

# Camden Safeguarding Adults Partnership Board

## Annual Report 2022-2023



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## About us

### Introduction

The SAPB and its subgroups have continued to meet virtually in their commitment to continue to make improvements. This year we continued the board meetings via Microsoft Teams with the intention of moving those meetings to either hybrid or in person settings.

Safeguarding adults has remained a statutory function and a priority. The SAPB conducted a Safeguarding Adults Strategy Plan consultation. The SAPB was able to reach the diverse communities through external channels, using Camden's consultation website, resident e-newsletters, housing's e-newsletters. Providing flyers to the various libraries, voluntary sector organisations, faith forums etc, with the aim to find out what they consider to be a top priority for the Board to consider taking forward.

### Contact

Email: [camdenSAPB@camden.gov.uk](mailto:camdenSAPB@camden.gov.uk)

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

## Message from the Independent Chair – Christabel Shawcross



Christabel Shawcross

### **Independent Chair, Camden Safeguarding Adults Partnership Board**

I am pleased to present my second Annual report highlighting the progress the SAPB partners have made on our priorities for safeguarding adults at risk in Camden.

Last year was still overshadowed by the challenge for residents, services users and all partners staff due to the ongoing impact of COVID-19. I extend again my condolences to all those who suffered the loss of friends and family and those who continue to struggle with long Covid. We know more now about the impact on social isolation and mental wellbeing, all of which bring their own safeguarding concerns.

This was then compounded by the impact of the cost-of-living crisis. Seen in increased financial abuse referrals and the knowledge that families were struggling with concerns of exploitation. The reaction of staff partners in Camden SAPB and all services in health and social care provision was to continue to work closely to minimise impact and reduce risks of safeguarding issues, such as social isolation, self-neglect, and scams.

Another international impacting event August 2022 was the Afghanistan crisis resulting in refugees being accommodated in Camden with all agencies recognising the risks of safeguarding and working with providers to ensure their staff were sufficiently trained.

An important structural change was the setting up by health of the new Integrated Care Boards with local Integrated care systems to cover a wider area and to work in collaborative ways with NHS Trusts. Priority was given to assuring safeguarding support remained locally to the SAPB.

Our priorities, achievement, progress and work still to do are set out in the Annual Report.

Key areas were:

- Improving the multi-agency dashboard and carrying out ensuring quality of response with multi agency case audits on Making Safeguarding Personal.
- Reviewing Cuckooing guidance and learning from a SAR
- Developing a joint strategic approach with the Children’s Partnership on Think Family and transitional safeguarding

All of which we have developed with multi agency partners through our annual delivery plan. The outcomes are detailed in the report.

The key challenge for the SAPB was to consult extensively on our new 5 year safeguarding strategy and I am pleased to say that we had over 500 responses from a wide range of individuals and community groups. This is being turned into an annual delivery plan from April 2023.

What emerged from this was the need identified through our Safeguarding Engagement group to have an effective co-production approach with People with Lived Experience to raise awareness of safeguarding and how to reach the diverse communities living in Camden. The group successfully developed and launched with help from the Camden Communications team a short video called “Camden’s approach to safeguarding adults in the borough”. This can be found on Camden’s safeguarding adults’ website [here](#).

Learning and developments for all front-line staff is a key role of the partnership, to support and facilitate its front-line staff to engage effectively, with all communities. Being very conscious of the continuing impact of health inequalities on Asian, Black and Mixed-race communities.

Key learning areas came from our Safeguarding Adults Reviews, of which we published two and provided 7-minute briefings for all teams to consider the learning for their own professional practice. We are developing methods to assure the SAPB of the learning and themes such as information sharing and mental capacity assessments.

In Performance and Quality assurance it was recognised that after lockdown our performance dashboard across health, social care, police, and voluntary sector showed increases in Domestic Violence referrals. Closer working with the Community Safety Partnership was developed with a more integrated approach in the SAPB partnership work.

This also applied to work with Housing Providers and those involved with supporting people with mental health needs in housing support. This also led to better understanding of the impact of childhood trauma and trauma informed approaches when working with people with multiple needs including substance misuse.

Homelessness was identified as an area to have a multi-agency safeguarding learning approach with the intention to have a task and finish group to look at systems issues across the partnership, which is ongoing.

The overall safety of health and social care commissioned services provided is overseen and assured not only by CQC registration and inspection for regulated services but by health and social care commissioners to ensure that high standards of safeguarding practices in the provider sector are consistently achieved. CQC itself went through a process of change and is taking on the new assurance for local authority adult social care which has safeguarding themes. Whilst they will not inspect the SAPB itself we are wanting to ensure as partners we contribute to promoting best practise.

As Chair participate in the local North Central London Chairs group, London network as vice chair and National network to ensure wider issues are brought locally and also local issues as cuckooing homelessness and self-neglect are raised for joint approaches and learning across the systems.

The SAPB key priorities for 2022-2023 related to:

- Devise a more inclusive consultation approach in reaching all communities in Camden.
- Produce communications in other languages to reach people with English not being their first language.
- Agree and complete a consultation on the new strategy. Analyse and confirm the strategic priorities for 2023-2028 and produce the Delivery Plan
- Collaboration with Camden Safeguarding Children Partnership (CSCP) in areas of “Transitional safeguarding”, “Domestic abuse”, “Intersectionality and safeguarding”. The “Think Family” initiative.
- SAPB and subgroups to collaborate with people with lived experience.
- Produce a SAPB newsletter to promote awareness of safeguarding multi-agency issues. The aim it to be able to reach out to the Camden community so they understand the SAPB and how they can use their voice to support change.



Independent Chair  
Camden's Safeguarding Adults Partnership Board

## **Key Definitions**

### **Who is an adult at risk?**

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

### **What is safeguarding adults?**

Safeguarding adults means protecting an adult to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect. It is also about preventing the abuse of adults who might not be able to protect themselves because of their disabilities or care needs.

At the same time, it is essential that we make sure the person's views, wishes, feelings and beliefs are a key part of deciding any action.

### **What is abuse?**

Abuse is when someone treats an adult in a way that harms, hurts or exploits them. It can take many forms – ranging from shouting at someone or undermining their confidence and self-worth, to causing physical pain, suffering and even death, it also includes neglect and self-neglect. There are many different types of abuse one of which financial abuse has become more of a concern. More details about abuse, modern slavery and human trafficking can be found on the Safeguarding adults webpage: Safeguarding Adults Partnership Board - Camden Council

Abuse can happen just once or many times; it can be done on purpose or by someone who may not realise they are doing it. It can happen anywhere including at home, in care homes, in a day care centres or hospitals.

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

### **What is Making Safeguarding Personal (MSP)?**

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



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

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

**020 7974 4000** and select option 1 (9am to 5pm) or **020 7974 4444** (out of hours). You can also raise safeguarding concerns and send referrals to [asc.mash.safeguarding@camden.gov.uk](mailto:asc.mash.safeguarding@camden.gov.uk).

Textphone: **020 79746866**.

If immediate help is needed from one of the emergency services call **999**.

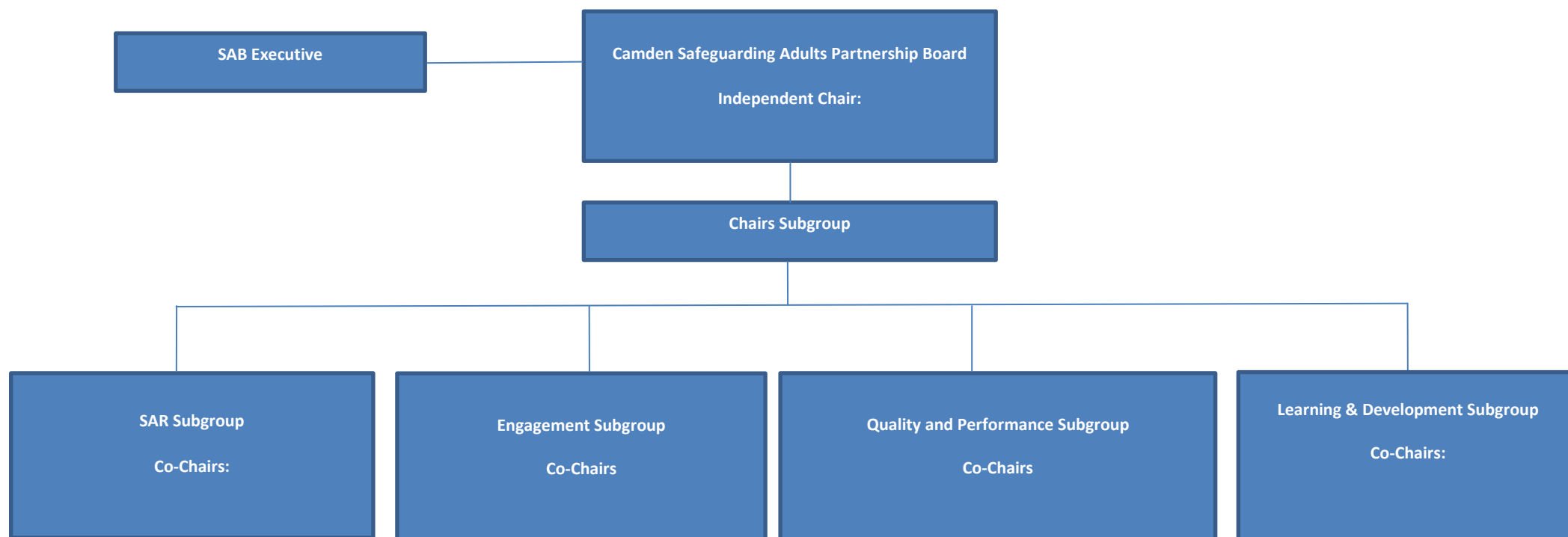
If the person is not in immediate danger, dial **101**.

If you're not sure what to do, or need some advice, there are people who can help. You can talk to your GP or nurse, a social worker, a police officer, or your key worker. They will help you to respond to the concerns.

### **The six principles of safeguarding taken from the Care Act 2014**

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

## Governance Arrangements



The Camden Safeguarding Adults Partnership Board (SAPB) has a core membership of statutory partners from Camden which includes senior representatives from Camden Council, Police and NHS NCL Integrated Care Board (NHS North Central London) formerly NCL CCG, as well as other statutory organisations and the voluntary sector.

