

# Scrutiny Health & Social Care Sub-Committee Agenda



To: Councillor Sean Fitzsimons (Chair), Councillor Andy Stranack (Vice-Chair), Pat Clouder, Andrew Pelling, Scott Roche and Gordon Kay (Healthwatch Croydon Cooptee)

Reserve Members: Jan Buttinger, Patsy Cummings, Jerry Fitzpatrick, Clive Fraser, Toni Letts and Helen Redfern

A meeting of the **Scrutiny Health & Social Care Sub-Committee** which you are hereby summoned to attend, will be held on **Tuesday, 10 November 2020 at 6.30 pm. This meeting will be held remotely.**

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Monday, 2 November 2020

Members of the public are welcome to attend this meeting, or you can view the webcast both live and after the meeting has completed at <http://webcasting.croydon.gov.uk>

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If you require any assistance, please contact Simon Trevaskis 02087266000 as detailed above.

## **AGENDA – PART A**

### **1. Apologies for Absence**

To receive any apologies for absence from any members of the Committee.

### **2. Minutes of the Previous Meeting (Pages 5 - 12)**

To approve the minutes of the meeting held on 22 September 2020 as an accurate record.

### **3. Disclosure of Interests**

In accordance with the Council's Code of Conduct and the statutory provisions of the Localism Act, Members and co-opted Members of the Council are reminded that it is a requirement to register disclosable pecuniary interests (DPIs) and gifts and hospitality to the value of which exceeds £50 or multiple gifts and/or instances of hospitality with a cumulative value of £50 or more when received from a single donor within a rolling twelve month period. In addition, Members and co-opted Members are reminded that unless their disclosable pecuniary interest is registered on the register of interests or is the subject of a pending notification to the Monitoring Officer, they are required to disclose those disclosable pecuniary interests at the meeting. This should be done by completing the Disclosure of Interest form and handing it to the Democratic Services representative at the start of the meeting. The Chair will then invite Members to make their disclosure orally at the commencement of Agenda item 3. Completed disclosure forms will be provided to the Monitoring Officer for inclusion on the Register of Members' Interests.

### **4. Urgent Business (if any)**

To receive notice of any business not on the agenda which in the opinion of the Chair, by reason of special circumstances, be considered as a matter of urgency.

### **5. Croydon's Covid-19 Response and Budget Development Update**

The Sub-Committee will be provided with a verbal update on the ongoing response of local health and social care services to the covid-19 pandemic.

An update on the work within the Adults Service to address the Council's budgetary challenges will also be provided in this item.

The Sub-Committee is asked to review the information provided, with a view to:-

1. Considering what conclusions to make from the information provided.

2. Considering whether to make any recommendations.

**6. Croydon Safeguarding Adults Board - Annual Report 2019-20**  
(Pages 13 - 50)

The Sub-Committee is presented with the Annual Report from the Croydon Safeguarding Adults Board and is asked to review the document, with a view to developing any recommendations it may wish to make.

**7. Exclusion of the Press and Public**

The following motion is to be moved and seconded where it is proposed to exclude the press and public from the remainder of a meeting:

“That, under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information falling within those paragraphs indicated in Part 1 of Schedule 12A of the Local Government Act 1972, as amended.”

**PART B**

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## Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 22 September 2020 at 6.30 pm in Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX

### MINUTES

**Present:** Councillors Sean Fitzsimons (Chair), Andy Stranack (Vice-Chair), Pat Clouder, Andrew Pelling and Scott Roche  
Gordon Kay (Healthwatch Croydon Co-optee)

**Also Present:** Councillors Janet Campbell, Patsy Cummings & Bernadette Khan

### PART A

15/20 **Disclosure of Interests**

There were no disclosures of interest made at the meeting.

16/20 **Urgent Business (if any)**

The Chair advised the Sub-Committee that it had been agreed to add one urgent item of business to the agenda for the meeting, namely the Croydon Health Service NHS Trust Quality Account for 2019-20.

17/20 **Urgent Item: Croydon Health Service - Quality Accounts 2019-20**

The Sub-Committee received a report from the Croydon Health Service NHS Trust (CHS) setting out a draft of their Quality Account for 2019-20. It was noted that Quality Accounts were submitted to the Sub-Committee on an annual basis to allow for feedback prior to the final version being published..

The Chair highlighted to the Sub-Committee that the Quality Account had only been received on the day prior to the meeting, but as the deadline for the submission of feedback was 21 October and therefore before the next meeting of the Sub-Committee (10 November 2020) it had been agreed to include the report on the agenda as an urgent item.

Given that the report had only been circulated on the morning of the meeting it was agreed that there was insufficient time for Members to digest the information provided and as such it was agreed that receipt of the report would be noted at the meeting. It would then be left in the hands of the Chair, in consultation with the other members of the Sub-Committee, to finalise any comments for submission.

RESOLVED: The Sub-Committee resolved to:-

1. Receive and note the Croydon Health Service NHS Trust Quality Account 2019-20
2. Agree that any comments submitted to Croydon Health Service NHS Trust would be agreed informally by the Chair in consultation with the other members of the Sub-Committee.

(Note: At the meeting the Sub-Committee agreed to change the running order of the agenda to take the Covid-19/Winter Preparedness item before the Chair's Update on the South West London & Surrey JHSC Sub-Committee – Improving Healthcare Together item. The minutes are presented in the original running order to correspond with the published agenda.)

18/20

### **Chair's Update on the South West London & Surrey JHSC Sub-Committee - Improving Healthcare Together 2020 - 2030**

The Chair of the Sub-Committee, Councillor Sean Fitzsimons provided an update on the work of the South West London & Surrey Joint Health Scrutiny Committee's Sub-Committee that had been set up to scrutinise the Improving Healthcare Together plan (IHT).

It was advised that the three NHS Clinical Commissioning Groups (Surrey Downs, Sutton & Merton) overseeing the implementation of the plan had recently confirmed Sutton as the preferred location for a new emergency care hospital, which would result in the current facilities at the St Helier and Epsom hospitals being reduced.

The Chair highlighted that it had originally been expected that the JHSC Sub-Committee would reach a consensus on how to respond to the IHT, but this had not been the case. This meant that it was now within the remit of the individual boroughs to decide how they wished to respond.

Given the potential impact of this decision on healthcare provision in their borough the London Borough of Merton had decided to refer the decision to the Secretary of State for Health for review. A copy of the Merton referral had been appended to the report for the information of the Sub-Committee. At this stage none of the other boroughs (Kingston, Sutton & Wandsworth) or Surrey County Council had confirmed how they would be responding. The Sub-Committee was asked to consider how it wished to respond on behalf of Croydon.

From the discussion of the Sub-Committee it was clear that Member welcomed the additional investment in hospital infrastructure from the Government, particularly as many years of uncertainty over the future of the St Helier hospital had resulted in a detrimental lack of investment in site.

However, there was also support for the referral made to the Secretary of State for Health by the London of Borough of Merton, with concern noted about potential impact upon the poorest families in Merton and North Sutton due to poor public transport links to the identified site in Sutton.

Concern was also raised about the consultation process as it had identified the Sutton site as the preferred option and did not include an option for investing in both the Epsom and St Helier hospital sites, which may have influenced any responses given. It was also highlighted that as the consultation had been run during the Covid-19 pandemic this might have limited the number of responses received.

At the end of the discussion the Sub-Committee reached the conclusion that although there was no grounds for Croydon to make its own referral to the Secretary of State for Health, it recognised there was a case for Merton and other boroughs more directly affected to do so. As such it was agreed to endorse the referral made by Merton, with the response from the Secretary of State keenly awaited.

It was also agreed that the Chair would explore the potential for a joint endorsement for the Merton referral from the JHSC Sub-Committee when it next met in October.

### Conclusions

Following discussion of this item the Sub-Committee reached the following conclusions:-

1. The Government's investment in the local health economy was welcomed.
2. Many of the concerns set out by the London Borough of Merton's in its submission to the Secretary of State were echoed by the Sub-Committee, particularly those regarding the accessibility of the preferred site and the possible equalities implications of the decision..
3. The Sub-Committee agreed that it would endorse the referral made by the London Borough of Merton and keenly awaited the outcome.
4. It was agreed that the Chair would seek to explore the possibility of the Sub-Committee of the South West London & Surrey Joint Health Scrutiny Committee reaching a joint conclusion to endorse the referral made to the Secretary of State for Health by the London Borough of Merton.

### 19/20 **Croydon: COVID-19 & Winter Preparedness**

The Sub-Committee received an update on the preparedness of local health and social care services to cope in the event of a second wave of covid-19, which may be particularly challenging with winter approaching.. A presentation was delivered to the Sub-Committee by the following:-

- Rachel Flowers – Director of Public Health (Croydon Council)

- Matthew Kershaw – Chief Executive and Place Based Lead for Health (Croydon Health Service NHS Trust & Croydon Committee of the South West London Clinical Commissioning Group)
- Guy Van Dichele – Executive Director for Health, Wellbeing & Adults (Croydon Council)

A copy of the presentation can be found on the Council's website on the following link –

<https://democracy.croydon.gov.uk/ieListDocuments.aspx?CId=168&MId=2160&Ver=4>

During the course of the presentation the following was noted:-

- The current situation regarding covid-19 was moving at a pace although at present numbers in Croydon remained low. The number of covid-19 infections was increasing on a daily basis and the Prime Minister was due to give a national update later that evening on new guidance aimed at minimising the impact of any second wave.
- The current priorities were to keep children at school, protect the economy and ensure vulnerable people remained protected from the risk of infection.
- It was reiterated that the infection rate would only decrease if everybody was following the guidance provided by the Government.
- It was highlighted that response in Croydon has required a system wide approach across health and social care to manage the increased demand. For example the Living Independently For Everyone team had seen a fourfold increase in referrals during the pandemic, which had been managed through joint working.
- The Integrated Community Networks were also bringing together services with a focus on prevention and delivering proactive care.
- GPs across the borough had provided an essential front door to health services, with telephone triage, face to face appointments and home visits.
- Innovations such as digital outpatient appointments and both video and phone GP appointments had been essential in allowing services to continue during the pandemic.
- Croydon University Hospital was one of five London sites that would be piloting NHS 111 First, starting from 23 September. This system would allow people to book before attending A&E, which could improve waiting times and lower the risk of hospital acquired infections.



