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City of Westminster

Committee Agenda

Title:	**Adults and Public Health Policy and Scrutiny Committee**
Meeting Date:	**Monday 8th November, 2021**
Time:	**7.00 pm**
Venue:	**Hybrid, MS Teams and Rooms 18.01-03, City Hall, 64 Victoria Street, SW1E 6QP.**
Members:	**Councillors:** Iain Bott (Chairman) Margot Bright Ruth Bush Nafsika Butler-Thalassis Maggie Carman Danny Chalkley Angela Harvey Selina Short

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

Link to live meeting

This meeting will be live streamed and recorded. To access the recording after the meeting, please revisit the link.

If you require any further information, please contact the Committee Officers, Artemis Kassi or Hannah Small.

Email: akassi@westminster.gov.uk or hsmall@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 Head of Governance and Councillor Liaison in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1.	**MEMBERSHIP** To note any changes to the membership.	
2.	**DECLARATIONS OF INTEREST** To receive declarations by Members and Officers of the existence and nature of any pecuniary interests or any other significant interest in matters on this agenda.	
3.	**MINUTES** To approve the minutes of the meeting held on Monday 27th September 2021.	**(Pages 5 - 10)**
4.	**CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH - PORTFOLIO UPDATE REPORT** To update the Committee on current and forthcoming issues in this portfolio.	**(Pages 11 - 16)**
5.	**UPDATE ON THE GORDON HOSPITAL** To receive an update on the temporary closure of the Gordon Hospital.	**(Pages 17 - 20)**
6.	**HEALTHWATCH REPORT** To receive a report from Healthwatch Central West London.	**(Pages 21 - 38)**
7.	**SAFEGUARDING ADULTS EXECUTIVE BOARD - ANNUAL REPORT 2020/21** To receive the annual Safeguarding Adults Executive Board Report 2020/21.	**(Pages 39 - 116)**
8.	**WORK PROGRAMME**	**(Pages 117 -**

124)

To consider the suggested work programme for the remainder of the municipal year 2021/22.

Stuart Love
Chief Executive
29th October 2021

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MINUTES

CITY OF WESTMINSTER

Adults and Public Health Policy and Scrutiny Committee

MINUTES OF PROCEEDINGS

Minutes of a hybrid meeting of the **Adults and Public Health Policy and Scrutiny Committee** held at 7.00pm on Monday 27th September 2021.

Councillors Present: Councillors Angela Harvey (Chairman), Ruth Bush, Nafsika Butler-Thalassis, Barbara Arzymanow, Danny Chalkley, Maggie Carman, Murad Gassanly.

Also Present: Councillor Tim Mitchell (Cabinet Member), Senel Arkut (Director of Health Partnerships, WCC), Olivia Clymer (Chief Executive, Healthwatch), Graham Behr (CNWL, Consultant Psychiatrist), Bernie Flaherty (Bi-borough Executive Director, Adult Social Care and Public Health), Darren Hale (Environmental Health Services Officer, LB Brent), Alex Juon (Head of Service for South and West, PPL), Artemis Kassi (Statutory Officer and Lead Scrutiny Advisor), Dr Brian Parsons (JH Kenyon Funeral Directors), Ela Pathak-Sen (Director of Mental Health Services, CNWL), Anna Raleigh (Deputy Director of Public Health), Visva Sathasivam (Bi-Borough Director – Social Care), Ann Sheridan (CNWL, Borough Director), Hannah Small (Policy and Scrutiny Co-Ordinator), Philip Smyth (Manager at JH Kenyon Funeral Directors), Dennis Speight (Environmental Health Officer) and Gareth Wall (Director of Integrated Commissioning).

AGENDA PART 1

1. MEMBERSHIP

1.1. Cllr Iain Bott and Cllr Selina Short sent their apologies. Cllr Barbara Arzymanow replaced Cllr Bott. Cllr Murad Gassanly replaced Cllr Short.
1.2. Cllr Eoghain Murphy has been replaced by Cllr Danny Chalkley.

2. DECLARATIONS OF INTEREST

2.1. None Received.

3. MINUTES

3.1. The minutes of the meeting on 15th July 2021 were approved after requests for corrections.
3.2. The first correction was in section 4.8 of the minutes to clarify which 'Harris School' was referred too. It was agreed that the minutes would be updated to include 'Harris School Westminster Sixth Form.'
3.3. The second correction was in section 6.1 of the minutes in reference to the discussion on the Healthwatch report. The Chairman wanted it reflected in the minutes that the Committee wanted more quantitative data from Healthwatch. It was discussed that Healthwatch has limited resources and might not be able to provide aggregated data, but they do provide qualitative analysis.
3.4. The third correction was in section 7.8 of the minutes in reference to the use of the word 'unanimous', this word will be removed. The Chairman also asked that, when referencing the closure of the Gordon Hospital, the word, "temporary" be inserted in, so that the minutes read, "the temporary closure of the Gordon Hospital".

4. CABINET MEMBER UPDATE: ADULT SOCIAL CARE AND PUBLIC HEALTH

4.1. The Committee received an update from Councillor Tim Mitchell, the Cabinet Member for Adult Social Care and Public Health. The Cabinet Member began by expressing his condolences to the families of the 400 residents that have sadly passed away from Covid19. He paid tribute to Council Officers, the NHS and voluntary sector for their hard work throughout the pandemic.
4.2. The Committee received an update on Covid-related hospital pressures, including that there had been 30 Covid admissions over the past week. It was acknowledged that this was a fall from its peak but still showed that the NHS was under pressure.
4.3. The Committee received an update on pressures in primary care, and it was noted that Westminster was ranked highest in Northwest London for achieving and maintaining the target of over 50% face to face appointments with GPs. The Cabinet Member raised concerns on this progress, despite ranking highest amongst neighbouring boroughs, and informed the Committee that they may wish to examine this issue in further detail.
4.4. The Committee discussed mental health crisis presentations to A&E and inpatient services. Members discussed anecdotal evidence suggesting that hospitals were finding it difficult to source inpatient beds for patients.
4.5. The Cabinet Member and Chairman put on record they're thanks to Senel Arkut (Director of Health Partnerships at WCC) for her years of service to the Council as she would be leaving her post shortly.
4.6. The Committee discussed the increase in National Insurance contributions designated for adult social care funding. It was noted that the Council as employers would have to absorb the initial economic cost, but that the benefits of the NI increase would be felt a year later.
4.7. The Committee discussed compulsory vaccinations amongst care home staff, and it was noted that 90% of care home staff had been vaccinated. Officers informed

the Committee that care homes were working with their employees to encourage them to be vaccinated, however it was noted that the deadlines for compulsory vaccinations were set in stone and discipline procedures or re-deployment for unvaccinated staff would have commenced. The Committee asked if compulsory vaccination requirements were in place for sheltered accommodation. Officers advised the Committee that, at present, compulsory vaccinations were only in place for CQC registered care homes.

4.8. The Committee discussed the Covid and Flu vaccination programme. It was noted that the Council was about to begin its *'Stay Well this Winter'* campaign to encourage residents to get their flu jab.

4.9. The Committee questioned the Cabinet Member as to why the City's vaccination rates were low. The Cabinet Member acknowledged the challenges faced by the City and discussed the number of people temporarily not residing in Westminster as a possible cause of the low figures.

Actions

1. Officers to update the advice pages on the Council's website about the vaccination programme to clarify that both the flu and Covid19 jabs can be administered to residents at the same time.

5. UPDATE ON THE GORDON HOSPITAL

5.1. The Committee received an update from Ela Pathak-Sen, Director of Mental Health Services at CNWL, on the temporary closure of the inpatient wards at the Gordon Hospital. Members discussed an upcoming roundtable with the CEO of CNWL NHS to discuss the issue in greater detail.

5.2. The Committee asked how patients had been affected by the pandemic and if this had impacted on admission rates. It was noted that there had been Covid19 outbreaks on wards in CNWL and this was managed through the appropriate protocols. The Committee was informed that crisis presentations at St Mary's A&E had risen by 10% post-Covid, and that there had been a rise in children and young people presenting in crisis.

5.3. The Committee was told that beds outside of CNWL are always used as a last resort, and that they prioritise patients with fewer connections to Westminster for these beds (e.g. foreign nationals).

5.4. The Committee also discussed the small in-month peaks in 'long-stayers' on acute wards. It was noted that this was due to the complexity of presentations on these wards and the wait for forensic places on wards elsewhere.

5.5. The Committee raised concerns about post-discharge care for patients with mental health issues and what referral pathways were available to concerned neighbours or family members. CNWL informed the Committee that they had a 24/7 crisis line, and the Committee asked if the Council could do more to advertise this.

5.6. The Chairman summarised the discussions and stated that the Committee wanted to see the inpatient wards at the Gordon Hospital re-opened. It was noted that CNWL did not consult when the inpatient wards were closed so questioned why

there must be a consultation for them to re-open. The Chairman thanked Ela, Ann and Graham for attending and for their hard work over the pandemic.

Actions

1. Scrutiny Advisor to re-circulate dates for the upcoming roundtable between Members and the CEO of CNWL NHS to discuss the temporary closure of the inpatient wards at the Gordon Hospital.
2. CNWL to provide the Committee with trend data on the use of extra contractual beds for Westminster patients.
3. Officers to update the Council's advice pages with clearer guidance on what to do if someone is concerned about a neighbour's mental health and linking through to CNWL 24/7 phone line.
4. Officers to produce referral flow data between the local authority and CNWL for Members to better understand the referral pathways between the two.

6. OBESITY IN WESTMINSTER

6.1. The Committee received a report from Anna Raleigh, Director of Public Health, on obesity in Westminster. It was noted that the Council had launched the "Tackling Childhood Obesity Together" programme which demonstrated that a place-based approach was required and formed the basis of the current Change4Life Programme.

6.2. The Committee reflected that tackling obesity was complex and multifaceted. Members discussed what levers the Council had to involve businesses.

6.3. The Committee discussed the importance of joint working between Council directorates. Officers provided an example of effective cross-council working such as ensuring streets are well-lit so that residents felt safer to walk around the City.

6.4. The Committee reflected on the Council's physical health offer. Concerns were raised by Members regarding the lack of free indoor leisure activities during the winter and whether more after school clubs could be encouraged.

6.5. Members further raised concerns that the report focused too much on encouraging physical activity and not enough on educating residents about healthy diets. Officers informed the Committee that the Change4Life programme was a whole-family approach and focused on supporting children, young people, families and carers to lead healthier and happier lives.

6.6. The Committee also discussed the difficulty of reducing obesity rates. Senior Officers reflected that the Council needed to change its approach to tackling obesity and that a whole-systems approach would be required, with multi-agency working across the CCG and Northwest London.

Actions

1. Scrutiny Officers to begin scoping for a Task Group on obesity in Westminster.

7. PUBLIC HEALTH FUNERALS

7.1. The Committee received a report from Alex Juon, Head of Service for South and West PPL, on public health funerals (PHF) in Westminster. It was noted that this was the first-time public health funerals had been scrutinised by a policy and scrutiny committee and this had been brought to Scrutiny in response to a recently published Quaker Social Action report on the accessibility of public health funerals.

7.2. Officers put on record that the Council's public health funerals provided a good and dignified service to residents.

7.3. The Quaker Social Action Report noted that Westminster City Council could improve its awareness amongst its residents of the public health funerals offer. The Committee was advised that the report had stated that *'Kensington & Chelsea and Westminster both lost two points for their information being very difficult to find. We acknowledge however that we do not know if the People First website is well-known to residents and if they would automatically look there for help.'*

7.4. The Committee was informed that there had been a spike in referrals for these funerals at the beginning of the pandemic, but that the referral rate had returned to pre-Covid19 levels. Officers informed the Committee that these funerals sometimes had lengthy delays, though this was due to delays at the mortuary and not Council procedure.

7.5. The Committee asked about the use of 'common graves' for public health funerals and was advised up to a maximum of four people could be buried in a common grave.

7.6. The Committee also discussed if the term 'Public Health Funerals' was the best phrasing to use and if other terms might be more accessible to the public. Witnesses informed the Committee that other local authorities referred to them as 'contractual funerals', but it was felt by Members that this phrase was not suitable either.

7.7. Darren Hale (Environmental Health Services Officer, LB Brent), advising the Committee as an expert witness, informed the Committee that it was important to strike the right balance between promoting public health funerals to residents and the cost to the public purse.

7.8. The Committee asked Officers how much costs were recovered from public health funerals and how the service forecasts its budget. It was noted that LB Brent recovered on average 75% of its costs per funeral and the Committee asked for further breakdown of recovered costs from Westminster.

7.9. The Committee wished to support the resilience of the Council Officer working day in day out on arranging public health funerals and asked if the Officer had enough support. The Officer reassured the Committee that whilst it was an intensive job, the Council provided pastoral support.

7.10. The Committee reviewed the questions in the report and decided that this agenda item should come back to this Committee at a later date.

Actions

1. For the service to consider redefining public health funerals in its public communications.

2. For Officers to update the Council's website so that information about public health funerals is more easily accessible to Westminster's residents.
3. For Officers to share with the Committee a breakdown of costs recovered from public health funerals.
4. Public Health Funerals to be added to the work programme for later in the municipal year (in sufficient time ahead of the re-procurement of the contract).

8. WORK PROGRAMME

8.1. The Committee received a report on its work programme for the remainder of the municipal year and agreed that the next meeting would focus on oral healthcare.
8.2. The Chairman requested the Scrutiny Officer to begin scoping for a Task Group on Obesity/Metabolic Diseases in Westminster.

