



City of Westminster

# Committee Agenda

Title: **Children & Adults, Public Health & Voluntary Sector Policy and Scrutiny Committee**

Meeting Date: **Monday 5th December, 2022**

Time: **6.30 pm**

Venue: **Rooms 18.01 & 18.03, 18th Floor, 64 Victoria Street, London, SW1E 6QP**

Members: **Councillors:**

Angela Piddock (Chair)	Karen Scarborough
Iman Less	Selina Short
Tim Mitchell	Max Sullivan
Ellie Ormsby	

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

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



**If you require any further information, please contact the Committee Officer, Linda Hunting, Policy and Scrutiny Advisor.**

**Email: [lhunting@westminster.gov.uk](mailto:lhunting@westminster.gov.uk)  
Corporate Website: [www.westminster.gov.uk](http://www.westminster.gov.uk)**

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

## **AGENDA**

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

**1. MEMBERSHIP**

To note any changes to the membership.

**2. DECLARATIONS OF INTEREST**

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

**3. MINUTES**

(Pages 3 - 18)

**4. PORTFOLIO UPDATE - CABINET MEMBER FOR ADULT SOCIAL CARE, PUBLIC HEALTH AND VOLUNTARY SECTOR (CLLR NAFSIKA BUTLER-THALASSIS)**

(Pages 19 - 28)

**5. PORTFOLIO UPDATE - CABINET MEMBER FOR YOUNG PEOPLE LEARNING AND LEISURE (CLLR TIM ROCA)**

(Pages 29 - 36)

**6. ORTHOPAEDIC IN-PATIENT SURGERY NW LONDON PROPOSAL**

(Pages 37 - 48)

**7. THE CHILDREN AND YOUNG PEOPLE'S PLAN (2023-2026)**

(Pages 49 - 76)

**8. ANNUAL ADULT SAFEGUARDING REPORT**

(Pages 77 - 118)

**9. WORK PROGRAMME**

(Pages 119 - 138)

**Stuart Love**  
**Chief Executive**  
**25 November 2022**



CITY OF WESTMINSTER

## MINUTES

**CHILDREN & ADULT, PUBLIC HEALTH & VOLUNTARY SECTOR  
POLICY & SCRUTINY COMMITTEE  
12 SEPTEMBER 2022  
MINUTES OF PROCEEDINGS**

Minutes of a meeting of the **Children & Adult, Public Health & Voluntary Sector Policy & Scrutiny Committee** held on Tuesday 12 September 2022 at 6.30pm at Westminster City Hall, Room 18.06 - 18.08, Floor 18, 64 Victoria Street, London, SW1E 6QP.

**Members Present:** Councillors Iman Less, Tim Mitchell, Ellie Ormsby, Angela Piddock (Chair), Karen Scarborough, Selina Short and Max Sullivan.

**Co-opted Members:** Alix Ascough, Marina Coleman, Professor Ryan Nichol and Mark Hewitt.

**Also present:** Councillor Nafsika Butler-Thalassis (Cabinet Member for Adult Social Care, Public Health and Voluntary sector), Councillor Tim Roca (Cabinet Member for Young People, Learning and Leisure), Artemis Kassi (Lead Scrutiny Advisor/Statutory Officer) and Linda Hunting (Policy and Scrutiny Advisor).

### 1. WELCOME AND INTRODUCTION

- 1.1 The Chair welcomed the Members of the Council, co-opted Members and guests to the meeting, including, James Balloqui attending as an observer and one of Westminster's two Youth MP's.
- 1.2 The Chair invited the committee to join in a minute's silence in memory of the passing of Her Majesty Queen Elizabeth II.
- 1.3 The Chair reminded Members that the Committee had both a statutory and scrutiny responsibility to scrutinise public health and education concerns of the Council.
- 1.4 The Chair requested that all answers to questions posed in the meeting be provided in writing to Scrutiny within two weeks of this meeting. It was noted by the Chair that answers would be made available to the Committee as well as tracked on the action tracker by the Policy and Scrutiny team.

#### 1.4 **ACTIONS:**

1. All responses to questions arising from the meeting to be provided to the Policy and Scrutiny team by no later than Monday, 26 September 2022.