- The Croydon Elective Centre had been opened at the hospital. It was intended that this would increase the capacity for elective surgery by providing a separate, covid free entrance to the hospital and dedicated theatre and ward space. At present the level of elective surgery was at 83% of normal business as usual with plans in place to increase this.
- Thanks was given to the voluntary sector which had provided vital support to the vulnerable throughout the pandemic.
- There had been 15,000 vulnerable residents shielding in Croydon, many of whom had not previously been known to the Council. Support had been provided in a range of different ways including assistance with shopping and pharmacy support.
- The Council was working with Croydon Voluntary Action (CVA) to provide isolation and mental health support for residents.
- One of the key lessons learnt from the first wave of the pandemic was the importance of nutrition, with a need to ensure that people had access to hot meals and food.
- The response to the Council's work with care homes had been positive. This included ensuring there was a focus on containment, with Public Health working with providers on infection control. Infection control would remain a priority going forward, with it being essential that both staff and residents were kept as safe as possible.
- In the early days of the pandemic there had been a lot of concern about the provision of personal protective equipment (PPE) in care homes. The Council had worked with local providers to ensure stock was supplied where needed. There was sufficient stock available at the moment, but it remained important to ensure that the equipment was being correctly used.
- Testing capacity in the borough continued to increase. This was essential if regular testing was to be available for all care home staff on a weekly basis and for residents every 28 days.
- Work was underway to review the emergency care system ahead of the winter to ensure that it was prepared to cope with increased demand, with a bed occupancy of 92% being targeted. To achieve this it would require joined-up working between health and social care as well as internal planning at the hospital. It would be particularly important to work closely with social care on hospital discharge.
- The Public Health team was leading on outbreak planning for the second wave. The plan would take account of the potential increased demand for services, while maintaining elective surgery as far as possible. Gold Command could be set up as needed, with the current situation being closely monitored.

Following the presentation the Sub-Committee was given the opportunity to question the attendees on the information provided. The first question related to lessons learned from earlier in the pandemic and how this information would be used to inform decision making going forward. In response it was highlighted that new information was learnt about covid-19 on a daily basis, especially now that the availability of testing was expanding. It was important to use data to manage choices and options, with more data available now to be better able to judge where infection was happening and what response was required. There was also greater knowledge available on the treatment of covid-19 patients, both at an earliest stages of the infection and should their condition require hospitalisation. Scenario testing and managing risk through the identification of mitigation was also important to informing the management of future outbreaks.

In response to a request for more information about the roll out of the winter flu vaccine, it was advised that there would be a big push on seasonal flu vaccinations heading into the winter. This included the expansion of the criteria to receive a free vaccination to people over 50 and young children. Croydon University Hospital was expecting its first doses this week, with staff in the Emergency Department and Intensive Care amongst other front line departments being vaccinated as an initial priority. GPs would also be supporting the push and conversations were being held with pharmacies about their participation as well.

As testing was seen to be crucial to controlling the spread of covid-19, it was questioned whether the current capacity was sufficient and if not, when it was likely to improve. It was confirmed that there was a push to increase capacity to allow for routine testing, but at the present time it was not sufficient. It had been recognised that capacity across London was not where it should be and assurance was being given that this would improve.

It was advised that testing was only one part of containing the spread of covid-19. Part of the infection control money given to the Council by the Government had been used to minimise the movement of the care home workforce between homes. The Director of Public Health was provided with a daily list of people testing positive for the infection which was used to prioritise support. At the moment the main cause for concern for the spread of infection was schools rather than care homes.

More information was requested on the process used by CHS to minimise the spread of covid-19 during the hospital discharge process, as this was seen to be an area of particularly high risk. It was confirmed that discharging had been managed in consultation with the care homes throughout the pandemic. Patients were tested prior to arriving at the hospital wherever possible, tested again on day five of their stay and once more prior to discharge. If the final test results were not available at the time of discharge, the care home would be informed and the patient would be managed as if they had covid-19 until the test result confirmed otherwise.

As mentioned in the presentation, it was highlighted that the Public Health team continued to work with care homes to minimise the risk of a covid-19

outbreaks and understand the circumstances of individual care homes. Other providers of care such as sheltered housing schemes and communal living care also required support to prevent the spread of covid-19.

In response to a question about whether there had been a rise in demand for mental health services as a result of the covid-19, it was advised that studies had shown there would be a disproportionate impact upon mental health during a pandemic. There had been an increase in people presenting themselves at A&E with mental health related issues and CHS was working closely with the South London and Maudsley NHS Foundation Trust (SLaM) to support these patients.

The Council had been working with schools on the provision of mental health support for pupils. An initiative had also been launched to recruit 1,000 community mental health first aiders, with it highlighted that it was important for everyone to ensure they were looking after co-workers, friends and neighbours during this difficult time. It was also highlighted that mental health issues were likely to be a long term result of the pandemic which would require a whole system response.

It was questioned whether people's health had deteriorated outside of covid-19 from a reluctance to access healthcare services due to the risk of infection. It was advised that at this stage it was difficult to make a definitive judgement. Cancer treatment and surgery had been maintained at the Croydon University Hospital throughout the pandemic, but some elective surgery had been delayed. This increased the need to maintain elective surgery during any second wave, due to the impact upon individuals having to wait for their procedure.

When the Sub-Committee had originally discussed covid-19 at their meeting on 10 March 2020, concern had been raised about contact being made by Social Care with people to explore options for reducing their care package. As a result, confirmation was requested on how many people had accepted reduced care packages and when this would be revisited. It was advised that as part of the contingency planning, ahead of the first outbreak in the spring, contact had been made with people to explore options for reducing care packages in the event of staff shortages due to covid-19. In actuality very few people had needed to reduce their care and any reduction was managed in conjunction with families, with regular contact maintained. If there was any issues as a result of the reduction, then the usual level of care was restored.

Following issues with the supply of PPE during the pandemic amongst care providers, it was questioned whether these issues had now been resolved. It was acknowledged that in the early days of the pandemic PPE had been in short supply and the quality of what was available was not good, but the situation had since improved. It was set out in the contracts of care providers with the Council that PPE must be used where necessary. A portal had been set up by the Government for care providers to order stocks of PPE, but the Council maintained an emergency stock that could be accessed if required.

Further information was requested on the number of CHS staff who had attended the post first wave debriefing sessions. It was agreed that this information provided after the meeting. (Note – it has subsequently been confirmed that 184 staff members have attended debrief sessions).

From the Cabinet meeting the previous evening it had been noted that CHS was providing assistance to the Council with meeting its financial challenges. This support was welcomed by the Sub-Committee, with further information requested. It was advised that the NHS was fully engaged in the financial recovery of the Council, as health and social care continued to move towards a whole system approach for the borough. The Council had been supportive of health when it experienced its own difficulties in the past and the integration journey had enabled health to realise savings in a number of areas, which meant it was in a position to help the Council.

In response to the final question for this item, it was confirmed that there was no intention for either the hospital or GPs to move to full scale virtual appointments. Virtual appointments had proven to work well to follow-ups with patients after procedures and for routine checks, while also minimising the risk of infection. However, face to face appointments remained important and would be available if that was the patient's preference.

### **Conclusions**

Following discussion of the call-in, the Sub-Committee reached the following conclusions:-

1. The thanks of the Sub-Committee was given to the staff of the NHS, Social Care and Public Health who had continued to provide vital services, despite the often difficult circumstances and challenges created by the pandemic in the six months.
2. Although it was recognised that much of the delivery was outside of the control of the Council, there was significant concern that the capacity for testing was not increasing fast enough, given its importance to controlling the spread of covid-19.

### 20/20 **Exclusion of the Press and Public**

This motion was not required.

The meeting ended at 8.21 pm

**Signed:**

**Date:** .....

For general release

<b>REPORT TO:</b>	<b>HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE</b> <b>10 November 2020</b>
<b>SUBJECT:</b>	<b>Croydon Safeguarding Adult Board Annual Report</b> <b>2019/2020</b>
<b>LEAD OFFICER:</b>	<b>Guy Van Dichele – Executive Director Health, Well-being and Adults</b>
<b>CABINET MEMBER:</b>	<b>Councillor Janet Campbell</b> <b>Cabinet Member for Families, Health &amp; Social Care</b>
<b>PERSON LEADING AT SCRUTINY COMMITTEE MEETING:</b>	<b>Annie Callanan,</b> <b>Croydon Safeguarding Adults Board Independent Chair</b>

**CORPORATE PRIORITY/POLICY CONTEXT/AMBITIOUS FOR CROYDON:**

The Croydon Safeguarding Adult Board 2019/20 Annual Report is a statutory function of the Board under S43 Care Act 2014. Safeguarding Adults is therefore a key corporate priority and is part of all the relevant key plans for adult social care.

[Corporate Plan for Croydon 2018-2022](#)

<b>ORIGIN OF ITEM:</b>	The Annual Report of the Croydon Safeguarding Adults Board is scrutinised by the Sub-Committee each year.
<b>BRIEF FOR THE COMMITTEE:</b>	The Sub-Committee is presented with the Annual Report 2019/20 from the Croydon Safeguarding Adults Board (CSAB) and is asked to review the document, with a view to developing any recommendations it may wish to make.

**1. EXECUTIVE SUMMARY**

- 1.1 The purpose of the CSAB Annual Report is to detail the activity and effectiveness of the CSAB between April 2019 to 31 March 2020. The report is submitted by the CSAB Independent Chair, Annie Callanan. It ensures that the statutory partners (Council, Health and Police), residents and other agencies are given objective feedback on the work and the effectiveness of local arrangements for safeguarding adults. The report includes the 2019/20 objectives and the underpinning priorities for each outlining what has been achieved and the work which needs to continue to be worked on.

1.2 A Safeguarding Adults Review (SAR) was undertaken during this year of reporting and a summary by way of a 7 Minute Briefing for this SAR is included on page 13.

## **2. Croydon Safeguarding Adults Board Annual Report 2019/2020**

2.1 The CSAB Annual Report is introduced by the Board's Independent Chair Annie Callanan who took up post in January 2018.

2.2 The report is due to be presented at Cabinet on the 14 December 2020 and at the CSAB October Board meeting. It is an important function of the Council to have oversight of the adult safeguarding activity in Croydon. The report provides an update on the multi-agency work by the CSAB partnership to safeguard adults in Croydon.

