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City of Westminster

Committee Agenda

Title:	**Health & Wellbeing Board**
Meeting Date:	**Thursday 25th November, 2021**
Time:	**4.00 pm**
Venue:	**18th floor, Westminster City Council, 64 Victoria Street, SW1E 6QP**

Members:

Cllr Tim Mitchell (Chair)	WCC – Cabinet Member for Adult Social Care and Public Health
Cllr Timothy Barnes	WCC – Cabinet Member for Children's Services
Cllr Cem Kemahli (Chair)	RBKC - Lead Member for Adult Social Care and Public Health
Cllr Josh Rendall	RBKC – Lead Member for Family and Children's Services
Cllr Nafsika Butler-Thalassis	WCC - Minority Group
Sarah Newman	Bi-Borough, Children's Services
Olivia Clymer	Healthwatch Westminster
Tania Kerno	Healthwatch RBKC
Jo Ohlson	NHS England North West London
Bernie Flaherty	Bi-Borough, Adult Social Care
Toby Hyde	Imperial College NHS Trust
Philippa Johnson	Central London Community Healthcare NHS Trust
Luxan Thurairatnasingam	Metropolitan Police
Dr Andrew Steeden	Chair of West London CCG
Dr Mona Vaidya	Central London CCG
Lena Choudary-Salter	Westminster Community Network
Darren Tulley	London Fire Brigade
Heather Clarke	Housing and Regeneration
Jenny Greenfield	Kensington & Chelsea Social Council Representative
Iain Cassidy	Open Age Representative

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

Admission to the public gallery is by ticket, issued from the ground floor reception. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.

An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact the Committee Officer, Veronica Christopher, Portfolio Advisor.

Email: vchristopher@westminster.gov.uk
Corporate Website: 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 Director of Law in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1.	**WELCOME TO THE MEETING** **MEMBERSHIP** To report any changes to the Membership of the meeting.	
	MINUTES AND ACTIONS ARISING To agree the Minutes of the meeting held on 7th October 2021.	**(Pages 5 - 10)**
	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.	
Part A		
5.	**COVID-19 VERBAL EPIDEMOLOGY UPDATE AND LOCAL VACCINATIONS UPDATE**	
6.	**SAFEGUARDING REPORT**	**(Pages 11 - 52)**
7.	**UPDATE ON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) AND PHARMACEUTICAL NEEDS ASSESSMENT (PNA)**	**(Pages 53 - 56)**
8.	**EARLY HELP STRATEGY (RBKC)**	**(Pages 57 - 98)**
9.	**ANY OTHER BUSINESS**	**(Pages 99 - 102)**
Part B		
10.	**CLOSED SESSION**	

Stuart Love
Westminster City Council Chief Executive

Barry Quirk

Royal Borough of Kensington and Chelsea Chief Executive

18 November 2021

MINUTES

CITY OF WESTMINSTER

THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of the virtual meeting of Westminster City Council's and the Royal Borough of Kensington & Chelsea's **Health & Wellbeing Board** held on 7 October 2021 at 4pm.

Present:

Councillor Cem Kemahli (RBKC - Lead Member for Adult Social Care and Public Health)
Councillor Tim Mitchell (WCC - Cabinet Member for ASC and Public Health)
Councillor Lorraine Dean (WCC - Deputy Cabinet Member for Children's Services)
Councillor Nafsika Butler-Thalassis (WCC - Minority Group Representative)
Grant Aitken (Head of Health Partnerships)
James Benson (Chair, ICP)
Anna Bokobza (Integrated Care Programme Director, Imperial College Healthcare)
Iain Cassidy (OpenAge)
Lena Choudhary-Salter (Westminster Community Network)
Olivia Clymer (Healthwatch Westminster)
Lucy Cook (Service Manager, CNWL)
Veronica Christopher (Portfolio Advisor)
Janet Cree (Chief Operating Officer, NWL CCG)
Sarah Crouch (Bi-borough Deputy Director of Public Health)
Jessica Dawson (Strategic Advisor)
Maryam Duale (Policy Officer)
Jenny Greenfield (Kensington and Chelsea Social Council)
Simon Hope (Borough Director, NWL CCG)
Tania Kerno (Healthwatch RBKC)
Kathleen Isaac (Deputy Director of Operations, CLCH)
Joe Nguyen (Borough Director, Central London CCG)
Anna Raleigh (Bi-borough Director of Public Health)
Visva Sathasivam (Bi-borough Director of Social Care)
Ela Sen-Pathak (Deputy for Ade Odunlade, CNWL)
Angela Spence (Kensington and Chelsea Social Council)
Dr Andrew Steeden (Borough Chair, NWL CCG)
Etiene Steyn (Head of Commissioning Children's Service)
Russell Styles (Bi-borough Deputy Director of Public Health)

Dr Mona Vaidya (Central London CCG)
Rodney Vitalis (London Fire Brigade)

1. WELCOME TO THE MEETING

1.1 Councillor Cem Kemahli welcomed everyone to the meeting. The Board confirmed that as the meeting had been due to be held within RBKC, Councillor Kemahli would chair the meeting in line with the agreed memorandum of understanding.

2. MEMBERSHIP

2.1. Apologies for absence were received from Councillors Rendall, Barnes and Bernie Flaherty (Bi-borough Executive Director of Adults). Darren Tulley retired from the London Fire Brigade.

3. DECLARATIONS OF INTEREST

3.1. There were no declarations of interest.

4. MINUTES

RESOLVED:

4.1. That the minutes of the Kensington & Chelsea and Westminster Health & Wellbeing Board meeting held on 15th July 2021 be agreed as a correct record of proceedings.

5. HOMELESSNESS VERBAL UPDATE

5.1. Sarah Crouch (Bi-borough Deputy Director of Public Health) and Joe Nguyen (Borough Director, Central London CCG) provided a brief verbal update to the Board.

5.2. As a number of people were sleeping rough and several were in supported accommodation in both boroughs, the risk of covid-19 transmission was much greater.

5.3. Those that were experiencing homeless were more likely to experience physical and mental health issues, with the average age of death being 45 for men and 43 for women. The potential increase of homelessness was also due to a reduction in furlough and economic downturn.

5.4. There was a multi-agency outbreak control team running from the start of the pandemic, responsible for identifying and acting in response to suspected or confirmed covid cases. A specialist homeless health outreach testing team called Find and Treat had been commissioned. The team would go into settings and support people on the street. They also provided on-site testing in settings where the outbreak risk was greatest.

5.5. There were sessions and webinars organised with providers, to ensure they were familiar with the latest guidance and providing them adequate support to ensure they could mitigate all risks. Self-isolation facilities had also been utilised, which responded rapidly to any potential transmission risks in shared accommodations.

5.6. A multi-agency team of housing social care, public health, community nurses had triaged over 803 people across 27 hotels across NWL. RBKC housing colleagues were hosting homeless health discharge work for the 8 boroughs, and had received 1.2 million for the current year, to develop hospital-based specialist homeless discharge teams to work with residents who were staying in hotels longer than they should be. The homeless team also appointed a new GP clinical lead across Bi-borough.

5.7. James Benson (ICP Director) endorsed the work conducted by the team that would bring together multiple agencies.

5.8. It was noted that borders were not recognised by most people, and it would be valuable to work in partnership with neighbouring borough such as Camden, as a few of the services accessed were across boroughs.

5.9. Find and Treat was a specialist inclusion health team that was based out of University College London Hospital. A small amount was paid to secure their services to provide support across WCC and RBKC.

5.10. Anna Raleigh (Director of Public Health) also presented a brief epidemiology update which had been circulated following the meeting.

6. STAYING WELL THIS WINTER PLAN

6.1. Joe Nguyen (Borough Director, Central London CCG) presented an update on the Bi-Borough Staying Well this Winter plan.

6.2. In response to questions, the following points were raised:

(i) Residents who were not fluent in English, found a triage via telephone appointment quite difficult.

(ii) Face-to-face appointments were ongoing, and they were increasing in numbers. There were several residents that preferred telephone consultations. A range of consultations were on offer to patients.

(iii) Work would have to continue to come up with ways to ensure patients could come into primary care rather than urgent care centres.

(iv) Interpreting services were not utilised often enough for telephone appointments.

(v) A report on Local Authority work done to keeping residents warm in winter could be circulated.

(vi) With regards to appointments in WCC, 70% of appointments were face-to-face.

(vii) Patients were prioritised on the same day at the St Charles walk-in centre and interpreting services were used when necessary.

7. ICP UPDATE

7.1. James Benson (Chair, ICP) provided a brief update on the Bi-borough Integrated Care Partnership.

7.2. Discussions had taken place to review progress including the ability to improve discharge, plans around supporting public health management and bringing together a more consistent multi-disciplinary approach.
7.3. Meetings took place weekly with partners, health, and voluntary sector colleagues to understand the present operating performance of the out of hospital and hospital space.
7.4. Moving forward, the ICP would be coming together as a broader system to work with the Board to understand governance.

7.5. In response to questions, the following points were raised:
(i) There was still confusion on the development of the ICP, as the guidance was awaited surrounding the role of the Board.
(ii) Historically, the HWBB would receive individual presentations as opposed to the collective group of healthcare, voluntary sector organisations delivering the objectives set by the HWBB, which the ICP would represent.
(iii) Along with the Board, local priorities would be formed and the ICP would in turn inform the ICS.
(iv) There may be central requirement from central government to deliver on key national objectives, which could have a bigger impact on NHS providers.
(v) While it was a pragmatic approach on drawing from existing consultation material, there were other elements that affected patients daily.
(vi) It was important to look at balancing work dealing with strategic goals and the issues that residents faced.
(vii) Key performance metrics were in place and were continuously developing.

8. BCF UPDATE

8.1. Grant Aitken (Bi-borough Head of Health Partnerships) provided a brief update on the delivery of the RBKC and WCC Better Care Fund.
8.2. As the national guidance had not yet been released at the time of drafting, there was a small change in Section 3 in a draft would need to be submitted to NHS London by 16th November.
8.3. The submission would need to be made offline, following work with health partners, it would be circulated offline to the Board Chairs.

9. ANY OTHER BUSINESS

9.1. Janet Cree (Chief Operating Officer, NWL CCG) provided an update on work being done in supporting Afghan resettlement.
9.2. The health response was delivered in line with requirements set out by NHS England and other departments. The initial focus was in supporting triage and existing health requirements, registering residents with local practices, and ensuring the mental health and well-being needs were being assessed and met.
9.3. Health partners in community, acute and mental health trusts were all working together to mobilize in a short period of time, covering mental health, maternity, and community services for children and many more.
9.4. The West London GP federation were working closely with surrounding practices to coordinate and provide immediate responses and facilitating

registration. Triaging had not yet been completed, but would be by the 22nd for an estimate of 1300 people across the four sites in the Bi-borough area.

9.5. Arrangements were in place with local pharmacies to deal with prescription charges.

9.6. There was also work with acute maternity units nearby, with CNWL also providing mental health and well-being assessment and support.

9.7. Etiene Steyn (Head of Commissioning Children's Services) provided an update from Children's services. There were 750 evacuees in RBKC and 800 in WCC, 153 of which were primary aged in RBKC and 164 in WCC and 123 secondary school aged in RBKC and 90 in WCC. The focus was on ensuring primary aged and secondary aged children were enrolled.

9.8. There were 75 children aged 2 to 4 in RBKC and 74 in WCC. Over 85% of evacuees spoke little to no English. With 58% speaking Pashtu and 42% speaking Dari.

9.9. Staff were working with partners to focus on needs assessments, identifying trauma and providing services accordingly.

9.10. A programme of activities had been put together in RBKC and WCC. Including creche faculties, childcare and various trips and sports.

9.11. Anna Raleigh (Bi-borough Director of Public Health) provided a Public Health update. Environmental health officers completed risk assessments with all hotels.

9.12. Work was underway to reduce risks covid-19 and other infectious diseases, with access to regular testing. Rapid immunisations screenings were critical with regards to measles and wider infectious diseases. Some vaccinations were delivered on site, and some residents were transported to community vaccination sites.

9.13. The Chair reminded the Board of the upcoming away day scheduled for the 19th of November at WCC from 10am to 2pm.

The Meeting ended at 5.09pm.

CHAIR: _____ **DATE** _____

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City of Westminster

Westminster Health & Wellbeing Board

Date:	21/10/2021
Classification:	**General Release – For information only**
Title:	Annual Report 2020/21
Report of:	Safeguarding Adults Executive Board
Wards Involved:	All
Policy Context:	The Care Act 2014
Financial Summary:	N/A
Report Author and Contact Details:	Louise Butler: Head of Safeguarding and Workforce Development Email: lbutler@westminster.gov.uk Trish McMahon: Business Manager, SAEB Patricia.mcmahon@rbkc.gov.uk

1. Executive Summary

1.1 The Safeguarding Adult Executive Board (SAEB) 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[1], 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] http://www.legislation.gov.uk/ukpga/2014/23/schedule/2/enacted

1.2 This Annual Report provides an overview of the work of the Board and its subgroups during 2020/2021 and forward planning for 2021-2022.

1.3 . The SAEB Partnership implemented our business plan using the three key areas based on our “house model”.

1. Making Safeguarding Personal
2. Creating a Safe and Healthy Community
3. Leading listening and Learning

1.4 Given the unprecedented impact of Covid 19 upon health and social care services we have included an extra section at the beginning of the report named Safeguarding insights on activity during Covid.

1.5 Highlights from each of the 4 key areas can be found in the report and include:

- A response to local challenges of the Covid 19 pandemic with highlight data reports on Kensington and Chelsea and Westminster.
- A focus on partnership response to provide assurance on Care Home and Home care resilience
- Greater focus on what the data is telling us and how we compare as a Bi- Borough Pan London
- Ethnicity Data analysis
- Placing continual focus on hearing the voice of the service user in the workings of the board
- Community protection partnership response in collaboration with the police on Hate Crime and Cuckooing
- Early intervention and prevention improvements to LFB in K&C and WCC
- Health Watch report on Service User experience of being safeguarded
- Update on Self Neglect and Hoarding Strategic Partnership Group
- Learning Disabilities and Annual Health Checks assurance response
- Safeguarding Adult Reviews and Learning outcomes

Key Matters for the Board

2.1 The Health and Wellbeing Board (HWB) is requested to consider the Annual Report 2020/21 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 1st April 2015

3. Background

3.1 In January 2015, the Protocol to set out governance arrangements between the Health and Wellbeing Boards and the Safeguarding Adults Executive Board (SAEB) was agreed.

3.2 The anticipated benefits of this protocol were:

a) *Ensuring safeguarding is "everyone's business" and is reflected in the adult social care, health and public health agenda;*
b) *Any safeguarding issues, or opportunities for the HWB to use its strategic influence over commissioning, are communicated to the HWB by the SAEB;*
c) *Equally, if the HWBB have concerns about safeguarding issues affecting health outcomes, these are effectively communicated back to the SAEB for consideration;*
d) *Cross-Board partnership working embeds safeguarding across the health and wellbeing sector*

4. Need

4.1 The learning from Safeguarding Adults Reviews and Safeguarding Enquiries this year has demonstrated how much can be achieved by working together to tackle issues that may make communities unhealthy or unsafe, and from learning lessons and making changes where these are indicated. The SAEB actively promotes a learning culture and members are transparent, engaged, and accountable to one another, leading to better outcomes for people in need of care and support. The SAEB hosted webinars throughout 2020 following the national learning from Safeguarding Adult Reviews. These were delivered to over 100 multiagency partnership staff and were led by Social Work Academic, Professor Michael Preston-Shoot on "Learning from Human stories of adult safeguarding"

5. Recommendations

5.1 It is recommended that the Board accept the 2020/21 Annual Report of the SAEB, and in particular notes and lends support to the priorities that are informing the work of the SAEB during 2021/22. *(See pages 60 - 61)*

Bernie Flaherty
Bi Borough Executive Director of Adult Social Care and Health Services

Background papers: Protocol to set out governance arrangements between the Health and Wellbeing Boards and the Safeguarding Adults Board 14 January 2015

If you have any queries about this Report or wish to inspect any of the Background Papers, please contact:
Contact officer: Trish McMahon, Business Manager, Safeguarding Adults Executive Board
Tel: 07814 173 151
E-mail: patricia.mcmahon@rbkc.gov.uk

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Safeguarding Adults Executive Board

ANNUAL REPORT 2020/21

Safeguarding is everyone's business

City of Westminster

THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

SAFEGUARDING ADULTS EXECUTIVE BOARD

Michael's lockdown story

Hello, my name is Michael.

I am a Safeguarding Ambassador and member of both the Local Account Group and the Safeguarding Adult Reference Group. This is my family story of how we are keeping ourselves busy and safe during the pandemic.

Over the lockdown period I enjoyed making facemasks and have now mastered the art. I have been sewing masks in different materials, sizes, and designs.

All my masks are made of cotton fabric and are washable. I have learnt the secret that keeps the mask in place over the nose and to ensure that it fits well. Masks are essential at this time, and apart from making masks for myself and my immediate family, I have made masks for close friends and neighbours as well.

My brother, who is in strict isolation and a non-gardener, has decided to tend and nurture his lawn. He spends many serious hours on this task.

My daughter lives in a village near Blackpool; she does large and small shopping trips for isolated neighbours. She also does zumba and yoga via YouTube and challenges her niece and grand-nephew in the Irish Republic to competitions via Skype. She also spends time rearranging and nurturing a rock garden in her front garden area and ensures that her husband's hair is kept well-trimmed. Her husband is learning to play guitar with the help of YouTube and also spending numerous hours on a variety of subjects to hone his abilities with quiz nights and Mastermind.

We want to hear your stories of how you keep busy, safe and help one another during this time, so please email us at: **makingsafeguardingpersonal@rbkc.gov.uk**

Contents

Did you know?

During the pandemic, safeguarding remained a statutory duty under The Coronavirus Act 2020. The Board and its partners continued to work to prevent and reduce the risk of harm to people with care and support needs. The Care Act Easements guidance continues to put emphasis on co-production and service user involvement.

Foreword

I'm very pleased to introduce the 2020/21 Bi-Borough Adult Safeguarding annual report.

This covers the period from April 2020 to March 2021 when the COVID pandemic was having its greatest impact; not only on public services themselves but on the lives of all residents and their families.

Keeping residents safe and free from harm and abuse was as important during the demands of tackling COVID 19 as at any other time. During this pandemic period, this raised new challenges for all those working in the public and voluntary sector and continues to do so. It was often much more difficult for agencies to identify when support was needed when so often residents were facing new pressures and anxieties behind their own closed doors for so many months. Agencies had to find new ways of reaching out and responding to local communities. There was support in this from local residents. We saw a steep climb in the number of families and neighbours who raised concerns about their relatives or those living close by to them which helped to identify some of the key safeguarding issues. Our local account group and service user representatives are from all walks of life and backgrounds, bringing with them different skills, abilities and experiences. They remain committed to promoting safeguarding and adapted admirably from their usual face to face work. A very big thank you to them for their continued support. They continued partnership work with the police, trading standards and fire brigade to ensure that local residents were given information on avoiding scams, home fire safety and how to access support during lockdown.

The safeguarding board continued to meet during the pandemic and sought reassurance from those settings giving rise to the greatest concern. We were impressed by the collaborative working for example between public health, social care and other health colleagues in supporting and protecting care homes.

Despite the difficulties, the pandemic also brought new opportunities. The Bi-Borough has always benefited from the role of the voluntary sector and volunteers in delivering services and supporting vulnerable residents.

During the pandemic this work blossomed even further. Many new volunteers came forward to help other residents and they were supported and trained by the voluntary sector and continue to be involved. National safeguarding week gave us the opportunity to meet with some of them and encourage them to become safeguarding champions.

This annual report contains many examples of the teamwork and strengths of true partnership working that became such a feature of tackling the pandemic. The level of commitment to working together to protect and keep resident's safe was outstanding. All agencies played their part in maintaining quality services as well as responding to new challenges and demands and I would like to thank all those who contributed so well to the work you will see reflected in this report.

Aileen Buckton

Chair Bi-Borough Safeguarding Adults Executive Board

The clap for our National Health Service, keyworkers and carers' tribute was a weekly event that encouraged everyone in the UK to applaud the NHS and key workers from their doorsteps, windows or balconies.

As the world continued to fight the biggest health pandemic in living memory, residents across the Bi-Borough pulled together, making each other smile, cheer, and show their appreciation in heart-warming style with bells, pots, pans, spoons and fork!

What does the Safeguarding Adults Executive Board do?

Our Vision

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

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.

Roles and duties

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 Westminster City Councils. 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, responds in a way that supports their choices and promotes their well-being. Safeguarding during COVID-19 brought its own challenges, least of all getting used to running the partnership response in a virtual world.

The Coronavirus Act 2020 does not affect the safeguarding adults' protections in the Care Act 2014, so it is vital that Local Authorities and the SAEB continue to offer the same level of safeguarding oversight to assure itself that local safeguarding arrangements and partner agencies act to help and protect adults in its area. Safeguarding is everyone's business, so it is important to the SAEB that all partners remain alert to possible abuse or neglect.

The board's main objective is to ensure 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; and
- are experiencing, or at risk of, abuse or neglect; and
- (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 of 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 recognised that safeguarding concerns and risks may increase during the pandemic, with more people raising concerns and support needs changing. Safeguarding is everyone's business, so it is important that all partners remain alert to possible abuse or neglect. Local Authorities, social care providers, the health sector, volunteers, and our communities continued work to prevent and reduce the risk of harm to people with care and support needs, including those affected by COVID-19.

The following section provides highlights of what data was telling us about safeguarding activity during the pandemic...

Action Disability Kensington and Chelsea. Disability Connections Project staff members

Safeguarding insights
Activity during COVID-19

The board wanted to understand what safeguarding activity was like in a pandemic to inform future activity to mitigate risk, inform policy and guidance as well as to learn lessons for future outbreaks. This section is informed by the work led on by the Local Government Association and the Association of Directors of Adult Social Services called The Insight Project, which was developed to create a national picture regarding safeguarding adults' activity during the COVID-19 pandemic.

Safeguarding insights across the Bi-Borough indicated an overall rate of safeguarding concerns declining sharply in March and April 2020 (the first lock down), only to increase steeply in May, June and July, where they remained at a high level before decreasing towards December 2020.

Key messages

- Changes in patterns of safeguarding concerns saw an increase in referrals in the Bi-Borough.
- The May to July 2020 upsurge among 18–64-year-olds was even steeper than that for all adults, increasing the rate of safeguarding concerns to around 47 per 100,000 adults. The rate remained stable and now represents return to normal pre-COVID-19.
- So many more concerns were received in 2020-21 but proportionately fewer were assessed as meeting the threshold of a Section 42 enquiry.
- The rate of concerns for the age group 65+ has fluctuated during the pandemic at the point of each lock down but now remains stable and represents a small decrease to normal pre-COVID-19.

Key messages were similar at a local and national level.

What does this mean

There was an increase in emergency services safeguarding referrals. For example, police referrals doubled making up 20% of safeguarding referrals (238). Worried families, neighbours, and volunteers made referrals with a reduction from health and social care professionals.

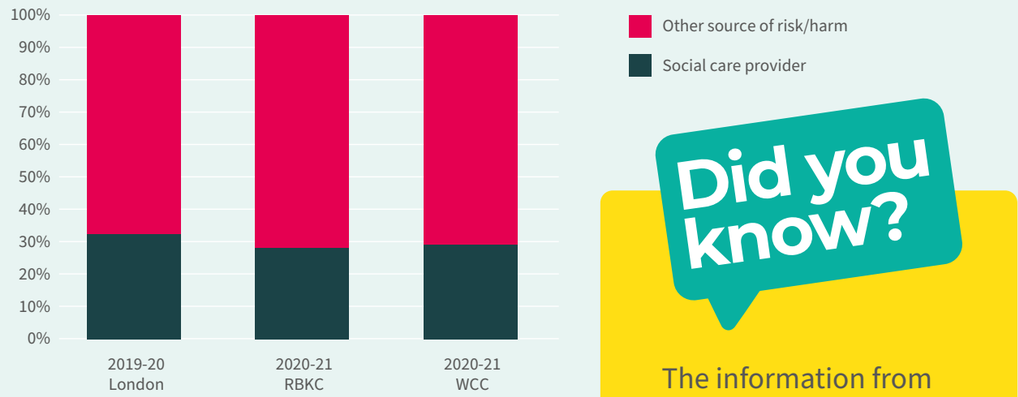
Family and friends expressed concerns about being unable to visit their relatives or friends in care homes; worries grew when they were unable to visit for long periods and people wanted to know about the correct use of personal protection equipment (PPE). These concerns made up a large number of referrals. The chart below shows that despite the increase, these concerns did not demonstrate an increase in abuse and neglect but demonstrated the anxiety many families were experiencing by not being able to visit relatives in care homes.

The chart below shows a reduction on referrals from social care providers in 2020-21 compared with London as a whole from the previous year.

Whether the person or agency responsible for causing harm was a provider of social care or another source.

The majority of concerns raised during the last year appear to be adults without care and support needs or required signposting and/or preventative support instead. They did not meet Section 42 criteria for safeguarding enquiries and were supported without going down a safeguarding pathway e.g. Merlins for mental health and welfare checks.

Whether the person or agency responsible for was a provider of social care or another source, for s42 enquiries concluded in the year



Let's now look at the individual Safeguarding activity in Kensington and Chelsea and Westminster for 2020-21...

