



City of Westminster

# Committee Agenda

Title: **Adults and Children's Services Policy and Scrutiny Committee**

Meeting Date: **Wednesday 2nd December, 2020**

Time: **7.00 pm**

Venue: **This will be a Virtual Meeting**

Members:

**Councillors:**

Iain Bott (Chairman)  
Margot Bright  
Nafsika Butler-Thalassis  
Maggie Carman  
Angela Harvey  
Eoghain Murphy  
Tim Roca  
Selina Short

**Elected Voting Representatives**

Ryan Nichol, Parent Governor  
Vacant

**Co-opted Voting Representatives**

Alix Ascough, Church of England  
Diocesan Representative  
Marina Coleman, Roman Catholic  
Diocesan Representative

**Non-Voting Co-opted Representatives**

Mark Hewitt, Headteacher, St John  
CE Primary School  
Wasim Butt, Principle, Beachcroft  
AP Academy

**Members of the public are welcome to attend the meeting and listen to the discussion Part 1 of the Agenda**



**If you require any further information, please contact the Committee Officer, Tristan Fieldsend: Senior Committee and Governance Officer.**

**Tel: 07812 760 335 Email: [tfieldsend@westminster.gov.uk](mailto:tfieldsend@westminster.gov.uk)  
Corporate Website: [www.westminster.gov.uk](http://www.westminster.gov.uk)**

**Note for Members:** Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Head of Committee and Governance Services in advance of the meeting please.

## **AGENDA**

### **PART 1 (IN PUBLIC)**

**1. MEMBERSHIP**

To note any changes to the membership.

**2. DECLARATIONS OF INTEREST**

To receive declarations by Members and Officers of the existence and nature of any pecuniary interests or any other significant interest in matters on this agenda.

**3. MINUTES**

To approve the minutes of the meeting held on 20 October 2020.

**(Pages 5 - 10)**

**4. CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH - PORTFOLIO UPDATE REPORT**

Update to the Committee on current and forthcoming issues in this portfolio.

**(Pages 11 - 16)**

**5. CABINET MEMBER FOR CHILDREN'S SERVICES - PORTFOLIO UPDATE REPORT**

Update to the Committee on current and forthcoming issues in this portfolio.

**(Pages 17 - 24)**

**6. 2019/20 ANNUAL REPORT OF THE SAFEGUARDING ADULTS EXECUTIVE BOARD**

To receive the Annual Report of the Safeguarding Adult Executive Board (SAEB).

**(Pages 25 - 72)**

**7. 2020/21 WORK PROGRAMME AND ACTION TRACKER**

**(Pages 73 - 80)**

**8. REPORTS OF ANY URGENCY SAFEGUARDING REPORTS**

Verbal Update (if any).

**9. ANY OTHER BUSINESS**

To consider any business which the Chairman considers urgent.

**Stuart Love**  
**Chief Executive**  
**24 November 2020**

This page is intentionally left blank



CITY OF WESTMINSTER

## MINUTES

### Adults and Children's Services Policy & Scrutiny Committee

#### MINUTES OF PROCEEDINGS

Minutes of a virtual meeting of the **Adults and Children's Services Policy & Scrutiny Committee** held on **Tuesday 20 October 2020**.

**Members Present:** Councillors Iain Bott (Chairman), Margot Bright, Nafsika Butler-Thalassis, Maggie Carman, Angela Harvey, Eoghain Murphy, Tim Roca and Selina Short

**Co-opted Members:** Alix Ascough, Marina Coleman, Mark Hewitt, Ryan Nicol and Nick Soar

**Also Present:** Councillor Tim Barnes (Cabinet Member for Children's Services) and Councillor Tim Mitchell (Cabinet Member for Adult Social Care and Public Health)

#### 1. MEMBERSHIP

1.1 Apologies for absence were received from Sam Green (Co-opted Member)

#### 2. DECLARATIONS OF INTEREST

2.1 There were no declarations of interest.

#### 3. MINUTES

##### RESOLVED:

3.1 That the Minutes of the Adults and Children's Services Policy and Scrutiny Committee meeting held on 7 September 2020 be approved as a correct record of proceedings.

#### **4. CABINET MEMBER FOR CHILDREN'S SERVICES – UPDATE**

4.1 Councillor Tim Barnes (Cabinet Member for Children's Services), provided a briefing on key issues within his portfolio. The Committee also heard from Sarah Newman (Executive Director of Children's Services) and Nicky Crouch (Director of Family Services).

4.2 The Committee received the update and held detailed discussions on the following topics:

- Schools Reopening – The Committee was updated on school attendance during the Covid-19 pandemic and was advised that the current rates were slightly below the national average but above the London average. This was in line with expectations due to concerns centring on such issues as using public transport. Members noted the hard work undertaken by teaching staff to put in appropriate measures to ensure pupils felt schools were a safe learning environment.

The Committee held a detailed discussion on support provided to schools and pupils during the pandemic. An update was requested on what the take-up of Catch-Up funding had been from local schools. Members were also interested to learn that an additional order of 750 laptops had been placed which would be loaned out to those children identified for assistance. The Committee requested that the criteria used for allocating laptops be circulated for information.

- Emotional Wellbeing and Mental Health Support Offer – It was recognised that the Covid-19 pandemic was having a detrimental impact on the emotional wellbeing and mental health of many children and young people. Information on the support and training provided to school staff was provided and the Committee was interested to learn how it focused on the resilience and wellbeing needs of children coming back to school after lockdown. The impact on school staff was also acknowledged and subsequently a variety of staff focused support was also being commissioned.
- Outbreak Activities – Eleven schools in Westminster had experienced outbreaks of Covid-19 however none had resulted in any of the schools being closed for any prolonged period of time. The Committee was informed that schools now had the ability to order tests and where an outbreak in a school was confirmed, a mobile testing unit could be dispatched to test others who may have been in contact with the person who had tested positive. Testing would first focus on the person's class, followed by their year group, then the whole school if necessary, in line with routine public health outbreak control practice.

- Family Navigators – Details on the new role of the Family Navigator were provided and how they had been central both in terms of the integration of services that made up the Family Hub and in terms of supporting a family’s early access to services. The Committee was pleased to note that Westminster was elected for a virtual visit by Vicky Ford MP, the Minister for Children, having been identified as a beacon of excellence for family service provision.
- Libraries – It was explained that whilst libraries had already offered a strong digital resource collection before lockdown work had been undertaken to enhance the online offer further to provide a seamless integrated offer. In addition to an extensive collection of ebooks and magazines for loan, Members were informed that digital resources such as reference materials, learning resources and business information were also available. In addition, an app had been created which allowed users to view the catalogue and reserve items.

4.3 The Committee also discussed the development of a substance misuse strategy, the work of the Integrated Gangs and Exploitation Unit, free school meals and home schooling. Finally, Members offered their congratulations to Max Haimendorf, Principal of King Solomon Academy, who had been made an OBE in the Queen’s Birthday Honours 2020 for his services to education.

**5. CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH – UPDATE**

5.1 Councillor Tim Mitchell provided a written update on key issues within his portfolio including: a Covid-19 update, a flu update, information on Beachcroft House, the development of Carlton Dene and Westmead, support to care homes and winter planning. The Committee was requested to submit any questions on the update in writing.

**6 THE FUTURE OF THE GORDON HOSPITAL**

6.1 Ela Pathak-Sen, Jo Emmanuel and Ade Odunlade, representing the CNWL NHS Foundation Trust, introduced the report which provided an update on the current status of closed inpatient wards at the Gordon Hospital and CNWL’s plans and approach for the future of the site.

6.2 The Committee was informed that in March 2020, the inpatient wards at the Gordon Hospital were rapidly closed as a key part of CNWL’s Covid-19 response. It was chosen as the place to close temporarily for reasons relating to the quality of care provision. Firstly, there were concerns over infection prevention and control. Secondly, the Gordon Hospital was a standalone site

which raised associated risks of not being able to access rapid physical health support for inpatients, which was particularly important given the risk of Covid-19. The Committee was informed that national guidelines permitting, it was planned to consult on the future of the Gordon Hospital next calendar year exploring the option to not reopen the site. It was proposed to keep the wards closed to enable staffing flexibility for possible future Covid-19 spikes, in light of the identified infection, prevention and control risks, and to support the move towards a long-term shift in care to the community to support providing care closer to people's homes.

- 6.3 The Committee raised concerns over how the closure of the inpatient wards would impact on local residents, especially if they would now have to receive treatment outside of Westminster. It was noted that since the closure 70% of patients had been placed in St Charles Hospital with 30% placed outside of the borough. Members were informed that some patients would receive treatment outside of the local area but in such instances, families would be provided with targeted supported depending on their location which catered for their individual needs. During the discussion reservations were expressed by Members about the reduction in hospital beds in Westminster and specifically what impact the closure would have on the service provision to support mental health care during the pandemic. The Committee requested a written briefing be provided with further information on patient pathways including details regarding the shift to providing care closer to people's homes.
- 6.4 A detailed discussion was held on the facilities available at both the Gordon Hospital and the St Charles Hospital following which the Committee requested that a site visit be undertaken to both hospitals to gain further understanding on how the potential closure would affect residents. The Committee welcomed the formal consultation due to commence in 2021 on the closure as it was currently very concerned with the proposals and how they could impact on the mental health needs of Westminster residents.

## **7 WESTMINSTER OUT OF HOSPITAL RECOVERY PLAN**

- 7.1 Ayesha Janjua, representing the Central London CCG, provided an update on the plan produced which set out what had changed in the local area during the Covid-19 pandemic and how it was planned to recover, ensuring any learning was embedded as well as continuing to deliver effective health services in the future. The Committee also heard from Senel Arkut, Director of Health Partnerships.
- 7.2 The Committee was informed that the Westminster plan had been co-produced as a partnership by the local Mental Health Provider Trust (CNWL), the Community Trust (CLCH), Primary Care Network leaders, Westminster City Council and the Central London Clinical Commissioning Group. The plan was

currently in draft format and engagement with the public and patients via the CCG Patient Reference Group and Healthwatch would be undertaken to help further improve it.

- 7.3 The Committee welcomed the report and was encouraged that it promoted partnership working between the Council and the NHS which was especially important during the challenges faced by the Covid-19 pandemic. It was noted that the plan would develop as more was learnt about the virus, but improvements had already been identified in terms of improving discharge support and developing pathways to support patients. In terms of the Hospital Recovery Plan the Committee was interested to learn more in regard to integrated working between partners. It was explained that work would be carried out between all partners to build on initiatives recently undertaken regarding out of hospital services, which would include the relationships between hospitals and care homes, and further details on how this would develop would be circulated to the Committee.
- 7.4 Members discussed how Covid-19 had continued to have a disproportionate health impact on some groups and it was explained that tackling the variations in health care and the wider determinants of health which underlaid these trends would need to be key elements of implementing the borough plan. The Committee was pleased to note that there would be a more intensive focus on the most vulnerable populations with the greatest needs to help to mitigate the disproportionate impact of Covid-19. Following the discussion further details were requested on how any escalations would be managed for those groups identified as vulnerable.
- 7.5 Senel Arkut, Director of Health Partnerships, described how the plan was ambitious and positive. However, it was recognized that the proposed changes to the CCG, (where 8 CCGs would become amalgamated into one in North West London) would see a reduction in the Central London CCG funding allocation and therefore this had the potential to impact on the delivery of the plan.
- 7.5 The Committee welcomed the update on the draft plan and expressed its thanks to those involved in producing it in such challenging circumstances.
- 8 2020/21 WORK PROGRAMME AND ACTION TRACKER**
- 9.1 Lizzie Barrett, Policy and Scrutiny Officer, presented the Committee's 2020/21 Work Programme and Action Tracker.
- 9.2 The Committee reviewed the draft list of items and suggested a potential future topic including adults and young people's oral health be included on the work programme.

**RESOLVED:**

- 1) That the Work Programme be noted; and
- 2) That the recommendation tracker be noted.

**10 REPORTS OF ANY URGENT SAFEGUARDING ISSUES**

10.1 The Chairman advised there was nothing to report.

The Meeting ended at 9:10pm.

CHAIRMAN: \_\_\_\_\_

DATE: \_\_\_\_\_



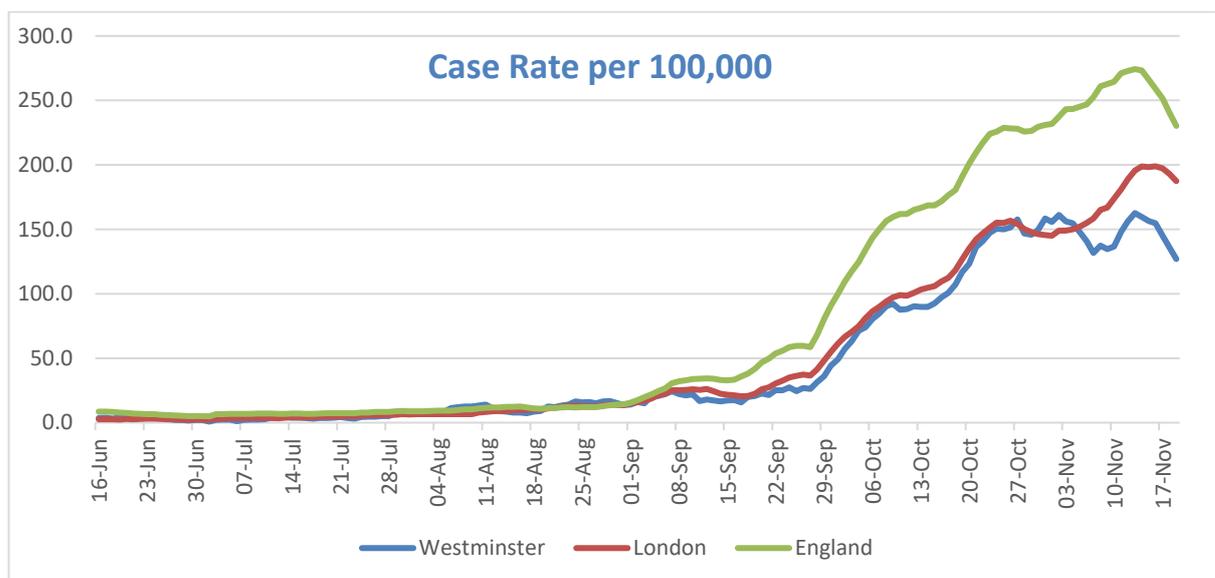
## City of Westminster

### Adult Social Care and Public Health

<b>Title:</b>	Cabinet Member Update for Policy and Scrutiny
<b>Division:</b>	Adult Social Care and Public Health
<b>Briefing Date:</b>	2 December 2020

#### 1. **COVID-19 Update – Adult Social Care & Health**

- 1.1 There have been 3,773 residents that have tested positive for Covid-19 up to the 23<sup>rd</sup> November 2020<sup>[1]</sup>. The accumulative rate of infections remains lower in the City of Westminster than the regional and national average.
- 1.2 Infection rates have increased in Westminster during the second wave in line with other London boroughs. For the last month the infection rate in Westminster has been lower than both the London and National averages.



- 1.3 Considerable effort has gone into management of COVID and preventing further spread to maintain protection of our communities. Key interventions include:

- Outbreak management teams for schools, care homes, workplaces and community settings meet on a daily basis – so far they have managed over 90 outbreak and situations in locations such as schools, care homes, workplaces and universities. Actions to manage outbreaks are greatly informed by a daily flow of epidemiological intelligence received daily.
- Regional testing sites, local testing site, mobile testing units and home kits have identified 2,793 cases among Westminster resident since August. During this

<sup>[1]</sup> Public Health England. Coronavirus (COVID-19) in the UK. Accessed 24<sup>th</sup> November 2020.

second wave testing capacity has been enhanced and the Council has worked with colleagues at DHSC to set up three local testing sites at Greenside Community Hall, Grosvenor Hall and Lydford Hall with one mobile testing site at Hyde Park. These tests are for individuals who are symptomatic.

- The Council has set up a local contact tracing scheme to supplement that of the NHS national test and trace programme.

1.4 Following the Lateral Flow Test (LFT) availability being made available at greater scale, all local authorities can now request tests to support targeted local asymptomatic testing. Two pilots are planned to inform Westminster's local asymptomatic testing approach in addition to learning from pilots elsewhere.

1.5 These tests use new rapid test technology with results being available within 30 minutes. The tests have the potential to be used to target certain sectors and/or settings. It is intended that national programmes for care homes, universities, and key businesses will be rolled out/supported in addition to local approaches to utilising LFTs.

1.6 Westminster pilots will commence in December with a targeted programme of rapid testing planned to be available for the borough following the learning from the pilot phase.

1.7 The Public Health department expects (as of 25<sup>th</sup> November final approval is awaited) the roll out of COVID vaccines to commence from December with significant growth in the early months of 2021. The vaccination programme is being organised by colleagues in the NHS with Public Health support including with communications.

1.8 Public Health and Communications colleagues continue to work closely in delivering the council's coronavirus communications, ensuring residents, businesses and stakeholders are aware of how to stay safe with advice on how to prevent the spread of the virus available across our diverse communities.

1.9 There has been a community engagement focus on using our engagement networks to ensure contemporary and accurate information is available on areas including the move to local COVID alert levels following national lockdown, testing, COVID-19 vaccination, and myth busting content.

## 2. **Flu update**

2.1 There is a high emphasis being placed on the national flu vaccination campaign this year in order to minimise the risk of both flu and COVID-19 co-circulating in communities with the consequent risk to individuals and the health care system as a whole.

2.2 The national NHS England ambition is to have 100% of health and social care workers and 75% of all eligible groups vaccinated by December 2020. Public Health are working with BAME networks, community champions and community engagement leads to ensure that the flu vaccine is promoted effectively to all communities and that there is an opportunity for communities to raise questions and have them answered.

2.3 There have been challenges with vaccine supply which are being resolved and all partners are working closely together to monitor and support uptake amongst the most vulnerable groups. The programme has now been extended to include a

porcine-free injected alternative to the nasal spray for all children and, from December 1<sup>st</sup>, the addition of all 50-64year olds.

- 2.4 Interim data indicate that uptake of the flu vaccine in WCC and RBKC to date is higher than at the equivalent time point in 2019-2020 flu season.

### 3. **Community Champions**

- 3.1 The 8th Community Champions Conference 'Rise' was held on the 19th November 2020, the first ever to be held virtually and hosted by our champions, to recognise and celebrate the Champions' efforts to support their communities since the onset of the Covid-19 pandemic, adapting their delivery approach to ensure they were able to continue to reach and support vulnerable residents via phone, WhatsApp and some socially distanced face to face doorstep support.
- 3.2 With the film premier of Rise, guest speaker Peter Merrifield CEO from *Support When It Matters* and the launch of the Digital Magazine, it was a lively event filled with joy, tears and lots of thought-provoking insight.
- 3.3 A network of COVID health champions, to complement the existing Community Champions programme, is being rollout out to empower residents to remain up to date with the latest information and advice about Covid 19 and preventative measures to stop its spread and to share this information with members of their community.
- 3.4 With 71 recruited to date, the Covid Health Champions use the information provided via the above channels, champions will spread the word by sharing with their family, friends, neighbours, work colleagues and the wider community.
- 3.5 It is envisaged that by recruiting Champions from all sections of the community we will be able to mitigate as far as possible, the negative impacts of disparities and inequalities in disease prevalence and spread.
- 3.6 Champions will reach our older and younger, more vulnerable residents and the range of diverse communities to ensure messages are communicated effectively and received well. They will be supported with live information in accessible formats and community languages.