2.3 The information gathered for this report is submitted by all partners, agencies and residents. It reports on the activities they have undertaken aligning the work to the board's priorities.

2.4 The data pages (9 - 11) includes sources from the data submitted to the DHSC in October 2020 which looks at safeguarding contacts received during 2019/20 and whether they have progressed to a safeguarding enquiry. The figures show a comparison between 2018/19 and 2019/20 with regards to the type of alleged abuse, number of referrals and ethnicity. Where appropriate percentages and numbers have been included and a breakdown of the source of referrals.

2.5 The data reveals the gap between the Black and Minority Ethnic (BAME) rate per 1000 population is 2.1, an improvement from 2.7 in 2018-19. However, the Asian groups and those classed as Black African are the least referred for safeguarding. More work needs to be done to improve this further and the report sets out plans on how this work can be taken forward, a new sub group 'Voice of the People' has been established and are looking at ways to improve engagement and communication with Croydon residents.

2.6 Page 11 provides a breakdown of the types of alleged abuse showing that 4 in 7 safeguarded adults allegedly experienced abuse in their own home a decrease of 1% compared to last year. Similarly 10 in 17 were allegedly experiencing abuse from someone they knew, a decrease of 2%.

2.7 National comparisons to neighbouring borough data is currently not available but can be shared when it has been published.

2.8 Each of the priorities are addressed by listing what has been done and what further work needs to take place. Below are some examples from the report:

2.9 **Prevention:** A further multi-agency audit was undertaken which included a challenge workshop, the theme was Dementia (page 18), this was well received and further audits planned. The Hoarding Project continues. The Local Authority has implemented Community Led Social Work focussed on prevention and moved to a Localities Model. Operation Nogi is an excellent example of partnership working with response Police Officers carrying out visits to vulnerable elderly people following referrals from ASC and Trading Standards.

- 2.10 **Commissioning:** The CSAB Intelligence Sharing Sub Group continues it's excellent work with partners, gathering information and intelligence in order to improve the Croydon provider market. CCG and CHS have been working towards an integrated model to strengthen safeguarding arrangements across the health services in Croydon.
- 2.11 **Making Safeguarding Personal [MSP]:** This initiative ensures the safeguarding process focuses on the needs of the person and their voice is at the centre of the safeguarding enquiry. Age UK continue to ensure the Croydon resident's voice is heard clearly and their wishes and preferences met to the best of their ability. The CSAB Scorecard implies that improvement has been made at identifying those who are lacking capacity and ensuring they are supported.
- 2.12 **Voice of the Croydon Resident:** This is an important part of the work of the CSAB and although there has been some areas of improvement (Page 20). However, further work in this area is needed and this work will be taken forward by the new Voice of the People Sub group which will be chaired by Nicky Selwyn, Chair of CASSUP. The group will be exploring ways of capturing feedback from those who have used the services with a focus on demographic groups which are under represented in the safeguarding data. Raising awareness of the work of the CSAB and understanding what 'safeguarding' means to residents will be part of this groups work programme. Page 22 of the report provides examples of feedback from those who have used the services.
- 2.13 **Communication and Engagement:** The board has continued to raise awareness of the work undertaken, this has been carried out by the team members attending meetings, speaking with partners, workshops, forums along with the new website. At the start of the Covid-19 pandemic the CSAB website was used as an information hub for the partnership. The engagement from partners and wider agencies is excellent and can be evidenced in the contributions for the annual report, multi-agency scorecard data collection, attendance at meetings and strong partnership working which was demonstrated during Covid-19.
- 2.14 As this report covers the period up to the end of March 2020 Covid-19 pages (pages 5 – 7) have been included. Although this covers the early stages of the pandemic the CSAB wanted to share the good practice which took place across the partnership, the list of possible increases in vulnerabilities and what needs to be done going forward. During the Covid-19 period the CSAB continued to carry out the statutory functions with the Board and Sub groups continuing to meet.

## Appendices

*Draft CSAB Annual Report 2019/20*

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# Croydon Safeguarding Adult Board **ANNUAL REPORT - 2019/ 2020**

**DRAFT**

***“working together safeguarding, supporting and making services better  
for adults in Croydon who are at risk of abuse and neglect”***



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# Foreword by Independent Chair

## Welcome to the 2019/20 Annual Report of the Croydon Safeguarding Adult Board

I am pleased to introduce the Annual Report of the Croydon Safeguarding Adults Board [CSAB] 2018 -2019. In this Report we identify areas where we have performed well, areas where we have much more to do and areas where we are, across all sectors, significantly challenged as we move into winter 2020.

We met to look carefully at the work we do as a Board on our annual Development Day, facilitated by a former Director of Adult Services and a current Board Chair. We decided that although we had made significant progress there was still work to do and so rather than move away from 2017 -2018 Priorities, we built on our achievements and honed them to reflect more challenging work.

Statistical information and Data Collection has improved year on year so that agencies are better informed about volume of work, recurrence of events and report progress, through provision of narrative from Operational Managers, in areas where real progress is being made. In that way agencies are better informed, able to work together to improve quality and to be assured as a Board of capacity for progress.

Our Lay Member who acts as an independent voice on the board has provided feedback (page 12) on the progress the board has made over the year. He plays an important role in the oversight and scrutiny of the CSAB decision making.

We have published a Safeguarding Adults Review (SAR) in relation to a case involving a 79 year old woman, found sometime following her death at home. It identified gaps in working across agencies to protect people who are vulnerable and this case has

helped all agencies to learn and led to changes in systems and practices.

Our priorities for 2018/19 were prevention, commissioning, making safeguarding personal, voice of the Croydon resident and communication & engagement.

It was agreed at the Development Day to establish a new Training and Improvement Sub group. The work of this group will involve establishing evidence that services are responding to Learning Events and Safeguarding Adults Reviews (SARs) as well as learning from multi agency audits. The work is focused on what works well and what works less well for those who use services and their families. It is our expressed intention as a Board to make sure we can evidence change and improvement in practice.

The CSAB has increased awareness of the Safeguarding Adult Board by supporting campaigns, an improved website and by publishing it's first newsletter which will in future months move to an online Blog. We have continued to build strong relationships across the wider partnership which has provided many opportunities for joint working and shared learning.

Further engagement work includes the work undertaken with Children's Services on areas such as Transitions between Children's and Adult services. We have further built on our relationship with SLAM leading to more opportunities and engagement providing shared insight into Mental Health Services.



We need to be better at engagement in order that we reflect the range of needs and wishes of Croydon residents including all BAME groups and individuals ensuring communities are not under represented in the data collections.

We were all, towards the end of the timeframe for this annual report, as individuals, families, institutions and services significantly challenged by the Covid-19 pandemic. Although this report covers the period up until the end of March 2020, we felt it to be important to share examples of the good practice and partnership working which took place across the sector at the start of the pandemic but also the challenges we face going forward.

As a Board we initially postponed two meetings but then took the decision very quickly it was important to the work of the board to hold all future meetings virtually and deliver on the board's statutory duties. The CSAB team offered their support to operational services wherever and whenever we could. We experienced staff, at every level in all agencies, step up and make sure that every vulnerable person in Croydon was and continues to be supported. The pressure was immense, the cost to individuals, members of staff who lost their lives and or members of their family and friends, members of our collective home or work community was unprecedented however, staff and volunteers in Croydon responded and services continued.

The SAB is aware the current climate remains significantly challenging not least due to the huge impact on all sectors of the Borough. Covid-19 will continue to challenge and we will, as a SAB, continue to work closely together to add value to governance and to maintain progress across all agencies in improving safeguarding services in Croydon.

I continue to appreciate the hard work of colleagues in making progress and looking forward to the year ahead as we continue to improve services and prevent abuse in Croydon.

**Annie Callanan**  
**CSAB Independent Chair**



## Covid-19: Good Practice across the partnership [March to July 2020 with further examples will be shared in the 2020/21 Annual Report]

CUH have been innovative by introducing a Memory Box arrangement, which has been used for children. These was a response where families had not been able to visit at end of life.

LA Care Support Team deep dive work with Care Homes

SLaM launched an APP which enables clients to interact with their clinical teams

Support for care homes across the partnership establishing a health & care Covid-19 coordination group. Bringing together agencies and many homes felt supported. Cannot underestimate the scale of difficulties they faced.

A Summit in June held by SLaM with an emphasis on prevention around MH to look at working together to protect communities in response to Covid-19.

GP practices adopted a remote first/total triage system as directed by NHSE and used video calls to support care homes.

GPs shared their positive stores with the designated nurse at a virtual GP safeguarding leads forum. One practice over ordered on hand sanitizer which they then transferred into smaller bottles for patients use.

Evidence of strong partnership working around hospital discharge

Operation Nogi has been stepped-up due to the increase in Covid-19 related scams especially targeting the elderly and vulnerable. This will enable more vulnerable people in the community to benefit from these visits. Crime Prevention on how to avoid coronavirus scams

<https://www.met.police.uk/advice/advice-and-information/c19/coronavirus-covid-19/fraud-and-scams>

**Challenges working under Covid-19**

- Safeguarding adults during extraordinary times in a pandemic – no previous experience of this.
- Organisations and agencies were learning to work in a very different way.
- Social Worker’s personal challenge of recent recovery from Covid symptoms and supporting family members recovering from Covid.
- Due to Covid lockdown communication with responsible local authority was challenging. IT eg phones not set up for home working. Information requests therefore not provided in a timely manner.
- Responsible authority not doing visits due to lockdown or providing updates when carers not allowed access.
- Delays in setting up package of care.
- Very little information was known about Matthew, no previous involvement from ASC.
- Accessing interpreter service.
- Difficulties in communicating with Matthew’s GP to ascertain health, mental health and possible substance misuse.
- Mary was not registered with a Croydon GP.
- No new patients being accepted by Croydon GP or home visit being conducted due to Covid.

**Mary’s Background**

Mary is a 84 year old Asian female of Indian origin and of Catholic faith who at the time of enquiry was living with her brother ‘Matthew’ in Croydon after moving from another borough. Mary worked as a nurse in India. She has complex health needs dementia, chronic kidney disease, high blood pressure, type 2 diabetes and Hypothyroidism. Mary was in receipt of a care package when in her own home and Matthew viewed himself as her primary carer. He was obstructive around care provision and could be physically and verbally aggressive towards professionals and care staff require police involvement.