9. TERMINATION OF MEETING

9.1 The meeting ended at 9.41pm.

CHAIRMAN _____ DATE _____

City of Westminster

Adults and Public Health Policy and Scrutiny Committee

Date:	8th November 2021
Report of:	Councillor Tim Mitchell
Portfolio:	Deputy Leader and Cabinet Member for Adult Social Care and Public Health
Report Author:	Veronica Christopher, Portfolio Advisor vchristopher@westminster.gov.uk Tel No: 07929 664101

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1 Summary

This report provides the Scrutiny Committee with an update on key aspects relating to Adult Social Care (ASC) and Public Health, including the response to COVID-19.

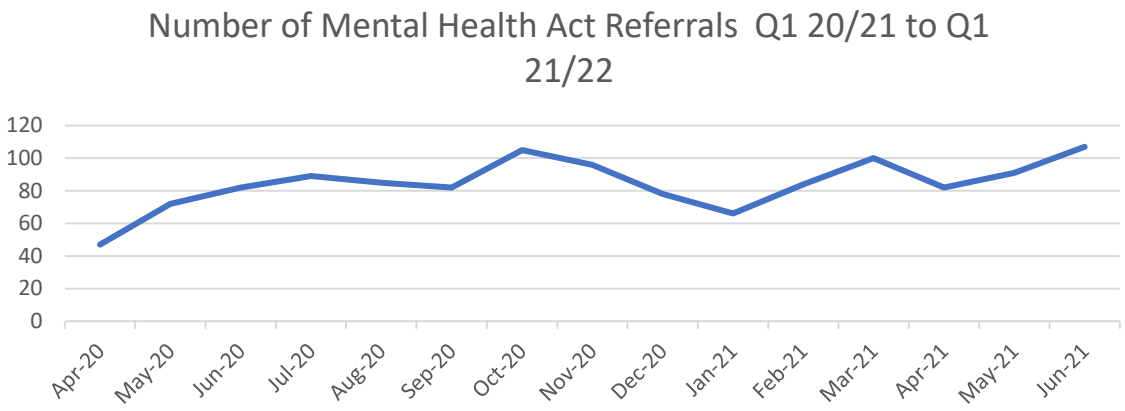
2 Mental Health

ASC community mental health services are delivered through a Section 75 Partnership Agreement with Central North West London (CNWL) NHS Foundation Trust. Community Mental Health Hubs have recently been created and aligned with Primary Care Networks, moving towards the provision of more integrated, personalised and place-based care. There are two Community Mental Health Hubs covering Westminster, with each tailored in terms of staffing and provision of services to meet the needs of their local population.

Mental Health Services and Demand During the Pandemic

There have been increases in demand for mental health services throughout the pandemic, mainly around depression and anxieties but also within the number of people experiencing a mental health breakdown and requiring a Mental Health Act assessment.

The graph below shows the number of referrals for assessments conducted per month between April 2020 and June 2021. This comparator data shows there has been a 33% increase in the number of referrals received for Mental Health Act assessment over the same quarter reporting period for last year.



Outcomes from these assessments include:

- 38 % - Compulsory admission to hospital for 28 days
- 24% - Admission for treatment
- 16% - No application/admission
- 15% - Community Treatment Order
- 7% - Voluntary admission, detention under guardianship, Emergency Duty Team

Under Section 136 of the Mental Health Act, the Police have the power to take a person who appears to be suffering from a mental illness and to be in immediate need of care or control in a public place, to a place of safety. This power was exercised 29 times in Westminster in the first quarter of 2021/22, with 17 residents admitted to psychiatric hospital.

Mental health service interventions were able to response to the challenges throughout last year however, there are several ongoing challenges for the service, including:

- Bed availability continues to remain a challenge and likely to become more problematic going forward
- Contracting services elsewhere continues to place additional demands on the Approved Mental Health Professional (AMHP) service
- Reviewing the Single Point of Access (SAP) to improve signposting and collaborative working
- Recruitment of AMHPs. This is also a national challenge.

3 Discharge to Assess (D2A)

The NHS has implemented a Discharge to Assess (D2A) pathway which sees patients, who are medically optimised, being discharged and assessed outside of the hospital setting. This has allowed for quicker discharges and eased pressures on hospital beds. However, this has seen increased costs to ASC due to people being discharged and requiring higher care packages, in the short term.

The risk to ASC budgets is currently being mitigated through Discharge Funding, which funds a person's first four weeks of post-discharge recovery and support services. This will continue until 31 March 2022 - consequently no costs for care will be available during 2022/23.

The implications of D2A and the loss of Discharge Funding are being worked through and will be clarified in the coming months.

4 Integrated Care Services / Integrated Care Partnerships

Integrated Care Systems (ICS) are partnerships that bring together providers and commissioners to collectively plan health and care services to meet the needs of their population. Regular meetings are held with partners, including feeding into the wider North West London (NWL) meetings to ensure local priorities are influencing policies (and funding) at regional level. The aim of the ICS is to integrate care across different organisations and settings to improve population health and tackle health inequalities.

NWL ICS and local Integrated Care Partnership (ICP) has a number of areas of priority, including:

- Obesity
- Discharge
- Care Homes
- Children and Young People
- Population Health Management

5 City for All – Priorities Update

Adult Social Care and Public Health are supporting a range of projects across the City for All (CfA) plan and include:

Priority 1 – Addressing the Impacts of COVID-19 on Residents

COVID-19 has affected some communities disproportionately and is highly likely to be exacerbating wide health disparities that were already present in Westminster. £3m from the Public Health grant will be invested in short-medium term projects with a focus on those communities we most want to reach with a view to evaluating and then sustaining a long-term focus on actions which work.

Priority 2 – Mental Health and Wellbeing in a Post-COVID World

The development of a Mental Wellness Training opportunity will provide training on mental wellness and life skills training to the community. This is being done in conjunction with the development of the digital platform to bring together resources to support residents with their mental wellbeing. Together it will alert them to activities in their communities and develop a menu of mental health training for community organisations, businesses, and statutory sector partners.

The Suicide Safer Communities initiative, which will operate across the Bi-borough, is out for tender and will go live in January 2022 with the successful partner/partners.

Priority 3 – The Dementia Plan

Our Dementia Plan commits the City to four areas of action, for which updates are provided below:

- Raising awareness and reducing the risk - Training for dementia awareness and dementia champions continues to be delivered for all staff, new starters and for organisations across the City through the Dementia Action Alliance.
- Providing personalised, timely and high-quality services - Memory Assessment Service on Westbourne Park Road has re-opened.
- Creating a community that is dementia-friendly - Council staff, partners and residents continue to work across the City to maintain its dementia friendly status.
- Giving unpaid carers good support - Carers Network is working with partners across the public, private and voluntary sector to attract unidentified carers and make sure they are able to access available support.

Priority 4 – Trialling Smart City Assistive Technologies

The Virtual Wallet pilot project has completed the refresh of user research findings. A series of 45-minute interviews conducted via Teams or telephone with service users receiving direct payments. Participants were shown example screens from a potential virtual wallet provider as well as an explanation of the concept. The feedback and learning from these interviews will inform the design and next steps for the pilot.

6 Winter Plan and Flu Vaccinations

The Bi-borough ICP Staying Well This Winter and Keeping Each Other Safe Plan was presented at the October Health and Wellbeing Board. The three broad priorities for supporting our local health and care system outlined in the plan are:

- Being proactive through a community led Making Every Contact Count (MECC) approach to support people to stay well over the Winter months.
- Managing demand pressures on health and care by ensuring opportunities are maximised for people to be supported within the community rather than attending hospital, or to be supported at home as early as possible, if a hospital attendance is required.
- Working as an integrated partnership to continue to support the health and care workforce over the challenging Winter months.

To keep staff, services, vulnerable residents, and communities as safe as possible this Winter, a free flu vaccine offer for staff was launched in September 2021. Also, vaccinations have commenced in GP practices and local pharmacies, and outreach has also begun to provide vaccinations in care homes and to housebound residents.

The national 'Boost your Immunity' communications campaign promoting the NHS Flu and COVID-19 booster vaccines to high-risk groups launched in October 2021. The plan will be amplified across council channels and via close working with NWL.

7 COVID-19 updates

Current Epidemiology and Cases Data as at 27 October 2021

Westminster Average	London Average	England Average
206.4 per 100,000	290.5 per 100,000	487.4 per 100,000
24% increase from last week	19% increase from last week	12% increase from last week

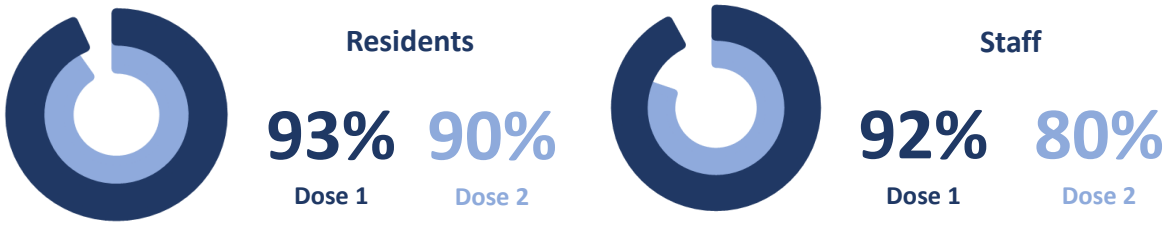
WCC Positivity Rate: **2.6%** WCC Tests Per Day Average: **2,981**

After a pattern of increasing cases from June to mid-July 2021, case rates initially declined but have subsequently plateaued at a relatively high level. This is consistent with what has been observed at a London level and in both London and Westminster there has been a recent increase in case numbers. Currently there are more cases in the 12-17 age cohort.

As at 27 October 2021, the total number of COVID-19 cases was 25,288. Westminster has the third lowest rate of infection in London at 206.4 per 100,000 population which is up by 24% from the previous week.

Care Homes

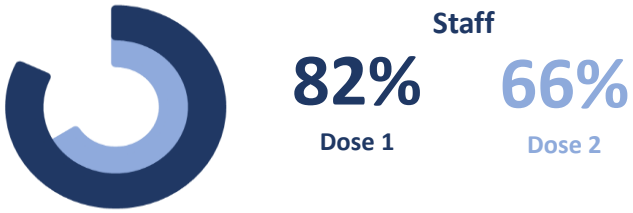
Uptake of the vaccine continues to increase across care homes in Westminster, particularly amongst care home staff. Data as at 8 October 2021 shows:



The rollout of booster vaccinations has commenced, with 56% of care home residents being vaccinated and 10% of staff. Work remains underway to encourage staff to receive their booster. Westminster is the first Local authority in North West London to have completed booster roll out in all our care homes. Mop up sessions are also planned in 2 weeks-time when more staff are eligible for boosters (6 months will have elapsed from 2nd vaccinations).

Home Care

Uptake of the vaccine continues to also increase across home care services in Westminster. Workforce data as at 8 October 2021 shows:



This is higher than the London average where only 61.6% of staff have had their first dose and 15.8% their second dose.

Work to ensure preparedness for Winter is in full flow. Measures include block booking homecare capacity to ensure ample capacity to meet any spikes in demand and refreshing plans around overnight care pathways, to keep hospital flow moving well. Staff across all sectors of ASC, including residential and home care, are being supported to take up the flu vaccine alongside COVID-19 vaccinations.

Outbreak Management

The Westminster Local Outbreak Management Plan has been updated in light of recent changes to government guidance, particularly around the move to Step Four of easing lockdown, regulatory proposals, and self-isolation changes. The plan is currently being further updated.

Supporting the CCG with the rollout of COVID-19 vaccinations

The latest report from NHS England states, 52% of Westminster residents over the age of 18 have received two doses of the COVID-19 vaccine. This figure rises to 65% within our residents aged 50+.

Booster vaccinations, using either Pfizer or Moderna, are also available for those who are aged 50+, carers, frontline health, and social care staff or those classed as Clinically Extremely Vulnerable. Westminster continues to have a comparatively low vaccination uptake. Vaccinations continue to be available through local clinics, pop ups and pharmacies. The latest offer is available on the Westminster City Council website.

Westminster City Council is responsible for booking schools in for the vaccination clinics. In collaboration with the Strategic Education Lead and NHS colleagues, the rollout of vaccinations among the 12-15 age group has rapidly gained momentum since it commenced on 20 September 2021. Pop ups will then be available during this forthcoming half term for those who have yet to benefit from the vaccine.

Westminster Policy & Scrutiny Committee: CNWL Update on the Gordon Hospital November 2021

Lead Director: Robyn Doran **Author:** Christina Santana-Smith

Purpose:

To provide a written update on the Gordon Hospital inpatient wards and CNWL's mental health provision for Westminster. This updates the papers presented to the Committee in October 2020, April 2021, June 2021, and September 2021.

Current Position:

Following urgent temporary closure in response to the Covid-19 pandemic in March 2020, the inpatient wards at the Gordon Hospital remain closed whilst we plan for formal consultation. The next step as we prepare for this is a roundtable with councillors to offer dedicated space and time ahead of formal consultation activities. Metrics and impact on the pathway are being closely monitored and continually reviewed, accelerated and enhanced transformation is being implemented, and stakeholder engagement across partners, services users and carers continues in this pre-consultation period and ahead of Councillor Roundtable.

Working with Service Users & Carers, Partners and Staff:

As we plan for formal consultation, we remain committed to open dialogue across our service users, carers, staff and partners. Building on our September update, further activities have taken place since and are detailed as follows:

- Councillors roundtable with CNWL Executives, which will provide opportunity to further discussions from Policy & Scrutiny Committee, feedback and respond to queries and bring together thoughts on future needs
- The Voice Exchange exhibited and presented their initial findings to colleagues and stakeholders in early October including inpatient ward staff, senior managers, divisional leadership, and more. The presentation included visual artist representations (see Appendix for example) and themes related to future provision. Healthwatch is currently producing a full report on the Voice Exchange findings and recommendations. CNWL will review the full report, draft an action plan in response, and feed next steps back the Voice Exchange participants. Themes for what participants would like from mental health services include:
    - Improved support for staff and their wellbeing
    - Lived experience involvement with staff, from recruitment through to ongoing support and training
    - Accountability every step of the way
    - Two-way communication

Key Metrics Update[1] :

- 837 Westminster **inpatient admissions** have occurred since 1st April 2020 (post-Gordon Hospital closure), with the majority (61%) admitted to St Charles. Over the last 12 months admissions to acute adult inpatient beds are trending downwards, currently at approximately 9 per week, demonstrating the impact of newly transformed community and urgent care teams (compared to 10 per week at last update in September 2021). 90% of Westminster admissions are placed within the NWL system, which is identical to the rate pre-Gordon inpatient ward closure period.