#### 2. **DECLARATIONS OF INTEREST**

- 2.1 There were no new declarations of interest registered.
- 2.2 It was noted by the Chair, that Scrutiny would need to compile a list of any declarations for committee members.

#### 2.3 **ACTIONS:**

1. Scrutiny to compile a declarations of interest document for its members of this committee.

#### 3. **MINUTES**

- 3.1 The Chair sought approval that the minutes of the meeting held on 12 July be approved. as a correct record of proceedings.
- 3.2 The Committee Members agreed the minutes as a correct record of proceedings.

#### 4. **PORTFOLIO UPDATE – CABINET MEMBER FOR ADULT SOCIAL CARE, PUBLIC HEALTH AND VOLUNTARY SECTOR**

- 4.1 The Cabinet Member provided an overview of her portfolio including its service areas, priorities for the year ahead and key service updates/issues. The Cabinet Member responded to questions on the following topics:
  - The £1.2m released from the Public Health Grant to the Capital programme and how those funds are being spent, in particular, what plans are in place to address green spaces and prioritise neighbourhood projects for residents.
  - How the qualifier of 'deprivation' in relation to Public Health Grant spending is decided.
  - The Bi-Borough Place Based arrangements for social care and at what stage a report will be available from the Health and Wellbeing Board on the newly constituted Health and Wellbeing Strategy.
  - The importance of strengthening the engagement with partners to support and develop the mental health strategy.
  - The need for further information regarding the Green Doctors Service.

- The progress with the Polio vaccination rollout, including, what is being developed to encourage parents to vaccinate their children.
- The work commenced to support young people to reduce isolation and homelessness.
- The importance of a long-term Westminster Council strategy for combating hot weather preparedness, including within schools.

4.2 Other issues discussed were a trial dose of the Monkeypox vaccination given to residents in Chelsea and Westminster Hospital to aid the supply shortage, the need for a cold weather preparedness plan and data collection and sharing and the need for extra security and an understanding of data held and shared by GP practices.

#### 4.3 **ACTIONS:**

1. That a paper about the Gordon Hospital, to include information of the public consultation to come to the October Policy and Scrutiny Committee meeting.
2. That a report from the NHS on the plans for Palantir be arranged for the Committee.

### 5. **PORTFOLIO UPDATE – CABINET MEMBER FOR YOUNG PEOPLE, LEARNING AND LEISURE**

5.1 The Cabinet Member provided an overview of his portfolio including its service areas, priorities for the year ahead and key service updates/issues. The Cabinet Member responded to questions on the following topics:

- The continuing financial pressures on schools to provide basic educational needs to students, especially in deprived areas and what measures are in place by the Council to support schools in the current financial climate.
- The continuing pressure on funds available for school headteachers and the increase in costs to provide school meals to pupils, the importance of providing a form of school meal to pupils in deprived areas, and what provisions are being made by the Council.
- The falling pupil numbers across Westminster and what can be done to improve the situation.
- The ongoing concerns around the breadth of schools that provide a school uniform support scheme.
- The Bi-Borough School Inclusion Strategy.
- The expenditure of the Cultural Fund.
- What the continuing support will be for Ukrainian arrivals.

5.2 Other issues discussed were how the Council is measuring the effectiveness of the school uniform provision, the availability of the English language provision for

asylum seekers in hostels, the financial implications for the mid-year pupil entrants, the cost of the LOC scheme and the service provided by partners, and the Everyone Active Contract.

5.3 The Chair advised Members finances would be a primary focus at the next Committee meeting in October.

5.4 **ACTIONS:**

1. That the proposal to the Department for Education regarding the English provision for asylum seekers be provided to the committee.
2. That details of the Youth Offending Team caseload under the new safeguards will be available to the Committee for review.
3. That a briefing note on how the funds within the Cultural Fund have been spent will be circulated to the Committee.
4. That details of how the Children's Library will be financed will be circulated to the Committee.
5. That statistics for the launch of the Homes for Ukraine Scheme and any links between this and the Bi-Borough School Inclusion Strategy be circulated to the Committee.