In March 2020 Mary had been admitted to her local hospital just prior to the referral received by Croydon Safeguarding team on 13 March 2020. Mary was discharged to live with Matthew in Croydon who said he would accept a package of care which was never set up.

A safeguarding referral was received on the 13/3/20 possible neglect. Funding authority contacted to visit Mary and it was determined that she lacked capacity around care and residence. There was a delay in organizing the care package. Safeguarding enquiry was triggered.

**Outcome**

The funding authority facilitated a safe discharge to a short term placement for Mary in her home town and arranged an urgent DoLs. Mary was reported to be settling well.

A follow up call with Matthew who was reported to be fine and was getting his door fixed.

**What worked well**

- Effective and swift contact with pharmacist in both authorities.
- LAS provided a person centred response in line with MCA and MSP.
- Good partnership working.
- Ongoing management support and guidance through the enquiry.
- Personal development and learning for the Social Worker.

**Safeguarding Enquiry during Covid-19 : ‘Mary’**

**Summary of Work undertaken**

- 25/3 welfare phone call of both Mary and Matthew.
- 27/3 Welfare Visit (1), main concern Mary without medication but Matthew wished to collect it rather than delivered.
- 31/3 call to Matthew - non collection of medication.
- 1/4 Welfare visit (2) medication collected, meals on wheels refused by Matthew.
- 9/4 Emergency Welfare visit (3) but difficult to get into the property with Matthew saying he wouldn’t answer the door in the future. Concerns still around medication but Mary looked content and well dressed.
- 15/4 virtual formal safeguarding risk management meeting to be arranged – concerns around acceptance of care and saying he was moving to an unknown address. Safeguarding plan to be developed.
- 16/4 note on Matthew’s door ‘gone away for 6-8 weeks’. Mary’s neighbour confirmed they were still at home. Matthew attended the pharmacy on the 14/4, GP confirmed dementia diagnosis and agreed LAS needed to attend. Police contacted and joint welfare visit arranged. Virtual interpreter arranged.
- Social worker attended and believed they were in the property, Police took decision due to lack of evidence not to force entry and left.
- SW spoke to neighbours, note no longer on the door, Police called back and forced entry, LAS called. Matthew was aggressive and hostile so Police needed to be called back to restrain Matthew.
- SW accompanied Mary in ambulance, provided a comprehensive handover to nurses & interim protection plan for the funding authority. CHS safeguarding team informed of situation.
- Called funding authority to provide updates, hospital details and outcome of visit.

# Post Covid-19

Covid-19 has brought with it new ways of working to which partners have needed to adjust. During this time it was necessary to move to different ways of working across the partnership, there were many examples of working together to solve problems and finding new solutions to these new challenges. Flexible working across the whole sector was evidenced in the day to day working. However, it has also brought new demands in terms of safeguarding. This includes new vulnerabilities and the need for assurance that vulnerable adults are being safeguarded. These include:

- Page 23
- Impact on BAME communities and staff
  - 15,000 shielded residents
  - Mental health (children and adults)
  - Domestic violence
    - Exploitation
    - Peer abuse
    - Poverty
    - Suicide
    - Housing pressures
  - Rough sleepers stepping down to local authorities safely
  - Radicalisation
  - Emotional wellbeing
  - LD mortality
  - Level of referrals and complaints

**Resources and capacity to address the wide range of matters is a key concern for partners**





# Post Covid-19

## What needs to be done?

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Scale of support care homes will need particularly the emotional impact on families and care home staff where residents have lost their lives.

Consider how we deliver to those who are not IT-literate or lack access. Enabling people to be in the digital world

To be aware of resources and capacity to address the wide range of increased vulnerabilities.

CSAB to organise a development session on how to respond as a board a year on from the impact of Covid

ASC to continue to review the triage function going forward

Opportunities for increased collaboration across organisations

Further analysis required to understand areas of most need now and going forward

The use of the NHS for those who have stayed away during Covid-19 and the impact of health conditions going forward

The SAR Sub group will be anticipating a possible increase in SAR requests. There is a pan London discussion about a thematic review to which Croydon will contribute.

Plans for possible second wave



# Safeguarding Statistics for 2019-2020

The figures over the next three pages, are sourced from the data submitted to the Department of Health and Social Care in October 2020, which looks at safeguarding referrals received during 2019-20 and whether they progressed to a safeguarding enquiry for further investigation.

This dataset has also been configured to look at those safeguarding enquiries and to establish: where the adults at risk experienced abuse, the type of abuse alleged, who was allegedly abusing the adult, and the outcome of the enquiries.

The graphics on this page and the next show the demographics of the adults who had at least one safeguarding referral during 2019-20 and the graphics on the following page represent the same referrals which were progressed to a safeguarding enquiry during 2019-20 and their outcome (where known).

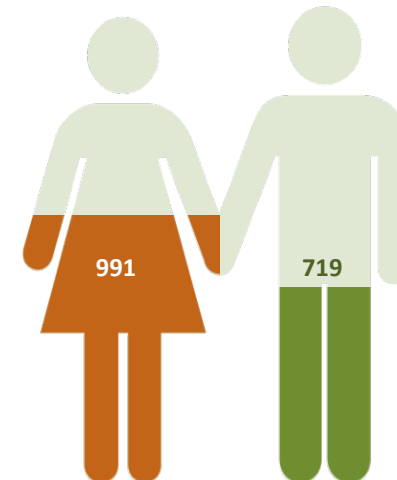
*Please Note:*

- *The figures show the comparison between 2019-20 and 2018-19 where possible.*
- *The location of abuse does not necessarily mean the adult was experiencing abuse from staff at these locations; for example, an adult may be experiencing abuse at a hospital, but it may have been from a relative visiting the adult who was alleged to be causing the abuse.*
- *Safeguarding referrals are known as 'safeguarding concerns' by the Department of Health and Social Care.*



# 1%

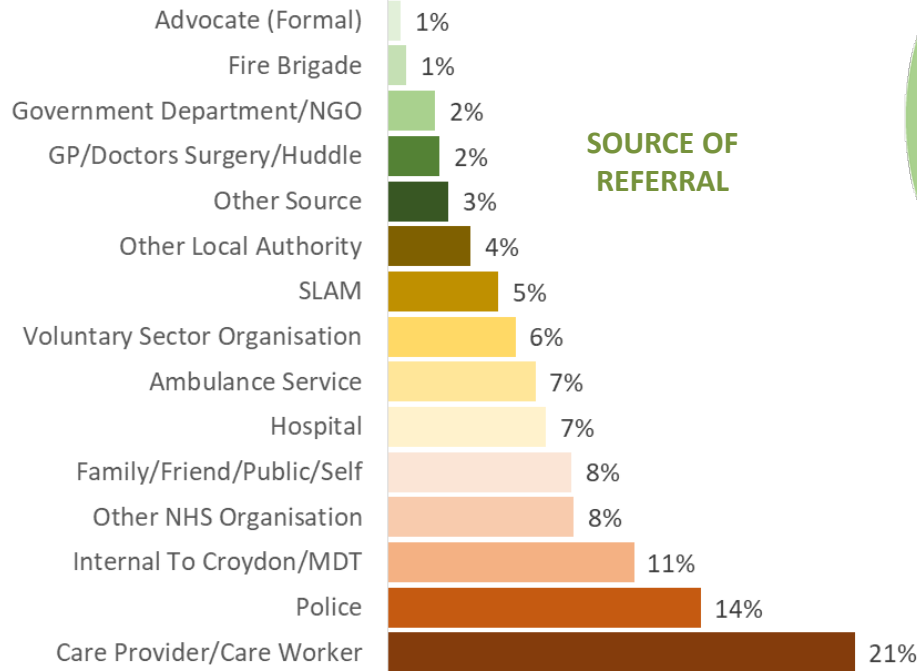
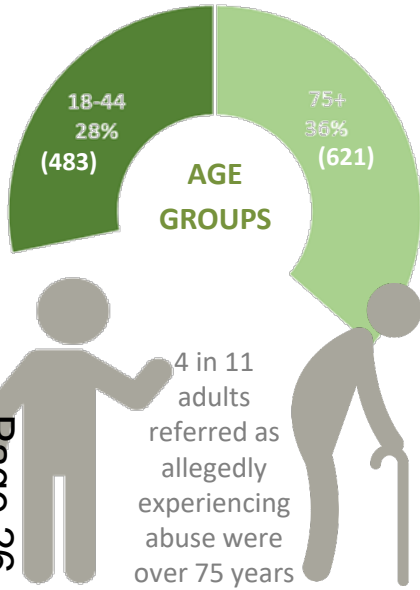
Of the adult population in Croydon had a safeguarding referral in 2019-20 (1711 compared to 1840 last year)



16% more females were reported as experiencing abuse than males, this gap has decreased slightly from 17% difference in 2018-19