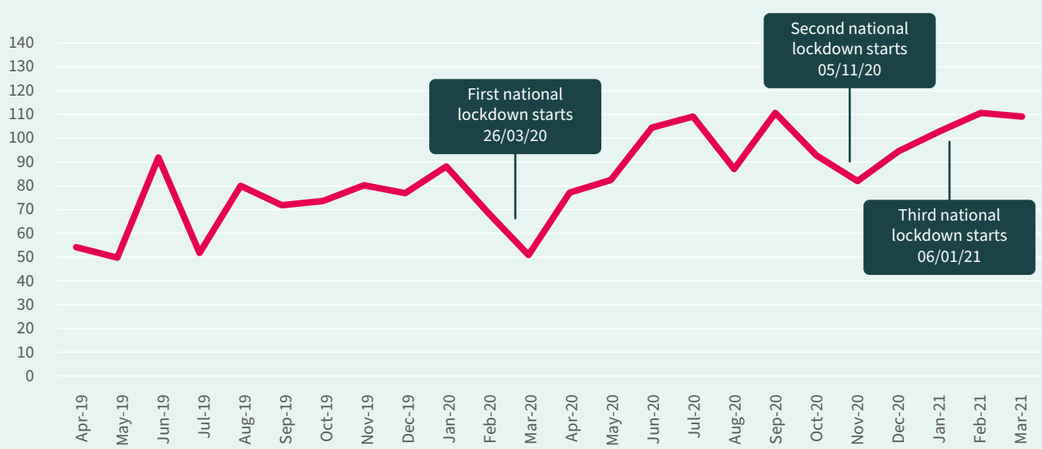
Did you know?

The information from the police is held on Scotland Yard's Merlin database, which was originally designed to record children 'coming to notice' but later expanded to include vulnerable adults, allowing officers to flag up individuals at risk by completing a Merlin Vulnerable Adults report.

These Merlin's come through as a report into Adult Social Care to follow up.

Safeguarding Insights
Kensington and Chelsea 2020-2021

Number of safeguarding concerns received each month, April 2019 to March 2021



The chart shows an increase in safeguarding concerns started in the period after the start of the first national COVID-19 lockdown in March 2020

This year Kensington and Chelsea has seen a notable increase in safeguarding activity.

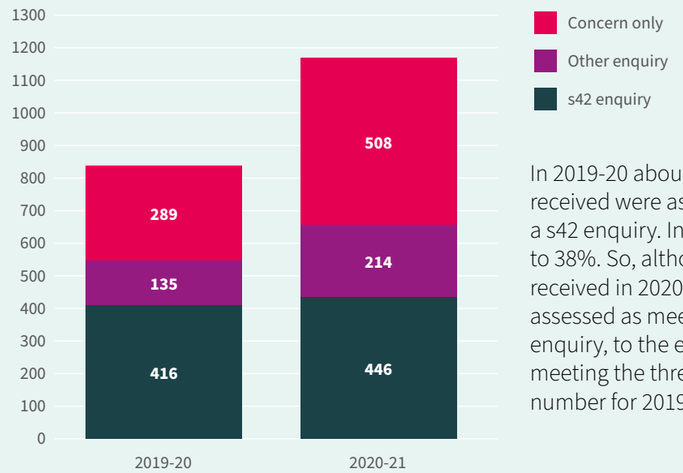
- There has been an increase of 39% safeguarding concerns from the previous year of 840 to 1,168
- this means that there were on average 22 referrals per week compared to 16 in 2019-20

There were two areas where, proportionately, the differences between the two years were most marked.

- people aged 18-64 (39% compared with 35%)
- people with a primary support reason of mental health support (19% compared with 13%)

Did this increase reflect an increase in actual safeguarding incidents?

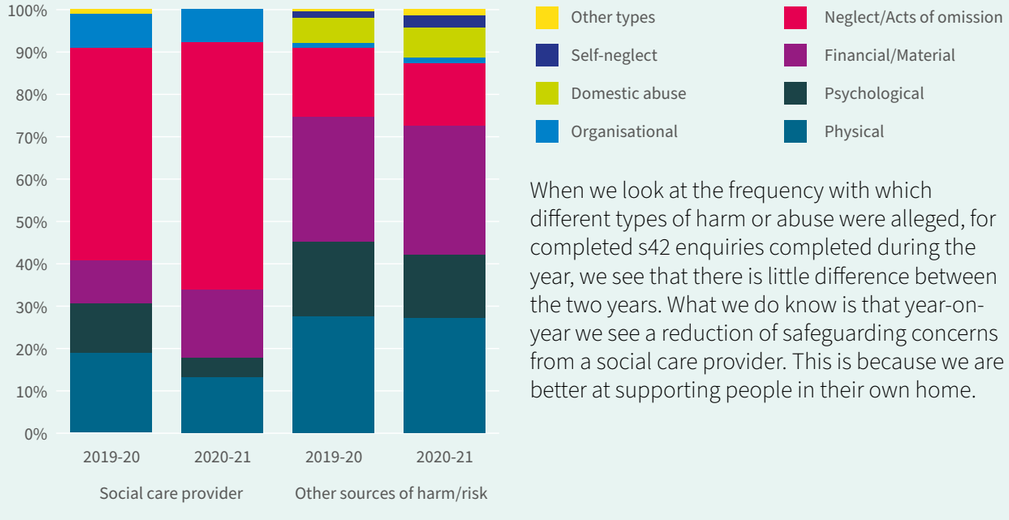
How the safeguarding concern was assessed at the first stage in the safeguarding pathway - Kensington & Chelsea



In 2019-20 about half of the safeguarding concerns received were assessed as meeting the threshold of a s42 enquiry. In 2020-21 the proportion dropped to 38%. So, although many more concerns were received in 2020-21, proportionately fewer were assessed as meeting the threshold of a s42 enquiry, to the extent that the number actually meeting the threshold was only slightly above the number for 2019-20 (446 compared with 416).

Was there significant change in the types of abuse and neglect reported during the pandemic?

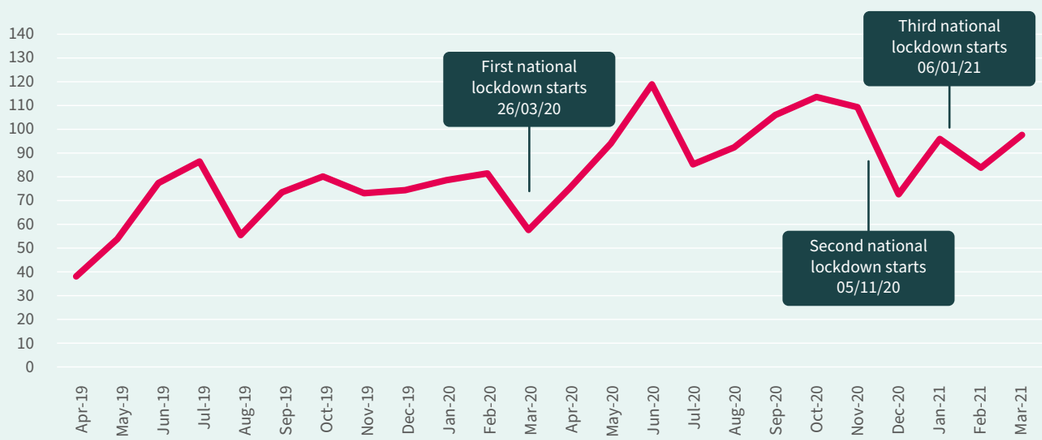
The frequency with which different types of harm or abuse were alleged, according to source of risk, for s42 enquiries completed in the year



When we look at the frequency with which different types of harm or abuse were alleged, for completed s42 enquiries completed during the year, we see that there is little difference between the two years. What we do know is that year-on-year we see a reduction of safeguarding concerns from a social care provider. This is because we are better at supporting people in their own home.

Safeguarding Insights
Westminster 2020-2021

Number of safeguarding concerns received each month, April 2019 to March 2021



The chart shows an increase in safeguarding concerns started in the period after the start of the first national COVID-19 lockdown in March 2020.

This year Westminster has seen a notable increase in safeguarding activity.

- In 2020-21 Westminster received a total of 1,164 safeguarding concerns. This compares with 847 in 2019-20, an increase of 37%, or some 317 concerns
- This is equivalent to an average of 22 concerns per week, compared with 16 in 2019-20

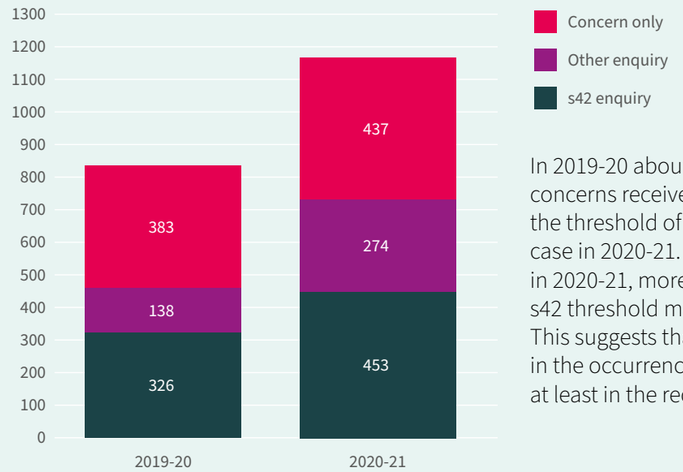
What was this increase due to?

The increase was evident across age groups, and care groups.

- People aged 18-64 (50% compared with 42%)
- People with no primary support reason (20% compared with 11%) suggesting that they were likely not to be known to adult social care

Did this increase reflect an increase in actual safeguarding incidents?

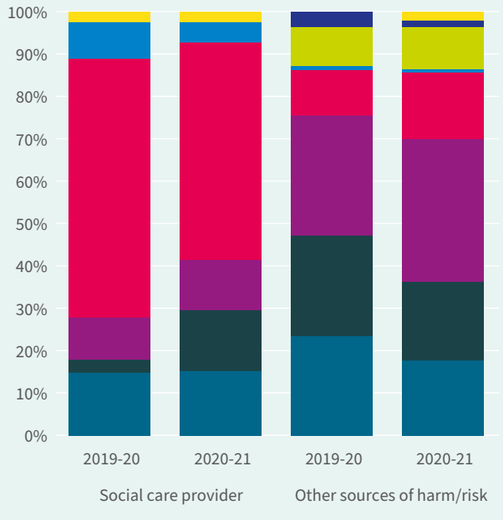
How the safeguarding concern was assessed at the first stage in the safeguarding pathway - Westminster



In 2019-20 about 39% of the safeguarding concerns received were assessed as meeting the threshold of a s42 enquiry. This was also the case in 2020-21. As more concerns were received in 2020-21, more were assessed as meeting the s42 threshold more (453 compared with 326). This suggests that there was an actual increase in the occurrence of safeguarding incidents, or at least in the recording of such incidents.

Was there significant change in the types of abuse and neglect reported during the pandemic?

The frequency with which different types of harm or abuse were alleged, according to source of risk, for s42 enquiries completed in the year



When we look at the frequency with which different types of harm or abuse were alleged for s42 enquiries completed in the year, we see that there is little difference between the two years. Where the source of risk is a provider of social care, by far the most frequently alleged type of harm is neglect or an act of omission, accounting for about half or more of the concerns raised. In contrast where the source of risk is not a social care provider (for example, a family member) the frequency with which different types of abuse is alleged is more varied.

Partnership support during the pandemic

Care Homes in the Bi-Borough

Kensington and Chelsea

Home	Type	CQC	Units
Alan Morkill	Residential	Good	49
Ellesmere	Nursing	Good	70
St Teresa's	Residential	Good	26
Kensington	Nursing	Good	53
Chelsea	Nursing	Outstanding	15
Margaret Thatcher	Nursing	Outstanding	100
Princess Louise	Nursing	Good	46
Kingsbridge Road	Residential	Good	11
Barlby Road	Support Living	Good	4
S Quentin	Support Living	Good	5
Turning Point	Mental Health	Good	10

Westminster

Home	Type	CQC	Units
Alison	Residential	Good	6
Flat A Harrow Road	Residential	Good	4
Flat B Harrow Road	Residential	Good	4
Flat C Harrow Road	Residential	Good	5
Calton Gate	Residential	Good	3
Elmfield Way	Shared Living	Good	4
Norton House	Residential	Good	40
Forrester Court	Nursing	Good	113
Carlton Dene	Residential	Good	42
Westmead	Residential	Good	42
St George's	Nursing	Requires improvement	44
Garside	Nursing	Inadequate	40
Athlone	Nursing	Good	23

This table is a reminder of the number of registered settings which includes registered homes regardless of:

- Private, publicly funded or both.
- Commissioned by local government, the NHS or both.
- Primarily service older people, people with learning disabilities, mental health conditions, etc.

The key point is that they are registered with the CQC and they are operating on our patch.

At the height of the pandemic Daily Telephone calls with each home with regards to how residents were being supported, any staffing issues and Personal Protection Equipment (PPE) took place. They were also used to check that infection control processes were in place and being followed, and that any new government guidance or support mechanisms had been communicated and incorporated. The information from these calls was logged on a daily situation report to ensure clear understanding of changes as they occur, to help target interventions and to observe trends.

Bi-Boroughs quickly developed systems to distribute PPE to all social care providers and in particular for staff working in care homes and homecare line with the Public Health England guidance. This support was vital in the early weeks for two reasons: 1) working collaboratively, local authorities could use their purchasing power to access supply routes that might not be available to individual care homes; 2) it helped partnership working with the NHS in order to facilitate the revised guidance on accelerated hospital discharge, which was not possible without having the correct PPE available.

A first round of testing was completed for staff and residents in May-June 2020, facilitated by the Bi-Borough Public Health and Clinical Commissioning Groups working together to find solutions where national routes lacked capacity.

This was rolled out across both boroughs with assistance from the respective General Practitioner Federations.

Supplier Resilience Forum has been a place where Care Homes and other social care providers can apply for additional assistance. The areas where support was offered include paying on plan, recruitment bonuses, assistance with higher travel costs.

As with most other boroughs we commissioned access to emergency beds in the community in order to facilitate rapid discharge from hospital and create safe locations where people could isolate before returning to or moving into a care home.

The local authorities have been working with Care Homes to support with staffing shortages that included recruiting and training redeployees. The Bi-Borough has recently partnered with Proud to Care to support people into Social Care roles. An initial pilot is working with Care Homes to hep match care staff to existing vacancies.

As well as infection control expertise from North West London CCGs to support care homes, our local CCGs have worked to enhance a range of functions to ensure they are available after hours and at weekends. That includes primary care, pharmacy and specialist support from clinical nurses.

Safeguarding measures for early intervention and prevention were key to keeping care home residents safe from harm. Bi-Borough Commissioning and Public Health did this by

- Ensuring that staff who are isolating in line with government guidance receive their normal wages while doing so.
- Ensuring that members of staff work in only one care home.
- Limiting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents.
- To support active recruitment of additional staff if they are needed to enable staff to work in only one care home including by using and paying for staff who have chosen to temporarily. return to practice, including those returning through the NHS returners programme.
- Steps to limit the use of public transport by members of staff this could include encouraging walking and cycling to and from work and supporting this with the provision of changing facilities and rooms and secure bike storage or use of local taxi firms.
- Providing accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work. This may be provision on site or in partnership with local hotels.

Example of well-being support through Sunflower project

"On days when there is no sunshine, sunflowers turn their heads to face each other – they do not touch, but share their energy." This programme is designed to give everyone involved an opportunity to share a 'sunflower trait' to turn towards each other on the cloudy and gloomy days to share positivity and light. This includes:

- In person: children and young people drawing sunflowers and holding them up for people outside the window of their care homes. Sharing the pictures painted by children in the home.
- Digital: 100 iPads provided to care homes across the Bi-Borough, installed with Zoom, FaceTime and Skype to help people connect to families.
- For people who aren't into flowers, scouts, cubs and beavers have been using their virtual camp time to make other pictures and cards for residents.

Local Initiatives in care homes: The Sunflower Project

The pandemic posed significant challenges to people living in care homes. The Bi-Borough Adult Social Care Sunflower project is a very successful scheme based on a principle that when there is no sunshine, sunflowers face each other. They never touch but share their light and energy.

The aim was to reach out to residents at a very stressful time when they had little access to family, friends and community interaction. The Sunflower scheme was a great inter-generational project involving children in the local community and residents in care homes.

As real flowers are expensive and also have a short life, we liaised with colleagues in Children's services and a number of Bi-Borough schools and children's groups to ask local children to paint and draw flowers to distribute to care homes, so that residents could display them in their rooms and in communal areas.

Social distancing meant that children and adults never met, but the common bond of humanity, even in adversity, drew them together, bringing happiness and warmth.

Residents were very touched to receive the flowers and were highly appreciative. The project helped connect residents with their community and engage young people with older citizens. We repeated the scheme at Christmas for the Snowflake project, when children made Christmas cards for care home residents.

During the pandemic Adult Social Care in the Bi-Borough faced significant additional safeguarding activity through our initial contact points. Contact from communities in the Bi-Borough, including rough sleeping, voluntary sector organisations and emergency services led to increases in reporting of safeguarding concerns. Many councils nationally described an increase of reporting as being 'low-level harm' which though called safeguarding were in fact welfare concerns and could be followed up under the care management pathway either within Adult Social Care or Statutory Mental Health Services.

This can be seen as being a positive sign that increased partnership working showed a great level of transparency and a more proactive approach to support. This partnership working enabled early identification of themes and trends.

Making Safeguarding Personal

Putting the core principles of Making Safeguarding Personal into practice and using these as a measure of effectiveness must be at the heart of safeguarding adults, never more so than now during the COVID-19 pandemic.

Making Safeguarding Personal is about having a conversation with people about how they might want to be supported in responding to a safeguarding situation. To help people in a way that makes them feel involved, promotes choice and control for them in a given situation as well as aiming to improve their quality of life, well-being, and safety.

The SAEB partners know from research that social isolation is an increasing risk factor for abuse and neglect during a pandemic.

In particular the partnership know that incidences of domestic abuse, self-neglect and carer-stress have increased with social isolation. With more people being asked to self-isolate as a result of COVID-19, this needs to be a key consideration when undertaking Section 42 enquiries.

The duties and responsibilities for safeguarding did not change during the pandemic. Although the environment in which we the partnership worked was more challenging, we continue to need to ensure that we all find ways to safeguard vulnerable people. We focused our attention to those people living in a regulated setting in particular Nursing and Care Homes which may be particularly effected by working within COVID 19 restrictions.

People and organisations have adopted all kinds of approaches during the lock down ranging from having a conversation through a closed door or windows (to make sure the virus cannot be transmitted), to putting technology into care homes. 50 iPads were provided to care homes across the Bi-Borough so that relatives could more easily communicate with their loved ones.

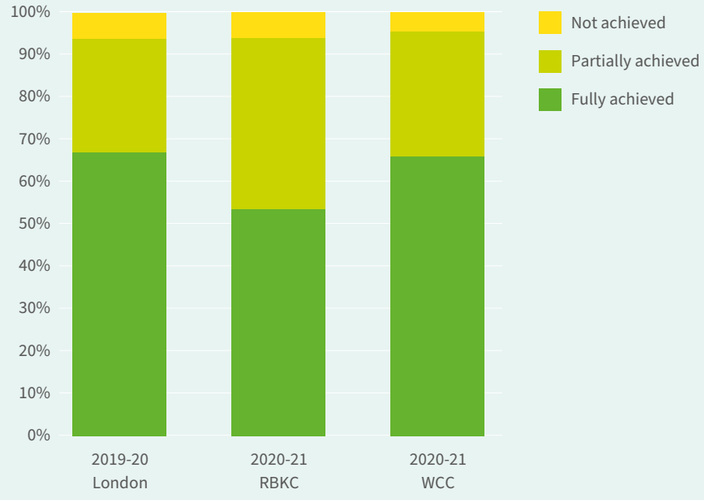
This section explores how the Board Partnership safeguarded its most vulnerable residents and helped people to feel involved in their safety so they could make improvements to their quality of life. But first we will look at safeguarding activity during the pandemic and how we compare with London as a whole.

How do we know we are making a difference to people who are being safeguarded?

The charts that follow show how Bi-Borough safeguarding activity compared with London as a whole. They are based on Safeguarding Adults Section 42 enquiries concluded in the year.

As part of the enquiry the adult at risk is asked about what they would like to achieve as an outcome to the incident

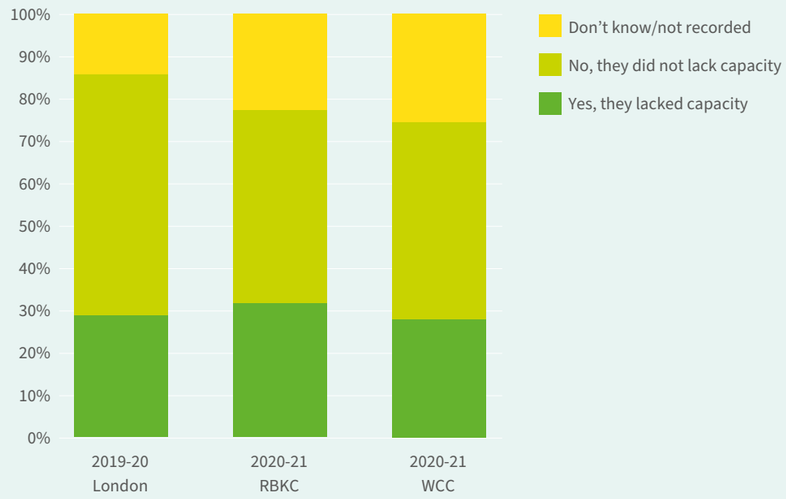
Where the adult at risk said what they wanted to achieve through the enquiry, whether they were judged to achieve it



In 2020-21 the adult was asked in about 90% of concluded s42 enquiries, slightly higher than the proportion for London in 2019-20. Where, in response, the adult had said what they wanted to achieve, in the great majority of cases (over 90%) the desired outcomes were assessed as having been fully or partially achieved. In a small number of cases the desired outcomes were assessed as not having been achieved, similar to the findings for London as a whole. This is an improvement of 1% from last year.

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

Whether the adult at risk was assessed as lacking capacity to make decisions relating to the safeguarding enquiry, for s42 enquiries concluded in the year



This may be through the help of a family member or friend, or, if they do not have such support, a formal advocate.

In 2020-21 the adult at risk was assessed as lacking capacity to make decisions in about three out of ten s42 enquiries completed in the year – very similar to the London average.

Case Study

Imperial Trust

There has been a lot of negative press during the pandemic about people with learning disabilities not receiving the same care as other patients. Particularly those who lack decisional making capacity. Lack of access to intensive care and ventilators with unnecessary ceilings of care and Do Not Attempt Cardiopulmonary Resuscitation Orders, DNACPRs, put in place being cited. However, this is not necessarily so and we have many instances of good practice that should be shared.

What happened

Mr GC a charming, non-verbal 44 year old gentleman with epilepsy and learning disabilities was taken to Accident and Emergency with shortness of breath and lethargy in December 2020. He was particularly unwell, diagnosed with COVID pneumonitis and admitted to Adult Intensive Care Unit at St Mary's, where he was placed on a ventilator. Mr GC did not have decisional making capacity in any areas.

Decision making with the family

The intensivist consultant discussed GC's management with family and the learning disability and autism team. The emphasis was on considerations for DNACPR and what would be beneficial during potential extubation. Under normal circumstances a family member could have been present but infection risks were too high. Our learning disabilities and autism liaison nurse agreed to attend and assist where possible. GC's condition fluctuated and he had DNACPRs applied twice during periods of acute deterioration and as he rallied they were removed.

Making Safeguarding personal

Family was kept informed of GC's progress and were able to see him via an iPad. Intensive care staff celebrated when GC was well enough to sit out for the first time in 8 weeks. He was re-positioned to the music of Michael Jackson, his favourite artist, a boom box having been part of an equipment donation from the Friends of St Mary's to aid recovery of patients with COVID and delirium. In addition GC was provided a portable DVD player, twiddle muff and images of his family as a means of sensory stimulation and potentially minimising distress. A hospital passport was provided which enabled clinicians to understand GC's baseline and his likes/dislikes. The family were present remotely to help with communication. We often got a smile from GC in response to our dance moves. He's quite a character. GC was moved to a stepped down respiratory ward in February 2021.

Discharge

Many family and community meetings followed to discuss discharge options and care in the community. The family wanted GC back home but mum was no longer able to care for him alone. Increased packages of care were formulated with Adult Social Care and he left St Marys Paddington in April 2021. We gratefully receive regular updates on his progress from the community learning disability team.

Ethnicity and Safeguarding during COVID-19

The Safeguarding Executive Board respects the ethnic, cultural, and religious practices of people who use our services across the partnership.

Capturing ethnicity data is a priority for the board. During the pandemic the board wanted to understand the impact of COVID-19 on the residents of the Bi-Borough who were involved in a safeguarding concern. Key findings have been discussed at a board level:

- COVID-19 and lockdown have tended to equally affect ethnic groups in terms of the number of safeguarding concerns received, although proportionately more concerns have been received in 2020-21 for people for whom ethnic group is not known.

- There is little evidence that s42 enquiry safeguarding outcomes vary by ethnic group, but some evidence that those concerns where ethnic group is not known are more likely than others to be concluded at the 'concern' stage on the safeguarding pathway.