[1] **Data Definitions:**
Responsible Borough: As entered in SystmOne. *Used for data past April 2020.*
Assumed RB: As Implied by Local Authority of SU, or CCG if LA not known. *Used for data before April 2020*
Breaches: from Decision to Admit (DTA) to leaving the department

- Use of any **beds outside CNWL** has been managed via block contracting beds. Since January 2021, most Westminster patients (77%) requiring this type of bed have been placed within that block contract. Beds outside CNWL are always used as a last resort, and we prioritise patients with fewer connections to Westminster for these beds (e.g. foreign nationals). All NHS England Guidance continuity principles are met and monitored when using these beds. Westminster has used 2 beds outside CNWL on average over the past quarter (Aug-Oct 2021), which is the same as the same period in 2019 before the temporary ward closures.
- Westminster has continued with a reduced **Length of stay (LoS),** an average of 33 days (September 2020 to mid-October 2021) compared to 36 days for 2019-2020 Financial Year (FY). This is a further reduction from the average at our last update in September 2021, when the average LoS was 35 days.
- More recently, there have been small in-month peaks in LoS due to the discharge of complex patients with longer LoS[3]. Since the start of June 2021, **58 'long-stayers'** (with an acute or PICU admission of over 60 days) have been discharged. Separately, **31 discharges have accessed support in a new 'Step Down' bed**. Step down means their discharge from acute was facilitated and they were able to access further support in a more community-based offer. This shows positive work against the principles of least restrictive setting and care in the community, but also the need to work collaboratively to ensure timely access to placements for complex needs.
- The FY 21/22 30-day **readmission rate** is lower now than the 19-20 rate at 10% (vs 12%). This is a positive indication of our aim of providing more support in the community to aid recovery and prevent (re)escalations.
- For **St Mary's A&E,** we meet our 1-hour response target by Psychiatry Liaison. We continue with our joint improvement project with Imperial to reduce the number of 12-hour breaches in the department – against the context of a rise in presentations in comparison to previous years. Since the start of the pandemic, the St Mary's Liaison Mental Health Team has seen an increase of 13% in referral numbers relating to a 10% increase in A&E referrals and a 30% increase in ward referrals. The number of 12-hour breaches at St Mary's has reduced to 32 in Q2 (July-September 2021) down from 43 in Q1 (April-June 2021). Note that only 28 (~37%) of the breaches across Q1 and Q2 relate to Westminster patients, **and data tells us that there is a significant number of Out of Area (non-Westminster, non-CNWL) patients who present to St Mary's** – this was nearly a third (29%) of St Mary's A&E presentations from June to mid-October 2021 (385 referrals of 1359).
- There has been a significant increase in **children and young people presenting in crisis** in the last 12 months, and particularly since lockdown restrictions eased earlier in the year. In some recent months, the teams have seen up to twice as many more attendances than at the same point last year. To meet this demand, we have been putting in additional capacity into our crisis teams and they are now seeing double the amount of children than they were previously to meet this demand. We have been working with commissioners and local partners through our CAMHS Provider Collaborative to **increase capacity across our CAMHS Urgent Care Teams** which includes out of hours support, strengthened community and crisis support for CYP with Eating Disorders, as well as additional capacity in our teams supporting discharge to transfer CYP from inpatients into community settings.

Transformation and New Offers Update:

The mental health transformation programme across London, and within CNWL, is informed and driven by the NHS Long Term Plan (https://www.longtermplan.nhs.uk/online-version/) and the NHS Mental Health Implementation Plan (https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf) which

[3] Length of Stay metric is calculated on discharge. This means when a longer stay patient is discharges, the days from their stay at added to the overall average, resulting in some in-month variance (which is within SPC graph tolerance).

build on the Five Year Forward View for Mental Health and lay out specific milestones and targets for mental health from 19/20 through 23/24.

All previously reported transformational services remain live and are receiving referrals, including the Community Access Service, VCSE offers, Step Down beds (see above), British Red Cross High-Intensity User offer, and the Coves. Full information about all of these and overall support for people in crisis can be found on the CNWL webpages along with information on available cross-partner offers through our signposting partner Hub of Hope (embedded on the Single Point of Access webpage). This information is also available on the Westminster City council website here.

Some of the transformation programmes were recently recognised at the national Positive Practice in Mental Health Awards earlier in October:

- **Step Down Beds** (Winner- Specialist and Community Mental Rehabilitation category): For its innovative approach to supporting patients in a community-based, recovery-focused environment (see above for more detail on Step Down).
- **Westminster Community Social Prescribing Initiative** (Winner- Primary and Community Mental Health category): The Social Prescriber role was developed in partnership with a third sector organisation, One Westminster, to support service users in the community mental health hub to connect to a broader range of community groups and services. Social Prescribers support people to increase their resilience and reduce the impact of health inequalities by addressing the wider determinants of health such as debt, poor housing, isolation and poverty.
- **One Community** (Winner- Service Transformation Category): One Community is a service user led movement dedicated to empowering people with mental health conditions, working with community partners and creating lifelong opportunities for St Charles patients through activities such as playwriting, beauty treatment, and gardening.
- **Westminster Community Mental Health Team's Complex Emotional Needs (CEN) Pathway** (Highly Commended- Complex Care category): This team delivers a range of groups including Dialectal Behavioural Therapy, Mentalization-based treatment and psychoeducation. Many of these groups are co-delivered with both a CEN Clinician and Cen Lived Experience Practitioner- two roles designed specifically for this service. The success of the CEN pathway in Westminster has led to the launch of a trust-wide CEN pathway project group and the introduction of similar CEN workers in the other boroughs in the trust.
- **Westminster Older Adult Community Mental Health Team** (Highly Commended- Older Adult category): For promoting recovery and supporting people with functional mental health needs and/or a primary diagnosis of dementia. The Older Adult CMHT is mentioned in the Community Mental Health Framework as a best practice for providing an integrated health and social care service that delivers person-centres care in a non-restrictive setting.

Appendix
Voice Exchange- Example Visual Artist Representation of Findings

Voice Exchange "How We Can Get There"

Adults and Public Health Policy and Scrutiny Committee

Date:	**22 October 2021**
Classification:	**General Release**
Title:	**Accessing Healthcare Digitally: Insights from Communities in Westminster and RBKC**
Report of:	**Healthwatch Westminster**
Cabinet Member Portfolio	**Adult Social Care and Public Health**
Wards Involved:	**All**
Policy Context:	**Thriving Communities**
Report Author and Contact Details:	**Olivia Clymer, CEO Healthwatch** olivia.clymer@healthwatchcentralwestlondon.org

Accessing healthcare digitally: insights from communities in Westminster and Kensington & Chelsea
October 2021

Healthwatch Central West London

Healthwatch Central West London (Healthwatch CWL) welcomes the opportunity to report to the Westminster Policy and Scrutiny Comimttee on what residents are telling us about their thoughts and experiences of the NHS' 'digital first' strategy,

As a local Healthwatch, our role is to ensure that local people are actively involved in shaping the health and care services that they use, and that they have a say about the health and care services available to them. We also monitor local provision and hold commissioners and service providers to account for the quality of local publicly funded health and care services.

1. Introduction

1.1. This document outlines what Healthwatch CWL has been hearing from local people through our community engagement in Westminster and RBKC and is focused on digital health.

1.2. Since the COVID-19 pandemic took hold in the United Kingdom in early 2020, Healthwatch CWL has been carrying out extensive community engagement. We have been hearing from patients, residents, and carers from across Kensington & Chelsea and Westminster about their experiences accessing information, support, and services, and how people have been coping through the pandemic. We have sought to understand the indirect, wider health determinant impact of the pandemic on residents.

1.3. Before the pandemic, the NHS began initiating a 'digital first' strategy. From physiotherapy to GP appointments, many services are being moved online. Accessing services online is often called 'digital health'.

1.4. Restrictions on movement and physical interaction over the last two years accelerated this move towards more digital health services. This change can have large implications for people who, for a variety of reasons, cannot or do not use digital health services as part of their health care.

1.5. We have been hearing from many local people who have told us they have been unable to access digital health services, or that they find accessing services in this way much more difficult.

1.6. To find out how well this digital first strategy is working for all people, we engaged with a range of organisations and groups from across communities in Kensington & Chelsea and Westminster. We conducted focus groups, surveys, and interviews with local people, to hear about their experiences of using digital healthcare tools and technology during the pandemic.

1.7. We wanted to better understand how local patients, residents, and carers experience digital health, and what they think about digital healthcare services like eConsult and System Online. If we know what is and isn't working, we can evaluate how inclusive new digital health initiatives are in practice.

1.8. We know that digital health tools can work well, and improve the experiences of many people accessing healthcare. However, these improvements must not come at the expense of those who cannot, or do not want to, access healthcare digitally.

It is imperative that healthcare services work for all people in Westminster and RBKC.

1.9. This report presents the findings from eight focus groups and three interviews held between February and May 2021. We spoke to groups for across our communities in Westminster and Kensington & Chelsea, including people from a majority of people from black African, South Asian, Arab and Central European communities. These groups included:

- Midday Somali Development Network, which provides community services to people from the Somali community
- Macular Society, a charity for anyone affected by central vision loss
- Groundwork London, which brings together voluntary sector organisatiosn to support local communities
- One You Westminster, a local healthy lifestyle service

1.10. The questions asked in the focus groups and interviews were developed based on previous work carried out by Healthwatch CWL on the impact of COVID-19 and digital health. A full outline of the questions asked can be found in Appendix 1. Some of the case study quotes have been edited for clarity but have been approved by the participants who shared these views.

2. Overview

2.1. This paper presents some of our key findings and observations on the NHS's 'digital first' strategy based on what residents told us through our:

- Statutory Healthwatch work
- Focused discussion groups
- Focus interview sessions
- Wider community engagement activity
- Young Healthwatch engagement with young people

2.2. This report is set out in 8 sections:

- Key themes
- Access and Experience
- Experience Using Digital Tools
- Appropriateness, Communication, & Information
- Skills and support
- Recommendations
- Conclusion
- Appendix (focus group and interview questions)

3. Key themes

3.1. A number of recurring issues and themes emerged over our focus group and interview sessions. These include:

- A clear majority of respondents do not want digital health tools to replace other modes of healthcare
- Respondents who do not speak English, or have English as an additional language, consistently reported serious issues with the visibility and availability of functioning translation services
- A majority of respondents told us that finding accurate and accessible health information online is often challenging

3.2. Theme 1: A clear majority of respondents do not want digital health tools to replace other modes of healthcare

3.2.1 Throughout this engagement, respondents consistently told us that there were very few instances in which the use of devices, websites, or apps would be preferable to in-person interaction. Many people told us that while they would rather speak to a professional on the phone than online, they would rather see a professional in person than speak over the phone.

3.2.2. During the COVID-19 pandemic, digital health tools became an essential part of healthcare delivery, while hospitals, GP practices and other healthcare settings were limiting who could access services physically. This is a trend which is unlikely to change.

3.3.3. Ultimately, digital tools must be used as a complement to, rather than a replacement of, other modes of service delivery. When used properly, digital tools can play an important part in improving patients' care. However, service designers must take into account that there are many instances in which people cannot, or do not want to, use digital tools for their healthcare.

3.3. Theme 2: Respondents who do not speak English, or have English as an additional language consistently reported serious issues with the visibility and availability of functioning translation services

3.3.1. In their current state, in-person and online translation services are not fit for purpose. Failures relate to both the visibility and availability of translation services. Respondents who do not speak English, or have English as an additional language, consistently told us that they were not aware of the translation services available to them. Some people told us they translated sentences in advance of appointments, significantly worsening the utility of an appointment, or were completely unable to access care online as a result of language barriers. Other participants, who were aware of translation services, told us that online they often do not work, and that in person they are often unavailable anyway.

3.3.2. Health and social care providers must make tackling this issue a priority, both online and in-person. In its current state, issues with the visibility and availability of online translation services form a key barrier to accessing services. 3.3.3. At its

worst, this excludes people who do not speak English, or who have English as an additional language, from accessing the support they need.

3.4. Theme 3: A majority of respondents told us that they have concerns about security and privacy when using digital health tools

3.4.1. In most cases, digital health tools change the locations in which healthcare is experienced, from the hospital, clinic, or GP practice, to personal places like the home. Many respondents told us that they have concerns about security and privacy when using digital health tools.

3.4.2. Health and social care providers must take into account that the environment around a patient can significantly alter how they receive healthcare. Those without a safe or private home may find using digital health tools impossible. Similarly, those without the infrastructure, knowledge, or desire to use digital tools may also be excluded. People may find accessing healthcare from their home, or indeed from their car, office, garage, or garden intimidating, intrusive, or impossible.

3.4.3. Many respondents also told us that they have security concerns when using digital tools. People told us they were worried websites weren't secure, or that they were worried about being scammed. Even where these worries are misplaced, this anxiety may lead to worse healthcare options, if people choose to forgo an appointment, or hold back information they would be willing to give in person due to security concerns.