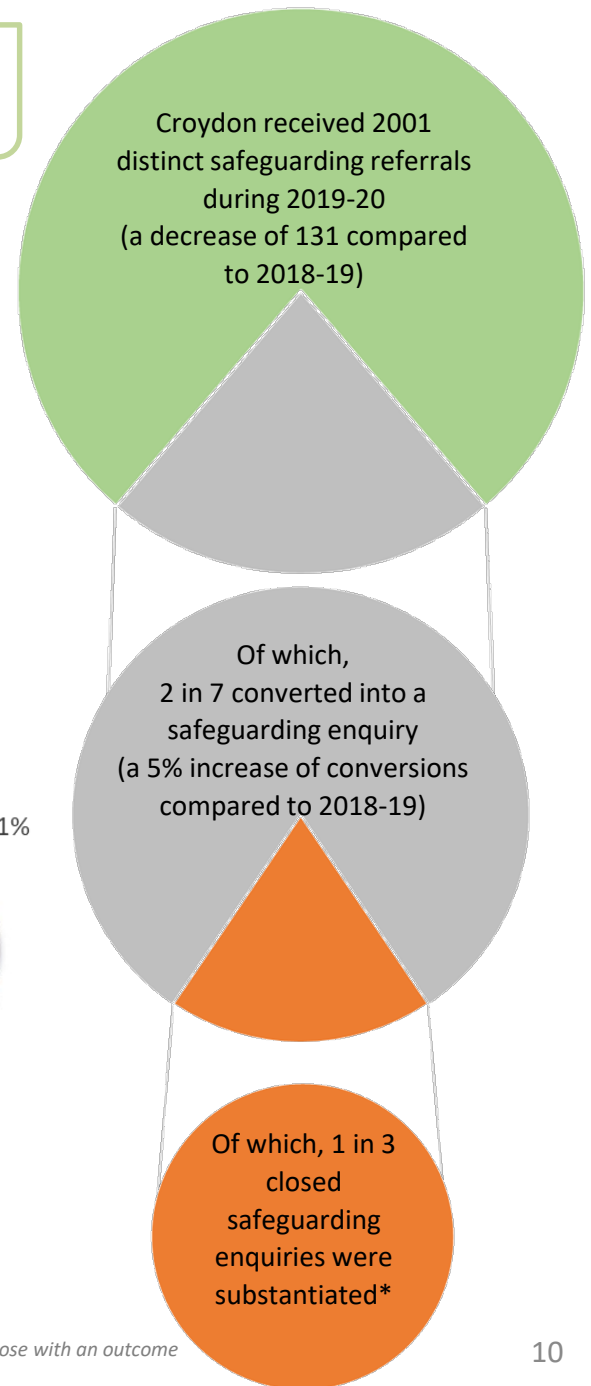
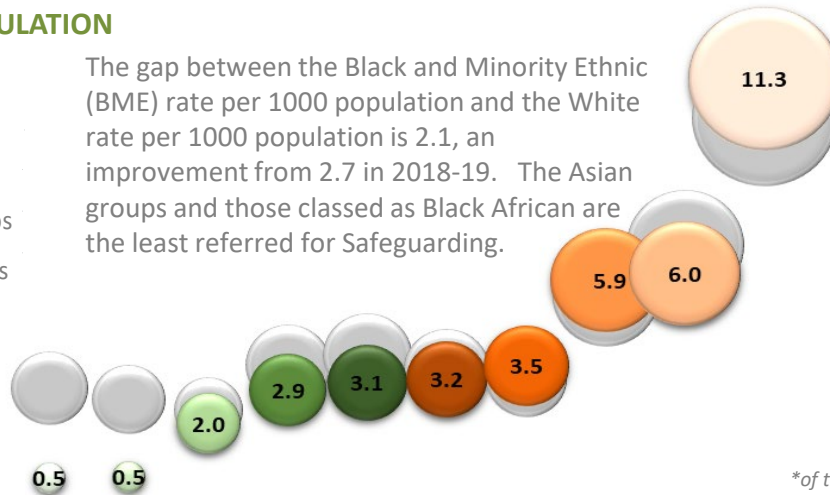


# Safeguarding Referrals Received during 2019-20



## ETHNIC GROUP RATE PER 1000 POPULATION

- Asian Chinese
- Asian Bangladeshi
- Asian Indian
- Black African
- Asian Pakistani
- Black Other
- Asian Other
- Black Caribbean
- White Ethnic Groups
- Other Ethnic Groups



\*of those with an outcome

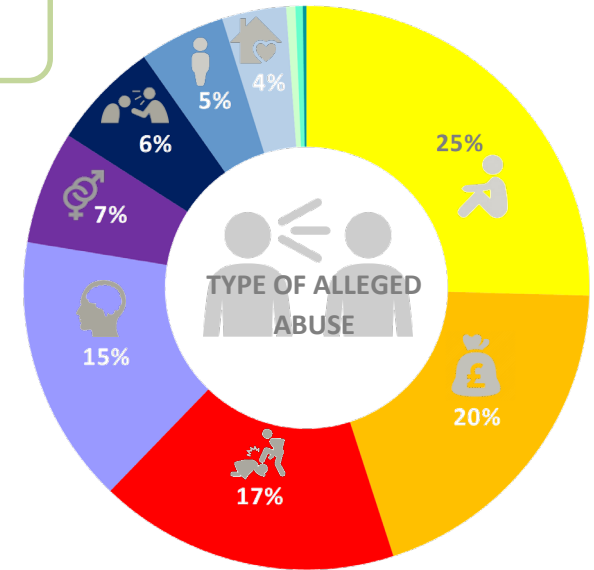
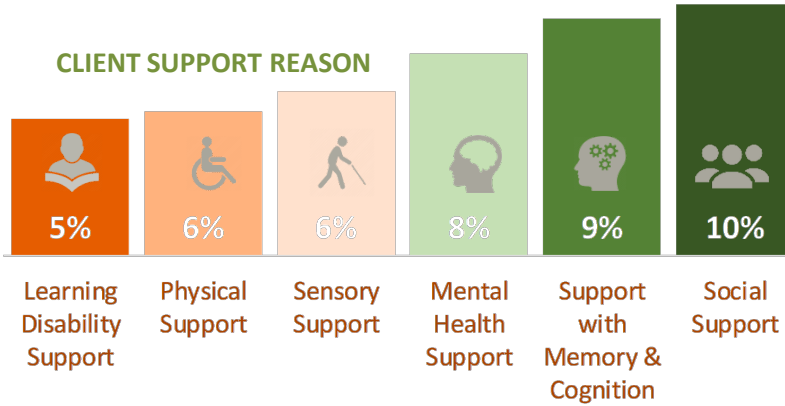


# Safeguarding Enquiries Started during 2019-20

Of the

# 583

Safeguarding Enquiries started in 2019-20 (up from 511 in 2018-19)



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4 in 7 safeguarded adults allegedly experienced abuse in their own home (a decrease of 1% compared to 2018-19)



2 in 7 safeguarded adults allegedly experienced abuse whilst in a care home setting (a decrease of 1% compared to 2018-19)



1 in 19 safeguarded adults allegedly experienced abuse in a hospital environment (a decrease of 1% compared to 2018-19)



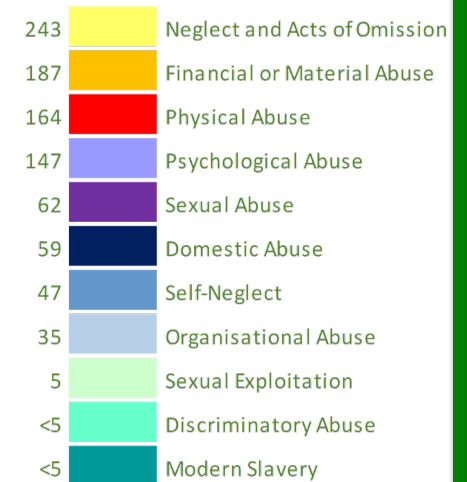
10 in 17 were allegedly experiencing abuse from someone they knew (a decrease of 2% compared to 2018-19)



1 in 3 were allegedly experiencing abuse from a formal carer (a decrease of 1% compared to 2018-19)



1 in 12 were allegedly experiencing abuse from a stranger or unknown person (an increase of 3% compared to 2018-19)



# Lay Member

They act as an independent voice and offer a wider perspective that recognises the diversity of our local communities in Croydon. Croydon SAB currently has one Lay Member. Lay Members play an important role in the oversight, scrutiny, decisions and policies made by the Croydon Safeguarding Adults Board.

“The importance of a Safeguarding Adults Review was demonstrated by the presentation to the Board of the VB SAR. Crucial lessons learned include speaking to the vulnerable adult and where energy bills are not paid working with the energy companies involved.”

“There has always been variations in how Local Authorities approach safeguarding, which makes comparison of numbers of alerts and conversion rates difficult. The initiatives by Croydon Adult Social Care, in consultation with partners, to improve the process are very welcome.”

“The Safeguarding Adults Review Sub group has looked at a significant number of cases to determine what form of investigation would be appropriate. We have the reports of the VB SAR (covered in this report) and have commissioned two further SARs. These along with other processes such as Learning Events, will go some way to reduce the level of abuse and neglect.”

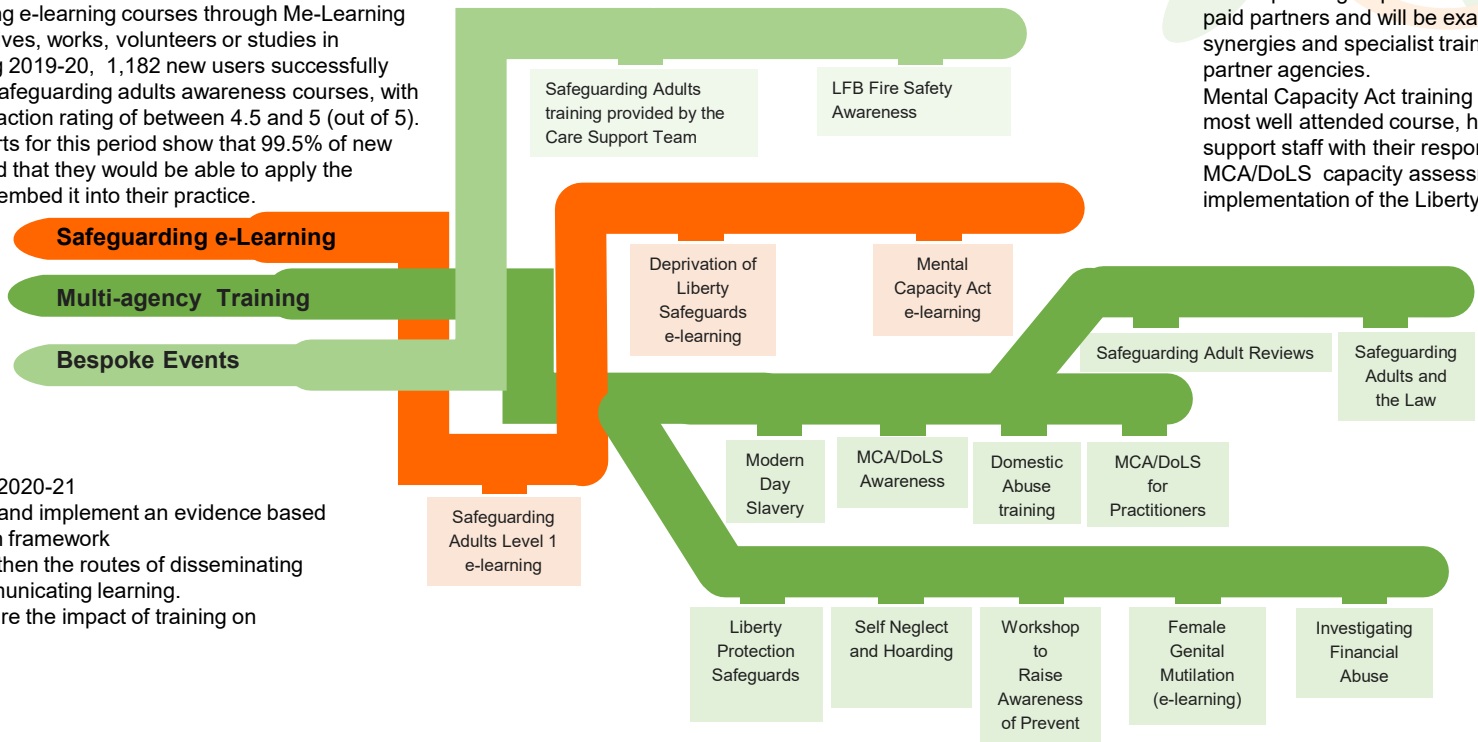




# Learning and Development 2019 – 20

The Practice & Development group was responsible for delivering, developing and evaluating multi-agency training across the SAB partnership. This function is now the responsibility of the newly established Training & Improvement sub group. Over the past 5 years, the SAB partnership with Croydon Council has consistently provided free safeguarding e-learning courses through Me-Learning to anyone who lives, works, volunteers or studies in Croydon. During 2019-20, 1,182 new users successfully completed the safeguarding adults awareness courses, with an overall satisfaction rating of between 4.5 and 5 (out of 5). Evaluation reports for this period show that 99.5% of new users responded that they would be able to apply the knowledge and embed it into their practice.

