to explain the transformation of services and Southwark's commitment to ensure people receive high quality support and services (see appendices 2 and 3). The Vision explains how services will be transformed and the consequent shift towards personal budgets and co-production of care and support. The Charter specifies the rights that people will have in relation to their care and support including the right to control over their own care and to be safeguarded from abuse. Work has already taken place in Southwark to examine how, by empowering individuals through the implementation of personalised services they have more control over their

lives and are better able to safeguard themselves. However as the Charter acknowledges, Southwark still has a key role to play in safeguarding adults at risk, but national research is beginning to show the more that people are empowered through personalisation of their services, the more capacity they are likely to have to manage their own safety.

Safeguarding and Personalisation Stakeholders Event

In November 2010 almost 100 delegates representing the customers and agencies that form Southwark Safeguarding Adults Partnership attended a stakeholders' event to learn about, discuss and develop ideas about how excellent practice in safeguarding vulnerable adults can be further achieved in Southwark.

Delegates were welcomed by Councillor Dora Dixon-Fyle, the Cabinet Member for Health and Adult Social Care, who affirmed the Council's commitment to making Southwark a safer borough and its determination to safeguard vulnerable adults.

Safeguarding and personalisation were the key themes delivered in the presentations given by speakers throughout the day.

Lucy Bonnerjea from the Department of Health (DH) delivered a presentation outlining the responses provided following the "No Secrets Refresh" consultation. This had been one of the largest consultation exercises ever undertaken by the DH and involved talking with and recording the views of 12,000 people including professional groups, private and voluntary sector representatives and a large number of service users, carers and members of the public. Lucy outlined the conclusions of the consultation including that safeguarding must be built on empowerment and listening to the person at risk, and that the language used in safeguarding was often difficult to understand and sometimes patronising. For example, people with disabilities argued that it is situations that make them vulnerable and vulnerability is not innate to a disability. People who took part in the review requested the term 'adult at risk' to replace the term vulnerable Adult for those who have been abused. They also felt strongly about the term alleged perpetrator and that 'person suspected of causing harm' often gave a truer representation of the circumstances behind the abusive situation which is often caused by informal carers such as family or friends reaching the end of their tether.

The presentation also outlined findings from talking to adults at risk of abuse stated out what they ultimately wanted from the process, during and after a safeguarding intervention. Essentially they wanted to be as fully involved as possible throughout, have things clearly explained to them and be at the centre of the process. The presentation also included a discussion about the changing legislative framework, including the Law Commission Review of Adult Social Care Legislation (published April 2011), and the Social Care Bill (proposed Autumn 2011) with the possibility of a statutory duty for both the investigation of safeguarding cases, and that partners such as the NHS, Police and Local Authorities should have a duty to co-operate in a Safeguarding Adults Partnership Board.

Sam Mayne, the Head of Transformation of Care in Adult Social Care Services delivered a presentation on how the customer journey was being embedded into Southwark to empower and give more choice to individuals. Jenny Millgate, Southwark Corporate Fraud Manager, delivered a presentation entitled 'Managing Finances Safely', providing definitions of types of fraud, people who are typically targeted and approaches to prevention.

William Case, a young man with a learning disability, shared his experiences of managing his own support services with assistance from brokers, and talked about his journey through a safeguarding investigation. The local authority within which William lived initially offered him a residential placement. However he chose not to go to go into residential care and fought for his own tenancy. William recruited and employed his own personal assistants and stated that his life was immeasurably richer than it would have been if he had been living in institutional care. However one of Williams's carers stole money from him and he shared his safeguarding experience with the delegates. He explained that it was very painful to be abused by someone he trusted, but by being involved in the safeguarding process throughout, and by being supported by the Police when taking the case to court, he was able to achieve resolution and closure of the episode for himself. He said the experience has certainly not made him think twice about living independently and concluded by encouraging delegates and other people who use services to take control of their lives and to always report abuse.

Closing remarks were provided by Susanna White, Strategic Director of Adult Health and Social Care in Southwark. Feedback from delegates was extremely positive and, despite adverse weather conditions, the day was very well attended.

Fairer Future for Southwark

In June 2010 the Government set out a plan for deficit reduction in an emergency budget which included a reduction in local government funding. Following further announcements, the savings across the public sector amounted to a real terms reduction of around 25% on average over the next four financial years in government spending.

The resulting local government settlement reduced Southwark Council's grant by 11.3% in 2011/12, with a further 7.4% reduction in 2012/13. The Council agreed a budget on 22nd February 2011 which set out a plan to implement these reductions.

The reduction in Council funding will impact on the Council's adult social care service, which makes up 28% of the council's budget. This funding supports some of the most vulnerable residents in the borough, including those with learning and physical disabilities and mental health needs. The Council takes its safeguarding responsibilities extremely seriously, and as noted above has made a commitment in its "Charter of rights" to safeguard adults at risk from abuse. The budget savings that must now be implemented need to ensure that those at risk are still enabled to stay safe from harm and abuse. There are rising demands on adult social care services and the Council already has

to make year on year reductions to manage this. Robust safeguarding structures and procedures will play an important role over the coming years to ensure that the Council reduces its budget whilst ensuring that people are kept safe.

Equity and Excellence: Liberating the NHS

The publication of the NHS White Paper, Equity and Excellence: Liberating the NHS, on the 21st July 2010 was the beginning of a far-reaching programme of change in the NHS which is having an impact at a national, regional and local level. The paper and subsequent Health and Social Care Bill includes proposals to transfer public health functions to local authorities, to abolish NHS Primary Care Trusts (PCTs) and, in their place, to establish consortia of GPs, and to set up new Health and Wellbeing Boards that will join up the commissioning of local NHS services, social care and health improvement.

Since the publication of the NHS White Paper there were two significant further developments in the health system for Southwark:

In October 2010, the Strategic Health Authority, NHS London, brought forward the requirement for London Primary Care Trusts (PCTs) to reduce their management costs by 54% by one year so that the whole reduction needs to be in place for April 2011. Following this there was a reorganisation of NHS Southwark with the development of cluster arrangements, that is, with the development of one PCT (the South East London Cluster) to work across the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. Once change that has been implemented by the NHS as a result of this development has been the termination of joint management arrangements between Southwark Council and the PCT.

In December 2010, Southwark GPs were awarded early adopter status to become one of the first GP consortia in the United Kingdom under the title Southwark Health Commissioning (SHC).

These developments in the health system do not change the crucial role of the health service to support safeguarding work. With these changes there will be new organisations that will need to be involved in safeguarding, notably the new cluster organisation and GP consortia and the Safeguarding Adults Partnership Board is changing its delegate structure to reflect this. There are a number of opportunities that follow from these changes, not least the local knowledge and understanding that GPs will bring in supporting safeguarding work and in becoming more involved in work to help ensure people are safe from harm and abuse.

Statistical Overview

The following section provides a brief analysis of safeguarding activity in Southwark in 2010-11. Safeguarding data and information is available in Appendix 1. All data is based on the AVA return to the Health and Social Care Information Centre.

Number of safeguarding alerts and investigations

In 2010-11 a total of 429 safeguarding alerts were received. This represents an increase of 51 or approximately 12% in the number of safeguarding alerts raised compared with 2009-10. This continues the trend of year on year increases since data was first collected in 2006-7. 378 alerts led to safeguarding investigations in 2010-11, compared with 332 last year. This represents an increase of almost 9%.

Who is raising alerts of abuse?

In 2010-11 safeguarding alerts were most frequently raised by the adult at risk themselves, or their family, friends or informal carer. However this statistical majority has reduced from 40.8% of alerts raised through this avenue in 2009-10, to 28% (107) in 2010-11. However, 60 alerts (15.9%) are recorded as being made by other service users. These would previously have been recorded in the family and friends category in the annual report and taken together these figures represent a reporting rate of almost 44% by people using services and their immediate families and other vulnerable adults.

Who are the adults most at risk of abuse?

As in previous years, the majority of safeguarding alerts progressing to investigation concerned elderly people - 223 investigations or 59% of the total (with 46% of alerts concerning those over the age of 75). This is consistent with previous years, and is in line with national levels (AEA Prevalence Report 2007) which highlights that people over 75 years of age were most likely to be abused.

Women remain more likely to be the subject of a safeguarding investigation than men. The gap between investigations involving women and men has remained fairly constant with 58% (221) investigations involving women and 42% (157) involving men compared with 57% female (190) and 43% (142) male in 2009-10. Again these figures are in line with London-wide and national reporting.

Location of abuse

The majority of investigations relate to allegations of abuse in the person's own home (239 or 63.2%). However, a significant proportion of investigations relate to allegations of abuse in residential and nursing homes or supported living settings (91 or 24%). These investigations always involve adult social care commissioners in addition to social work and health staff and often lead to service improvement plans which may include an increase in monitoring of the provider service by commissioning officers.

Outcomes of investigations

237 cases were closed within the year. 54 (22.8%) allegations were fully substantiated, 26 (11%) were partially substantiated, 50 (21%) were not determined or inconclusive and 107 (45%) were unsubstantiated. These figures are broadly comparable with the returns for 2009-10.

Whilst these figures for case conclusions may appear low they are typical for a London borough and reflect the difficulty in fully investigating allegations of adult abuse where the victim often lacks capacity to understand that they may have been abused and is unable to provide reliable information, or may feel intimidated or reluctant to provide information because the alleged perpetrator is a friend or family member. This situation is reflected in some of the challenging case studies cited in this report.

Most common types of abuse

In line with the previous years' data, the most common type of alleged abuse has been financial with 165 or 43.7% of investigations carried out concerning this form of abuse. This is a rise of 2.8% compared with last year, where 136 or 40.9% of investigations were concerning financial abuse. As in previous years older people are the service users who experience the highest prevalence of financial abuse with 117 alerts pursued or 71% of such alerts. It is unclear whether the tougher economic climate has contributed to this rise in cases, however, as in previous years, it is noted that this form of abuse tends to occur in families where there are multiple problems and deprivation across generations.

To more effectively combat the level of financial abuse there has been an increase in work involving the Southwark anti-fraud team. The Team works closely with social workers and the police in conducting investigations, pursuing proven perpetrators and in putting effective protection plans in place. A police officer is seconded into the team to assist with this work. The Council is also involved in the National Fraud Initiative and the safeguarding and anti fraud teams have contributed to the Metropolitan Police Operation Sterling anti-fraud initiative.

It has long been recognised that isolation can lead to people being more vulnerable to abuse and Southwark in its Vision for adult social care recognises that community engagement is one of the major components of ageing well and staying safe. Key to remaining actively engaged in the community is making full use of financial and other benefit entitlements. Southwark is seeking to ensure that older people receive all the benefits to which they are entitled. The Pension Service Joint Team is one of the most successful services across London with Southwark having higher levels of benefit payments for over 60's than any other London borough..

Physical abuse was the next most prevalent type of abuse with 128 investigations carried out represents 33.8% of all cases investigated. Compared with 2009-10 this is an increase from last year, when there were 90 alleged cases of physical abuse, totalling 27.1% of all allegations investigated. The majority of allegations of physical abuse are made against

family or informal carers, and whilst a minority of cases such as that in case study 1 are characterised by deliberate sustained cruelty, the majority such as in case study 2 come about because of carer ignorance or are one off events when a carer reaches the end of their tether. In these latter cases more help for carers is often provided, as in Mr B's case, through multi-agency intervention.

Allegations of neglect were the next most common form of abuse reported with 85 investigations carried out. There were 31 investigations into allegations of sexual abuse in 2010-11 totalling 8.2% of safeguarding investigations. This is a relative percentile increase of 3.7% on the previous year's 15 cases. The majority of allegations of sexual abuse allegations (12 or 38.7%) were reported by younger women with mental health problems, and could largely be categorised as domestic violence type issues in that allegations were made against current or former partners. These cases were very difficult to satisfactorily investigate as often the person at risk would withdraw their co-operation with the safeguarding process as the nature of their relationship with the alleged perpetrator changed. Whilst this does not mean that the alleged abuse was not real, research shows that this is often a common feature of such cases which makes them very difficult to satisfactorily resolve.