The SAPB meets quarterly with most of the business and actions delivered through the subgroups. The SAPB duties and functions are set out in the Care Act 2014 <https://www.legislation.gov.uk/ukpga/2014/23/contents>

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

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

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

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

### **Board achievements and its impact for 2022-23**

- For the SAPB 2022-23 was a time to reflect as well as develop a new strategy. The SAPB facilitated 5-year strategy consultation during summer 2022. The SAPB succeeded in reaching out to the community and were able to get a response from over 500 people, which is considerably higher than received in previous years. The SAPB asked the community to let us know “What are your top 3 priorities for promoting awareness of abuse and prevention?”. The results from the consultation helped to inform the SAPB strategy and confirm the priorities and create the action plan to take forward for the next 5 years. It will also be adaptable according to any national and worldwide changes that may occur.
- Autumn 2022 the SAPB continued to work on producing the multi-agency Cuckooing Guidance and flow chart. With full participation from the SAPB agencies. This came from the learning of past SAR “Matthew”. The impact of this work is to ensure practitioners, front line staff and people working with people in the community have the tools to understand what “Cuckooing” means and how to recognise it. If you are working with someone who may be cuckooed the guidance gives you tips on how to respond to cuckooing and what to do if you have concerns for someone who may be a victim of cuckooing.
- Actions from the annual delivery plan 2022-2023 were signed off. Where some of the actions are ongoing, they will be transferred onto the next year’s delivery plan.
- The SAPB are working hard to meet those priorities and provide some good evidence of how changes to systematic process and procedures, learning from past SARs and celebrating good practices have had positive impacts for the community.
- The SAPB is working on being more visible in the Council and to the community. In March 2023 the Board Manager and Independent Chair co-hosted an “Open House” session, facilitated by Adult Social Care. It was attended by practitioners and front-line workers in Adult Social Care and the aim was to connect the work of the SAPB and its priorities to the safeguarding practices of the practitioners and front-line staff.

## **Board Priorities for the next 12 Months – 1<sup>st</sup> April 2023 – 31<sup>st</sup> March 2024**

- Implementing the priorities from the published SAPB 5-year Strategy plan through the annual delivery plan.
- The types of abuse that we will focus on may vary over the 5 years, but the fundamental focus will be on preventing domestic violence and abuse, self-neglect and hoarding, cuckooing, and Mental Capacity processes.
- Improve the engagement with diverse communities by producing safeguarding material in other languages.
- Create a forum for people with lived experience to have their voices heard and support the co-production of materials, reports and future strategies. Support people with lived experience give feedback on safeguarding processes.
- Listen to the community to take on board concerns and trends to share with the SAPB.
- Continue to share learning from past Safeguarding Adult Reviews (SARs) and share information across the board partnerships.

## **The Board subgroups and their actions during 2022-2023**

### **Safeguarding Engagement subgroup**

- With support from Adult Social Care's Communications Manager, it was agreed to produce a version of the Safeguarding adults animated video in [Sylheti](#) and [Somali](#).
- The subgroup continued conversations about how they can bring people with lived experience and who draw on care and support services have a voice and for the SAPB to be able to collaborate with people in the community with conversations to help influence the work that is done by the SAPB. There have been continuing challenges in taking this project forward because of the pandemic and changes in membership in the subgroup and the recruitment of a new SAPB Manager.
- The work in creating this forum continues and will be one of the top priorities for the subgroup next year 2023.
- The subgroup continues to share concerns coming from the community which connects with any other areas of concern coming from local and national SAPB networks.
- Succession planning with the subgroup members Chair and Co-Chair took place and has been agreed.
- Planning started for the first in person Safeguarding Adults Conference on the subject of "Financial Abuse".

### **Learning and Development subgroup**

- Planning started for the first in person Safeguarding Adults Conference on the subject of "Financial Abuse" for Summer 2023.
- Subgroup started working on collating existing learning events/learning sessions being provided by SAPB partner agencies.

- Subgroup updated the SAPB webpage advising Camden’s voluntary sector organisations their responsibilities to provide basic Safeguarding Adults training to their staff. Organisations that have specialist/advanced training needs they cannot resource themselves they are advised to contact the SAPB for additional advice.
- Continued work was done on the production of the Cuckooing guidance and flow chart.

### **Quality and Performance subgroup**

- We have continued to improve on the Information Performance Dashboard.
- We have updated our Cuckooing guidance following the ‘Mark’ SAR feedback, which was published and is available on the Safeguarding Board’s website. Please access [here](#).
- Despite the challenges of coming out of the pandemic we have established the four subgroups of the SAPB.
- Undertaking a Making Safeguarding Personal Audit despite organisational pressures from those involved.
- Re-established representation from Camden Safety Net

### **Safeguarding Adults Reviews (SARs) subgroup**

The SAPB continues to learn from recommendations and actions that come from the undertaking of a Safeguarding Adults Review (SAR)

This is a statutory responsibility under Section 44 of the Care Act. The SAPB has a duty to identify lessons from SARs and apply these to its future work. “When an adult suffers harm or dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked together more effectively to protect the adult”.

The learning and action plans arising from the SAR recommendations were governed by the SAPB and progressed by the SAR sub-group, Quality and Performance and Learning & Development sub-groups. The sub-groups also benchmark actions and learning arising from SARs in Camden against the national sector-led improvement plan which provides useful and often corresponding, thematic learning from national SARs.

The published SARs during 2022-2023 are:

**‘Mark’** suffered physical and sexual abuse as a child and was in child protection until adulthood when he suffered acute distress and became mentally unwell but did not engage with mental health services. “Mark” took his own life. A thematic learning event relating to suicide prevention and better supporting people who do not easily engage with services was held. The SAR report and recommendations was published in August 2022. The [full report](#) and [7-minute briefing](#) is linked.

**‘Matthew’**

The SAR referenced Matthew’s experience of home invasion/cuckooing dating back to 2018, and concerns raised about the lack of safeguarding prior to his death. It has explored how agencies could have worked differently and together to better support and protect “Matthew” who had significant physical and mental health challenges. The SAR report and recommendations was published May 2023. The [full report](#) and [7-minute briefing](#) is linked.

**Board Partners’ key achievements during 2022-2023**

As mentioned on page 10, listed below are the representatives of the Safeguarding Adults Partnership Board:

- ❖ Camden Council: Adult Social Care, Housing, Community Safety, Integrated Commissioning, Camden Learning Disabilities Service (CLDS)
- ❖ NHS NCL Integrated Care Board (NHS North Central London) formerly NCL CCG
- ❖ Metropolitan Police Service in Camden
- ❖ Camden & Islington Cluster National Probation Service
- ❖ London Ambulance Service NHS Trust
- ❖ Camden and Islington Mental Health NHS Foundation Trust
- ❖ Central and North West London NHS Foundation Trust
- ❖ Great Ormond Street Hospital NHS Foundation Trust
- ❖ Royal Free London NHS Foundation Trust
- ❖ University College London Hospitals NHS Foundation Trust
- ❖ Tavistock and Portman NHS Foundation Trust
- ❖ London Fire Brigade in Camden
- ❖ Voluntary sector organisations – Age UK Camden, Hopscotch Women’s Centre, Camden Carers, Rethink, Voluntary Action Camden
- ❖ Public Health Camden & Islington
- ❖ Healthwatch Camden

## **Introduction**

Each partner agency has provided the report with their key achievements over the last year and also their top priorities for the following year.

### **Age UK Camden:**

#### **Key achievements of the past year 2022-2023**

Age UK Camden ensured the top 3 priorities for 22/23 were completed so people using our services are safe. A new safeguarding page on our website provides accessible information on safeguarding, how and where to get advice including reporting concerns. Staff and volunteers have continued to receive training and support including face to face training. We reviewed and updated our recording systems and procedures and developed a new training matrix.

Age UK Camden have secured further funding to continue to deliver their Scams Awareness and Prevention Project, providing 121 sessions for older people and awareness sessions in the community. We continue to support the SAPB to connect with older people with lived experience to improve and inform safeguarding practice in Camden.

#### **Agreed priorities for 2023-2024**

1. Continue promoting safeguarding through the Scams Prevention Project.
2. Provide staff and volunteers with safeguarding training, with a focus on the mental capacity act for staff. We will ensure all training.
3. Considers the 'cost of living' impact and areas where we have seen a rise in specific safeguarding categories. Provide support to older people going through the safeguarding process and working closely with multi-agency partners to meet the persons desired outcomes.

**Camden and Islington Mental Health Trust (CIFT):  
Key achievements of the past year 2022-2023**

1. The Trust agreed to fund a substantive full time Domestic Abuse Practitioner. The Practitioner in this role has responded to the increase in DA (Domestic Abuse) cases raised across the Trust, developing a 2 hour DA training and also a 20-minute DA slot within the Level 3 safeguarding children and adults training.
2. In collaboration with BEH (Barnet, Enfield and Haringey), CIFT (Camden & Islington Foundation Trust) started a DA and Harmful Practices drop-in surgery once a week for live discussion of cases.
3. Reviewing of the cuckooing guidance and learning from the SAR.
4. The monitoring of themes and trends in safeguarding and how as a partnership we respond to this.

**Agreed priorities for 2023-2024**

1. The impact of national and international events on cost of living, mental and physical wellbeing.
2. How the above will impact stretched services across the partnership and ability to safeguard children, vulnerable adults, and families.
3. The increasing complexity of safeguarding in this climate, from the concern itself which is often multi-layered, to having systems and processes in place to respond effectively. Also including the increase in online harms, scams, and frauds.

**NHS NCL Integrated Care Board (NHS North Central London)**

**Key achievements of the past year 2022-2023**

- A new safeguarding strategy.
- Further development of IPD & summary report to support assurance across the partnership.
- Online and in person learning events.

**Agreed priorities for 2023-2024**

1. Implementing the Serious Violence Duty, including working with specified authorities to develop a serious violence strategy.
2. Establishing a NCL Integrated Care System safeguarding assurance framework.
3. Developing a safeguarding system learning plan to support and embed learning across the health system, including the standardisation of training for GPs.



## **Central & North West London NHS Foundation Trust (CNWL):**

### **Key achievements of the past year 2022-2023**

- The 5th Annual Domestic Abuse (DA) conference was held in Dec 2022.
- Our DA Prevention Co-ordinator supports the development of the DA Network and facilitates extensive staff training.
- The CNWL Safeguarding Team continued to deliver training as usual and ensure that staff recognise abuse and take the necessary actions to respond effectively.
- The Heads of Children and Adult Safeguarding facilitate a quarterly Joint Forum, providing a reflective learning space on joint safeguarding issues.
- Good teamwork and strengths of partnership working were a feature of tackling the pandemic, as well as providing support/training/consultation via hybrid means that continue to suit the needs of service users and partners.
- Learning from the pandemic has fed into governance and operations have adapted learning that supports services to be prepared for any future disruption.

### **Agreed priorities for 2023-2024**

1. Despite the LPS delay, work continues to improve legal literacy around applying the MCA in practice, including robust recording of MCA assessments.
2. Promoting reflective safeguarding supervision for SGA & MCA Champions across the Trust, using a train-the-trainer model, and emphasising on SCARF principles. (Safe, Compassionate, Accountable, Responsive and Fair).
3. Work is taking place to map and collaborate with partners to improve access to advocacy across the Trust.

## **London Borough of Camden, Adult Social Care (ASC):**

There has been a significant amount of focused work around safeguarding undertaken within Adult Social Care supporting people who draw of care and support and their families. The following summary sets out some of the work that has taken place over the last financial year 2022-2023 as well as the priorities for year ahead within Adult Social Care services.