A review of the multi-agency training in 2019-20 highlighted a lower uptake of training by the Police and Fire Service, compared with Local Authority and Health attendance. As a result and in line with the CSAB's strategic priorities for 2020-21, the Practice Development group seeks to meet the needs of all paid partners and will be examining in detail the synergies and specialist training requirements of all partner agencies. Mental Capacity Act training continued to be the most well attended course, highlighting the need to support staff with their responsibilities around MCA/DoLS capacity assessments and the implementation of the Liberty Protection Safeguards.



### Priorities for 2020-21

- To agree and implement an evidence based evaluation framework
- To strengthen the routes of disseminating and communicating learning.
- To measure the impact of training on practice.





### Recommendations

- Assurance that GP Practices do not de-register vulnerable individuals on the basis of non contact only.
- Police officers using their body-worn cameras to record scenes regardless of the circumstances of a death in order to establish the home environment.
- To work with Housing and HMOs regarding to non-registered and unregulated houses.

Continue to monitor and improve the Adult Social Care 'Front Door'. ASC to monitor the waiting list, numbers and the ongoing time delay and indicators of how many referrals have been identified as being on the wrong list.

- For the CSAB to work with EDF energy to raise awareness of the EDF support initiatives.
- To monitor the recommendations set for SLAM.
- To raise awareness of and monitor the use of the RVMP, including audits to measure outcomes.
- Police and Mental Health to consider supporting the Croydon Adult Support (Front Door) Team with staff.
- ASC to consider introducing an integrated adult MASH.

### Case Summary

VB was 79 years old when she died. She was born in India and moved to England at the age of ten. She became a teacher and moved to London where she continued teaching until 1992. She was married for 45 years until the death of her husband in 2003. They owned a 4-bedroom premises in Croydon which she continued to live in after her husband's death. She informed the mental health service that it was rather a large house which was difficult to cope with but it had many memories and she could not cope with the stress of moving. This case posed difficulties for all agencies and it is relevant that none of the professionals ever had face to face contact with VB. Her nephew indicated that she could be difficult to engage with on a face to face basis.

### Learning

- Short focussed Bite Size Mandatory Training sessions which will examine key issues for ASC – mandatory for ASC staff.
- Presentation on the case shared with ASC managers.
- Merlin management between Police and ASC taking place through daily meetings.
- Police use of wearing body-worn cameras.
- How do all agencies engage with people who resist support – how do we communicate?
- Ensure the person has been seen.
- The GP Practice has made changes in response to the review around deregistering patients if no response from letters there will be a follow up visit or phone call.
- Continued work with ASC Front Door.
- Engagement with EDF Energy colleagues.

### For consideration:

- The author explored how EDF Energy respond to vulnerable adults. They have completed 'consumer vulnerability training', high consumption training and more recently dementia awareness. To date over 2,500 staff members have registered as a dementia friend. The Priority Services Team (PST) have had bespoke MIND training and Macmillan were invited to provide emotional resilience training to many of their teams. The PST is the first point of contact for front line staff.
- It is important to consider how the environment may be impacting upon a vulnerable person, so the reviewer has attempted to establish what processes are in place when multiple occupancy of rented property is being considered.
- It is important to highlight the role of the EHO as their actions should be considered as good practice. The officer was persistent which led to ASC identifying the case was on the incorrect waiting list.



# CSAB Priorities 2019 - 20



# Priorities 2019/20

The following objectives for the Board were agreed with the underpinning priorities:

Prevention	Commissioning	Making Safeguarding Personal	Voice of the Croydon Resident	Communication & Engagement
<p>A system which prevents abuse from happening and share lessons for proactive development</p> <p>Better to take proactive action before harm occurs</p> <p>Early Identification and provider market management</p>	<p>Where the abuse occurs we remove or reduce the abuse reoccurring.</p> <p>Commissioned services need to reflect needs of the population.</p> <p>Robust response to market failure [new Provider Market Policy agreed]</p>	<p>Where the person is at the centre of an enquiry.</p> <p>People being supported and encouraged to make their own decisions and empowered by advocacy</p> <p>People's needs to be listened to.</p>	<p>What is important to Croydon's residents and ability to address their needs.</p> <p>Local people have a voice by way of feedback and arranged interviews</p> <p>Service listening and meeting people's needs.</p>	<p>A system where people know how to get information and advice.</p> <p>Easy accessible information being made available both online and in print.</p> <p>Raising awareness of the CSAB including a refreshed web presence.</p>

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# Prevention

## What we have done:

- Implementation of Community Led Social Work focussed on prevention and a move to a Localities Model.
- A robust process to enable tracking of decisions made and actions to be taken with regard to Safeguarding Adults Review requests.
- Under delegated commissioning the safeguarding team within the CCG provide safeguarding training to staff in GP practices across Croydon.
- Daily meetings taking place between Adult Social Care and the Police MASH officer with regard to Merlins received.
- Multi agency Dementia themed audit undertaken.
- Work underway for the Implementation of the adult safeguarding roles and competencies for healthcare staff published in August 2018 by 2021 [CCG].
- Local Authority Rough Sleepers programme.
- Mind – Suicide Prevention Project.
- Training delivered by the safeguarding team to the transition team, building a strong relationship.
- Hoarding Project [\[insert information\]](#)
- London Borough of Croydon Risk Tool used by the council and training offered to other partners.
- Operation Nogi is an excellent example of partnership working. It involves Response officers in South Area BCU carrying out visits to vulnerable elderly people following referrals from Adult Social Care and Trading standards.
- Age UK work closely with the Local Authority's S42 Safeguarding Team and other Social Care teams, Trading Standards, Police, and organisations from other sectors.
- Age UK's Safeguarding Lead delivers safeguarding training to external organisations when requested to do so. CEO is now an additional safeguarding lead, this means safeguarding runs through all Age UK Croydon. Safeguarding lead continues to deliver internal courses to all staff, volunteers and trustees.

## What needs to be done

- Continue the work with the Hoarding Project.
- Undertake an analysis of SAR themes.
- Identify ways to measure the impact of the prevention work undertaken for Croydon residents.
- Take forward recommendations from the themed audits held around self neglect and dementia. [see page 17]
- Continue to engage and work with the Violence Reduction Network specifically around Modern Slavery and BAME engagement.
- Evaluate the evidence of improvement and impact from learning and training.
- Further roll out of the LBC Risk Tool to all agencies.
- Continue partnership working on Operation Nogi. If you would like to refer someone to benefit from the scheme, email the Operation Nogi team at [SNMailbox-OPNOGI@met.police.uk](mailto:SNMailbox-OPNOGI@met.police.uk).
- Age UK have been asked to participate in the NOGI initiative; this is a joint initiative involving the Police, Trading Standards, Social Services, and AUKC, to protect vulnerable people in the borough of Croydon.
- Age UK Continue to address and have explained CV gaps, with rolling DBS updates from all staff and volunteers.
- Consider training on risk thresholds, multi agency workshops on "What is a safeguarding?"
- The Identification & Referral to Improve Safety (IRIS) Project will continue after being paused during Covid. This helps GPs respond better to Domestic Abuse.
- Undertake two further Multi Agency audits, a follow up to the Self Neglect audit and an audit on Mental Capacity.
- Increased training between LFB and safeguarding teams to develop a better understanding of risk and appropriate safeguarding referrals. [LFB]



## Locality Model: focus on local early intervention and prevention

1. Croydon Council services in partnership with the NHS and Voluntary Sector are moving to an integrated model of support focussing on 6 Localities. This work will pick up pace over the next year.
2. Key principles of model include:
  - Community Led Social support focusing on people's strengths
  - Services are increasingly accessible locally
  - Services are easier to navigate
  - Collaboration between services
  - Collaboration with partners and the Voluntary and Community Sector at the local level
  - Connecting residents with local services across the agencies
3. Already established are Older People Locality teams, Huddles of professionals around GP Surgeries, and Integrated Service Networks.
4. New development of Integrated Service Networks + (ISN+). This includes:

A 'Talking Point' is running every Monday morning in Parchmore Community Centre where:

  - the Food Stop is also held with access to discounted food
  - residents can drop in without appointment to talk to Age UK, Adult Social Care, DWP and other partners
  - people can get healthy living support, housing and benefits advice and connections into community activities



## Key Challenges

**Recording :** inconsistency of recording across the cases with better recording of discussions and sharing of information required. A big challenge regarding the different systems used across agencies.

## Information Sharing/

**Communication:** Some evidence of intelligence sharing however, there were some cases where this was absent. Communication with families need to be an ongoing process although there was evidence of good communication.

**MSP:** Some good work with GP Huddles and referral pathway. However, needs to be more person centred with further consideration given around diversity, culture and interests of the person.

**Assessments:** There was evidence of good assessments however, there were concerns of lacks of assessments, timeliness and quality.