- The ethnic profile of adults for whom safeguarding concerns are raised reflects more closely the ethnic profile of adults receiving care and support than it does the general population, but the high proportion of cases where ethnic group is not known make it difficult to draw any conclusions as to whether or not a particular ethnic group is over – or under-represented.

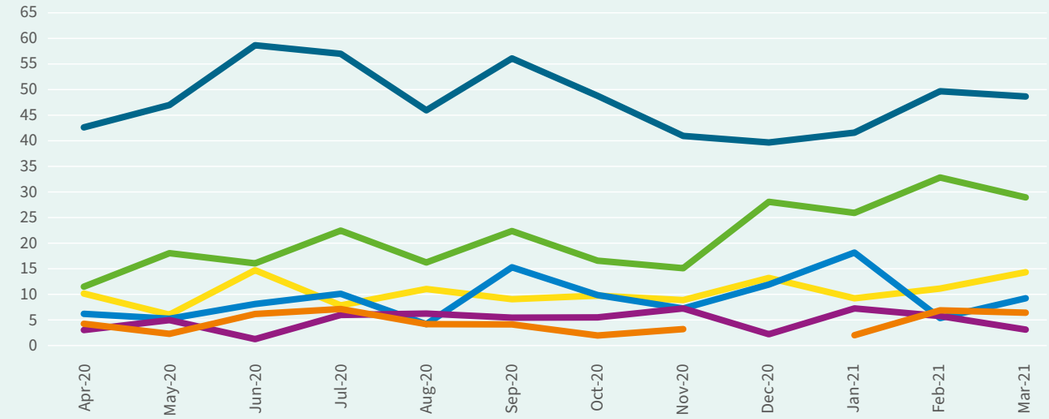
Why is there a high proportion of cases where ethnic group is not known? Is this linked to source of referral, source of risk, nature of the harm alleged, or other factors?

This trend was apparent across the Bi-Borough as shown in the charts opposite.

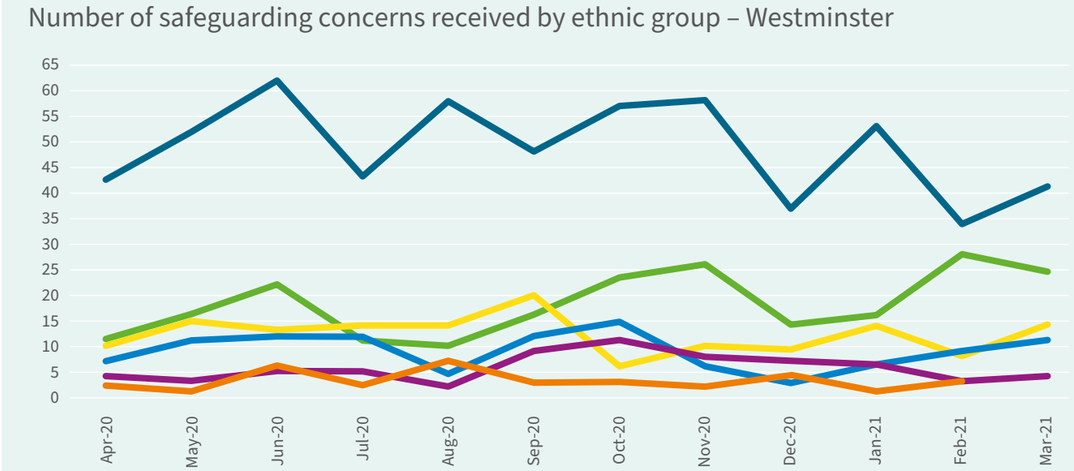
The SAEB sub-group, Better Outcomes for People, undertook an analysis of this trend to determine whether it was indicative of a new source of risk, or one which had previously been hidden from adult social care and statutory partners. On comparing the characteristics of this group with those where ethnic group was known the Better Outcomes for People sub-group found that the former differed from the latter in significant respects. In particular, in those cases where ethnic group was not known, the adult at risk was much less likely to have been in receipt of adult social care support and, accordingly, much less likely to have a primary support reason. And the concern itself was much less likely to have been assessed as meeting the s42 safeguarding threshold.

Taken together the findings suggested that in the great majority of these cases the concern related more to concerns about welfare and wellbeing than to adult safeguarding abuse and neglect.

Number of safeguarding concerns received by ethnic group – Kensington & Chelsea



Number of safeguarding concerns received by ethnic group – Westminster



We have commissioned the Advocacy Project to design and deliver a certified Safeguarding Awareness 'Train the Trainer' Programme to the Black Minority Ethnic Health Forum. This programme will be the first of its kind both regionally and countrywide, as it will be translated and delivered by bi-lingual leaders of 14 'hard to reach' language and religious faith groups across Kensington and Chelsea and Westminster and will include delivery of training in Arabic, Sudanese, Moroccan, Kurdish, Bangladeshi, Eritrean, and Somali. Its main objective is twofold: to raise awareness of abuse and neglect and referrals into the council; to understand the barriers to making a referral into the council.

Making Safeguarding Personal: an independent review of service users' experience of the safeguarding process

Did you know?

Healthwatch Central West London (Healthwatch CWL) is an independent organisation. They make sure that health and social care services listen to local people's views and feedback so that the services can be made better and easier to use.

Page 28

In 2020, the Safeguarding Adults Executive Board commissioned Healthwatch Central West London to independently carry out a research project that asked people with a recent experience of safeguarding how well the process had worked for them. Healthwatch carried out interviews, analysed responses and made recommendations for improvements to the safeguarding process.

Healthwatch interviewed eight people in the Bi-Borough who had a recent experience of safeguarding.

Who were the participants?

Participant 1: wife of husband who had pressure sores while in hospital.

Participant 2: a son whose mother has dementia. He says that there was a 'dangerous situation' because the council did not arrange care for his mother in time, because of financial issues.

Participant 3: a mother talks about her daughter's serious health condition, which makes it difficult for her to eat, drink or take medicine.

Participant 4: a sister has concerns about her disabled brother, who lives in unsuitable housing.

Participant 5: a nephew who suspects that bruises to his aunt's arms have been caused by a care worker, and that his aunt does not want to talk because of fear.

Participant 6: a resident concerned about an elderly neighbour and thinks that his progressing dementia means that 24-hour care is needed.

Participant 7: a worried friend contacted social services when it appeared that her friend, who has a lot of health issues, was 'slipping through the net' and being left without the medical care that she needs.

Participant 8: a daughter suspected that her mother was refusing to let her carers into her home and was left without the support she needed.

Healthwatch asked the participants questions under five sections.

1. Information and involvement.
2. Personal safety.
3. Personalisation.
4. Service improvements.
5. Outcomes and recommendations.

Healthwatch Recommendations

1. Clear information for all residents should be available on safeguarding.
2. People need to have information on what to expect at every stage.
3. The councils need to make sure that customer care staff are trained to recognise safeguarding issues.
4. The councils should make sure they update and feedback on what's happening to the person(s) who has raised the safeguarding concern.
5. The councils should write to all people involved when safeguarding is completed. The councils need to have a way of gathering people's feedback and experiences.

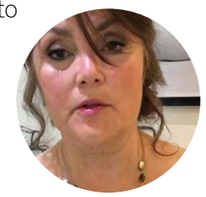
Experience of wife

"I thought it worked well, I think the carers referred it back to the office, and the office referred it to social services, and they responded. I was sort of surprised, pleasantly surprised. The initial response was good from the council – they acted swiftly."

Next steps

After holding a workshop to deliver the findings of the report to our Safeguarding Ambassadors and members of the wider community. They discussed and agreed their recommendations in relation to the findings and then presented their findings to the board in March 2021 which were agreed and will be presented in next year's annual report.

Hi, My name is Fay



We would like to ask the board to please relaunch and distribute the safeguarding leaflets across local community settings, such as GP practices, local pharmacists and supermarkets, and other community venues. The leaflets will be accessible and easy read as they should be available to everyone and for everyone as safeguarding is everybody's business!

Hi, My name is Maria

We recommend that the Local Account Group and Safeguarding Adults Reference Group independently complete an review of all the information gathered from the safeguarding feedback forms, so that we can make further recommendations to the board next year about how to continue to improve the safeguarding experience for service users. We discussed that sometimes the word 'safeguarding' may not be understood by everyone, and that some languages do not have the word 'safeguarding' in them.

Helping local people keep safe

Carer's Network – The Carers Found Project

We already knew that before the COVID-19 pandemic some unpaid adult carers were not receiving services to support them. Language barriers, social isolation, and digital exclusion were among the reasons. It was also becoming apparent that individuals from certain communities are less willing to identify themselves as carers, or to self-refer.

We now have a dedicated Community Development Officer who reaches out to the groups and communities in question, encouraging them to contact relevant services. Assisting the Development Officer are several volunteers Carer Champions who will be recruited from within their communities to ensure that nobody is left behind.

We have delivered workshops and presentations and the Community Champions Project manager for Kensington and Chelsea, observed that "several participants, who can be classified as hidden carers, felt encouraged to seek support as a result of attending the training".

The project's next step is to expand our direct presence in the communities. We are targeting:

- Several Somali charities to deliver a series of workshops to the Somali and Arabic-speaking residents in central London
- BAME communities
- LGBTQ+ groups
- Disabled residents
- Men's Sheds
- Residents with autism

"Anyone can find themselves in an unpaid caring role. It can be very taxing emotionally, mentally, and financially. With so many families being hit hard during the pandemic, ensuring that people are aware of what support they should expect, and know how to access it, has become even more pertinent."

We would like to thank everyone who continues to support us in our work for carers in these difficult times! As always, community and togetherness win the day.

Action Disability Kensington and Chelsea

At the outset of the pandemic, we moved our services to deliver them remotely. All of our projects, services, groups, meetings, and courses have continued to flourish.

We also introduced a welfare call system, with staff making weekly contact (via phone, text, email, or WhatsApp) with those local disabled people whose welfare we were particularly concerned about.

Through this we identified those residents who required extra support and established our Disability Connections project in response. Providing additional emotional support to those who needed it.

We also established a new Emergency Volunteer Project, delivering essentials, including food, prescriptions, and medical equipment, to isolated disabled people throughout the borough.

In response to the growing demand for support with legal issues during the current crisis, we extended our Specialist Disability Legal Advice Project to five days a week.

We delivered a very successful Pilot Counselling Service, offering regular one-to-one therapy to local disabled people, having identified this as an urgent need during the COVID-19 crisis. We hope to develop this into a long-term project.

"Disabled people have been disproportionately affected by the pandemic and we remain committed to delivering the services needed to counter the resulting isolation, breakdown in support and serious physical and mental health issues which our members are experiencing."

JAMIE RENTON
Chief Executive
Action Disability Kensington and Chelsea

> "During 2020-21 many vulnerable people we knew became frailer and more confused. Everything they knew had suddenly changed including the people who were familiar to them. Their regular carers were not available to support them with basic needs such as getting weekly shopping or medication."

Age UK K&C created a new service to deliver free food parcels to people who were shielding and at the peak of the pandemic, the deliveries reached over 1,000 people per week.

Age UK K&C staff were making phone calls on a daily basis to assure people that they would receive their food parcels that day. We have received many phone calls from people asking if they have to pay for their delivery, because unfortunately scammers were taking advantage of the social isolation and frailty of our members.

In addition, there were reports by service users who were receiving parcels that they were also being targeted, receiving calls saying that if they did not buy masks and hand sanitisers and became unwell, they will not have the right to get NHS treatment.

Staff are required to complete safeguarding training when starting their employment, and to renew it on a yearly basis. Volunteers are also trained in safeguarding awareness during their induction, so we were well placed to work with the police, Safer Neighbourhood Team and Trading Standards to deliver a series of sessions about scams awareness.

In addition to that work, we have continued to be vigilant of any sign of abuse to older residents in Kensington and Chelsea, and we have made 16 referrals to Social Services because of suspected abuse. Our teams have been working closely with social services not only making referrals but also following up on the cases, attending multidisciplinary team meetings when required.

TASIO CABELLO
Head of Community Engagement, Age UK Kensington & Chelsea

The Advocacy Project: helping local people understand safeguarding

Did you know?

For over 25 years, The Advocacy Project has been working with vulnerable and disadvantaged people in the UK, including those with learning disabilities, mental health issues and dementia.

In 2020-2021, The Advocacy Project ran a number of projects locally and nationally to help people and organisations understand safeguarding. This included:

- Awareness campaign with Westminster City Council on fraud and scams, promoting the 'Friends against scams' advice **friendsagainstscams.org.uk**
- Learning event: 'The changing nature of safeguarding' with adult safeguarding experts Adi Cooper and Professor Michael Preston-Shoot.
- Panel debate: 'Cuckooing – the need for a multi-disciplinary approach' with the Vulnerable Adults Task and Finish group in Westminster and Kensington and Chelsea.

MICHAEL HAGAN
Service User Trustee, The Advocacy Project.

Community and Maternity Champions help to safeguard their neighbourhoods from COVID-19

As the vaccination programme took off, Champions – including Maternity Champions and many other volunteers – supported the mass vaccination sites, community pop-ups and, latterly, the vaccine bus visits in their areas. They promoted these sessions via social media and by word-of--mouth in their communities, and by working on the ground as vaccine marshals. One Champion, Comfort, who volunteered at the RHS Lindley Hall vaccine hub commented: **"It was good to be able to volunteer – and to be given the opportunity to receive the vaccine. I felt great to be part of the millions of people who had received the vaccine jab. Glad also to say, I didn't have any reactions after and would encourage everyone to take the vaccine when offered."**

Between February and March, all ten Community Champions projects took part in hosting and promoting a much-appreciated series of on-line Vaccine Community Conversations over Zoom. Delivered in partnership with NWL NHS and some very pro-active GPs from the Community Immunity initiative, the twelve sessions were attended by over 360 residents from some of our most diverse neighbourhoods and with the highest health inequalities in our boroughs.

Three of these were delivered in Arabic with an Arabic-speaking GP, to some 91 residents. This session was recorded and edited offering a lasting resource for our Arabic-speaking communities: **facebook.com/465783760239512/videos/810390709901957**

Many attendees were hesitant about having the vaccine and most had an array of concerns, anxieties and clinical questions which the GPs were able to help with. Feedback suggested that most participants left the sessions more likely to take up the vaccine as a result of these conversations:

"It was a good session, and my question was answered like many others here so thank you for organising this."

"Thank you so much everyone! Very insightful and helpful."

"An excellent and very informative session – an hour seemed too short. Thank you so much to the host, organizers and speakers."

"Thank you, everything was clear and made sense to me and thanks for answering my question."

Did you know?

Maternity Champions play an important role in identifying abuse to include modern slavery, harmful practices such as female genital mutilation and domestic abuse issues.

MATERNITY Champions

The Westminster case study below describes how social isolation can increase vulnerability during the pandemic. The example shows how adult social care worked with June, her neighbours and the local partnership to support her safety.

Case Study

June is an 89-year-old lady who lives alone in a flat. She has a care package at home to support her with personal care, and shopping. She can get out and about with support. She has a private cleaner twice a week and is a member of various social clubs in the community which were suspended during COVID-19. June is originally from Birmingham but has lived and worked in central London for most of her adult life. Her husband worked at Bletchley Park and then subsequently in the legal profession until his retirement; he died several years ago. June has no children and no surviving family. June was an accomplished painter but can no longer paint due to poor eyesight.

What Happened

Prior to COVID-19 June had a routine visiting a nearby café where she had breakfast, often with a friend and neighbour. She then got a taxi and went to various private member clubs and voluntary groups to socialise and have lunch.

During COVID-19

During this time of the first lockdown an individual previously known to June took the opportunity to reappear on the scene and persuade her to venture out, flouting the lockdown restrictions. They went to nearby cafés and restaurants that continued to remain open. June does not appear to have acknowledged or accepted the need to remain at home in isolation and has continued to venture out, despite her friends and neighbours voicing their concerns for her wellbeing. June's alcohol consumption increased, which began to affect her decision making. The individual would assist June with shopping despite there being support available to do this.

June's neighbours felt she was being exploited financially by him, resulting in a safeguarding concern being raised with Adult Social Care in June 2020.

As a protective measure during this time a package of care was implemented consisting of daily morning and evening visits to help June with shopping, food, medication and to generally check on her safety and wellbeing. Friends and neighbours had reported that June was not eating, nor cooking as well as drinking excessive alcohol. June has struggled to accept the help of carers regarding their support as 'interference' and railed against this input on an ongoing basis.

There have also been concerns that June was withdrawing large sums of money from the cash dispenser, accompanied by the individual, and then 'giving' the money to him, and perhaps not fully understanding what she was doing. However, it became apparent that June was indeed aware of her actions, was aware of the sums of money and was choosing to give money to this man, in return for his companionship.

and drinks before returning home later in the day. During the pandemic June's daily routine was severely disrupted and her usual support networks were absent. Friends were self-isolating, and the private member clubs closed.

There was also significant contact from the local GP who provided pictures of them together as evidence to the police. Local Voluntary groups were also part of the group telephoning her to see how she was having been briefed by the social worker.

In addition to working with the community to ensure that a network was looking out for her, Adult Social Care started to work with the police to gather evidence against the individual that what he was doing was a crime.

Outcome

The individual has been prosecuted for theft and June has been supported to take up the offers of support not only from friends but also voluntary services such as Age UK.

Conclusion

This shows the challenges of working with older people who live by themselves. Social Isolation during COVID-19 increases vulnerability. Longer-term safeguarding can be effective and provide good outcomes in time. The police and the social worker worked together in a determined way to ensure that action taken would be effective and charges brought. June now attends various social events and feels less isolated.

Creating a safe and healthy community

Communities have a large part to play in preventing, detecting, and reporting abuse and/or neglect.

The approach of the Safeguarding Adults Board to adult safeguarding prevention in the Bi-Borough during the pandemic was to offer to work with Bi-Borough communities – both formal and informal responders. The board recognised that safeguarding was being seen in the context of a crisis in which neither statutory systems nor formal community organisations were in a position to meet all the immediate needs of the communities.

We focused on identification of different or changing patterns of abuse manifested during the pandemic, to help others identify and report abuse. To achieve our aims and those of our communities we collaborated with other council departments, including our Bi-Borough Community Safety partners, police and Public Health as well as service user groups to co-produce events and local newsletters to raise awareness of key safety messages.

This section will firstly report on what the Community Engagement Group, CEG, and its Safeguarding Ambassadors did to help communities. The CEG is a sub-group of the board and is co-chaired by Miles Lanham Assistant Director of Housing Management at Octavia and Ritu Guha, User Involvement Project Manager at the Advocacy Project.

MILES LANHAM
Assistant Director,
Housing Management, Octavia

RITU GUHA
User Involvement Project Manager,
Advocacy Project

Safeguarding Ambassadors

In 2020/21 our Safeguarding Ambassadors were keen to have a role during the COVID-19 pandemic. With support of the board, they were involved in a variety of initiatives including organising the Bi-Borough National Safeguarding Adults Week event. We introduce Glenda and Nick, who talk about the work they do and how it makes them feel to be a Safeguarding Ambassador.

Did you know?

Our 'House' model (see page 60) continues to set the scene for our safeguarding adults' journey. It remains valued by our safeguarding ambassadors who call it 'their house'.

They inform us that our house is stable with three rooms containing the main strategies to support safety, learning, and making safeguarding personal. They then decided that it would be the board logo and is now used on all publicity.

"I've been a member of the Safeguarding Adults Reference Group for many years now. Knowing about safeguarding is the security that one feels, which is similar to the way you feel crawling into bed in the evening, pulling the duvet around you knowing and feeling that the rest of the world is outside, and you are inside… where you feel both safe and protected."

NICK WIMBORNE
Safeguarding Ambassador, talking about the Safeguarding House Model

"The Safeguarding Adults Reference Group and Local Account Group have co-produced a range of events and designed safeguarding products to raise awareness of what safeguarding is. Many of our group members are bi-lingual and have been able to share important safeguarding messages across diverse communities in the Bi-Borough. We all have lived-experience of safeguarding and our personal experiences have allowed us to really support people as we understand the barriers that people can face when speaking up. Through working with the safeguarding board and attending training sessions I have been really proud to be able to support people and being an ambassador is a role that I really enjoy. We are so passionate about what we do, and it is so important for everyone to know what safeguarding is!"

GLENDA JOSEPH
Safeguarding Ambassador

National Safeguarding Adults Week

National Safeguarding Adults Week was very different this year, held right in the midst of the pandemic. All our communications went digital, and we met virtually to highlight important safeguarding matters, which affected communities across Bi-Borough. The event was a huge success thanks to our residents who designed the event, and to the 96 residents and community members who attended.

These preventative videos help raise awareness of some of the risks to our most vulnerable residents across the Bi-Borough. The group also share in the videos how people felt both before and after their safeguarding experiences. They are a great tool and are used in our safeguarding training programme.

Safeguarding is everyone's business

Safeguarding Adults Week

16-22 November 2020

We also heard from a wide range of organisations of the work they are currently doing to protect vulnerable adults during this time. The section below focuses on Domestic Abuse in which services saw an increase in people calling to get advice.

To mark safeguarding awareness week 2020, our Safeguarding Ambassadors produced this **set of video clips** that highlight:

- community-based risks
- cuckooing
- domestic abuse

Domestic abuse: talked on how to respond safely

Standing Together co-ordinate the domestic abuse service in Bi-Borough and led a presentation on 'Domestic abuse: how to respond safely' with information and signposting advice to the Angelou Partnership which is series of providers with specialisms in domestic abuse.

Domestic abuse is sometimes seen as a problem faced by certain people but evidence tells us that it can impact anyone at any point in their life.

Domestic abuse is a gendered crime with a large proportion of victims being female and perpetrators male.

Those with a long-term illness or disability (including mental health problems) are twice as likely to be abused.

We know that older people are abused too – this could be perpetrated by their partner or adult children.

2,786 victims of domestic abuse contacted the Angelou partnership last year

Men can also experience abuse, either from a partner of family member.

Did you know?

The Angelou Partnership is named after Maya Angelou the Civil Rights activist and author who was sexually abused and raped by her mother's boyfriend at a very young age.

Responding safely

We know that survivors want to be asked about domestic abuse:

1 Ask

1. "Are you afraid of anyone at home?"
2. "Is it safe to talk now? If not, when can we call?"
3. "Are there any children in the home?"

2 Validate

1. "I believe you"
2. "You are not alone"
3. "This is not your fault"
4. "There is help available"

3 Action

Tell them that support is available and people who can help

The police set up an online domestic abuse service during the pandemic. Demand to deal with burglary, theft, street robbery, public order and protests decreased because of the absence of people in the street and the suspension of the hospitality industry. This enabled front line officers to respond and prioritise domestic abuse incidents. Lockdown was seen as an opportunity to catch wanted and outstanding offenders.

The Single Online Home service provided a 'Digital Police Station' which has enhanced the delivery of online services, interactions, and engagement during the last year; it has increased the visibility of the issue of domestic abuse as well as increased the confidence of the public to report it.

Did you know?

At the peak of the COVID-19 pandemic – 88% of domestic abuse suspects were arrested at the time of the offence, or within 24 hours. Every basic command unit now has a dedicated Predator Offender Unit (POU) which is proactively responsible for researching and finding our high harm domestic abuse offenders.

Trading Standards and the Metropolitan Police Cyber Crime Unit talked about scam awareness during COVID-19 and cybercrime safety

- **41%** of all crime in England is a form of cyber crime.
- UK residents are **20 times more likely** to be defrauded at their computer than held up in the street.

The sessions focussed on how to keep safe and raise awareness on:

- COVID-19 and vaccination scams.
- awareness of scammer's techniques.
- doorstep and distraction crime.
- cash dispenser awareness.

Top Tips

- Don't ever assume a text or email is genuine.
- Remember that phone numbers and emails are not proof of identity.
- Never just click on links or attachments in emails as this can give criminals access to your devices.
- Never respond to requests for personal information or bank details.

Did you know?

In 2020-2021 31 TrueCall nuisance blocking devices were installed across Westminster by Trading Standards? This has blocked an estimated 1,867 calls and prevented two scams.

Shiv Kumar who is a member of both the Local Account Group and the Safeguarding Adults Reference Group wrote this poem during the pandemic to raise awareness of scammers:

Scammers are the worst kind people in any society

They are after your assets and use smart phone and IT

You get a phone call or email or someone at the door

They are dressed, and they look like you or the guy next door

They will speak fast and try to tell you make believe information,

You have won the jackpot or the first prize of £10,000.

If you give me your Account number to send,

It will be in your account today! It is yours to spend.

Share your thoughts by getting in touch via email at makingsafeguardingpersonal@rbkc.gov.uk

Question Time session with members of the Safeguarding Executive Board

A big thank you goes out to our board members who gave their time to answer questions from the audience.

Question: Pre-COVID-19, many residents benefited from visits about a bespoke evacuation advice (especially if they had a disability) Can the London Fire Brigade still offer this?

Answer: Post COVID-19 – The London Fire Brigade are able to offer free Home Fire Safety Visits to residents in the borough via our website **london-fire.gov.uk/safety/the-home/book-a-home-fire-safety-visit** or by calling 0800 028 4428. The service is totally free, and we can provide advice and support on fire safety issues as well as fitting free smoke alarms.

Question: What safeguarding training is available across the two boroughs for carers and members of the public?

Answer: an E-Learning programme is available on adult safeguarding for non-adult carers and external volunteers. We also offer advice on the Disclosure and Barring Service checks and can provide flyers for volunteers around awareness-raising of safeguarding and COVID-19. If local organisations require bespoke training and support, please ask.