This work aims to create a more collaborative environment to influence change. Hearing the voices of people with lived experience in the safeguarding process through collaboration with an increased emphasis on co-production. We ensure the continued monitoring of commissioned services through partnerships and a focus on quality assurance and performance; aimed at securing positive experiences for those people who draw on care and support.

Since the pandemic began, there has been a pronounced and significant rise in safeguarding enquiries related to Domestic Violence, Self-Neglect, and Financial Abuse. These types of abuse are among the most intricate and long-standing issues we tackle, posing a significant challenge to both our frontline professionals and senior leadership.

Key activities have been:

- Fortnightly reviews of all cases by safeguarding leads.
- Introduction of guidance sheets on self-neglect for frontline staff.
- Rollout of a self-neglect toolkit by Camden SAPB, which is extensively promoted within ASC teams and highlighted in training sessions led by ASC Safeguarding Leads.
- The Safeguarding Learning and Development Group (SLDG) underscores the use of this toolkit in their bimonthly meetings.
- We have also facilitated training on self-neglect for key stakeholders, including GPs, care providers, and providers on the hostel pathways.

Commissioning Teams have a well-established quality assurance process, including regular monitoring meetings with providers, both pre-arranged and unannounced quality visits to services, regular feedback from ASC and resident engagement. Monitoring meetings focus on a range of issues such as staff training, safe recruitment, quality assurance and commissioners work with providers to ensure their policies, procedures and practice comply with adults' safeguarding legislation. Develop their monitoring and evaluation systems with the focus on continual improvement. Ensuring that commissioned services meet and exceed quality and safety standards is an ongoing priority.

The Mental Capacity Act 2005 was implemented more than 15 years ago; however, we feel there is an urgent need for local bodies in Camden to ensure that all their staff working in mainstream services:

- Have a working knowledge of the key principles of the Mental Capacity Act and know when to use the Act.
- Understand when, as the 'decision maker,' they are required to take the lead in applying the Act.
- Have access to timely advice from an expert when they need support to put these principles into practice.

### **Top three priorities for Adult Social Care**

1. The way we work in Camden's ASC places and emphasises on collaboration, particularly in working with the Police and Camden Safety Net (CSN). The frequency of the Multi-Agency Risk Assessment Conference (MARAC) indicates a pressing need. In the upcoming year we will further strengthen these partnerships, ensuring that Camden ASC remains at the forefront of multi-agency responses. This will involve not only addressing domestic abuse but also streamlining efforts across all safeguarding issues.

2. There has been a notable rise of concern about self-neglect cases within Camden, as a result ASC will enhance its strategies and tools in this area. This means a greater focus on training sessions, especially those led by ASC Safeguarding Leads, and a wider adoption of resources like the self-neglect toolkit.
3. With the rise in safeguarding enquiries concerning financial abuse, potentially linked to broader economic challenges ASC will continue to deepen our collaboration with entities like Trading Standards to ensure Camden residents are shielded from financial exploitation and scams. This will include a review of current practices and exploring any link between financial abuse and phenomena like "cuckooing".

### **Great Ormond Street Hospital NHS Trust:**

#### **Key achievements of the past year 2022-2023**

Over the past year Great Ormond Street Hospital NHS Foundation Trust (GOSH) have continued to embed the Mental Capacity Act, new interim DOLs guidance for patients aged 16 and 17 years, raising awareness around adult safeguarding in a paediatric hospital. In light of recent updates in relation to the Liberty Protection Safeguards the Standard Operating Procedures have been reviewed, and enhanced training continues for clinical staff to ensure the protection of liberty of all patients over the age of 16 years who lack capacity. Clinical teams across the Trust work closely with our legal team ensuring the timely applications to the Court of Protection for any Deprivations of Liberty.

In line with NHS England guidance, key GOSH staff completed the Best Interest Assessor (BIA) Module, with 3 qualifying as BIAs with the expectation that this qualification will be transferrable with ongoing guidance in this area.

In the past year, 766 over 18-year-olds were admitted as inpatients at GOSH and 4,420 adults were seen as outpatients, the main specialities regularly being Cardiology, MRI services and Clinical Genetics. The data enables us to maintain a focus on adult safeguarding across the organisation whilst also targeting more specific areas.

A new Lead Safeguarding Practice Educator launched a new revised SG training programme for the Trust and current compliance for adult safeguarding training L2 across the Trust is 93%.

As part of the ongoing Domestic Abuse (DA) strategy, we have trained 23 DA Champions across the Trust and welcome the introduction of an Independent Domestic and Sexual Violence Advisor (IDSVA) from Camden Safety Net to strengthen processes and support systems in place for both patients, families, and staff.

### **Agreed priorities for 2023-2024**

- Introduction of an IDSPA from Camden Safety Net to strengthen our support for families and staff.
- Enhanced FGM awareness and training across the Trust.

### **Hopscotch Women's Centre:**

#### **Key achievements of the past year 2022-2023**

- Hopscotch has continued to hold high standards both in our Homecare and Women's Services, using quality control, monitoring, spot checks, supervision, to avoid safeguarding incidences and keep the quality of our service to a good standard.

#### **Agreed priorities for year 2023-2024**

- Keep up on quality standards.
- Keep up on training - Identifying the signs of safeguarding.
- Policies and processes around reporting safeguarding.

### **London Fire Brigade (Camden):**

#### **Key achievements of the past year 2022-2023**

- Introduction of a new approach to Home Fire Safety Visits (HFSV)
- Targeting people who are very high risk within the borough with a 4-hour response for a HFSV to be completed.
- Other risk categories are high risk – HFSV within a week. Medium risk – HFSV within a month. Low risk – refer to the online Home Fire Safety Checker on the LFB website.
- Online Person at Risk (PAR) online forms sent to Social Services for any member of the public we identify in the course of our duties.

### **Agreed priorities for year 2023-2024**

1. Inform and progress the knowledge and understanding of the new LFB approach to Home Fire Safety Visits to our partner agencies.
2. Camden Borough Management Team to continue to support all borough safeguarding panel
3. Continued use of Person at Risk (PAR) forms and subsequent referral to Camden Social Services

### **Metropolitan Police (Camden):**

#### **Key achievements of the past year 2022-2023**

- Over the last 12 months the MPS has worked intensively to reform our culture and improve professional standards. More than 7,500 sergeants and staff equivalents are currently taking part in our bespoke First Line Leaders Programme, so they have the support and skills to improve the leadership and supervisory skills we need in the Met.
- Across our misconduct and corruption reporting lines, both internal and external, the number of reports has nearly doubled. This includes an increase in reports from colleagues, with a number of reports from our new public hotline, established in partnership with Crimestoppers.
- 100 Met officers who don't belong in the organisation have been dismissed for gross misconduct in the last 12 months, due to a combination of more proactive investigations; more information from the public; and increased confidence of officers and staff in challenging wrongdoing.
- There is more work to do overseen by the newly formed London Policing Board set up in the wake of Baroness Casey's Review to support the Met through our reform journey as we work to build trust and form new links with public.

### **Agreed priorities for 2023-2024**

#### **1. Community crime-fighting Working with Londoners to keep them safe**

- We'll make communities a Met-wide priority and the bedrock of how we police.
- We'll take a precise and community-first approach to tackling and reducing neighbourhood crime, anti-social behaviour and serious violence.
- We're putting more people into local policing, focused on the issues that matter to Londoners.
- Every borough and every ward will have its own team of officers and PCSOs.
- To keep them safe, we'll listen and involve Londoners in how their areas are policed.

- We're going to do more to support communities and people who've had their trust damaged. We'll put more people and focus into the teams' protecting women and children from violence; we'll go after predatory men who commit those crimes; we'll do more for Black, ethnic minority and LGBT+ communities and for disabled Londoners. We'll develop a new strategy that makes a meaningful difference to how we police and keep children and young people safe.
- We're putting more people into the teams who work with victims of crime, ensuring they can provide the right care and better support those who've suffered.
- We'll ensure we're in buildings and locations that are visible and accessible to the public.

## **2. Culture change**

Baroness Casey of Blackstock was commissioned to undertake an independent review into the Met's culture and standards. We accept her findings and we're responding to them. We've let down the people we're supposed to protect – Black, ethnic minority and LGBT+ communities, disabled Londoners, and women – and we haven't fixed the cultural issues that have led to that.

Embedding the values of policing by consent:

- We're going to refresh and embed new values to reset our culture and set out a positive vision for how we want everyone in the Met to act.
- We're going to address our cultural challenges and deliver the inclusive, open, tolerant and diverse organisation that our people, and the public, expect to see.
- We'll more regularly review how we use force and stop and search.
- We'll reform the command that investigates and hears cases for officers and staff who've breached standards, ensuring we're removing those who fail to meet the public's expectations.
- We'll reform armed policing.

## **3. Fixing our foundations Setting the Met up to succeed**

- We're radically changing how we train our people to give them the skills and tools they need to reform the Met.
- We'll improve leadership training across the organisation.
- We're going to give our people, better facilities and better equipment, with the data and technology they need to be precise and reduce disproportionality in how we police London.
- We'll make sure our people have more time to serve communities. They'll have more capacity to be out in their neighbourhoods, learning about them and working with them on how to fix the issues in their area.

## **London Probation Service (covering Camden and Islington)**

### **Key achievements of the past year 2022-2023**

From April 2021 to the present date, we have accomplished to safeguard adults on probation and/or their families through our partnership working arrangement, by sharing and engaging with partners according to the specific risk that the individual posed. To achieve this – we worked closely with partners through Multi-Agency Public Protection Panel in terms of our work with violent and sexual offending people on probation, MASH and MARAC to ensure the safety of known adults, protect future victims and to prevent revictimization. For example, we have accessed and continue to access Multi-Agency Public Protection Panel meetings where we discuss the management and monitoring of violent and sexual offenders who assessed as high, including MARAC and MASH based on the identified risk associated with an adult.

### **Agreed priorities for 2023-2024**

- Reduced reoffending.
- high-quality sentence management.
- public protection.
- have a diverse, skilled, and valued workforce.

## **Royal Free London NHS Foundation Trust:**

### **Key achievements of the past year 2022-2023**

- Our business case for a Liberty protection safeguarding lead was successful.
- Two team members obtained an MSc in child protection and adult safeguarding.
- BIA training completed by two Safeguarding Team members.
- The Trust approved our plan to seek White Ribbon UK accreditation to develop as an organisation that actively seeks to reduce violence against women and girls. The steering group has been formed and will be responsible for developing and delivering the action plan for the next 3 years. As part of the awareness raising the Trust hosted the first presentation to an acute Trust by the founders of Surviving in Scrubs.
- A Trust charity funding bid was successful for the implementation of “care bags” for patients with Learning Disabilities and Autism to improve the patient experience whilst within the emergency department.
- The safeguarding team supported International Day of Elimination of violence against women and girls across the Trust by promoting the role of the hospital based independent domestic & sexual abuse advisors and how they can support patients and staff who experience domestic abuse.