### 4. **North West London NHS changes**

- 4.1 In response to the requirements of the NHS Long Term Plan, NWL CCG's came together to form a NWLCCG Collaboration. North West London CCGs have an ambitious agenda for improving health services and working across the NHS and social care as part of the NW London Health and Care Partnership. The eight CCGs are expected to merge into a single body in April 2021, supporting the development of a new Integrated Care Partnership (ICS) across health and social care in NW London.
- 4.2 There is an ambition to create an integrated health and care system that works across the footprint including all stakeholders, NHS Trusts, Acute Hospitals and Local Authorities. The aim is to maximise benefits for all residents and staff across NWL (which has a 2.1 million population) by:

- giving every child and family the best start in life and continuing to support people to deliver healthy lives
  - Making sure there is care and support when residents need it
  - Ensuring that those who need to be in hospital receive high quality care and spend the appropriate time there.
- 4.3 The individual CCG structures will change significantly. Each borough will be led by a Borough Lead Director. Joe Nguyen, who is the deputy MD for Hillingdon CCG, has recently been appointed as Central London Borough Director Lead.
- 4.4 NWLCCG's ambition is to create a 'Quartet Model' of ICP leadership at borough base. This will include the Children's & Adult Social Care Lead, Community Health Provider, Mental Health, and a Primary Care Lead. The Quartet will form the foundation of the local ICP (Integrated Care Partnerships) for each borough.
- 4.5 The local CCG Governing Body will be replaced by a Local Committee in April 2021 with details on how this will be constituted currently being developed.

## **5. Testing in Care Homes**

- 5.1 We have had a reliable testing regime in place for all care homes across the Bi-Borough since August 2020. This regime uses Polymerase Chain Reaction (PCR) tests, which are accessed via the national portal. Staff are tested weekly and residents are tested every four weeks.
- 5.2 If there is an incident or outbreak, the local Outbreak Management Team for care homes meets. They draw-in additional support as required, including from the local NHS Frailty Team, Public Health England (PHE) and further testing and re-testing is undertaken, as needed.
- 5.3 Testing in Extra Care and Supported Accommodation settings is accessed through the national portal and these settings will benefit from being included in the mass roll out of testing.

## **6. Testing for Family Members to Enable Visits**

- 6.1 Initial discussions have been held with local care homes to gauge interest in being part of a pilot for treating family/friends as key workers. Most organisations were interested in implementing this offer and being part of a pilot.
- 6.2 There are some details to resolve before implementation can commence. The key ones are:
- Results from the national pilots currently being concluded in Devon and Cornwall.
  - Access to testing capacity from the rollout of mass testing via lateral flow devices.
- 6.3 As soon as these points are resolved we will support care homes to implement a testing to enable visiting programme.

## **7. Winter Pressures**

- 7.1 Across Imperial and Chelsea & Westminster trusts, the position of the hospitals remains stable albeit pressured. There have been small but significant increases in Covid-19 hospitalisations which together with the start of the winter period has led to additional strain.
- 7.2 To date over autumn/winter capacity has averaged out at between 75 and 80 percent with ITU (Intensive Care Units) not being under greater than usual pressure. The systems remain on high alert, as the first wave showed how quickly things can change. The Adult Social Care Winter Plan is assured and is well aligned to respond to the pressures
- 7.3 The implementation of the new discharge hubs, as part of the national guidance, is being overseen by the multi-agency Tri-Borough Strategic Discharge Group. The position is well advanced with three, new hub leads employed to start within the next few weeks
- 7.4 New processes and operating procedures for the new hubs, including interface with the new Discharge to Assess (D2A) process, have been assured by all organisations in the system. This includes new representation from the Voluntary and Community Sector on the group, through the British Red Cross.
- 7.5 The new Continuing Health Care assessment process is also being implemented with a focus on completing all reviews within 6 weeks of discharge (as per national guidelines).
- 7.6 There are now weekly meetings between representatives of the hospital discharge team and key commissioners in both boroughs. This has enabled assurance of the spend of winter pressures monies. It also serves as a very important intelligence sharing forum, so that each party is aware of potential risks due to capacity or surge at an early stage.

This page is intentionally left blank



## Adults and Children's Services Policy & Scrutiny Committee

### Cabinet Member Update

**Date:** 2 December 2020

**Briefing of:** Councillor Tim Barnes, Cabinet  
Member for Children's Services

**Briefing Author and Contact  
Details:** Charlie Hawken  
[chawken@westminster.gov.uk](mailto:chawken@westminster.gov.uk)

#### 1 SCHOOL ATTENDANCE AND OUTBREAK MANAGEMENT

- 1.1 Data on attendance is obtained by the Council from the DfE online portal. Below are the figures for average attendance up until half term, this is based on all primary and secondary schools who submitted their attendance figures on the DfE portal. For the first half of Autumn Term 2020, from 1st of September until the 23rd of October, average attendance for Primary Schools in WCC was 86% and for Secondary Schools in WCC was 85%. Attendance figures have generally been positive and above national averages. We continue to provide support and guidance to schools in Westminster on attendance.
- 1.2 Through the Digital Futures project, the Council and the Young Westminster Foundation are working in partnership to support disadvantaged children attending our schools to have better access to digital devices and stronger broadband connectivity. Schools which have been forced to close classes due to Covid-19 cases are being prioritised through the project. 750 devices have been ordered for allocation via Westminster schools to support students who do not have a device with their education and development. The first delivery of these devices is due to arrive in early December.
- 1.3 A dedicated officer is working alongside Public Health to provide support with outbreak management in early years and educational settings. When a school has a positive case, they are asked to complete a local form. The dedicated officer will then pick this up with the school directly. Support is provided to the school to identify close contacts and to clarify any questions the school may have about the Government guidance.

For the last half term (period of 1<sup>st</sup> September to 23<sup>rd</sup> October 2020), positive Covid-19 cases were as follows in WCC:

<b>Type of setting</b>	<b>Number of cases in pupils</b>	<b>Number of cases in staff</b>
College	2	0
Early Years/Nursery	2	2
Independent	24	15
Primary	10	8
Secondary	36	25
Special	0	1
<b>Grand Total</b>	<b>74</b>	<b>51</b>

## **2 COVID WINTER GRANT SCHEME**

- 2.1 In November 2020, the Government announced that the Department of Work & Pensions (DWP) will provide funding to relieve food poverty during the school holidays as part of the new £170m Covid Winter Grant Scheme.
- 2.2 WCC have been allocated £766,382 to cover the period from the start of December 2020 to the end of March 2021. The aim of the fund is to give vulnerable households peace of mind in the run up to Christmas and over the winter months during the pandemic. It will helping those who need it to have food on the table and other essentials, so every child will be warm and well-fed this winter.
- 2.3 In line with the DWP guidance, at least 80% of the total fund must be spent on support to families with children and up to 20% on other types of households including households with vulnerable adults. Of the total grant, at least 80% of the fund must be spent on food, energy and water bills with a maximum of 20% available for other items such as clothes, blankets or sanitary products.
- 2.4 The guidance has not been prescriptive in terms of who is eligible, which has been left to local areas to agree, and recipients do not necessarily need to be existing welfare benefit claimants.

### **3 YOUTH ACTIVITIES AND YOUTH HUBS**

- 3.1 WCC have recently announced further funding of £500k for youth services. Of this total, £300k will go to our five Youth Hubs - St Andrew's, Avenues, Churchill Gardens, Amberley and Fourth Feathers- and £200k will be administered in partnership with the Young Westminster Foundation to deliver two small grant funds. The Youth Hubs will continue working in partnership with local providers and our local Family Hubs to deliver youth services for all Westminster residents. The two small grant funds will support an even wider range of youth providers to deliver quality youth services to our residents. The funding will contribute to some of the locally agreed Early Help Partnership Strategy outcomes, including keeping children safe from harm; enabling more children to live with their families; preventing crime and serious youth violence and developing young people's life and employability skills.
- 3.2 We will continue to develop our sports and activity offer across youth hubs and providers. We will also continue to focus on Emotional Wellbeing and Mental Health outcomes and on employability support as we recover from the pandemic. Fifteen youth workers will be receiving training from Early Help on adopting a Trauma-Informed Approach.
- 3.3 The Youth Hubs were able to mobilise extremely quickly to support WCC in delivering a food offer during October half-term, in conjunction with the Family Hubs. This saw 1436 children and young people either fed or given a food package by their local Youth or Family Hub. In addition, there was a comprehensive activity offer available from all of the Hubs and covering a range of outdoor and indoor activities delivered in a Covid-safe environment.
- 3.4 The Youth Offer is advertised across a number of websites. Young Westminster Foundation, in conjunction with Young K&C, have developed Our City as a young-person focused website to cover all activity across the city. WCC have also created Westminster Youth Connected as a parent and professional-focused website to cover all activities on offer. A key priority for the Young Westminster Foundation and the Council for the year ahead will be continuing the integration of the communication offer for residents and partners.

### **4 MENTORING AND PATHWAYS TO EDUCATION, EMPLOYMENT AND TRAINING**

- 4.1 During the autumn term schools have conducted diagnostic assessments with students to determine gaps in knowledge and plan catch-up work. Schools are raising concerns about reduced levels of attendance, the likelihood of lower attainment, reduced progression options and increased risk of becoming NEET. School Standards are discussing an approach with Early Help and schools to identify and monitor Year 11 pupils who are at increased risk of becoming NEET. This project will sit alongside the existing work of the Vulnerable Children's Collaborative.

- 4.2 The Virtual NEET Group was established to facilitate online collaboration across a range of teams with shared responsibility to support young people (Early Help, Youth Offending Service, Pupil Referral Unit, Westminster Employment Service, and Bi-Borough Education Team, Integrated Gangs and Exploitation Unit, SEND and Prospects) and to manage referrals of young people who have been identified as NEET. From March Westminster Employment Service (WES) has been working with Early Help through the Virtual NEET group, to accept referrals of 16- and 17-year-olds. This extends the normal referral age of 18 to 25-year olds. Following the pandemic, the average caseload of five employment coaches (working across the gangs, leaving care and YOT teams) has doubled (from 15 to 32 clients). WES are working on a bid to the “*Youth Futures Foundation*” due to be submitted in spring. The bid outlines plans to use funding to sustain and develop work with young people in the context of rising young unemployment in a challenging labour market.
- 4.3 Virtual Westminster Enterprise Week (16-22 November) included 22 online events and engaged 522 students across local schools/colleges. Young people met entrepreneurs creating sustainable businesses and learned from world-leading green energy companies. They had the opportunity to explore degree apprenticeships and gain a better idea of future careers and pathways into: property, construction & the built environment, technology, major infrastructure projects, marketing, visual effects, animation and fintech.
- 4.4 Westminster Adult Education Service (WAES) has bid for funding to deliver up to 100 traineeships – part of the additional £111 million of government funding to provide 30,000 new traineeships to respond to impact of Covid-19. New flexibilities extend the training period to a maximum 12 months and young people with an existing Level 3 qualification are now eligible.
- 4.5 Kickstart provides 6-month paid employment (national minimum wage) and 16- to 24-year olds claiming Universal Credit are eligible. Candidates will be referred to Kickstart jobs by the Job Centre. An initial 30 Kickstart placements will be available within the Council. Although opportunities cannot be ringfenced for local residents, WAES is considering a short (1-week) programme that will prepare unemployed residents to take advantage of the council opportunities and opportunities with other local employers.

## **5 PRE-BIRTH TO FIVE PATHWAY**

- 5.1 The pre-birth to five pathway redesign looks holistically at the full range of services supporting women and families in the pre-birth to five period. It considers how these services can work together to achieve our children and young people plan objectives. The aim of the redesign is to develop a graduated local offer of support in the early years, enabling investment in communities and families with the highest level of need.

- 5.2 Following an extensive co-design process facilitated by the Early Intervention Foundation and the Design Council, we identified a number of opportunities for change across the pre-birth to five pathway. Together, these changes will improve integration and targeting as well as offering opportunities to deliver savings. We plan to redesign the Early Help and Health Visiting Service, alongside the offer from Midwifery and wider partners. This will improve the delivery of the mandated Healthy Child Programme for families with low needs as well as delivering contract savings from April 2021. We will then focus on redesigning and strengthening our targeted work with parents in greater need through our collective workforce, an evidence-based delivery model and a designated team for targeted families.
- 5.3 We have written to our health visiting provider (CLCH) and are working closely with them to support them to make the changes to their delivery model from April 2021. Changes to the delivery model include using online triage tools to offer appropriate appointments based on need. A service user advice and support line will also be established and promoted as part of a mixed model of using enhanced digital support for activities such as: baby weighing, breastfeeding and mental health. This will happen alongside a reduced face-to-face clinic offer.
- 5.4 Working closely with CLCH continues to be critical both in terms of designing the new model but also for implementing new ways of working. Staff and managers have engaged positively with the transformation journey thus far. Earlier this year we proceeded with a direct award to CLCH for a period of two years to deliver the health visiting service until 31 March 2022. This provides us with the time to embed the system wide transformation we are aiming to achieve via the 0-5 redesign. The direct award also ensures stability in the partnership during this critical period.
- 5.5 A decision will be needed at the start of next year on the commissioning strategy for delivering the redesigned pathway.

## **6 FAMILY HUB DEVELOPMENTS**

- 6.1 Our Family Hub model continues to develop and expand. Capital works - to the cost of circa £2.9million - are being undertaken at Portman Early Childhood Centre, which will be the Church Street Family Hub. Works started in May 2020 and are due to be completed in mid-2021. In Queen's Park, a business case has been made to convert 17-23 Third Avenue to a Family Hub when the current occupier, the St Marylebone Bridge Special School, moves to a new building in summer 2022. A provisional cost of £1M has been estimated and the works would take 6-9 months to complete. The proposal is subject to consultation with user groups and service providers.
- 6.2 The local library manager is now a member of the Integrated Leadership Team (ILT) that co-ordinates the work of each family Hub. The hubs are seeing the

benefit of being a part of the ILT, they report that they are developing closer links with parents and carers.

- 6.3 The role of the Family Navigator is proving invaluable in supporting families back to school where the parent has concerns about Covid. Family Navigators are also supporting a number of refugee families at hotels in Victoria and Bayswater.

## **7 SOCIAL CARE DEMAND**

- 7.1 In terms of referrals into social care at the front door, unsurprisingly both contacts and referrals went up significantly in September (following the return to school). Despite some fluctuation week on week, referrals are at approximately the levels they were at this time last year (before the pandemic). The second lockdown does not seem to have had the significant impact on numbers that we experienced during the first lockdown period which is not a surprise given that children remain at school.
- 7.2 Admissions to Care and Child Protection Investigations are also both at similar levels to the previous year. Since September, the main trend is that we are seeing an increase in mental health as a presenting factor in the referrals compared to last year. These are not large numbers but it is a noticeable trend and includes both parental mental health and adolescent mental health.
- 7.3 The MASH contacts continue to be higher than last year – this is police notifications (including lower level ones that don't necessarily translate to referrals). This has been the case throughout the pandemic.
- 7.4 Our staff continue to support many children to attend school. They also continue to support families during these difficult times. In terms of our staffing capacity, staff continue to be very healthy overall and to-date we have had no Covid-19 cases. Some staff are experiencing fatigue and lower moral, particularly in those teams that continue to do most of their work remotely (which is mainly the MASH Team). Overall staff are able to continue to work hard and conduct visits to families and we are ensuring that they feel supported in their work.

## **8 LIBRARIES: RESPONSE TO THE SECOND WAVE**

- 8.1 Following the announcement of the second national lockdown, government guidelines have allowed libraries to remain open to provide a number of clearly defined essential services. From the start of the current lockdown period, all WCC Libraries have remained open with a service offer in line with current government guidelines which ensures that social distancing can be maintained, and our residents continue to have the opportunity to read, learn and connect.
- 8.2 Our current offer reflects the government's defined essential services for this lockdown period:

- PC access: we continue to provide residents who may otherwise be digitally excluded with access to PCs and laptops in our libraries. This allows them to engage with the virtual library and Council services and connect with the wider digital world.
- Select and Collect: this service was introduced as a direct response to the second national lockdown to provide residents with continued access to books, DVDs and more. Items can be reserved online or via a dedicated phonenumber for those who may otherwise be digitally excluded. Residents can select an item or call in for recommendations and collect their selected items from the library of their choice. Barriers to membership and blocked accounts have been removed to ensure that the most vulnerable residents can access the service.
- Home Library Service: as during the first lockdown, the HLS has been extended to children and families with reduced barriers to membership for those unable to leave their homes. The HLS will also be launching a pilot tablet scheme to 30 residents who experience digital exclusion.
- Virtual Library: we are working in partnership with IT and Customer Experience & Digital colleagues on plans to enhance the website to align with a long-term vision of ensuring the service can connect to communities and engage new audiences. We are continuing to deliver virtual library events, providing 13 sessions to 583 attendees during the first two weeks of the current lockdown period.

This page is intentionally left blank



## Family and People Services Policy and Scrutiny Committee

<b>Date:</b>	2 December 2020
<b>Classification:</b>	General Release (For information only)
<b>Title:</b>	2019/20 Annual Report of the Safeguarding Adults Executive Board
<b>Report of:</b>	Safeguarding Adults Executive Board
<b>Cabinet Member Portfolio</b>	Cabinet Member for Adult Social Care and Public Health
<b>Wards Involved:</b>	All
<b>Policy Context:</b>	For information only
<b>Report Author and Contact Details:</b>	<b>Louise Butler – Bi-Borough Director – Social Care - <a href="mailto:lbutler@westminster.gov.uk">lbutler@westminster.gov.uk</a></b>

### 1. Executive Summary

1.1 This is the Annual Report of the Safeguarding Adult Executive Board (SAEB). The multi-agency Board provides leadership of adult safeguarding across the Bi-Borough. The purpose of the Board is to ensure that member agencies work together, and independently, to secure the safety of residents who are at most at risk of harm from others, or through self-neglect. The responsibilities of the SAEB are detailed in Schedule 2 of the Care Act 2014<sup>1</sup>, and include the requirement to report on how members are progressing the SAEB's strategic priorities. These priorities are informed by the learning from Safeguarding Enquiries (Section 42), and Safeguarding Adults Reviews (Section 44) of deaths and serious harm.