Question: can the police provide an overview of domestic abuse incidents since the first lockdown in March 2019?

Answer: domestic abuse offences didn't rise as we had anticipated. Across Europe there had been a 30% rise in domestic abuse incidents. That was not replicated on Central West BCU. There was a slight rise in offences, but these were mainly made up of intra-familial cases (sibling on sibling) rather than partner on partner cases through the first phase of lockdown.

Question: How are local hospitals supporting and helping patients with learning disabilities or autism that are admitted during the pandemic? And supporting them to stay safe from COVID-19 during their stay?

Answer: we have well established pathways in place for patients with Learning and Development disabilities. We have a small but effective team who see patients and work with staff to ensure they understand each patient's individual needs and make any reasonable adjustments needed. These patients often present with 'passports' which detail what they like/do not like, and their behaviours may mean (for example if they are non-verbal). We also have the 'Carer's Passport' in place for dementia patients.

Creating a safe and healthy community

Collaborative approach to keeping our vulnerable adults safe from being a victim of crime

Bi-Borough Community Safety Teams have continued their 2 year programme in undertaking an analysis of their council's adult safeguarding and crime data to understand local crime trends in the context of adult vulnerabilities. This section show cases the findings to include reports on Partnership work currently taking place on Hate Crime and Cuckooing.

The analysis identified across both boroughs were very similar:

- Age makes a difference to the types of offences victims experience.
- Mental health illness makes people vulnerable to be a victim of crime.
- Disability hate crime is vastly under-reported in Kensington and Chelsea and across London.
- Wards were identified where a safeguarding concern had been raised which was judged to have also been a potential crime.

The Kensington and Chelsea Community Safety Team Target Hardening Project is a project which helps to reduce repeat victimisation of vulnerable victims of burglary and fear of crime by securing their homes against crime. During 2020/21 some 207 dwellings befitted from security works.

Creating a safe and health community – Hate crime

Special thanks to our Community Safety partners and the Metropolitan Police for their contribution to this section which highlights the work being done with vulnerable adults who may also be a potential victim of hate crime and cuckooing. We have used the Crown Prosecution Service and the National Police Chief Council agreed definition of hate crime:

Did you know?

A hate crime is defined as 'any criminal offence which is perceived by the victim or any other person, to be motivated by hostility or prejudice based on a person's race or perceived race; religion or perceived religion; sexual orientation or perceived sexual orientation, disability or perceived disability and any crime motivated by hostility or prejudice against a person who is transgender or perceived to be transgender'.

Disability Kensington and Chelsea's (ADKC) members reported experiences of hate crime and antisocial behaviour, as these crimes often had a link to a perceived lack of compliance with COVID-19 safety restrictions. During a workshop ADKC's members shared experiences of disability hate crime and the increased vulnerability of those with a disability to being victims of crimes such as scams, anti-social behaviour, cuckooing and burglary. Those who had experienced hate crime reported incidents of violence, abuse, and harassment in many public places.

Disability hate crime offences in 2020/21 in the Bi-Borough area are below the London average:

RBKC: 16 reported during last two years (5 in 2020). Each of these five offences were reported in 5 different wards in the borough

WCC: 18 were reported across most of the borough

The average for London during 2019 and 2020 is 31 offences per borough.

Taken from Hate Crime Dashboard | London City Hall

The comparatively low levels of reporting to the police of hate crime were discussed, and reasons provided related to a lack of trust in police and other public organisations, due in part to poor previous experiences when reporting crime.

Kensington and Chelsea hold regular Hate Crime Working Groups chaired by the police and work has started on a Bi-Borough Hate Crime Panel to review a partnership response to hate crimes.

The Metropolitan Police Pilot Hate Crime Unit (HCU) went live in the Bi-Borough on 11 January 2021

The Hate Crime Unit (HCU) has a passionate and experienced team of officers dedicated to investigating all types of hate crime seven days a week. To complement them there is also a Partnership and Prevention officer and a Hate Crime Coordinator. The unit has successfully decreased the length of time crimes are kept open and finished the financial year with a 19.3% Sanction Detections, number of crimes solved, which is the highest percentage regionally.

Every victim of hate crime is contacted by the police and is offered a referral to CATCH, a group of charities working together to end hate crime. They are specialists who advise people targeted with abuse or harassment based on their race, religion, disability, sexuality, or gender identity. 'Victim Support Kensington and Chelsea' have been commissioned to deliver an Anti-Social Behaviour and Hate Crime advocacy service providing emotional and practical support to victims of hate crime, supporting their safety and recovery.

The HCU has received thanks from many victims who have expressed increased confidence in how we have bought offenders to justice for hate crime and for the support given throughout investigations. Community Safety officers across Bi-Borough work closely with the police Hate Crime Unit to ensure that services across statutory and voluntary sectors are joined up to provide a coherent and effective response to victims and ensure that perpetrators can be held to account. This work is driven by a recently established multi-agency hate crime panel with a focus on support for victims to recover as well as enforcement against perpetrators.

Case Study

A good outcome for a transgender victim of hate crime.

David was a working member of a local church and identified as transgender. He experienced a couple of incidents when a member of the church community verbally abused and assaulted him. He believed this was based purely on being transgender. One incident even occurred during Mass. The victim showed immense gratitude for the way police dealt with him and the incident, and sent a recording of thanks, which was later broadcast on Twitter. The police showed compassion from their initial response to the investigative phase by referring the victim to CATCH and by researching additional transgender organisations, charities and support networks to offer further assistance.

Creating a safe and healthy community – Cuckooing

Social isolation during lockdown periods has exposed the most vulnerable in our community to abuse. The positive aspects of lockdown helped reduce the opportunity for gangs to profit from street-based offences. However, police and partners have seen a concerning trend for gang members to capitalise on society's most vulnerable members. 'Cuckooing' is a prime example: perpetrators enter and control homes of people with learning disabilities, addictions, mental health, and social anxieties. They use not only their homes – an environment where they should feel safest – but also use the vulnerable person to commit and become complicit in their crimes.

Safer Neighbourhood teams across Kensington and Chelsea and Westminster work with housing, health, social care, and the public, to identify and protect people at risk of cuckooing. The Safeguarding Board is playing a key role at a partnership level; we are now piloting a 'cuckooing pathway' to ensure we have a balance between enforcement and softer skills – known, as 'Making Safeguarding Personal' – to support vulnerable adults who are victims of cuckooing, and to ensure tenants can remain in their homes.

Establishing those most at risk can be difficult: the police have received an increased number of calls relating to drug use, anti-social behaviour, and violence in the Bi-Borough area. This can help to identify a cuckooed property, but this can take months to become apparent. They often find that the registered tenant is rarely alone inside the property, or is even rough sleeping, having had to abandon the property to gang members. police frequently found gang members with keys to the addresses they were controlling access to. The victims, usually with learning difficulties and mental health issues, often struggle to speak up, explain and vocalise to police their desire for gang members to leave.

Once identified as cuckooed properties, these can often be dealt with by a Partial Closure Order. This safeguards the legal tenant from gangs while protecting local residents. Safeguarding can add a more personalised response to the adult at risk – who may require support to move accommodation – while at the same time continue to support care, support and safety needs.

Did you know?

Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation. It takes the name from the behaviour of cuckoos, who take over the nests of other birds.

There are different types of cuckooing:

- using the property to deal, store or take drugs.
- using the property to facilitate sex workers.
- taking over the property as a place for gang members to live.
- taking over the property to financially abuse the tenant.

The most common form of cuckooing is when drug dealers take over a person's home and use it to store or distribute drugs.

"I was too scared to tell any one what was happening unless I lost my home"

QUOTE FROM A SURVIVOR OF CUCKOOING

Police Data – Closure Orders

Closure order: A closure order can prohibit access to the premises, or part of them by everyone including the tenant, or by specified persons. A partial closure order does not restrict the access of the tenant and a full closure order also restricts the access by the tenant. A full closure order can also lead to eviction under the mandatory grounds of ASB. Closure order last three months but can be extended for a further six months. Guidance can be found here.

Closure orders are most often used for ASB caused by properties used for the supply or use of drugs which are most often called Trap Houses (where drugs are prepared) or Cuckooed addresses (where a vulnerable tenant is controlled and threatened to allow access to property).

Case Study

Peter's story

Peter's neighbours reported drug use and paraphernalia in the communal areas of his block. This escalated over a number of weeks to reports of fighting, shouting and violent altercations between Peter and his 'guests' who were being rowdy and noisy. Neighbours reported that Peter was very vulnerable and known to Adult Social Care.

Peter's neighbours also reported feeling afraid of his guests. Multiple visits to his address were made by officers (some as welfare checks following neighbours and Adult Social Care expressing concerns to local officers, some as results of 999 calls to police).

Officers found that there was always another individual inside, that Peter was never found to be alone and often appeared distressed, admitting to struggling with his mental wellbeing. It was apparent that Peter's vulnerabilities were being abused.

Peter had asked his 'guests' to leave on numerous occasions but they never did. The police, with the help of Peter's neighbours who provided accounts of the incidents, arranged for a partial closure order to be granted so that Peter was able to regain control of the flat. Peter no longer lives in fear of violence and his peaceful environment has resumed.

Next steps:-

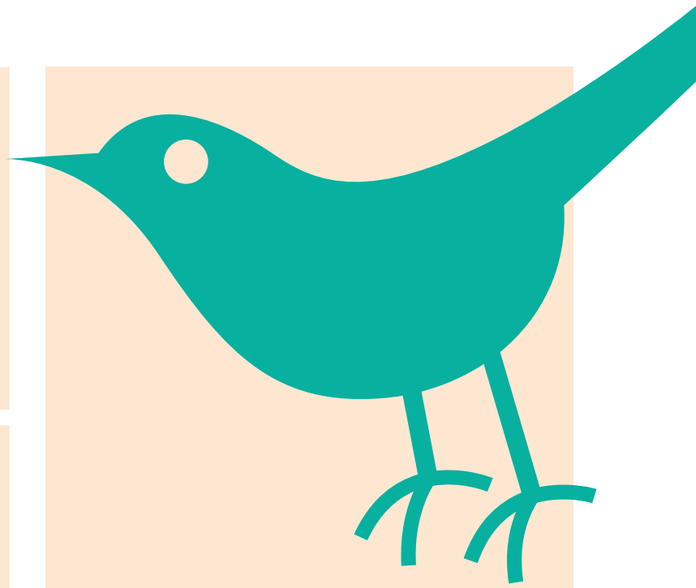
- Finish the policy.
- Finish the training and roll out to partners.
- Continue to build our knowledge and understanding of cuckooing.

What have we done:-

- Review of best practice and what works.
- Developing a Council policy.
- Improve our understanding of cuckooing to identify risks and issues.
- Developing e-learning modules.
- Awareness raising and the signs e.g. for contractors.
- Processes and procedures for practitioners.

Looking to the future

The Bi-Borough Community Safety teams continue to prioritise work with partners, including voluntary sector services, faith and residents' groups to tackle crimes against older people, those with vulnerabilities and / or with care and support needs. As the nature of some of these crimes and anti-social behaviour changes, we will flex our responses accordingly. The Hate Crime partnership provides an effective local focus for developing projects and partnerships in this area. We want to increase our engagement with those communities most affected by these crimes and antisocial behaviour and continue to co-design local solutions.



Cuckooing

15 cases recorded in the Council since 2017 all in registered social landlord properties.

Cases only known if ASB issues reported.

Is this the tip of the iceberg?

Average age – 49 (range 29 to 80)
4 female, 11 males.

Vulnerabilities

10 – clinical mental health issues.

8 – substance misuse.

2 – Learning difficulties.

Most already known to other services.

8 – Mental health.

2 – Substance misuse.

2 – Adults.

Need to improve partner awareness to spot the signs.

Creating a safe and healthy community – it's your London Fire Brigade

This year we have been working closely with the Borough Commanders from Kensington and Chelsea and Westminster who have been instrumental in encouraging and supporting the councils and community networks to look at early intervention and prevention measures to prevent fires in people's homes.

In March 2021 we held a series of online focus group meetings with the Community Engagement Group. Our aim was to:

- hear your thoughts about what we must do to be trusted to serve and protect London.
- use your feedback to help us develop our local and next London-wide strategy.
- work with the community to develop our services and ensure that we remain a public-facing, listening and learning organisation.
- explore the best ways to engage with communities locally to allow for meaningful and ongoing dialogue, scrutiny, and influence.

It was great to hear the views of local residents, which included thoughts on how we should identify opportunities to engage the community more widely and where there may be more opportunities for involvement. As a next step we will be publishing a report with the full findings, but the views that really stood out to us were that:

- some attendees told us that they felt 'panelled out' meaning they have faced a lot of requests for engagement from agencies within the borough.
- some attendees welcomed the idea of a London Fire Brigade forum and suggested that when creating forums, we need to ensure that the attendees are representative of the local community.
- attendees mentioned that to understand the diverse needs of the community, the London Fire Brigade needs to be more representative of the diverse communities we serve.
- attendees were clear that the London Fire Brigade must include the community in its future planning of services, but we must avoid tokenism or symbolic gestures.

"London Fire Brigade is pleased to be working with Kensington and Chelsea and Westminster Safeguarding Adults Executive Board to increase engagement and hear the views of residents as well as engage with local services."

ROD VITALIS
Borough Commander of Westminster

The feedback has been used to tailor our local Community Safety Plan and has fed into the development of the principles of the community risk management plan (CRMP). The CRMP will be the new London Fire Brigade corporate strategy to start in 2022 and there will be an opportunity for all Londoners to comment on this in September. The feedback was both challenging and innovative and allowed us to see the London Fire Brigade through the eyes of the community. Feedback has led us to take another look at how we engage communities at a local level so that we can co-produce any local engagement plans moving forward. We are committed to listening and learning from the communities of Kensington and Chelsea and Westminster and plan to hold more engagement sessions in the near future. To find out how you can get involved in shaping you London Fire Brigade, please contact: **communities@london-fire.gov.uk**

DARREN TULLEY
Borough Commander of Kensington and Chelsea

Leading, Listening and Learning

The board wanted to be open to new ideas and areas of development during the pandemic and to learn from research and cases from within our communities that went wrong.

We want to listen and support early intervention and prevention projects across the partnership. In this section we will be presenting several pieces of work to demonstrate early intervention work as a result of learning from other partners and Safeguarding Adult Reviews both locally and nationally. This work sits within the Sub-Group of the Board called the Safeguarding Adults Case Review Group.

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

Safeguarding Adult Reviews in the Bi-Borough

The Care Act 2014 states that the board must conduct a Safeguarding Adults Review in accordance with Section 44 of the Act. Safeguarding Adults Reviews encourage joint learning and improving how we can protect adults from abuse and neglect. Section 44 of the Care Act 2014 was implemented on 1 April 2015, since then the numbers of commissioned SARs have grown in the Bi-Borough and at a national level. The outcomes of a National Analysis of Safeguarding Adult Reviews commissioned by Directors of Adult Social Services have supported the SAEB in making improvements to learning from Section 44 cases.

A copy of the National report can be found here. **You can download the full report here.**

We report our learning on the 2 Safeguarding Adults Reviews at the end of this section but first focus on a number of areas of work we have been involved in this year.

This year we have focused on a number of areas of work:

- Formed a Strategic Self Neglect and Hoarding Operational Group led by Doug Goldring, Director of Housing Management, Kensington and Chelsea Council, to review how effective the management of hoarding is and to set up new intervention and prevention pathways to include local improvements with a focus on early intervention and prevention of fatal fires.
- Learning from National Safeguarding Adult Reviews 'Learning from Human Stories' events were delivered in partnership with Michael Preston-Shoot Professor at to over 100 members of staff across the multi-agency partnership.
- We commissioned Healthwatch to gather the views of people about their experience of safeguarding.
- We ran a joint event with Children's Safeguarding Partnership to understand how we can work better together to safeguard the Transitions client group aged between 16-24.

DOUG GOLDRING
Director of Housing Management, Kensington and Chelsea Council

Leading on local early intervention and prevention improvements by the London Fire Brigade Kensington and Chelsea and Westminster.

Did you know?

During the pandemic, home visits continued – with social distancing and extra safety measures – to protect the community and those most vulnerable. In this last year, 828 Home Fire Safety Visits were completed across Kensington and Chelsea and Westminster. These visits allow the London Fire Brigade (LFB) to share expertise with residents and alert them to common fire hazards and ways to reduce risks in the home or care environment.

The London Fire Brigade can also refer residents for further support in the home where necessary, for example with technology that can assist such as telecare services. During the pandemic, firefighters helped deliver food, medication and Personal Protective Equipment to vulnerable residents and care homes in the community. The London Ambulance Service had hundreds of firefighters working alongside frontline workers to ramp up capacity to provide a massive increase in the ability to respond quickly to Londoners in need.

There was a decrease of 12% in fire related incidents across the Bi-Borough during lockdown compared to last year. The one exception was the increase in secondary fires which went up in some areas of the Bi-Borough by 20%. A secondary fire is generally an uninsurable loss such as fires in rubbish and bins. The figures are generally low enough not to be statistically significant at this stage but are worth watching. There has generally been an increase in secondary fires across a number of boroughs, mainly due to more people staying home and having bonfires and barbecues, so it is not entirely unexpected.

We have seen a total of five fatal fires referred into the Safeguarding Adults Case Review Group under S44 Care Act 2014 following the Bi-Borough fatal fire protocol in 2020-2021.Of the 5 fatal fires only one met the criteria for a SAR and will be reported on in full in next year's annual report. In the spirit of learning early from fatal fires we have worked closely with the LFB in the following areas to get key messages out to our communities.

- The LFB has introduced a free online Home Fire Safety Checker which enables people to assess the dangers in their own property and book a home fire safety visit with their local fire station. **london-fire.gov.uk/safety/the-home/home-fire-safety/home-fire-safety-checker-hfsc**

Case Study

A Case study in which a Fatal Fire did not meet the criteria for a SAR.

Ruby was a woman in her early 80s. She was independent and lived alone. Ruby had a carer who helped with cleaning and other domestic duties. She was in relatively good health but had an underlying diagnosis of Chronic Obstructive Pulmonary Disease (COPD).

In March a fire started in Ruby's flat. She woke up and moved away from the fire, and the alarm sounded. Emergency services were called by a neighbour. Ruby was moved initially into the neighbour's flat and then transferred to hospital due to smoke inhalation. The fire is thought to have started due to Ruby lighting a candle, then falling asleep. The candle was either knocked or fell over, causing fire to catch on nearby papers. At the hospital Ruby was admitted for observation and monitoring and her family were contacted and informed of the situation.

Sadly, Ruby died a few days later due to the effects of smoke inhalation, exacerbated by her pre-existing COPD. Ruby had no history of lighting candles, or any hoarding issues that may have attributed to the fire. Ruby's cause of death was felt by all agencies to be a heart-breaking accident.

The partnership have taken further steps to ensure home safety fire measures are continually promoted across the partnership.

- We have taken advantage of the opportunities that remote working has provided and have designed and delivered five bespoke training session to over 91% of adult social care staff across the Bi-Borough area. The training covered how to identify fire risks in a resident's home, including specifics around oxygen and emollient creams, and provided advice on how to mitigate the dangers, and where indicated, make the appropriate referral to the LFB (Please see 7-minute briefing on the following page)

- We are continuing our training further into 2021, with support for residential care staff and stakeholders working with vulnerable residents. These will be online training sessions, with CPD sessions available for anyone who would like further support and training

- We have campaigned for and achieved funding to support free installation of telecare-enabled smoke detection systems for Kensington and Chelsea residents. This will assist people who are less able to react to the dangers of fire, increasing their chance of escape, because the fire brigade will be called automatically by the system

- LFB has introduced a new 'persons at risk' form and associated framework, enabling operational staff to directly make both child and adult safeguarding referrals. This new process will assist fire-fighters in identifying vulnerable persons and provide a greater level of information and advice to teams in adult social care

7 Minute Briefing: Emollients and Smoking

Questions to consider:

1. Is the resident a smoker?
2. Are emollient or skin creams being applied?
3. Is the resident's mobility reduced? If yes, share the risks with the resident, their GP, nurse practitioner and family members.
4. ACT; consider an alternative.

Background:

Protection from fire and prevention of future deaths

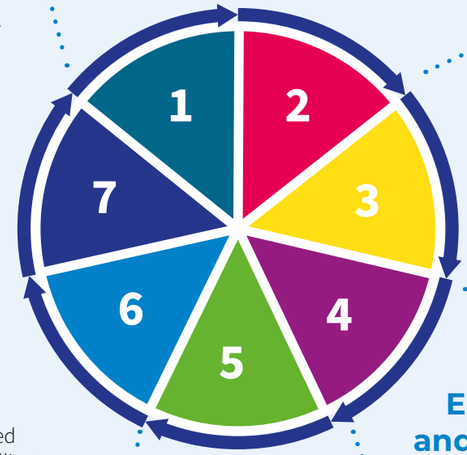
The Fire Safety Order 2005 requires the identification of residents at risk as part of the fire safety risk assessment for the premises, this would include taking appropriate action to remove or reduce the risk.

Why it matters:

A personal risk assessment for each resident is critical to their own safety and that of other residents and staff.

This will assess the needs of the resident in conjunction with care workers and family. It will consider their habits, their physical and mental capacity, and their environment.

The risk assessment should be recorded and considered as part of their care plan, other assessments, and personal evacuation plans, and kept under review.



Information:

Consider the risk posed by residents smoking on your premises. This follows inquests into the deaths from burn injuries of high-risk client smokers with mobility problems as a result of matches or cigarettes dropping on to clothing or bedding.

What to do:

- Anyone using emollients or skin creams regularly should be advised to keep well away from fire, naked flames or heat sources.
- The increased risk of fire posed by smoking whilst using emollient and skin creams is so significant that it must be avoided. The resident must be informed of these risks and advised not to smoke.
- Flame retardant covers, bedding or clothing for smokers must always be provided, however if they become embedded with emollient/skin creams, it will affect the flame retardant performance of the bedding. There must be sufficient numbers of these items to allow regular laundering at the correct temperature. This is the responsibility of the resident, the care provider, the care home or housing management provider and family members.

Emollient and skin creams

Emollients and skin creams alone are not flammable. However, a build up of emollient/skin cream residue (even from just one application) on fabrics such as bedding, clothing and dressings, can increase flammability. These are especially a fire safety concern when used by people who spend extended periods in a bed or armchair due to illness or impaired mobility. The fire risk posed by the use of emollient creams is significantly increased when the resident is smoking.

Fire Risk Assessment:

The use of emollient creams must be considered in your fire risk assessment to ensure that all reasonably practicable steps are taken to reduce the risk of a fire and its likelihood of occurring.

It's important to be aware of the fire safety risks if you or a person you care for needs to use emollient and skin creams– **here's how to reduce potential fire risks.**

Adapted from the Lancashire Safeguarding Adults Board and Lancashire Fire and Rescue Service information

During 2020/21 the SAR subgroup commissioned two new Safeguarding reviews and considered several other cases. Both reviews were completed and signed off within the year.

Safeguarding Adult Review: The case of 'Annie'

The SAEB Board commissioned an independent author to conduct a hybrid 'learning lessons' review which comprised a facilitated session with key organisations and a written report with recommendations presented to the board. This case incident occurred pre-COVID-19.

A brief outline of the case and overall findings is described on the next page.

7-minute briefing

Much partnership work has taken place since 'Annie's' death in 2019. The final SAR report and those responsible for disseminating the learning from it, will ensure that the recommendations can be translated into practice across the partnership; not just for those involved, but for a wider audience, supporting 'prevention strategies' and influencing strategic plans.

Immediate responses include:

- The hospital trust has confirmed that changes have been made to processes and pathways for learning disabled patients.
- The SAEB has set up a multi-agency group to review annual health checks of people with a learning disability.
- The provider has been supported to recruit a senior staff member at Assistant Director level to lead on health.

‘Annie’ 7 Minute Briefing

Who was Annie?

Annie was a lady with a severe learning disability who also had multiple physical health conditions and could only communicate using her eyes and facial expressions.

Annie was dependent on professionals for all her care and support needs.

Annie was described as a beautiful person with a positive energy and personality that people naturally warmed to.

What happened?

Annie was a young lady when she died from previously undiagnosed bowel cancer. Annie had been admitted to hospital from her care setting just 3 days beforehand.

A safeguarding enquiry was undertaken due to concerns about neglect. The case was then considered under Section 44 of the Care Act as it was established there were lessons to be learned from Annie’s death.

Undertaking a Review

The Safeguarding Adults Executive Board commissioned a **Learning From Lessons Review** (LLR) into Annie’s death. The aim of the LLR was to promote effective learning and build trust to ensure people with profound and multiple disabilities have equal access to services and treatment for their health needs, so as to prevent future deaths or serious harm occurring again.

Themes from the LLR

The LLR identified **significant gaps in practice and processes** by the services Annie was known to. Annie had been referred for investigations 12-18 months before her death but the **extent of her physical and also her learning disability was not considered** at key times when she was seen by professionals. This resulted in the symptoms reported by Annie’s carers and family not being fully investigated.

The LLR found there was **a lack of coordinated partnership working and multi-agency response to Annie’s needs.**

What has changed since Annie’s death?

Significant change since Annie’s death includes:

1. Increased staff awareness and championing equality of access to services for learning disabled people.

2. The purple pathways (created by Imperial College Healthcare Trust) expanded to GPs, outpatients and pre-operative assessment; reported to be making a difference.