In 2010–2011 there were 6 investigations of institutional abuse carried out and no incidents of discriminatory abuse.

Below are two case examples of financial and physical abuse investigations which took place in Southwark, and the resulting outcome for the person at risk.

Case Study 1

Mrs A is an elderly lady who was referred to Southwark via Accident and Emergency in June 2010. Her needs included supervision when moving, and she had several serious health conditions. A safeguarding alert was raised after she informed staff that she did not wish to return to her family home as she felt unsafe to do so. Mrs A disclosed that she was being abused physically, financially and mentally by multiple members of her family; hospital staff observed bruising. A safeguarding investigation resulted in Mrs A choosing to move to a temporary placement within a care home, which could meet her physical and personal care needs. The placement subsequently become longer term at her request. Since being placed Mrs A's quality of life has improved, she has noticeably thrived, appearing more alert, is interacting well with staff and other residents and participating with all activities taking place in the home. Mrs A's finances are now managed by appointeeship. Mr. B is unable to express his opinion about the SA intervention. However his family have acknowledged the benefits of the intervention and an improvement to their son's well being now that they fully understand how to implement the guidelines.

Case Study 2

Mr. B is a 32 year old man with severe learning disabilities, suffering from cerebral palsy and dysphasia (a swallowing disorder). He lives with his two elderly parents and his brother's family. Mr. B's parents have a very limited understanding of English as it is their second language.. Mr. B was funded to attend a day service five days per week but his attendance was poor. During a review of Mr. B's support package his social worker became concerned about weight loss and a lack of compliance with recommended feeding practices. A referral was made for an assessment of Mr. B's eating and drinking to be undertaken.

During the assessment health professionals noticed that Mr. B appeared to be lethargic and had lost considerable weight since his last assessment. Due to the language barrier it was hard to establish why Mr. B's family appeared unwilling and unable to implement previous Speech and Language Therapy guidance regarding safe feeding positions; they were feeding Mr. B lying on his back on the floor. The family also expressed that they had concerns about Mr. B's weight loss and frequent bouts of ill health. It was observed that manual handling techniques were utilised which could pose significant risk of injury to Mr X. and that his family seemed unsure of how frequently they were required to administer their sons prescribed antibiotics.

As part of the safeguarding process a multi-disciplinary risk assessment was undertaken and identified that Mr. B was at high risk of malnutrition, dehydration, aspiration, asphyxiation and injury due to his situation. Mr. B's protection plan was complex and involved the close collaborative working of several professionals. He received improved access to generic and specialist healthcare, which included a referral for Video-fluoroscopic Swallowing Study (VFSS) and to the Home Enteral Nutrition (HEN) team.

It was noted that as English was a second language to Mr. B's family there was the need provide clearly translated information in order to explain the serious risks posed to their son's health and wellbeing, and to explain that their management of his needs was placing him at risk. His family responded well to advice and guidance and Mr. B's physical health has noticeably improved; he has put on weight and has regained function (e.g. he is now able to eat without his head being supported). He regularly attends day services where as well as enhancing his quality of life, his well being can be monitored, and he receives homecare support provided by culturally appropriate workers from the same linguistic background as himself and family. Due to severe learning disabilities Mr. B is unable to express his opinion about the SA intervention. However his family have acknowledged the benefits of the intervention and an improvement to their son's well being now that they fully understand how to implement the guidelines.

Deprivation of Liberty Safeguards

The Mental Capacity Act Deprivation of Liberty Safeguards (MCA/DoLS) came into effect on 1st April 2009.

This amended a breach of the European Convention on Human Rights and provided for the lawful deprivation of liberty of those people who lack the capacity to consent to arrangements made for their care or treatment in either hospitals or care homes, but who need to be deprived of liberty in their own best interests, to protect them from harm.

Primary Care Trusts (PCTs) and local authorities (designated as 'supervisory bodies' under the legislation) have the statutory responsibility for operating and overseeing the MCA/DoLS whilst hospitals and care homes ('managing authorities') have responsibility for applying to the relevant PCT or local authority for a Deprivation of Liberty authorisation.

The legislation includes a statutory requirement for all care homes and hospitals as well as local authorities and PCTs to keep clear and comprehensive records for every person deprived of their liberty. This includes records of applications for authorisations, details of the assessment process, information about the relevant person's representative and the documentation related to termination of authorisation.

The Safeguarding Adults Team manages the Deprivation of Liberty Safeguards for both the local authority and Southwark PCT. In 2010-11 the team processed a total of 31 DoLS applications of which 22 were authorised and 9 refused. Available data suggests that this is an average total for a London borough.

Working Together – NHS & Southwark Council

Local NHS partners have reported their commitment to working together to safeguard adults at risk in different ways. Community services have highlighted their contribution to this work below by describing their interventions in some case examples SLaM have also included some case examples and reported a whole system overview, and Guys and St Thomas's NHS Foundation Trust, and Kings College Hospital have also provided a whole system overview of their work in this area.

Community Health Service

Case Study 3– Care Home Support Team nurses

The Care Home Support Team specialist nurse was asked by Southwark Safeguarding team to help support them with a safeguarding case that they were investigating in a care home.

It involved a resident who had been at the home less than 24 hours. The London Ambulance service raised a safeguarding alert as they felt the home had not responded promptly enough to changes in her level of consciousness.

The home had taken a blood glucose level in the morning the result of which showed a stable blood sugar level. However by lunch time the resident was so drowsy she was unable to eat or drink. The GP requested staff monitor her condition and no further blood glucose levels or observations were taken until the ambulance was called later that day.

During the safeguarding investigation strategy meeting the Care Home Support Team gave advice around what the expectations of a care home and also the responsibilities of the nurse on duty should be, which assisted the safeguarding investigation to draw their conclusions about the allegation of abuse. They were able to discuss with the home actions that needed to be put in place to avoid further incidents of a similar nature.

Case Study 4 – District Nursing

District Nurse Service was providing insulin management care to a vulnerable patient who had diabetes and who was being looked after by her husband at home. However, he was obstructing their input and consistently prevented access into the home before 11am which impacted the vulnerable persons blood sugar level and placed her at risk. She was experiencing side effects due to poor management of her diabetes because of the delay, and she was being given a poor diet by her husband. Following a joint safeguarding meeting it became apparent that her husband appeared disengaged with both health and social services. Joint visits with the social worker and nurse were arranged with the patient and her husband to explain the risks to her health. Once the patient's husband fully understood the extent of risk he was inadvertantly placing his wife in, he agreed to allow District Nurses into his home at the approproate time and also accepted additional support. As a result, the patient is well and continues to be supported at home

Guys and St Thomas's NHS Foundation Trust

Partnership working

Close working partnerships have continued between the Trust and Southwark.

The Trust is represented in the 3 of the 5 sub-groups that support the Southwark Safeguarding Partnership Board. The Trust representative chairs the Health Provider sub-group and the group has completed key pieces of work which will be launched this year.

The Trust has worked closely with NHS London in setting up and supporting the Safeguarding Adults Network for NHS leads and was also an active participant in the writing of the London wide multi-agency procedures.

Referrals

During the past year a new referral system has been introduced whereby referrals to safeguarding are made via the electronic patient record system. The referral is submitted directly to the safeguarding team and to social services within the Trust. This has simplified the referral process and improved the quality of the referral with better information and contact details of the referrer.

Throughout the past year all safeguarding adult referrals relating to patients within the Trust, have been reviewed. The table below details the number of reported cases during April 2010 - March 2011:

April 2010 – March 2011	Q 1	Q 2	Q 3	Q4	Total
Safeguarding Adults Referrals	53	51	72	77	253

Most of the referrals are from A&E and the admission wards.

The themes arising from these referrals highlighted the following:

- The largest number of referrals has been for patients who self neglect for a number of reasons such as substance misuse, cognitive impairment or mental health problems.
- A significant number of people who are neglected or suffer other forms of abuse also suffer some form of cognitive impairment
- More than half the referrals were for people over the age of 65 years

Governance Arrangements

From April 2010, health and social care providers were required to register with the Care Quality Commission in order to be able to operate. In order to register organisations were required to demonstrate that essential standards of safety and quality set out under the Heath and Social Care Act 2008 were being and will continue to be met. The Trust is subject at any time to unannounced inspection by the CQC against any of the essential standards

for quality and safety, of which safeguarding is one. As part of the CQC requirements an NHS provider compliance assessment in relation to Outcome 7 (Regulation 11) has been completed and evidence collated.

A policy on the use of restraint has been developed and is awaiting ratification. The Trust is represented on the Lambeth and Southwark Safeguarding Adults Partnership Boards. The Trust is also represented on the Safeguarding Adults at Risk Steering Group for the Metropolitan Police - a bi-monthly meeting that focuses on joint working between the police and partner agencies.

The Trust Adults at Risk governance arrangements have been reviewed and updated. An Adult at Risk Assurance Committee has been set up and is chaired by the Chief Nurse. The committee meets quarterly and reports to the Trust Assurance and Risk Committee.

Training

Month	Number trained to date	Percentage of compliant staff	Total Number to train
April 2010	998	40%	2470
May 2010	1024	40%	2535
June 2010	1063	42%	2510
July 2010	1084	44%	2455
August 2010	1131	46%	2444
Sept 2010	2484	45%	5525
Oct 2010	2653	47%	5587
Nov 2010	2768	49%	5612
Dec 2010	2719	49%	5555
Jan 2011	2962	54%	5526
Feb 2011	3292	59%	5573
March 2011	3617	65%	5568

All staff have received Level 1 training in line with the Trust 2007 – 2010 safeguarding adults training strategy.

Level 2 training is offered to all staff who provide care and treatment to patients. With effect from October 2010, this training was available via an on-line package to all junior doctors as part of their induction. This e-learning package was also accessible to senior staff who have professional and managerial responsibility for clinical activity but not directly providing clinical care to patients on a daily basis.

Level 2 classroom sessions are provided to nursing and midwifery staff on induction. This is an interactive session and also available on request to groups of staff who would prefer this form of training to an e-learning programme. The Trust compliance with Safeguarding Adult training at Level 2 in March 2011 was 65% which is a rise of 16% since December 2010.

Kings College Hospital NHS Foundation Trust

King's College Hospital NHS Foundation Trust is situated on the borders of Lambeth and Southwark and is a centre for specialist care and a world-class teaching hospital. It is one of four partners in the Academic Health Sciences Centre, Kings Health Partners, which collaborates in world-class research driving a vision to become the best medical research campus in Europe. The Trust delivers a full range of services for the local population and specialist services to patients nationally and internationally, and has approximately 7,000 staff and 960 inpatient beds. The Trust's client group is complex and challenging, combining an ethnically and culturally diverse local inner city population, from areas of high mobility and social deprivation, with a non-local cohort of patients with additional vulnerability due to chronic illness or severe injury/trauma. King's is fully committed to the provision of support for patients and continuously strives to deliver high quality care in a safe environment. Kings has a 'zero tolerance' towards abuse and will take positive action to safeguard patients wherever necessary.

Current safeguarding adults team arrangements

The team was established in July 2009 and comprises a full time Coordinator and a part-time Administrator. The team has been joined by a Learning Disability Coordinator in January 2011. The key responsibilities of the Safeguarding Adults team are as follows

- response to alerts for all adults at risk groups
- support for mental capacity and best interests decision making issues
- training for all staff groups in safeguarding and mental capacity
- interagency working
- audit activity
- policy development
- implementation of 'Healthcare for All' targets relating to the health care of people with a learning disability.

Safe Recruitment

The Trust adheres to the mandatory Employment Check Standards issued by NHS Employers and Government legislation, which supports safeguarding. In December 2009 KPMG completed an independent audit of the Trusts recruitment procedures and reported a 'substantial assurance' to the Board of compliance with its own procedures and the Employment Check Standards. In September 2010 the Trust was awarded the highest level of achievement to reduce its litigation premium. This included an analysis of pre-employment checks. The Care Quality Commission conducted a check on pre-employment checks additionally on the 3 December 2010 and were satisfied with our compliance. All contractors (including for bank/agency/locum staff) are asked to confirm that they fully comply with the NHS Employment Check Standards and that they have appropriate governance and audit procedures in place to assure compliance with their own procedures

Training

Safeguarding Adults training is mandatory for all staff and two levels of training are available in the Trust.