**Commissioning:** there was concern raised around inappropriate placements with some of the cases.

## Background

The CSAB Performance Quality and Assurance Sub group undertook a multi agency Dementia Audit. Twelve cases known to Adult Social Care, where Dementia was identified were selected and the CSAB requested the involvement from the board's partners, agencies and voluntary sector.

The completion of the audit was followed by a workshop held on the 26 November 2019, it was crucial to this piece of work that those completing the audit were in attendance where all agencies would determine a collective audit judgement on each of the cases and provide a forum for challenge.

## Workshop Format and Analysis

Workshop attendees were asked to grade the cases using the following rating:

Outstanding/Good/Adequate/Requires Improvement/  
Inadequate

Ratings agreed at the workshop on the whole were consistent with those provided in the audit. There were no outstanding ratings however, three cases rated Good.

As cases were rated by two groups this provided some inconsistency with the ratings eg a rating of Good and Adequate by another group.

Other ratings included one case being seen as adequate and another requiring improvement.

## For consideration:

- There was evidence of good information sharing so to consider how to share information across agencies more efficiently.
- More exploration required around additional support for staying at home. More person centred approach to be considered.
- To consider a system to alert GPs and Pharmacists when prescriptions are left uncollected.
- To find ways to address where carer's assessments are lacking and the timeliness of these assessments.
- To feedback to commissioners the concern around inappropriate placements.
- To capture the learning and recommendations from the workshop and share with the CSAB and across partners.
- To recommend follow up on cases which caused concern during the workshop discussions.
- Continue to undertake themed audits.



# Commissioning

## What we have done

- Under delegated commissioning the safeguarding team within the CCG provide safeguarding training to safeguarding leads within GP practices across Croydon.
- Commissioning of the Significant 7 training in care homes [CCG]
- Introduction of quality assurance officer within the Council to focus on service provider issues and to compliment the work of the Care Support Team and Quality Monitoring Teams.
- Multi agency monthly Intelligence Sharing meetings take place and this group has excellent engagement from all partners/agencies.
- Management of the provider market through market oversight.
- Provider Forum meetings held offering a forum for shared learning.
- With CCG colleagues CHS have been working towards an integrated model to strengthen safeguarding arrangements across the health services in Croydon, this integration will help with succession.
- Adult Safeguarding Roles and Competencies for healthcare staff published August 2018 – implementation by 2021 as mandated by NHSE.
- Accurate records of safeguarding referrals made or received, stats produced on a monthly basis, and quarterly for our board meetings. **[Age UK]**

## What needs to be done

- Strengthening oversight of initiatives by NHS England in addition to ADASS.
- The Intelligence Sharing Sub Group to continue its excellent work with partners gathering information and taking action to improve the provider market in Croydon.
- Continue to develop the integrated model for safeguarding across the acute trust and the CCG [CHS].
- Consider the rise in the number of Provider Concerns in care homes which was highlighted at the Dementia Audit held in November.
- Age UK continue regular updating of their safeguarding policy.
- Hold a MH Provider Concerns workshop to understand current processes in place and address any gaps.

## What does CQC have to say about Croydon's Provider Market?

*[as at July 2020]*

CQC Ratings	Care Homes	Dom Care Agencies
Outstanding	3	0
Good	104	72
Requires Improvement	22	9
Inadequate	1	1
Not rated	1	27



# Making Safeguarding Personal

## What we have done

- MSP is embedded as a topic in every single adult tool used by Croydon Adult Social Care.
- The NHS will include patients and their next of kin in Serious Incident Report processes under the duty of candour.
- Health colleagues have been supporting the S42 team with regards to health referrals.
- Multi Agency Dementia Audit undertaken in November 2019.  
Health Task & Finish Group developed a Health Template to support S42 enquiries which was signed off by all partners.
- Improved Advocacy support. Data implies (comparing 17/18 to 18/19) that improvement has been made at identifying those who are lacking capacity and ensuring they are supported.
- We continue to ensure the Croydon resident's voice is heard clearly and their wishes and preferences are met to the best of our ability. (Age UK)
- Liaison between the LFB and ASC [Professional Standards Team (PST)] to establish ongoing risk levels within hoarding properties. [Paused due to Covid-19]

## What needs to be done

- Capture the voice of the vulnerable adult.
- Work further with the ASC Threshold Guidance Tool with regards to the tool being adapted specifically for partners use.
- Greater assurances are required as to how all Board Partners embed MSP in operational work.
- Ensure all referrals are captured so there are no gaps missing within the data such as younger adults.
- Address better support for independent living.
- Develop an overarching strategy and programme for homelessness to include vision, ownership and direction.
- Build on the multi agency training programme specifically around frontline staff in order to be able to see the whole person's needs.
- Improve the multi agency response to self neglect and how to improve practice going forward.
- Review having more minority group leaders represented within the CSAB structure in order to get the message out across to groups that any level of abuse is not accepted and should not be tolerated. [Age UK]
- Further support projects such as the 'Break Through Hoarding Project' in order to educate and inform people [LFB]
- Revisit the liaison work between LFB and ASC to establish ongoing risk within hoarding properties. Improve communication links in order to remove properties from LFB risk data base.



# Voice of the Croydon Resident

## What we have done

- Information and Advice Team provide support, assistance and advocacy to represent the residents of Croydon and empower them to represent themselves [Age UK].
- Robust processes in place for LD mortality review programme where carers voices are heard [CCG].
- Provider Forum meetings held, learning from SARs presented to this forum.
- Mapping of current BAME engagement, to ascertain work currently being undertaken and identify gaps.
- SAR Sub Group commissioned a homelessness workshop for 2020 following SAR requests received.
- Croydon Police and Adult Social Care visited Westminster colleagues to share actions and progress around links with SNT/Hostels and joint working when dealing with homelessness.
- Age UK have a representative at the quarterly CSAB meetings, highlighting issues raised through Croydon residents and the organisation

## What needs to be done

- The voice of the resident is an area which needs improvement and to explore ways of capturing feedback from those who have used the services.
- Focus on demographic groups which are under represented in the safeguarding data.
- Look at current feedback mechanisms with a view to improve or introduce new systems.
- Voice of the Community T&F Group to be established as a Sub group of the CSAB: Voice of the People. A programme of work to be agreed but will encompass BAME engagement.
- Commissioning Team to continue their work with Healthwatch to capture the client voice.
- Homelessness Workshop to be scheduled in September 2020 following up on a SAR request.
- BAME engagement to be taken forward - strategic discussions, mapping of the work across partnerships and identifying a programme of work for the Voice of the People Sub group.
- Continue to learn from other SABs across the country who have embedded a work programme around engagement.



# Voice of the Community

'Residents have expressed their gratitude to officers visiting them as part of Operation Nogi'. A 78 year old man who was almost conned out of £40k in an investment scam but information was given to him during a visit.

*'I just wanted to express my thanks to xx for working so collaboratively with our Locality team in recent weeks to get a very positive outcome for xxxx. So thank you for helping us to get xxxxxx back to xxxx that we are in a position to take forward these necessary actions*  
[Feedback for a Newly Qualified Social Worker]

'Whenever I hear success stories, I always wonder, "Ah, but is it sustainable?" Having been lucky enough to get a place on the first, ground breaking, Hoarding Project, I can say that, from my personal experience, its positive effects have continued to make my life better. I still have underlying mental health issues; I still have days when I want to hunker down & shut out the world. But ever since the project, I have many more 'open curtains' days than 'closed curtains' ones. I'm so glad other people are being supported to 'open their curtains'.' [Hoarding Project]

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*'I really wanted to offer my sincere thanks for the help he provided to my xxxx. He went above and beyond to make sure xxxx was able to receive a hot meal during the current covid crisis as well as offering support with xxxx medication. He has amazing communication skills and given the current circumstances was able to act swiftly in managing my xxxx situation. I am extremely grateful for the advice and support he has given in the last few days. He is an outstanding **adult social care worker and a credit to LB Croydon.** [S42 team]*

'Really proud of the positive impact this initiative is having on helping the most vulnerable elderly and isolated people within the community' [Police]

The adult at risk is better informed of what abuse is and how it can be reported. Also the adult is often too frightened to inform or report abuse but can be relieved it is now recognised and being dealt with. We continue to see a steady level of referrals which often become enquiries. [Age UK]

"I would like to thank the colleagues who make the Staying Put Scheme possible, Reablement Services & SlaM for their help in introducing me to the scheme. The Scheme has turned my life around. It's improved my physical and mental health enormously."

'Operation Nogi is building on the excellent work that council teams including Adult Social Care and Trading Standards already carry out to protect our older residents, particularly important during this unsettling time due to Covid-19'  
[Councillor Hamida Ali]



# Communication and Engagement

## What we have done

- Raising awareness of the work of the CSAB through meetings, website, events.
- Attendance at national and London safeguarding networks.
- Development of integrated health and social care locality services for people under 65.
- First CSAB Newsletter published in December 2019 and discussions held to for further newsletters to be a form of a blog.
- Data collected is used well and evidence that it provides the ability to have multi agency discussions.
- Adopted the use of 7 minute briefings introduced by children services. This was used for the VB Safeguarding Adult Review. [page 10]
- Partnership working and continued relationship building which is evidenced by the data collection, themed audits and training.
- Joint executive meetings between the CSAB and CSCP established setting joint priorities.
- Sign off and implementation of the Data Sharing Agreement.
- CSAB Development Day held in January 2020 when new priorities were agreed.
- CSAB assisted in the revision of the LondonADASS Safeguarding Adult Risk Assessment Tool.
- Training undertaken for Age UK Croydon Leadership team in how to support their teams in the Safeguarding process.
- CSAB Website continued to be improved and during Covid-19 used as an additional information hub.
- March 2020 a new Sub group agreed for Training and Improvement.
- Working across the partnership to develop a more integrated safeguarding model.
- Continue to develop the website as a multi agency information hub.
- Continue to use the 7 minute briefings in order to share information, provide guidance and summaries for SARs.
- Provide clear evidence that all partners are involved in the data collection and to use this for future themed audits.
- Continue to communicate and engage with safeguarding adult board chairs and board managers across London and nationally. Forum for sharing of good practice.
- Adopt the new board structure, develop Terms of Reference for the new Training and Development Sub group.
- Undertake the LondonADASS Safeguarding Adults Risk Assessment Tool with partners and voluntary sector in September 2020. To be followed by challenge events.
- Improve the on-line safeguarding reporting process, to ensure we get confirmation of receipt of referral, and the name of the officer dealing with the query / issue. [Age UK].
- Redesign of the safeguarding leaflet in order to reach communities to raise awareness of safeguarding. The work to include various leaflets and posters.
- Take forward the priorities agreed at the January 2020 Development Day.
- Take forward further newsletters for the CSAB using a Blog.
- Improve communication links to provide feedback on referrals made to ASC in order that crews are informed if referrals were appropriate or not. [LFB]