3. Systems and governance processes for the delivery and monitoring of annual health checks strengthened.

Learning

Annual Health checks for Patients with Learning Disabilities

Research shows that people with a learning disability have poorer physical and mental health than other people. Annual health checks were introduced as a reasonable adjustment to improve health outcomes for learning disabled people.

A working group was set up to review the process for annual health checks and to implement a checklist section within hospital discharge summaries so GPs can review health plans or patients when required.

GPs can flag learning disabled patients when referring to other services.

Learning

Reasonable Adjustments and Best Interests

The review established professionals didn’t plan and implement reasonable adjustments to enable Annie to access diagnostic tests. Annie could not consent to treatment and so required professionals to act in her best interests when making care decisions. Key areas for learning were the need for:

1. Clear referral pathways for assessment.

2. Reasonable adjustments to be put in place.

3. The Purple Pathway used to understand the needs of learning-disabled people.

Safeguarding Adult Review: The case of ‘Kate’

The board commissioned a SAR using the Social Care Institute of Excellence methodology for a rapid review. The SAR comprised a facilitated session with key organisations.

A written report with recommendations was presented to the board. The case incident occurred pre-COVID-19. A brief outline of the case and overall findings is described below:

Bi-B SAEB ‘Kate’ (2020) ‘A woman who preferred to live on her own’

- Kate was in her 60s and had lived alone since 2002. She held an assured tenancy. She came to London following a break-down in living circumstances and was initially homeless, spent time in temporary accommodation before moving into her own property. She was not a person who liked to engage with services and due to her mental health needs, she was unable at times to manage her finances.

- Kate had long-term mental health needs and a diagnosis of persistent delusional disorder, characterised by beliefs that she was a hereditary peer and entitled to claim an allowance when she attended the House of Lords, but was being unlawfully prevented from doing this.

- Kate was assessed as a ‘low-risk’ client by the local Mental Health Trust. Whilst her needs were initially low – risk, the fact she lived alone and did not wish to engage with others would have exacerbated her vulnerabilities.

- Kate was last seen in early January 2015. Property visited on a number of occasions by various agencies between January 2015 –2017. Housing benefit remained paid. Declared missing December 2017. Legal processes to repossess flat.

- Date found deceased in property June 2019.

Overall findings

- With any case review family views are considered. Attempts were made to get in contact with the family but to no avail.

- There has been a good relationship with the psychiatrist.

- There are lessons to be learned in terms of professional curiosity allowing for a more creative approach with partners in exploring a No access to a property over a period of time.

- Making Safeguarding personal principles is central to delivering a safer service.

- Wider training for professionals is recommended in regards to the interface between MCA and Mental Health Act.

Learning from Safeguarding Adults Reviews

Annual Health Checks for people with a Learning Disability: Report on Performance and Planning 2019-2020 and 2020-2021 from our health partners.

We already know that people with a learning disability can sometimes find it hard to know when they are unwell, or to tell someone about it. A health check once a year gives people time to talk about anything that is worrying them and means they can get used to going to visit the doctor. Annual Health checks provide an opportunity to develop proactive approaches to health improvement and health maintenance. The health check is mandatory through National Health England… but:

- There is no statutory/mandatory requirement for GP practices to provide health checks.
- However equalities legislation refers to "reasonable adjustments" that should be made
- This originates from the Disability Discrimination Act and the basis upon which the health check agenda and the accessible information standard have a footing.

We have been working with the SAEB as an outcome to a number of local Safeguarding Reviews which recommend that the SAEB play a role in supporting improvements. This report provides evidence of what is happening locally and provides assurance that improvements are taking place.

Target Setting 2020-21

National Health Service England have set a target of 67% of people with learning disabilities to receive an Annual Health Check. This recognises the challenges with carrying out health checks during the pandemic The CCG have retained the pre-pandemic target of 75%.

What is West London CCG performance in 2020/21 so far

	Nov.20	No.	%	Target	Target %
Age 14-25	On Register Special Educational Needs SEN	162			
	Had annual health check	64	40%	122	75%
	HC & Health Action Plan	58	36%	122	75%
Age 26+	On register SEN	521			
	Had annual health check	202	39%	391	75%
	HC & Health Action Plan	202	39%	391	75%
Age 14+all	On Register SEN	683			
	Had annual health check	266	39%	512	75%
	HC & Health Action plan	260	38%	512	75%

What is Central London performance so far

	Nov.20	No.	%	Target	Target %
Age 14-25	On Register Special Educational Needs SEN	112			
	Had annual health check	52	46%	84	75%
	HC & Health Action Plan	50	45%	84	75%
Age 26+	On register SEN	367			
	Had annual health check	184	50%	275	75%
	HC & Health Action Plan	178	49%	275	75%
Age 14+all	On Register SEN	479			
	Had annual health check	236	49%	359	75%
	HC & Health Action plan	238	48%	359	75%

Summary

WL CCG have improved health check performance from 52% in 2019/20 to 39% in the first 8 months of 2020/21. This is an improvement on this point last year which was 25%.

CL CCG have improved health check performance from 41% in 2019/20 to 49% in the first 8 months of 2020/21. This is an improvement on this point last year which was 24%.

We know from previous trajectories that rates of health checks are maximised in the 4th quarter. We expect performance to reach 67% in 2020/21 across both CCGs.

Further planned improvements

We are working closely with primary care commissioners in each CCG in a number of ways to include:

- Shift in focus for community learning disabilities teams to work with Primary Care Networks to improve performance at both GP practice level and Network level.
- Work has started with local community groups to better join up the approach to health checks.
- Performance incentives in primary care network plans.
- North West London Health sub group focussed on health checks with greater scrutiny on performance.

What the Board will be working on for 2021-22

Creating a Safe and Healthy Community

- I am aware of what abuse looks like and feel listened to when it is reported.
- I am kept up to date and know what is happening.
- I want to feel safe in my own home.
- My choices are important.
- My recovery is important.
- You are willing to work with me.

Leading, Listening and Learning

- We are open to new ideas.
- We are a partnership of listeners.
- We give people a voice.
- We hold each other to account.
- We want to learn from you.

Creating a safe and healthy community

Raising Awareness of Safeguarding in the community

As part of our commitment to meeting the needs of everyone in a community we are taking action to create an environment where everyone feels comfortable, respected and able to achieve their potential.

- Launching a Safeguarding Awareness program with the Advocacy Project across our Black, Asian, Ethnic and Minority communities. This will include an exploration with communities around the language of safeguarding and how this may act as a barrier to engagement.
- Hate Crime Champions: The Community Engagement Group and Safeguarding Ambassadors to work with Community Safety teams to champion prevention of Hate Crime.
- Digital Safety: scams, cybercrime, and online grooming. Continue to develop our awareness through training and discussion across community forums.

Making Safeguarding Personal

Understanding the Safeguarding Experience

Health Watch to complete an independent review of the Safeguarding experience feedback forms, supported by Local Account Group, and make recommendations to the partnership to improve experience of adults at risk.

Implementation and Review of Annual Health checks: Embedding local improvements in pathways for service users with a Learning Disability.

Self-Neglect and Hoarding Strategic Group:

- Triangulate data across organisations to better forecast trends and influence strategic decision making.
- Raising awareness and prevention. Organise a practitioner event in 2022.

London Safeguarding Voices Group: members of Bi-Borough community volunteering groups to help shape and influence safeguarding regionally.

Leading, Listening and Learning

New areas of concerns and vulnerabilities coming out of the pandemic: increased focus on fatal fires; greater awareness of people with mental health issues and suicide prevention and rough sleepers.

Learning from Safeguarding Adult Reviews (SARs)

- The partnership will continue to focus on completed Safeguarding Adult Reviews (SARs) and the difference we have made to local service improvement as a result of learning.
- Commissioning of Legal Literacy training to support development of inter-agency responses for legal proceedings in the commissioning of Safeguarding Adult Reviews and parallel processes.

Liberty Protection Safeguards

- Help prepare the Safeguarding Adults Executive Board Partnership for LPS.

Care Home and Home Care Resilience

Working together across agencies and between Adults and Children's services

Transitional Safeguarding

We will build on the work together to ensure safeguarding systems are in place for young people transitioning into adulthood.

Community Safety Partnerships

- Hate Crime Partnership; to promote partnership working across the Bi-Borough with local resident groups, voluntary organisations, and the police.
- Cuckooing to support improvements to systems and promote partnership working across the councils.
- Violence Against Women and Girls: To support the Bi-Borough Partnership in addressing domestic abuse.
- Public Health

To support greater awareness of people with low level MH and suicide prevention.

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 organisation that employs them.

Accountability: When a person or organisation 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 and 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 organisations.

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 the 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.

Coproduction: 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.

Coronavirus Act 2020: The Coronavirus Act 2020 is an act of the Parliament of the United Kingdom that grants the government emergency powers to handle the COVID-19 pandemic. The act allows the government the discretionary power to limit or suspend public gatherings, to detain individuals suspected to be infected by COVID-19, and to intervene or relax regulations in a range of sectors to limit transmission of the disease and ease the burden on public health services.

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.

Diversity: Recognising and respecting peoples differences in race, gender, sexual orientation, age, physical abilities, religious beliefs and other things. Valuing and including people from different backgrounds, and helping everyone contribute to the community.

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. At the time of publication LPS implementation date remains unknown.

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: Numerous outbreaks of a particular disease all over the world at the same time. It relates to the way a disease spreads, not the severity of the disease itself. The World Health Organisation decides when a series of epidemics are widespread enough to be called to be a pandemic.

Section 42 enquiry: A Sec. 42 enquiry must take place if there is reason to believe that harm or abuse as taken place and that the person is unable to protect themselves. The purpose is to work with the adult and or their representative to find out what they would like to happen next. This could be, depending upon risk, a police investigation or increased monitoring of a care package with the care home or home care provider.

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. Self-harm 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.

Appendix 1

Membership of the Safeguarding Adults Executive Board

Section 43 Schedule 2 of the Care Act 2014 outlines local authorities' responsibilities to set up a Safeguarding Adults Board in their area.

We have a mix of statutory partner membership and other members who 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).
- Basic Command Unit Commander of Central West, Chief Superintendent, Metropolitan Police.

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
- Children's Services (Local Authority)
- Community Safety (Local Authority)
- Local Councillors
- Housing (Local Authority)
- Mind
- Notting Hill Genesis
- Trading Standards (Local Authority)
- Public Health Community Champions Programme
- Royal Brompton and Harefield HNS Foundation Trust
- Healthwatch
- Adult Social Care (Local Authority)
- Local Account Group

Board members are 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 the board's priorities, and disseminate lessons learned throughout their organisation.

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

This will require the SAEB 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.

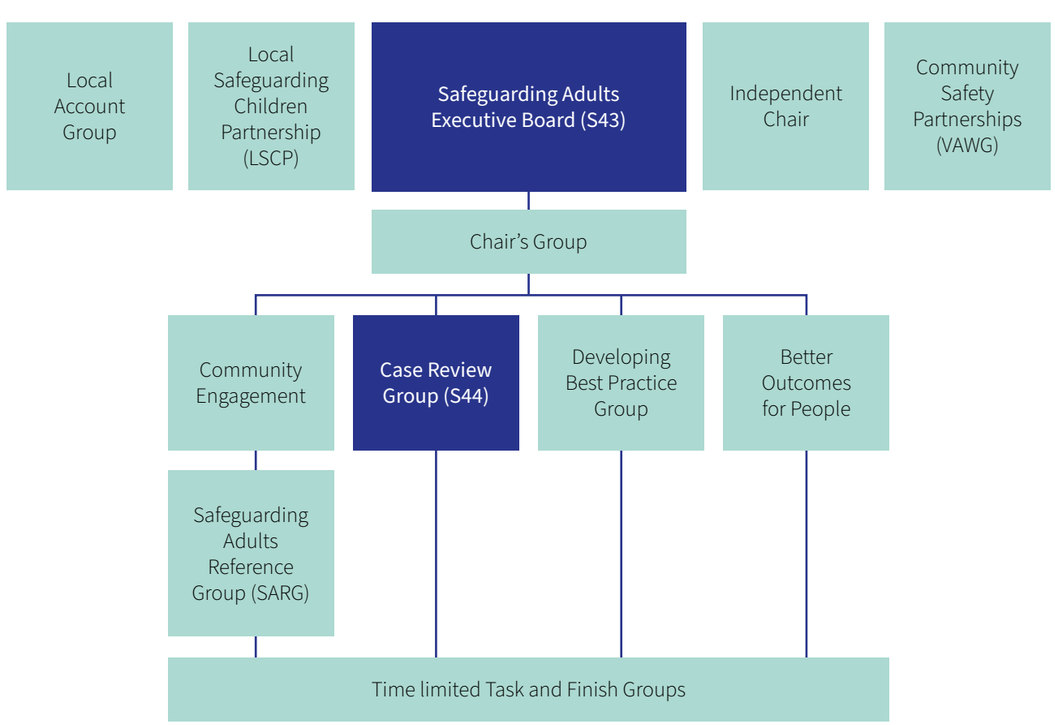
Appendix 2

How the Safeguarding Adults Executive Board works

Structure and sub-structures

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

The Safeguarding Adult Executive Board and Work-Streams 2021



The SAB should agree, record, and regularly review:

- The roles and responsibilities of each member or partner, organisation or individual.
- How the SAEB is resourced.
- How the SAB should operate.
- Any sub-group structures.
- Any task-and-finish groups.

We are grateful for the number of organisations who chair the sub-groups of the Board.

Links to other boards and partnerships

The Board works effectively with other boards and partners including:

- Local safeguarding children partnerships (LSCPs).
- Community safety partnerships (CSPs).
- Violence Against Women and Girls (domestic abuse forums).
- Public Health.
- Local hidden groups communities supported by the Black Asian Ethnic Minority Health Forum.

Financial Contributions

Most of the funding for the board comes from the local authorities of Kensington and Chelsea and Westminster. However, we are grateful to: The North West London Collaboration of Clinical Commissioning Group's (NWL CCGs) contribution of £20,00.00 per borough, per year. 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 fifth 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's Board.

The money is a welcome contribution to the on-going costs of raising awareness of Adult Safeguarding in our communities through events and promotional materials, such as videos. It is also used to support the commissioning of Safeguarding Adult Reviews, which is discussed in the 'Listening Learning' section of this Annual Report.

We also acknowledge 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 the delivery of the business plan. Attendance is very good, and members are committed and work hard to progress the board's priorities and are committed to our vision that people in Kensington and Chelsea and Westminster have a right to live a life free from harm and abuse.

Appendix 3

What the Board worked on in 2020-21 – Business Plan

Making Safeguarding Personal	Creating a Safe and Healthy Community	Leading, Listening and Learning
Priority 1: Who is our community? What voices are we not hearing from our diverse communities? We launched an ambitious co-production plan in 2020/21 with our resident and service user groups and community organisations to support a clear focus on prevention and early intervention.	• Priority 2: Regulated services – care homes and domiciliary care. Resilience planning for care homes with a COVID-19 lens. • Priority 3: Community Safety Partnership: crime and vulnerable adults. • Priority 4: Mental Capacity Act and Best Interests in the community. • Priority 5: Housing and safeguarding. Hoarding and self-neglect Task and Finish group.	**Priority 6: Culture of Learning: What difference is the board making?** To widely share specific learning from safeguarding cases with the partnership and front-line staff. Priority 7: Quality Assurance How do we has a board hold our partners to account?
Achievements 2020/2021		

Community engagement virtual safeguarding events 2020/2021 during pandemic including:
• National Safeguarding Adults Week event attended by 96 residents and included the launch of safeguarding awareness videos. Hearing from our 'Safeguarding Ambassadors' who spoke to the public about their role.
• Increase in residents and local organisations trained in safeguarding, raising awareness. This programme is being extended throughout 2021 to the BME Forum.
• COVID Hubs were supported with safeguarding training for resident and volunteer groups (e-learning programmes).
• Healthwatch Action Plan: Resident/service user recommendations presented to the board to be implemented 2021/22.
• 'Service users by experience' keen to have a role during COVID produced a safeguarding newsletter allowing us to continue to hear 'the voice of the service user and the wider community' during the pandemic.
	• Care home resilience: support provided to care homes during the pandemic.
	• Community safety: cuckooing scamming and Hate Crime Partnership publicity campaigns promoted across the borough – working in partnership with local residents' groups, voluntary organisations, and the police.
	• MCA and COVID-19. Support to regulated domiciliary and nursing care homes regarding vaccination consent.
	• Self-neglect and hoarding: Formation of a strategic group to review the effectiveness of operational management of hoarding.
		• Multi-agency event to share the learning across partnership and to frontline staff, to improve how agencies work together to safeguard adults. 'Human Stories of Adult Safeguarding' with Michael Preston-Shoot.
		• Fire Safety and Fire Risk Prevention Training webinar and e-learning began in 2021 and continues to be rolled out across the partnership.
		  • The board reviewed information from key partners on safeguarding themes and trends that had arisen during the pandemic, including safeguarding referrals and police data that included domestic abuse and hate crimes.
		  • We have begun an exploration into 'ethnicity safeguarding data'.
		  • The board commissioned Community Safety to complete a review of trends and crimes against older people in both RBKC and WCC.
		  • In response to the Learning Disability Mortality National Review, we have set up a Task and Finish group to review annual health checks of the LD client group.

"Safeguarding puts the voice of residents at the centre of all decisions."

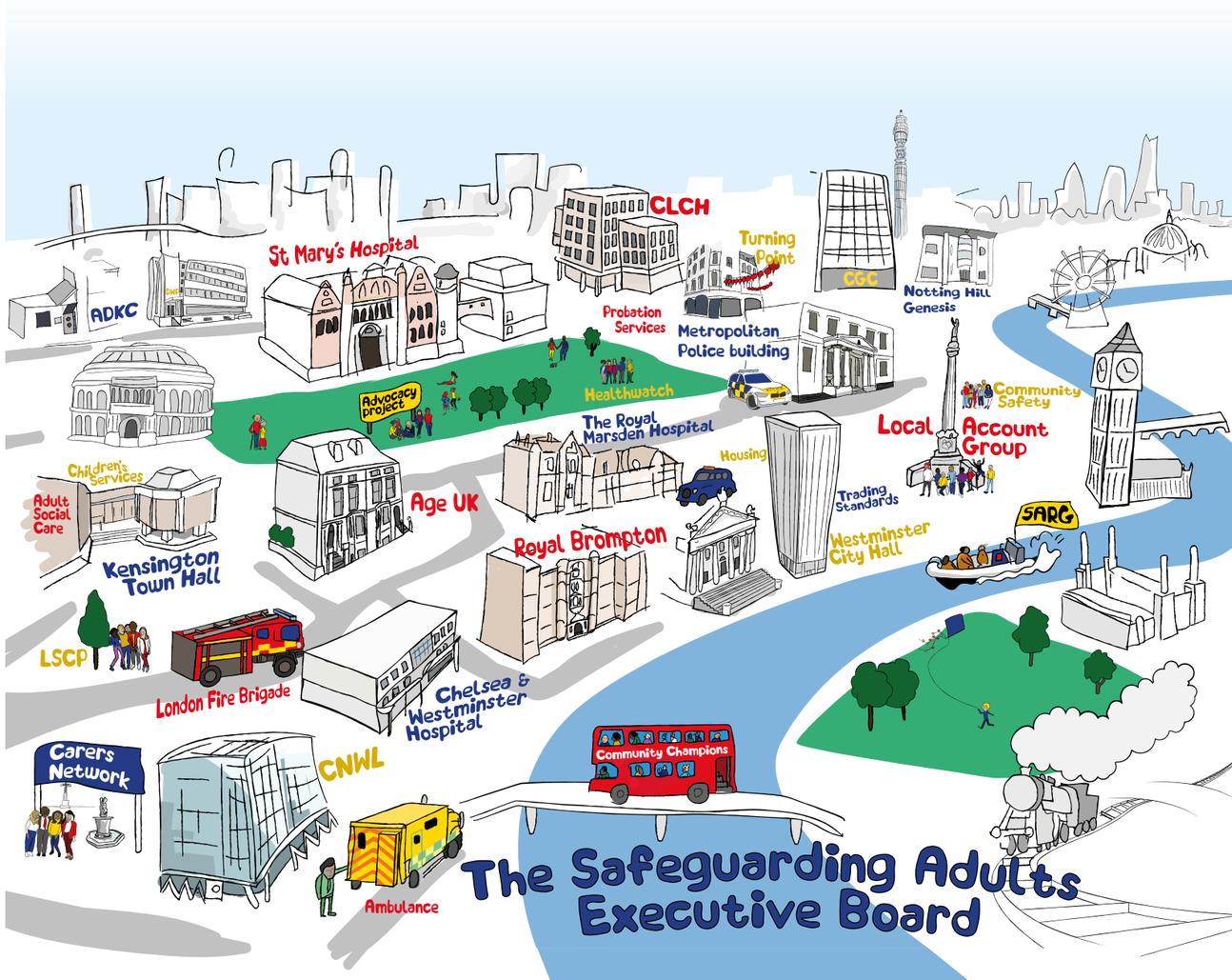
"The proof of the pudding is in the eating and how people on the ground experience safeguarding."

"I am so proud to be a Safeguarding Ambassador, supporting my community."

"Safeguarding has made me believe I matter."

"Safeguarding is the area I feel most engaged within the council."

"Our house is safe, needed within our communities and it is stable with 3 rooms to support all the different strands of work that take place."



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

Don't ignore it. Report it.

Kensington and Chelsea
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City of Westminster

THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date:	25 November 2021
Classification:	**General Release**
Title:	Joint Strategic Needs Assessment (JSNA) and Pharmaceutical Needs Assessment (PNA)
Report of:	Bi-borough Director of Public Health
Policy Context:	Local authorities and Clinical Commissioning Groups are jointly required to prepare a Joint Strategic Needs Assessment (JSNA) under the Local Government and Public Involvement in Health Act 2007. This function is exercised through the Health and Wellbeing Board (Health and Social Care Act 2012). Health and Wellbeing Boards are required to publish and maintain a Pharmaceutical Needs Assessment by virtue of the National Health Service Act 2006 (Pharmaceutical Needs Assessments) and the Health and Social Care Act 2012.
Wards Involved:	All
Report Author and Contact Details:	Colin Brodie, Public Health Knowledge Manager, cbrodie@westminster.gov.uk

1. Executive Summary

1.1. This report sets out our approach to refreshing the Joint Strategic Needs Assessment (JSNA) process and notes the requirement for the Health and Wellbeing Board to develop and publish Pharmaceutical Needs Assessments (PNAs) for Westminster and Kensington and Chelsea by October 2022.

2. Key Matters for the Board

2.1. The Health and Wellbeing Board are invited to consider and note the refreshed approach to the Joint Strategic Needs Assessment (JSNA)

2.2. The Health and Wellbeing Board are invited to consider and note the statutory requirement to develop and publish an updated Pharmaceutical Needs Assessment (PNA) by October 2022.

3. Background

3.1. Local authorities and Clinical Commissioning Groups have a statutory requirement to prepare a Joint Strategic Needs Assessment (JSNA) for their local area, with this function exercised through the Health and Wellbeing Board.

3.2. JSNAs identify and describe the health and wellbeing needs of an area, and provide a sound evidence base to inform local strategy and commissioning decision-making in order to improve health outcomes for residents and reduce health inequalities. In particular, the JSNA plays a key role in shaping and informing the Joint Health and Wellbeing Strategy.

3.3. In addition, each Health and Wellbeing Board is required to publish a Pharmaceutical Needs Assessment (PNA). Locally, the PNA is undertaken as part of the JSNA work programme, and is managed and coordinated by the Bi-borough Public Health department on behalf of the Health and Wellbeing Board

4. Update on Joint Strategic Needs Assessment (JSNA)

4.1. Locally, the JSNA work programme is managed by the Bi-borough Public Health team in collaboration with key partners. During the pandemic the JSNA programme was largely put on hold as resources were diverted to supporting the local Covid19 response, with the exception of the development of the Covid19 Health Impact Assessments.

4.2. With the arrival of a new permanent Director of Public Health and ongoing work to inform forward planning, the JSNA work programme is currently being refreshed and a new process established to ensure alignment with local priorities and commissioning plans.

4.3. As part of this refresh, a number of regular JSNA products will be delivered including:

- an annual summary which will provide an overarching narrative on health and wellbeing in each borough (or 'JSNA Story')
- short thematic reports focussing on key issues which will directly inform commissioning plans
- newsletters reporting on key findings from the JSNA products, as well as horizon scanning for emerging issues based on new data and research.

4.4. The focus will be on developing a suite of succinct, visual and timely products that will directly inform strategy development and commissioning plans.

5. Update on Pharmaceutical Needs Assessment (PNA)

5.1. PNAs are a statement of the need for pharmaceutical services of the population in a defined geographical area (i.e. the area covered by the Health and Wellbeing Board).

5.2. PNAs are an important market entry tool. Anyone who wishes to provide NHS pharmaceutical services in a given area must apply to NHS England (NHSE) to be included on the local Pharmaceutical List, and prove that they are able to meet a pharmaceutical service need. The local PNA is used by NHSE to make such decisions in response to any applications.

5.3. PNAs are also used by commissioners to make decisions on which funded services need to be provided by local community pharmacies.

5.4. All Health and Wellbeing Boards were required to publish their first PNA by 1st April 2015, and then to publish a new PNA every 3 years. The current PNAs for Westminster and Kensington and Chelsea were published in 2018.