The Level 1 course provides basic safeguarding adults awareness training and 47% of staff having been trained through e-learning to date.

22% of clinical staff have been trained to level 2 through 'face to face' and focussed departmental training.

The Level 2 course is delivered to include the following competences:

- Understand who is an Adult at Risk
- Know and understand the different categories of abuse
- Understand your responsibilities in the Safeguarding reporting process
- Understand your responsibilities to Learning Disability patients
- Know how to complete essential and relevant paperwork
- Basic understanding of the Mental Capacity Act (2005)

Monitoring and Governance

- The Safeguarding Adults Team were recently assessed by the NHS Litigation Authority to ensure compliance with the Safeguarding Adults Policy and have achieved level 3 status which is the highest standard attainable. All alerts are logged onto a secure database for critical analysis.

- An IT system is required which interfaces with the different electronic patient records systems in use across the Trust. This is a priority within the Trust's IT work plan.

- Currently, the Safeguarding Adults Team is able to add a 'special case' alert on the Emergency Department (ED) computer system, Symphony.

- The Safeguarding Adults Team regularly audit cases. Using the information from the Safeguarding Adults secure database in conjunction with information from the King's Datix system, the Safeguarding Adults Team provide a report 3 monthly to the Quality and Governance meeting which ensures a continuous improvement process and that risks are addressed.

- The Safeguarding Adults Team initiated the development of a cross-partnership information sharing mechanism.

Identification of Vulnerable adults

- Commissioning of an electronic 'flagging' system for vulnerable adults is a priority within the Trust's IT work plan

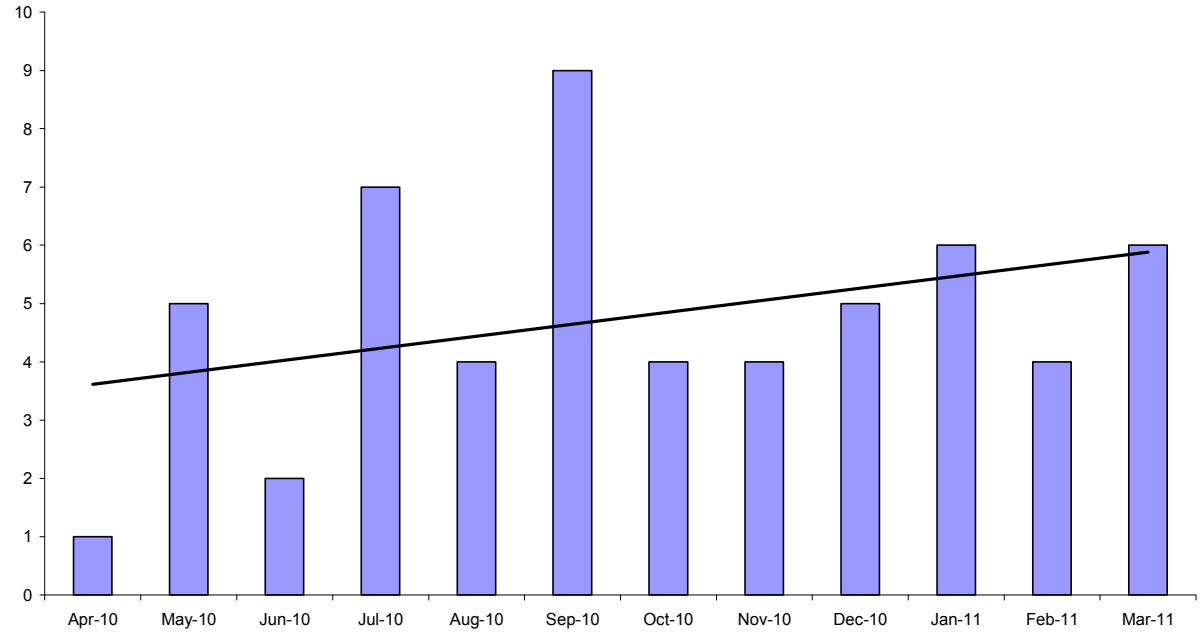
Achievements

- Multi Agency Skin Damage Launch, June 2010
- Development of a robust Learning disabilities service for King's
- Appointment of a Learning Disability Coordinator
- Stonewall Health Lives programme
- ARMS compliance August 2010 – Level 3.
- Returned CQC monitoring (pending outcome), December 2010
- Host of the **W**orld **E**lder **A**buse **A**wareness **D**ay 2011
- 'Healthy Passports'

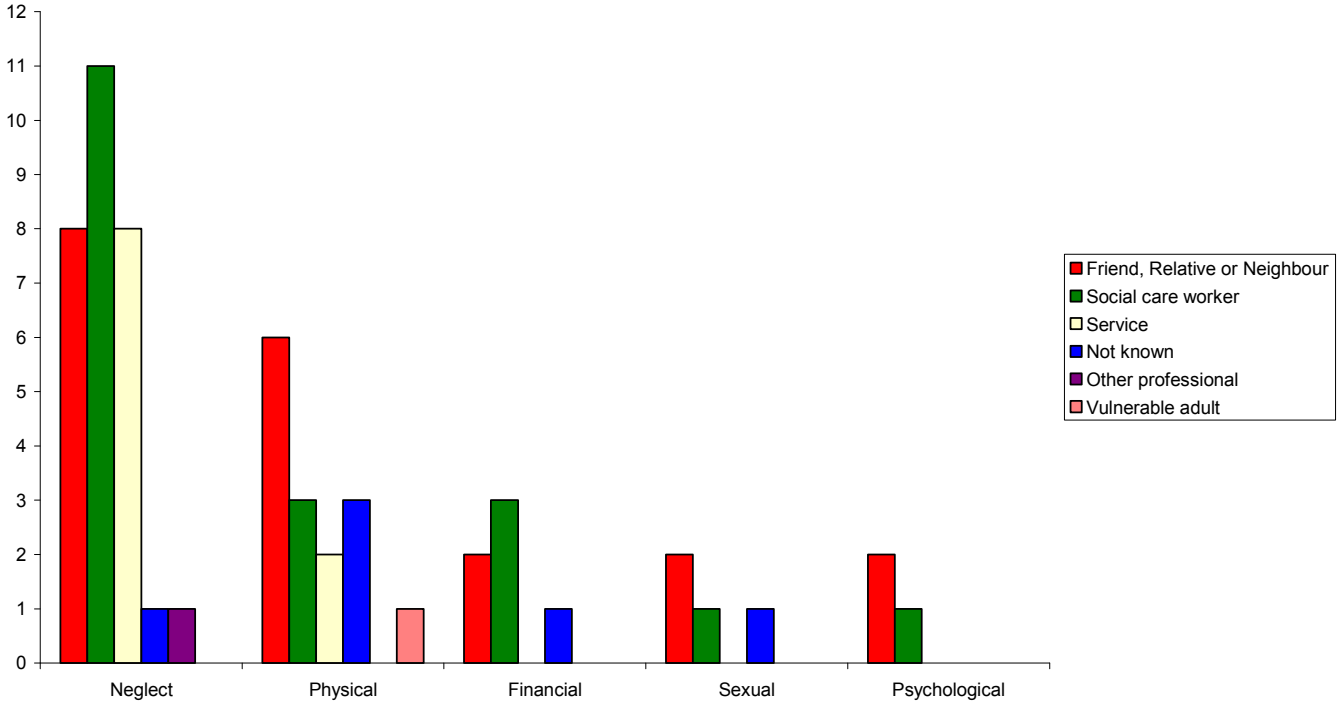
Southwark (April 2010-March 2011) Safeguarding Adults statistics

Of the 57 cases of alleged abuse, 4 (7%) relate to King's care. Of these alleged abuses, there were 2 allegations of neglect and 2 of physical abuse

Southwark referrals over last 12 months



Alleged abuse by type of perpetrator



SLaM NHS Foundation Trust

Partnership Working

During the past year the Trust has been looking at the possibility of introducing a new referral system and would like to look at this being implemented through the electronic patient journey system. Currently the referrals in Southwark are submitted directly to the safeguarding lead and they are reported to the LBS Safeguarding Team. In future they will also be reported to the Trust SUI system.

Throughout the past year all safeguarding adult referrals relating to patients within the Trust, have been reviewed. The table below details the number of reported cases during April 2010 - March 2011:

April 2010 – March 2011	Q 1	Q 2	Q 3	Q4	Total
Safeguarding Adults Referrals	13	8	12	17	50

Most of the referrals come via the LAS

Trends

The majority of referrals in Southwark over the last 12 months have come in via the London Ambulance Service, and in the main they refer to people brought in to A&E as a result of living in neglected circumstances although not directly being the victims of adult abuse. Typically a large number have alcohol dependence problems and the majority are already receiving services from the Trust.
The process currently followed for these is that the referrals are immedately forwarded to the Service Manager (for information and oversight), to the Team Manager and to the frontline worker involved (for action). They are asked to follow these up as part of their on going contact with the client, but also to initiating the safeguarding procedures where there is clear evidence of one of the seven forms of adult abuse taking place.
There have been a number of separate referrals for clients of drug and alcohol services

Audit Activity

Following a CQC visit to Lewisham and a Trust wide complaints meeting, an Audit was requested to see if any safeguarding issues were detected within complaints and followed up through individual patient care plans. The retrospective sample size used was selected from trust wide complaints from Quarter Four 2010 that reported themes relating to:-

- Property
- Assault
- Treatment and Care – Mental Health Assessment.

The sample consisted of 56 cases and from that a selection 13 (23%) were reviewed. A structured SNAP Questionnaire was used to survey the ePJS for these cases.

Number of cases from inpatient units and community

Cases	Inpatient	Community
13	9	4

Cases classified according to Clinical Academic Groups (CAGS):

CAGS	
Psychosis	9
Map	3
MHOA	1

Types of complaint

Complaints	
Lost Property	3
Assaults - verbal/physical by staff/relatives/patients	6
Treatment and Care – mental health capacity	4

Process implemented regarding complaints

Cases	13	
Safeguarding care plan	0	0%
Documentation Events	11	84.6%
Action taken	4	30.8%
Action not taken	7	53.8%
No documentation of complaint or action	2	15.4%

Conclusion

There is an insufficient awareness of safeguarding procedures where complaints are concerned. There is also a lack of standards and guidelines to support staff with safeguarding issues where complaints are concerned. Recommendation is for the Trust Lead to check that all CAGS have a Safeguarding Lead, for Policy review re: relationship to complaints and safeguarding issues and for an awareness campaign to staff of the new policy changes. The re-audit will take place once all the Safeguarding Leads are in place

In February this year SLaM's Clinical Audit and effectiveness Team also re-audited the Trust's existing Safeguarding Adults Policy, using a sample of cases on the DATIX database. There is an Action Plan in place to implement the recommendations of this Report.

Adult Safeguarding Lead Role

The Trust has an Adult Safeguarding Lead, and the Clinical Director has responsibility for implementing adult safeguarding at Trust Board level. However the structure for dealing with adult safeguarding more locally has needed to be reviewed.

We have recently been reviewing the Adult Safeguarding Lead role, in relation to the new Academic Health Sciences Structure and have developed an Adult Safeguarding Lead role for the new CAGS within the Clinical Academic Sciences Centre. This has posed issues for how local Borough reporting will work.

This role has been created with the SCIE Pan-London Guidance on Safeguarding Adults in mind. The role of the NHS in safeguarding is given greater emphasis in the Pan London guidance and it is to be more formally incorporated into the Trust's new Clinical Governance structures (thus highlighting its importance to all clinical directors, who will need to be aware of the issues involved and their responsibilities). Each Clinical Academic Group (CAG) has been asked to identify a lead person, and the following will be the main responsibilities of the role. The role needs to be held by a clinician or manager who is able to make decisions relating to the Safeguarding process.