# Governance & Accountability arrangements



Care Act  
2014

## SAB Membership

includes:  
Local Statutory  
and voluntary  
sector  
organisation and a  
Lay Member. Led  
by an  
Independent  
Chair

**Safeguarding Adult Board [SAB]**  
**Statutory Partners are:**  
Local Authority, Police, Clinical  
Commissioning Group

## Core duties of the SAB

Publish an Annual  
Report

Develop and  
publish an Annual  
Strategic Plan

Arrange  
Safeguarding  
Adult Reviews

The SAB will embed the requirements of the overarching Care Act to:

Assure that local safeguarding arrangements  
are in place as defined by the Act and  
working well across all relevant agencies

Prevent abuse and  
neglect where  
possible

Provide timely and proportionate  
responses when abuse or neglect is  
likely or has occurred



# Funding arrangements for the CSAB

The Safeguarding Board is jointly financed by contributions from partner agencies and it is acknowledged that organisations give their time and resources to support the functioning of the board. The Board has again successfully managed a balanced budget, despite there being no increase in member contributions.

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## Income 2019/20

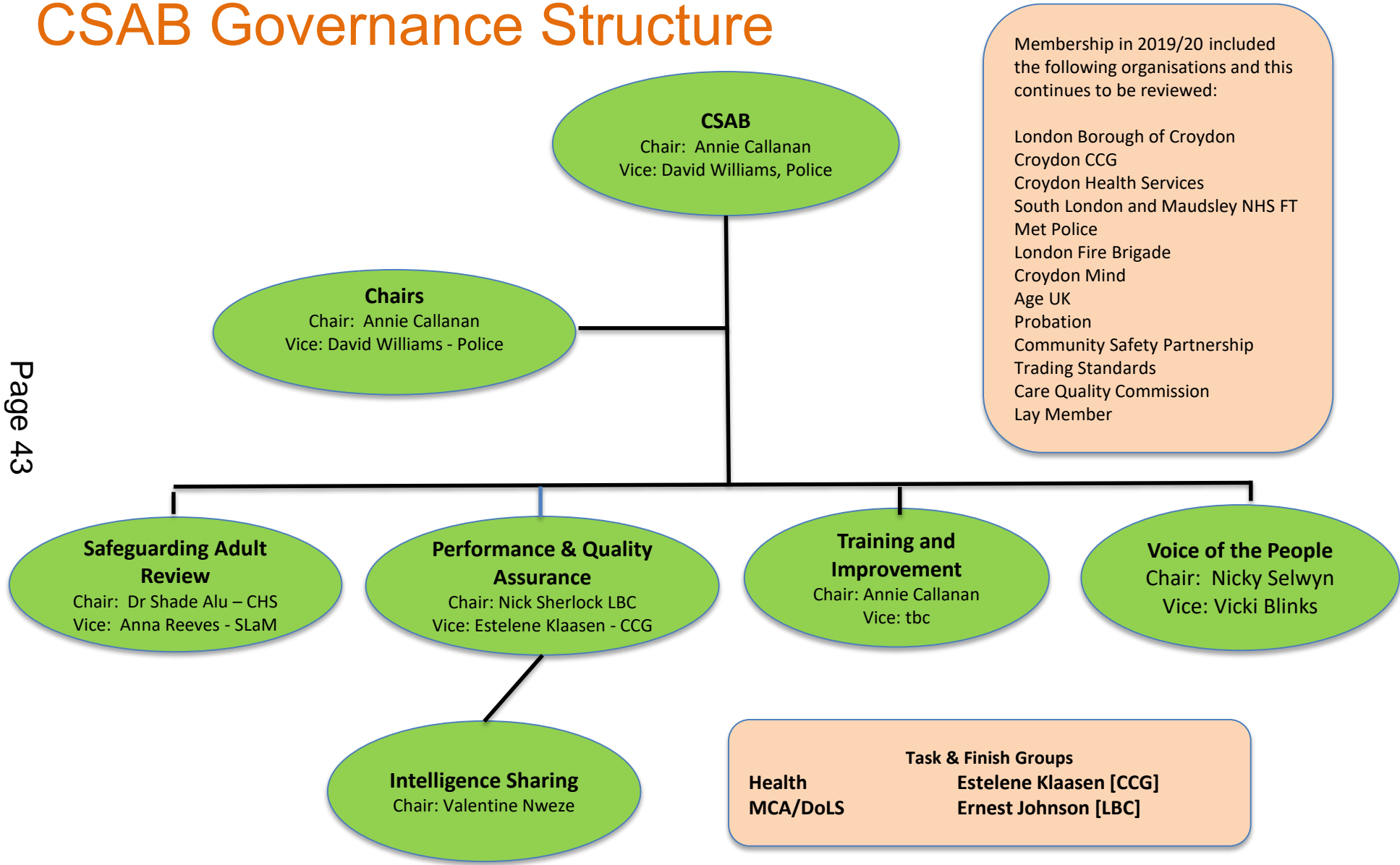
£58,660	London Borough of Croydon
£21,670	Clinical Commissioning Group
£21,670	Croydon Health Services
£15,000	South London & Maudsley
£5,000	Met Police
£1,000	London Fire Brigade
<b>Total</b>	<b>£123,000</b>

## 2019/20 Expenditure:

£91,975	Staffing
£118	Expenses
£3706	Website design & support
£573	Premises hire and catering
£2841	Training
£6600	SAR budget [note currently 3 SARS in progress]
<b>Total</b>	<b>£105,813</b>

# CSAB Governance Structure

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# Role of the CSAB Sub Groups

All sub groups will be led by an agreed Board member to ensure governance and accountability. Each Sub group will produce a quarterly report regarding progress on their activity against the strategic priorities and this will inform the Safeguarding Annual Report.

## Chairs Sub Group

The Chairs monitor and review the progress on the Board's Strategic Plan, to monitor and review the Board's business management and planning cycle and to ensure coordination of the Board's work through its sub groups.

## Performance and Quality Assurance Sub Group

To support the work of the Croydon Safeguarding Adult Board (CSAB) by overseeing, supporting and monitoring the delivery of high quality multi-agency arrangements in Croydon to safeguard adults at risk of abuse.

## Safeguarding Adults Review Sub Group

To consider requests of any case which may meet the statutory criteria and to make decisions on this basis' to make arrangements for and oversee all SARs; to ensure recommendations are made, messages are disseminated and that lessons are learned.

## Training and Improvement Sub Group

To work in partnership as a multi-agency forum to explore and implement the training and learning needs of partners in order to deliver a co-ordinated training programme. The programme will be focused on improving the outcomes for adults at risk in Croydon. It will be important for this group to have oversight of training taking place across all sectors in order Identify gaps and duplication.

## Intelligence Sharing Sub Group

To support the CSAB with regards to the prevention of safeguarding [Care Act 2014 and London Multi-agency Adults Safeguarding Policy and Procedures] by managing of the provider market through frequent market oversight. To allow colleagues from all aspects of health and social care to share good practice and concerns. To help avoid silo working, set actions and provide support and guidance to providers.

## Voice of the People

To work to ensure the voice of the Croydon resident is heard and acted on. To support a person centred approach and focus on demographic groups which are under represented in safeguarding data. Raise awareness of safeguarding and what it means to the resident.



# London Ambulance Service (LAS) precis of annual report 2019-20

Click link for full report <https://www.croydonsab.co.uk/information-resources/>



## Safeguarding Annual Report 2019 – 2020





# CSAB Priorities 2020 – 21



# Priorities 2020/21

The following priorities were agreed at the Development Day in January 2020. Cross cutting themes will include the Voice of the Croydon Resident and Communication and Engagement

Prevention	Commissioning	Making Safeguarding Personal	Quality and Improvement
<p>Self Neglect - hoarding, housing, homelessness, rough sleeping and health needs.</p> <p>Mapping of work currently taking place around homelessness.</p> <p>Working group to be set up who will develop a work programme.</p> <p>Link with the work of the Violence Reduction Network</p> <p>Transition</p> <p>Professional curiosity.</p> <p>Early intervention.</p> <p>Raising awareness of the work of the CSAB.</p>	<p>Provider training</p> <p>Commissioning of services and engagement with providers</p> <p>Voice of Croydon resident</p> <p>Communication and Engagement</p> <p>Services to reflect the needs of the population.</p> <p>Robust response to provider failure.</p>	<p>Person centred approach.</p> <p>BME engagement</p> <p>Voice of the Croydon resident – is it heard and acted on?</p> <p>Communication and engagement.</p>	<p>Continue to use and development the multi agency dashboard.</p> <p>Impact of multi agency training.</p> <p>Impact of the learning from Safeguarding Adult Reviews and learning events.</p> <p>Lessons learned from SARs and audits.</p>

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# Glossary

This is not an exhaustive list, but explains some of the key acronyms used in this report.

ADASS	Association of Directors of Adult Social Services	MASH	Multi-agency Safeguarding Hub
ASC	Adult Social Care	NHSE	National Health Service England
BAME	Black and Minority Ethnic	PST	Professional Standards Team
CCGs	Clinical Commissioning Groups	SAR	Safeguarding Adult Review
CHS	Croydon Health Services	SI	Serious Incident
CSAB	Croydon Safeguarding Adult Board	SLaM	South London and Maudsley NHS Foundation Trust
CQC	Care Quality Commission		
DBS	Disclosure and Barring Service		
DoLS	Deprivation of Liberty Safeguards		
ISC	Intelligence Sharing Committee		
LD	Learning Disabilities		
LFB	London Fire Brigade [Croydon]		
MCA	Mental Capacity Act		
MSP	Making Safeguarding Personal		





You can read more about the Croydon safeguarding adult board at our website

<https://www.croydonsab.co.uk/>

If you have any questions, comments or feedback about the CSAB Annual Report please contact:

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