1.2 The report seeks to show how the SAEB and member agencies have addressed these priorities during 2019/20. This work included residents being at the centre of decision-making about their care, treatment, and safety (*see case example on page*

---

<sup>1</sup> <http://www.legislation.gov.uk/ukpga/2014/23/schedule/2/enacted>

30). We continue to tackle financial abuse and fraud by helping people protect themselves and others against scams. In November 2019 the **Safeguarding Adults Awareness Week campaign** was both a national and local success. In the Bi-Borough residents had the opportunity to watch the **'Safe at Home'** (short films) which were co-produced with our service user groups, receive helpful information from all our local services on scam awareness, wellbeing and safety, and ask any safeguarding related questions.

1.3 During 2019/20 the SAEB Partnership Implemented our business plan **'Statement of Intent 2019-200'** which states what we want to achieve. This included placing higher focus on hearing the voice of the service user in the workings of the board. This also involved preparation for Liberty Protection safeguards in line with changes to the Mental Capacity (Amendment) Act 2019. The **Deprivation of Liberty Safeguards Team** successfully rolled out training for Practitioners and Managers (see page 24).

1.4 **Community Engagement:** We continue **Making Safeguarding Personal (MSP)** by hearing the voices of our residents and their experience of the safeguarding process. Our user groups have been involved in reviewing the materials in our **'say no to abuse booklet'** and advised the comms team on how to improve the accessibility of the booklets. We developed a joint programme of events and practice tools with the local Safeguarding Children's Board. This approach enables overarching strategies such as **"MSP"** and **"Think Family"** to be linked into the work of the wider Safeguarding communities.

1.5 **Listening Leading and Learning:** As a partnership we have continued to look at information about local safeguarding activity to inform our priorities. We consider recommendations and lessons learned from both national and local Safeguarding Adult Reviews to understand what needs to change.

1.6 This last year we have used the 7-minute learning model to share learning via a series of workshops across the partnership for Mr X and we disseminated a 7 mins briefing on **Think Family**. Further work will be taking place in 2020/21 to embed this approach into Adult Social Care Practice.

1.7 Practitioners are also having to be vigilant in identifying and responding effectively to modern slavery, **human trafficking** and **self-neglect and hoarding**. The Bi-Borough has continued to strengthen its coordinated community response to tackling modern slavery & exploitation (see page 22).

## 2. Key Matters for the Committee's Consideration

The Committee is requested to consider the Annual Report 2019/20 of the Safeguarding Adults Executive Board (SAEB), with particular regard to the arrangements that have been put in place to meet the requirements of the Care Act 2014, from 1<sup>st</sup> April 2015. It is recommended that the report is noted and strategy and the priorities informing its current work endorsed.

### 3. Background

The SAEB operates under Schedule 2 of the Care Act 2014, overseeing the statutory duties of conducting Safeguarding Adult Enquiries (Section 42) and Safeguarding Adults Reviews (Section 44).

The report seeks to show how member agencies of the SAEB provide assurance to the SAEB for the ways in which its three strategic priorities (Making Safeguarding Personal; Creating Safe and Healthy Communities; and Leading, listening and Learning) are being promoted within their organisation.

The report also seeks to demonstrate how the learning from safeguarding enquiries and reviews conducted during the year lead, to changes that benefit the safety, health, and wellbeing of local residents, in both boroughs. This is particularly where the learning shows there is room for agencies to work more effectively together to prevent abuse or neglect

#### **Financial Summary:**

Annual contributions from SAEB members to support the function of the board include:

Mayor's Office for Policing and Crime **£10,000.00** (£5,000.00 per borough)

CCG Collaborative **£40,000.00** (£20,000 per borough)

London Fire Brigade **£1,000.00** (£500.00 per borough)

#### **Legal Implications**

The Care Act 2014 says the Board must publish a report of what it has done during the year to achieve its objectives, including findings of the reviews arranged by it under Section 44 of the Act.

**If you have any queries about this Report or wish to inspect any of the Background Papers please contact Report Author:**

**[patricia.mcmahon@rbkc.gov.uk](mailto:patricia.mcmahon@rbkc.gov.uk)**

This page is intentionally left blank

# Safeguarding Adults Executive Board

# ANNUAL REPORT 2019/20

Safeguarding is everyone's business



City of Westminster



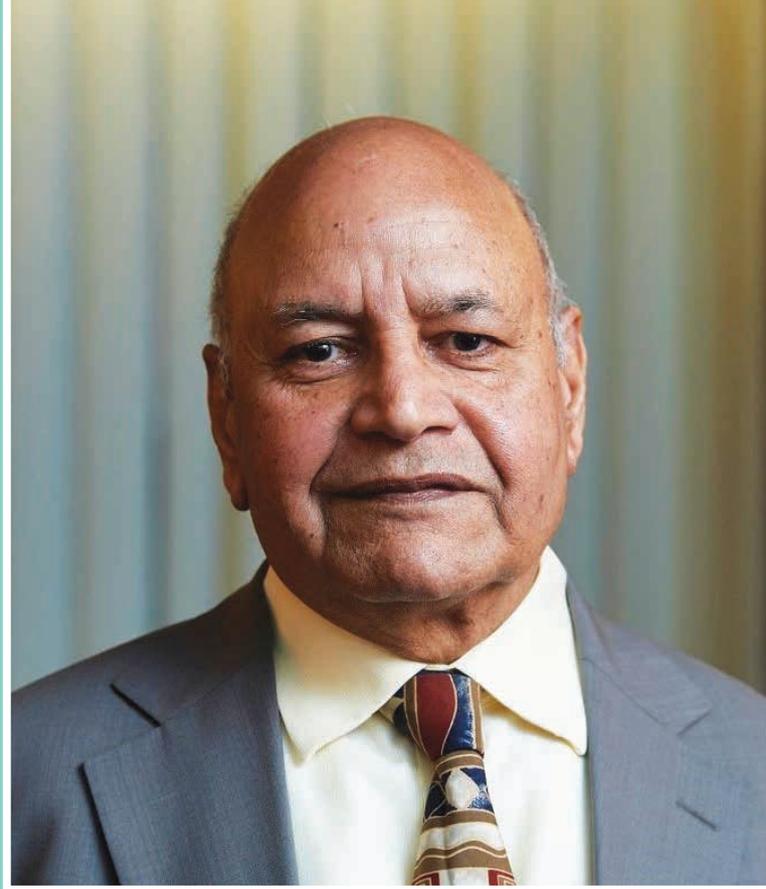
Page 29



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

# Hello everyone, my name is Shiv Kumar.

I am a member of both the Local Account Group and the Safeguarding Adults Reference Group. One day in March while thinking about how to stay positive during this pandemic, I took pen to paper and wrote the first poem below.



---

## We'll meet again, a poem dedicated to all members of the Local Account Group (LAG)

We'll Meet Again and we will fly the flag, whether it be union or Lag.

We will meet again, don't know where and don't know when, but I know we will meet again one sunny day.

Bravest are the NHS staff, Social Workers, carers transport and keyworkers and volunteers, fighting Corona virus arrows without much PPE.

In line of their duty, their lives under the guillotine, so that we can live.

So few on the frontlines are fighting this Corona War for all of us.

Thousands of candles can be lighted with one single candle, and life of that single candle will not be shorted.

Happiness never decreases by being shared.

Health is the greatest gift,

Contentment is greatest wealth,

Faithfulness is best relationship.

It is during our darkest moments that we must focus to see light.

Nothing is impossible, the word itself says, I'm possible.

Omnipresent says, I am with you all the time, but you ignore me. If you are kind to the needy, I give you 100x.

Walk on, Walk on, with hope in your heart and you will never walk alone,

You never walk alone.

While you walk through the storm, don't be afraid of the dark, at the end of storm there's a golden sky and the silver song of lark.

Walk on through the wind, walk on through the rain.

Though your dreams be tossed & blown.

Walk on, walk on, with hope in your heart,

You will never, walk alone.

With hope sometimes out of nothing, comes out something.

You never, never walk alone.

Whatever our minds conceive and believe, it can achieve. Walk on with hope in your heart,

You never walk alone

My father always said, health is wealth.

Look after your health, wealth will follow.

We will meet again, I don't know when,

We will again, one sunny day.

# Contents

## Foreword: Aileen Buckton, Independent Chair

### What does the Safeguarding Adults Executive Board stand for

1. Our Vision , Values and Behaviours **6**

### Creating a Safe and healthy community

1. Service User Involvement **12**
2. National Safeguarding Awareness Week **12**
3. Community Champions and Train the Trainers **13**
4. Safer Westminster Partnership and Safeguarding Executive Board : Collaborative approach to reduce harm to older people who may also be victims of crime **14**
5. Safeguarding our communities from increased abuse due to Covid 19 **16**

### Making Safeguarding Personal

6. How do we know we are making a difference? Safeguarding Adults section 42 enquiries concluded in the year – data outcomes and comparator **17**
7. Modern Slavery and Human Trafficking **22**

### Leading, listening and learning

8. Deprivation of Liberty Safeguards **24**
9. Learning programme from Safeguarding Adult Reviews **27**

### Our Jargon Buster **34**

### What the Board will be working on in 2020/21 **36**

### Appendices

1. Membership, structure and substructures **37**
2. How does the SAEB work **39**
3. Business Plan 2019-20 **41**

## Did you know?

Our “House” model has set the scene for our safeguarding adults’ journey for the last three years. It remains valued by our service users and experts by experience. The model continues to support the areas of work with a focus on the person at the centre of the process and their well-being.

# Foreword



## I have great pleasure in introducing the Bi-Borough Annual Safeguarding report for 2019/20 on behalf of the Bi-Borough Adults Executive Safeguarding Board.

The board brings together representatives from across the public and voluntary sector to give focus and challenge to ensure that all adult public services are delivered as safely as possible across the two boroughs. Our role is to ensure that residents feel safe and protected; and free from harm, neglect and abuse.

Looking back over a year gives us the opportunity to lay out some of the safeguarding work that we wanted to prioritise over 2019/20 and gives an account of what we have been able to achieve. It is a chance to reflect on some of the real successes that have been delivered in tackling safeguarding concerns but perhaps much more importantly has helped to identify gaps that we still need to address and shape the work that we have taken forward in this current year.

A key priority for the year was to involve service users and residents in the work of the board so that they can influence how we tackle safeguarding from their point of view. We recognised too that they can play a pivotal role in raising awareness of safeguarding across the Bi-Borough communities. I would like to give a particular vote of thanks to the Local Account Group and the Safeguarding Adults Reference Group who have worked together with both councils, the fire service, the police and health partners to highlight some of the safeguarding concerns that they have become aware of in discussion with local residents. They showcased their work in Safeguarding Awareness Week in November 2019, a flavour of some of their work is detailed in the report.

The report also highlights some examples in which staff from different agencies have worked together to produce safer and better outcomes for those they work with. Good safeguarding practice often comes from joint working and learning from each other. The board and staff working behind the scenes have developed excellent learning and development programmes to support effective partnership working and I am grateful to them for their invaluable contribution.

It is of course of great significance that by February 2020 we became aware of the impending Covid-19 pandemic, although at that point we could not have foreseen how it would impact on all our lives. It was evident from the outset though that there was a clear focus across the two boroughs to put measures in place to mitigate wherever possible the impact of the virus on residents and in particular those who were the most vulnerable. Residents themselves and the voluntary sector played a very large part in helping others where they could. Living through the last six months has created unprecedented strain on residents, their families and those who continue to strive to deliver the best public services that they can. The lack of social contact, isolation, fear and economic pressure of course add to the complexity of delivering effective safeguarding services and checks. As we move forward, we need to remain committed to upholding excellent safeguarding practice whilst recognising that we have to find new ways of working and supporting those who need it most.



I look forward to working with you all over the coming months to face new safeguarding challenges and thank you again for the very real contribution that is being made across the Bi-Borough to create a safe community for everyone.

**Aileen Buckton**

# What does the Safeguarding Adults Executive Board do?

## Our Vision

### The strategic objectives and work of the board is based on the following vision:

People in Kensington and Chelsea and City of Westminster have the right to live a life free from harm, where communities:

- have a culture that does not tolerate abuse
- work together to prevent abuse
- know what to do when abuse happens

## Roles and Duties

The Bi-Borough Safeguarding Adults Executive Board (SAEB) is a partnership of organisations working together to prevent abuse and neglect, and when someone experiences abuse or neglect, to respond in a way that supports their choices and promotes their well-being.

The role of the board is to assure itself that local safeguarding arrangements and partner agencies act to help and protect adults in its area.

The boards' main objective is to assure itself that local safeguarding arrangements and partner organisations act to help and protect people aged 18 and over in the area who:

- have needs for care and support
- are experiencing, or at risk of, abuse or neglect
- (as a result of their care and support needs) are unable to protect themselves from either the risk of, or experience of, abuse or neglect regardless if the council are funding care or not.

## The Board is bigger than the sum of its parts

### Our Values and Behaviours

The board believes that adult safeguarding takes **courage** to acknowledge that abuse or neglect is occurring and to overcome our natural reluctance to face the consequences for all concerned by shining a light on it.

The Board promotes **compassion** in our dealings with people who have experienced abuse and neglect, and in our dealings with one another, especially when we make mistakes. The Board promotes a culture of learning rather than blame.

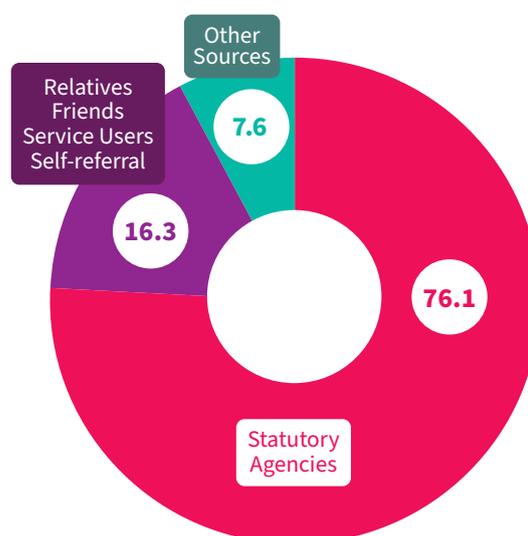
At the same time, as members of the Board, we are clear that we are **accountable** to each other, and to the people we serve in the two boroughs.

The board is responsible for overseeing and leading on the protection and promotion of an adult's right to live an independent life, in safety, free from abuse and neglect across Kensington and Chelsea and the City of Westminster.

## Safeguarding in numbers Kensington and Chelsea

### Who Raised the concerns?

- Each week the local authority received 15 safeguarding concerns, on average
- Just under half of the concerns were risk assessed and closed at the first stage in the safeguarding pathway
- Three out of four concerns were raised by statutory agencies

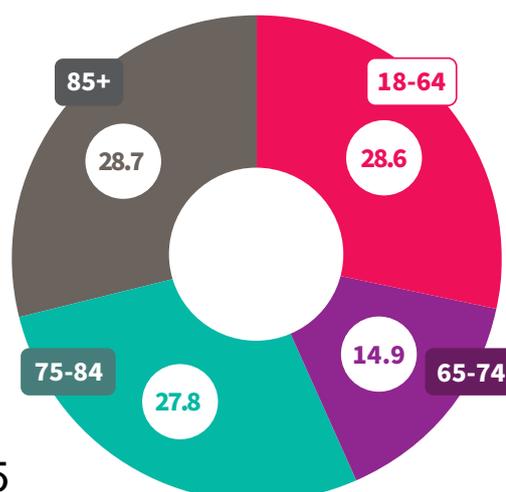


### Did you know?

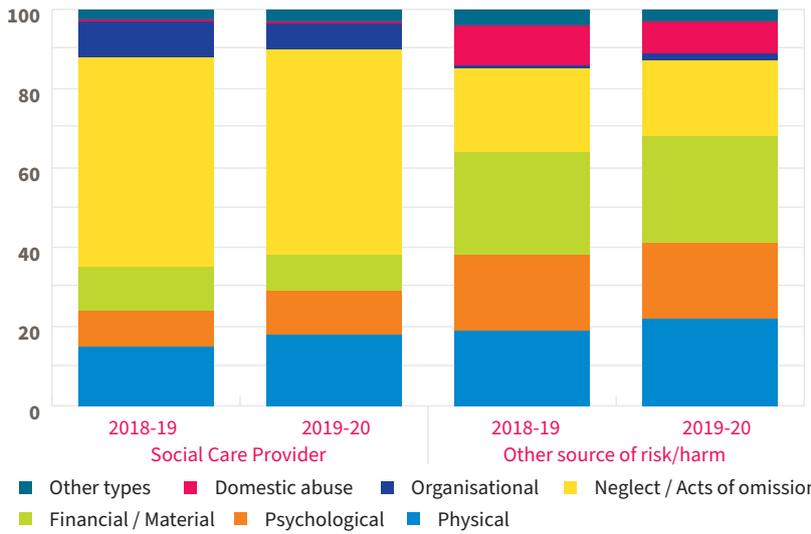
Other sources of referral include: banks, solicitors, Magistrates courts, Domestic Abuse services, Department of Work and Pensions, Victim support, Faith based groups, Housing Associations, Border Force agency, Outreach services, LGBT Groups

### Age profile of the adults at risk

- Over half of the adults at risk were aged 75 years or over
- Three out of ten of all concerns raised involved an assessment for mental capacity