Main tasks are to:

- Oversee implementation of the Pan-London Guidance in the CAG
- Decide on action when a safeguarding issue is raised (this can include deciding whether or not it is a safeguarding issue, especially in inpatient services)
- Ensure that the Safeguarding investigation and planning process is followed appropriately
- Keep track of recording, monitoring and actions taken in relation to safeguarding in the CAG, and report on outcomes to the trust and LA
- Receive the DATIX alerts and follow up as appropriate
- Liaise with the relevant LA safeguarding leads and systems
- Provide advice and support to the CAG staff on Safeguarding Adults issues
- Be a point of contact for CQC inspections.
- Support implementation of the MCA
- Attend the Trust Safeguarding Adults committee

The Head of Social Care for Southwark Integrated Mental Health Service has taken on the role for the Psychosis CAG, and the issue which currently needs to be worked through is how each CAG relates to the Safeguarding Board in the Boroughs, or whether there is a mechanism by which the CAG Leads report to the Trust Adult Safeguarding Board, and a different representative comes from that Board to the Borough Safeguarding Committee to represent implementation in all the CAGS in that Borough.

Case study 5

50 year old white female service user contacted the police about being harassed, and her ex-partner was called in for questioning. There is an order against him coming anywhere near her for at least the next 6 months as he is on licence for a previous offence. The Client was given a direct police officer's number to get support quickly in any future emergency and she has been advised about locking her door and not letting anyone unexpected into her flat (which is how he got into the flat the last time as she thought it was someone from British Gas who she was expecting at the time). If she feels unsafe she has been advised in future to go and stay with her brother. The client still does not feel safe in her flat, as her ex-partner lives near by. She has been supported to access housing advice regarding a move. She does not want to take up the option of a bed and breakfast or a women's refuge which was offered at the time by housing as she wants to wait and see if she can be re-banded, and then bid for another property. The worker has assessed her mental capacity to make this decision. The service user reported that she has had no further contact with the abuser since her initial report to the police. However she was given the number for domestic violence support. The worker and her team leader planned to re-assess the situation and see if they can support her in any other way with follow up in a month time to ensure no further contact form the abuser.

Case study 6

24 year old Black British male disclosed abuses against him by another patient in the same service, including physical assault, deliberately burning him with a cigarette and uninvited sexualised advances. He also alleged physical and financial abuse by another service user, from a separate service. In this case the person thought to be causing harm allegedly punched him in the stomach previously, and pressured him to use his cash card to make withdrawals to buy cannabis which they then smoked together. His mother and his tenancy support key worker strongly suspect that the latter abuser had stolen significant sums from the patient's account in the process, but this has not been substantiated.

The client had been an inpatient at the same time as the two people who were thought to be causing harm. The patient had regular contact with one person, but only occasional contact with the other. On one occasion both alleged people thought to be causing harm were at the victim's flat, and one had made sexual advances to him, and both had persistently punched his upper body in the context what he described as "play fighting." He denied that they caused or intended to cause him injury but acknowledged that this "play fighting" caused him significant psychological discomfort. It is unclear to what extent if any, the two individuals had ever or were continuing to collude in the deliberate exploitation (ie financial) of the person at risk

Protection Plan

The team reported the disclosed abuses to the Metropolitan Police at Camberwell Green Safer Neighbourhood Team. At the time the person at risk expressed a wish for them not to report the abuse to the police, but was informed that they had a duty do so, even against his wishes, in accordance with the 'No Secrets' policy. He was made aware that he was not personally obliged to give statements to the police, and was reassured that the matter would be dealt with sensitively in relation to his continued consensual (albeit strongly unadvised) contact with the people thought to be causing harm to him. The medium support project where the client resides was advised to seek a legal ban (or otherwise attempt to affect the equivalent outcome to force the people thought to be causing harm to stay away from the accommodation completely and permanently). This is a private/supporting people registered property - but the manager and clinical team both acknowledged an effective ban would be difficult to enforce if the client was unwilling or unable to cooperate with this, and also as a ban cannot be legally enforced (in the absence of restriction orders following prosecution) in relation to his legal rights as a tenant.

However, the staff agreed to call the police immediately if they perceive harm and/or threat to him, themselves or other tenants in any further encounters with the people thought to be causing harm. Staff know the two people by appearance and by their full names from previous encounters, and they are aware from the client of the alleged abuse he has experienced. All disclosures and concerns were formally reported to the LB Southwark Safeguarding Adult coordinator, who is jointly monitoring the progress of the plan until further notice.

With multi agency liaison and meeting between relevant professionals, client and with his agreement, his mother it is possible to establish a clear short, medium & long term safeguarding plan with for periodic review.

Wider Safeguarding Governance

From April 2010, health and social care providers were required to register with the Care Quality Commission in order to be able to operate. In order to register organisations were required to demonstrate that essential standards of safety and quality set out under the Heath and Social Care Act 2008 were being and will continue to be met. The Trust is subject at any time to unannounced inspection by the CQC against any of the essential standards for quality and safety, of which safeguarding is one. As part of the CQC requirements an NHS provider compliance assessment in relation to Outcome 7 (Regulation 11) has been completed and evidence collated.

In other areas of this year's Compliance Assessment the Trust outlined detailed systems to safeguard patients from medication errors. The evidence for this can be found in the Medicines Management Policy (including standard operating procedures for Controlled Drug Policy, self-administration policy, unlicensed medicines policy, covert administration policy; Minimum Clinical Pharmacy Standards; the Trust Physical Healthcare Policy; Trust rapid

tranquilisation policy; Antibiotic/Anti-infective Policy. Maudsley Prescribing guidelines; medicines management bulletins, medicines management and drug and therapeutic committee minutes; CEO PMR minutes; annual medicines management report; annual medicines management programme; the Corporate risk register; results of POMH-UK audits, results of trust-wide audits and Quality Improvement programmes (eg, allergy status, medicines reconciliation, physical health monitoring, antipsychotics in dementia, rapid tranquilisation); minutes of NICE implementation group meetings

Following an audit the Trust has also implemented the use of Tabards (bibs) on in-patient wards to indicate to other patients, staff, administrative staff, when nurses are administering medication so they are not interrupted in the course of their dispensing.

Other standards in the CQC Provider Compliance Assessment demonstrate other areas in which patients are safeguarded, including suitability and safety of premises;

The Trust has a long standing policy on the use of restraint and is awaiting ratification. The Trust is represented on the Lambeth and Southwark Safeguarding Adults Partnership Boards. The Trust is also represented on the Safeguarding Adults at Risk Steering Group for the Metropolitan Police - a bi-monthly meeting that focuses on joint working between the police and partner agencies.

The Trust Adults at Risk governance arrangements have been reviewed and updated. An Adult at Risk Assurance Committee has been set up and is chaired by the Chief Nurse. The committee meets quarterly and reports to the Trust Assurance and Risk Committee.

Serious Incident

Following the death of a patient at Bethlem Hospital during a police restraint, the Trust and the Metropolitan police have undertaken a significant piece of work to review joint working in situations where the police are called on site to prevent a breach of the peace. This has focused on how nursing staff and police officers work together to manage these high intensity situations.

Domestic Violence

There is a SLaM working group, on which LB Southwark is represented, which is looking at improving systems for service users who have been victims of Domestic Violence. This policy interfaces is being developed in conjunction with staff from CAMHS and C&F services, as there are safeguarding implications for both adults and children. The work is going to be linked with Borough initiatives on Domestic Violence. The working party has met on two occasions to date and this work is still in the early development stages.

Training

The basic awareness training continues to increase steadily with 770 completions this year. A mixed method of delivery has been used, which has increased the use of e-learning and the Trust compliance rate at present is 82% (see below).

All the LBS social work staff working within the Integrated Mental Health service with SLaM have completed the alerter and investigators training (at the last complete check this was 52 staff). A considerable number of CMHT based health staff have also completed the LBS investigator's training.

The Awareness training is mandatory for all SLaM staff, and forms part of the Trust Induction programme.

There is a specific face to face awareness training course for administrative staff in the Trust.

Achievements in 2010/11

- Setting up of a work stream to promote improved processes for safeguarding those who are victims of domestic violence
- Returned CQC Monitoring data – awaiting approval
- Research grant to develop improved systems for safeguarding those who self harm, and continued programme of training to protect those at risk of suicide
- Two audits of adult safeguarding practice in the Trust

+ = increase _= decrease No indication indicates new level of monitoring are or data not available due to structural service changes	Safeguarding Adults
Addictions	91% +
Behavioural & Development	82%
CAMHS	83% +
MHOA	85% -
Mood, Anxiety & Personality	82%
Psychological medicine	90%
Psychosis	76%
HR:	91% -
Nursery:	79%
Nursing:	85% +
Education:	88% +
Hotel Services:	75% +
Social Work	100%
Finance	100%
IT	100%
Pharmacy	64%
Strategy & Business Development	89% -
Trust HQ Directors	93%
Medical Education (trainees)	20%
OT/Professional Heads	100% +

Working Together – Community Safety

At the heart of Southwark's partnership approach are the principles of identifying and reducing the risk of harm and identifying and supporting vulnerable people. To support the clear links between the work of the Council's community safety team and other safeguarding agencies, the Head of Community Safety is a member of the SAPB and the Deputy Director of Adult Social Care is a member of the Safer Southwark Partnership (SSP) which includes representation from the police and fire service, council community safety & enforcement team, and probation service along with other agencies.

The Head of Community Safety is accountable for ensuring that the Safeguarding Adult Team and the adult social work services receive early

notification of critical incidents that occur and may have impact on vulnerable adults.

All of the agencies working within the SSP are committed to these principles and the SSP recognises the strong links to both the adult and Children's Safeguarding Boards in Southwark.

The SAPB also works very closely with Community Safety Partnership Services to address domestic abuse issues, including regular and active attendance by the Safeguarding Adults co-ordinator at MARAC (Multi-Agency Risk Assessment Conferences), which ensures co-ordinated action by partner agencies to safeguard people at serious risk from domestic violence.

Working Together – Housing

Southwark Council is the largest local authority social landlord in London with approximately 45,000 tenants and homeowners. With such a high level of social housing in the borough there is an additional importance with regards to safeguarding in housing services.

Housing officers' visits to known vulnerable tenants have been a great success. Leading up to February 2011, 6,423 visits were made to check on known vulnerable tenants, as part of a "Cause For Concern" programme. The Council is also scheduled to complete a tenancy check programme this year, which helps to identify tenants whose vulnerability was previously unknown. This programme started last financial year, is ongoing and is aimed at making sure that tenants are receiving adequate help and support from either the Council or other agencies and are living free from abuse.

A programme of monthly surgeries at 20 sheltered housing units by housing and income officers provide general advice and assistance to those in need. Visits to all vulnerable residents are arranged when the council is advised of estate outages. Eviction reports also ask specific questions about vulnerability before authorisation by a senior manager.

A series of Fire Safety visits were carried out at sheltered units in conjunction with the London Fire Brigade and Safer Southwark Partnership.148 properties, out of a total of 197 which equates to 75% of residents benefited from London Fire Brigade home fire safety advice. This programme was postponed due to the LFB dispute, but has since resumed.

The Metropolitan Police were invited to give talks to tenants at each sheltered scheme in the South of the borough and raise awareness around the issue of tenant safety, bogus callers, and elder abuse. Work with SASBU (Southwark Anti Social Behaviour Unit) and Bede House has also been undertaken to identify and assess possible risks to adults who have been victims of domestic violence and support tenants with their housing needs (e.g. placements in temporary accommodation).

Within Area Housing Management, awareness of Safeguarding and Personalisation was raised by organising a briefing for housing managers in September 2010 and inviting housing lead officers to attend a joint conference

with Health & Social Care in November 2010. The portfolio lead for safeguarding in Housing has enlisted the support of lead officers within each of the eight area offices to ensure information about Safeguarding Adults is disseminated appropriately. Housing rolled out mandatory e-learning on basic safeguarding awareness training to all area housing staff in the Summer, and the majority of staff have now undergone this training. Since December 2010 alerter training has been rolled out to housing and income staff, and is scheduled to be completed in Summer 2011.