**6. ANNUAL YOUTH JUSTICE PLAN – EXECUTIVE DIRECTOR, CHILDREN'S SERVICES**

6.1 The Chair welcomed Sarah Newman (Bi Borough Executive Director of Children) and Madhu Chauhan (Head Early Help Family Services) to introduce the paper and provide an overview of the report. The Executive Director responded to questions on the following topics:

- The issue of non-engagement in education with young offenders and their parents or carers.
- The challenges in policing the over-represented groups, in particular, stop and search initiatives.
- The importance of early intervention with young people.
- The ongoing issues in the borough of the use, sale, and evidence of a systemic problem with the use of the drug, nitrous oxide.
- The importance of stronger communication and engagement with the community regarding s.60 stop and search powers under the Criminal Justice and Public Order Act 1994.
- The issues with gangs present in the borough, including the exploitation of vulnerable residents.

### 6.3 **ACTIONS:**

1. That details of the possible links between the use of nitrous oxide and mental health issues in young people will be provided to the Committee.
2. That a glossary of the terms, and explanatory details to accompany the charts used in the Westminster Youth Justice Strategic Partnership Plan be provided for the Committee.
3. That more recent reoffending data of young people were be provided to the Committee.
4. That ideas for further resources that would enable the MET police the ability to deal with crime more effectively be provided to the Committee.
5. That an update on the points discussed in the meeting that derived from the report be provided to the Committee in six months' time (March 2023). This should be included as part of the Cabinet Member Report.

## 7. **OUT OF SCHOOL PROVISION**

7.1 The Chair welcomed Ian Heggs (Bi-Borough Director of Education) and Iraklis Kolokotronis (Bi-Borough Principal Early Years' Service Education) to introduce the paper. The Bi-Borough Director of Education responded to questions on the following topics:

- The ongoing issues in collating key information and identifying the challenges that affect long-term retention in schools.
- The multi-school hubs and making that provision more sustainable.
- The updating of information on the Family Information Service being carried out in a timely manner and regularly.
- The cause for concern, that only 8 out of 31 eligible schools in the borough are engaging with the 'Magic Breakfast' scheme.
- That the 'Magic Breakfast' website needs to be updated and promoted more robustly.
- The ongoing impact of pupil retention for the Out of School Provision and the knock-on effect of this, including, the difficulties with retaining staff and using appropriate venues for these activities.
- The shortage of Out of School Provision for parents and carers of children aged 0-5 years and the cause for concern over the schools and families that do not meet the eligibility threshold for the Out of School Provision in Westminster.
- The list of activity clubs available are not all registered with Ofsted.
- The importance of a 'Holiday' Out of School Provision.

- The difficulties around creating suitable training for all providers of the After School Provisions and the issues of these activities being unregulated.
- The import role of youth clubs and how they need to be promoted more actively throughout the Borough.

7.2 Other issues discussed were the idea of schools sharing staff to facilitate the use of more hubs for the out of school provision, the introduction of the 'Walking Bus', the ability for parents and carers to obtain the necessary information about services available, whether volunteers be utilised for Westminster Connect with the appropriate measures, whether there is capability to provide milk as an alternative to Breakfast Club or the alternative of a piece of fruit and the Bi-Borough After School music hub provision.

7.3 **ACTIONS:**

1. That the 'Magic Breakfast' website will be promoted and updated more regularly.
2. That details of cultural enrichment factors that are prioritised by the Council be communicated to the Committee.

**8. WORK PROGRAMME**

8.1 The Committee reviewed potential items to be prioritised for the 2022/23 work programme, which includes focussing on:

- The continuing financial pressures facing primary schools.
- The cost-of-living crisis and the effects on residents, particularly those in deprived areas.
- The Primary Health Care offer within the borough.

8.2 The Committee noted the importance of the Scrutiny being demand-led and flexible in its approach and with its priorities on the work programme, in order to be responsive to ever-changing demands on the Council.

8.3 The Chair advised Members the focus of the next meeting in October would be the health provision of the borough.

8.4 Other issues discussed were scrutiny power over NHS services, including inconsistencies with Primary Care providers in the borough and the concerns with the implementation of Palantir in GP practices and their access to NHS data.

8.5 **ACTIONS:**



1. That a guest be invited to speak at the next Committee meeting from Gordon Hospital.
2. That a site visit be arranged to Gordon and St. Charles hospitals for Committee Members.
3. That an informal meeting to be scheduled with Committee Members before the next full Committee meeting to discuss work plan priorities.
4. That an informal meeting of Cabinet Member Officers will be scheduled to aid Scrutiny Officers with forward planning of priorities.
5. That feedback will be provided to the Committee regarding the 'Magic Breakfast' provision.
6. That a consultation be arranged so the Committee can assess the intended roll-out of the Palantir services.