### Frequency with which different types of harm were alleged

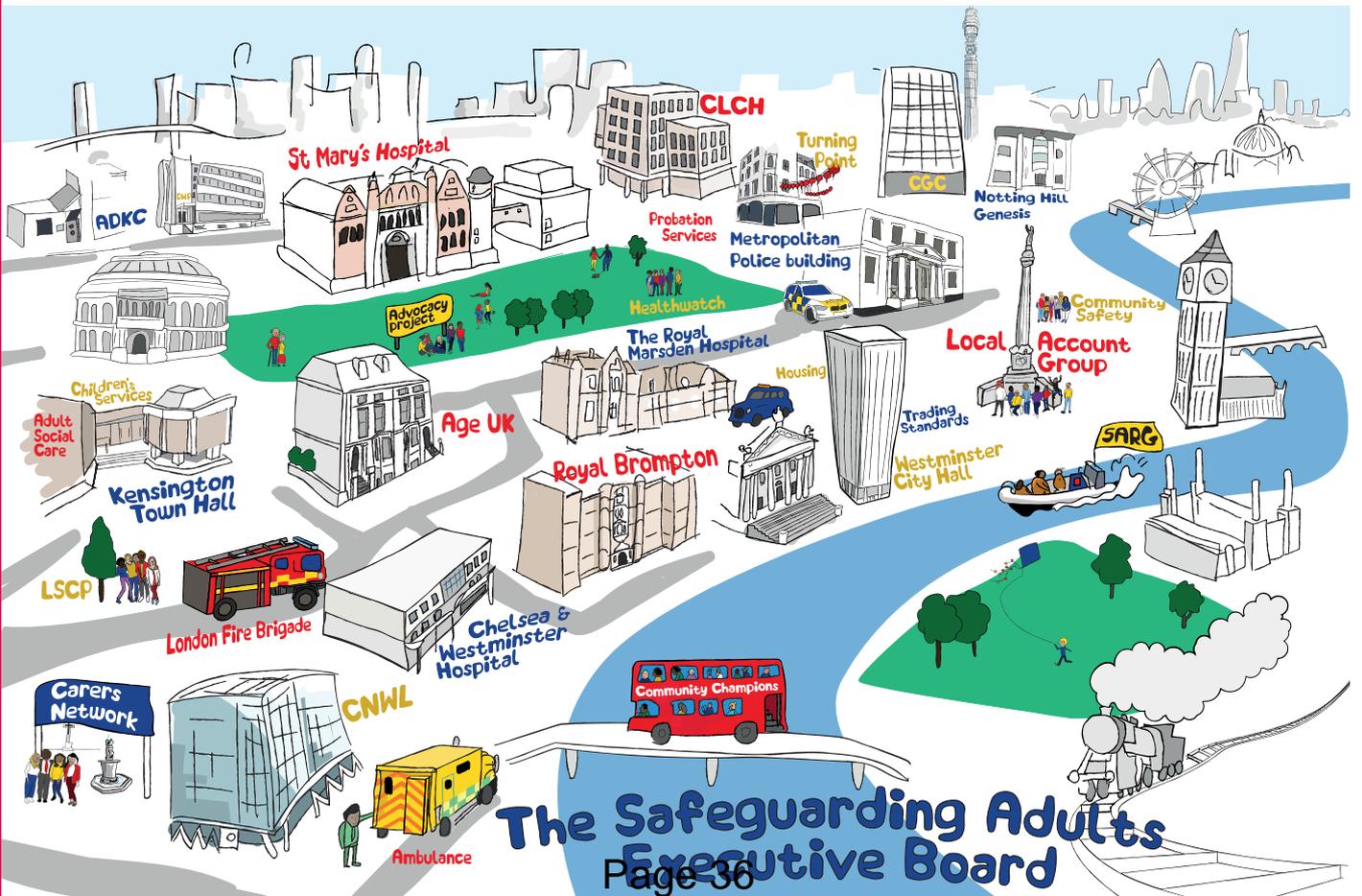
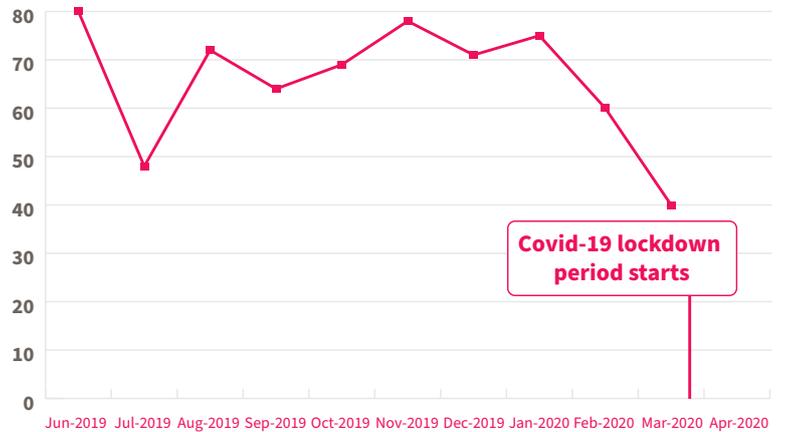


## Did you know?

Three out of ten enquiries involved a social care provider and the main abuse type was neglect and acts of omission. This in the main relates to care quality issues

### Number of safeguarding concerns received per month

In March 2020, when the official Covid-19 lockdown period started, there was a 40 per cent drop in concerns received. This then picked up in April 2020.

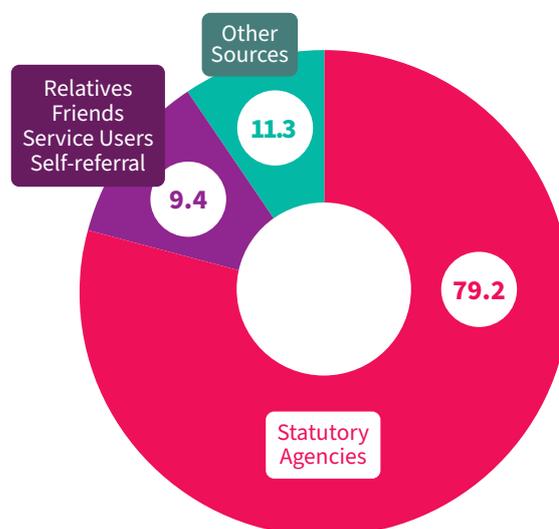


# Safeguarding in numbers

## Highlights Westminster

### Who Raised the concerns?

- Each week the local authority received 14 safeguarding concerns, on average
- Just under half of the concerns were risk assessed and closed at the first stage in the safeguarding pathway
- Eight out of ten concerns were raised by statutory agencies



### Did you know?

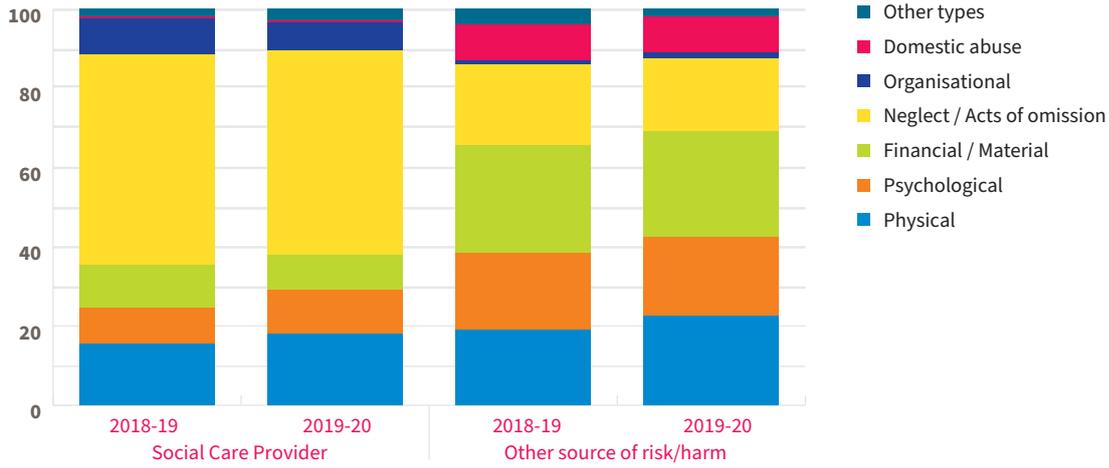
Other sources of referral include: Banks, Solicitors, Magistrates courts, Domestic Abuse services, Department of Work and Pensions, Victim support, Faith based groups, Housing Associations, Boarder Force Agency, Outreach services, LBGT Groups

### Age profile of the adults at risk

- Over half of the adults at risk were aged 75 years or over
- 80 per cent of enquires where the person lacked capacity they were supported by a family member or representative this is the same as the London average.
- 30 per cent or three out of ten of all concerns raised involved an assessment for mental capacity



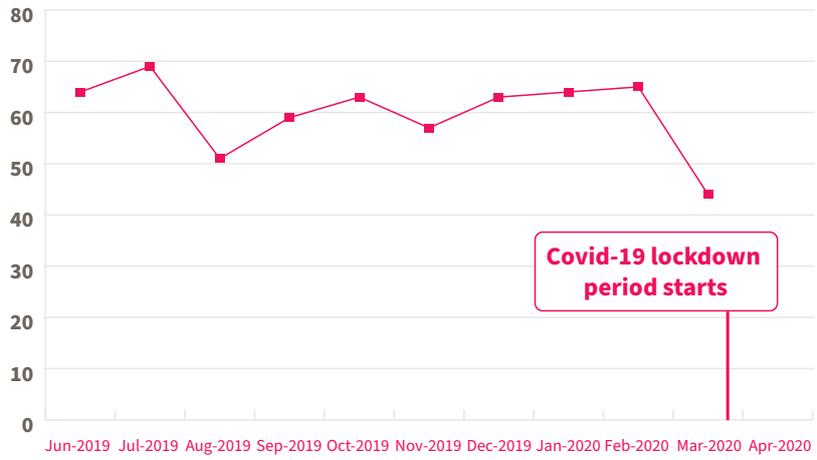
### Frequency with which different types of harm were alleged



**Did you know?**

Four out of ten enquiries involved a social care provider and the main abuse type was neglect and acts of omission. This in the main relates to care quality issues. This is lower than the London average.

### Number of safeguarding concerns received per month



In March 2020, when the official Covid-19 lockdown period started, there was a 29 per cent drop in concerns received. This then picked up in April 2020.

# Creating a healthy and safe community

Communities have a large part to play in preventing, detecting and reporting abuse and/or neglect. The Safeguarding Board believes in partnership work and local solutions with services working with their communities.

To achieve our aims and those of our communities we have collaborated with other Council departments to include our Community Safety Partners as well as worked with service user groups to truly co-produce events and local newsletters.

Our Community Engagement Group is a sub-group of the board and is co-chaired by Miles Lanham Safeguarding Lead Notting hill Genesis and Ben King Station Commander London Fire Brigade until earlier this year when Ritu Guha User involvement Project Manager Advocacy Project replaced Ben as Co- Chair.

## Did you know?

Did you know co-production – is an equal relationship between people who use services and people who provide services. They work together on all stages from designing services to making them happen.



**Miles Lanham** – Housing Operations Manager, Westminster & Bolney Notting Hill Genesis



**Ben King** – Station Commander London Fire Brigade



**Ritushree Guha** – User Involvement Project Manager

**In 2019/20 the group focused on tasks set out under the priorities ‘Making Safeguarding Personal’ and ‘Creating a Safe and Healthy Community’. With support of the Safeguarding Adults’ Reference Group (our service user group) and the Local Account Group members we were involved in a variety of initiatives, such as:**

## Safeguarding Adults' Reference Group (SARG) Service User Involvement - What we did

The Safeguarding Adults' Reference Group is made up of residents and service users across Kensington and Chelsea and Westminster. We are a group that include 'safeguarding experts by experience' as many of us have 'lived' experience of safeguarding.



The group is all about making safeguarding personal and making sure that local people have a voice in safeguarding to help try to reduce the harm to particular groups.

In 2019/20, we have focussed on training and raising awareness and have filmed a set of co-produced videos, which are being launched through the safeguarding newsletter.

In November 2019, we supported the first Bi-Borough National Safeguarding Adults Awareness Week



event and it was a huge success. The response to the event exceeded all expectations with over 200 people applying for 120 places. The aim of the event was to create a Bi-Borough event where we all focused on safeguarding adults – so we can be better, together.

We were delighted for the support from the following groups and organizations: London Fire Brigade, Kensington and Chelsea and Westminster City councils, Metropolitan Police and the Harmonious Choir who all contributed to make this event such a success.

*“The Bi-Borough National Safeguarding Awareness Event was very heart-warming with a real sense of community spirit”*

**Maria Stoeva spokesperson for the Safeguarding Adults Reference Group**



*“I am very pleased that the Community Engagement Group hosted this important event which raised awareness on ‘staying safe at home,*

*safeguarding adults and promoted mental health and wellbeing across the Bi-Borough. It is such a privilege to work with people who really care about what they do.*

*“Thank you to all the inspirational speakers and especially to the Harmonious Choir with their emotionally rewarding and uplifting singing”*

**Aileen Buckton, Independent Chair, Safeguarding Adults Executive Board**

*The event raised awareness of how residents can stay ‘Safe at Home’ and provided attendees with information on health and wellbeing. We launched a set of 4 national universal videos accessible to all, from our Safe at Home Programme. The videos have been co-produced by SARG and Local Account Group members.*

*“We have been involved in a variety of ways such as helping with the scripts, making sure the content is relevant for the audience and have also acted in them. These videos contain helpful guides on fire safety, scams and security issues in the home”.*

**Maria Stoeva**



## Creating a Safe and Healthy Community

The case study below demonstrates that training volunteers and service users in the community in what signs to look out for in adult abuse and neglect helps to build confidence and prevent abuse and neglect.



Safeguarding Train the Trainers program has been successfully growing from strength to strength. Particular thanks goes to **Ian Corpuz – Community Champions Project Coordinator** at the Abbey Centre in Westminster who continues to deliver the programme to volunteers. The case study below demonstrates what differences there has been to the outcome of the person at the centre of the abuse primarily because the Abbey Centre Volunteer attended a train the trainers Safeguarding programme. By attending the training, she felt confident in escalating a safeguarding alert, which made a positive outcome from the volunteers point of view as well as the Service User.

### Case Study

AL is a visually impaired elderly man, has other health conditions. Westminster City Council's Visual Impairment Rehabilitation Service made the referral by completing and emailing our referral form, from which we established that he needed support with the delivery of food and household toiletries.

Our Project Coordinator had a long in-depth conversation with AL to find out more about him and if there were any other issues with which he might need support once she received the completed referral form. She found out that AL had not been able to get out of his home for food for some time. He cannot cook his meals and most of the time he eats in a café due to his sight loss. We arranged for an emergency food parcel to include food that would be easy to prepare or ready meals and this was delivered to his home promptly.

We also determined that AL needed more regular support and company and arranged for a "befriending volunteer" to call him, agreeing a code word to be used by the volunteer during the initial telephone call so he would know the call was coming from the Abbey Centre and not a cold call or a scam. He was matched with a volunteer with whom he had things in common. This was conveyed to AL, so he knew who to expect to call. The volunteer called AL at agreed times and provided us with a breakdown of each conversation.

When AL did not answer the fourth call at the agreed time, the volunteer followed Safeguarding protocols that she learnt from attending Safeguarding training provided by the Abbey Centre, contacted us to say she had left a voice message promising to call back later, which was logged on our monitoring tracker. The volunteer called back later, but AL still did not answer. After another unsuccessful call first thing the following morning, a safeguarding alert was raised by telephone calling Westminster City Council's Visual Impairment Rehabilitation Service.

### Outcome

A district nurse attended AL's home and, finding him on the floor, called a paramedic. AL, who normally wears a medical alarm, was not wearing it and it was out of reach. He was admitted to hospital and in poor health. Westminster City Council's Visual Impairment Rehabilitation Service sent an update report to us and, along with AL's family, praised the volunteer for being so concerned and caring for AL's welfare.

### Follow up

We have remained in contact with the Visual Impairment Rehabilitation Service to monitor AL's progress while he was in the hospital and, when he was discharged, we resumed the delivery of food parcels and telephone support from the same volunteer, at his request. We hope we can help him to access more services and activities once the Abbey Centre reopens.

## Creating a Safe and Healthy Community

### Safer Westminster Partnership and Safeguarding Executive Board: Collaborative approach to reduce harm to older people who may also be victims of crime

The board is working closely with the Safer Westminster Partnership to look at what the prevalence is, and support needed for vulnerable older people who are victims of crime.

Kensington and Chelsea Community Safety are interested in the work being done in Westminster and would like to be included in discussions to see if there is the same need and to ensure that functions and processes are in place.

We have a multi-agency group of people in which we are exploring financial scamming and financial fraud and what we as a collaborative experience in supporting vulnerable adults.

#### This is what we know nationally

Many people may already know the dos and don'ts of financial fraud and scams – that no-one should ever contact them out of the blue to ask for their PIN or full password, or ever

make them feel pressured into moving money to another account. The trouble is, in the heat of the moment, it's easy to forget this or skim read texts and emails and not spot the giveaway signs.

Older people are more at risk of being victims of scams. Risk of financial abuse increases with age. It is estimated that 18 per cent of over 65's in the UK are at risk, this equates to nearly 6,000 residents in Westminster. Females and ethnic minorities are at a greater risk.

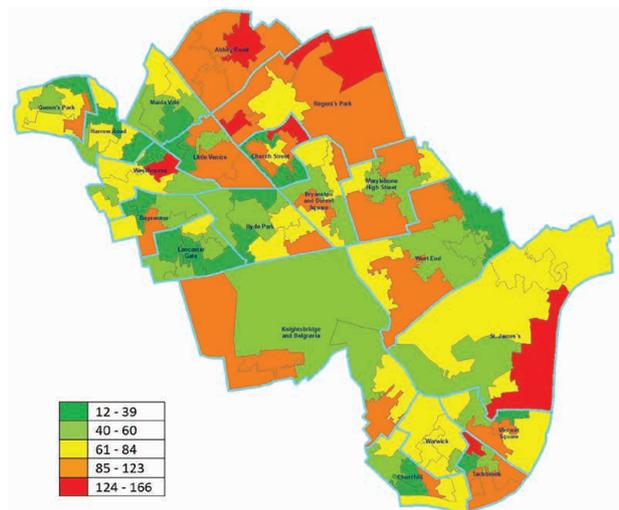
#### This is what we know in Westminster

Using this data can help us where to identify where to undertake targeted action. The maps below look at the location of Westminster's older residents.

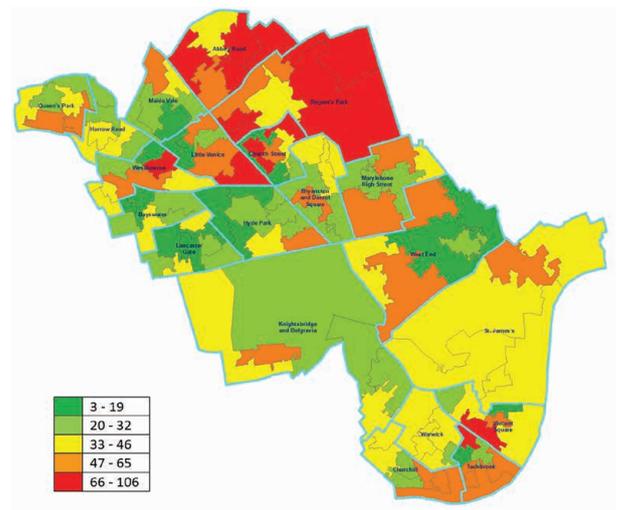
The largest proportion of elderly residents 65 plus live in the north east of the borough. 7.6 per cent in Regent's Park and 5.7 per cent in Abbey Road ward. This picture is more enhanced for older females, with Regent's Park having 8 per cent and Abbey Road 6.4 per cent.

The highest risk group are aged over 80.

2019 mid-year population estimate of over 80's approx. 9,000



2019 mid-year population estimate of female over 80's approx. 5,000

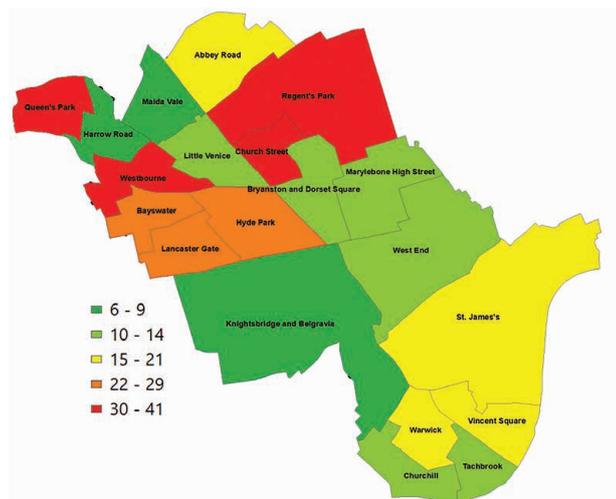


**9.3 per cent** of over 80-year-old females reside in Regent's Park and **7.9 per cent** in Abbey Road.

Single older households are also at an increased risk. The Office of National Statistics estimates the percentage of one person households in Westminster where the person is aged over 65 was **25.9 per cent in 2019** and this is likely to increase to **28.1 per cent by 2024**.