- We have used the NHSE & NHSI Learning Disability Improvement Standards project to improve services for people with learning disability.
- We have delivered training to respond to case review and themes, such as Human Trafficking for organ harvesting, SUDI & Safer Sleeping awareness for parents with new babies, and Mental Capacity Act
- The Oliver McGowan Mandatory training has been introduced.

### **Agreed priorities for 2023-2024**

1. Improving the experience and outcome for people with a learning disability or autism.
2. Continue to develop the Electronic Patient Record (EPR) system to improve safeguarding processes including risk assessment and information sharing.
3. Progression of the White Ribbon UK action plan.

### **Camden Carers:**

#### **Key achievements of the past year 2022-2023**

This year we have seen an increased demand for our services, with carers needing support for multiple and/or more complex issues. This is related to increased pressures carers are facing; the latest Carers Trust research shows:

- Only **55%** of all carers get the support they need to be a carer.
- **41%** say caring hours have increased over the last year, one-in-eight caring an extra 50 hours a week.
- Carers are exhausted; more than **two thirds (68%)** are unable to get a respite break from their caring role when needed.

With an increase in stress for carers and reduced capacity in many services across the borough/nationally we have focused on ensuring carers know their rights and are supported to access breaks.

Through health and lifestyle consultations and carers conversations we have supported carers to identify and prioritise their own needs and supported them to access breaks

We took the safeguarding video produced by the engagement committee to a range of carers groups with overall positive feedback.



### **Agreed priorities for 2023-2024**

- Ensure ongoing safeguarding and relevant training for all staff and volunteers.
- Focus on breaks to avoid carer breakdown and exhaustion.
- Support carers to input into safeguarding conversations and policies.

### **University College London Hospitals NHS Foundation Trust (UCLH):**

#### **Key achievements of the past year 2022-2023**

UCLH has increased referrals for safeguarding (10%), Learning Disabilities (31%) and DOLs (4%) in 2022/23. It has increased capacity & resources for the safeguarding, MCA & LD team structure, to ensure patients & staff are supported. The presence of MCA Practitioners has resulted in better patient outcomes with appropriate application of the MCA & upholding patient's human rights e.g., consenting & Best Interest decision making. The LD CNS's have made a positive difference for patient experience and their families. Continuous onsite support for patients throughout the pandemic was provided.

With funding from NHSE (London), UCLH hosted an MCA Masterclass, presented by Tim Spencer- Lane in June and an 8th Annual MCA Conference in September. **Key speakers** were Dr Margaret Flynn, Alex Ruck-Keene KC (Hon), Hayley Moore (CQC) & UCLH teams. A total of 425 multi-agency professionals from across London & beyond attended. They are very well evaluated. UCLH implemented the Oliver McGowan Training (eLearning) in June 2023 for all staff.

#### **Agreed priorities for 2023-2024**

- Continue to embed MCA awareness for staff to apply it effectively to practice & to uphold patient rights
- Seek improvements to reduce health inequalities for people with Learning Disabilities & Autism
- Work in partnership with agencies to learn lessons & make improvements from SARs, LEDER, DHRs, Inquests reviews

### **Tavistock & Portman NHS Foundation Trust:**

#### **Key achievements of the past year 2022-2023**

In 2022-23 there were significant problems with the Trust recording system lasting several weeks which limited the ability to produce accurate data. However, the issue has been resolved and a program to restore the missing data has been completed.

As part of the Trust's restructuring plans, executive responsibility for safeguarding passed from the Medical Director to the Chief Nursing officer. This brings Tavistock & Portman in line with most other NHS trusts.

Safeguarding adult training compliance again continued to improve during 2022-23, and currently over 90% of clinical staff required to complete Level 3 training have done so. Staff outside the central Safeguarding Team have been supported to undertake Level 4 safeguarding training.

The Trust's first Domestic Abuse Policy and Procedural guidance has been produced during the year.

An audit of the cases identifying domestic abuse was conducted during 2022. This looked into safeguarding concerns where domestic abuse was identified and assessments which had identified risk of domestic abuse. The overall outcome from this was

### **Agreed priorities for 2023-2024**

The Tavistock & Portman top 3 priorities for adult safeguarding 2023-2024 are:

- a. Improve links between safeguarding and Clinical Governance & Quality.
- b. Develop Routine Enquiry for domestic abuse within the assessment process.
- c. Ensure there is a robust system for provision of adult safeguarding guidance across the working week.

### **London Ambulance Service**

The LAS is committed to Safeguarding the vulnerable members of the public it serves. Assurance is provided via our lead Commissioners and the Safeguarding Boards in Brent.

We will produce and publish our annual safeguarding report on our [website](#), and this will be available to all boards for information when published.

## Camden data

### Safeguarding Story in numbers

Of the 1219 individuals who had a concern raised for them in the 2022-2023 financial year:

#### Who was at risk of abuse and neglect?

- 44.9% of abuse was against men.
- 54.6% of abuse was against women.
- 56.6% of victims had a physical support need.
- 8.4% of victims had a learning disability.
- 59.9% of abuse was against people aged 65 or over.
- 67.7% of abuse victims were people from white ethnic groups.

#### What were people at risk from?

- 52.5% of enquiries had an individual known as the source of risk...
  - 57.4% of those the abuse was caused by a relative, family carer or individual known but not related.
  - 32.0% of concerns had neglect or acts of omission abuse type (increase on last year).
  - 23.0% of concerns had financial or material abuse type (increase on last year).
  - 64.3% of cases investigated took place in the adult's own home...
  - 21.5% of these included self-neglect.
-



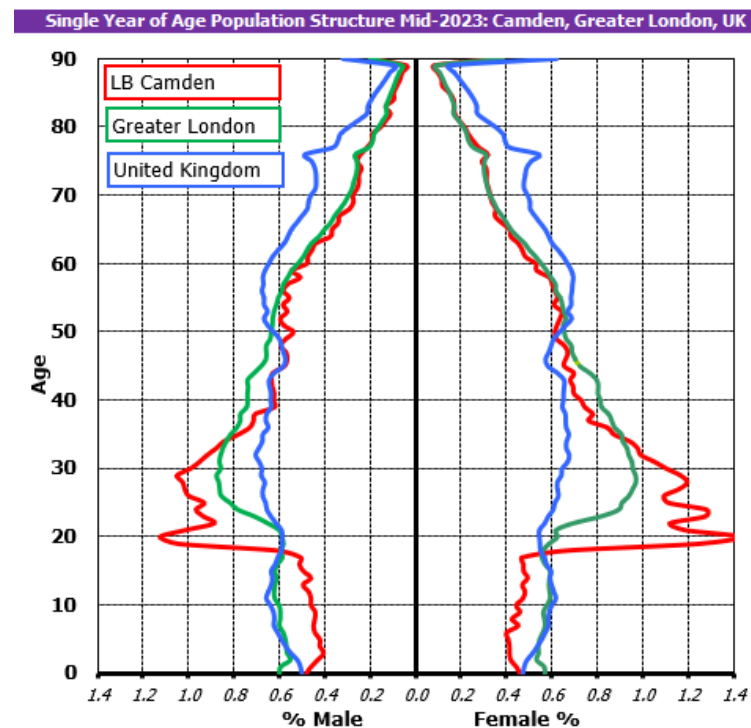
At mid-2023, the mean age of Camden residents is **37.6 years**, slightly below the London average of 37.7 years and lower than the UK average of 41.5 years. The 'population pyramid' graph (right) shows the relative differences by age and sex:

#### Comment

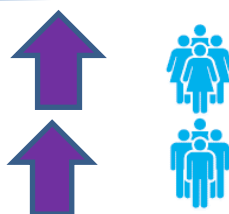
Updated using the latest GLA 2021-based Interim Projections  
2021-based Interim Camden Development, Migration Scenario 3

\* population rebased on the 2021 Census-based Mid-year Estimates  
Camden's population is considerably lower than previously estimated and therefore the estimates and projections have been re-set accordingly

Updated using ONS 2020-based National Projections for UK, © ONS, 2023.



Camden's **average annual** population **increase** since 2021 is approximately **1.5%** meaning that Camden's rate of growth is **similar to London (1.4%) but higher than England (0.6%).**



Source: GLA 2021-based Interim Projections, © GLA, 2023

**Adult social care users in Camden** report 'to have as much social contact as they want with people that they like':

aged 18-64 = 39.8%; aged 65+ = 40.9%

This compares with reported rates in England:

aged 18-64 = 45.1%; aged 65+ = 37.3%

Source: Adult Social Care Survey England 2021-22. © NHS Digital. 2022.

**40.5% of Camden Residents**

overall are from Black, Asian and other minority ethnic groups in 2021. The proportion of each group is different according to age. This means that agencies need to ensure that diversity is given careful consideration when designing services.

Source: 2021 Census table TS021, © Crown Copyright.

Ethnic group data has been updated with 2021 Census data  
Contact Neil Storer or [population@camden.gov.uk](mailto:population@camden.gov.uk) for ethnic group by age/sex

The **Adult Social Care Survey** has been updated to 2021-22  
In 2021-22 Camden ASC users 18-64 =39.8 and 65+ =40.9, compared with  
In 2021-22 England ASC users 18-64 =45.1 and 65+ =37.3  
[Link to data](#)

**25,600 Camden residents are aged 65+, 11.8% of the total population at mid-2023. Residents aged 65+ are forecast to increase 6,800 (+26%) to 32,300 by 2033.**

Source: GLA 2021-based Interim Projections, © GLA, 2023



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

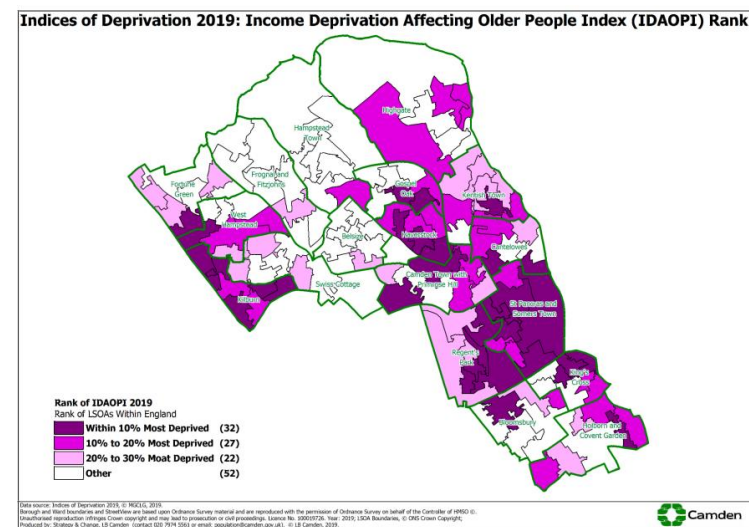
The Indices of Deprivation is designed at the small area LSOA geography [there are 133 LSOAs in Camden]

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

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

Source: *Indices of Deprivation 2019*, © MHCLG, 2019.

Indices of Deprivation has NOT been updated and NO INDICATION of when next set will come.



**Care** **Health**

In **2021 14,605** Camden residents provided some unpaid care. This is **7.3%** of residents aged 5+.