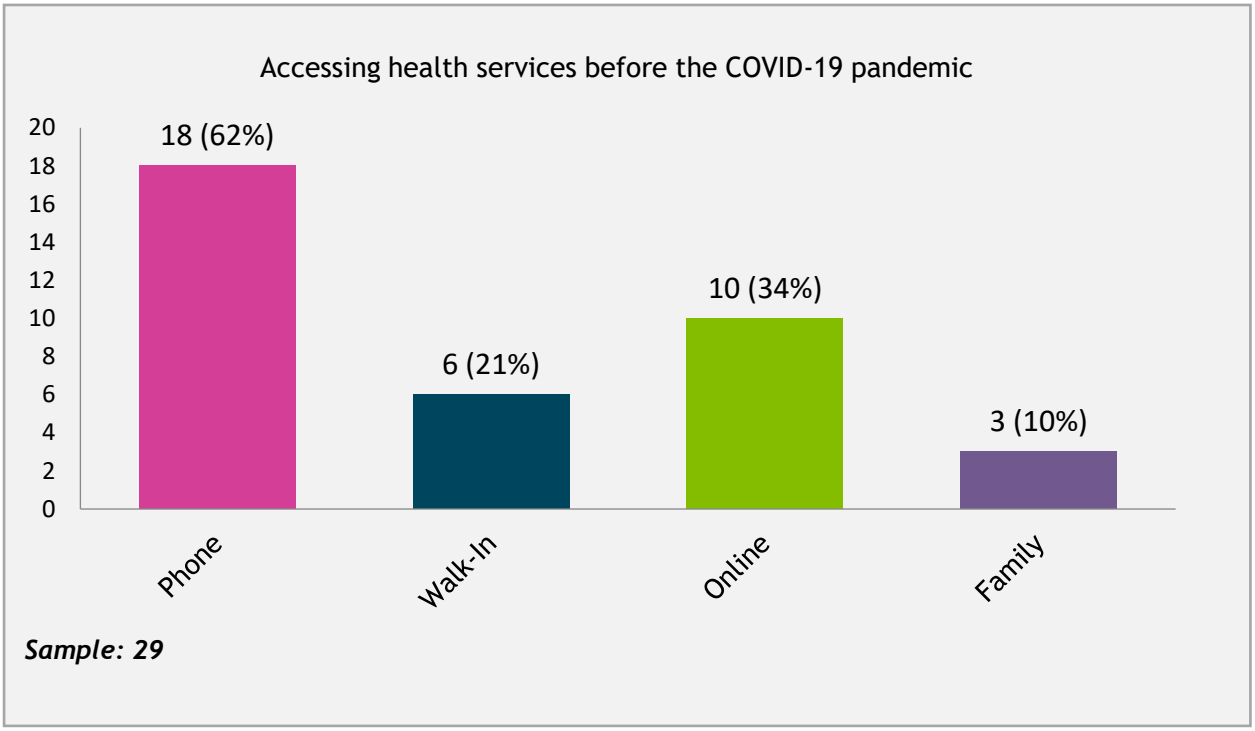
3.4.4. Service designers must take into account these worries, and work to ensure that those who cannot, or do not want to, use digital health tools are still able to receive the care they need.

4. Access and experience

4.1. In this section we examine methods of accessing health services, establish any changes as a result of the COVID-19 pandemic, and look generally at experiences.

4.2. Accessing Health Services

4.2.1. Initially, we talked about experiences of accessing health services (such as GPs and hospitals) before the COVID-19 pandemic.We asked respondents, how did you access health services before the COVID-19 pandemic?



4.2.2. When asking people how they had accessed services, almost two thirds of respondents (62%) had used the phone, while around a third (34%) had used online systems. A fifth (21%) preferred to walk in, while 10% were aided by family members.

4.2.3. The vast majority of feedback relates to GP services. Many with a preference for the phone consider personal contact to be reassuring, while young people and working people comment on the convenience of online systems.

4.2.4.When asked how people accessed GP services before the pandemic and how has that changed, most people said they normally visited the practice in-person or via a phone call. A few people mentioned that they used online triage platforms such as e-consult, Dr IQ, and SystmOnline.

4.2.5. One of the few participants who used their GP's online system said that they did so "due to [their] work schedule – using their system with special login code is easier to book online than waiting".

4.2.6. However, in the same focus group another person said "my surgery has an online system, but it doesn't work so I usually call". This view was common among participants. Many spoke about feeling frustrated and annoyed when trying to use GPs' online systems either to book or receive appointments.

4.2.7. Since the COVID-19 pandemic began, most local healthcare services have asked patients to only visit in person in an emergency or for scheduled treatment. This has meant that the only way for many people to access most services is online or through the phone.

4.2.8. Although calling the GP practice reception to book appointments is not new, many people expressed frustration and fear when calling. Some people mentioned that the automated message on GP practice phones is off-putting and discourges them from trying to see their GP.

4.3. Changes Since the Pandemic

4.3.1. When looking at changes since the pandemic, those who preferred the phone initially generally still do - despite the fact that telephone access has become more difficult. Few people comment on switching to online services.

4.3.2. As lockdown eased, some participants spoke about the lack of in-person appointments and the difficulty of speaking to a doctor on the phone.

> "On the phone it's a bit odd because you don't get the nuances. I'd rather would see a doctor."

4.4. General Experience

4.4.1. Many people comment on increasingly poor telephone access and difficulty in booking appointments or getting to speak with staff. They also find the answer machine message to be intimidating and drawn-out.

4.4.2. Feedback about online systems is largely critical. We hear that some systems can be difficult to use (such as in attaching photos), faulty, or contain forms that are overly long – while at the same time not specific enough with questions or spaces to express their symptoms. It is also noted that systems can be difficult to learn and master, particularly if people only need to use them infrequently.

4.4.3. There are now multiple possible ways in which someone may be able to see their GP. This has led to confusion. One person says that the online system is no longer available, while another says that the online system is the only option. Many people are unsure about what new guidelines are regarding in-person appointments.

> "If you use the online system rarely, a month later you forget. You forget how you did it. My son often guides me how to do it. We don't have enough experiences."

4.5. Electronic Consultation

4.5.1. At some workshops we gauged awareness and experience of electronic consultation systems, such as eConsult and SystmOne.

4.5.2. All feedback is negative. Many participants expressed annoyance at using these systems. Criticisms people mentioned included poor functionality and a lack of response. People also mentioned that these systems are confusing and complicated, and that it takes time to become familiar with a website that they only use infrequently.

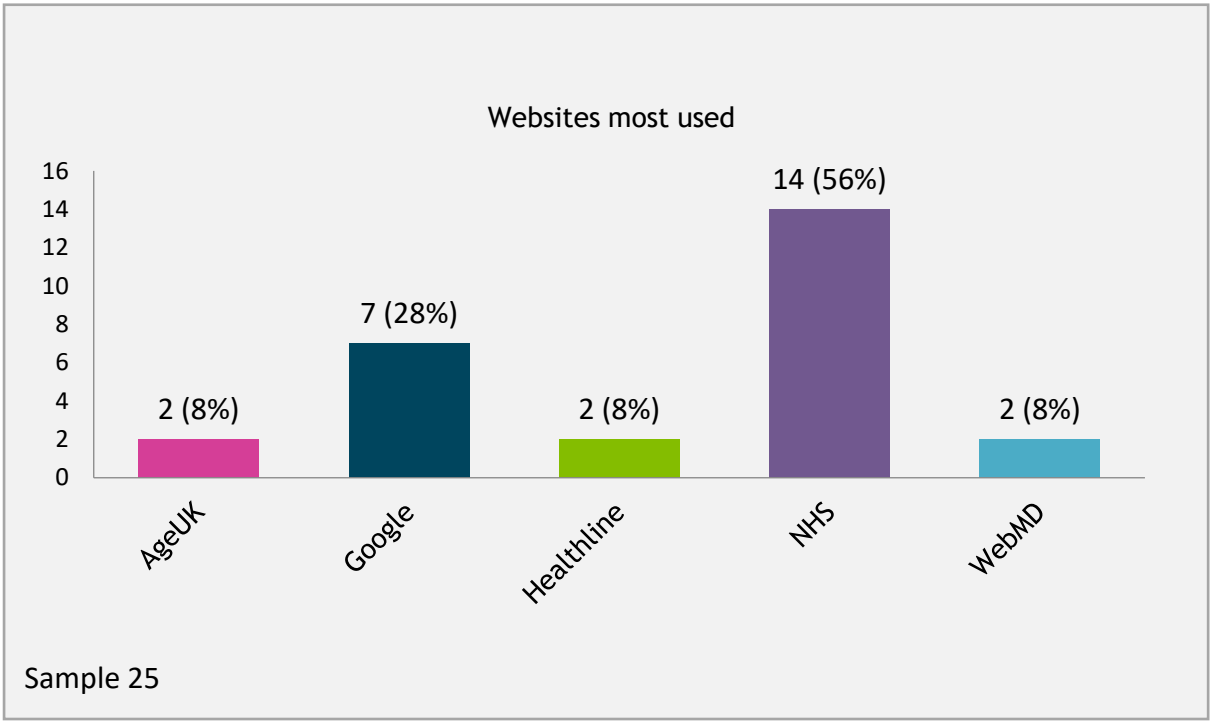
> "I was under an impression that if I filled in eConsult even on the weekend, I will get to speak to a GP. I still have not received a call."

"DR IQ makes it difficult to choose a specific GP doctor – our long-time doctor."

5. Experience of using Digital Tools

5.1. We asked people about their experience of using digital tools and where, in particular, they get information from.

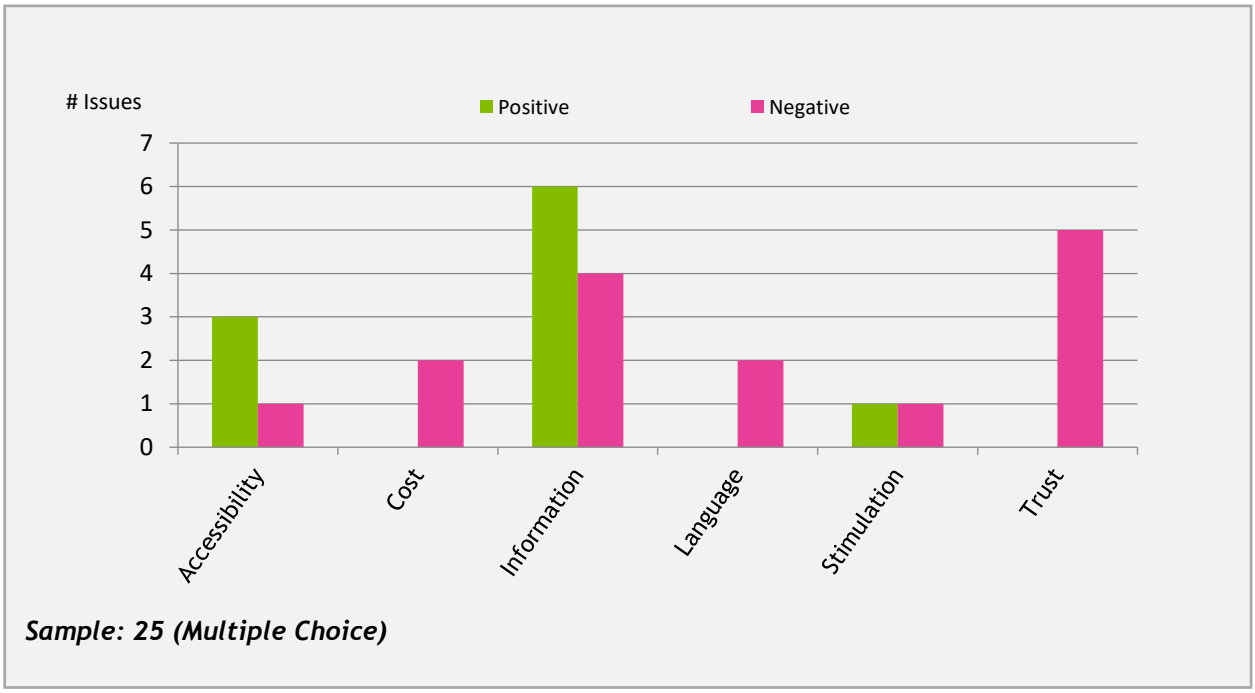
5.2. Websites and Apps



5.2.1. 16 different websites and apps are mentioned – with AgeUK, Google, Healthline, NHS and WebMD the most popular. Over half of respondents (56%) cite the NHS, while over a quarter (28%) mention Google. Five respondents (20%) said family members assisted them with online tasks.

5.2.2. When reviewing feedback on websites and online healthcare services, we find that almost two thirds of comments (59%) are negative in nature.

5.3. Top Trends, Websites and Apps



Sample: 25 (Multiple Choice)

5.3.1. Six issues receive more than one mention. Sentiment on information is marginally positive. Negative issues include trust of content, cost and language.

5.3.2. The NHS website receives much praise for being reliable, well presented with clear language, and for the availability and quality of its content. Accessibility is also generally praised, with some people assisted by software (such as a screen reader).

5.3.3. When looking closer at negative trends, being able to trust information is viewed as particularly important. Some people check for authenticity, or whether the website is secure. The large volume of websites, and with it the choice of websites available to a user, is a frustration. One person said they selected the 'first website that comes up' on searches. Online scams are also mentioned.

5.3.4. There is a popular assumption that young people want to get their information about healthcare on social media platforms such as Instagram, Twitter or TikTok. However, in our focus group with members of our youth engagement programme Young Healthwatch, two participants told us that they prefer to use online resources like the NHS website. They told us they often enter their symptoms or questions into Google and follow the first few links to websites.

5.3.5. An issue that was brought up in multiple focus groups concerned online security. Previous campaigns to increase awareness of online scams, hacks, phishing e-mails, and text and online safety, have made people extremely sceptical of information found online. This is particularly the case for people over the age of 65, who tend to be less familiar with using digital tools and using the internet for information.

5.4. Translation availability

5.4.1. When learning about local people's views and experiences with regards to accessing healthcare services and information, the most prominent concern was access to adequate and reliable translation services or tools.