Case Study 7

Mr. E is an elderly man living in Peckham who was admitted to hospital by the local Police after he reported that his home had been ransacked and that he had been beaten up by intruders during the night. He had incurred bruising, and was so scared that he did not feel able to return to his home of 60 years. During the safeguarding investigation it became apparent that Mr. E had been struggling with the hygiene of his home, it had fallen into a state of severe disrepair was uninhabitable and attracted squatters who believed the property to be vacant. The safeguarding process involved close collaboration between the Housing department, local police and victim support. It was initially hoped to repair and clean Mr. E's house, however he chose to sell his property and move to a more manageable flat. Mr. E's protection plan included receiving support from mental health services and Season support worker who helped him to find his new property. Mr. E chose not to take active part in the safeguarding process directly but was happy to accepted the support that was offered. He has returned to living independently in the community and is happy with his outcome.

Case Study 8

Mr. X arrived at the housing area office reception having received a "Notice Seeking Possession" letter. He presented as having mental health issues, stated that he was taking anti-depressant medication and that he spent most days sleeping. Mr X stated that he was currently on 6 weeks' sick leave from his work as a driver, but was not in a fit state to return at the moment as he felt he would be putting himself and others at risk. It was the interviewing officers view that Mr X appeared to be suffering from impaired reasoning During the interview Mr X reported that he had been attacked with a bladed weapon by his neighbour, resulting in him being hospitalised for 18 months. Upon his return from hospital, his wife had left him and taken their children with her, his housing benefit had been stopped and he was struggling to pay rent. The safeguarding protection plan included support with housing benefit and job seekers allowance.
Intervention has resolved his housing issues and Mr X is now managing much better.

Building Safeguarding Capacity within Southwark Council

In light of recent local and national changes the current training strategy across Southwark Safeguarding Adults Partnership is being revised. Bournemouth University has published a competency framework for safeguarding adults in response to recommendations from the Care Quality Commission's inspection reports and lessons learnt from serious case reviews which has been endorsed by the Social Care Institute of Excellence, Skills for Care and Learn to Care. In response to this, a new competency based training programme is being developed together by all partner agencies.

Currently a range of Safeguarding Adults training courses are incorporated into the Learning & Development plan, commissioned and co-ordinated by Southwark Council and are advertised on the Southwark intranet for council staff and through My Learning Source via Southwark's website for staff from partner organisations. The Alerter and Investigation Officer courses are provided frequently. More specific courses are provided in response to service need and include courses on chairing safeguarding meetings, Safeguarding Adults Managers training (SAM), case conference minute takers and enabling positive risk taking. In 2010-11, a total of 435 social care staff (143 non Southwark 292 Southwark) received formal adult safeguarding training. Additionally on site alerter training has been delivered to approximately thirty staff from day centres and Learning & Development are extending their reach to offer training to organisations that support people with English as a second language. For example alerter training was delivered via interpreters to a Turkish Cypriot centre in Peckham.

In addition to the basic safeguarding awareness e-learning course introduced by the Housing Department, Southwark has introduced a general safeguarding adults and children e-learning induction course that is mandatory for all new members of staff and is available to all partner agencies should they wish to use it.

Whilst NHS Health Foundation Trusts do take advantage of some specialist safeguarding training offered by Southwark, in the main they take responsibility for training their own staff as this more effective in terms of efficiency and relevance to in-patient settings.

Commissioning

There are five teams within Southwark's Commissioning division. These teams provide services for older people; people with learning disabilities; physical disabilities and complex needs; supported housing and social inclusion; and an integrated contract monitoring team. Contract and performance monitoring is utilised as an important tool in improving the standard of care and practice and helping to prevent safeguarding incidents. Commissioners, Contract Monitoring staff, the Safeguarding Team, Operational Teams and the Police all work in partnership to resolve serious service concerns and to learn lessons for the future.

Commissioning has the lead for incorporating safeguarding in to service contracts and they take into account the comparative safeguarding arrangements of prospective new providers. The contract monitoring team use the key performance indicators in the contracts to measure the performance of providers and use safeguarding monitoring tools.

Contract monitoring staff are often involved in safeguarding meetings when incidents have been reported in commissioned services and they provide information for the investigation. When an action plan is devised to improve services monitoring staff check that it is being implemented.

In the past year the Council had to place embargoes on two providers of residential care homes to stop new placements until each service provided evidence of improvements and compliance with action plans. Intensive joint working was carried out internally at both strategic and practice levels, and with the senior management of embargoed homes. This resulted in an improved focus on, for example, aspects of staff training, strengthened staff and management structures and the development of quality indicators and early warning signs.

In the case of domiciliary care services there is an effective system of quality risk alerts so that professional staff can report issues that require investigation. This is followed by joint working with service providers to improve the practice of individual care staff and the organisation's systems and to reduce the frequency of problems. Disciplinary action is sometimes required by providers. The Council has introduced new contracts in 2011 with additional monitoring requirements, and electronic monitoring of all visits will be introduced to pick up problems quickly, such as missed or late visits.

The Care Quality Commission requires registered services to report on serious incidents such as falls, serious injuries and illnesses, accidents, thefts, staff misconduct etc. The Contract Monitoring staff collect and examine this information, which informs the content and frequency of their monitoring visits to improve services and prevent the recurrence of serious incidents.

In the current climate of cost savings Commissioning has an important focus to maintain quality while also delivering savings, and ensuring that vulnerable adults are safeguarded is an important aspect of this.

Quality Risk Alerts for Domiciliary Care Services 2010/11

There were 156 Quality Risk Alerts for 23 domiciliary care services during the year. It was found that 93 alerts (60%) were fully upheld and 59 (40%) were partially upheld.

The most common issues were as follows:

Tasks not completed	44.2%
Carer arrived late or left early	43.6%
Carer did not visit	42.9%
Care provider not notified of care plan changes	39.1%

Quality Assurance

Southwark recognises the importance of quality assurance and in 2010-11 took actions to make improvements. A Quality Assurance Framework has been written and is in the process of being implemented, and a more robust case file auditing system has been introduced. Safeguarding audits consist of targeted and non-targeted audits. Non-targeted audits are carried out on a monthly basis by Senior Practitioners and Service Managers whilst targeted audits which concentrate on complex safeguarding cases, and cases of concern are carried out quarterly by the safeguarding team and senior managers. Qualitative and quantitative data reports are presented to the Practice Audit, Quality and Performance sub-group identifying trends and themes and further actions required to improve and standardise good practice, inform training need and to recognise good work and outcomes which are used to celebrate excellent practice.

The final quarter audits for 2010-11 showed several areas of practice improvement namely evidence of a more person centred approach to safeguarding investigations with more involvement from the vulnerable person, when they were able to participate. There was also clear evidence in practice improvement, for example audits highlighted a greater use of the formal risk assessment tool and the vast majority of safeguarding meetings included strong collaborative multi-agency engagement.

Feedback from Managers and practitioners is that they value the audit process and that it enables them to measure improvement in practice, identify team and individual development, and learning needs.

Some other measures that have taken place to improve quality of the intervention we provide includes:
A review and update of the safeguarding forms and their incorporation into the Carefirst system. The AP1 form now includes a risk assessment and more comprehensive capture of initial information. The AP2 has been redesigned to reduce repetition and the time taken to complete, and the outcomes recorded in the AP3 are clearer and there is less opportunity for error or misinterpretation ensuring a more robust capture of data. A review document has been written and is the process of being introduced.

All operational teams continue to hold monthly safeguarding group supervision meetings which, as well as being a forum for advice an guidance on individual case discussion, enables peer learning and support, and enables management to keep staff up to date of changes.

Managers have access to a ‘partition’ of the safeguarding drive where they will find news and useful safeguarding information that will help to inform them of changes as and when they take place.

Future Developments

The Pan-London multi- agency policy and procedures to safeguard adults from abuse will be adopted across the Southwark Safeguarding Adults Partnership Board.

The Partnership will develop a competence based training strategy based on safeguarding competences developed by Bournemouth University

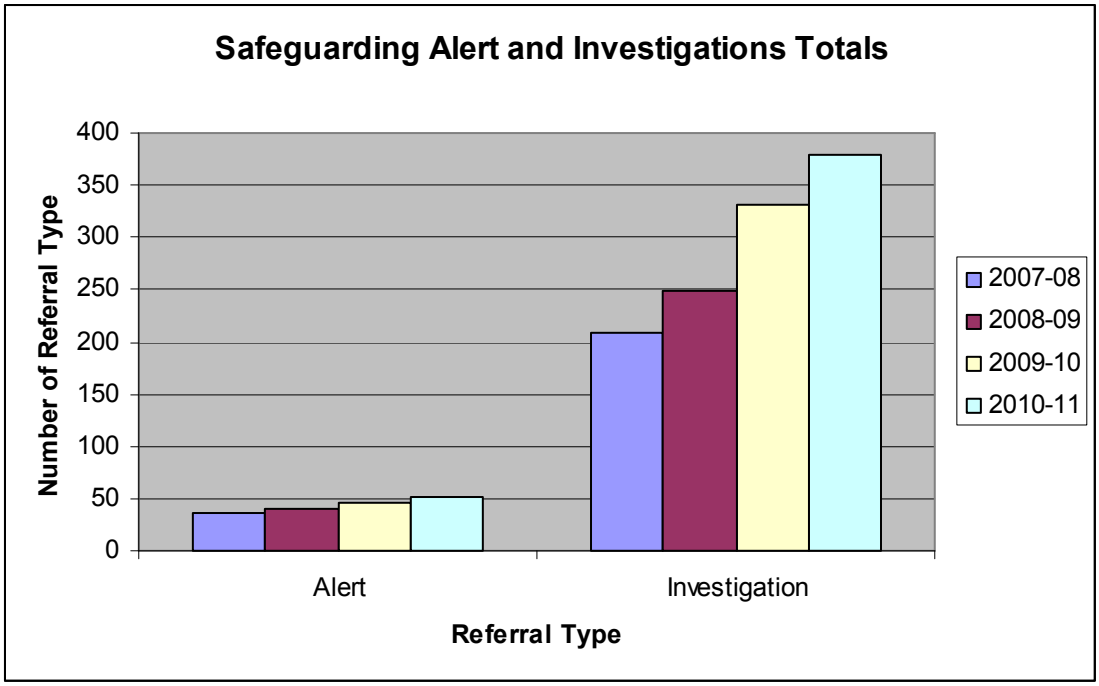
In line with Southwark's vision of for the future of adult social care (Appendix 3) the quality assurance framework for safeguarding adults activity will be further developed and expanded in 2010-11.

In order to more effectively carry out the Management Supervisory Body responsibilities for Deprivation of Liberty safeguards further Best Interest Assessors will be trained to ensure all DoLS assessments will be completed within the required timeframes.

The Government has stated its intention to place Safeguarding Adults Partnership Boards on a statutory footing. Southwark Safeguarding Partnership Board will actively plan to ensure it meets any future statutory obligations required by ensuring all its members are kept aware of Government guidance and planning milestones.