**9. TERMINATION OF MEETING**

9.1 The meeting ended at 8.15 pm.

CHAIR \_\_\_\_\_

DATE \_\_\_\_\_

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**CITY OF WESTMINSTER**

# MINUTES

**CHILDREN, ADULT PUBLIC HEALTH AND VOLUNTARY SECTOR  
POLICY & SCRUTINY COMMITTEE  
20 OCTOBER 2022  
MINUTES OF PROCEEDINGS**

Minutes of a meeting of the **Children, Adult Public Health and Voluntary Sector Policy and Scrutiny Committee** held on Thursday 20 October 2022 at 6.30pm at Westminster City Hall, Room 18.01 - 18.03, 18th Floor, 64 Victoria Street, London, SW1E 6QP.

**Members Present:** Councillors Lorraine Dean, Iman Less, Tim Mitchell, Ellie Ormsby, Angela Piddock (Chair), Caroline Sargent, and Max Sullivan.

**Also present:** Councillor Nafiska Butler-Thomas (Cabinet Member for Adult Social Care, Public Health, and Voluntary Sector), Councillor Tim Roca, (Cabinet Member for Young People, Learning and Leisure), Linda Hunting (Policy and Scrutiny Advisor) and Richard Cressey (Head of Governance and Councillor Liaison).

## **MEMBERSHIP**

- 1.1 The Committee noted that Councillor Lorraine Dean was attending as substitute for Councillor Karen Scarborough and Councillor Caroline Sargent was attending as a substitute for Councillor Selina Short.
- 1.2 The Committee noted apologies for Alix Ascough and Professor Ryan Nichol, co-opted Members of the Committee.

## **2. WELCOME AND INTRODUCTIONS**

- 2.1 The Chair welcomed the Members of the Council and Cabinet Members Councillor Nafiska Butler-Thomas and Councillor Tim Roca to the meeting.
- 2.2 The Chair welcomed Linda Hunting (Policy and Scrutiny Advisor) to this Committee.
- 2.3 The Chair advised the Committee of the order of the meeting, to be both Cabinet Member updates, followed by the update on the Gordon Hospital and report on the Care Coordination Solution (CCS).

- 2.4 The Chair advised Members the minutes for the meeting 12 September were yet to be drafted and would be considered at the next Committee meeting on 5 December 2022.
- 2.5 The Chair advised Members that officers would respond to questions arising from the meeting verbally, unless they were complex and they would then be provided in writing, following the meeting.

### **3. DECLARATIONS OF INTEREST**

- 3.1 There were no declarations of interest.

### **4. CABINET MEMBER FOR YOUNG PEOPLE, LEARNING AND LEISURE**

- 4.1 The Committee received an update from Councillor Tim Roca, on priorities for the portfolio and any updates that have arisen. The Cabinet Member responded to questions on the following topics:
- Available data on student enrolment and how that compares to previous years.
  - An update on the Tri-Borough Music Hub provision and whether funds allocated to the culture fund can support this activity going forward.
  - Afghan refugees and asylum seekers and what types of interventions can be implemented in order to support them and resettlement.
  - The Bayswater Family Centre and the resources available to run centres like this in the borough, the residents who are the primary focus, the community consultation process, and the Council's promises in the manifesto.
  - Additional funding from the Holiday's, Activities and Food Programme (HAF) for out of school provision activities and how that money is being spent with the providers.
  - The eligibility criteria for free school meals in the borough provided by HAF.
  - Where nursery school places are available in the borough, accessibility for parents / carers, and what private provisions are available across the Wards.
  - The Westminster Foundation and funding.
  - The feedback from the Winter in the City survey carried out in the borough on climate preparedness, such as wind chill.
  - The Bayswater Children's Centre, in line with the Children's Services offer in Westminster and when the centre will be reopened.
  - The Seymour Leisure Centre redevelopment programme and the organisations involved with the proposals for the centre going forward, including the internal consultation process, and what support for the scheme has been indicated from national organisations.