5.5. Under the existing NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the "2013 Regulations"), the next PNA was due to be published by April 2021. However, this was extended to October 2022 due to the Covid19 pandemic

5.6. The PNA project deliverables are:

- A PNA report for each Borough in accordance with the "2013 Regulations"
- A map of local pharmacy service provision for each borough

5.7. Detailed requirements on what needs to be included in the PNA are set out in Regulations 3-9 and Schedule 1 of the "2013 Regulations".

5.8. When assessing local need for pharmaceutical services, it is worth noting that general health need is not the same as the need for pharmaceutical services. For example, there will be health needs that cannot be met by pharmacies but will be treated, for example, by GPs.

5.9. When producing a PNA, Health and Wellbeing Boards are required by law to consult a specified list of bodies at least once (and for a minimum period of 60 days). These bodies are:

- Local Pharmaceutical Committee;
- Local Medical Committee;
- Any persons on pharmaceutical lists and any dispensing doctors;
- Any Local Pharmaceutical Services chemist in the area with whom NHS
- England has made arrangements for the provision of any local pharmaceutical services;
- Any local Healthwatch or any other patient, consumer and community group which (in the opinion of the Health and Wellbeing Board) has an interest;
- Any NHS trust or Foundation Trust;
- NHS England
- Any neighbouring Health and Wellbeing Boards.

5.10. To deliver the PNA for 2022 the following options have been considered:

- Option 1: Complete PNA in-house
- Option 2: Commission PNA from a specialist provider
- Option 3: Contract PNA support from Temporary Agency Contractors

5.11. Option 2 was adopted in 2018 and is the preferred option for the 2022 PNA. Delivery will be monitored closely by an established PNA Steering Group which will be managed by Public Health and include representation from key stakeholders including the Local Pharmaceutical Committee, NHS England, NWL Clinical Commissioning Group, and Healthwatch.

6. Legal Implications

6.1. Local authorities and Clinical Commissioning Groups are jointly required to prepare a Joint Strategic Needs Assessment (JSNA) under the Local Government and Public Involvement in Health Act 2007. This function is exercised through the Health and Wellbeing Board (Health and Social Care Act 2012).

6.2. Health and Wellbeing Boards are legally required to publish and maintain a PNA for their local area by virtue of Section 128a of the National Health Service Act 2006 (Pharmaceutical Needs Assessments) and the Health and Social Care Act 2012.

6.3. PNAs must be developed in line with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

7. Financial Implications

7.1. The estimated cost to complete the PNA across the two boroughs will be no more than £60,000 with each local authority paying half of the total cost incurred.

7.2. The costs of completing the PNA will be funded from the Public Health grant received by each authority, with no impact on the Councils' General Funds.

If you have any queries about this Report or wish to inspect any of the background papers please contact:

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Email: publichealthdepartment@westminster.gov.uk

THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

RBKC & WCC Health & Wellbeing Board

Date:	**25 November 2021**
Classification:	**General Release**
Title:	Early Help Strategy
Report of:	Glen Peach, Director of Family Services
Wards Involved:	All
Report Author and Contact Details:	Steve Bywater, Supporting Families Strategic Manager; steve.bywater@rbkc.gov.uk

1. Executive Summary

A local strategy for the development of early help for children and families has been developed and confirmed by the Early Help Partnership which was established in Kensington and Chelsea in February 2020. This report seeks to bring the attention of the Health and Wellbeing Board and invite comment and wider developments which will support the implementation of the Strategy.

2. Background

3. A local Early Help Partnership was set up in Kensington and Chelsea in February 2020. The aim of the Partnership was to bring together partners from a range of agencies to look at the development and implementation of a collaborative approach to Early Help, the Family Hubs and the Youth hubs.

4. It was planned that the Partnership would agree a collective strategy, actions and shared principles for Early Help across the 0- 19 years age group (or up to 25 for young people with special educational needs and disabilities).

5. The Partnership was also designed to provide a forum through which partners could inform and update each other about key service developments, opportunities or changes to priorities which are likely to have a local impact and to which a multi-agency response would be beneficial. With the emergence of the COVID-19 pandemic shortly after the launch of the Partnership, this body played an essential role in co-ordinating and using multi-agency resources effectively to support families during periods of lockdown and beyond.

6. There has been significant learning and development of innovative practice during this period. A "Virtual Children's Centre Offer" has subsequently been cited by the Local Government Association as an example of good practice. Through this a Children's Centre remained open during lockdowns, providing virtual support and activities and the distribution of resource packs, vitamins and food to help cohorts of families with different needs. Partnership working between children's centre and Early Help staff, Maternity Champions, health visitors, midwives, speech and language therapists and social workers was central to this coordinated response. As lockdown eased, 'safe space' services were offered from two sites where face to face appointments could be offered to families. More recently, the approach adopted at this time has been shortlisted for a *Children and Young People Now* national award under the Early Years category.

7. In parallel, a series of workshops and consultations took place with managers and practitioners from different agencies across the Partnership to develop the Early Help Strategy. As well as tracking and reflecting the changes in need and service responses prompted by the pandemic, the North Kensington Grenfell Recovery programme has been a key area of focus, to consider help needed by affected parents and children. The Strategy was agreed by the Partnership in April 2021. It was also presented to the Lead Member for Family and Children's Services in May 2021. The Strategy is included in this report in Appendix A.

8. The Early Help Partnership continues to meet on a bi-monthly basis and is driving the implementation of the Early Help Strategy. Over the summer of 2021, an "integrated leadership team" was set up for the two Family Hubs in the North and South of the borough. These teams have identified priorities from the Strategy to focus on over the forthcoming months. Most recently, a draft Action Plan for the Strategy as a whole was presented to the Early Help Partnership. This reviewed each of the Visions or Ambitions in the Strategy and identified actions that are taking place or planned to ensure progress is made to deliver on these. The Action Plan is attached to this report in Appendix B.

9. Recommendations

10. The Health and Wellbeing board is requested to review the Strategy and Action Plan and invited to comment, particularly in relation to wider developments or opportunities across agencies in Kensington and Chelsea which might contribute to the delivery of the Strategy.

Kensington and Chelsea Early Help Partnership

Early Help Strategy 2020 – 2023

"Working together and building relationships with families to support all children and young people to achieve good outcomes"

CONTENTS

Introduction

Our Early Help Strategy is informed by engagement and consultation with leaders and practitioners from a range of local agencies, insights shared by the community about their priorities after the Grenfell disaster, the data on outcomes for children in Kensington and Chelsea, the Bi-borough Children and Young People's Plan (CYPP) 2019-22 and our understanding of the views of children, young people and their families. This strategy identifies a set of high-level priorities which will be supported or delivered through effective early help and early intervention activity across the Early Help Partnership, encouraging focus and collective working.

While the term "Early Help" describes a particular service provided by the Council's Children's Services department, in this strategy it is widened to encompass all services across different sectors which provide early intervention or preventative support for children, their parents or carers.

Vision

Our vision is that all Early Help services work together to enable all children and young people to reach their full potential, including those who are most vulnerable. The principles and behaviours that guide decisions made and which underpin how we deliver services (taken from the CYPP) are:

- Children and young people are at the heart of what we do
- We promote independence and achievement, enabling families to be ambitious
- We listen to front-line staff and the communities we serve
- We understand that good relationships are crucial, and promote this through systemic practice and "whole family" approaches
- We collaborate to deliver the right service, provided at the right time by the right people for sustainable change
- We believe in children growing up in their own families, and work to make this happen while keeping them safe
- We accept and work with risk more creatively

We therefore commit to:

Early Help Partnership

A key aim of our strategy is to ***collaborate*** better across the wide range of organisations that have already forged strong, supportive links with children and families in Kensington and Chelsea. We have brought greater focus to this in 2020 by launching a new Early Help Partnership group, creating two family hubs and setting up allied structures such as "Team Around the Family Hub".

Through this approach, our intention is that the support that families need will be provided at the right time in a more personalised and holistic way without duplication or overlooking any significant needs. The following organisations have been working increasingly together under these refreshed partnership arrangements and the list has grown during the initial period of lockdown that resulted from the 2020 COVID-19 pandemic:

Kensington and Chelsea Council Services

Kensington and Chelsea Family Services

Kensington and Chelsea Education Department and schools

Kensington and Chelsea Housing Department

Kensington and Chelsea Community Safety Department

Kensington and Chelsea Economic Development Department

Kensington and Chelsea Community Engagement Department

Kensington and Chelsea Public Health Department

Kensington and Chelsea Children's Commissioning

Health Partners

GP Practices

Central London Community Healthcare NHS Trust

West London Clinical Commissioning Group

Grenfell Health and Wellbeing Service (on behalf of Central and North West London NHS Foundation Trust)

Voluntary and Community Services

Young Kensington and Chelsea Foundation

Volunteer Centre Kensington and Chelsea

Kensington and Chelsea Social Council

Other services

Metropolitan Police Area West Basic Command Unit (including Youth Engagement teams)

Team Around the Family Hub arrangements include a wider range of agencies and services and are progressing integrated working arrangements, using data and partner insight to understand need, trends and patterns, identify gaps or need to improve particular services, monitor performance and report on outcomes.

The Early Help Partnership has agreed to develop this strategy, associated actions and shared principles regarding Early Help and Family Hubs across the 0- 19 years age group (and young people up to the age of 25 with SEND).

The Partnership has an ongoing commitment to share and seek ways to gain and jointly respond to the views of local parents, young people and children.

It also provides a forum through which partners can inform and update each other about key service developments, opportunities or changes to priorities which are likely to have a local impact and to which a multi-agency response would be beneficial. The activity of the Partnership throughout the early months of the COVID-19 pandemic has been a particular example of this.

The Partnership also acknowledges and is strategically aligned with a wide range of other relevant areas that feed into the implementation of a wide range of change programmes as follows:

Background

Our strategy has been informed by systemic practice and a shared commitment to provide whole family support to residents who need this. Systemic practice emphasises people's relationships as a key to understanding their experiences. It is acknowledged that different agencies have different levels of understanding of systemic approaches and that some may focus particularly on the needs of children or on adults who may be parents.

To enable us to achieve our ambition, we are building a community of services in which anyone who engages and works with families has the knowledge, skills and support to be able to understand family needs and ensure they receive the right support at the right time. We also want our partnership arrangements to enable seamless support which meets the needs of every family member without a need for them to keep having to repeat their story.

We want to develop consistent plans with all families who need help. These plans will identify strengths to be built upon and areas where they might need additional support. The support they receive will be provided by those best placed to offer it and will be coordinated by a lead practitioner who the family trusts.

We will maximise the support available in existing venues that families choose to visit while also developing family-friendly "hubs", physical settings and virtual alliances of services through which help can be sought and received. We also acknowledge the importance of outreach to families and young people who are isolated, engaging with them where they feel most comfortable. We recognise and intend to build upon the rich data that is held across agencies which can help us make proactive contact with vulnerable families who may not have had access to Early Help services in the past. During the COVID-19 pandemic, we have also broadened our understanding at partnership level of the way that children and families in need can be engaged with and offered help.

What is Early Help?

Early Help seeks to identify the additional needs of families early and provide co-ordinated support before problems become complex and entrenched. A wide range of Council and partner services provide such support and interventions, either alone or as part of a team around families. While providing effective help earlier is more likely to be welcomed by parents and children than statutory interventions, there is also strong evidence that this approach can reduce the cost of providing services which arise from problems become more acute. As well as aiming to prevent serious problems for children, early help also aims to improve the life chances of children and young people in general, particularly through the building of effective partnerships with universal services and lasting connections with the wider community. While providing high quality, evidence based early help when children are in the early years is clearly effective, it is also important to provide support if any problems emerge at a later stage, including during adolescence.

The Council's approach to Early Help

The Council's approach to Early Help was reviewed and refreshed in 2019. It seeks to integrate the previously distinct elements of Children's Centre and local authority Early Help family support teams around two "Family Hub" arrangements, one in the north of the borough and one in the south. The Family Hubs prioritise the coordination of a wider range of services (including those based in other agencies and in local communities) and support them to make sure that help is delivered in the most effective way to families that need it most.

While support is available through a range of existing and new buildings, outreach, informed by data will make sure that the relevant services are provided for the whole community. The significant contribution made to the lives and outcomes of families with very young children through Children's Centres is being maintained and developed.

The wide range of help and support for families that is available throughout this system depends on their level of need. Therefore, existing and new relationships with partner services are being revisited to clarify services offered, the types of need met and the shared tools and processes that are most likely to support practitioners to have the best impact. The stages of intervention and types of service coordinated through RBKC Family Services that are appropriate at each stage are as follows:

Universal

The needs of most children, young people or families can be met by universal services. In Kensington and Chelsea such services include Children's Centres as well as Stay and Play groups and activities provided by a wide range of voluntary sector partners. There are also services offered by other providers (e.g. health and schools) which are available to all. In most cases, families can access additional support themselves or be signposted to by universal providers who have a good overview of local provision.

Targeted

The needs of some children, young people or families are best met by a single agency co-ordinating additional support. In most cases, where a child or parent is identified as needing targeted support, it is likely that other members of his or her family will also have needs for additional support. Practitioners from

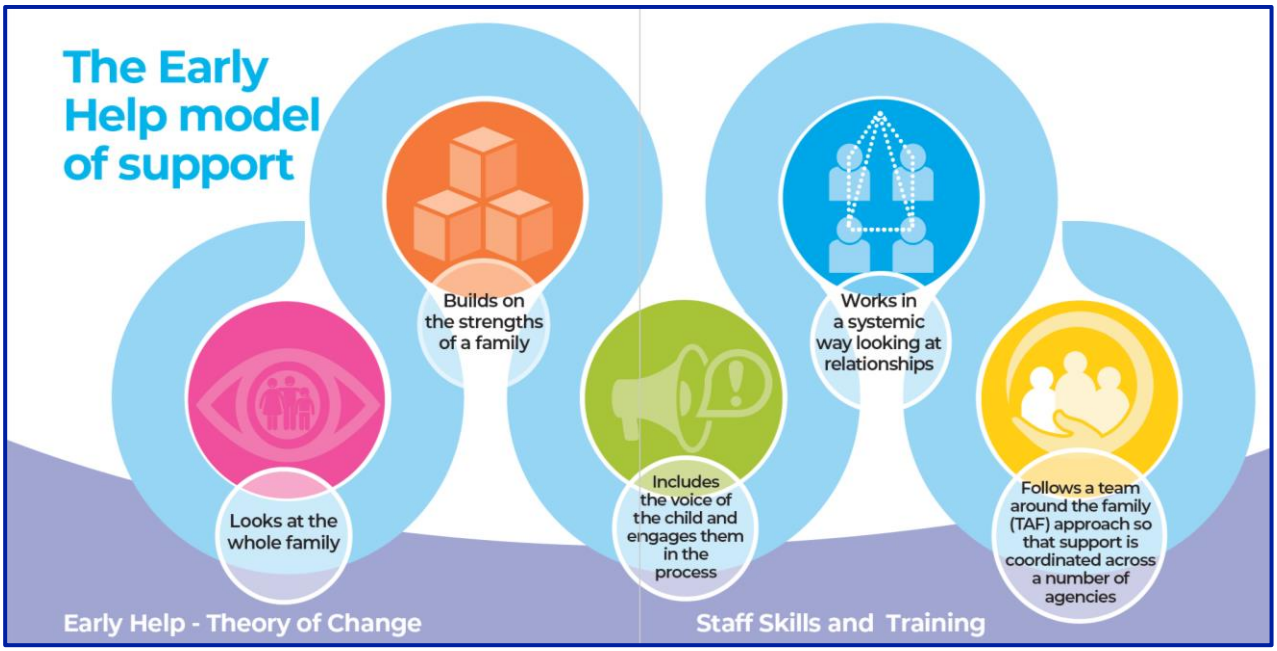
a range of targeted services in all sectors are well positioned to carry out assessments and develop a family plan, working with families to make agreed changes. In such cases, the plan would be coordinated or led by a lead practitioner from a partner agency or the Council's targeted Early Help service.

Statutory

While many children and families who need statutory support receive this from social workers, the local Early Help service leads on statutory action to address poor school attendance. Also, early help practitioners from all agencies may need to remain involved with families receiving statutory support or interventions because of their particular skills or focus and have an important role in ensuring ongoing support is in place when cases are "stepped down" to targeted or universal services.

Council Early Help service model of support

The model of support builds on successful approaches to practice at the local level which are informed by evidence of impact evaluated nationally and beyond. Through consultation with partner agencies, there are high levels of support for this model, strengthened through the provision of workforce development, tools and materials and practical support to be developed across the partnership.



(NB: cleaned up version of this diagram to be included in final version)

Early Help – the Kensington and Chelsea context

This strategy is set within a unique set of circumstances that inform service development and provision going forward:

The ongoing impact of the Grenfell Tower disaster

The aftermath of the Grenfell Tower disaster has had a profound effect on local children and families as well as practitioners from all agencies who continue to work with the communities affected. Children's Services, including those which provide Early Help, as well as services provided by other agencies including the voluntary sector, continue to have a particular focus on supporting the bereaved, survivors and those most affected by the fire.

The Grenfell Health and Wellbeing Service has developed a Health and Wellbeing Strategy for North Kensington to 2024 which plans and coordinates provision of high quality and appropriate health and wellbeing services, that meet the needs of the residents of North Kensington as well as survivors and bereaved, and contributes to building resilience.

There is an ongoing commitment to provide tailored support for bereaved and survivor children through a dedicated service and deliver a wider programme of support for young people in schools and community settings including an Early Help team. The Grenfell Education Support Fund (GEF) supports affected children, young people and families with the cost of uniform and other essential school equipment, additional tuition, extra-curricular activities or trips and bursaries. Core services including the targeted Early Help service provide support for the wider group of children, young people and families affected by the tragedy. The Council's Early Help team provides a service to families living in the wider community who were impacted by the disaster in the Malton Road Key worker team.

The tragedy has also had a significant impact on the Council and the way that services are organised and delivered. This includes the development of a set of "values and behaviours" which should inform all activities which are led by the Council. The values are as follows and these inform the development of the Family Services approach to Early Help and how we aim to support families:

- **Putting Communities First**
- **Respect**
- **Integrity**
- **Working Together**

Kensington and Chelsea's Council Plan 2019-23 identifies three "cross-cutting themes" informed by what is most important to local communities. The aims of this Early Help Strategy align closely to the themes of "Community involvement", "Narrowing the gap", and "Prevention and early intervention".

Impact of the COVID-19 Pandemic

Like all local authority areas, since March 2020 Kensington and Chelsea has endured a significant impact from the ongoing Coronavirus pandemic. While the whole population has experienced unprecedented changes to daily living, vulnerable groups have been disproportionately affected, particularly families living in poverty. The increase in financial instability as a result of this crisis will have hit low-income families the hardest. With more children at home for extended periods the cost of living increased, with the significance of Free School Meal provision becoming increasingly important along with the need for stimulating activities to support learning and development to be provided away from schools, early years settings and wider youth provision.

Residents from Black, Asian and minority ethnic communities have been at greater risk of infection from COVID-19 causing concern and distress to families from those groups. The impact of this is accentuated when it is also noted that children from particular communities are twice as likely to be identified with Social, Emotional and Mental Health (SEMH) needs as White British pupils. Of the children and young people with Education Health and Care Plans in Kensington and Chelsea schools nearly 70% are from such communities. While many families with children who have SEND have received proactive support during periods of lockdown, day to day care and home-schooling has been challenging for many families.

There have been particular concerns about isolated people who may have become parents for the first time during the pandemic with increases in peri-natal mental health concerns such as anxiety and depression and so proactive services have been coordinated to ensure contact is made and support offered. With older children, there have been fewer opportunities to identify those needing support as they have not been attending school and other universal settings as regularly where concerns might be identified.

Increases in parental conflict and domestic abuse are also anticipated as a result of the lockdowns.

There are a number of longer term issues that have been delayed because of national policy decisions but are likely to impact on families in the near future. An eviction ban, which means it has not been possible for families to be evicted from properties from March 2020 was extended until March 2021.

Bi-borough arrangements

Kensington and Chelsea has continued to share a number of Children's (and other) services and senior leadership roles with Westminster City Council since April 2017. The two boroughs now share a Children

& Young Peoples Plan identifying shared vision, outcomes and priorities. There is significant sharing of ideas and expertise across the two boroughs. Westminster City Council is also pursuing a similar Family Hub model with systemic, trauma informed approaches with a particular focus on a more integrated approach to working with schools and reducing exclusions.

Our population, it's diversity and levels of poverty

The population of Kensington and Chelsea is approximately 156,197 (ONS mid year estimate 2018). It is an ageing population with 17% aged 0-15 and 9% 16-24. The most significant age group in terms of overall numbers is the 25-49 age group (40%).

In the 2011 Census, 58% (92,663) of the population was "non-British/Irish" although 50% of this group were classified as "other white". The main other groups within this cohort were people of multiple/mixed, other Asian, other Arab and Black African ethnicities. The ethnic composition of each Ward varies significantly although the non-white population is more concentrated in the north of the borough.

Less than half of residents were born in the UK (48%), the fourth lowest proportion in England and Wales. More than 20% of all households (16,389) have a first language that is not English, the fourth highest proportion in the country. Only 61% of our residents have a UK passport, the lowest proportion in any authority in England and Wales.

Key first languages spoken by people who cannot speak English well or cannot speak English (so not the same as speakers of English as an additional language) are Arabic (19%), Spanish (11%) and French (9%). In 2020, 53.9% of children in primary school and 49.3% of those in secondary were recorded as being speakers of English as an additional language. These rates are significantly higher than those of statistical neighbours. Rates at national level are 21.3% and 17.10% respectively.

Kensington and Chelsea contains some of the most deprived communities in the country with 11 of the 103 Lower Super Output Areas in the Borough experiencing multiple deprivations in the bottom ten per cent of any community in England and Wales. The Indices of Multiple Deprivation (IMD) and Income Deprivation affecting Children (IDACI) poverty scales (2015) identified Golborne and Dalgarno wards in the North of the borough as having the highest levels of deprivation.

21% of children at primary schools receive Free School Meals and 21% of children live in poverty (percentage of children in low income families). The highest rates of child poverty after housing costs are within Golborne, Dalgarno, Chelsea Riverside, Notting Dale and Colville. Apart from Chelsea Riverside these wards are all located in the North of the Borough.

The Campaign to End Child Poverty annual estimates for levels of child poverty after housing costs to have varied from 2014/15 to 2018/19. In 2018/19 the rate was 24.5% having decreased over the past three years, however this was before the impact of the Coronavirus pandemic.

The New Policy Institute's *London Poverty Profile in 2017*[1] puts RKBC as having the fourth lowest performance in London for inequality, housing, homelessness and worklessness.

What we know about Kensington and Chelsea's families

It should be noted that these measures are for the whole borough so some indicators will be more prevalent in less affluent wards:

Deprivation and Economic Wellbeing

- Although the rates are lower than those of statistical neighbours, the percentage of children under 16 living in low income families has increased from 6.7% in 2016 to 8.1% in 2020. This rate is likely to increase with the impact on residents of the COVID-19 pandemic.

[1] https://www.npi.org.uk/files/2915/0754/2603/Londons_Poverty_Profile_2017_report.pdf

- There have been annual increases in proportions of children eligible for free school meals since 2018. 25.10% of primary children and 22.5% of those in secondary school were eligible in early 2020 again these rates are likely to have increased further in recent months. Rates are higher compared to those of statistical neighbours and nationally.
- The numbers of children eligible for Pupil Premium have been decreasing gradually since 2012. In 2020/21 there are 4146 eligible children.

Physical development

- 1.96% of babies born in Kensington and Chelsea have low birth weight (2018), this is a lower proportion for England (2.86%) although there have been reductions in rates at both local and national level.
- NHS Childhood Vaccination Coverage statistics for 2019/20 show rates of vaccination for children at age 1, 2 and 5 as being lower than those for London region and nationally. This includes vaccinations and boosters for DTaP/IPV/Hib/HepB, PCV, Rotavirus, MenB and MMR.
- 19.95% of children in Reception were overweight or obese in 2019, an improvement on the previous year. This was a lower rate than for England (22.59%). However, 34.25% of children in Year 6 of school were obese or overweight which was slightly lower than the rate for England (34.29%). The trend regarding children in Year 6 has been improving since 2017 although rates of children who are obese or overweight continue to be considerably higher than for children in Reception.
- Children in Kensington and Chelsea are also at slightly higher risk of poor dental health – 26.6% of 5 year olds have one or more decayed missing or filled tooth compared to 25.7% in London and 23.3% in England.

School inclusion

- There were higher levels of authorised absence from school in 2019 (3.2%) compared with inner London rates (2.9%). Total rates of authorised and unauthorised absence (4.8%) were higher than rates for inner London and nationally in 2019. Meanwhile levels of “persistent absence” have also been rising annually from 2016-2019.
- There were higher rates of permanent exclusions from secondary schools in 2018/19 (0.14%) compared with 0.07% in inner London and 0.1% nationally.
- There were higher rates of children with Education Health and Care Plans in primary and secondary schools (3.4% and 2.5% respectively) in 2019 compared with rates in inner London and nationally.

Youth Offending and violence

- The Youth Offending Team caseload and first-time entrants into the youth justice system have reduced since 2016.
- Rates of young people within the youth justice system receiving a conviction in court, who are sentenced to custody have fallen from 1.06 (rate per 1000 10-17-year olds) in 2017-18 to zero in the latest annual period compared with the national rate of 0.31 and London rate of 0.50.
- Knife crime offences have been increasing in the long term in RBKC and knife crime with injury offences (where 30% of victims are under 24 have risen by 8.5%).