5.4.2. Most health and social care websites use Google Translate's automated webpage translator to allow a user to translate the website into multiple different languages. However, many websites do not have any translation function. This can present a large barrier to people accessing health care online.

5.4.3. Issues with translation services stretch further than online resources. Many people told us that in-person translation services in GP practices are also inadequate.

5.5. Visibility of translation services online and in-person

5.5.1. A particular problem concerns the visibility of translation services.

5.5.2. Many GP practices and other NHS health care services offer translation services during appointments, so that patients and professionals can communicate more easily.

5.5.3. When asked if they used these translation services, many participants told us that they were not aware of them. Those participants who were aware told us they were not sure how to access these services.

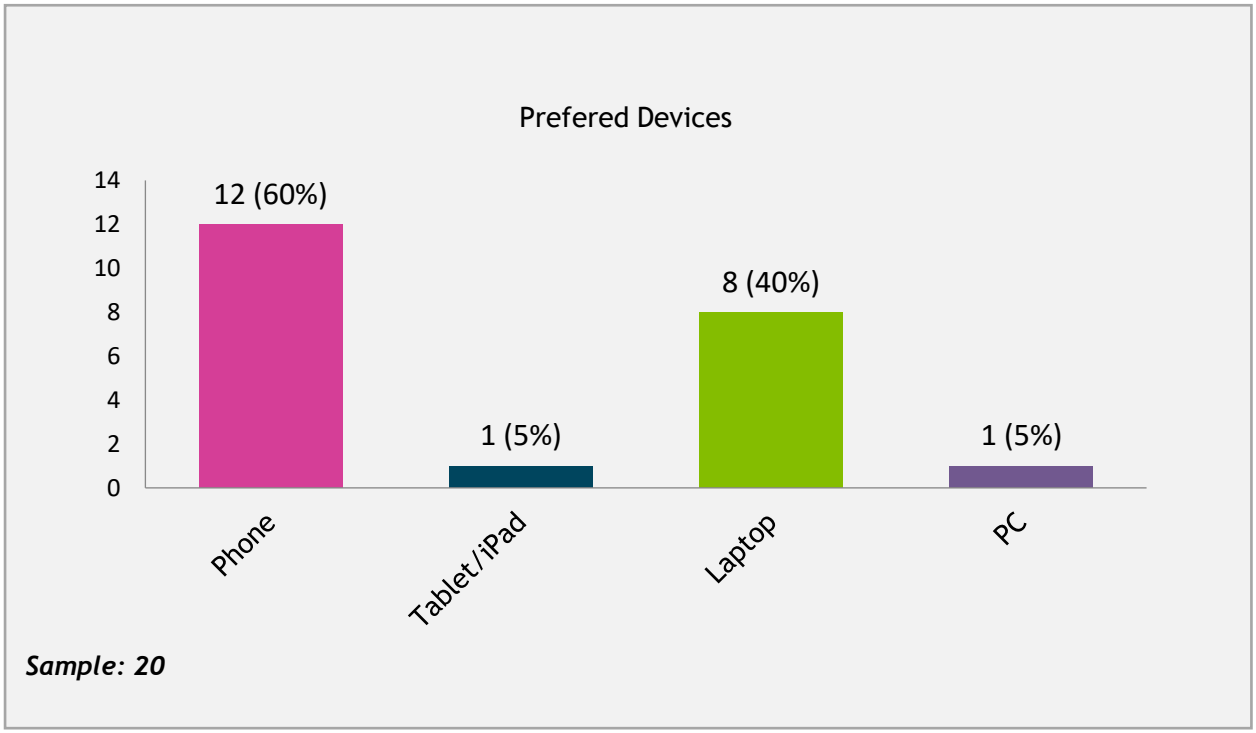
5.5.4. One participant who has English as an additional language told us that they use Google Translate ahead of appointments. They translate what they would like to say, write it down, and share it in an appointment. For this person, communicating with their doctor during an appointment is difficult, as they are reliant on a few pre-translated sentences. Answering unexpected questions, or giving additional information, is not possible without a translator.

5.5.5. In some GP practices there is no information available to patients explaining how to access translation services. Even where this information is available, people told us that they are still unable to have a translator present at their appointments. On GP practice websites, available translation tools, where they exist, are often not clearly signposted or linked to.

5.5.6. This lack of translation services both online and in-person prevents patients accessing health and social care services on their own. Many people have told us that they are reliant on family members who are fluent in English for help.

> "My GP website has no translation into Russian."

5.6. Preferred Devices



5.6.1. We asked people to share their experience of using devices (such as mobile phones, tablets, laptops and computers) to get help and information about their health.

5.6.2. Phones are by some margin the most popular device for accessing services and information, accounting for 60% of responses. A lesser but still significant number (40%) use a laptop, while tablets/iPads or desktop computers are hardly mentioned.

5.6.3. Those using phones are marginally satisfied as a whole. Relatively low cost compared with computers is an incentive, as is convenience, however many prefer laptops when viewing larger volumes of information.

6. Appropriateness, Communication & Information

6.1. In this section we explore how people feel about using devices, including perceptions of proper use.

6.2. We asked people if there are times and places where they felt it is not appropriate to use devices, websites, and apps to get help and information regarding their health.

6.3. Very few participants gave examples of where devices, websites, or apps would be preferable to in-person interaction. One person says convenience is a

consideration. They told us that, ‘if it can be solved on an app it’s easier, in your own time, wherever you are.’

6.4. We then asked people if there are times and places where they felt it is not appropriate to use devices, websites and apps to get health help and information.

6.5. Many people told us that they do not want to use devices, websites, or apps to be properly assessed by a doctor. Some participants also discussed the importance of privacy and confidentiality. Maintaining privacy and confidentiality can be difficult when receiving health care virtually.

> “I like to have the options, as I did have an issue and I spoke to the doctor and was allowed to come in. I was comfortable to start with a phone conservation. I would have felt that I wouldn’t have been properly cared for if the doctor didn’t see me face to face.”

> “If it is something physical and someone needs to see it – I had an e-consult and you can’t see the lump within my finger but you can feel it. It would have been better for doctors to feel it and see it. No treatment was given and I was dismissed.”

> “If you’re not comfortable at home, it can be problematic.”

6.6. Distrust and Community Issues

6.6.1. We asked more generally how people feel about accessing information related to healthcare online. Distrust, language, and age are cited as barriers to information access. Some respondents also told us that it’s important that professionals like GPs have a good level of cultural awareness. This is important to be able to treat people properly and to gain the confidence of members of the community.

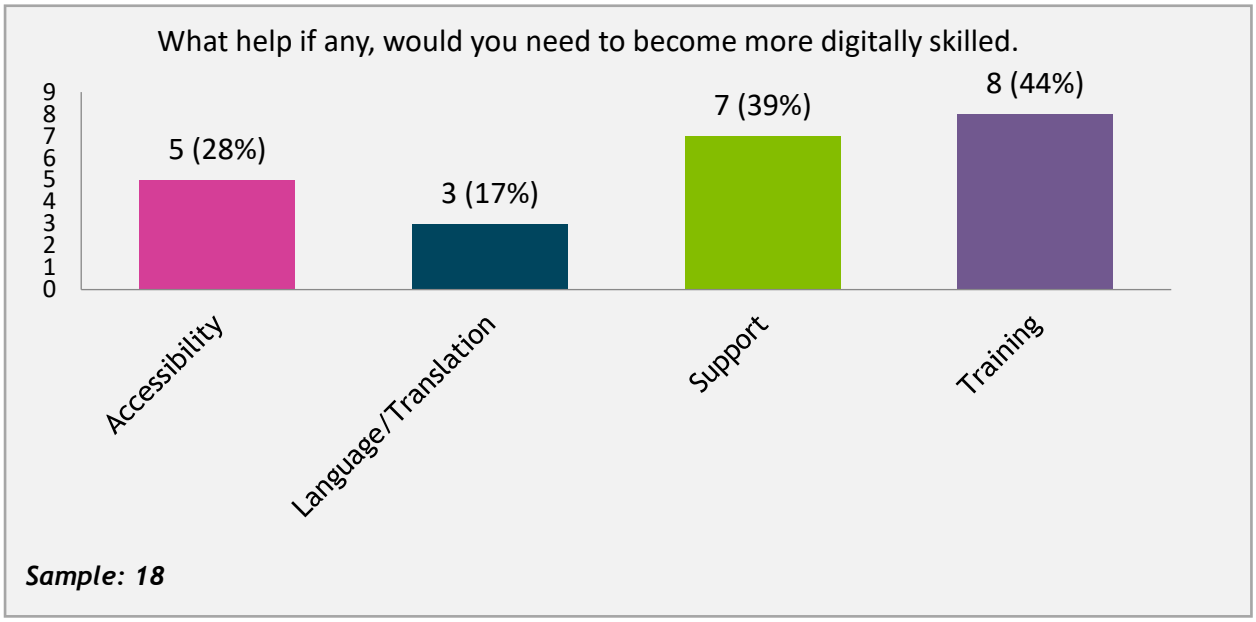
6.6.2. During our focus groups and interviews, many participants expressed concerns which were not directly related to accessing healthcare services digitally, but which are important to take into account. For instance, participants’ worries about the cultural awareness of a healthcare worker can influence the ways in which patients feel comfortable accessing services. The concerns, views, and experiences that were discussed in our focus groups speak to wider health and social disparities across our boroughs. They also reflect issues of discrimination, distrust, and prejudice within health and social care services.

> “I do look anywhere as if I can’t access to go online or computer or via phone, then it becomes difficult to search. Especially due to language barrier. The only thing is vaccination but due to the language barrier it is hard.”

8. Skills and support

8.1. In this section we look at requirements and experience of skills and support.

8.2. We asked people what help, if any, they would need to become more digitally skilled.



8.3. In our focus groups and interviews, 44% of participants who answered this question told us that training would help them become more digitally skilled. Accessibility help, particularly for sensory disabilities and language learning or translation, was also mentioned often.

8.4. On training, a range of topics are mentioned – such as assistance with browsing websites and sending emails. One person said that more accredited young women would be encouraging for others.

8.5. Those with sensory disabilities (such as Macular Degeneration) are most likely to comment on needing support and some say that even with one-to-one assistance, using devices such as tablets can be difficult. Use of virtual assistants, such as Amazon Echo has assisted some.

8.6. On language, while translation aids such as Google Translate are utilised, there is a desire to better learn English.

> "I need a computer but also need computer support and maybe to learn English. Any workshops and courses to equip me to use different applications and websites in terms of communicating health services would help."

8.7. Getting Support

8.7.1. We also asked if people knew where to go to get support, if needed.

8.7.2. One person has attended training at a local disability centre. It was noted that older people will be particularly disadvantaged, even those with family. One

younger person felt that seeking assistance may be embarrassing – and that cuts to school budgets may impact what is on offer.

9. Recommendations

9.1. Availability of face-to-face appointments and consultations

9.1.2. We heard that people did not know that they could request a face-to-face appointment or consultation, or that they were not offered it despite needing and requesting it.

Recommendation 1: Where current COVID-19 guidelines permit, GPs and all NHS services in Westminster and Kensington & Chelsea should adhere to UK Health Security Agency Recommendation 4 that states that patients should be consulted on their needs and preferences for face-to-face appointments. Where it is not possible to offer this, patients should be provided with clear explanations on the reasons why this decision was made and what their alternatives are.

9.2. Signposting

9.2.1. Many people told us that they were unaware of the services available to them. Some respondents told us that they did not know where to go to get reliable information on services.

Recommendation 2: North West London Clinical Commissioning Group and Public Health teams in Westminster and Kensington & Chelsea should promote information on local health services, including details about self-referral routes where applicable, accessibility, and translation services in public places such as pharmacies, GP surgeries, libraries, community centres, sports centres, walk-in clinics, schools, and higher and further education colleges.

Recommendation 3: North West London Clinical Commissioning Group should run a communications campaign advertising residents on how they can access the health support they need. This includes making better use of the locations listed above.

9.3. Local public health messaging

9.3.1. Many people told us they felt public health messaging was unclear or confusing. People told us they did not know where to go for reliable public health information.

Recommendation 4: Local Public Health bodies and NHS Trusts including Imperial College Healthcare NHS Trust and Chelsea & Westminster Hospital NHS Foundation Trust, and Westminster and Kensington & Chelsea Council Public Health and Community Engagement teams, should involve Healthwatch Central West London, local people and community groups in coproducing local public health information.

Recommendation 5: Healthwatch Central West London, with the support of our Local Committees, will develop a process through which public health messaging is regularly reviewed, with input from local people.

9.4. Accessibility

9.4.1. Some participants told us that services, particularly online, remain inaccessible. For instance, many GP practice websites are not compatible with e-readers. All organisations providing publicly funded services must comply with the accessibility requirements under the Equality Act 2010, including through digital channels.

Recommendation 6: All GP practices, Kensington & Chelsea and Westminster Councils, and NHS Heath Trusts operating within the two boroughs should carry out an accessibility audit of their online presence and service offer. This must be carried out through engagement with local people who have specific accessibility needs.

9.5. Translation services

9.5.1. This report has shown that in-person and online translation services in GP practices are not fit for purpose. Failures relate to both information about translation services and whether they are available at all times that patients need them.

Recommendation 7: All GP practices and other NHS services within Westminster and Kensington & Chelsea should promote and make available translation services at each point of need, for all patients who need this services.

10. Conclusion

10.1. The aim of this project was to hear from residents, patients, and carers from across Kensington & Chelsea and Westminster about their thoughts and experiences of using digital health tools, so that we could better understand the impact of the NHS's 'digital first' strategy on local people.

10.2. As the NHS pushes ahead with its 'digital first' strategy, listening to patients' voices and learning from their experiences remains as important as ever. It is vital that changes do not adversely affect local people, and that services remain accessible. Particularly with changes of this nature, the risk that people become unable to, or significantly disinsentivised from, accessing health services is very high.