4.2 Other issues discussed were additional funding achieved by the Council and how that has informed future plans, Ukrainian settlement and temporary accommodation in and out of borough, The Everyone Active contract, and potential revenue gained from the Paddington Recreation Centre.

#### 4.3 **ACTIONS**

1. That information be provided on the falling pupil numbers in the borough, including, comparative figures from previous academic years.
2. That data on the availability of musical instruments in schools be provided to the Committee and that the Committee be kept updated on the music hub provision.
3. That further information to be provided to the Committee about the activities provided as part of the HAF programme including, how the funds are spent with each provider.
4. An update be provided to the Committee on the cost of living and the effects on families, children, and educational provisions.
5. That an update on Ukrainian arrivals, specifically information on where homelessness has occurred as a result of a match breakdown in the system.
6. That further information on the proposed cost of the development of the Seymour Centre be provided for the Committee, to include the service provider proposals for the centre.
7. That information about the revenue obtained from the Paddington Recreation Centre and what is it used for to be provided for the Committee.
8. That information about where the funds come from to maintain and invest in parks/ in the borough Paddington Recreation Centre, be provided to the Committee.

#### 5. **CABINET MEMBER FOR ADULT SOCIAL CARE, PUBLIC HEALTH, AND VOLUNTARY SECTOR**

- 5.1 The Committee received an update from Councillor Nafsika Butler-Thomas, on priorities for the portfolio and any updates that have arisen. The Cabinet Member responded to questions on the following topics:
- The voluntary sector delivering public health outcomes.
  - The Super-Zones due to be piloted in schools and the kinds of interventions that are being used to promote the objectives of the scheme such as, community safety, active travel, and sale of particular items within a 400 metre radius of a

school, what areas have been chosen for the pilot and the reasons, the base model introduced by the GLA earlier in the year including how this crosses over into other services such as licensing and planning, that the initiative is tailored to a local communities need and changing the environment around the school.

- How the Council advocates public health issues.
- Promoting Westminster Plus.
- The Covid-19 vaccination scheme, available immunisation data, the issues around the timing of data availability, and lessons learned from Covid-19 that could be applied to vaccinations of other immunisations.
- The social care marketplace and whether the same processes and platform used will also be implemented for mental health interventions.
- Plans for Learning Disability Day Care centres in the borough.
- Voluntary sector contracts information, in particular resident advice contracts.
- Food poverty and the use of food champions and community pantries, including, these having a steer toward sustainability, recycling, and food wastage.
- Comparative rates on the take-up of vaccinations in Westminster versus other London boroughs.

### **5.3 ACTIONS**

1. That comparative data on the uptake of vaccinations across all London boroughs will be given to the Committee.
2. That a demonstration of the social care marketplace to be arranged for the Committee.
3. That the figures for people going outside the borough to seek mental health medical treatment be provided for the Committee including, how far they travelled from their homes.
4. That information about super zones and whether there will be a standardised approach as the scheme is expanded to be arranged for the Committee.
5. That additional interested Committee Members contact the Policy and Scrutiny Advisor to arrange visits to the Gordon Hospital, Crisis House Paddington, and St. Charles Hospital.

## **6. UPDATE ON THE GORDON HOSPITAL**

- 6.1 The Chair welcomed Ann Sheridan (Managing Director of Central and NW London Jameson Division) and Senior Officers from the Gordon Hospital to introduce the paper and provide an overview of the report. The Managing Director of Central and NW London Jameson Division, Lucy Cooke (Interim Borough Director for Westminster), Kamaldeep Rai (Clinical Project Director & Senior Responsible Officer for Equality, Diversity & Inclusion), Dr. and Sujaa

Arokiadass (Clinical Director for Westminster Mental Health Services and Consultant Psychiatrist) responded to questions on the following topics:

- How often and how many residents are required to go out-of-borough to receive hospitalisation for mental health conditions as a result of the limited availability of in-patient mental health spaces.
- The provisions available across the borough for mental health care.
- The holistic and preventative measures currently being piloted in the borough.
- The plans for unused space at the Gordon Hospital, the consultation process starting in September 2023 and the new initiatives opening in the borough in February 2023.
- What is happening at a Local Authority level for mental health support, what kinds of health and social care provisions are available, and how a joined-up approach would benefit service-users.
- The availability and types of spaces in the borough used for mental health care and what changes have been made to the service in Westminster as a result of the Gordon Hospital being closed, including methods for assessment.
- Admissions and re-admissions for mental health hospital treatment in the borough.
- The emphasis on home treatment, mental health reablement, and mental health assessment, including mental health and A&E services.