Emotional wellbeing and mental health

- Poor mental health impacts a significant proportion of children and young people at any given time. It is clear that the Covid-19 pandemic is currently having a detrimental impact on the EWMH of children and young people (CYP), with estimates of an increase in need of up to 50% (with one in six (16.0%) of CYP aged 5 to 16 years old having a probable mental disorder, an increase from

one in nine in 2017).[2] We estimate that 3096 CYP locally have a probable mental disorder (problems with aspects of their mental health to such an extent that it impacts on their daily lives – including difficulties with emotions, behaviour, relationships, hyperactivity, or concentration). For young people and young adults aged 17-22 this increases to one in five[3] - an estimated 1986 young people and young adults in the borough. In a recent survey carried out locally, 88% of CYP said that Covid-19 has had an impact on their mental health.[4]

- The percentage of school pupils with social, emotional and mental health needs (primary aged pupils 2018), was 2.29% compared with 2.19% in London and nationally.
- The Grenfell tragedy has had and will continue to have a major impact on the emotional wellbeing of children and families immediately affected as well as others living in the North of the borough. The Council has established a dedicated service to support long-term recovery for the approximately 700 bereaved and survivors from the tragedy. A programme of targeted support has also been put in place for the local community, including mental health and emotional wellbeing services in schools and community-based settings. These sit alongside mainstream services provided by the Council and its partners. Work is taking place with bereaved and survivors and the local community over the coming weeks and months to shape the next phase of this support and ensure it continues to meet their needs. In 2019, a Health & Wellbeing Survey was carried out of 2,000 people living in five North Kensington wards. The survey is being conducted annually for the next five years. From the returns in 2019, 76% said their health was good, very good or excellent, 55% had one or more distressing symptoms following the tragedy, 22% felt their life was extremely or very disrupted and 26% were still feeling distress or anxiety.

Safeguarding and service demand

- The number of referrals at child level to Council Early Help services in 2019/20 was 7% higher than in the previous year while referrals at family level were 12% higher. The numbers leading to an initial contact with children and their families also increased. While more families are being referred for Early Help for support, the resulting actions of the Council service in liaison with wider partners plays a significant part in preventing the need for higher tier social work services.
- RBKC's total number of Children in Need has decreased by 8% in 2018/19 compared with rates for 2017/18.This trend continued in 2019/20 with further decrease of 6%.
- While referrals to Family Services increased by 4%% compared with rates for 2018/19, there has been a decrease in the number of single assessments carried out
- Numbers of children with child protection plans decreased in 2019/20 along with the percentage of such plans which had been put in place for a second or subsequent time.

RBKC has consistently low numbers of looked after children compared with similar authorities, however numbers increased in 2019/20. This was the result of an increase in unaccompanied asylum-seeking children becoming looked after by the Council.

Mobility of families

As well as anecdotal indications that significant numbers of families have left the borough, prior to the COVID-19 pandemic there has also been some evidence that some of those in receipt of Housing Benefits have moved away:

[2] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up

[3] Ibid

[4] https://healthwatchcwl.co.uk/wp-content/uploads/2020/07/Bridging-the-gap-young-peoples-experiences-of-mental-health.pdf

Date	Number of Housing Benefit claimants with one or more dependants.	Percentage reduction since January 2017
January 2017	4,447	–
January 2018	3,980	11%
January 2019	3,929	12%

While this reduction in households may reflect changes to benefits with the move to Universal Credit, services working to address parental unemployment noted only small numbers of families being transferred to this benefit prior to the pandemic. Because of the take-up of temporary or permanent housing in different locations within the borough or out of borough following the Grenfell Tower tragedy, there has been an increase in pupil mobility in schools. There has been anecdotal evidence prior to the pandemic suggesting that some services in the South of the Borough were seeing increasing demand. With the introduction of the furlough scheme during the pandemic, households may be just coping, but when this ends, increased levels of financial difficulty may mean more families become mobile.

Youth Review

Following a comprehensive Youth Review, a new youth offer for the borough was launched in September 2019. This responded to the four areas that young people have said matter the most to them:

- **Future and Ambition**
- **Community and Environment**
- **Safety and Security**
- **Happy Health Lives**

The Happy Healthy Lives strand aims to strengthen the targeted support available to young people following the Grenfell tragedy. Existing services are being significantly refocused to ensure they meet local needs and are responsive to changing demands. More local organisations and service providers have become involved in the overall service offer with better coordinated work between the Council, police, schools and colleges, health providers and community groups to support young people on the issues or themes that they say matter to them.

A **Detached and Outreach team** was introduced in 2019 to support the prevention of serious youth violence along with a **Targeted Prevention Team** with specific focus on young people who are not in education, employment or training (NEETs) and teenage parents and a new young people's participation team. The services work alongside the Youth Offending Service, and Families Forward (the Edge of Care team) to form the Parents and Adolescents Resource Centre.

Serious youth violence

While there have been some recent improvements in terms of key indicators, tackling Serious Youth Violence (SYV) continues to be a priority in Kensington and Chelsea. By October 2020 there have been reductions in offences linked to SYV as well as Knife Crime and Knife crime with injury offences. The largest reduction has been within Gun Crime (46%) and Knife Crime with Injury offences for victims aged 1 to 24 years old (45%). In comparison to London boroughs as a rate per 1000 residents, RBKC has experienced offences in the middle tier of boroughs. It experiences the highest rank for all Knife Crime offences (10th out of 32 London Boroughs) and lowest for Gun Crime (20th out of 32 London Boroughs). For SYV Offences the borough has the 17th highest, which is lower in comparison to its neighbouring boroughs (Westminster is 1st in London, and Hammersmith and Fulham the 8th highest). The pandemic lockdown was a significant factor in the steep decline in Knife Crime and SYV offences in April 2020. In July and August there has been a slight rise in offences, but the volume remains low in comparison to the borough average prior to lockdown.

The SYV Partnership response has four themes for delivery: Prevention and Early Intervention; Targeted Interventions; Enforcement; and Community Engagement. This is all set out in a Violence Reduction Plan and a Serious Youth Violence Strategy. The performance against delivery is reported to the Youth Crime Partnership Group and the Safer K&C Partnership Board – which have multi-agency representation across statutory and voluntary services.

Many services allied to Early Help have particular services which need to respond to issues resulting from SYV. Housing carry out 'serious risk of harm' applications and a proportion of those are for families who have to move for safety reasons resulting from gang related incidents or crime.

Changes to Policing

The Kensington and Chelsea's police team has combined into a new Basic Command Unit that also covers Westminster and Hammersmith & Fulham. More is being invested to prevent and investigate domestic abuse, sexual offences and child abuse. A new **Youth Engagement Team** has been developed along with Safer Schools officers who are based in schools. The new teams are prioritising partnership working including with Family and Youth Hubs, outreach services and with schools. This includes the development of a "concern hub" model.

Housing Developments

Housing Needs and Housing Management are working towards gaining the DAHA accreditation. The accreditation standards will consist of 8 priority areas to address domestic abuse; this accreditation is expected to improve the housing sector's response to domestic abuse.

External funding

The Council is keen to 'test' new ways of working, particularly in relation to developing evidence -based approaches to prevention and early intervention. Bi-borough links with Westminster have enabled access to wider partnerships around which funding bids can be made. The following have added to the local Early Help offer and to wider staff development and retention:

Kensington and Chelsea is part of a DWP "contract package area" with six other local authorities developing and testing approaches to **addressing parental conflict**. Tavistock Relationships are delivering four parenting programmes which were selected by DWP. These will be delivered either individually or in groups and are suitable for separated or intact couples. The programmes are a mixture of well-known and new to the UK programmes offering moderate or intensive intervention:

- Family Check-Up
- Within My Reach
- Family Transitions Triple P
- Enhanced Triple P

For Baby's Sake is a programme for expectant parents, whether together or not, who want to bring an end to domestic abuse and create the best possible start in life for their baby. This has been funded by the Stefanou Foundation (a philanthropic organisation) but from 2020 has been taken on by a partnership arrangement across RBKC and Westminster City Council.

The Council combines with Westminster and Hammersmith and Fulham using external Home Office funding to extend the work of Westminster's **Integrated Gangs and Exploitation Unit** across three boroughs with an increasing element of whole family working using systemic approaches. A dedicated worker is engaging young people and families in the borough through a Violence Vulnerability Hub.

In 2019, Kensington and Chelsea (as part of West London Clinical Commissioning Group) was chosen to be part of the first wave of Trailblazer sites for the new **Mental Health Schools Support Teams**. The service is being provided by Hammersmith and Fulham MIND (the mental health charity) and is targeted at low to moderate mental health needs working alongside existing CAMHS services. It delivers a whole school approach to emotional wellbeing and mental health, focused on pupils, staff, parents and governors. There are two teams of 8 specialist child emotional wellbeing and mental health staff, 9 of

which are Educational Mental Health Practitioners along with 4 qualified therapists and psychologists, 2 wellbeing facilitators and a family support worker. Their interventions are complemented by online counselling provided by Kooth. The teams have been fully operational since December 2019 working in 20 schools in the borough supporting a significant number of young people who do not meet the threshold for existing CAMHS.

Bi-borough Children's services are partnered with the Big Lottery and Family Lives to deliver "**Parentchild+"** a payment by results programme aimed at increasing the number of children who are assessed as being at "good level of development" in their Early Years Foundation Stage profile where there have been concerns at the point of their 2 – 2½ year check.

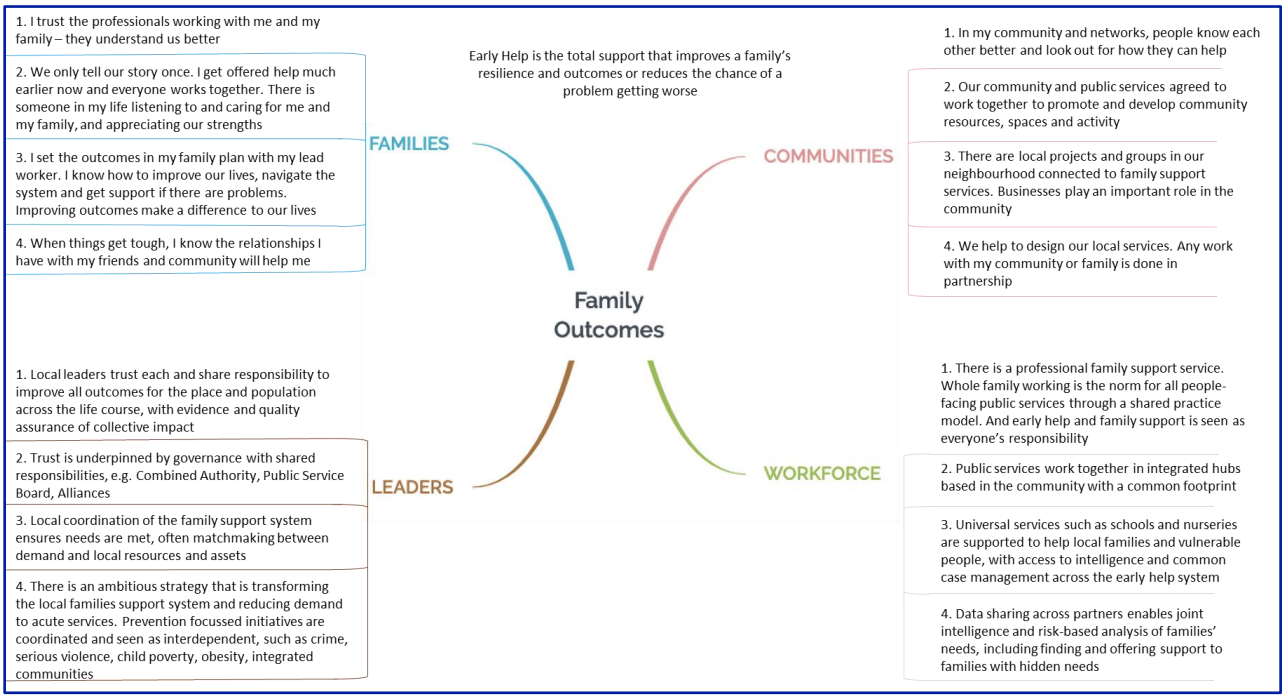
The Early Help Service has been coordinating the introduction of **ARC (Attachment, Regulation, Competency) Trauma Informed approaches** as part of its strategy to reduce levels of exclusion from local schools. This includes significant training for staff from relevant agencies. In October 2020, funding was received through the DfE Partners in Practice programme to implement a new delivery plan with partners across the borough and a particular focus on schools (linked to higher exclusion rates) and community partners in the North of the borough as part of a wider trauma informed recovery. In November 2020, partner members of council led Grenfell Recovery Programme agreed to extend the introduction of a trauma informed approach with trauma training for all agencies and community leaders and volunteers to help create a shared understanding of the impact of trauma, how to identify it, helpful approaches and where culturally competent specialist support can be offered.

Service Transformation Maturity

As part of the national Troubled Families programme, an annual assessment has been carried out of the level of "maturity" of service transformation regarding Early Help and early intervention. The process considered seven transformation strands, and using local evidence, assessed the level of maturity across a four-point scale: Early; Developing; Maturing; Mature. One of the aims of the Early Help Strategy is to facilitate the journey of the local Early Help system towards an increasingly "mature" service offer.

The last assessment was completed in 2019, together with actions to enable further transformation. In 2020, the Ministry of Housing, Communities and Local Government requested all local authorities complete an Early Help System Guide. The Guide includes an "Early Help Vision" as developed by MHCLG with Early Help being defined as "the total support that improves a family's resilience and outcomes or reduces the chance of a problem getting worse". It identifies key outcomes that help identify a mature Early Help system under the four headings of Families, Communities, Workforce and Leaders. Through this, our self assessment in 2020 identified good levels of progress under the "Families" and "Communities" headings and a need for particular focus on the "Workforce" domain.

Local assessment of development of our Early Help system and this Strategy has been informed using the questions in the Early Help System Guide in a number of multi-agency workshops involving the Early Help Partnership members and the Teams Around the Family Hubs. This process has helped clarify a consensus about future practice and priorities and actions which are captured in this strategy.



Key Achievements since the 2014 – 2018 Early Help Strategy

An Ofsted inspection of local authority children's services took place in September 2019 through which Ofsted judged the borough's Family Services to be "Outstanding". Ofsted reported that families "receive excellent early help services that are very well established and offer an exceptionally broad range of support to children and families in the community…this means that children and their families are well supported and helped to address emerging concerns quickly, avoiding the need for more intensive statutory services".

There has since been an inspection of the Youth Offending Team in October 2020 with positive judgements about local practice.

The Youth Review developed a newly configured service, informed by extensive consultation with local young people, and involved a wider range of local organisations and service providers, launching from September 2019.

A range of partners identify families for and deliver **evidence-based parenting programmes** including Triple P and Strengthening Families, Strengthening Communities. There are 7 voluntary sector providers including services targeting particular communities. Additionally, parents who take part in specialist courses are being encouraged to support other parents in future programmes. The **Non-Violent Resistance** programme is provided for parents with children aged 10+ who have challenging, destructive or violent behaviours. Those who complete the programme are invited to become active, graduate parent volunteers, potentially training to become group co-facilitators. Some graduates have reported that the courses have helped move them into employment, education or training.

A project has been implemented to reduce the **risk of exclusion** in our secondary schools and alternative provision. The programme uses systemic approaches and works with whole families supported by Early Help practitioners and a family therapist. The schools and professional network are now receiving training on trauma informed approaches to behaviour management in the classroom.

There are very high rates of **registrations and attendance at our children's centres and strong performance on enabling 2-year olds from families experiencing poverty into good or outstanding child care settings.**

We have seen the local "Edge of Care" service, systemic social work and early help practice enable a **continued reduction in children coming into care and custody**. These reductions are still significant after factoring in the overall reductions in child population.

Managers and staff from agencies across the Early Help Partnership have participated in the Early Years Transformation Academy pilot run by the Early Intervention Foundation. This aimed to **strengthen pre-birth to five pathways,** with a particular focus on speech and language development and improving school readiness. So that babies, young children and their families receive the support they need when they need it to thrive and to better enable early intervention, the Healthy Child Programme and the involvement of wider services is being reviewed. This has been informed by significant service design activity by a large number of multi-agency practitioners and insight work with parents. This will ultimately lead to a system of support across the early years focusing on communities where the need is highest and guided by evidence of what works.

While the **COVID-19 pandemic** has created huge challenges for local children and families and the practitioners who support them, there have been a number of positive developments including:

- The setting up of **virtual children's centres** providing weekly, age-appropriate activity packs for families and running virtual parenting programmes and other useful activities;
- **Contact has been made with every new mother** with new birth packs sent out to them. Link workers have been provided to ensure their wellbeing is monitored and support is provided with breastfeeding.
- **Support has been provided by many agencies across the partnership including virtual platforms**, telephone support lines and carefully planned face to face work with vulnerable young people as soon as this became an option within public health guidelines.
- **A "Safe hub"** was set up to provide direct contact with children, young people and parents through partnership working between Council Early Help and children's centre staff along with health practitioners such as midwives

Our Strategy for Early Help in Kensington and Chelsea - where we want to be by 2022

Our aim is to work together across agencies and build relationships with families to support children and young people to achieve good outcomes. We want to continue to integrate services and leadership for children and young people aged 0-19 and their families, providing help when difficulties first begin so that we can support them to find solutions quickly. This support will be provided through a partnership with services that families are most likely to engage with and in a range of settings including children's centres, schools and other community spaces.

Our aims and objectives

- To embed a partnership-wide whole family approach for families with children and young people aged 0-19 (or up to 25 where they have special educational needs or disabilities)
- To ensure that plans made to improve outcomes for individual families are coordinated by a "lead practitioner" who is well placed to provide support and has access to training and a clearly defined support offer from the wider Early Help community.
- To ensure that all agencies and practitioners who engage with and support families have access to clear offers of advice and support from structures such as the single front door and Family Hubs.
- To enhance opportunities for additional needs to be identified in children (and responded to effectively) as early as possible, identifying indicators of harm early and providing targeted support where needed.
- To be able to effectively monitor and measure impact and outcomes for families, capturing reviewing and responding to relevant data across the partnership.
- To achieve good outcomes using evidence-based systemic support, trauma informed approaches and programmes to strengthen parenting.
- To improve mental and physical health outcomes through co-ordinated interventions and support with health agencies.
- To improve life chances through increasing levels of attendance and attainment at school and supporting inclusion.
- To address the disproportionate representation of young people from Black, Asian and minority ethnic communities (especially boys) in the cohort of children affected by school exclusions, and those who enter the criminal justice system or become looked after.
- To ensure young people remain in education, employment or training.
- To prevent young people from becoming involved with serious youth violence and other crime.
- To support children and families impacted by the Grenfell disaster, collaborating with the Dedicated service and the wider community to understand what they require on their road to recovery.
- To provide effective support to the victims/survivors of domestic abuse and other forms of gender based violence.
- To mitigate the impact of the Covid-19 pandemic with a focus on poverty reduction and support for mental health needs that have increased.
- To develop the offer of services on multiple platforms and access points.

Key outcomes and performance indicators:

- To reduce the number of children requiring statutory services, in particular those who need to be supported as "children in need" and those who require a child protection plan.

- To increase rates of GLD (good level of development) and school readiness for children as they start primary school.
- To improve rates of school attendance and attainment.
- To reduce rates of fixed term and permanent exclusion.
- To reduce rates of children and young people impacted by grooming and offending.
- To reduce the proportions of young people who are not in education, employment or training (NEET) and young people whose education, employment or training status is not known.
- To reduce number of children experiencing homelessness or being threatened with homelessness.
- To improve child health on key public health measures.
- To increase parent and young people's employment.
- Improved resident insight and service user satisfaction.

Achieving our vision and ambitions

A shared operating and practice model	❖ Develop more integrated leadership across the two Family Hubs. ❖ Prioritise development of the Lead Practitioner model with practitioners from all partner agencies having realistic expectations, training and access to a clear support offer including consultation. ❖ Work with commissioners, Community Engagement and other Council officers to co-ordinate contracts with voluntary organisations and the early help offer. Maximise the use and targeting of these resources to where they are most needed, while ensuring that whole family approaches are embedded across services. ❖ Ensure whole family working approaches are reflected in the redesign of the Pre-birth to Five pathway. ❖ Identify local schools with good practice regarding family work and Early Help to ensure wider multi-agency support is coordinated around the school and exemplars are developed to disseminate to the wider school community. ❖ Use legislation such as the Homelessness Reduction Act (Housing) and the Care Act (Adults Services) and the need to coordinate how we address priority needs such as parental mental health as mechanisms to engage adult focused agencies in whole family approaches. ❖ Maintain and further develop proactive approaches launched during COVID-19 pandemic where potential need was identified and addressed earlier. ❖ Implement "Building Relationships for Stronger Families; the Bi-borough strategic framework for parenting" Work with the Parenting Development Manager to produce a Bi-Borough parenting strategy and develop parenting forums. Ensure development to support parenting are discussed and promoted via Team Around the Family Hub arrangements. ❖ Ensure relevant early help services are represented at GP Hub meetings to support wider adoption of whole family working and Family Plans. ❖ Identify and share space in a greater range of locations to make services more accessible to more families ❖ Continue to develop the Early Help Partnership structure to implement this Strategy and increase capacity for different agencies to participate in whole family working in a coordinated and consistent manner.
Workforce development	❖ Develop and implement a training plan for the multi-agency workforce with a particular focus on whole family working and the role of the lead professional, trauma-informed approaches and parenting. ❖ Use learning from the COVID-19 pandemic to enable more, shared online training and development opportunities.

	❖ Develop an accessible programme of awareness raising and supporting materials to facilitate a partnership approach to: o Improving school readiness and earlier identification of SEND. o Improving take up the 2-year-old free childcare offer o Engaging more parents into employment, training and education. o improving school attendance ❖ Coordinate a range of agencies to maximise the impact of the roll out of trauma informed approaches and their link with reducing risk of exclusion in schools. ❖ Implement "Building Relationships for Stronger Families; the Bi-borough strategic framework for parenting" Work with the Parenting Development Manager to produce a Bi-Borough parenting strategy and develop parenting forums. Through the Parenting Practitioner role, work to set up a multi-agency Parenting Forum. ❖ Further develop shadowing and information sharing opportunities across departments to increase collective effort to avoid negative outcomes and ensure service offers are effectively communicated to children and their families. ❖ Review the need and opportunities for staff across agencies to have access to professional support and supervision including reflective practice groups to ensure appropriate support is available for those involved in complex work with families. ❖ Build on learning from the aftermath of the Grenfell disaster, the COVID-19 pandemic and existing good practice, particularly in the Children's Centres and Maternity Champions where parents and other community members have been recruited and trained as volunteers and apprentices to provide a range of Early Help for families.
Communications and Community Engagement	**Engaging with and responding to children and their families** ❖ Identify mechanisms to "road test" the key messages of this strategy and to gather informed feedback of the impact of planned developments. ❖ Respond to key messages from the listening to and learning from the communities of North Kensington in the aftermath of the Grenfell disaster (A Health and Wellbeing Strategy for North Kensington NHS West London CCG). ❖ Work with Community Engagement, Young Kensington and Chelsea Foundation and others to ensure learning from consultations is pooled and responded to. ❖ Ensure the contribution of community-based roles such as Maternity and Community Champions informs Partnership developments around effective ways to design support and signposting for isolated or hard to reach families. ❖ Commit to the co-production and participation of children, young people and families in the design, delivery and review of what we do as individual agencies, and as a network. ❖ Build on learning from SEND services in relation to consulting, communicating and co-designing of services with parents.

	❖ Continue to share and develop approaches to digital engagement and support for families and staff as well as tackling digital exclusion, as identified during the pandemic. **Publicising our shared offer** ❖ Differentiate the offers of service in the north and the south hubs to reflect local needs and embed the services within the community. ❖ Build on developments witnessed during the COVID-19 pandemic through which service developments were more regularly communicated in different ways between partner agencies and to local families. **Communication of shared priorities** ❖ Work with voluntary and community sector, schools and other partner agencies as part of locality based "Team Around the Family Hub" partnership forums. ❖ Identify the Partnership role in identifying and tackling structural inequalities, increasing inclusion and acknowledging diversity as further highlighted during the pandemic. ❖ Coordinate processes across the Partnership to quickly identify and meet the needs of families who have required or will require support during and following the COVID-19 pandemic (information sharing and team around approaches). ❖ Work with the Economic Development team to identify strategies to better involve local businesses in early help and support for families or young people.
Sharing information, outcomes and evaluation	❖ Identify and implement a clear set of performance indicators and monitoring tools to be put in place within a shared outcomes framework across the Hubs to enable the Early Help Partnership to understand need, trends and patterns, monitor performance and report on outcomes. ❖ Build on Troubled Families approaches to matching data to map need and services provided at an increasingly local level to identify gaps and continuous development and planning of services. ❖ Plan a series of "deep dive" reviews of priority needs or outcomes to facilitate sharing of data and intelligence and shaping of coordinated responses across the Partnership. ❖ Ensure the needs and interests of partners are considered when developing Case Management Systems. ❖ Use multi-agency feedback to monitor the effectiveness of the framework to support the transition of work with children and families affected by the Grenfell tragedy into wider services as appropriate. ❖ Work with other agencies, including schools to enhance the business intelligence available to identify need and measure impact, including consideration of "soft outcomes". ❖ Work with Schools Standards to identify schools most in need of support around improving attendance, developing and clarifying the traded offer to schools where appropriate. ❖ Review and develop the levels of integration between Family Hubs and Youth Hubs and wider youth provision.