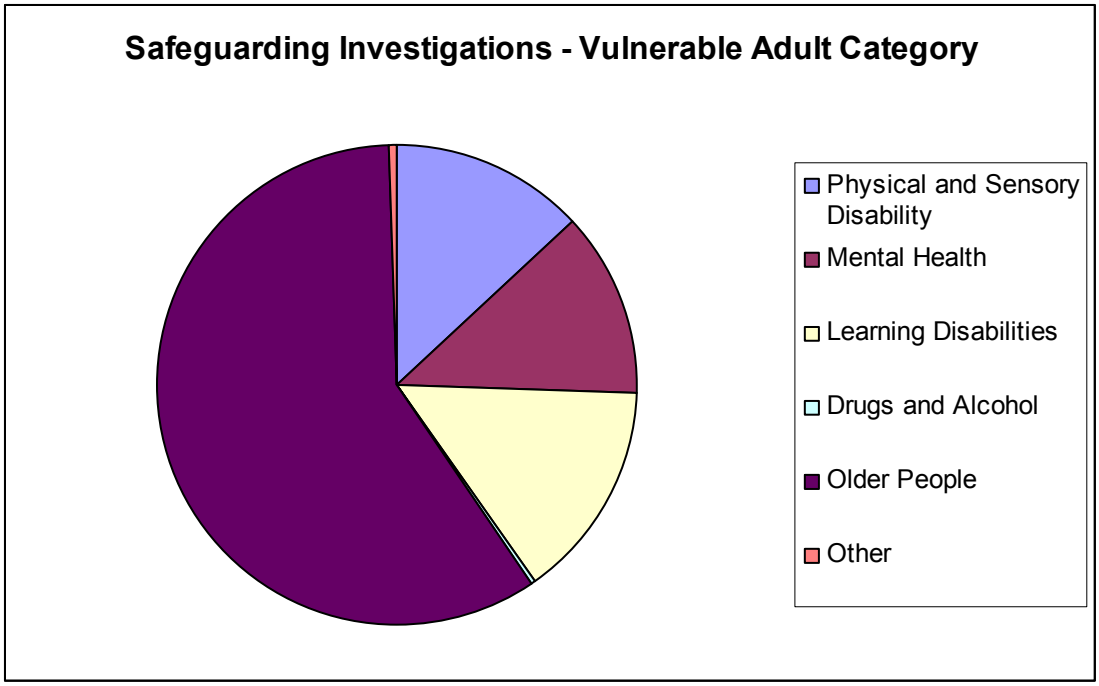
Appendix 1

Safeguarding Adults statistical Data

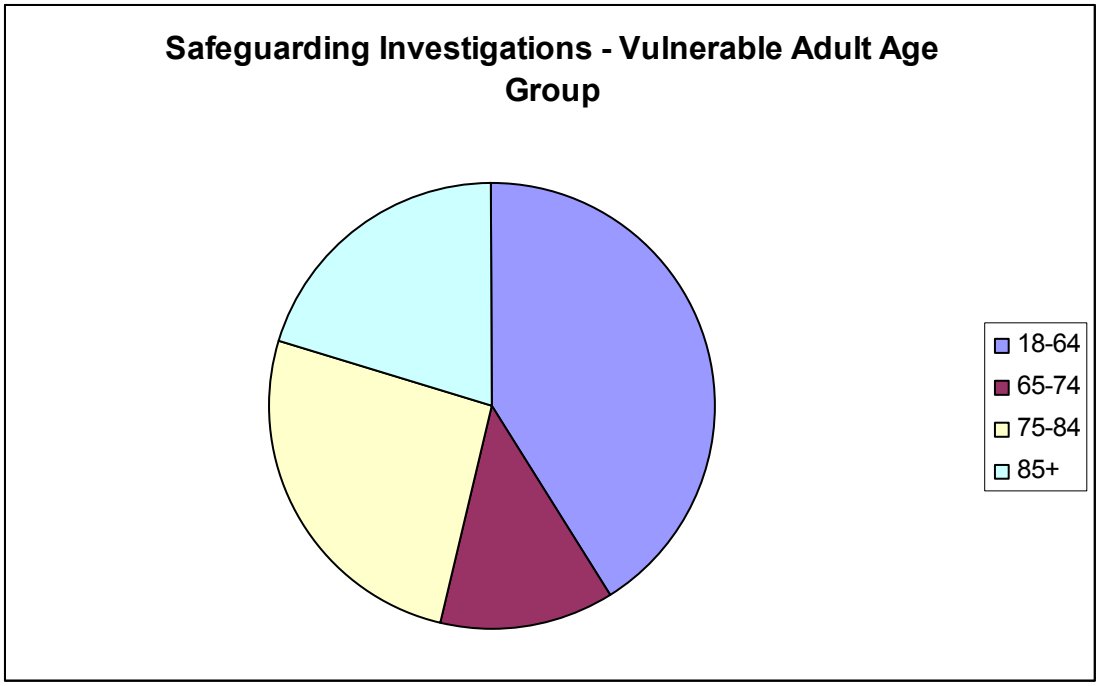


Safeguarding Alert and Investigation Totals				
	2007-08	**2008-09**	**2009-10**	**2010-11**
Alert for which a safeguarding investigation is not required	36	40	45	51
Investigation	208	248	332	378
Total	**244**	**288**	**377**	**429**

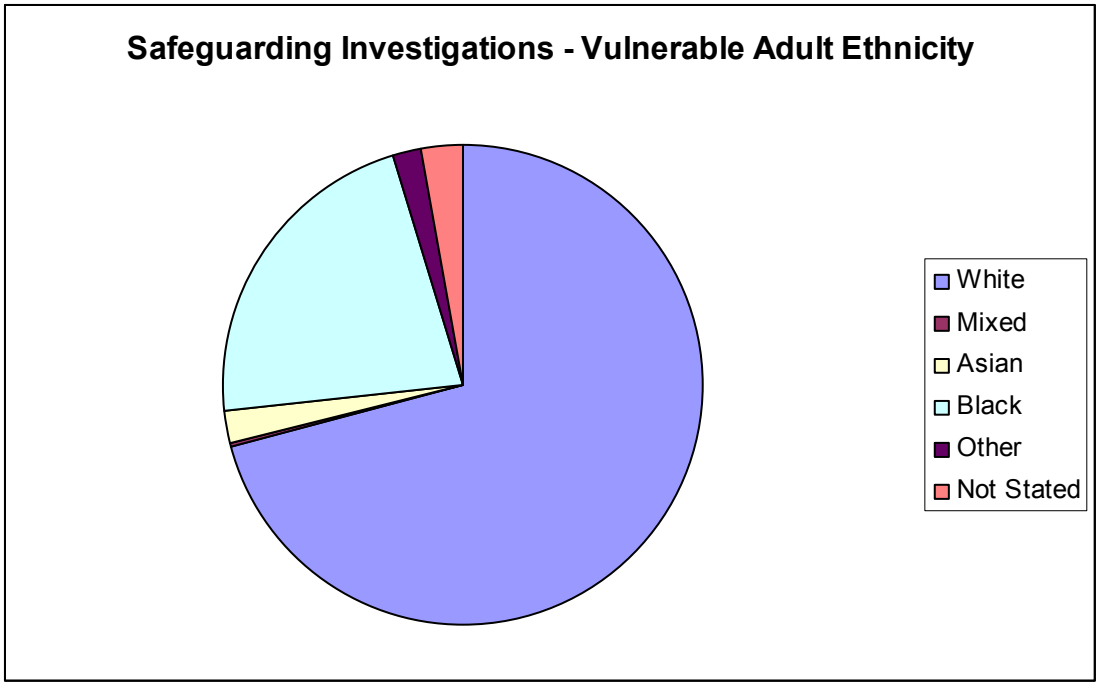
Safeguarding Alert Sources – Investigations Only		
Social Care Staff Total		97
	Of which	
Social Care Staff	Domiciliary Staff	2
	Residential Care Staff	4
	Day Care Staff	1
	Social Worker/Care Manager	90
	Self-Directed Care Staff	0
	Other	0
Health Staff Total		37
	Of which	
Health Staff	Primary/Community Health Staff	2
	Secondary Health Staff	35
	Mental Health Staff	0
Other Sources of Referral	Self Referral	57
	Family Member	41
	Friend/Neighbour	9
	Other Service User	60
	Care Quality Commission	2
	Housing	6
	Education/Training/Workplace Establishment	0
	Police	7
	Other – eg anonymous, probation, contract staff etc.	62
Total	Overall Total	378



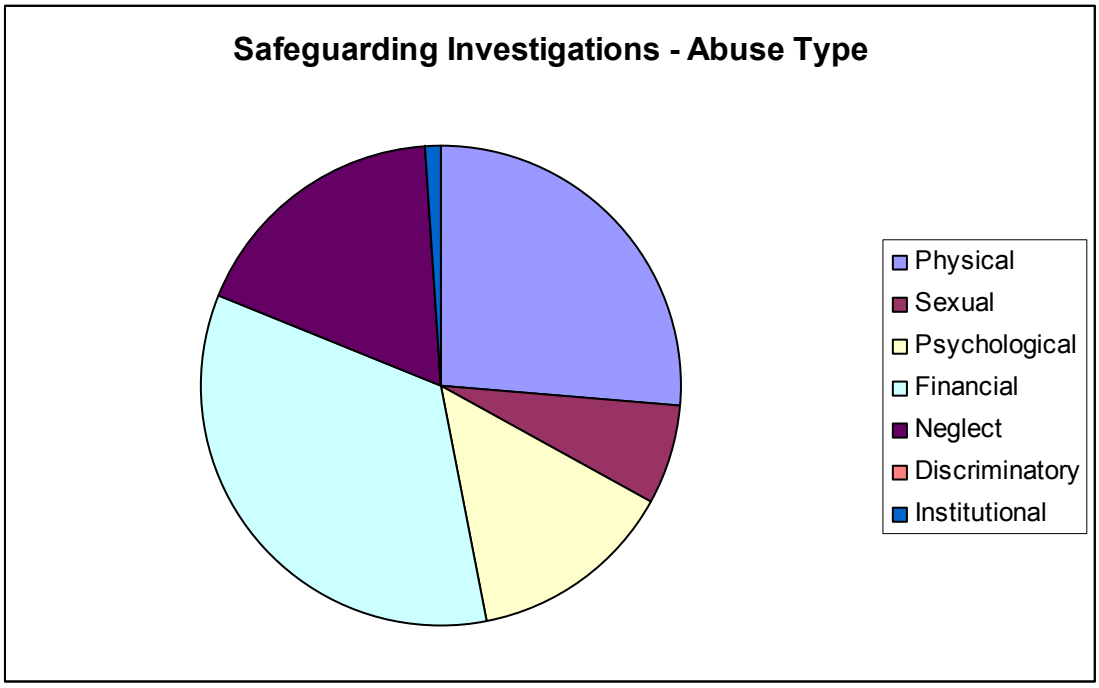
Safeguarding Investigations by Vulnerable Adult Category	
	2010-2011
Physical and Sensory Disability	49
Mental Health	48
Learning Disabilities	55
Drugs and Alcohol	1
Older People	223
Other	2
Total	**378**



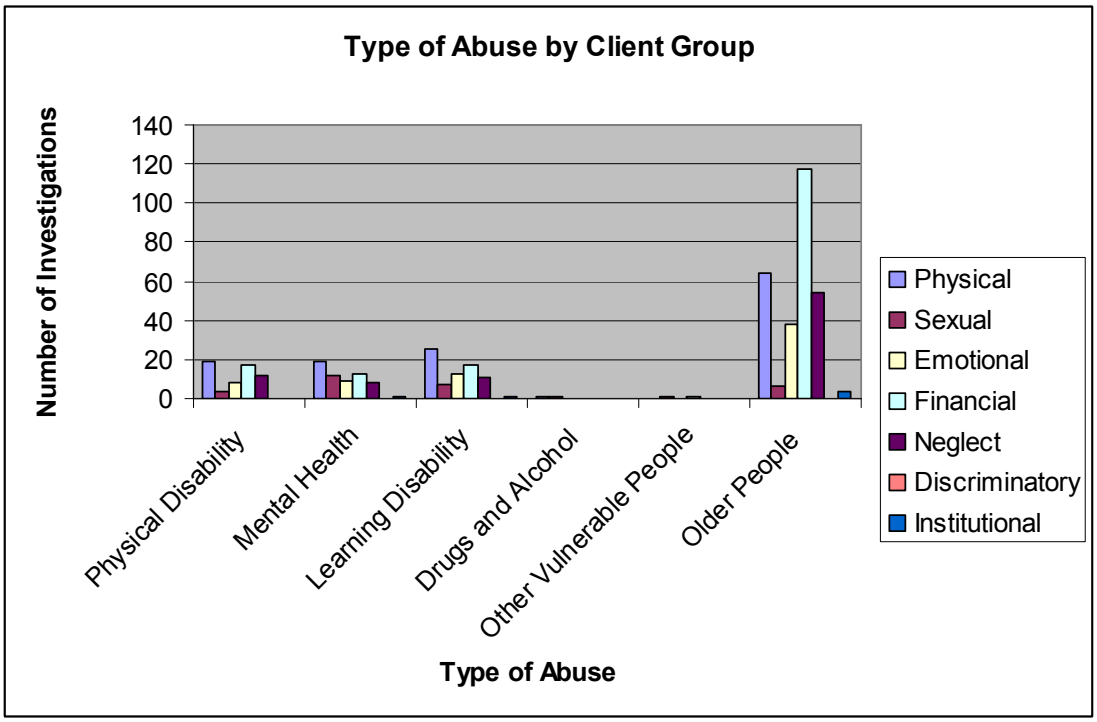
Safeguarding Investigations by Age Groups	
	2010-2011
18-64	155
65-74	48
75-84	98
85+	77
Total	**378**