10.3. Following this research, Healthwatch CWL will also be reviewing our own online presence. In line with 9.4. Recommendation 6, we will be carrying out an accessibility audit through engagement with local people who have specific accessibility needs, to ensure that our online resources are able to be used by everyone who needs them.

10.4. As services change, and digital health becomes a larger part of how people receive care, health and social care service commissioners and providers must remain receptive to patient feedback, to ensure that services improve and work for all members of society. Digital tools can work well, but they must not work well at the expense of people who are unable to, or who do not want to, use them.

10.5. We have heard from local people about their experiences using digital health tools, and how they would like local health services to improve to help them stay well and safe

11. Appendix: Focus group and interview questions

Access and experience

- What was accessing health services like before the COVID-19 pandemic?
- How has that changed during the COVID-19 pandemic, if at all?
- How did you access your GP and get prescriptions?
    - What was your experience like?
- Have you used your GP and/or other health services *(hospital, mental health services etc.)* during the first and second wave of the COVID-19 pandemic?
- What was your experience like?
- Have there been any health services that you were not able to access during the COVID-19 pandemic?
    - Why?
    - What did you do?

Experience using digital tools

- Do you use websites such as the NHS website, to find health information or to get help with health issues?
    - If yes, what was your experience like? Was there anything you liked? Was there anything you did not like?
    - Thinking about the website(s) you've used to get health information and help, what could be better?
- Do you use any health-related apps such as the NHS app, headspace, myGP?
    - If yes, what was your experience like? Was there anything you liked? Was there anything you did not like?
    - Thinking about the app(s) you've used, what could be better?
- Tell us about your experience using devices such as, mobile phone, tablets, IPads, laptop and computer, to get help and information about your health?
    - Was there anything you liked?
    - Was there anything you did not like?
    - If you have more than one device, which one do you use more and why?
- How do you feel about using devices (mobile, tablets and laptops), website and apps to engage with your health?

Appropriateness, Communication, Information

- Are there times and places when you feel like it is not appropriate to use devices, website and apps to get health help and information?
- Are there any parts of healthcare that is important to remain non-digital and why? *(e.g appointments, ordering prescriptions)*
- Are there times when you would prefer using digital devices, websites and apps to get health information or help, rather than seeing a health professional in person?
- Do you have any worries when using devices, website and apps to access health help and information? *(e.g. video calls with GP, accessing mental health services, ordering repeat prescriptions)*
    - Do these worries, if any, affect your use of these devices, websites and apps?
- Do you feel that there is too much or not enough options available when it comes to health websites and apps?
    - How does that make you feel?
- Thinking about where and when you would be using digital health, are there any situations when this would be difficult for you?

Skills and Support

- If you wanted help and support with being more digitally skilled, what help would you need?
- Do you know where to get support if you wanted it?
- Have you had support when accessing health care online?

Concluding question

- If you would like to make a recommendation or change to health services, what would that be?

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City of Westminster

Adults, Health & Public Protection Policy & Scrutiny Committee

Date:	11th October 2021 (date of meeting 8th November 2021)
Classification:	General Release / **For information only**
Title:	2020/21 Annual Report
Report of:	Safeguarding Adults Executive Board
Cabinet Member Portfolio	Portfolio (as listed at www.westminster.gov.uk/cabinet)
Wards Involved:	All
Policy Context:	For information only
Report Author and Contact Details:	**Report Authors** Louise Butler, **Head of Safeguarding and Workforce Development** Trish McMahon, **SAEB Business Manager** **Patricia.mcmahon@rbkc.gov.uk**

1. Executive Summary

1.1 This is the Annual Report of the Safeguarding Adult Executive Board (SAEB). The multi-agency Board provides leadership of adult safeguarding across the Bi-borough. The purpose of the Board is to ensure that member agencies work together, and independently, to secure the safety of residents who are at most at risk of harm from others, or through self-neglect. The responsibilities of the SAEB are detailed in Schedule 2 of the Care Act 2014[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.

1.2 The report seeks to show how the SAEB and member agencies have addressed these priorities during 2020/21 and provides an overview of the work of the Board

[1] http://www.legislation.gov.uk/ukpga/2014/23/schedule/2/enacted

and its subgroups. 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

1.3 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.

1.4 **Highlights** from each of the 4 key areas found in the report 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 London Fire Brigade 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

1.5 **Forward planning for 2020-2021** (see pages 60-61)

2. Key Matters for the Committee's Consideration

The Committee 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. It is recommended that the report is noted and strategy and the priorities informing its current work endorsed.

Financial Implications: None

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

3. Background

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

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

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

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

Mayor's Office for Policing and Crime **£10,000.00** (£5,000.00 per borough)
CCG Collaborative **£40,000.00** (£20,000 per borough)
London Fire Brigade **£1,000.00** (£500.00 per borough)

If you have any queries about this Report or wish to inspect any of the Background Papers please contact Report Author:
patricia.mcmahon@rbkc.gov.uk

Appendix 1:

1.Overview of the Safeguarding Adults Executive Board – Key messages

1.1There has been much activity by the members of the Safeguarding Adults Executive Board during the pandemic to support our vulnerable residents with early intervention and prevention interventions to prevent abuse and neglect .

1.2 Every partner has been keen to contribute to the Safeguarding Annual Report of the Board which demonstrates the continued commitment by our partners in this important agenda .The report is split into several sections and highlights from these sections are set out below :

2.Safeguarding Activity during the pandemic

2.1 Safeguarding referrals increased in the age group 18-65. But majority were adults without care and support needs who required signposting to single agencies or the council covid hubs if shielding for food. Police concerns almost doubled related to people with low level mental health worries .

2.2 A positive impact of the pandemic saw an increase in early intervention and prevention working in partnership with statutory and non-statutory agencies. Key message is that we did not see an increase in safeguarding enquires but the changing face of safeguarding concerns but pressure on Adult Social Care to signpost to the appropriate service

3.Making Safeguarding Personal:

3.1 Innovative project in place to reach out to BAME groups across Bi-Borough to understand how we can support better Safeguarding exploring barriers to engagement and innovative community support to prevent abuse and neglect

3.2 Partnership work with Primary Care to ensure compliance with Annual Health Checks for Learning Disability client group

3.3 Large scale triangulation of data sharing project across council departments to ensure better information sharing to increase the safety of vulnerable adults and children and promote early intervention and prevention. Housing, ASC, Children's, Mental Health, Community Safety

4.Creating a healthy and safe community

4.1 Hate crime and Cuckooing projects demonstrate innovaitve strong partnership response to relatively new abuses being identified under safeguarding framework

4.2 Westminster Voluntary Organisations Advocacy Project ran an awareness campaign with Westminster City Council on increased fraud and scams related to Covid, promoting the 'Friends against scams' with the Local Account Group and Safeguarding Ambassadors to build confidence.

5.Leading Listening and Learning

5.1 New areas of safeguarding concerns and vulnerabilities coming out of the pandemic has shown a light on increased focus on fatal fires; greater awareness of people with mental health issues and suicide prevention which will be form key priorities of the SAEB to take forward in 2021-2022

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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**

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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.

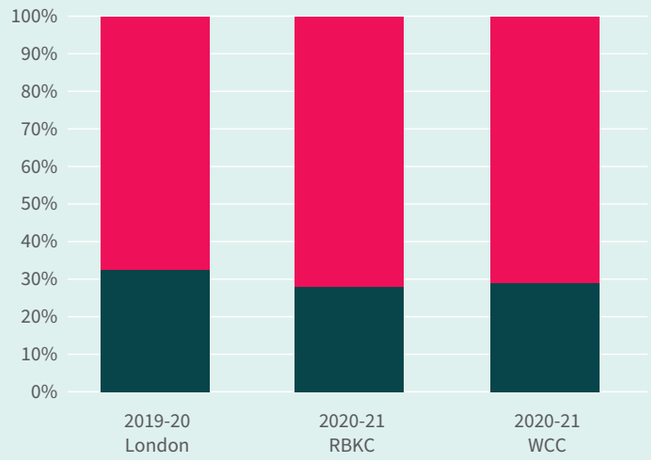
Family and friends expressed concerns about being unable to visit their relatives or friends in care homes; worries grew when they were unable to visit for long periods and people wanted to know about the correct use of personal protection equipment (PPE). These concerns made up a large number of referrals. 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...

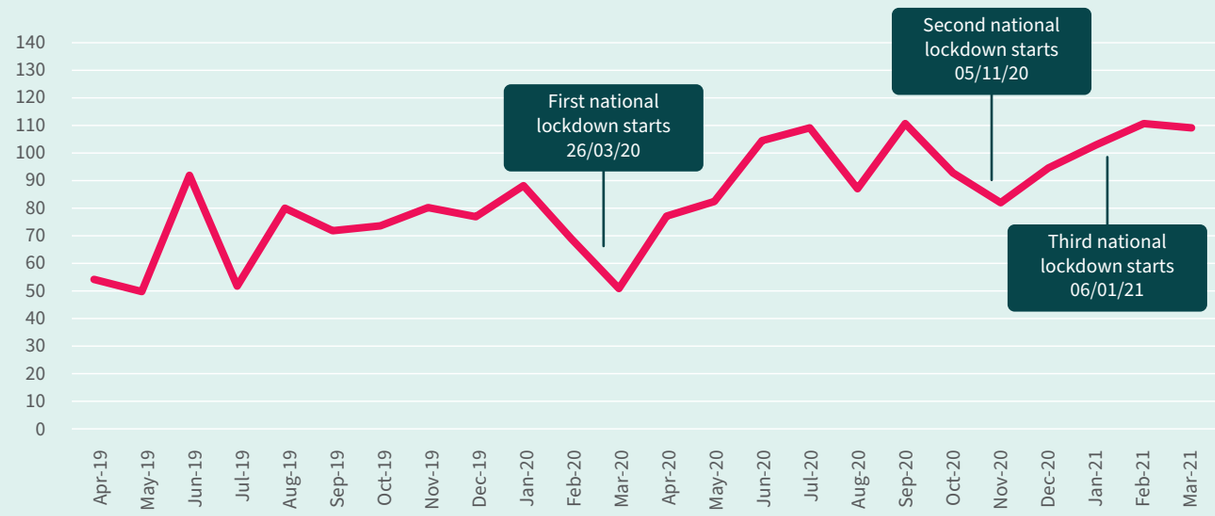
Did you know?

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%)

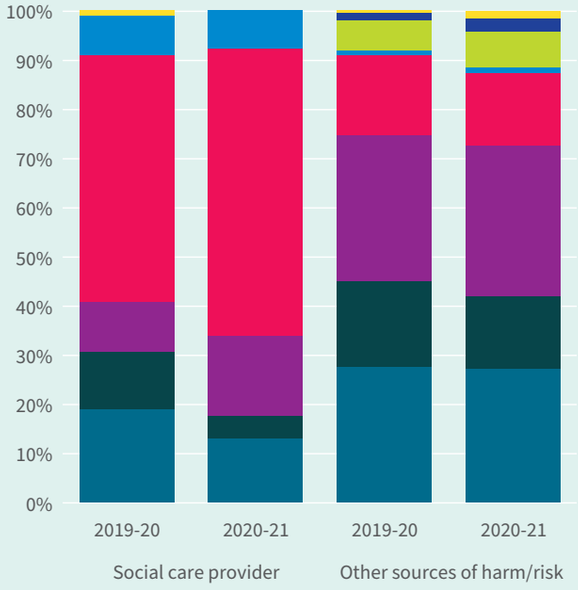
Did this increase reflect an increase in actual safeguarding incidents?

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?

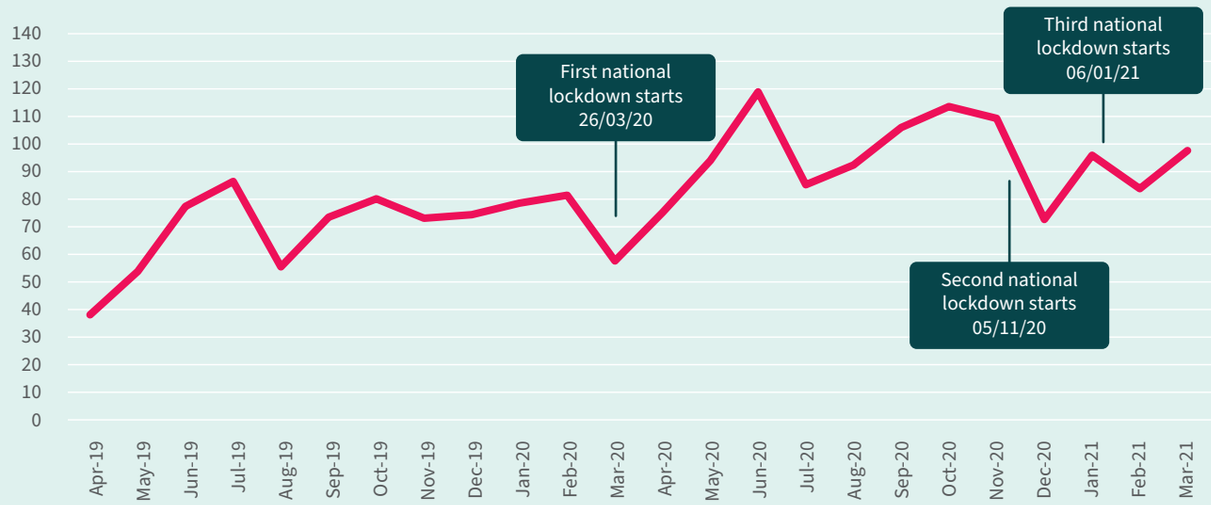
The frequency with which different types of harm or abuse were alleged, according to source of risk, for s42 enquiries completed in the year



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

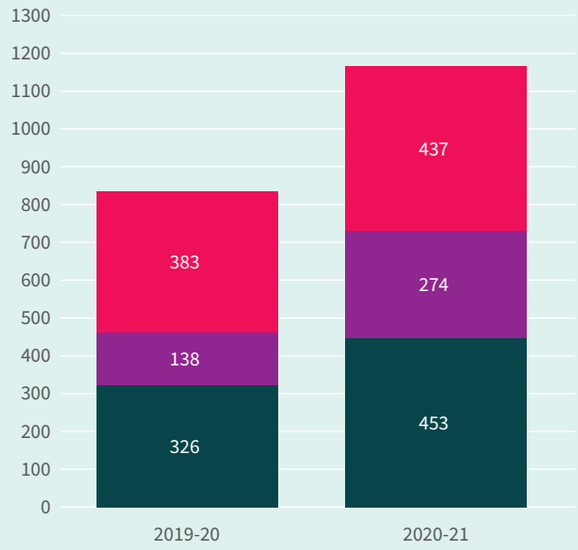
What was this increase due to?