Other at risk groups are those living with dementia or cognitive decline. Public Health England data for 2019 estimates there are **4.6 people per 10,000 with dementia aged over 65 in Westminster**, this is slightly higher than the London average of 4.54.

## Number of Victims per Ward



This map relates to data sent to Westminster Trading Standards from the National Trading Standards Scam team. This is just one source of data relating to scams received by the Trading Standards team.

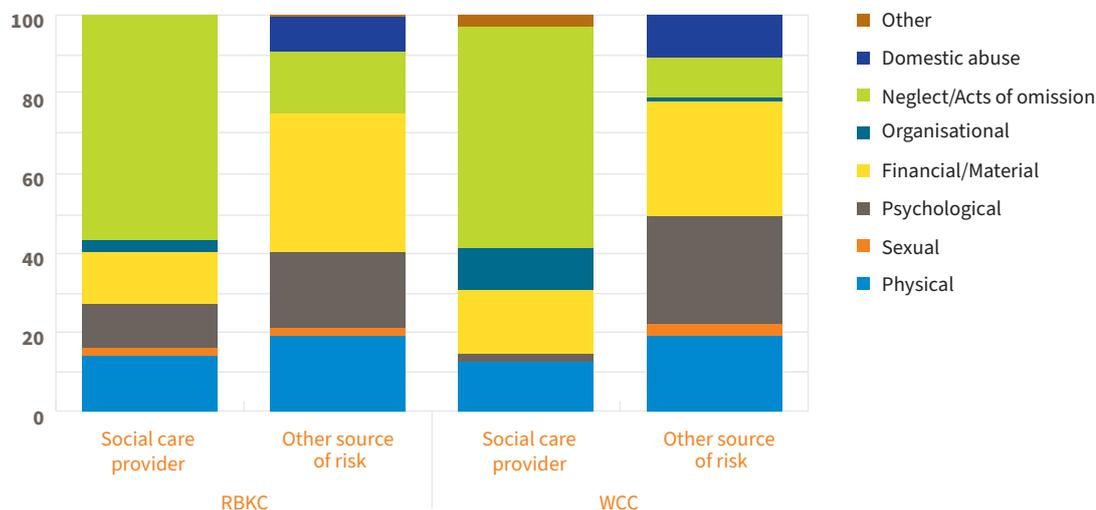
It shows that there is some correlation with the population age groups, with incidents concentrated in the north of the borough and also with areas of deprivation.

Safeguarding data for 2019/20 shows that if the source of the risk is not a social care provider then the biggest risk from other sources is financial and material abuse.

**The SAEB and Safer Westminster Partnership will continue to work together to improve identification of victims and repeat victims.**

**We are looking at who we need to target by having a raising awareness campaign and training in the most vulnerable wards and which voluntary groups and teams should be involved in this piece of work. This will be reported into next year's Annual Report**

**Where incidents occurred in the adult's own home, the frequency with which different types of harm were alleged, according to the source of risk, for s42 enquiries completed in 2019-20**



## Creating a Safe and healthy community

### Partnership working with our voluntary sector communities to Safeguard adults during the COVID-19 crisis

Each local authority has been asked to establish a Hub to support local residents who are self-isolating or whom are part of the 'shielding' cohort. The people who are shielding are determined by a narrow set of criteria that is based on pre-existing health conditions that place them at serious risk if they contract Covid-19. Age is not a factor.

The approach of the Safeguarding Adults Board to Adult safeguarding prevention in the Bi- Borough was to offer to work with both the formal and informal responders to COVID-19, and in particular for safeguarding in the context of what was a crisis in which neither statutory systems nor formal community organisations are in a position to meet all the immediate needs of the communities. The Board did this in a number of ways to include:

- Working closely with both councils to support the safer recruitment of volunteers for the hubs
- E-Learning programme made available on Adult Safeguarding for internal staff made up of non adult social care staff working in the Hubs and external volunteers
- Offering advice on Disclosure and Barring Service checks
- Flyers for volunteers around awareness raising of Safeguarding and Covid-19
- Bespoke training and support for unregulated services

Adults at Risk who are self-isolating may not be able to access support or escape abuse at times when they otherwise would. Self-isolating may see an increase of risk of harm. We know that social isolation is an increasing risk factor in relation to abuse and neglect. In particular, we know that incidences of domestic abuse, self-neglect and carer stress will increase with social isolation. With more people being asked to self-isolate or shield as a result Covid-19 this needed to be a key consideration when offering preventative interventions to all organisations.

#### **Priority Area for 2020-2021**

***We will continue to focus on identification of different or changing patterns of abuse manifesting during this Covid-19 pandemic to help others identify and report abuse . We will be paying attention to those living in regulated settings in particular care homes who may be particularly affected by Covid-19. We will also continue to monitor referrals from different ethnic backgrounds to identify gaps from which we can focus more targeted interventions.***

# What is Making Safeguarding Personal?

Making Safeguarding Personal is about having a conversation with people about how we might respond in safeguarding situations in a way that makes them feel involved, promotes choice and control of a given situation as well as aiming to improve quality of life, wellbeing and safety.

It is about seeing people as experts in their own lives and working alongside them with the aim of empowering them and enabling them to reach better outcomes of their circumstances and recovery.



## How do we know we are making a difference?

The charts below show how RBKC and WCC compare with London as a whole. They are based on Safeguarding Adults section 42 enquiries concluded in the year.

The London figures are based on s42 enquiries concluded in 2018/19. This is the most recent comparative data available. Because of Covid-19

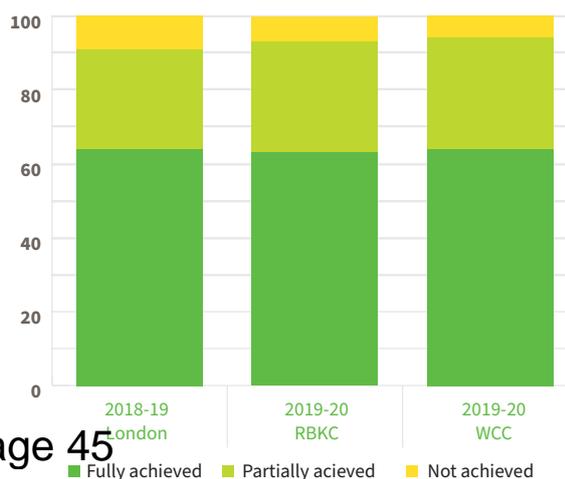
the deadline for submitting 2019/20 data has been pushed back to September 2020. So, London data for 2019/20 is unlikely to be available until December 2020.

The figures for boroughs are based on s42 enquiries concluded in 2019-20 (i.e. in the following year)

### We ask the adult at risk what they want to achieve through the safeguarding enquiry, and this is recorded.

Across London as a whole the adult at risk (or a representative) was asked what they wanted to achieve through the enquiry in eight out of ten cases. In RBKC and WCC the proportion was slightly higher. Among those asked there was a significant proportion who, though asked, did not express any desired outcomes. This may have been because they were not asked as this could have increased risk for that person such as in a domestic abuse situation. Where the person did express a desired outcome, in the great majority of cases (over 90 per cent) the person was judged to have fully or partially achieved the outcome they wanted.

#### Where the adult at risk said what they wanted to achieve through the enquiry, whether they were judged to have achieved it

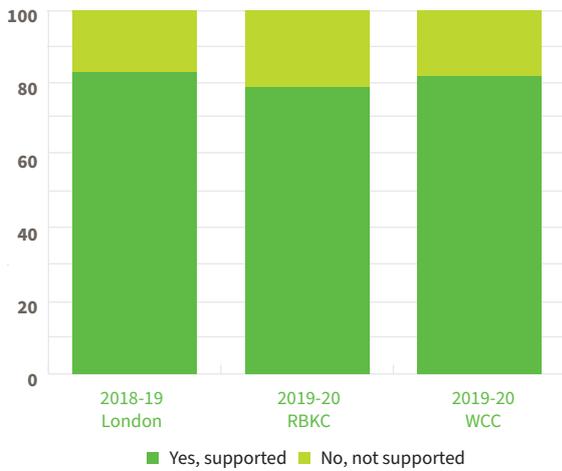


## We ensure that if the person lacks capacity to make decisions about the Safeguarding enquiry then they are supported to do so.

Where the person was assessed as lacking capacity, in both RBKC and WCC in about eight out of ten enquiries the person was supported with their decision making by someone independent, for example an advocate, family member or friend, the same as the London average.

Where a person does not have a family member or a friend to support them then we use an Advocacy organisation to do this piece of work. Someone does not have to lack decisional making capacity to require an advocate they just need to have “Substantial Difficulty”

### Where the adult at risk was assessed as lacking capacity to make decisions relating to the safeguarding enquiry, whether they were supported to make decisions, for 42 enquiries concluded in the year



Advocacy plays an important role in getting the voice of the service user heard. A good example of work in a care home is considered below. This was completed by the Advocacy Project who stand proud of their work on safeguarding.

“We work closely with professionals at all levels, including sitting on a number of safeguarding groups and boards; we provide resources, including a safeguarding support line and support for families and carers; we run training for other organisations; and help develop best practice in the sector.

Sometimes we are asked to undertake major advocacy work on behalf of Care Homes; where funders, families and carers may have concerns for the residents. A good example of this work is outlined in the case study below”.

## Case Study

A local authority asked advocacy to provide support for 40 residents in a nursing home where there were concerns about the quality of care. A simple animation is used to illustrate the advocacy process.

### What happened next



Advocates visited the home and met with all residents who were identified as requesting or needing an advocate. Residents were provided with information about what standards they can expect in their care, which helped them to identify things they wanted to change.



Many residents had difficulties communicating their wishes or didn't have capacity to instruct an advocate. Advocacy worked with them using non-instructed advocacy. They worked collaboratively with the home and health and social care to support in addressing issues around person-centred care, communication, respect and dignity and restrictive practices.

All the residents were encouraged to join in new activities, which people very much enjoyed. The choice of activities reflected what the residents asked for. Staff became more engaged and

responsive with residents. Changes showed families and friends – including staff – that this was the residents' home.



### Positive outcomes

For example, one resident wanted to buy a scratch card every Saturday because that was important to him. Another example was one woman wanted to move home to live with her partner. By working with professionals, the advocate supported her to explore her options, and be actively involved in the decision about where she was to live.



Through the work at this care home, advocacy developed positive relationships with the other professionals involved as everyone worked closely to identify problems and find solutions. Residents were positive about the support they got from advocacy and the partnership as a whole.

## To what extent does the ethnicity of people involved in safeguarding reflect the ethnicity of people with care and support needs

### Ethnicity and Safeguarding:

The Safeguarding Executive Board is committed to equality diversity and human rights. We respect the ethnic, cultural and religious practices of people who use our services across the partnership. But we need to understand better to what extent does the ethnicity of people involved in safeguarding enquiries reflect the ethnicity of people with care and support needs?

Are we directing our resources in the right areas to ensure we are offering the same level of support to all our resident?

To answer this question, we would need to know the ethnic composition of everyone in the two boroughs who has care and support needs, rather than the ethnic composition of the general population.

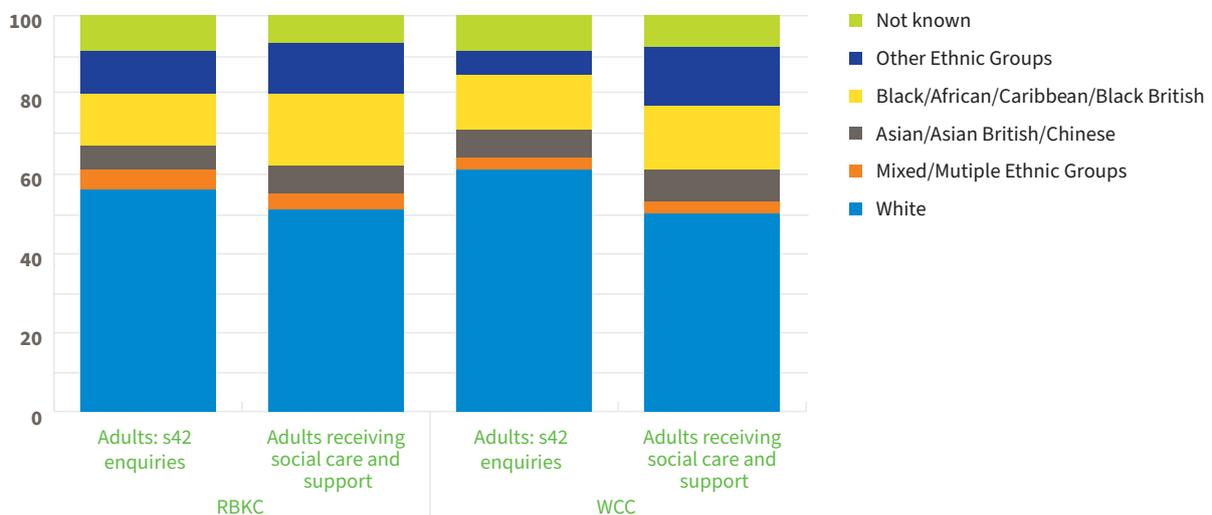
In the absence of such information the closest reference population we have is people known to adult social care. The chart above compares the ethnic profile of individuals who were involved in s42 enquiries which started in

2019/20 with the ethnic profile of adults who received social care and support during that time.

The comparison suggests that there is in both boroughs, among people involved in s42 enquiries, an over-representation of people who are white and an under-representation of people from some minority ethnic groups. In RBKC there would seem to be an under-representation in particular of people from Black communities and in WCC an under-representation of people from other ethnic groups which includes the Arab communities.

**Priority area for 2020-20201. We intend to explore this further in 2020-2021 by breaking down Section 42's by local wards; ethnicity and abuse types. We have already started working with our local communities to launch an awareness programme and increase the safeguarding referrals of people from the Black, Asian Minority Ethnic background.**

### A comparison between the ethnic profile of adults involved in s42 enquiries starting in 2019-20 and the ethnic profile of adults who received social care and support in 2019-20



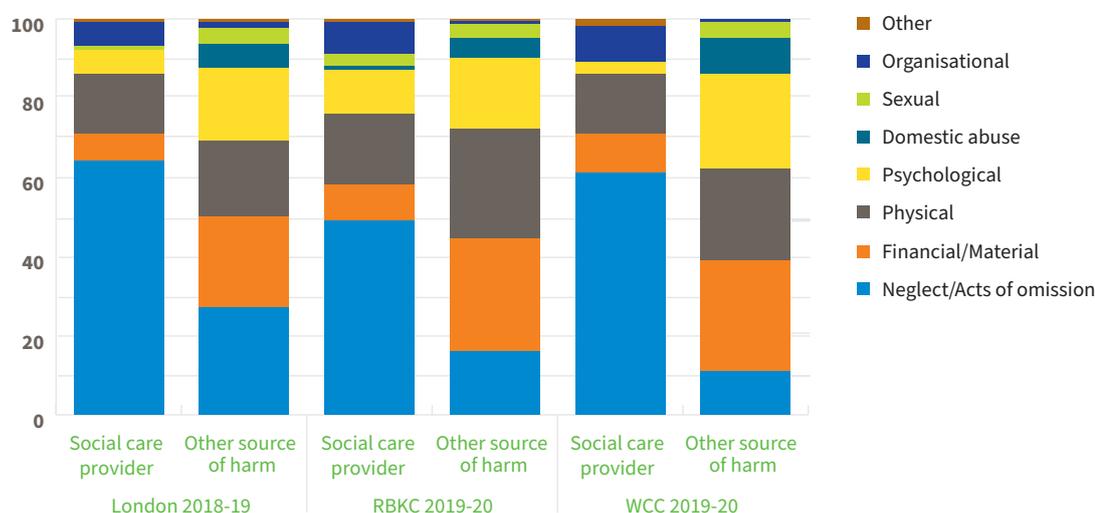
## Are we as a board addressing abuse in the right way?

Abuse is a violation of a person’s rights by someone else. The Care Act 2014 outlines a number of different types of abuses which we currently report on. The data below outlines the frequency with which different types of harm abuse were alleged which is was similar in both boroughs.

Neglect or acts of omission were more likely to be mentioned across London as a whole where the source of risk is a social care provider.

Neglect and Acts of omission normally relates to Social Care Providers. In 2020-2021 we will be working closely with our partnership to look at Care Home Resilience plans across the Bi-Borough. Working in close collaboration with local Care Homes and health partners at a Board level we are determined to ensure that each resident is getting high quality care in the most appropriate setting for their needs, with the appropriate levels of infection control and equipment in place.

### Frequency with which different types of harm or abuse were alleged, according to whether or not the source of harm was a provider or social care, for s42 enquiries concluded in the year



## Are we focusing our attention as the SAEB in the correct settings and in the right way

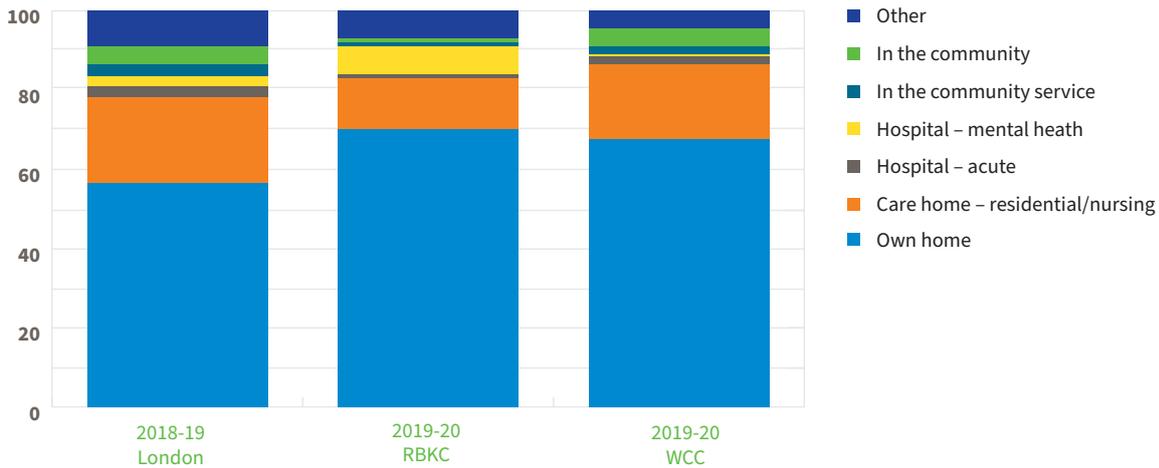
In RBKC and WCC about **seven out of ten** incidents which led to s42 enquiries occurred in the person’s own home. This compares with **just over five out of ten across London** as a whole.