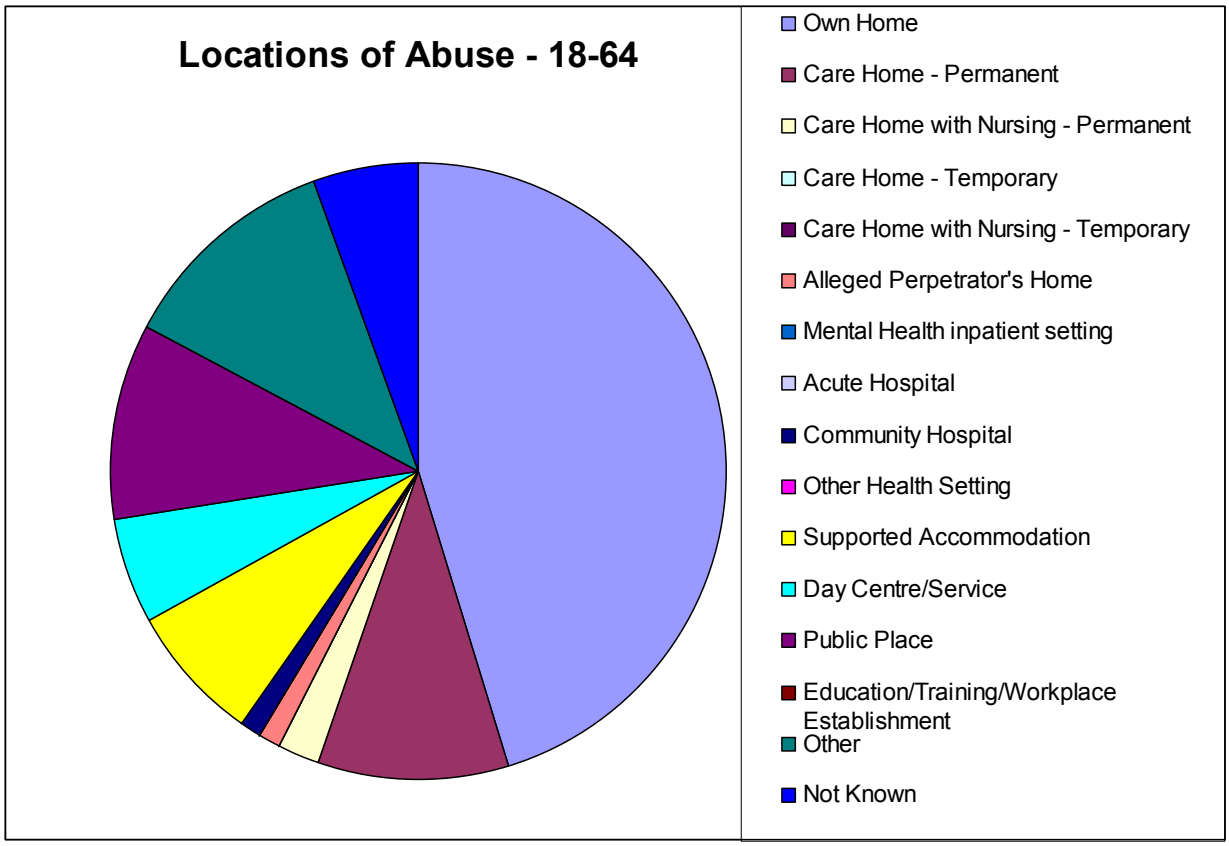
Safeguarding Investigations by Vulnerable Adult Ethnicity	
	2010-2011
White	268
Mixed	1
Asian	8
Black	83
Other	7
Not Stated	11
Total	**378**



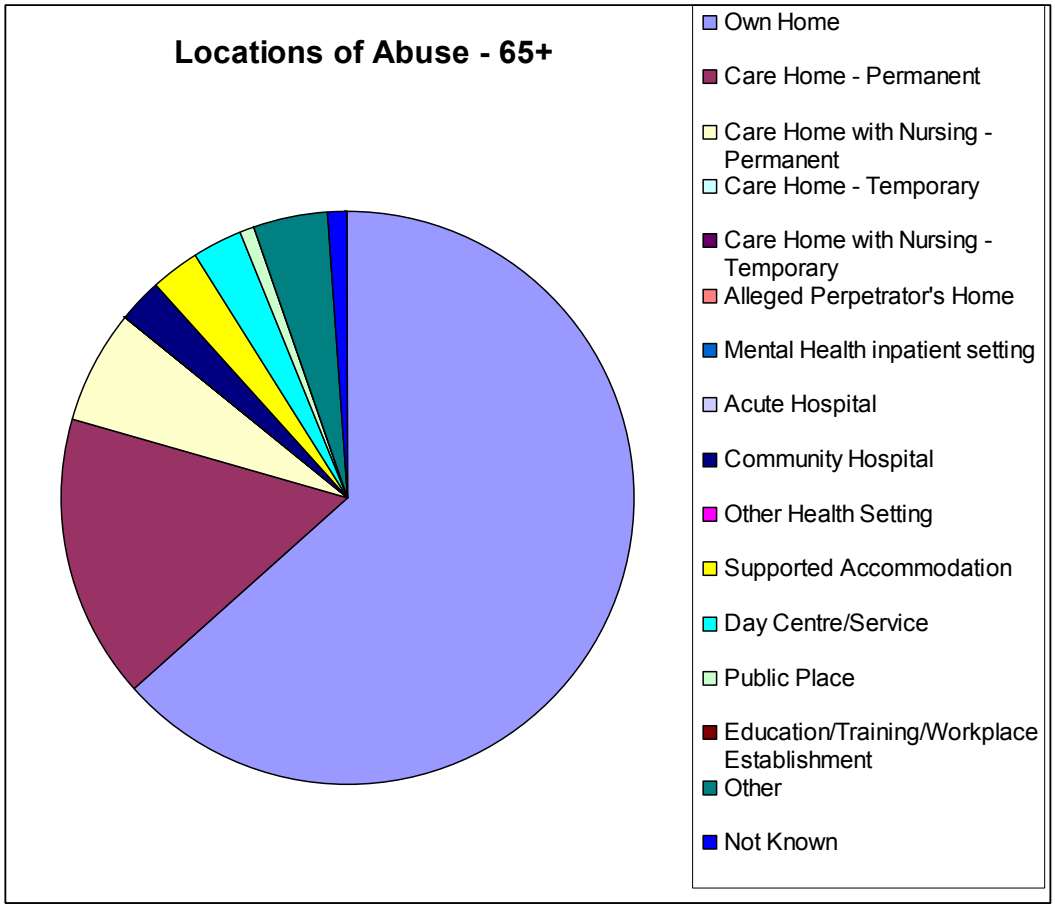
Safeguarding Investigations by Abuse Type	
	2010-2011
Physical	128
Sexual	31
Psychological	68
Financial	165
Neglect	85
Discriminatory	0
Institutional	6
Total	**378**



Type of Abuse by Client Group						
	Physical Disability	**Mental Health**	**Learning Disability**	**Drugs and Alcohol**	**Other Vulnerable People**	**Older People**
Physical	19	19	25	1	0	64
Sexual	4	12	7	1	1	6
Emotional	8	9	13	0	0	38
Financial	17	13	17	0	1	117
Neglect	12	8	11	0	0	54
Discriminatory	0	0	0	0	0	0
Institutional	0	1	1	0	0	4
Total	60	62	74	2	2	283



Location of Abuse – 18-64	
Own Home	82
Care Home – Permanent	18
Care Home with Nursing - Permanent	4
Care Home - Temporary	0
Care Home with Nursing - Temporary	0
Alleged Perpetrator's Home	2
Mental Health Inpatient Setting	0
Acute Hospital	0
Community Hospital	2
Other Health Setting	0
Supported Accommodation	13
Day Centre/Service	10
Public Place	19
Education/Training/Workplace Establishment	0
Other	21
Not Known	10



Location of Abuse – 65+	
Own Home	157
Care Home – Permanent	40
Care Home with Nursing - Permanent	16
Care Home - Temporary	0
Care Home with Nursing - Temporary	0
Alleged Perpetrator's Home	0
Mental Health Inpatient Setting	0
Acute Hospital	0
Community Hospital	6
Other Health Setting	0
Supported Accommodation	7
Day Centre/Service	7
Public Place	2
Education/Training/Workplace Establishment	0
Other	10
Not Known	3

Safeguarding outcomes for vulnerable adult following investigation	
	2010-2011
Increased Monitoring	69
Vulnerable Adult Removed from Property or Service	2
Community Care Assessment or Services	39
Civil Action	0
Application to Court of Protection	0
Application to Change Appointeeship	5
Referral to Advocacy Scheme	3
Referral to Counselling/Training	8
Moved to Increase/Different Care	1
Management of Access to Finances	12
Guardianship/Use of Mental Health Act	3
Review of Self-Directed Support	0
Restriction/Management of access to alleged perpetrator	2
Referral to MARAC	2
Other	13
No Further Action*	155

Safeguarding outcomes for alleged perpetrator following investigation	
	2010-2011
Criminal Prosecution/Formal Caution	3
Police Action	18
Community Care Assessment	12
Removal from Property or Service	7
Management of Access to the Vulnerable Adult	9
Referred to PoVA list/ISA	1
Referral to Registration Body	0
Disciplinary Action	2
Action by Care Quality Commission	2
Continued Monitoring	18
Counselling/Training/Treatment	11
Referral to Court Mandated Treatment	0
Referral to MAPPA	0
Action Under Mental Health Act	4
Action by Contract Compliance	0
Exoneration	0
No Further Action*	147
Not Known	17

Note:
The 'No Further Action' outcome may have been misinterpreted by some practitioners with the result of an inaccuracy in the statistical data. The ambiguity of this outcome has been rectified to ensure a more robust set of outcomes for the vulnerable adult and alleged perpetrator.

Appendix 2

Charter of rights

We have compiled a charter of rights for people in Southwark who may need social care support.

We asked people what they thought about the Charter of Rights and took their responses into account. Many of the comments made in response to the Charter of Rights have been considered as part of the next steps for planning and implementing the vision for adult social care in Southwark.

We know you are the best person to say what is right for you and what you need to live your life to its fullest. We want you to enjoy living your life as independently as possible. We aim to give you choice and control over any support you require and promote independence, health and wellbeing and dignity.

The Charter of Rights was agreed by cabinet on 19 April 2011.

The charter

The charter is designed to highlight broadly what the council aims to achieve for adult social care services, along with the type of service that people should be able to expect when they approach us about adult social care and accessing support.

The council is clear on its national legal duties and operates within the national legislative framework. This includes a range of duties, for example in the Equality Act and community care legislation. It also includes areas such as obligations in safeguarding and statutory rights for individuals around access to records, confidentiality and sharing information about individuals.

We will provide you with good information and advice about all the support and services that are available in Southwark

You should be treated with dignity and respect and be treated fairly

Vulnerable people, those who are at risk due to disability or frailty, have the right to be safeguarded from abuse

You are entitled to request an assessment of your social care needs to help you maintain your health and wellbeing and you will be encouraged to complete this yourself

Carers are entitled to a separate assessment of their needs to identify what support would enable them to continue in that role

Our aim is to assist you to regain your independence so that you do not need long-term support

If you have longer term eligible needs we aim to give you control over your social care support so that you can make choices about what works for you

We will let you know who to contact in the council if required.