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?

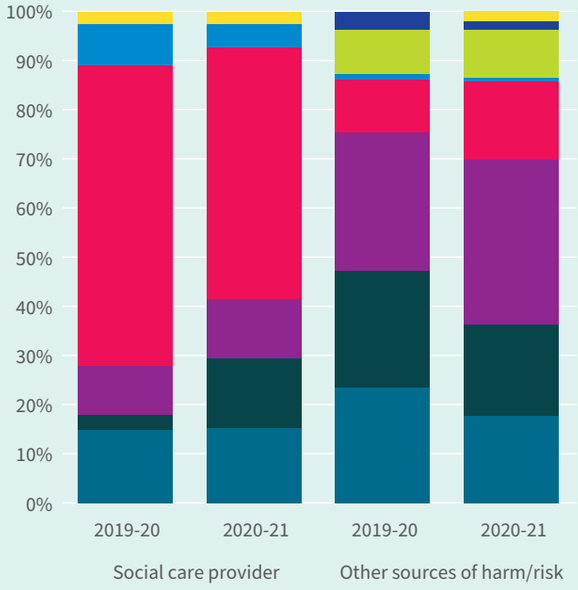
How the safeguarding concern was assessed at the first stage in the safeguarding pathway - Westminster



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.

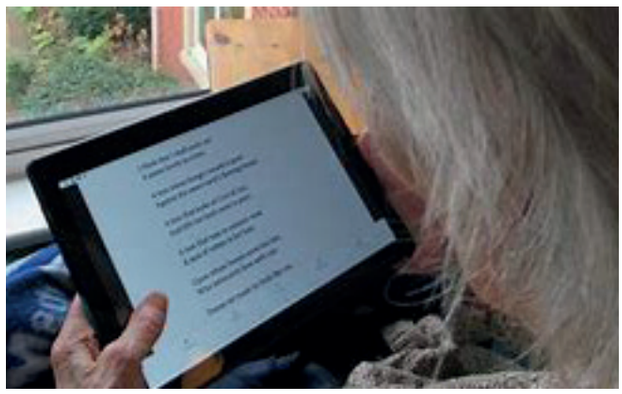
This can be seen as being a positive sign that increased partnership working showed a great level of transparency and a more proactive approach to support. This partnership working enabled early identification of themes and trends.

Safeguarding Adults Executive Board

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.

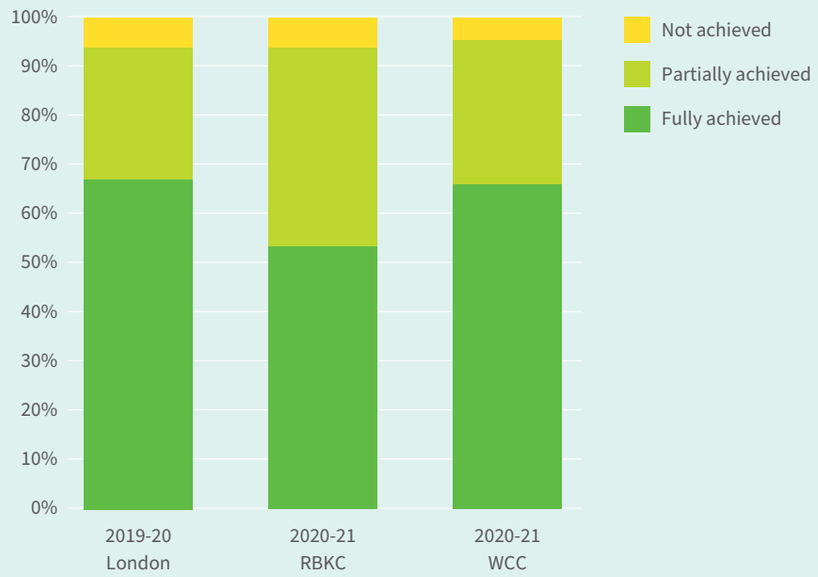
This section explores how the Board Partnership safeguarded its most vulnerable residents and helped people to feel involved in their safety so they could make improvements to their quality of life. But first we will look at safeguarding activity during the pandemic and how we compare with London as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

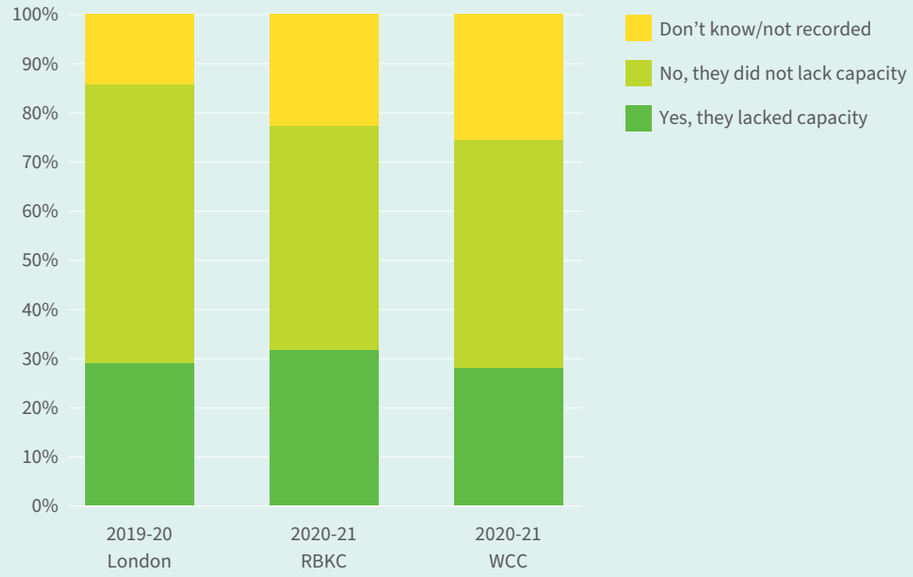
Where the adult at risk said what they wanted to achieve through the enquiry, whether they were judged to achieve it



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.

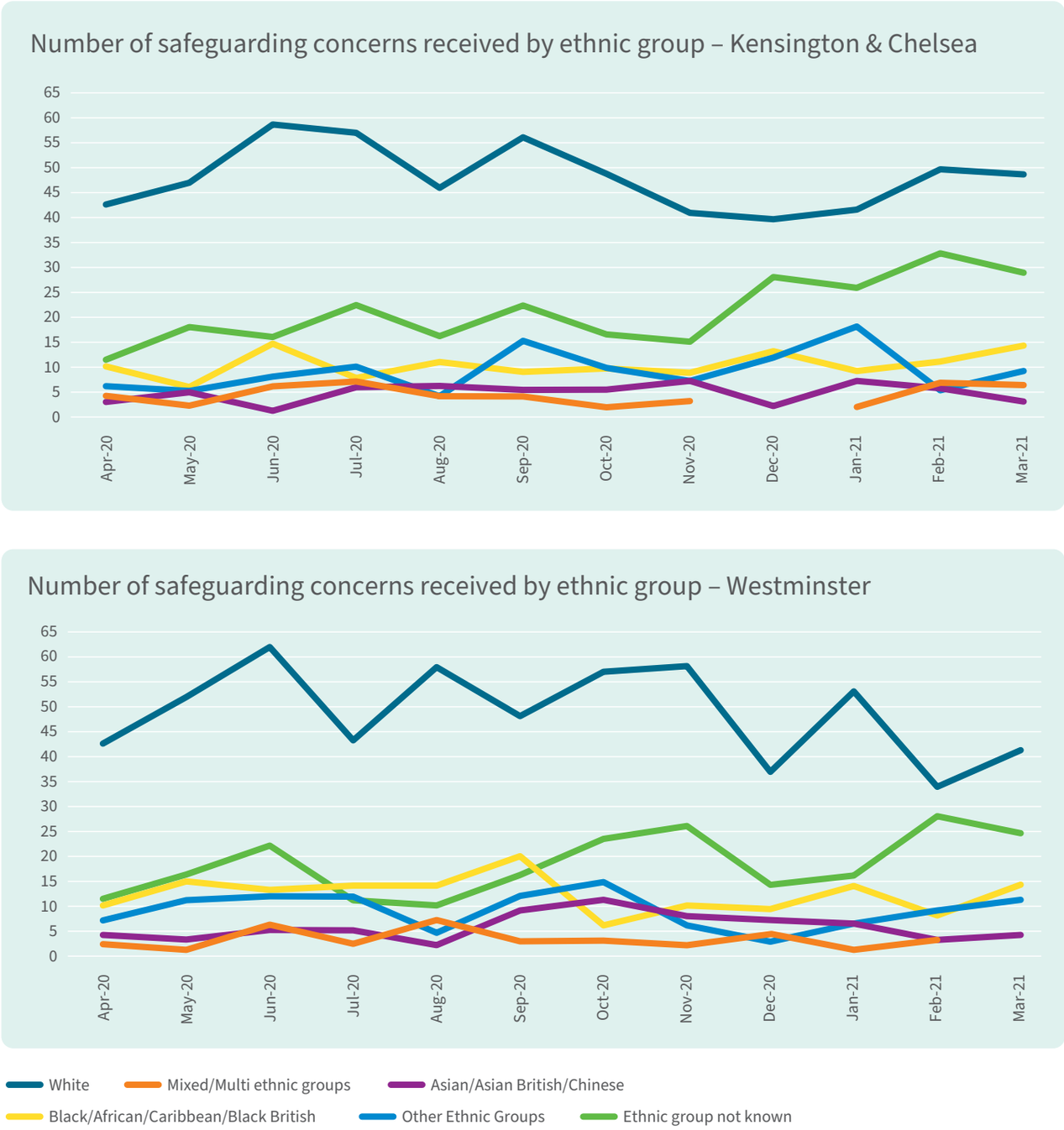
- The ethnic profile of adults for whom safeguarding concerns are raised reflects more closely the ethnic profile of adults receiving care and support than it does the general population, but the high proportion of cases where ethnic group is not known make it difficult to draw any conclusions as to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



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

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.

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.

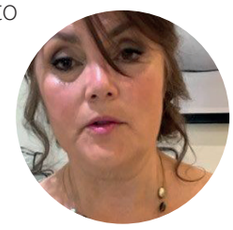
Experience of wife

"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.

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

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

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:

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 benefited 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:-

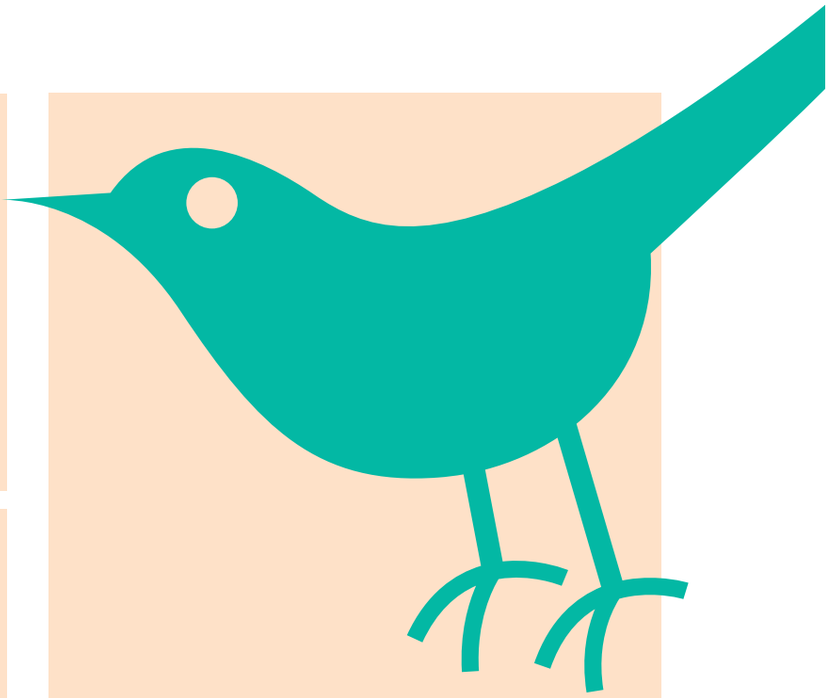
- Finish the policy.
- Finish the training and roll out to partners.
- Continue to build our knowledge and understanding of cuckooing.

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 feed 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

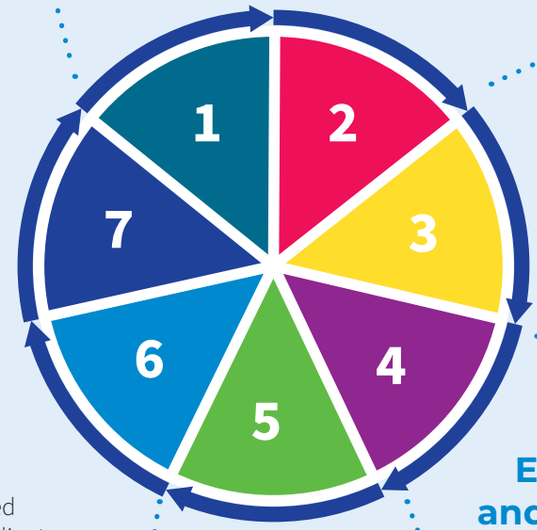
The Fire Safety Order 2005 requires the identification of residents at risk as part of the fire safety risk assessment for the premises, this would include taking appropriate action to remove or reduce the risk.