KENSINGTON AND CHELSEA EARLY HELP STRATEGY ACTION PLAN – SEPTEMBER 2021

September 2021

Specific actions to deliver the vision and ambition of the Early Help Strategy, identified through the Kensington and Chelsea Early Help Partnership

A shared operating and practice model			
Strategy Vision/Ambition	**Action**	**Who**	**Strategy Aim or Objective supported**
Develop more integrated leadership across the two Family Hubs.	• Build two ILT teams and identify local priorities • Core agencies nominate ILT members, participate in and lead on relevant priorities. • Chair ongoing meetings of ILTs and progress local practice.	• RBKC Early Help Service • Partner Agencies	To embed a partnership-wide whole family approach for families with children and young people aged 0-19
Prioritise development of the Lead Practitioner model with practitioners from all partner agencies having realistic expectations, training and access to a clear support offer including consultation	• Link to parallel developments in 0-5 pathway trailblazed by Health Visitors • Learn from examples in VCS including Midaye, Westway Trust, Family Friends, West London Zone and WLAC. • Planned pilot of a universal assessment tool to inform whole family working and lead practitioner working.	• RBKC Early Help Service • North and South ILTs • Partner Agencies	To ensure that plans made to improve outcomes for individual families are coordinated by a “lead practitioner”
Work with commissioners, Community Engagement and other Council officers to co-ordinate contracts with voluntary organisations and the early help offer. Maximise the use and targeting of these resources to where they are most needed, while ensuring that whole family	• Commissioning activity to reflect aims of Early Help Strategy in commissioning or extension of contracts with local services for children and families	• Commissioners	To enhance opportunities for additional needs to be identified in children (and responded to effectively) as early as possible, identifying indicators of harm early and providing targeted support where needed.

approaches are embedded across services.			
Ensure whole family working approaches are reflected in the redesign of the Pre-birth to Five pathway.	• Work through "Practice Model" and "Workforce" working groups to ensure practice and training reflects a whole family approach	• RBKC Early Help Service • Community Health Care provider	To embed a partnership-wide whole family approach for families with children and young people aged 0-19 (or up to 25 where they have special educational needs or disabilities)
Identify local schools with good practice regarding family work and Early Help to ensure wider multi-agency support is coordinated around the school and exemplars are developed to disseminate to the wider school community.	• Engage relevant primary and secondary schools in both ILTs • Learn from North Kensington Inclusion Pilot (embedded in 8 schools and transition pilot into Reception in 2 schools	• RBKC Early Help Service • Identified partner schools	To enhance opportunities for additional needs to be identified in children (and responded to effectively) as early as possible, identifying indicators of harm early and providing targeted support where needed.
Use legislation such as the Homelessness Reduction Act (Housing) and the Care Act (Adults Services) and the need to coordinate how we address priority needs such as parental mental health as mechanisms to engage adult focused agencies in whole family approaches.	• Housing Advisers to be based in Children's Centres • Engage Housing Needs service in Family Hubs ILTs • Develop data sharing regarding additional needs of children to support strategies to reduce homelessness. • Clarify local service offer in response to financial issues which increase risk of homelessness and potential to use data to identify need earlier.	• Housing Needs team • RBKC Early Help Service • Family Hubs ILTs/Team Around the Family Hub • Reducing Parental Conflict programme	To ensure that all agencies and practitioners who engage with and support families have access to clear offers of advice and support from structures such as the single front door and Family Hubs.

	• Monitor engagement of parents into Reducing Parental Conflict services by partner agencies • Enable Housing to provide consultations for Family Hubs/Team Around the Family Hub on risk of homelessness and duty to refer. • Housing teams to achieve Domestic Abuse Housing Alliance accreditation • Through Children's Centres and Family Hubs, coordinate activity to improve engagement in education, employment and training		
Maintain and further develop proactive approaches launched during COVID-19 pandemic where potential need was identified and addressed earlier.	• Continue to respond and learn lessons from meeting increasing needs from refugee families arriving in RBKC. Report learning on integrated responses to the Early Help Partnership. • Embed services to meet emerging needs	• RBKC Early Help Service • Early Help Partnership and Team Around the Family Hub.	To enhance opportunities for additional needs to be identified in children (and responded to effectively) as early as possible, identifying indicators of harm early and providing targeted support where needed.
Implement "Building Relationships for Stronger Families; the Bi-borough strategic framework for parenting" Work with the Parenting Development Manager to produce a Bi-Borough parenting strategy and develop parenting forums. Ensure development to support parenting are discussed and promoted via	• Monitor and where required challenge degree to which partners refer into Reducing Parental Conflict and Parenting programmes. • Request report to Early Help Partnership and Team Around the Family Hub to raise profile of offer and level of referral	• Reducing Parental Conflict programme. • Commissioning. • Early Help Partnership & Team Around the Family Hub	To achieve good outcomes using evidence-based systemic support, trauma informed approaches and programmes to strengthen parenting.

Team Around the Family Hub arrangements.			
Ensure relevant early help services are represented at GP Hub meetings to support wider adoption of whole family working and Family Plans.	• Early Help practitioner to continue to attend all three GP Hub meetings. • Consider roll out of Social Prescribing for Children model • Identify strategies to prepare children for CAMHS at community level	• RBKC Early Help Service • NHS North West London CCG	To improve mental and physical health outcomes through co-ordinated interventions and support with health agencies.
Identify and share space in a greater range of locations to make services more accessible to more families	Identify current/planned developments: - Placing services in more remote part of the borough - Maintaining online offers post COVID-19 - Review family hubs, locations and spaces with changing population needs. -Ensure specialist services are available from Youth Hubs (Drug & Alcohol, Employment, Health, Sexual Health, CAMHS)	• RBKC Early Help Service • VCS Partners • CCG • Public Health	To develop the offer of services on multiple platforms and access points.
Continue to develop the Early Help Partnership structure to implement this Strategy and increase capacity for different agencies to participate in whole family working in a coordinated and consistent manner.	• Ensure localities identify and progress priority actions through work of Family Hub ILTs • Capitalise on actions through the 0-5 Pathway Redesign and wider commissioning/recommissioning	• North and South ILTs • RBKC Early Help Service • Pre-birth to Five Working Groups • Commissioning	To embed a partnership-wide whole family approach for families with children and young people aged 0-19 (or up to 25 where they have special educational needs or disabilities)

Workforce Development

Strategy Vision/Ambition	Action	Who	Strategy Aim or Objective supported
Develop and implement a training plan for the multi-agency workforce with a particular focus on whole family working and the role of the lead professional, trauma-informed approaches and parenting.	• Develop Family Hubs training programme, coordinated with offers through 0-5 Pathway and parallel developments in Westminster • Employ a Trauma Informed Lead to carry out needs assessment of training, courses and materials. • Develop role of local Trauma Champions • Coordinate with CCG offer of whole systems Trauma Informed thinking. • Maximise opportunities for COVID-19 Recovery Funded Trauma Informed ambitions. • Develop coordinated view of training programmes being rolled out through youth provision (e.g. Strengthening Families, Strengthening Communities) • Develop codelivery opportunities with VCS partners	• RBKC Early Help Service • CCG • VCS Partners • Youth Hubs	To ensure that plans made to improve outcomes for individual families are coordinated by a "lead practitioner" who is well placed to provide support and has access to training and a clearly defined support offer from the wider Early Help community.

Use learning from the COVID-19 pandemic to enable more, shared online training and development opportunities.	• Build a programme of online briefings for partnership-wide staff (lunch and learn approaches)	• Family Hub Managers and Team Around the Family Hub	To develop the offer of services on multiple platforms and access points.
Develop an accessible programme of awareness raising and supporting materials to facilitate a partnership approach to: - Improving school readiness and earlier identification of SEND. - Improving take up the 2-year-old free childcare offer - Engaging more parents into employment, training and education. - Improving school attendance and challenging exclusions	• Develop webinar/ "lunch and learn" approach to awareness raising via Team Around the Family Hub structures, prioritising topics to be covered and identifying presenters.	• Family Hub Managers and Team Around the Family Hub	To enhance opportunities for additional needs to be identified in children (and responded to effectively) as early as possible, identifying indicators of harm early and providing targeted support where needed.
Coordinate a range of agencies to maximise the impact of the roll out of trauma informed approaches and their link with reducing risk of exclusion in schools.	• Work with 8 targeted schools to implement and learn from this approach • Identify opportunities to share learning with wider school community.	• RBKC Early Help Service • Partner schools	To improve mental and physical health outcomes through co-ordinated interventions and support with health agencies. To address the disproportionate representation of young people from Black, Asian and minority ethnic communities (especially boys) in the cohort of children affected by school exclusions, and those who enter the criminal justice system or become looked after.

Further develop shadowing and information sharing opportunities across departments to increase collective effort to avoid negative outcomes and ensure service offers are effectively communicated to children and their families.	• Team Around the Family Hub is performing this function in context of limits imposed by COVID-19 • Identify further colocation opportunities through Family Hub ILTs • Identify wider benefits of placing specialist roles in range of settings (e.g. Financial Inclusion adviser)	• Team Around the Family Hub • Family Hub ILTs	To enhance opportunities for additional needs to be identified in children (and responded to effectively) as early as possible, identifying indicators of harm early and providing targeted support where needed.
Review the need and opportunities for staff across agencies to have access to professional support and supervision including reflective practice groups to ensure appropriate support is available for those involved in complex work with families.	• Build on reflective practice opportunities to broaden offer to other relevant teams • Identify opportunities for commissioned teams through 0-5 pathway working groups • Continue to build the "consultation" model e.g. regarding school attendance, housing advice, Benefits, FACES employment support and Independent Domestic Violence Advocates	• RBKC Early Help Service • 0-5 Pathway Programme • Relevant partner agencies	To ensure that plans made to improve outcomes for individual families are coordinated by a "lead practitioner" who is well placed to provide support and has access to training and a clearly defined support offer from the wider Early Help community.
Build on learning from the aftermath of the Grenfell disaster, the COVID-19 pandemic and existing good practice, particularly in the Children's Centres and Maternity Champions where parents and other community members have been recruited and trained as volunteers and apprentices to	• Support Parent Champions programme informed by voice of parents and role of parents as facilitators. • Ensure Maternity Champions are integral to 0-5 pathway • Support community mentoring schemes	• Leads for Champion roles • Public Health • VCS Umbrella bodies • North Kensington Recovery Team	To enhance opportunities for additional needs to be identified in children (and responded to effectively) as early as possible, identifying indicators of harm early and providing targeted support where needed.

provide a range of Early Help for families.	• Promote and share learning from planned Community Health Worker and Young People's Social Prescribing programmes. • Identify, promote and learn from other VCS organisations working in this way		

Communications and Community Engagement
Engaging with and Responding to Children and Families

Strategy Vision/Ambition	Action	Who	Strategy Aim or Objective supported
Identify mechanisms to "road test" the key messages of this strategy and to gather informed feedback of the impact of planned developments.	• Communities Department to advise on potential role of VCS teams and faith groups in informing approaches to whole family early help.	• RBKC Communities Department • Volunteer Centre Kensington and Chelsea • Kensington and Chelsea Social Council	To enhance opportunities for additional needs to be identified in children (and responded to effectively) as early as possible, identifying indicators of harm early and providing targeted support where needed.
Respond to key messages from the listening to and learning from the communities of North Kensington in the aftermath of the Grenfell disaster (A Health and Wellbeing Strategy for North Kensington NHS West London CCG).	• Early Help Partnership to receive updates from review carried out by CCG North Kensington Team regarding community feedback and identify learning and additional actions to support from wider partnership.	• CCG North Kensington Team • Early Help Partnership	To support children and families impacted by the Grenfell disaster, collaborating with the Dedicated service and the wider community to understand what they require on their road to recovery.

Work with Community Engagement, Young Kensington and Chelsea Foundation and others to ensure learning from consultations is pooled and responded to.	• Request review by Communities Department of degree to which actions in the Early Help Strategy meet the messages or learning from existing consultations	• Communities Department	To be able to effectively monitor and measure impact and outcomes for families, capturing reviewing and responding to relevant data across the partnership.
Ensure the contribution of community-based roles such as Maternity and Community Champions informs Partnership developments around effective ways to design support and signposting for isolated or hard to reach families.	• Ensure ongoing developments in Pre-birth to Five Pathway are shared with Early Help Partnership including insight work carried out with parents	• 0-5 programme leads feedback coordinators of champion groups.	To ensure that all agencies and practitioners who engage with and support families have access to clear offers of advice and support from structures such as the single front door and Family Hubs.
Commit to the co-production and participation of children, young people and families in the design, delivery and review of what we do as individual agencies, and as a network.	• Identification of current or forthcoming developments and overview of how co-production will be addressed. • Request to Young People's steering group and forum to feedback on Early Help Strategy • Review Early Help Strategy in light of recent Housing consultation	• Youth Participation role within Communities Department • Housing Department	To be able to effectively monitor and measure impact and outcomes for families, capturing reviewing and responding to relevant data across the partnership.
Build on learning from SEND services in relation to consulting, communicating and co-designing of services with parents.	• Use Team Around the Family Hub and Family Hub structures to raise awareness of early identification of SEND amongst partner agencies • Continue to develop service offer through Children's Centres including sensory rooms and roll out of Wellcomm	• SEND Service • RBKC Early Help Service	To embed a partnership-wide whole family approach for families with children and young people aged 0-19 (or up to 25 where they have special educational needs or disabilities)

	• Develop Team Around support in schools through North Kensington Inclusion Project • Develop coordination of multi-agency response to young people with autistic spectrum disorders.		
Continue to share and develop approaches to digital engagement and support for families and staff as well as tackling digital exclusion, as identified during the pandemic.	• Review Strategy with RBKC Digital Inclusion team to identify areas for joint development. • Use Early Help Partnership and Family Hub Integrated Leadership Teams as forums to disseminate digital developments and opportunities. • Develop online registration forms for Children's Centres and digitalised feedback forms. • Identify digital resources to support children and families subject to financial exclusion.	• RBKC Early Help Service • Digital Inclusion Partnership	To develop the offer of services on multiple platforms and access points.

Communications and Community Engagement
Publicising our shared offer

Strategy Vision/Ambition	Action	Who	Strategy Aim or Objective supported
Differentiate the offers of service in the north and the south hubs to reflect local needs and embed the services within the community.	Set up Integrated Leadership Teams in both localities with compositions and priorities that meet local needs.	• RBKC Early Help Service • Family Hub ILTs	To be able to effectively monitor and measure impact and outcomes for families, capturing reviewing and responding to relevant data across the partnership.
Build on developments witnessed during the COVID-19 pandemic through which service developments were more regularly communicated in different ways between partner agencies and to local families.	Develop strategies to provide further communications through key providers such as GP surgeries and Residents Associations. Learn from Communications plan for Youth Providers including effective use of social media	• RBKC Early Help Service • CCG leads • Youth Participation Lead	To develop the offer of services on multiple platforms and access points.

Communications and Community Engagement

Communication of shared priorities

Strategy Vision/Ambition	Action	Who	Strategy Aim or Objective supported
Work with voluntary and community sector, schools and other partner agencies as part of locality based "Team Around the Family Hub" partnership forums.	• This is in place • Share additional developments and lessons learnt through recent coordination of support for newly arrived asylum-seeking families.	• RBKC Early Help Service • Partner Agencies	To embed a partnership-wide whole family approach for families with children and young people aged 0-19 (or up to 25 where they have special educational needs or disabilities)
Identify the Partnership role in identifying and tackling structural inequalities, increasing inclusion and acknowledging diversity as further highlighted during the pandemic.	• Ensure emerging strategies to address financial exclusion consider impact on different communities. • Ensure work with traveller community is coordinated across the Partnership • Promote the identification of and support for Young Carers through Partnership arrangements. • Work together to develop ongoing resources for the support of Young Carers • Identify and promote the role of VCS organisations in supporting underserved communities. • Report on the impact of school inclusion work on groups	• Early Help Partnership • Lead for Young Carers • RBKC Early Help Service	To address the disproportionate representation of young people from Black, Asian and minority ethnic communities (especially boys) in the cohort of children affected by school exclusions, and those who enter the criminal justice system or become looked after.

	disproportionately affected by school exclusion.		
Coordinate processes across the Partnership to quickly identify and meet the needs of families who have required or will require support during and following the COVID-19 pandemic (information sharing and team around approaches).	• Learn from approaches developed to support newly arrived asylum-seeking families. • Work with other Council departments to coordinate support for families with children identified as struggling or not coping financially. • Promote work and widen support through Team Around the Family Hub structures. • Learn from Task and Finish Group for Mental Health • ILTs to share resources to tackle the impacts of poverty locally	• RBKC Early Help Services • VCS Partners • RBKC Housing Department	To mitigate the impact of the Covid-19 pandemic with a focus on poverty reduction and support for mental health needs that have increased.
Work with the Economic Development team to identify strategies to better involve local businesses in early help and support for families or young people.	• Identify free activities for more vulnerable children and young people. • Develop links in relation to a wider work experience offer and support for the North Kensington Inclusion Project.	• Economic Development • RBKC Early Help Service	To enhance opportunities for additional needs to be identified in children (and responded to effectively) as early as possible, identifying indicators of harm early and providing targeted support where needed.

Sharing Information, Outcomes and Evaluation			
Strategy Vision/Ambition	**Action**	**Who**	**Strategy Aim or Objective supported**
Identify and implement a clear set of performance indicators and monitoring tools to be put in place within a shared outcomes framework across the Hubs to enable the Early Help Partnership to understand need, trends and patterns, monitor performance and report on outcomes.	• Review and build upon Outcomes Framework developed for pre-birth to five pathway. • ILTs to develop measure to measure progress with addressing local priorities • Report on key outcomes and performance indicators from the Early Help Strategy to the Early Help Partnership.	• RBKC Early Help Service • ILTs	To be able to effectively monitor and measure impact and outcomes for families, capturing reviewing and responding to relevant data across the partnership.
Build on Supporting Families (Troubled Families) approaches to matching data to map need and services provided at an increasingly local level to identify gaps and continuous development and planning of services.	• Enable greater data sharing and matching through the Pre-Birth to Five Pathway development. • Ensure children and families indicators of vulnerability inform wider RBKC project to better identify households needing support. • Identify opportunities to support interventions resulting from data analysis within Housing Department.	• Housing Department • Pre-birth to Five leads. • RBKC Corporate Strategy Team • Children's Services Business Intelligence Team • South Family Hub ILT (regarding SYV) • Family Hub ILTs	To enhance opportunities for additional needs to be identified in children (and responded to effectively) as early as possible, identifying indicators of harm early and providing targeted support where needed. To be able to effectively monitor and measure impact and outcomes for families, capturing reviewing

	• Revisit the Family Hub and Children's Centre datasets to confirm current requirements. • Ensure specific data sets (e.g. regarding parenting needs, youth offending and serious youth violence) are made available to the Partnership and enhanced where possible. • Work with targeted NEET teams to identify and support young people on locality basis.		and responding to relevant data across the partnership.
Plan a series of "deep dive" reviews of priority needs or outcomes to facilitate sharing of data and intelligence and shaping of coordinated responses across the Partnership.	• Contribute to council wide developments, e.g. regarding measures of vulnerability and increased understanding of poverty and risk of homelessness. • Undertake a data analysis to identify ward with highest level of SYV and focus support around this ward	• RBKC Early Help Service • Partner agencies	To be able to effectively monitor and measure impact and outcomes for families, capturing reviewing and responding to relevant data across the partnership.
Ensure the needs and interests of partners are considered when developing Case Management Systems.	• Flag development of wider Early Help system to commissioners of Family Services CMS • Ensure recording systems for 0-5 Pathway reflect aims of the Early Help Strategy	• RBKC Early Help Service	To be able to effectively monitor and measure impact and outcomes for families, capturing reviewing and responding to relevant data across the partnership.

Use multi-agency feedback to monitor the effectiveness of the framework to support the transition of work with children and families affected by the Grenfell tragedy into wider services as appropriate.	• Early Help Partnership to receive updates from review carried out by CCG North Kensington Team regarding community feedback and identify learning and additional actions to support from wider partnership.	• CCG North Kensington Team • Early Help Partnership	To support children and families impacted by the Grenfell disaster, collaborating with the Dedicated service and the wider community to understand what they require on their road to recovery.
Work with other agencies, including schools to enhance the business intelligence available to identify need and measure impact, including consideration of "soft outcomes".	• Review and build on outcomes framework being developed for 0-5 Pathway including messages regarding need in specific localities • Pool data available from partner agencies in ILTs to understand and identify measures of impact on prioritised issues. • Continue with Team Around School approach to identify families needing support using school, education, early help and wider partner data	• RBKC Early Help Service • Partner agencies including schools	To be able to effectively monitor and measure impact and outcomes for families, capturing reviewing and responding to relevant data across the partnership.
Work with Schools Standards to identify schools most in need of support around improving attendance, developing and clarifying the traded offer to schools where appropriate.	• Carry out analysis and engage 8 schools to focus support to improve attendance • Involve schools in Family Hub ILTs to better understand need and provide support to families via schools.	• Schools Standards • RBKC Early Help Service. • North and South ILTs	To improve life chances through increasing levels of attendance and attainment at school and supporting inclusion.
Review and develop the levels of integration between Family Hubs and Youth Hubs and wider youth provision.	• Ensure Youth Hubs and wider Youth Sector are involved in Family Hub ILTs	• RBKC Early Help Service • Young Kensington and Chelsea Foundation	• To develop the offer of services on multiple platforms and access points.

City of Westminster

THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date: 25 November 2021

Classification: **General Release**

Title: Better Care Fund – 21/22 Programme

Report of: Vis Sathasivam, Bi-Borough Director of Adult Social Care

Wards Involved: All

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1. Executive Summary

The aim of this paper is to provide an update to the Health and Wellbeing Board (HWBB) on the development of the Kensington and Westminster Better Care Fund for 21/22 to meet national planning conditions.

2. Key Matters for the Board

The Board is asked to:

- Note the confirmed 21/22 BCF allocation.
- Note the draft performance metrics including the new metrics
- Agree for the plan to be submitted, subject to any comments from the regional assurance programme with any changes to be agreed by Chair and co-chair of the HWBB before final submission.

3. Background

Due to the Covid pandemic, NHSE did not publish the BCF 21/22 Grant allocation until late in September 2021. In May 2021 the HWBB agreed to the draft 21/22 programme, whilst national guidance was received. Since this decision, two points are to be noted:

1. confirmed average uplift of 4.9% (Westminster) and 3.2% (Kensington) as part of the minimum spend

2. The previous Delay of Transfer of Care (DToC) and Non-Elective Admission have been replaced with 3 new Metrics.

This report outlines the financial envelop of the planned programme.

4. 21/22 Financial

The table below summarises the allocated budget for 21/22.

Table 1: Allocated Budget

	Westminster		Kensington and Chelsea	
BCF	**20/21 BCF Allocation £'000**	**21/22 BCF Allocation £'000**	**20/21 BCF Allocation £'000**	**21/22 BCF Allocation £'000**
CCG Minimum Contribution	21,031	22,060	13,575	14,049
Improved Better Care Funding	17,130	17,130	7,437	7,437
Disability Facility Grant	1,729	1,729	960	960
Total allocation	**39,890**	**40,919**	**21,972**	**22,446**

Based on the analysis of the 21/22 budget, the following table summarises the allocation of the spend.

Table 2: Analysis of BCF Grant

	Westminster	Kensington and Chelsea
BCF Poole	**21/22 BCF Allocation £'000**	**21/22 BCF Allocation £'000**
MH Supported Accommodation	1,940,597	1,782,213
Hospital Services	343,984	326,723
Information and advice	174,150	297,139
Community Equipment Services	2,112,628	1,156,651
Homecare placements and packages	5,071,749	3,222,018
Personal Budgets	849,964	352,403
Community Independence Service	1,518,153	756,019
Carer's Advocacy and network	764,364	85,085
Care Act - Safeguarding	377,057	163,038
Joint Homeless	307,997	259,883
Minimum LA Contribution	13,460,643	8,401,172
Homeless Health	877,599	-
CCG Community Independence Service	3,645,874	2,431,484
Community Neuro Rehab Beds	1,278,781	1,294,788
Integrated Community Services	2,796,709	1,921,458

CCG Minimum Contribution	**22,059,606**	**14,048,903**
IBCF	17,130,064	7,436,663
Disabilities Facilities Grant	1,729,201	959,824
BCF Total	**40,918,871**	**22,445,390**

5. National Performance Metrics

As part of draft NHS national conditions, there remains a requirement for the local HWBB to agree the 21/22 BCF plan and to receive quarterly returns on progress including the overall performance of the programme against five indicators.

The baseline of the metrics are set out below.

National Metrics		**Westminster**	**Kensington and Chelsea**
		21/22	**21/22**
Avoidable admissions (New) Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)		570	380
Length of Stay (New) Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients	Proportion of inpatients resident for 14 days or more	10.1%	11.7%
	Proportion of inpatients resident for 21 days or more	5.6%	5.7%
Discharge to normal place of residence (New) Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence		94.4%	93%
Residential Admission Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population		268	226
Reablement Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services		85%	85%

If you have any queries about this Report or wish to inspect any of the background papers please contact:

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