Of those providing unpaid care, **2,240** were aged 65+, **9.0%** of Camden people were aged 65+.

Source: Adult Social Care Survey England 2021-22, © NHS Digital

In **2021, 14.9%** of Camden residents aged 65+ were in 'bad' or 'very bad' health. This compares with **14.1% in London** and **12.6% in England**.

Source: 2021 Census table FTB General Health by Age, © Crown copyright

In Camden in **2022**, the estimated dementia diagnosis rate is **80.7% (London = 66.8% and England = 62.0%)**.

Source: Fingertips Public Health Profile, © Office for Health Improvement & Disparities

**1 in x people in Camden are estimated to be affected by a common mental health condition, in the Camden population aged 16-74 year, some xx,000 adults.**

Fingertips Public Health Profile estimates that in **2021**, the prevalence of adult smokers was **6.6%** in Camden compared with **11.5% in London** and **13.0% in England**.

Source: Fingertips Public Health Profile, © Office for Health Improvement & Disparities



Care: Updated with 2021 Census data  
General health: updated with 2021 Census data



Dementia diagnosis is updated - with a slight change to the indicator (and no absolute number given)



Smoking prevalence estimate updated

**Life expectancy**



Male life expectancy  
At birth in Camden:  
**83.1 years**

Male Healthy life expectancy in  
Camden:  
**64.6 years**



Female life expectancy  
At birth in Camden:  
**87.7 years**

Female Healthy life expectancy  
in Camden:  
**66.8 years**

The gap between healthy life expectancy and life **expectancy** represents a significant challenge for agencies.

*Source: Life Expectancy and Healthy Life Expectancy at Birth 2018-20, © ONS, 2022.*

In **2021/22**, there were **758** alcohol-related hospital admissions of Camden residents, a rate of **447** per **100,000**. This is higher than for **London (425 per 100,000)** but lower than for **England (494 per 100,000)**.

*Source: Fingertips Public Health Profile, © Office for Health Improvement & Disparities*



Alcohol-related hospital admissions updated

In **2021/22**, **50.1%** of adults in Camden had excess weight, a lower level compared with the **London average of 55.9%** or against the **national average of 63.8%**.

*Source: Fingertips Public Health Profile, © Office for Health Improvement & Disparities*



Adult excess weight updated



**7.7%** increase in new Adult Social Care support requests 2020/21 to 2021/22 (-2% for people aged 18-

**£103m** was spent on adult social care in 2021/22.

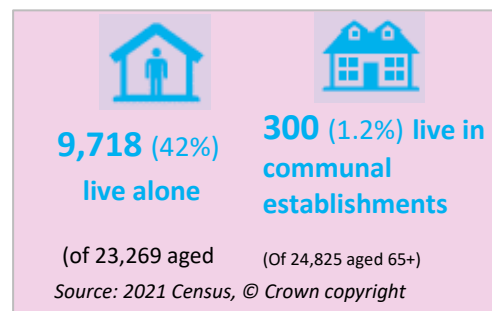
**31,882** people of all ages have their everyday activities limited by a long-term health problem or a

*Source: 2021 Census table TS038, © Crown copyright*



**64.9%** of adults with a learning disability live in a stable and appropriate accommodation in 2019/20 Q2.

Compares with:  
London: **59.2%**  
England **57.8%**



Adult Social Care spend updated (not known % of total LA budget)  
Change in ASC care support requests updated =>  
Source: **Adult Social Care Survey** has been updated to 2021-22  
[Link to 2021-22 data](#)

Age	2020/21	2021/22	2020/21-2021/22	
18-64	890	870	-20	-2.2%
65+	1,890	2,125	235	12.4%
Total	2,780	2,995	215	7.7%

People with a learning disability live in a stable and appropriate accommodation not updated  
Source: Public Health Profiles  
[Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

2021 Census	
UR Aged 66+	23,269
URHH Live alone	9,718
	42%
UR aged 65+	24825
UR in Residential homes	300
	1.2%

Life expectancy not updated - no newer data currently available.  
Note that due to big change in population estimates due to 2021 Census rebasing, life expectancies may be quite different when published

Mental health: data source not known - try Public Health Intelligence

## **Other Safeguarding work**

### **Updates to the Board on deaths or serious incidents (single homeless and rough sleepers)**

SAPB continue to receive the annual report on deaths of single people who were homeless living in supported accommodation or rough sleeping and consider the recommendations from reviews.

### **Multi-agency Safeguarding Hub (MASH)**

1. The current Adult MASH serves as the initial point of contact for new safeguarding concerns entering the Adults Social Care system.
2. Adult's MASH holds responsibility for handling all referrals and determining the most appropriate course of action based on the individual's needs. It assesses the level of risk involved and takes steps to mitigate this risk to the greatest extent possible. Referrals are then directed to the most suitable service or agency to undertake further enquiries.
3. MASH offers a comprehensive range of services to adults and families, encompassing both preventative measures and interventions mandated by the Multi Agency Adults Safeguarding Policy and Procedures.
4. The team currently operates with a virtual partnership approach, rather than being physically co-located. Staff members are situated at 5 St Pancras Square and remote working.
5. Key partners collaborating with MASH include Children's MASH, the Clinical Commissioning Group, Camden Housing, Mental Health services, the Metropolitan Police, and the voluntary sector.
6. MASH is committed to optimising collaborative efforts with key partners to enhance decision-making processes that benefit all residents of Camden. It ensures the timely management of safeguarding concerns to address any immediate risks of harm.

### **Modern Slavery & Human Trafficking**

In 2022/23, we revised the ASC Modern Day Slavery Guidance, disseminating the updates through email and communications to staff within adult social care and mental health. This revamped guidance has been incorporated into the ASC Practice Guide. Its further promotion has been undertaken by the Safeguarding Learning and Development Group, spearheaded by Safeguarding Leads in ASC.

Moreover, with the collaboration of the Human Trafficking Foundation, we have assessed and refined the e-learning module as well as the training resources for our trainers. Notably, there was an uptick in (10) Safeguarding Enquiries under the Care Act for 2022/23, rising from a modest base (6) in 2021/22. This surge might be attributed to several factors concerning the intricate relationship between modern-day slavery and care and support needs under the Care Act:

- The Care Act outlines definitive eligibility criteria for care and support. Not all modern-day slavery victims may have care and support needs, even if they have urgent needs stemming from their exploitation.
- Those enshrined in modern-day slavery can have multifaceted needs, encompassing physical and mental health, housing, and beyond. Some of these needs might align with the Care Act's provisions, while others might be better catered to by different services.
- Not all victims might initially be spotted by care and support services. Their initial interactions could be with the Police or Immigration Services dedicated to supporting trafficking victims. Consequently, their foremost needs might be gauged differently, with the Care Act's provisions perhaps becoming secondary or overlooked entirely.
- A significant number of modern-day slavery victims harbour an ingrained distrust of authorities due to threats from their exploiters or previous negative encounters in their native countries. They might be reluctant to tap into official care and support avenues, fearing deportation, retaliation, or other negative repercussions.
- There are established services and mechanisms, such as the National Referral Mechanism (NRM), to aid victims of modern-day slavery in the UK. The NRM's primary function is victim identification and support, which might offer specialised assistance that doesn't directly correspond to the Care Act's provisions.
- Depending on the extent and duration of their exploitation, not all victims might manifest immediate or clear-cut care and support needs. For example, a person briefly subjected to labour exploitation might not have comparable care and support needs as someone who's been a long-term victim of sexual exploitation.

In summation, it's not that modern day slavery victims lack care and support needs. It's more about the intricate and varied nature of these needs, coupled with the hurdles in identification and outreach, which means they might not consistently align with the Care Act's safeguarding procedures.

### **SAPB Webpages**

The SAPB webpage is regularly updated with published SARs, 7-minute briefings. The SAPB's agreed 5-year Strategy Plan and the updated Cuckooing Guidance and flowchart with links to Camden's Modern-Day Slavery and Trafficking guidance and procedure was published and made available this year. There is access to the "Introduction to domestic violence and abuse e-learning module" as well.

### **Liberty Protection Safeguards (LPS)**

An update on the Liberty Protection Safeguards (LPS). The draft Code of Practice of the LPS was published 17<sup>th</sup> March 2022 and the consultancy period ended 14<sup>th</sup> July 2022. After reviewing the responses received from the consultation, the earliest date for implementation is October 2023, but there is speculation it will not happen until April 2024.

In the meantime, the Liberty Protection Safeguards Learning Implementation Network (LPS LIN) has decided to stand down and redirect it's focus on making MCA practice more robust across the health and social care system.

### **Counter Terrorism: Radicalisation and Extremism**

#### **Key achievements 2022/2023**

- Prevent Strategy has been reviewed in light of the upcoming new guidance.
- Prevent community engagement has been resourced, refocused, and improved.
- Multi-Agency Tension monitoring group has supported with identifying emerging risks.
- Trauma informed workshops have been delivered to social care partners.
- Community partners have continued to deliver a programme which supports family resilience to radicalisation.
- There is a mandatory element on Prevent in the annual safeguarding training for all staff.
- Multi-Agency partnership and governance continue to embed and strengthen.

## **Integrated Performance Dashboard**

Through the Quality and Performance subgroup the Board continues to analyse the data provided and highlight any trends and comparisons to other neighbouring boroughs. The Board will be looking at including data relating to domestic abuse, hate crimes, homelessness and advocacy services.

## **Learning from Lives and Deaths People with a Learning Disability and autistic people (LeDeR)**

LeDeR is a service improvement programme for people with a learning disability and autistic people. Established in 2017 and funded by NHS England, it's the first of its kind. LeDeR works to:

- improve care for people with a learning disability and autistic people.
- reduce health inequalities for people with a learning disability and autistic people.
- prevent people with a learning disability and autistic people from early deaths.

In 2023 NHS England issued guidance that child deaths should no longer be reported to LeDeR to avoid duplication with the Child Death Overview Panel process.

During 2022/23 Camden LeDeR Steering Group, a panel of health and social care professionals, quality assured completed reviews, identified quality of care, and agreed recommendations to improve services.

In 2022/23, Camden reported a total of 9 deaths to LeDeR. This is an increase from previous years: 2 deaths were reported in 21/22 and 7 deaths in 20/21. This is closely monitored with local intelligence mechanisms in place to share information on deaths and ensure notifications are completed.

In 2022/23, 12 initial reviews were completed. No focused reviews were completed during the reporting period.

Focused reviews are indicated for all people with a learning disability from a black and minority ethnic background where there is further significant learning. North Central London Integrated Care Board (NCL ICB) also undertakes focused reviews when a death results from respiratory causes, and subsequent learning is fed back to the NCL ICB Respiratory Pathway.

In 2023 the NCL ICB Learning Disability and Autism Programme commissioned the Positive Support Group Consultancy to complete the back log of reviews in NCL.