We aim to have skilled and trained staff to provide timely, clear, high quality responses

You will be given information about your statutory rights (for example access to your records, confidentiality, how information about you is shared with other organisations and how to feedback comments during your assessment)

If you need to contact our adult social care services, you can call us on **0845 600 1287.**

Appendix 3

Southwark's vision for the future of social services

Why the future of services needs to be different from today

Southwark Council wants people to live independent and fulfilling lives, based on choices that are important to them. We want care and support services to be more effective and focused on individuals so that they can be independent and get involved in their local communities.

We need to consider this alongside the long-term impact for services. Demand for adult social care has been growing year on year and this is also the case in Southwark.

People are living longer (we expect to see an increase of 17 percent in the number of people over eighty five living in Southwark over the next 10 years) and we are finding that there is an increase in the number of people with long-term conditions, including dementia.

People are also living longer with very disabling conditions. We have particular pressures here with a high level of mental health and substance misuse needs.

As in other London boroughs, we also have pressures from younger disabled people coming through transition with very long term needs.

Adult social care represents around one third of the council's total budget. The Coalition Government's finance settlement for Southwark means there will be large cuts to the council's budget over the next 3 years. Almost £34m will be removed in 2011/12. This could be followed by £17m in 2012/13 and further cuts, not yet quantified, in 2013/14.

We need to balance all of these elements to make sure that we have a sustainable system that puts people in control of their own care and support, makes sure that the most vulnerable people are supported and also delivers value for money for local residents.

To try and achieve this, we need to create a very different set of expectations and radically change the way we do things.

We need to minimise what we spend on administrative costs and find more innovative ways of helping our residents to support themselves with fewer formal council services.

A key part of this is shifting the balance of care away from costly residential homes and towards more personalised services in community settings.

This vision sets out how we propose to work towards this model in the coming years.

We recognise that this is a very challenging task and we want to work with all groups locally to harness good ideas and maintain good quality services for people who access care andsupport.

Several measures have been taken over recent years to manage rising demand, including raising the Fairer Access to Care Services (FACS) eligibility criteria to substantial and critical needs only. It is an option to raise eligibility further to critical need only. However, some evidence suggests that this may not deliver the required level of savings as people with substantial needs who do not get support may deteriorate, leading to a spiral of higher costs. However, this may need to be revisited if the level of savings required is not delivered.

A Fairer future for older and disabled people

To create the system described above we need to develop a different relationship between the council and the community. We need to move from a model of dependency to one where older and disabled people are seen as people who can contribute and exercise control over their own lives, improving their own health and well-being. If we want to maintain the level of access that we currently have for adult social care we need to signal a different, and smaller, offer to everyone. This is within the boundaries that we do have to meet the needs of people who fulfil the eligibility criteria for access to care and support.

What the council provides also needs to be of excellent quality.

We will offer people high quality, useful information that can help them to make informed choices about care and support, including what services are available locally and how to access them. This will be for everyone, including people who self-fund their care and support.

More people across the whole spectrum of support needs will be helped to live as independently as possible, through prevention, signposting and ‘re-ablement’ – short term interventions to help people recover skills and confidence following a period of poor health or admission to hospital.

Overall, fewer people will be dependent on long-term council support and more interventions will be time-limited.

This support will be aimed at enabling people to access mainstream services rather than relying on specialist services.

We will continue to develop the offer of personal budgets for those people who do require ongoing care and support, including direct payments in cash.

People will need information on the amount of money to be spent on their care and support needs so they can make choices on how it is spent.

We recognise there is a role for the council in supporting the development of a care and support market that provides the sort of services that people want to access. This includes the availability of support for people in making those decisions and the implications of choosing to employ their own staff, for example.

We recognise the vital role that carers play both in delivering care and in helping prevent people from getting worse or needing more intensive packages of support over time. This means we must carefully consider interventions that can have a demonstrable impact in improving outcomes for people and supporting carers.

Care and support is about partnership – involving individuals, communities, voluntary and private sectors, the NHS and the council's wider services, particularly employment and housing.

We will need to work closely with the NHS in addressing individuals' and carers' needs and supporting seamless pathways for care. We also need to take account of the proposals for reform of the NHS, particularly the enhanced role for GPs in terms of commissioning services, and for the council in terms of joining up commissioning across health, social care and health improvement.

Voluntary and community services have a key role to play in helping to build strong community engagement. The experience of the sector is also invaluable in thinking of new ways of doing things and helping people understand the need for change. We know that voluntary and community organisations will experience challenges in the future as the overall amount of funding available is reducing. It is important for us to work together with people using services and carers to make the best use of available resources.

Some key aspects of how the service will be different

The focus for the system is about enabling people to live independently and well for as long as possible, and not feeling restricted to traditional support options. Partnership is key here – self help, helping yourself and others as an active citizen, working with the wider community and voluntary sectors to develop social capital are all vital components of a system that provides effective care and support, and which goes beyond the traditional sense of statutory services.

This means that the council also has to think differently about the wider services available to support people to make the most of these opportunities.

We recognise that many people need some intensive support at the end of their lives. What we want is to have a good balance of services in place to promote health and wellbeing and make that period as short as possible for everyone.

1. With this in mind, we are looking to re-shape our **universal offer** (open access discretionary services) that cover areas such as lunch clubs and day care services as well as befriending, information and advice. These are available to people who may not have eligible social care needs.
Services will need to think differently about how they may want to provide social and practical support to people but with a reduced level of council funding available.
We are considering re-shaping the offer within the wider voluntary sector to provide a model with fewer buildings but from which services could reach out and deliver services in different ways. People could get together, have meals, access advice, signposting and support planning from buildings but there could also be more reaching out, with organisations potentially delivering services that people choose to purchase through their own resources or personal budgets, for example hot meals in the home or practical help.
There will continue to be a role for the voluntary sector but different kinds of services will be needed in future, which will need to be financially self-sustaining.
Current examples of this self-sustaining approach in Southwark include the SE Village, HOurBank and Southwark Circle. Services are offered in a way that also enables people to contribute time and skills, rather than being seen as passive recipients of care.

2. We will create **a single point of informed contact** so that people can access high quality information and advice about social care services and be signposted to resources outside the council. This will be for everyone regardless of whether or not they receive support from the council for their care.
There will be an expectation that practical help is funded by the individuals themselves (through benefits if eligible).

3. **Prevention** work needs to consider ways of stopping people's care and support needs from getting worse and of helping people minimise the risk of them entering the adult social care system as far as possible. It is important that we target this work based on available evidence, particularly around how investment early on can support a reduced demand for longer-term social care support. This may include help for carers and the development of telecare, enabling people to live independently at home with the use of technology and equipment, for example personal alarms, fall detectors or temperature extreme sensors. Health services also have a key role to play in helping us become more aware of the groups of people who are more likely to enter the social care system, particularly when they have long-term conditions so that we can target interventions effectively. The biggest impact of

preventative action is often on health provision. We will look to engage with GP commissioners and work as part of the proposed new Health and Wellbeing Board to support this.

4. We want to focus on opportunities that support people to retain their independence for as long as possible. This may include short-term home care or **re-ablement** to help people get back on their feet, making use of technology and providing effective equipment for the home. Over time, our ambition is for this to be expanded to become the initial offer to everyone with eligible needs, either as new entrants to the system (obviously taking into account certain circumstances, for example people requiring end of life care) or, for existing clients, at the point of review where appropriate. This includes thinking about intermediate or step down care for people coming out of hospital.

5. Once a person has been through re-ablement and a longer term need is established, a **personal budget** will be the offer. People will plan ways in which their agreed goals can best be met in the most cost-effective way. They will be encouraged to plan and to manage their own budget through a direct payment and to creatively make use of existing resources within their family and community to support their plan.

6. There will be help with **support planning** only for those who need it – including local support planners, council-based social workers and, in the future web-based self service. We hope that creative support planning and smarter brokerage will lead to greater use of mainstream services and a significant shift in the balance of care so that people are better able to achieve the outcomes they want for themselves. This may include fewer people requiring high cost residential and nursing provision where this does not most effectively contribute to their identified goals.

7. We are looking to re-shape day services for people with eligible needs in support of the vision and for people who continue to choose this model. Services will be focused on offering respite and support for a smaller number of people with the most complex needs but also providing opportunities for people to gain the skills they need to live **independent lives**, including access to employment.

8. **Transitions** from children's to adults' services will be re-shaped to minimise duplication across services and further promote the concept of whole life planning. This aims to support people to maintain independence throughout their lives and seek creative ways of making best use of resources over the long term.

9. A set of triggers and alerts will be embedded in the system with the aim of ensuring that people who are at risk are **safeguarded**. The culture will support positive risk-taking and the whole community will be responsible for picking up warning signals and will need to be part of an effective response.

10. All people receiving support through the council will benefit from regular **review** of their needs and circumstances, proportionate to the level of risk. The review process needs to be supportive of the overall direction of services, particularly in terms of supporting people to live independently and well and make the most of their own capabilities, not just passively receiving services.

11. The system as a whole will be underpinned by the ethos of independence and reablement. Support will be progressive and proportionate to need, **minimising bureaucracy** and duplication, and ensuring all steps along the way are timely and focused on outcomes. The resources we have for helping people arrange care and support will be increasingly focused on those who are less able to help themselves, including people without family or networks, people with cognitive impairment or a lack of mental capacity.

12. The **workforce** has a key role to play in supporting and delivering this vision and transformational change. It will be important for us to review our structure and skill mix to make sure that they best support the vision and continue to provide timely, clear and high quality responses. Our focus will be on reducing back office costs as far as possible and supporting frontline workers to operate effectively and efficiently. This includes a range of supporting elements including performance management and IT systems, for example mobile technology.

13. In addition, **providers** of care and support will need to **think differently** about the services they offer as individuals take control of their own care and support needs. The council will have a role to play here to help providers understand the changes that are happening and we will also be focused on the need for all care and support offers to be about high quality support that helps people to achieve the outcomes they want. Quality assurance will therefore need to be focused on understanding whether services available to people are effective in helping them achieve their goals and provide the degree of choice and control people want for themselves.

This is a long-term vision for the future of adult social care and we recognise it is a challenging one that requires us to look at the whole system. At the heart of the vision is the intention to support people to live independently and well for as long as possible while making best use of the resources that are available. We want to work together to develop a sustainable system so people can live the lives they want while delivering value for money for the residents of Southwark.

Annex – what does the vision mean for individuals?

This case study shows how our vision for adult social care is already being put into practice and the impact that this can have on people's lives.

Case study: Re-Ablement and Personalisation

Following a recent spell in hospital as a result of ongoing and long-term health problems, Mr T was referred to the re-ablement team in Southwark to look at what ongoing support in the community may be required.

Following a re-ablement review and assessment of his ongoing needs Mr T began the process of support planning to look at the money that was to be spent on his care and support and how he wished to use that money to achieve the outcomes he agreed in three key areas:

- personal care
- practical care
- social needs.

Although he had not had a care package before Mr T had a lot of ideas of how he wanted to organise and manage his support and was very keen to manage things himself, including his money. He had a network of friends and neighbours who he wanted to help him with personal care, doing laundry and cleaning his house, paying expenses as appropriate.

He also chose to arrange for one of his friends to come and make home cooked African food for him that he could store in the freezer, rather than using the meals on wheels service, which he did not want. He felt that by having his friends support him more formally he would be able to organise his life in a much better way, with control over when people worked and the tasks they did for him, rather than waiting around for someone from a care organisation to arrive.

Discussion also needed to include how and whether he would require support for any help around employment issues and with payroll for people he decided to employ, and how to use money from his personal budget for this.

For social engagement and activities Mr T was keen to get back to regularly going to church and meeting up with friends through that route rather than using traditional day care services, as he felt better off with people he previously knew rather than strangers. As part of this he organised for a friend to transport him there and back, covering petrol costs.

Mr T was also very keen to learn how to use the internet so that he could be in regular contact with his family who live abroad. He chose to put his money for day care towards purchasing a laptop computer and computer lessons. Having regular contact with his family was one of the most important things for him and he felt more useful to him than attending a day centre, for example.

Through the support planning process, he was also sign-posted to a variety of voluntary organisations that could provide support and input, both relating to his interest in art and films, and for advice and support relating to his particular health conditions.