In RBKC **74.1 per cent** of incidents occur in someone’s own home this is a year on year increase from **68.5 per cent in 2018/19**

In WCC in 2019/20 **66.7 per cent** of incidents occurred in someones own home this is a year on year increase from **61.9 per cent in 2018/19**.

**One of the priority areas for the SAEB in 2019/20 will be to explore best practice with adults who self-neglect including those who hoard. We will be looking at case examples across the partnership and at published Serious Care Reviews (SCRS) and Safeguarding Adults Reviews (SARS) to support revised guidance in the dilemmas and challenges to supporting this client group.**

### The different settings where incidents occurred, for s42 enquiries concluded in the year



### Other abuse types: Modern Slavery and Exploitation as a safeguarding concern

Modern Slavery is an umbrella term for human trafficking and servitude and is used when somebody is forced or coerced into doing something and another person gains from this exploitation. Modern slavery affects people of all ages, genders and nationalities. Perpetrators may be organised crime gangs or individuals who spot an opportunity to take advantage of a person’s vulnerability.

### Modern Slavery & Exploitation Coordinated Community Response



**Modern Slavery can include; Sexual Exploitation** – Prostitution, Lap dancing/strip clubs, (child/extreme) pornography) **Labour Exploitation** – Domestic Work, garment industry, shellfish industry, catering, agriculture and construction

Over 10,000 individuals were identified as victim/survivors of modern slavery in the UK last year, 2019/20, and it is estimated that thousands more are trapped in exploitation, unable to access support.

Both councils have continued to strengthen their coordinated community response to tackling modern slavery and exploitation. Safeguarding data is collected on Modern Slavery cases which come to our attention.

The coordinated community response recognises that modern slavery is everyone's business and Safeguarding plays an important part of this response where the adult may have care and support needs. Our multi-agency partnership group developed the theory of change below which sets out how we developed case conferences for Modern Slavery cases. One of the projects we have been delivering under Victims Support is multi-agency case conferences to provide tailored wrap-around support for victims/survivors who are homeless.

WCC local authority made 18 referrals (five adults, 11 children; two age unrecorded) to the NRM in the period from April 2019 to March 2020, compared with eight referrals (two adults, six children) during the same period the previous year. Whilst the numbers remain small, this is still a significant increase (125 per cent overall)

The Passage and Westminster City Council worked together to support eight victims/survivors last year, providing emergency bed spaces and support. Funding was granted by the Ministry of Housing, Communities and Local Government to expand the project and The Passage day care centre for homeless people in Westminster now has a dedicated Victim Navigator to support victims of modern slavery who are homeless.

RBKC local authority made 11 referrals (three adults, eight children) to the NRM in the period from April 2019 to March 2020 compared with seven (one adult, six children) referrals during the same period the previous year. Whilst the numbers remain small, this is still a significant increase (57 per cent overall).

Safeguarding representation is involved to consider if the person is eligible for a Section 42 response and to support decision making in cases such as where mental capacity and advocacy considerations are needed to be made. Making urgent safety plans with non-statutory partners is part of the role safeguarding plays and we need to keep in mind those people who decline help may be controlled and coerced. Our front-line staff particular in the Information and Advice Services are trained to be first responders and make referrals to the *National Referral Mechanism* or to support the person to make other safety plans.

You can learn the signs of modern slavery at [www.stophetraffik.org/spot-the-signs/](http://www.stophetraffik.org/spot-the-signs/)

Help and advice is available 24/7 via the Modern Slavery Helpline: **08000 121 700**.

We also have a local directory of survivor support services [www.angelou.org/human-trafficking](http://www.angelou.org/human-trafficking)

# Leading, Listening and Learning

The board is open to new ideas and areas of development and we want to learn from cases that went wrong from within our communities and from other disciplines. We took forward recommendations for further work from the recent Peer Challenge and hold each to account and learn when things could have gone better.

## Deprivation of Liberty Safeguards (DoLS)

### Andy Seymour – DoLS Manager

- The trend of DOLS requests received and processed has stabilised over the Bi-borough and remains at around 1000 per year. Nationally, all Supervisory Bodies are seeing a stabilisation of requests.
- All referrals were triaged using the Adult Directors of Adult Social Care DoLS risk tool. 79% of the referrals were urgent or renewal requests and were taken forward. This year we have focused on removal of a growing back log of triaged DoLS referrals which were rated medium.



We received **1030** DoLS referrals in 2019-20

**213** Medium Priority

**817** High Priority

**25%** of DoLS referrals come from the Acute Hospital

- The number of DoLS applications completed of the adult population for Kensington and Chelsea and City of Westminster and its peer group reports that the area is slightly below average per 100,000 head of population below average for 2018/19 at a combined

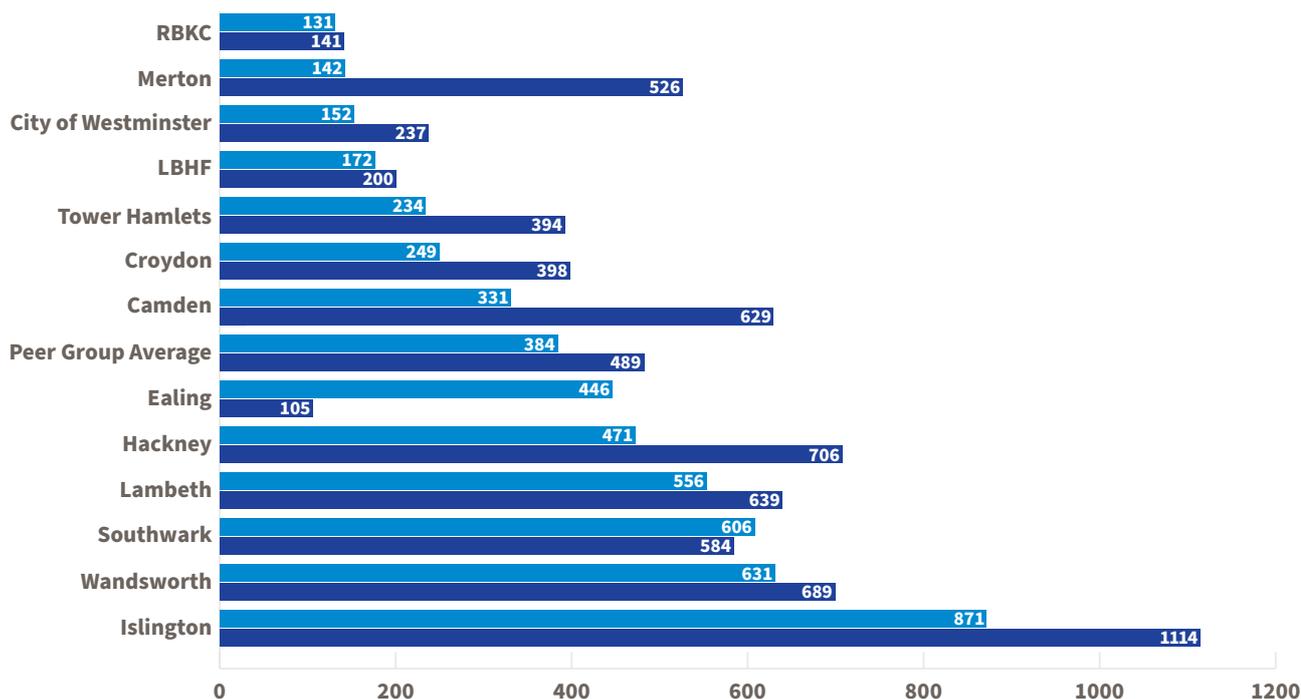
figure of 378. Data is not yet available for the year 2019/20 due to delay in reporting due to Covid Outbreak.

- The new data will include the removal of the backlog which was completed in 2019/20 and will put the Bi-Borough well above average across its London Peer Group.

#### Details of the back-log removal are discussed below.

- The Peer Review findings in March 2019 stated that Deprivation of Liberty safeguarding team was skilled and experienced. However, it also stated that a review of the arrangements for medium risk of Deprivation of Liberty safeguarding referrals ought to be completed.
- To help in addressing the outstanding assessments the DoLS team begun work on a data cleansing exercise of approximately 1,300 assessments. We worked closely with our health and Adult Social Care commissioning colleagues to support managing authorities, to include hospitals and privately arranged placements, to supply the DoLS team with accurate DoLS data which is then cross referenced with the records we hold.

## Number of DoLS application completed per 100,000 of the adult population for Westminster City and RBKC, and its peer group for the reporting period 1 April 2017 to 31 March 2019



An application is considered to be 'complete' in the reporting period 1 April 2017 to 31 March 2019, when enough information has been gathered to enable a decision to either grant or not grant the application to take place and the relevant form has been completed and signed by the relevant person at the Local Authority, irrespective of when it was received.

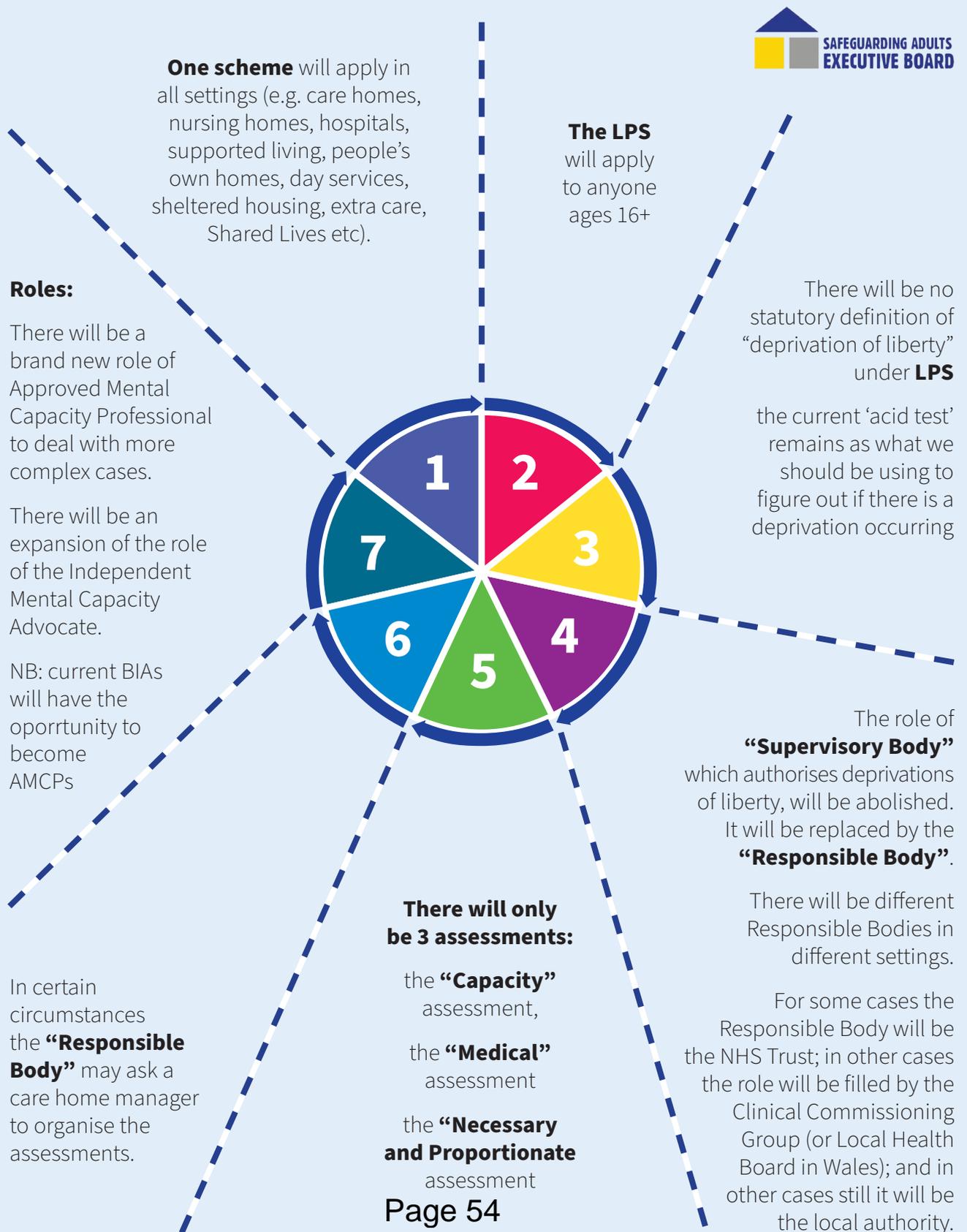
- The DOLS team are often not informed if a person passes away or moves on from the establishment they are staying in, this gave a more accurate view of exactly how many DOLS assessments outstanding over the Bi boroughs.
- We are now pleased to report that a backlog of 600, post data cleanse, outstanding assessments have now been cleared. We are grateful for the dedication and hard work of all our colleagues in helping us achieve this milestone.

Since the end of March 2020 there is now no Deprivation of Liberty Safeguard referrals backlog. The DoLS team will now be supporting the completion of all DoLS referrals and sign offs in real time. This is the result of a successful joined up piece of partnership work that enabled us to adopt a multi-disciplinary approach, drawing on the skills of Independent Best Interest Assessors and Best Interest Assessors employed in the roles of Social Worker, Nurse and Occupational Therapist by the Bi- boroughs and the local Clinical Commissioning Group.

**Note**  
 Liberty Protection Safeguards (DOLS replacement) has been put on hold until April 2022, by the Department of Health and Social Care. This has provided an opportunity for the Bi-Borough to look at DOLS in the community in greater detail. As a result, there will be additional training for practitioners and managers around DOLS in the community and Liberty Protection Safeguards, which will assist practitioners and managers, across the two boroughs to deepen their understanding of the new safeguards and developing best practice in these areas.

The Mental Capacity (Amendment) Act 2019 received the Royal Assent on 16th May 2019. The purpose of the Act is to abolish the Deprivation of Liberty Safeguards (DoLS) and to replace them with a completely new system, the Liberty Protection Safeguards (LPS). This system will apply to England and Wales only.

## The 7 main points of the LPS are:



## Safeguarding Adult Reviews

The Care Act 2014 states that the board must conduct a safeguarding adults review in accordance with Section 44 of the Act. The reviews are about learning together and improving how adults are protected from abuse and neglect.



**Catherine Knights** Director of Quality Central and North West London NHS Foundation Trust  
Co-Chair of the Safeguarding Adults Case Review Group.



**Trish Stewart** Associate Director of Safeguarding Central London Community Healthcare NHS Trust  
Co-Chair of the Safeguarding Adults Case Review Group.

This year we have focused on a number of areas of work: reviewing how we learn from safeguarding adult reviews and ensuring that we can demonstrate how this is embedded into front line practice; reviewing our own internal processes and systems for referrals and ensuring we are accountable for decisions we make throughout the process.

### What we have learnt from Mr X

The Mr X Safeguarding Adult Review was reported in last year's report. This year we can demonstrate the learning into practice which occurred after we delivered three workshops for multi-agency front line staff. The following findings of the Mr X SAR are addressed using examples in day to day practice in the following areas.

1. **Manage violence and aggression of staff by patients and family/carers**
2. **To always “think family” where there is a parent-carer of an adult child living with other younger children**
3. **Robust Managerial oversight for complex case work**

**The Mr X SAR findings said:** Manage violence and aggression of staff by patients and family/carers

**Community London Central Health Trust did:** Tackling unacceptable Behaviour Week 15th – 19th July 2019

The Central London Community Health (CLCH) Care NHS Trust ran a campaign of events to raise awareness about unacceptable behaviour, during July 2019. The aim of the campaign was to; reduce the frequency of unacceptable behaviour shown towards staff whilst undertaking CLCH their role. The campaign was designed to raise issues expressed by CLCH staff when put in a difficult situation with a service user and or unpaid carer.

I'm Jacqueline, a District Nurse Team Leader.

I'm here to help you

**I'm not a target**

**Our staff are not targets for unacceptable behaviour.**

Being rude, aggressive, threatening or violent; as well as commenting on appearance, race, sexuality or disability are all unacceptable.

We will not hesitate to withdraw services from those who behave in this manner.

*“One of the hardest things to face as a target at work, is the sense of utter loneliness. Your co-workers and bosses want to look good and will not stand up for you.”*

In conclusion tackling unacceptable behaviour campaign raised awareness of the organisations commitment to ensuring its staff have a safe working environment and recommendations were identified to improve the management of unacceptable behaviours in the following areas:

- 1. Tackling unacceptable behaviour should form part of induction**
- 2. Training on unacceptable behaviour should be mandatory**
- 3. Awareness Week for unacceptable behaviour should be annual event**
- 4. Providing of more resources e.g. posters should be made**

### The Mr X SAR findings said:

To always “think family” where there is a parent-carer of an adult child living with other younger children



**The Local Safeguarding Children’s Board and the Safeguarding Adults Executive Board did:** Safeguarding Survey and 7 mins learning for all staff

A survey was commissioned jointly by Adult and Children’s Services on Think Family. The survey was circulated to around twenty agencies, with 275 responses. The questions were based around an understanding of Think Family as a practice tool.

## Safeguarding in Drug and Alcohol Wellbeing Service • DAWS • Think Family in action



### By Elizabeth Odigie

Safeguarding Family and Women’s Services Manager  
Drug and Alcohol Wellbeing Service



The Drug and Alcohol Wellbeing Service is a community-based substance use and wellbeing social enterprise, commissioned to provide services to local residents in the Boroughs of Kensington and Chelsea, Hammersmith & Fulham and the City of Westminster. Safeguarding remains a key focus for the service, with risk management and safety planning at the forefront of all the services on offer from clinical provisions through to family and women’s work. In-keeping with this focus and with a view to expanding on the community services on offer, the Open DAWS Women’s service was commenced in 2019 as a way of reducing the barriers women face in accessing services, which in conjunction with the DAWS

Family and Carers Service, supports much of the work being carried out in addressing the ‘toxic trio of risk’ internally and within the local community, utilising a Think Families approach and trauma-informed practice. Through this, there is acknowledgement that a multi-agency way of working and use of partnerships are the key ways of supporting clients holistically whilst increasing recovery capital. Therefore, continued involvement in community forums including the Team Around the Family Hub, Early Help Panel (to name a few), on-site satellites and joint working with other agencies have enabled progress for clients accessing the DAWS service and raised awareness for the wider community.

## 1 What do we mean by 'Think Family'?

A Think Family approach refers to the steps taken by children's, young people's and adult's practitioners to identify wider family needs which extend beyond the individual they are supporting.

For example, in relation to safeguarding, if you work primarily with adults, you should still consider the safeguarding needs of children, and if you work mostly with children, you should still consider the needs of vulnerable adults.

Safeguarding is everyone's responsibility!

## 2 Why do the LSCP and the SAEB want to raise aware-ness of the Think Family approach?

The LSCP and the SAEB for RBKC/ WCC want to ensure that frontline practitioners and managers understand and apply a 'Think Family' approach in their work.

This is as a result of the learning that emerged from a recent Safeguarding Adults Review (SAR) involving an adult with care and support needs who present-ed with severe neglect.