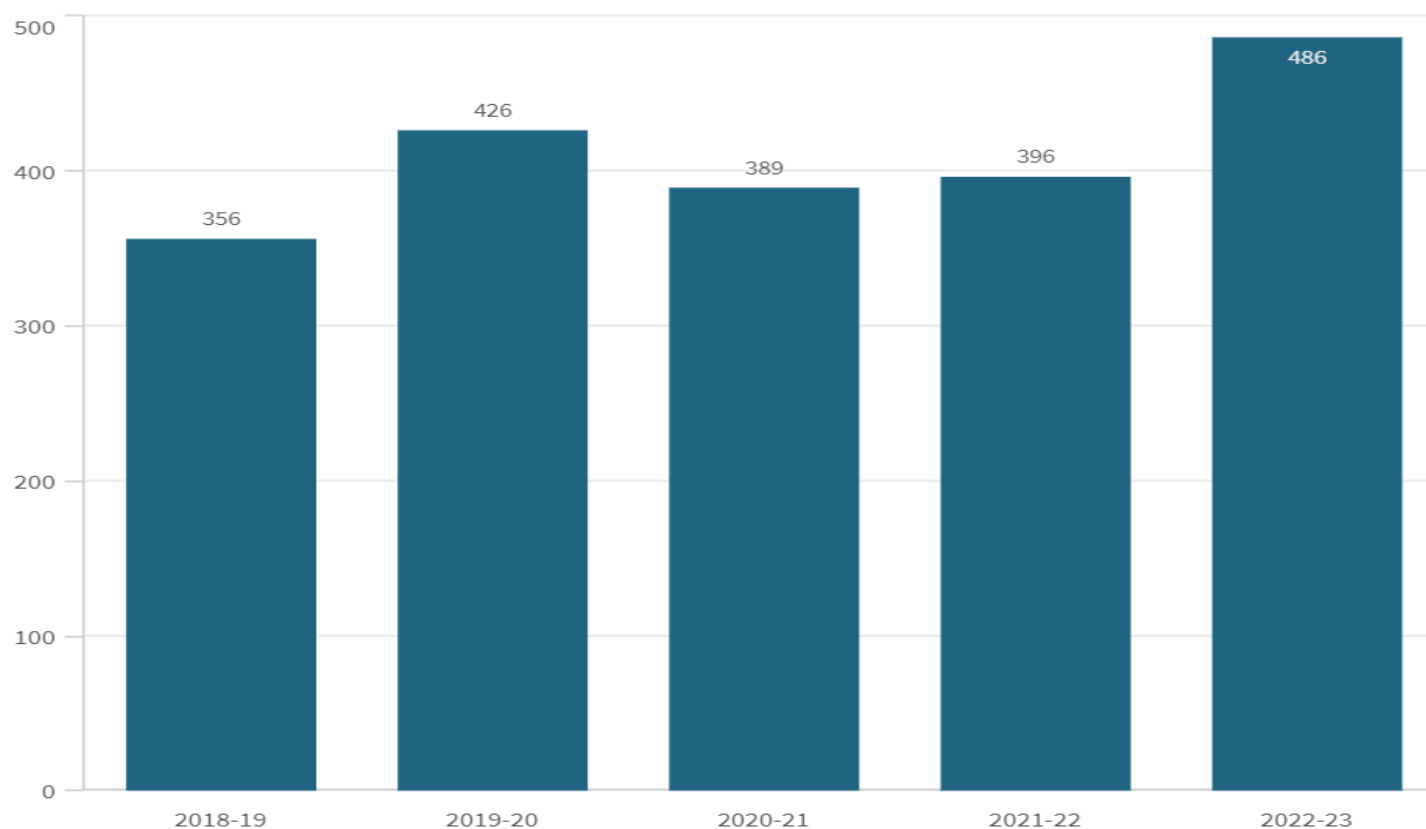
In Camden, themes from learning related to Mental Capacity Act implementation and the role of Care Coordination.

Positive practice identified the implementation of STOMP (Stopping Over Medication of People with a learning disability, autism or both) and STAMP (Supporting Treatment and Appropriate Medication in Paediatrics), both national projects, launched by NHS England and involving a multi-agency approach.

An NCL LeDeR annual report 22/23 will be presented to the ICB Quality and Safety Committee and published on the ICB public-facing website and will be available in easy-read.

## Appendix 1: London Borough of Camden Safeguarding Performance Data

Number of Completed Enquiries



The bar chart illustrates the number of completed enquiries for Camden Social Services across five financial years.

- During the financial year 2018-19, there were 356 completed enquiries.

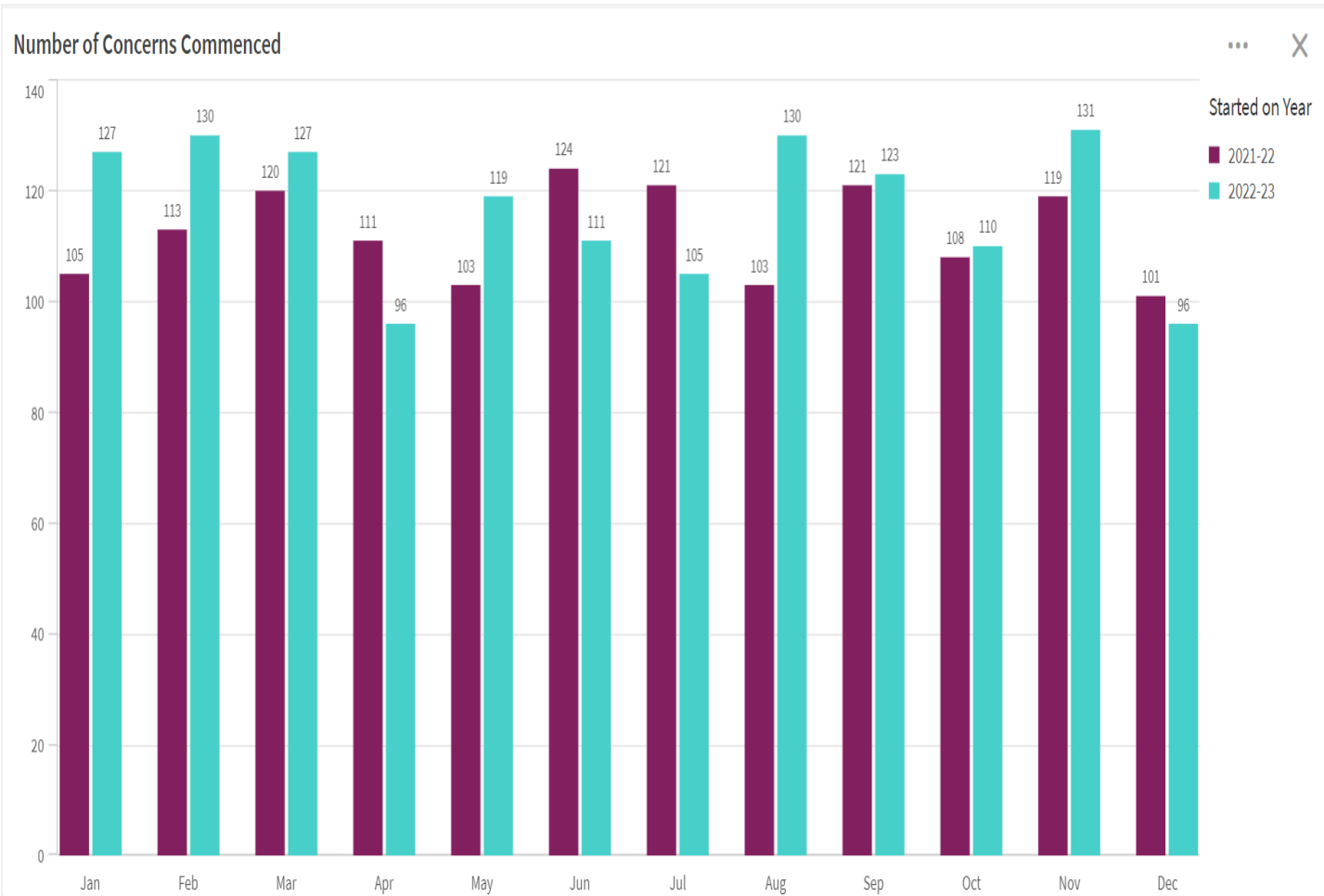
- The following year, 2019-20, saw an uptick to 426 completed enquiries, marking an increase from the preceding year.

- However, 2020-21 experienced a slight dip, with the number descending to 389 enquiries.

- A modest climb was observed in 2021-22, tallying 396 completed enquiries.

- The most striking surge transpired in 2022-23, where the number leapt to 486 completed enquiries.

From the presented data, it's clear that whilst there have been yearly fluctuations, the overarching trajectory over the quintet of years indicates an augmentation in the number of completed enquiries. The most pronounced increase was witnessed in the latest financial year, 2022-23.



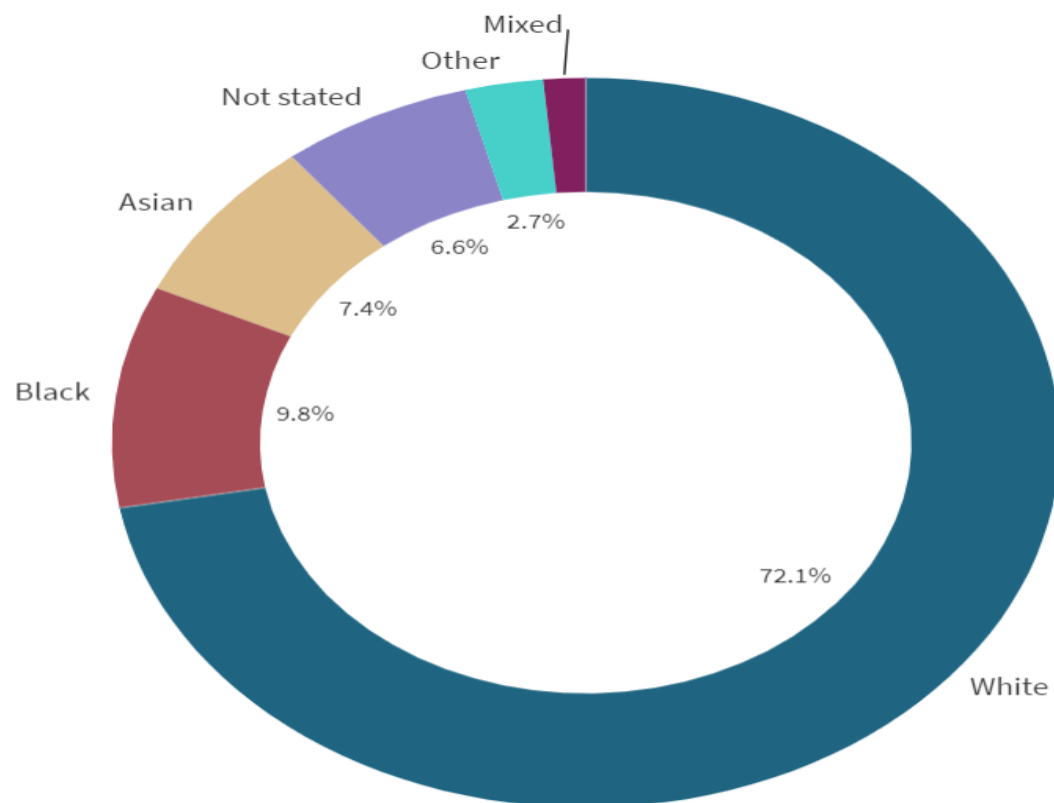
The graph depicts the "Number of Concerns Commenced" for each month across two years: 2021-22 and 2022-23.