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.

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.

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.

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 GP’s 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.

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.**

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 women 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 has 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 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 repossesses flat.
- Date found deceased in property June 2019.

Overall findings

- With any case review family views are considered. Attempts where 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 learnt 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 regards 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

Making Safeguarding Personal

I am able to make choices about my wellbeing

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
- Genesis Notting Hill Housing
- 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.

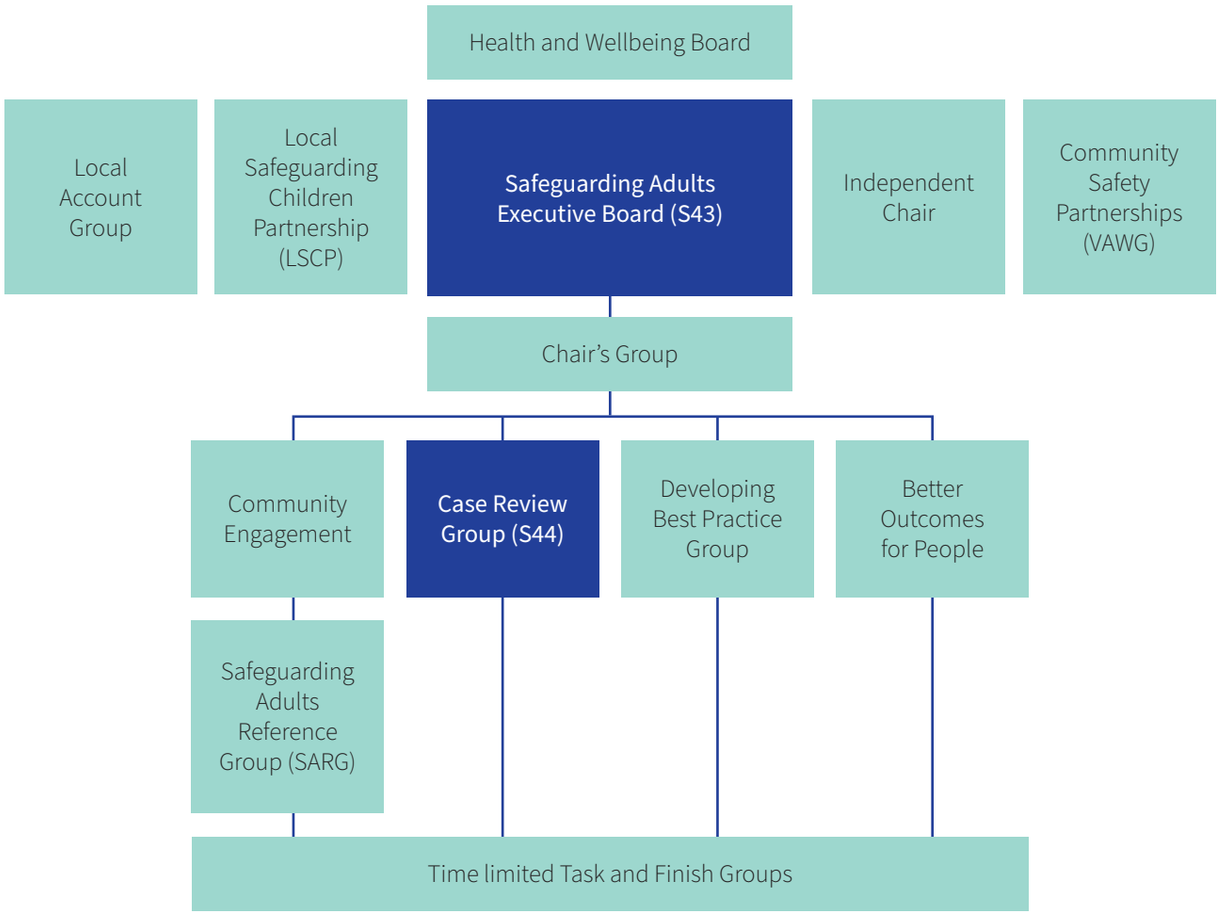
Appendix 2

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 boards (LSCBs).
- 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

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.

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
T 020 7361 3013
E socialservices@rbkc.gov.uk

Westminster
T 020 7641 2176
E adultsocialcare@westminster.gov.uk

City of Westminster

Adult Social Care and Public Health Policy & Scrutiny Committee

Date:	29 October 2021
Classification:	General Release
Title:	**2020/21 Work Programme**
Report of:	Head of Governance and Councillor Liaison
Cabinet Member Portfolio:	Cabinet Member for Adult Social Care and Public Health
Wards Involved:	All
Policy Context:	All
Report Author and Contact Details:	**Artemis Kassi** akassi@westminster.gov.uk

1. Executive Summary

1. This report asks the committee members to consider items for the Committee's 2021/2022 work programme.

2. Meeting dates for the 2021/2022 year

2.1 The Committee is advised that the scheduled meeting dates for the 2021/2022 year are:

- 24 January 2022
- 21 March 2022

3. Suggested topics

3.1 The November meeting will scrutinise the Safeguarding Adults Executive Board Annual Report, a statutory requirement for the Committee, as well as receiving reports from Healthwatch and an update from CNWL on the temporary closure of the Gordon Hospital.

3.2 The Committee is therefore asked to reflect on and discuss its work programme for the remainder of the municipal year. It is currently suggested that the

Committee receive reports on oral healthcare, vaccination uptake and care homes at the January meeting.

3.3 Committee members are participating in a scrutiny task group investigating the mental health and emotional wellbeing of children and young people in Westminster, led by Cllr Karen Scarborough (Business and Children's Policy and Scrutiny Committee). The Committee decided to set up a future task group on obesity and metabolic diseases, which officers are in the process of researching.

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

akassi@westminster.gov.uk

Appendix 1 – Terms of Reference
Appendix 2 – Work Programme

Appendix 1. Terms of Reference

ADULTS AND PUBLIC HEALTH POLICY AND SCRUTINY COMMITTEE

COMPOSITION

Eight (8) Members of the Council (five Majority Party Members and three Minority Party Members), but shall not include a Member of the Cabinet.
TERMS OF REFERENCE

(a) To carry out the Policy and Scrutiny functions, as set out in Article 6 of the Constitution in respect of matters relating to all those duties within the terms of reference of the Cabinet Member for Adult Social Care and Public Health.

(b) To carry out the Policy and Scrutiny function in respect of matters within the remit of the Council's non-executive Committees and Sub-Committees, which are within the broad remit of the Committee, in accordance with paragraph 13 (a) of the Policy and Scrutiny procedure rules.

(c) Matters within the broad remit of the Cabinet Members referred to in (a) above which are the responsibility of external agencies.

(d) Any other matter allocated by the Westminster Scrutiny Commission.

(e) To have the power to establish ad hoc or Standing Sub-Committees as Task Groups to carry out the scrutiny of functions within these terms of reference.

(f) To scrutinise the duties of the Lead Members which fall within the remit of the Committee or as otherwise allocated by the Westminster Scrutiny Commission.

(g) To scrutinise any Bi-borough proposals which impact on service areas that fall within the Committee's terms of reference.

(h) To oversee any issues relating to Performance within the Committee's terms of reference.

(i) To have the power to scrutinise those partner organisations under a duty to that are relevant to the remit of the Committee.

(j) To consider any Councillor Calls for Action referred by a Ward Member to the Committee.

(k) To discharge the Council's statutory responsibilities under Section 7 and 11 of the Health and Social Care Act 2001 with regard to any planned substantial developments and variations to NHS services.

(l) To oversee strategic and accountability issues within local health commissioners and providers.

February 2021

Appendix 2. Draft Work Programme 2021/2022

ROUND ONE 28th April 2021		
Agenda Item	**Reasons & objective for item**	**Represented by**
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities	Cabinet Member for Adult Social Care and Public Health
Healthwatch Report	To receive a report from Healthwatch, including primary care and the patient's voice	Olivia Cylmer, CEO of Healthwatch Central West London
Gordon Hospital	To receive an update on the Gordon Hospital closure	Ela Pathak-Sen, CNWL, Director for Mental Health Services, Westminster
Update from NHS North West London Integrated Care System	To receive an update report from NHS NWL ICS on elective surgery	Professor Tim Orchard, CEO, Imperial College Healthcare Trust
Update on Covid Impacts	To update the Committee on the impacts of Covid in Westminster	Cabinet Member for Adult Social Care and Public Health Russell Styles, Deputy Director of Public Health

ROUND TWO 15th July 2021		
Agenda Item	**Reasons & objective for item**	**Represented by**
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities	Cabinet Member for Adult Social Care and Public Health
Gordon Hospital	To receive an update on the Gordon Hospital closure	Ela Pathak-Sen, CNWL, Director for Mental Health Services, Westminster
Mental Health provision in Westminster	For the Committee to receive an update on mental health services in Westminster	Robyn Doran (Chief Operating Officer, CNWL) and Ela Pathak-Sen, CNWL, Director for Mental Health Services, Westminster
Vaccination Update	To receive a verbal update about the Covid-19 vaccination programme	Pippa Nightingale (Chief Nurse, North-West London

		/ SRO for the COVID-19 vaccination programme)

ROUND THREE 27th September 2021		
Agenda Item	**Reasons & objective for item**	**Represented by**
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities	Cabinet Member for Adult Social Care and Public Health
Obesity and Metabolic Diseases	To update the committee on how the Council is tackling obesity in the Borough	Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care and Health Anna Raleigh, Bi-Borough Director of Public Health
Public Health Funerals	To update the committee on how the Council are running public health funerals	Raj Mistry, Executive Director of Environment and City Management Calvin McLean, Director of Public Protection and Licensing
Gordon Hospital	To receive an update on the Gordon Hospital closure	Ela Pathak-Sen, CNWL, Director for Mental Health Services, Westminster

ROUND FOUR 8th November 2021		
Agenda Item	**Reasons & objective for item**	**Represented by**
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities	Cabinet Member for Adult Social Care and Public Health
Safeguarding Adults Executive Board Annual Report	For the Committee to receive the Safeguarding Adults Annual Report. The Committee would like to be updated on how the Council is working with vulnerable adults that are the victims of scamming and cuckooing	Angela Flahive, Head of Safeguarding Review and Quality Assurance
Healthwatch Report	To receive a report from Healthwatch, including primary care and the patient's voice	Olivia Clymer, CEO of Healthwatch Central West London

Update on Gordon Hospital	To receive an update on the Gordon Hospital closure	Ela Pathak-Sen, CNWL, Director for Mental Health Services, Westminster

ROUND FIVE 24th January 2022		
Agenda Item	**Reasons & objective for item**	**Represented by**
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities	Cabinet Member for Adult Social Care and Public Health
Vaccine Take-Up	For the Committee to receive an update on vaccine take-up within Westminster, across different socio-demographics and age groups	Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care and Health Anna Raleigh, Bi-Borough Director of Public Health
Care Homes	For the Committee to receive an update on levels of need, staffing/workforce and funding across Westminster, with particular reference to care home residents with dementia	Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care and Health
Oral Healthcare	To review the accessibility of oral healthcare across Westminster, with particular reference to disadvantaged groups	Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care and Health Anna Raleigh, Bi-Borough Director of Public Health / CNWL

ROUND SIX 21st March 2022		
Agenda Item	**Reasons & objective for item**	**Represented by**
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities	Cabinet Member for Adult Social Care and Public Health
Healthwatch Report	To receive a report from Healthwatch, including primary care and the patient's voice	Olivia Clymer, CEO of Healthwatch Central West London
Joint Strategic Needs Assessment	To receive a report on Joint Strategic Needs Assessments	Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care and Health

		Anna Raleigh, Director of Public Health
Update on Gordon Hospital	To receive an update on the Gordon Hospital closure	Ela Pathak-Sen, CNWL, Director for Mental Health Services, Westminster

UNALLOCATED ITEMS		
Agenda Item	**Reasons & objective for item**	**Represented by**
Health Inequalities	To review the council's new public health priority: tackling health inequalities in the Borough. To discuss how health inequalities (particularly BAME health inequalities) have been exacerbated during the pandemic and what data is being collected to monitor health inequalities.	Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care and Health
GP Accessibility Post-Covid	To review the accessibility of GPs post-Covid and review the availability of telephone and face-to-face appointments	TBC
Health Champions Programme	To review the programme	Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care and Health
Alcohol and Substance Misuse Support	To review the Council's alcohol and substance misuse support programmes and how they support vulnerable residents with substance misuse and dual diagnosis problems. To receive information on operation of and demands on the service during the Covid-19 pandemic	Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care and Health
Obesity	Obesity has been identified as the key priority for the NWL Integrated Care Partnership, it was recommended by Public Health WCC that partners leading present the strategic approach for the region in six-months' time	NWL Integrated Care Partnership Committee to deal with this as a task group
Social Isolation and Loneliness	To review how the Council is combating social isolation and loneliness amongst its residents	Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care and Health

The North West London Integrated Care System	To receive an update on the NWL ICS	TBC

TASK GROUPS AND STUDIES		
Subject	**Reasons & objective**	**Type**
Emotional Wellbeing and Mental Health of Children and Young People in Westminster	Joint task group, led by the Business and Children's P&S Committee (Cllr Karen Scarborough)	Task group
Obesity and Metabolic Diseases	The Scrutiny team is currently scoping for a Task Group on tackling obesity and metabolic diseases amongst children and adults in the City	Task Group