The household also comprised of several younger siblings under the age of 18.

## 3 Key Learning Points from the Safeguarding Adults Review included:

- To always consider 'Think Family' approach where there is a parent-carer of an adult-child living with other younger children
- Importance of following No Access Policy
- Importance of escalation to safeguarding teams and regular supervision
- Managing aggressive patients and family towards staff

## 7 What the LSCP and SAEB will do next?

The results of the survey have been considered by the partnerships and will help shape further joint learning opportunities to ensure that frontline practitioners and managers can continue to work in partnership across both the children's and adults' workforce in social care, police, health and the voluntary sector.



## 4 Think Family Survey Results

The LSCP and SAEB conducted a Think Family Survey late last year to gauge how well understood a Think Family approach was by frontline practitioners and managers across our workforce. The survey was completed by 278 workers. Participants responded to a number of questions, including: *How confident would you say you feel about implementing the Think Family approach in your work?* 28% responded 'very confident' 36% responded 'somewhat confident' 11% responded 'not so confident' 15% responded 'not at all confident'

## 6 Think Family: what should practitioners do?

- Think about the family's needs and all staff involved with the family so we can work together.
- Make sure information is shared appropriately according to the level of risk and the need for people to understand any difficulties.
- Escalate your concerns to appropriate levels of line management if you are not being listened to or heard.

## 5 Think Family: what should practitioners do?

The LSCP and SAEB would like to encourage frontline practitioners to:

- Consider the needs of the whole family and be responsive to those needs.
- Consider all the factors of everyone in the home, and frequent visitors, including things like poverty, use of drugs, alcohol, domestic abuse, and mental ill health, which may impact upon all the family.

- Managers were more confident around Think Family, than frontline staff. Staff had strong feelings that Think Family was being used, it improves response from the families.
- Need to implement appropriate training and try to ensure good working practices with other agencies as there was a lack of confident in implementing Think Family.

A seven-minute briefing has been produced on Think Family and further work will be taking place to embed into Adult Social Care Practice.

## Case Study

**Mr X Findings Said:** Robust Managerial oversight for complex case work.

**Partnership response from People involved:** GP, District Nurses (DN), DN manager who had known Ms PD for around six years, Senior Case Manager (My Care, My Way), Senior Occupational Therapist (Community Independence Service), Social Worker (Adult Social Care) and teams of dedicated Care Workers from the succession of Care Providers.

This case study covers the last 15 months of Ms PD's life and provides an insight into the intensive partnership working between colleagues in Health and Social Care. The team consistently demonstrated compassion and willingness to go that extra mile in their care for Ms PD, a person with complex needs and a personality disorder. She either would not or could not weigh up the consequences of her decisions to refuse care and support on a regular basis, which then lead to extreme self-neglect and ultimately her death at the age of 65.

*“As the allocated Social Worker, I was fully supported by both my Team Manager and Head of Service”*

As Ms PD's condition deteriorated through her withholding consent for several weeks at a time to be washed or have her incontinence pad changed, the risk to her health and wellbeing escalated rapidly. As a consequence of Ms PD's severe self-neglect there was a build-up of faeces in her bed and on the floor, which led to fly larvae being found in her bed, on her body and within open wounds.

In spite of the extremely poor environmental conditions in Ms PD's room, which presented a risk to her health and all those who visited her, our Health and Social Care colleagues continued to respect Ms PD's past and present wishes, feelings, beliefs and values by delivering the care she needed at the pace she was willing and able to accept. It was heart-warming to hear our colleagues speak about Ms PD with such respect,

whilst at the same time speaking of their feelings of helplessness at her refusal to see the risk she was putting herself at by refusing personal care and investigations into the extreme pain she advised that she was experiencing.

In response to these increased risks, magnified due to Ms PD being restricted to bed and her refusal for many years to sit out of bed due to her fear of hoists. The Health and Social Care team, consisting of colleagues from Community London Central Health Trust CLCH, Clinical Commissioning Group CCG and the Council, met via the Risk Assessment Planning Protocol organised and chaired by the Adult Social Care Head of Service to devise strategies to mitigate the risks of Ms PD skin breakdown and sepsis.

**Family's engagement with Health and Social Care was inconsistent, nonetheless, they were invited to meetings and the Social Worker maintained regular contact to obtain their views and to keep them informed of progress.**

At the point when Ms PD was assessed by the social worker to lack capacity to make informed decisions regarding her care, an application was made to the Court of Protection with CCG and CLCH joined as parties to these proceedings.

Ms PD only felt able to accept on the fourth meeting to transfer over to a new mattress as her existing mattress was deflating. Each attempt required co-ordinated planning between our Health and Social Care colleagues to ensure there were colleagues with the appropriate skillset, who Ms PD trusted, to transfer her to a new mattress via a Slide Board.

**Ms PD's personality disorder demanded patience and a co-ordinated approach to her care, and this required good communication between the colleagues in the team.**

Ms PD sadly passed away, but there is no doubt that the Health and Social Care Team did their best to improve her life, but she was regrettably either unable and/or unwilling to accept this help.

## Reviewing our own internal processes for Section 44 referrals and ensuring we are accountable for decisions we make throughout the process

The SAB must arrange a safeguarding adults review when an adult in its area dies or there is a near miss as a result of abuse or neglect and there is concern that partner agencies could have worked more effectively to protect the adult.

We have been working on the process and practice to deliver different types of Safeguarding Reviews under a Section 44 of the Care Act in order to maximise on the learning for front line staff across the partnership. We realise that learning takes time and cannot be a one size fits all approach.

Factors such as complexity of case and repeating themes come into play. Other learning processes require review as we learn more from the cases which are discussed in the Safeguarding Adults Case Review Group.

Updates from the Learning Disabilities Mortality review group indicated that themes coming out of completed reviews included:

- Documentation around Mental Capacity and Best interest sometimes missing or poorly recorded
- Delays in diagnosing and treating serious medical conditions
- Urgent /proactive treatment not being delivered in line with clinical guidelines and diagnosis and treatment of serious medical conditions
- Issues seem to be greater when dealing with urgent care within an acute hospital

The consequences are that people with Learning Disabilities are encountering delays in diagnosis and treatment of serious medical conditions

### A Learning Disabilities case

Does not meet the criteria for S44 though work was done regards this near miss?

Mr N was admitted to an Acute Medical Hospital in January 2020 and treated for Sepsis on account of a urinary Tract Infection and Aspiration Pneumonia he was treated with IV antibiotics. He was discharged with oral antibiotics. The following day he became unresponsive after having choked on some breakfast. The paramedics manually removed the chewed breakfast and took Mr N to hospital where he was assessed for a Naso-gastric Tube.

He was incredibly unwell and very much fighting for his life. A safeguarding sec. 42 was raised as it was felt his initial discharge was unsafe, and questioned whether Mr N would be in the same position, should he have remained an inpatient with access to appropriate therapies to fight infections.

There are concerns in a number of areas which was deemed a near miss.

1. That Mr N was unsafely discharged and as a result, was re-admitted one day later with very significant health concerns which could lead to risk to life
2. That in relation to the lack of communication between hospital and the provider during the first hospital admission and subsequent discharge this attributed to poor provision of specialist liaison and reasonable adjustments.

Both the discharge itself and communication issues with the provider were looked into to establish if anything could have prevented Mr N's serious health deterioration and re-admission to hospital.

The Section 42 enquiry revealed that Mr N presented at the hospital without a Hospital Passport with his personal details and did not have a review of his difficulties in swallowing which ought to have been done under a SALT assessment.

It was concluded that Mr N did not receive appropriate reasonable adjustment and specialist liaison during his initial admission and his carers were not empowered to advocate for their client.

We have been exploring these themes using a thematic review approach of several cases with repeating themes and had a focus session on Learning Disabilities cases in which very similar findings were discussed with our Acute Hospital partners.

The Safeguarding Case Reviewed Group reviewed several cases in 2019/20 but did not conclude any cases in the year.

## Violence Against Women and Girls (VAWG) and Adult Safeguarding

### Partnership Working

The relationship between the SAEB and the VAWG board is one of equal partners underpinned by a joint working protocol.

The VAWG and SAEB will be jointly accountable for developing plans to prevent violence against women and girls, including domestic abuse and modern day slavery (as defined by the Care Act 2014). These will be led and overseen by the VAWG partnership apparatus.

Approximately 200 cases per year across the Bi-Borough are considered by adult safeguarding processes where domestic abuse is a significant feature. Of these, 10 per cent will be high risk and require the support of the, Multi-Agency Risk Assessment Conference, MARACs.

There is a sometimes complex and symbiotic link between those experiencing domestic violence or elder abuse and their carers, either as victims or perpetrators. These complexities can impact upon assessment and interventions of practitioners across disciplines. This is an emerging area of work in which we want to maximise learning from having joint reviews and audits.

The SAEB Safeguarding Adults Case Review Group supports the SAEB in discharging its statutory duties in regard to Safeguarding Adults Reviews (SARs) and undertakes a programme of case audits to inform organisational and professional development.

Similarly, the VAWG board via the Risk and Review Operational Group supports the respective Community Safety Partnerships to fulfil their statutory duties in regard to managing the processes for establishing Domestic Homicide Reviews (DHR) and implementing their learning and recommendations.

On occasion the SAR and DHR processes may be undertaken simultaneously. The processes for these reviews have been established by Government and are separate. However, shared learning will be considered as the reviews are undertaken to maximise benefit from participating organisations

There are opportunities to formalise the statutory DHR and SAR joint arrangements through a shared protocol which makes explicit the roles, responsibilities, accountabilities and processes for joint statutory reviews.

Throughout 2019/20 Safeguarding Adults has supported the review of DHR processes locally. A DHR task and finish group has been put together to refine this process and ensure that learning from all DHRs are streamlined, the accountability process is strengthened, key learning 'themes' are identified, and a clear protocol is put in place.

**An outcome from this group has been a thematic action plan drawn up from findings from local DHR's over the past three years. Theme 8 is related to Adult Safeguarding which will be worked on in the coming year.**

## Thematic Action plan DHR group

- To raise awareness of the prevalence of familial abuse (+ older people) as a form of domestic abuse.
- To effectively communicate to partners thresholds for victims to access support and how this aligns with Care Act obligations.
- Carers Assessments to include a question around domestic abuse. (how it is asked)
- Think Family when the Victim of abuse is also the main carer for an elderly person

**16**  
**DAYS OF**  
**ACTIVISM**  
To end violence against women

h&f  
KENSINGTON AND CHelsea  
City of Westminster

**Programme of events 2019**

25 November is the United Nations Day for the Elimination of Violence against Women. Partners across Hammersmith & Fulham Council, the Royal Borough of Kensington and Chelsea and the City of Westminster are organising a series of events to celebrate 16 Days of Activism leading to 10 December International Human Rights Day.

**OPEN TO ALL**  
**Her Story, Her Justice: Domestic abuse survivors and the criminal justice system**  
Monday 11 November, 5.30-8pm  
Advance are holding their annual review which will focus on best practice models in relation to domestic abuse survivors and how they experience the criminal justice system. The key note speaker will be Nicola Jacobs, Domestic Abuse Commissioner. Click here to book £2

**OPEN TO ALL**  
**Hospitals and Human Rights**  
29 November  
Charing Cross Hospital  
1st Floor, Main Building  
4 December  
Hammersmith Hospital  
Main Reception  
9 December  
St Mary's Hospital  
Reception, Queen Elizabeth  
Queen Mary Building  
Imperial Healthcare Trust are holding stalls from 10.30am to 2.30pm across their hospitals to raise awareness of violence against women and human rights.

**OPEN TO ALL**  
**Training: 16 Days of sexual violence**  
Wednesday 4  
9.30am-1pm  
Kensington T.  
This free training Solace Women's understanding of law and how it has been affected by. To book, contact g.bogdan@sol

**OPEN TO ALL**  
**Blooming Strong coffee morning**  
25 November, 10am-12 noon  
Kensington Town Hall  
Committee Room 1  
Venue tbc Hammersmith & Fulham  
Join Standing Together as they celebrate the strength of women who have survived male violence or supported someone who has, with a coffee morning fundraiser. Services can also nominate women to receive a Blooming Strong award to celebrate the strength of women experiencing and surviving male violence against women and the strength of violence supporting them. Send nominations by 18 November to [advisingstandingtogether.org.uk](mailto:advisingstandingtogether.org.uk)  
We will also be distributing flowers across all three boroughs over the lunchtime of 25 November, if you would like to join us use the same email address above.

**OPEN TO PROFESSIONALS ONLY**  
**Annual Violence Against Women and Girls Conference: What does justice look like for survivors?**  
Monday 2 December, 9.30am-1pm  
Kensington Town Hall  
Small Hall  
Join us for our annual conference which this year will focus on so called 'harmful practices' and what justice looks like for survivors. The half day conference will include special guest speakers, workshops and opportunities to learn about how we can better support those affected by abuse. Click here to book £2

**OPEN TO ALL**  
**Workshop learning from homicides**  
Monday 9 De  
Venue tbc  
The three borough number of days. We are determine create this does workshop is also an inspiring pr  
To book, contact shabana.khan@

Is someone at home harming you or making you feel afraid?

If you are worried about domestic or sexual abuse at home we are here for you.

The Angelou Support Service is available to provide help for anyone aged 13 or above.

**For help call:**  
**0808 801 0660**  
Monday, Tuesday, Thursday and Friday: 10am - 4pm  
Wednesday: 10am - 4pm and 6pm - 9pm  
Translations are available

24-hour National Domestic Abuse Helpline:  
**0808 2000 247.**

In an emergency call 999.

City of Westminster angelou THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

# Jargon Buster

There is a lot of safeguarding jargon in health and social care and we are committed to busting it. This is Our Safeguarding Jargon Buster using plain English definitions of the most commonly used words and phrases in this annual report

**Abuse:** Harm that is caused by anyone who has power over another person, which may include family members, friends, unpaid carers and health or social care workers. It can take various forms, including physical harm or neglect, and verbal, emotional or sexual abuse. Adults at risk can also be the victim of financial abuse from people they trust. Abuse may be carried out by individuals or by the organization that employs them.

**Accountability:** When a person or organization is responsible for ensuring that things happen and is expected to explain what happened and why.

**Adult at risk:** An adult who is in need of extra support because of their age, disability, or physical or mental ill-health, and who may be unable to protect themselves from harm, neglect or exploitation.

**Advocacy:** Help to enable you to get the care and support you need that is independent of your local council. An advocate can help you express your needs and wishes, weigh up and take decisions about the options available to you. They can help you find services, make sure correct procedures are followed and challenge decisions made by councils or other organizations.

**Best interests' decision:** Other people should act in your 'best interests' if you are unable to make a particular decision for yourself (for example, about your health or your finances). The law does not define what 'best interests' might be but gives a list of things that th

people around you must consider when they are deciding what is best for you. These include your wishes, feelings and beliefs, the views of your close family and friends on what you would want, and all your personal circumstances.

**Carer:** A person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled and could not manage without this help. This is distinct from a care worker, who is paid to support people.

**Co-production:** An equal relationship between people who use services and people who provide services. They work together on all stages from designing services to making them happen.

**Covid-19:** The formal name given to the current outbreak of coronavirus. It is an infectious illness that may be mild or severe that is caused by a coronavirus. It usually causes a fever, cough and shortness of breath, and may progress to pneumonia and respiratory failure. The word comes from coronavirus plus disease, and the 19 refers to 2019, the year the disease was first identified in China.

**Deprivation of Liberty Safeguards:** Legal protection for people in hospitals or care homes who are unable to make decisions about their own care and support, property or finances. People with mental health conditions, including dementia, may not be allowed to make decisions for themselves, if this is deemed to be in their best interests. The safeguards exist to make sure that people do not lose the right to make their own decisions for the wrong reasons.

**Domestic Homicide Review (DHR):** A multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or with whom they were, or had been, in an intimate personal relationship, or a member of the same household as themselves



### **Learning Disabilities Mortality Review**

**(LeDeR):** A national research programme looking at why people with learning disabilities often die at a younger age than other people. LeDeR reports to NHS England on the main causes of these deaths and on how they could be prevented.

**Liberty Protection Safeguards:** In July 2018, the Government published a Mental Capacity (Amendment) Bill, which passed into law in May 2019. It replaces the Deprivation of Liberty Safeguards (DoLS) with a scheme known as the Liberty Protection Safeguards (although the term is not used in the Bill itself)

**Making Safeguarding Personal (MSP):** It means that you are asked what you want to do about the incident of abuse and how you may be supported in making yourself safe. It helps you to take control and it gives you choice.

**Mental capacity Act 2005:** A law that is designed to protect people who are unable to make decisions about their own care and support, property or finances, because of a mental health condition, learning disability, brain injury or illness. Mental capacity is the ability to make decisions for yourself. The law says that people may lose the right to make decisions if this is in their best interests.

**Near Miss:** Something that is not supposed to happen and is prevented before harm is caused.

**Pandemic:** Outbreaks of a particular disease all over the world, or a very large part of it, at the same time. It does not relate the severity of the disease itself.

**Self-harm:** The most common form of self-harm involves cutting of the skin using a sharp object. Self-harm is primarily a coping strategy and can provide a release from emotional distress and enable an individual to regain feelings of control. It can be a form of self-punishment for feelings of guilt. It can also be a way to physically express feelings and emotions when individuals struggle to communicate with others.

**Think Family:** A Think Family approach is the steps taken by practitioners to identify wider family needs which extend beyond the individual they are supporting.

# What the board will be working on in 2020/21



## The Board will continue to be guided by what people are telling us is important to them.

We continue to work in the coming year on the themed areas below.

1. Culture of Learning: What difference is the board making
2. Regulated services, Care Homes and Domiciliary Care: Care Home resilience planning with a Covid-19 lens
3. Community Safety Partnership: Crime and vulnerable adults
4. Who is our community what voices do we not hear: Working with diverse communities?
5. Mental Capacity Act and best interests in the community
6. Housing and Safeguarding: Hoarding and self-neglect
7. Quality Assurance: How do we have a board hold our partners to account

# Appendices

## Who is the Safeguarding Adult Executive Board?

### Membership and tasks

Section 43 Schedule 2 of the Care Act 2014 outlines local authorities' responsibilities to set up a Safeguarding Adults Board (SAB). We have a mix of statutory partner membership and other members whom we consider have the right skill and experience to support local needs.