1. Both years' experience some fluctuation in the number of concerns commenced from month to month.
2. The highest number of concerns for 2022-23 appears to be in November with 131 concerns. In contrast, the highest for 2021-22 is in June with 124 concerns.
3. The lowest for 2022-23 is in April and December with 96 concerns. For 2021-22, the lowest is in December with 103 concerns.
4. Generally, the number of concerns tends to be above 100 each month for both years, except for a few months.

Overall, the two years have comparable numbers, with no drastic differences between them.



### Ethnicities of individuals referred for S.42 Enquiry

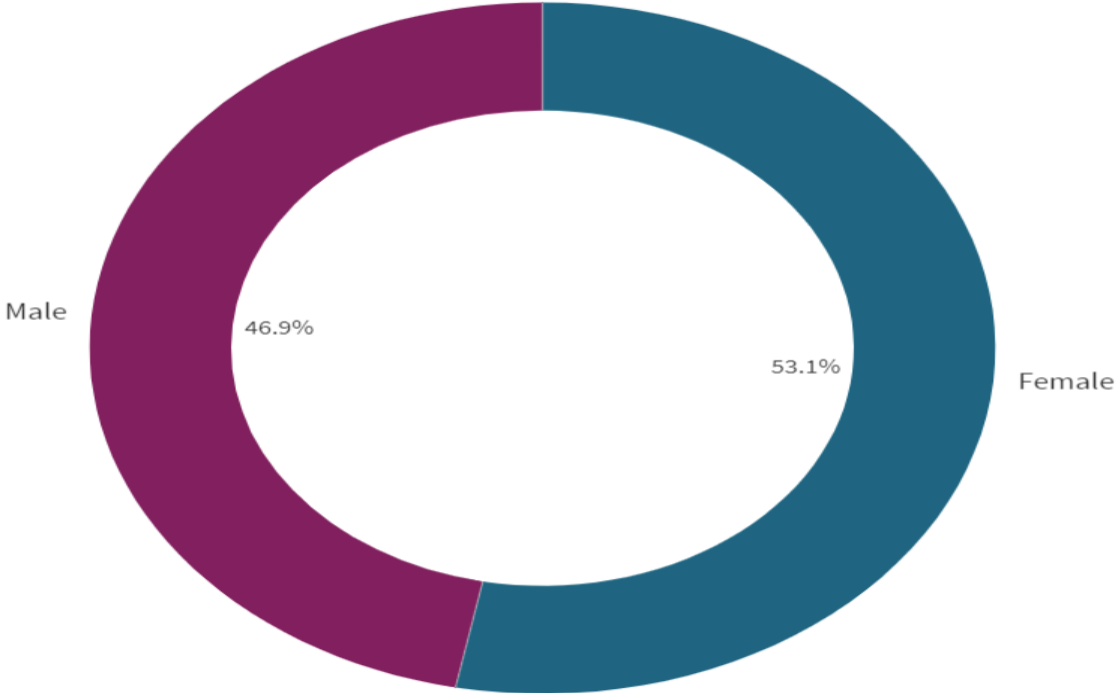


The chart illustrates the distribution of safeguarding enquiries for the various ethnicities:

1. The most prominent ethnicity represented is the white category, which accounts for a significant 72.1% of the total cases.
2. The black ethnicity is the next most represented, making up 9.8% of the total enquiries.
3. Those of Asian background represent 7.4% of the enquiries, being the third most common ethnicity in the data presented.
4. In terms of mixed/other, this segment encompasses 3.7% of the total referrals, reflecting a mixture of other ethnic backgrounds not specified separately in the chart.
5. 6.6%, is allocated for individuals whose ethnicity was not specified, which will have been due to non-disclosure during the enquiry.

In summary, the data showcases a significant representation of the white ethnicity in the S.42 Enquiries conducted by Camden Social Services, followed by Black, Asian, and Mixed/Other categories.

Gender of individuals referred for S.42 Enquiry

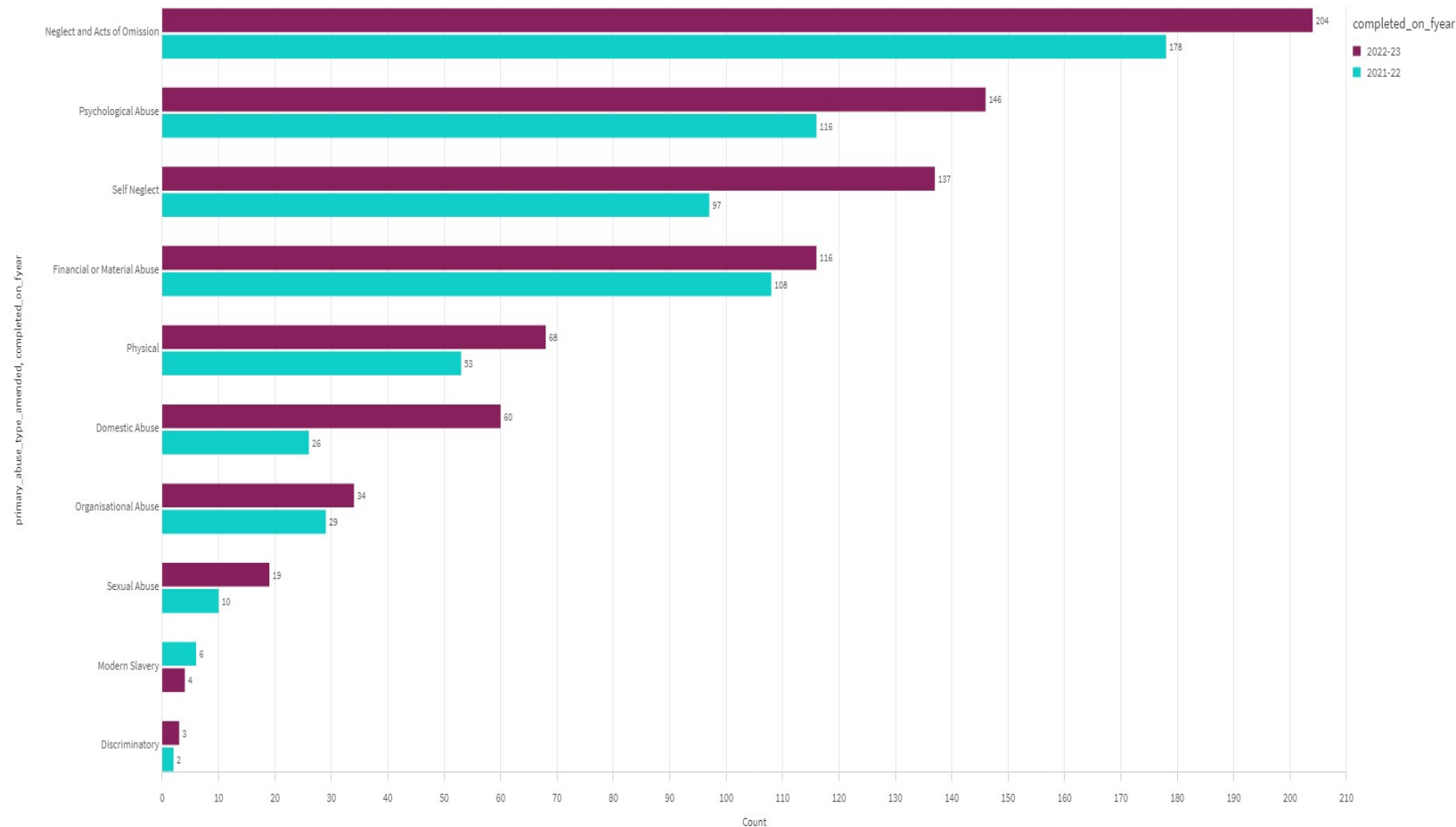


A slight majority of the individuals referred fall into the 'Female' category, representing 53.1% of the total. This indicates that slightly more than half of the safeguarding enquiries pertain to females.

On the other hand, males constitute a slightly smaller proportion of 46.9%. This suggests that almost half of the individuals referred for such enquiries are male.

In essence, while there's a relatively balanced gender distribution, females marginally outnumber males in safeguarding enquiries under the Care Act.

Type of abuse alleged in completed enquiries (including non-statutory enquiries)



The bar chart illustrates the various types of abuse allegations received and investigated by Camden Social Services in the UK across two financial years: 2021-22 and 2022-23.

1. Neglect and Acts of Omission: This is the predominant type of abuse reported in both years. In 2021-22, there were 178 cases, which rose to 204 in 2022-23.
2. Psychological Abuse: In the 2021-22 financial year, there were 146 instances of psychological abuse reported. This number increased to 178 in the subsequent year.
3. Self-Neglect: This form of abuse saw 97 allegations in 2021-22, climbing to 137 in the following year.
4. Financial or Material Abuse: There were 106 cases reported in

2021-22 and a slight rise to 116 in 2022-23.

5. Physical Abuse: Reports in this category went up from 53 in 2021-22 to 68 in 2022-23.

6. Domestic Abuse: There were 60 cases in 2021-22, with a slight dip to 53 in 2022-23. However, the general overall trend for domestic abuse is increasing for people without care and support needs, which is evident in the partnership activity we see in this abuse type since the pandemic.

7. Organisational Abuse: This type of abuse had 26 reported cases in 2021-22, growing to 34 the following year.

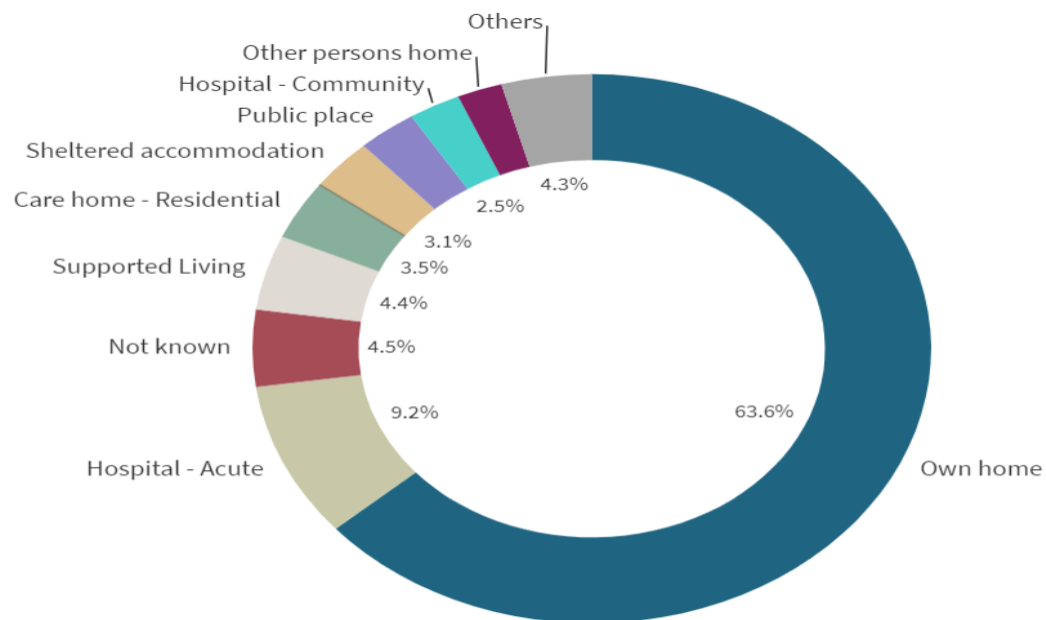
8. Sexual Abuse: There were 19 allegations in 2021-22, which marginally decreased to 18 in 2022-23.