### The statutory members of the Safeguarding Adults Executive Board:

- The Bi Borough Executive Director of Adult Social Care and Health
- The Chief Nurse and Director of Quality, Caldicott Guardian, NHS North West London Collaboration of Clinical Commissioning Groups (NWL CCGs)
- BCU Commander of Central West, Chief Superintendent, Metropolitan Police

### ***An example of the development of close multi-agency partnership working with the NHS for the benefit of people with a learning disability.***

*A young woman with learning disabilities and mental health problems was admitted via A+E after being rescued from her burning flat. She had a known history of setting fires and self-harm. She was taken to our intensive care unit and then transferred to St Charles' once she was medically fit. Close communication with Westminster Learning Disability Partnership enabled us to identify her whilst still in the emergency department and provide background information to the hospital. Psychiatry Liaison, Westminster Learning Disability Partnership and community mental health were all involved to ensure her safety and care once she had left our trust.*

There are senior representatives on the Board, from the following organisations:

- London Fire Brigade
- Imperial College Healthcare NHS Trust
- Chelsea and Westminster Hospital Foundation NHS Trust
- The Royal Marsden NHS Foundation Trust
- Central London Community Healthcare Trust
- Central North West London NHS Foundation Trust
- Community Rehabilitation Company (CRC)
- National London Probation Service
- Council staff from Children's Services, Community Safety, Housing, Trading Standards and Adult Social Care
- Local councillors
- Mind
- Genesis Notting Hill Housing

- Public Health Community Champions Programme
- Royal Brompton and Harefield HNS Foundation Trust
- Healthwatch
- Local Account Group

Board members could be the senior ‘go to’ person in each of these organisations or services with lead responsibility for adult safeguarding.

They bring their organisations’ adult safeguarding issues to the attention of the board, promote its priorities, and disseminate lessons learned throughout their organisation.

The board can use its statutory authority also to assist members in addressing barriers to effective safeguarding that may exist in their organisation, and between organisations.

This will require the SAB to develop and actively promote a culture with its members, partners and the local community that recognises the values and principles contained in ‘Making Safeguarding Personal’. It should also concern itself with a range of issues which can contribute to the wellbeing of its community and the prevention of abuse and neglect, such as:

- the safety of people who use services in local health settings, including mental health
- the safety of adults with care and support needs living in social housing
- effective interventions with adults who self-neglect, for whatever reason
- the quality of local care and support services
- the effectiveness of prisons in safeguarding offenders
- making connections between adult safeguarding and domestic abuse
- Supporting transition arrangements between Children and Families and Adult Social Care.

### ***The safety of people in local health settings is important to us***

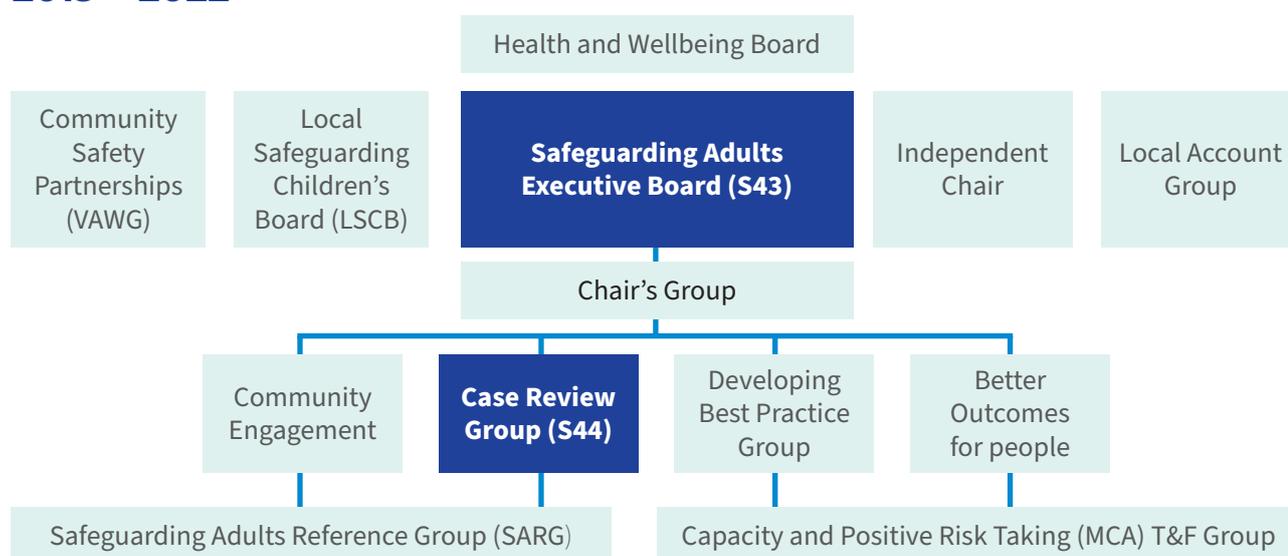
*A man in his 60s with learning disabilities was the subject of a prolonged safeguarding investigation. Several admissions for aspiration pneumonia gave rise to a view of unsafe discharges. After many discussions with a learning disability provider and good partnership working with professionals, involvement of our speech and language service, a better eating plan was developed and carers were taught how to feed him correctly to avoid aspiration and reduce future admissions. This case was considered by the case review group and included with similar cases to show the learning from joint working and information sharing across agencies.*

# How the Safeguarding Adults Executive Board works

## 3. Structure and Substructures.

The board may request members to take particular actions. This should be specified in the terms of reference and through clear structures and governance arrangements. The governance arrangements can be seen below.

### The Safeguarding Adult Executive Board and Work-Streams 2019 – 2022



The SAB should agree, record and regularly review:

- the roles and responsibilities of each member or partner, organisation or individual
- how the SAB is resourced
- how the SAB should operate
- any subgroup structures
- any task-and-finish groups

#### Did you know?

The SAEB has two different service user groups.

The Local Account Group who support the development of the Board at a strategic level and the Safeguarding Adults Reference Group who are service users by experience.

### Financial Contributions

Most of the funding for the board comes from the Local Authorities. However, we are grateful to; The North West London Collaboration of Clinical Commissioning Groups (NWL CCGs) contribution of £20,00.00 per borough per year and the Mayor’s Office for Policing and Crime who provide an annual contribution of £5,000 to each borough for the local safeguarding adult board.

Also, for the fourth year running, the London Fire Brigade has contributed £1,000 per borough, to be shared between the Safeguarding Adults Board and the Local Safeguarding Children Board.

The money is a welcome contribution to the on-going costs towards raising the awareness of Adult Safeguarding in our communities via events and promotional materials such as videos. It is also used to support the

We are grateful for the number of organisations who chair the subgroups of the board from the following organisations:

- Central North West London NHS Foundation Trust
- Imperial College Healthcare NHS Trust
- Central London Community Healthcare Trust
- The Royal Marsden NHS Foundation Trust
- London Fire Brigade
- Metropolitan Police
- Notting Hill Genesis Housing
- The North West London Collaboration of Clinical Commissioning Groups (NWL CCGs)

commissioning of Safeguarding Adult Reviews which is discussed in the Listening Learning section of this annual report.

We also acknowledge the value of the work of the subgroups which are all Chaired by senior members of the Board. The Sub-group Chairs are integral to supporting the workings of the Board and delivery of the business plan. Attendance is very good and members are committed and work hard to progress the board's priorities and to ensure that people are safeguarded.

## Links to other boards and partnerships

The board works effectively with other boards and partners including:

- Local Safeguarding Children Boards (LSCBs)
- Community Safety Partnerships (CSPs)
- Violence Against Women and Girls (domestic abuse forums)

This approach enables overarching strategies such as making safeguarding personal and think family to be linked into the work of the wider Safeguarding communities. However, we recognise that further work is required in this area to ensure greater collaboration and will be next year looking at how other boards interface with each other to include the Health and Wellbeing Board.

Work reported on includes:

1. Joint *Think Family Survey* with Local Children's Partnership – Findings in the Leading Listening Learning section
2. Working with Community Safety Partnerships Elder Abuse and Crime -Findings found in the Leading Listening and Learning section

# What the Board worked on in 2019/20 Business Plan

The outcome of the peer review provided key messages on what is working well and areas for consideration. These have been taken forward to inform the board Business Plan for 2019/22.

Making Safeguarding Personal	Leading Listening and Learning	Creating a safe and healthy community	Governance
<p><b>Think Family:</b> To jointly raise awareness and develop guidance and tools</p> <p><b>Transition Group:</b> Joint workshops with operational staff to develop sound pathways for young adults into adult services which are relevant to need this may mean statutory or voluntary organisations.</p> <p><b>SAEB and LSCB:</b> Joint Board Event to review work and share experiences</p> <p>Lead group or agency LSCB SAEB</p>	<p><b>Liberty Protection Safeguards:</b> Help prepare SAEB Partnership for LPS (Postponed till April 2022)</p> <p><b>Multi-agency Quality Assurance:</b> Partnership Audit of Mental Capacity Audit practice</p> <p><b>Partnership awareness Sec.44 pathways</b></p> <ul style="list-style-type: none"> <li>• Homeless and Roughsleeping implications for Safeguarding</li> <li>• London Fire Brigade</li> <li>• LeDer Reviews</li> </ul>	<p><b>Prevention “Raising Awareness of Safeguarding”:</b> Increasing service users by experience involvement in SAEB activity</p> <ul style="list-style-type: none"> <li>• Co-designed events for seldom heard service user groups</li> <li>• Multi-agency leaflets -Review</li> <li>• Train the Trainer-Refresh</li> <li>• Strategic involvement in shaping the board strategy</li> </ul> <p><b>Lead group or agency</b></p> <ul style="list-style-type: none"> <li>• Community Engagement group</li> <li>• Safeguarding Adults Reference Group</li> <li>• Local Account Group</li> </ul>	<p><b>Governance review:</b></p> <ul style="list-style-type: none"> <li>• Legal Indemnity Insurance</li> <li>• Membership review</li> <li>• Finance review</li> <li>• Service User Engagement</li> <li>• Review Our Values</li> <li>• Cycle of Quality Assurance function</li> </ul> <p><b>Lead group or agency</b></p> <ul style="list-style-type: none"> <li>• SAEB</li> </ul>
<p><b>Variability in referral rate across partnership:</b> Consistency in responses Bi-Borough Board to align local practice and pathways</p> <p><b>Lead Group</b></p> <ul style="list-style-type: none"> <li>• Better Outcomes for People</li> </ul>	<p>Developing good partnerships practice around managing risk and defensible decision making</p> <p><b>Lead group or agency</b></p> <ul style="list-style-type: none"> <li>• Liberty Protection Safeguards</li> <li>• Safeguarding case reference Group</li> </ul>	<p><b>Advocacy</b></p> <ul style="list-style-type: none"> <li>• Re-commissioning</li> <li>• Workforce development</li> <li>• Public Awareness</li> </ul> <p><b>Lead group or agency</b> <b>ASC Commissioning</b></p>	<p><b>IT systems and Information Sharing</b></p> <ul style="list-style-type: none"> <li>• Statement from the SAEB to reinforce obligations</li> <li>• Focus on best practice in recording</li> </ul> <p><b>Lead group or agency</b></p> <ul style="list-style-type: none"> <li>• Better Outcomes for People</li> </ul>



## Safeguarding Awareness Week Community Engagement Group

**19 November 2019**

**14.00 – 16.30 Small Hall, Kensington Town Hall, W8 7NX**

### **NETWORKING EVENT**

**This networking event hosted by the Safeguarding Adults Executive Board is open to all residents, staff and service providers. Presentations will start promptly at 2:30pm and will include:**

**Staying 'Safe at Home'  
Safeguarding Awareness**

**National  
Safeguarding  
Adults Week 2019**

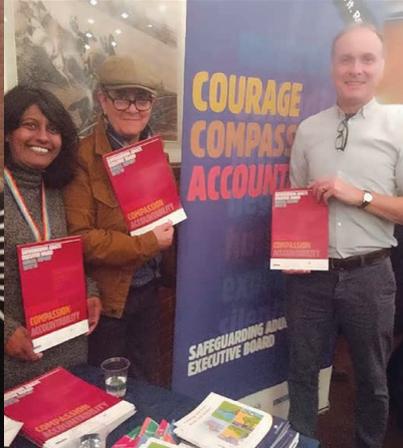
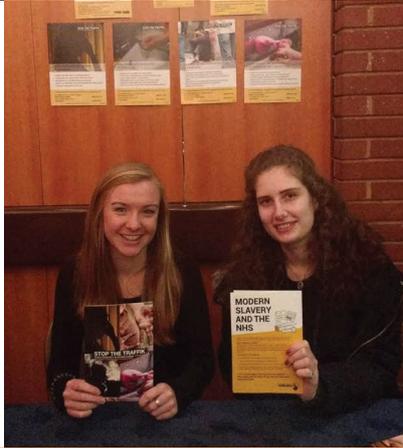
**18<sup>th</sup> to 24<sup>th</sup> November 2019**

People in the Royal Borough of Kensington and Chelsea and Westminster City Council have the right to live a life free from harm where communities:

- have a culture that does not tolerate abuse
- work together to prevent abuse
- know what to do when abuse happens



**Almost 5 million older people aged 65+ believe they have been targeted by scammers. People defrauded in their own homes are 2.5 times more likely to die or go in to residential care within a year.**



mistreated?  
bullied?  
hit?  
neglected?  
hurt?  
exploited?  
silenced?

Don't ignore it. Report it.

Kensington and Chelsea

T 020 7361 3013

E [socialservices@rbkc.gov.uk](mailto:socialservices@rbkc.gov.uk)

Westminster

T 020 7641 2176

E [adultsocialcare@westminster.gov.uk](mailto:adultsocialcare@westminster.gov.uk)





## Adults' and Children's Services Policy & Scrutiny Committee

<b>Date:</b>	2 December 2020
<b>Classification:</b>	General Release
<b>Title:</b>	<b>2020/21 Work Programme and Action Tracker</b>
<b>Report of:</b>	Richard Cressy, Head of Cabinet and Committee Services
<b>Cabinet Member Portfolio</b>	Cabinet Member for Adult Social Care and Public Health and Cabinet Member for Children's Services
<b>Wards Involved:</b>	All
<b>Policy Context:</b>	All
<b>Report Author and Contact Details:</b>	<b>Lizzie Barrett</b> <b>ebarrett@westminster.gov.uk</b>

### 1. Executive Summary

1. This report asks the committee to agree topics for the 2020/21 work programme and note the committee's action tracker.

### 2. Key Matters for the Committee's Consideration

- 2.1 The Committee is asked to:

- Review and approve the draft list of suggested items (appendix 1) and prioritise where required.
- Note the action tracker (appendix 2).

### 3. Work programme

- 3.1 The proposed list of topics (appendix 1) takes in to account comments by the committee at its previous meeting.

**If you have any queries about this report or wish to inspect any of the background papers, please contact Lizzie Barrett.**

**[ebarrett@westminster.gov.uk](mailto:ebarrett@westminster.gov.uk)**

**APPENDICES:**

**Appendix 1 – Master Work Programme 2020/21**

**Appendix 2 - Action Tracker**

**WORK PROGRAMME 2020/2021**  
**Adults' and Children's Services Policy and Scrutiny Committee**

<b>ROUND FOUR</b> <b>2 December 2020</b>		
<b>Agenda Item</b>	<b>Reasons &amp; objective for item</b>	<b>Represented by</b>
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Tim Barnes, Cabinet Member for Children Services
Safeguarding Adults Executive Board Annual Report	Review annual report	Bernie Flaherty, Executive Director of Adult Services

<b>ROUND FOUR</b> <b>17 February 2021</b>		
<b>Agenda Item</b>	<b>Reasons &amp; objective for item</b>	<b>Represented by</b>
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities.	Councillor Tim Mitchell, Cabinet Member for Adult Social Care and Public Health
Young people and mental health	To explore and review mental health services for young people in Westminster, including CAMHS.	
Public Health Annual Report	Review annual report	

<b>ROUND SIX</b> <b>28 April 2020</b>		
<b>Agenda Item</b>	<b>Reasons &amp; objective for item</b>	<b>Represented by</b>
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities.	Councillor Tim Mitchell, Cabinet Member for Adult Social Care and Public Health
Obesity in Westminster	To receive an update obesity rates in Westminster for both adults and children and consider the broader impact this has for health outcomes as well as	

	reviewing current strategies for reducing obesity rates.	
Children's oral health	To receive an update on children's oral health in Westminster and examine the council's approach to achieving better oral health outcomes for children.	
	To examine how the council supports SEND children when they are transiting from either primary to secondary school or when they are leaving secondary school.	

<b>Unallocated/additional work-programme items</b>		
<b>Agenda Item</b>	<b>Reasons &amp; objective for item</b>	<b>Represented by</b>
COVID-19 impact on BAME communities		
School exclusions		
Screening rates in Westminster and Immunisations		
Autism Strategy		
Loneliness		
Carer Strategy	To receive an update and review Westminster's Carer Strategy.	
SEND (special educational needs and disabilities) transition	To examine how the council supports SEND children when they are transiting from either primary to secondary school or when they are leaving secondary school.	
<b>ANNUAL REPORTS</b>		
Looked after Children and Unaccompanied Asylum-Seeking Children Annual Report		
School Organisational Strategy Annual Report		
Local Safeguarding Children Partnership Annual Report		

Adults' and Children's Policy and Scrutiny Committee Action Tracker

ROUND ONE 15 JUNE 2020		
Agenda Item	Action	Update
Item 4: Cabinet Member Update	Requested more detail regarding the statistics for care home deaths in Westminster.	Completed
Item 5: Cabinet Member Update	Requested information on what the council's plans were for children if the Free School Meals Programme was not going to be extended over the summer holidays. <sup>1</sup>	Completed

ROUND TWO 8 SEPTEMBER 2020		
Agenda Item	Action	Update
Item 4: Cabinet Member Update	Requested information on how many fines have the Police issued to members of the public not wearing face masks on public transport?	In progress <i>The Met/TFL has advised this information is not reported on at a borough level. Will continue liaising with them to see what information can be made available, even if it includes a number of boroughs.</i>
Item 4: Cabinet Member Update	Requested that a further update be provided by CNWL providing a full background on why the closure had taken place. A breakdown was also requested detailing which facilities Westminster patients were now having to be admitted to, including if any of these were located in outer London.	Completed
Item 4: Cabinet Member Update	Requested information on whether the Police had been consulted on the closure of the Gordon hospital.	Completed

<sup>1</sup> Government announced Free School Meals Programme was extended after meeting.

Item 7: COVID-19 Support to Adult Social Care Providers	Requested an update be provided on staffing at care homes, specifically were they able to cover any staff isolating and what levels of additional recruitment were required?	Completed
Item 8: Matching process for adolescents in care	Requested information on support available to foster carers through council tax relief.	Completed

ROUND ONE 15 JUNE 2020		
Agenda Item	Action	Update
Item 4: Cabinet Member Update	Provide information on catch-up funding: Details of what has been made available.	In progress
	Provide criteria for receiving one of the 750 laptops the council has recently purchased for students.	In progress
	Provide a written briefing on patient pathways including more detail on home care, sanctuaries and safe havens.	In progress <i>CNWL is preparing a paper on these topics and it will make available to the committee when ready.</i>
	Provide more detail about integration, including, joint working with the Council, social care, the acute sector and primary care to build on initiatives recently undertaken regarding out of hospital services. This should also include relationships between hospitals and care homes.	In progress
	Provide more detail around escalations relative to infection levels. The plan was produced a few months ago and as events have moved on since an update was requested on any changes to how escalations will be handled for different groups—for example, BAME and shielding patients.	In progress



This page is intentionally left blank