9. Modern Slavery: This serious concern had 6 reports in 2021-22 and rose to 10 in 2022-23.

10. Discriminatory Abuse: This category had the fewest reports, with 3 in 2021-22 and a slight drop to 2 in 2022-23.

In summary, the data reveals that certain types of abuse, notably neglect and psychological abuse, have experienced an upward trend over these two years. This suggests areas where Camden Social Services might need to focus their resources and interventions.

### Location of alleged abuse



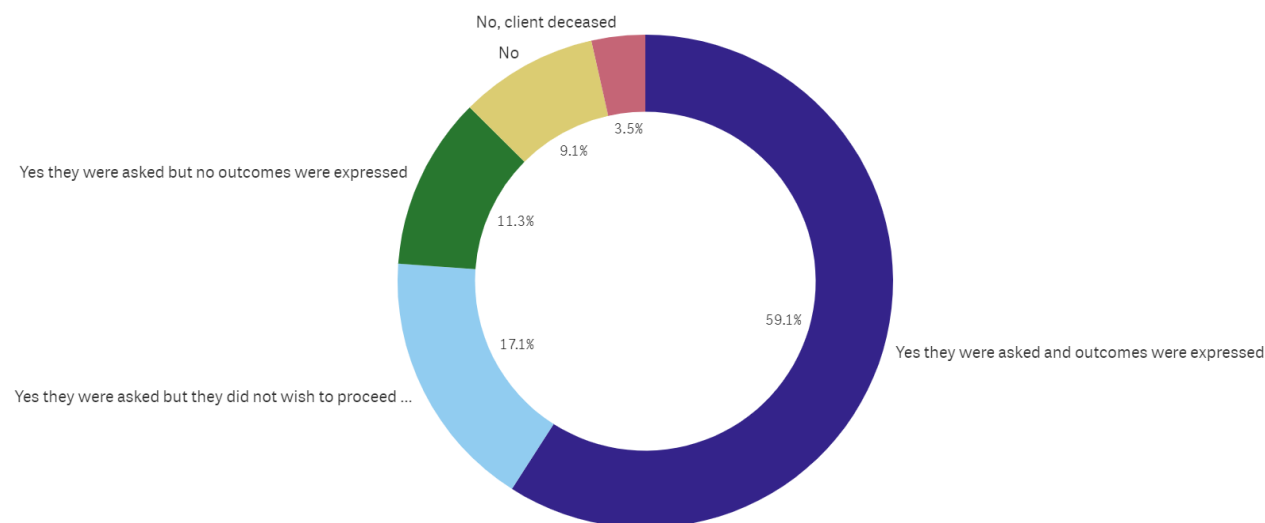
The majority of safeguarding enquiries, representing 63.6%, originate from individuals' own homes.

Other significant locations include places categorised as 'Not known' (9.2%), 'Hospital - Acute' (4.5%), 'Supported Living' (4.4%), 'Care home - Residential' (4.3%), and 'Public place' (3.5%).

Locations with lesser percentages, such as 'Hospital - Community', 'Sheltered accommodation', and 'Other persons home', make up the remaining percentages alongside a category labelled 'Others'.

This data underscores the importance of being vigilant across various settings to ensure the safety and well-being of individuals under care.

## Desired Outcomes for completed S.42 Enquiries



specific desired outcomes. This could reflect cases where the individual may not have the capacity or clarity to express their wishes, or they may simply be undecided.

4. No (9.1%): A smaller segment of individuals were not asked about their desired outcomes. There are various reasons behind this, which include, people lacking capacity to be involved pro-actively and for those where the safeguarding enquiry has been progressed due to risks despite the fact the individual does not want to be involved.
5. No, client deceased (3.5%): Tragically, in some cases, the individual passed away before their desired outcomes could be understood or realised.

In essence, this chart reflects the extent to which individuals' voices and choices are prioritised and captured in a structured enquiry process. The data seems to highlight an emphasis on engaging with individuals and ensuring their perspectives are incorporated. This is consistent with best practice in care settings, ensuring the welfare and wishes of those in potential at-risk situations are at the forefront of decision-making.

1. Yes, they were asked, and outcomes were expressed (59.1%): A significant majority of individuals were consulted and expressed their desired outcomes. This suggests that the majority of those involved in the S.42 enquiry process have an active say in what they wish to occur next, which aligns with a person-centred approach to care.
2. Yes, they were asked but they did not wish to proceed (17.1%): Some individuals, though they were engaged in the process, chose not to move forward with any specific outcomes. This could be due to a variety of reasons including feeling overwhelmed, not seeing the need, or perhaps they're content with the current situation.
3. Yes, they were asked but no outcomes were expressed (11.3%): In this case, while individuals were consulted, they did not or perhaps were unable to express

### Abuse Type by Location (Enquiries)

Location of Abuse	Discriminatory	Domestic Abuse	Financial or Material Abuse	Modern Slavery	Neglect and Acts of Omission	Organisational Abuse	Physical	Psychological Abuse	Self Neglect	Sexual Abuse
Any other setting not defined above	-	-	3	-	1	-	2	2	2	1
Care home - Nursing	-	-	1	-	7	-	-	-	-	-
Care home - Residential	-	-	1	-	11	5	7	7	-	1
Hospital - Acute	-	-	-	-	34	1	9	2	1	1
Hospital - Community	-	-	1	-	14	-	-	2	1	1
Hospital - Mental Health	-	-	-	-	-	-	1	-	-	-
Not known	-	3	9	3	3	-	3	6	4	2
Other persons home	-	2	4	1	1	-	1	4	3	2
Own home	2	51	82	-	112	12	35	103	105	7
Public place	-	2	2	-	2	2	3	2	5	1
Service within the community	-	-	6	-	2	1	-	5	2	1
Sheltered accommodation	1	-	5	-	4	2	-	1	3	-
Supported Living	-	-	3	-	8	3	3	5	3	1

Upon examining the data, we see that abuse incidents have been reported across multiple settings, from care homes and hospitals to public places and individuals' own homes. The diverse nature of these locations underscores the widespread nature of the issue, highlighting the need for vigilance and awareness in multiple contexts.

#### Abuse Types and Their Prevalence:

The most significant number of enquiries relate to "Neglects and Omission," particularly in individuals' own homes, with 112 reported incidents. Psychological abuse follows closely, with 103 enquiries. It's concerning to note the high incidence of both these abuse types in a setting where individuals should feel most secure - their own homes.

Cases of physical abuse have been notably prominent in acute hospitals and own homes, standing at 9 and 35 reported incidents respectively. In addition, neglect and acts of omission are

predominantly reported in acute hospitals, with 34 cases, while self-neglect seems most prevalent in individuals' own homes, at 105 cases.

There was a total of 8 reported incidents of neglect and acts of omission in nursing care homes, and 11 in residential care homes.

Modern slavery, though less frequently reported, was still present with 3 cases in settings not otherwise defined. Discriminatory abuse, organisational abuse, and sexual abuse were among the less frequent but nonetheless deeply concerning types of abuse reported across various locations.

There's an evident need for rigorous monitoring and protective measures across all settings, especially in acute hospitals and individuals' own homes where the majority of abuse cases were reported. These findings call for a comprehensive approach that involves educating the public, enhancing the training of care professionals, and reinforcing safeguarding protocols to ensure the well-being and dignity of every individual in Camden.

## Referral source by client group

Referrer Agency	Learning Disability	Memory and Cognition	Mental Health	Other	Physical Support	Sensory Needs	Social support
Anonymous	1	-	1	-	4	-	-
C&I NHS Trust Teams	2	4	4	10	10	-	-
Camden - other dept	9	4	10	24	28	-	-
Care Quality Commission	-	-	1	1	2	-	-
Education/Training/Workplace Establishment	5	-	-	2	2	-	1
Emergency Services	8	25	40	92	169	7	4
Family Member	10	12	1	2	48	-	-
Friend / Neighbour	-	1	-	1	11	-	1
Housing	4	2	7	17	32	-	-
NHS Staff - Primary Health/Community Health	11	10	14	22	101	2	2
NHS Staff - Secondary Health	3	18	19	25	202	5	-
Other	8	3	4	7	18	-	-
Other LA	-	-	2	4	6	-	-
Other service user	-	-	-	1	2	-	-
Self Referral	-	-	2	5	16	-	-
Social Care Staff	54	21	9	20	150	-	1
Voluntary Sector	3	3	3	5	7	1	-

The data set provides a comprehensive overview of the referral sources by different client groups. The range of client groups includes individuals with Learning Disabilities, Memory and Cognition issues, Mental Health concerns, Physical Support needs, Sensory Needs, and those in need of Social Support, among others.

1. A significant number of referrals come from Emergency Services. They have made the highest number of referrals for clients with Physical Support needs (169), followed closely by those requiring support for Mental Health (92).

2. The NHS Staff from Secondary Health departments have also been active in making referrals, particularly for those with Physical Support needs (202) and Mental Health concerns (25).

3. Social Care Staff are highly involved in the referral process, especially for clients needing Physical Support (160) and those with Learning Disabilities (54).

4. Camden - Other Department: Primarily referred cases for Physical Support (28) and those related to 'Other' support needs (24).

5. Self and Family Referrals: Notably, family members made 48 referrals for individuals requiring Physical Support and 10 referrals for those with Learning Disabilities. Self-referrals were predominantly for Physical Support (16) and Mental Health support (5).

6. Education/Training/Workplace Establishments: These institutions made referrals mostly for individuals with Learning Disabilities (5) and those requiring Physical Support (2).



7. Other Sources: A variety of other agencies, such as the Care Quality Commission, Voluntary Sector, Housing, and NHS Trust Teams, have also contributed to the referral process across various client groups.

The data underscores the vital role that different agencies and individuals play in identifying and referring individuals in need of support. Emergency Services, NHS Staff, and Social Care Staff emerge as the primary referral sources, emphasizing the importance of these entities in the early identification of those in need.