6.2 Other topics discussed were the forthcoming interim review visits to be carried out by Healthwatch Westminster to consider the cultural appropriateness and accessibility of the Gordon Hospital and Healthwatch assisting in the consultation process of the hospital.

### 6.3 **ACTIONS:**

1. That the Committee will be provided with the figures showing the number of Westminster residents that access mental health services and need to be facilitated out-of-borough for in-patient care.
2. That figures for admissions and re-admissions for mental health hospital services be provided to the Committee.
3. That Healthwatch will provide for the Committee its findings from the interim review visits to be carried out at the Gordon Hospital over the coming months, in due course.

## 7. **REPORT ON THE CARE COORDINATION SOLUTION (CCS)**

7.1 The Chair welcomed Bruno Botelho (Deputy COO & Director of Digital Operations, Innovation, Performance and Information, Chelsea and Westminster Hospital NHS Foundation Trust / NWL Programme Director – Improving Elective

Care Coordination for Patients) and Dr. Rodger Chinn (Chief Medical Officer and Chief Clinical Information Officer for Chelsea and Westminster Hospital NHS Foundation Trust) to introduce the paper and provide an overview of the report. The Director of Digital Operations, Innovation, Performance and Information and Chief Medical Officer responded to questions on the following topics:

- Addressing the challenges that exist for managing patient elective care.
- How the CCS tool operates and using the resources available effectively.
- Where the tool has already been implemented and future plans.
- The benefits to patients.
- The reasons behind why the tool was created.
- The present challenges and addressing resources effectively, including hospital and patient transport.
- How patient waiting lists have changed since the pilot of CCS and the reasons behind this.
- Whether the application can be used by other services and other professionals in public health care settings in order to access patient details and history.
- How the data comparatively for theatre scheduling and utilisation is reflected in the use of this system.

## **8. 2022/2023 WORK PROGRAMME**

8.1 The Chair invited the Policy and Scrutiny Advisor to update the Committee on items on the Work Programme.

8.2 The Committee reviewed potential items to be prioritised for the 2022/23 work programme, which included focusing on:

- A Task Group to consider falling rolls of primary schools.
- The request for the Children and Young People's Plan to come to the Committee on 5 December.
- The request for the proposal for the Elective Orthopaedic Centre in NW London consultation to come to the Committee on 5 December.
- The Adult Safeguarding report to be moved to 23 February 2023 Committee meeting.
- A Policy and Scrutiny meeting to be arranged off-site at the Westminster Academy in the New Year, including a presentation by the Headteacher.

8.3 Other topics discussed were the need for the Committee to be flexible in planning the Work Programme, in order to be able to respond to needs that arise and consider items as they are required or requested.



**8.4 ACTIONS:**

1. The creation of a Task Group, led by the Chair, focussing on falling rolls in schools.
2. That Members will contact the Policy and Scrutiny Advisor to arrange visits to the St. Charles Hospital or other places of interest discussed.

**9. TERMINATION OF MEETING**

9.1 The meeting ended at 8.55 pm.

CHAIR \_\_\_\_\_

DATE \_\_\_\_\_

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City of Westminster

## Children & Adults, Public Health & Voluntary Sector Policy and Scrutiny Committee

<b>Date:</b>	05 December 2022
<b>Portfolio:</b>	Adult Social Care, Public Health and Voluntary Sector
<b>The Report of:</b>	Councillor Nafsika Butler-Thalassis
<b>Report Author and Contact Details:</b>	Maria Burton, Portfolio Advisor mburton@westminster.gov.uk

- 1. No key decisions have been made in the period since my last Policy & Scrutiny report dated 20 October.**
- 2. The following report includes my priorities and delivery progress to date of the new administration.**

### **2.1 Engagement with Users in Adult Social Care**

There is extensive user engagement work being undertaken throughout Adult Social Care and Health (ASCH). Examples of this include Community Champions, the Local Account Group residents (contributing to the autism and carers strategies) as well as the ongoing work of the Safeguarding Adults Reference Group and other user groups across the directorate. Some examples of this work are shown below:

- The Community and Maternity Champions have a group of local volunteers who give their time to bring communities together and support the health and wellbeing of their local communities. They have recently come together to hold their Annual Champions conference and produce a video all about their work. This work includes running activities and events, supporting with campaigns and signposting residents to other services in the community. They are currently focusing on Winter pressures, COVID-19 and flu boosters, mental health, the cost-of-living crisis and preventing isolation and loneliness.
- The Local Account Group (LAG), our strategic user involvement group have recently been on the interview panels for two senior management interviews, providing feedback to senior officer panels. Our Service User Representative is instrumental in developing a co-production position statement that will support and encourage best practice about how ASCH engages with residents on key activities.
- The Autism Strategy will be launched at the upcoming Health and Wellbeing Board in November 2022 and will showcase the changes being made with regards support provided to autistic residents. Over 200 autistic people and their families were involved in the development and design of the strategy. Some of the residents that wrote the strategy will join the event to tell their stories of living as autistic people in Westminster.

- The Carers Strategy is underway, with the Carers Network partnering with the Bi-borough to design and deliver a carer-led strategy to support the important work of unpaid carers.
- The Safeguarding Adults Reference Group is our user led group of residents who have been through the safeguarding process or have a specific interest in safeguarding. They have been working to bring real stories identifying local safeguarding issues to the attention of the Safeguarding Adults Board. Highlights include planning 'illegal money lending' webinars in December 2022 and March 2023, as well as sharing their experience with our community safety teams. During Hate Crime week, the Advocators Against Hate Crime Programme launched on 11 October 2022 to educate and train the voluntary sector and residents about hate crime and its impact on our communities. For this year's National Safeguarding Adults week, our Safeguarding Ambassadors are focussed on ensuring residents receive key messages around 'Sensible Precautions & Local Solutions' available across the Bi-borough' this Winter.

## **2.2 Winter Pressures, Cold Weather Plans, COVID-19 and Flu**

Public Health (PH) is working closely with communications and engagement colleagues to deliver our 'Boost your Immunity' campaign this Autumn/Winter. This amplifies central government and NHS materials, messaging and resources across the borough utilising Community Champions, our local community and faith groups. This includes localised resources including animations explaining the two vaccinations, short clips from local GPs and Community Health and Wellbeing Workers in our most commonly spoken languages. PH is working with council settings and Voluntary and Community Sector (VCS) partners to prominently display the campaign across the city. There is a particular focus on encouraging adult social care providers to promote vaccine uptake with their staff and have provided them with access to resources and offered to come to talk to staff on this matter.

Partnership working continues between ASCH and NHS colleagues regarding the delivery of the NHS flu and COVID-19 vaccine programmes to high risk groups. Plans are in place to vaccinate care home residents and staff, housebound residents and inclusion groups (includes rough sleepers, hostel dwellers, asylum seekers, refugees, sex workers, some people using drug and alcohol services). In addition, PH is working with domiciliary care providers to improve rates of vaccination for flu and COVID-19 in domiciliary care staff and to ask them to check on how prepared their services users are for this Winter e.g. to check they are being kept warm, have plenty of food and prescription medication in stock, have torches and batteries ready in case of power cuts and to raise any concerns with family or their social worker as relevant.

Hostels and rough sleeping settings now have access to COVID-19 testing. PH is working with housing colleagues to ensure that these new arrangements are now in place for these settings in our borough.

The Staying Well this Winter plan has been drafted and is being led by NHS colleagues.

North West London (NWL) NHS has allocated £15.4m to winter pressures across acute, community, primary care and social care this Winter. The 'Staying Well this Winter' plan sets out the diverse range of initiatives to meet needs. Primary Care initiatives are included. Access to GP registration data is readily available and residents are encouraged through a range of approaches to register with a GP proactively rather than wait for a medical reason. We review the gap between resident and GP registered population and through community work identify and encourage registration.

Delays for Westminster residents discharged from hospital beds remains relatively low and is managed daily by the social care teams and our acute and community NHS services. We have changed the way discharges are planned and this means adult social care staff have more involvement in the discharge planning process. For social care, an additional £123k has been allocated to support reablement and home care packages for people leaving hospital. Packages of care for those leaving hospital are increasing due to complexity of need and the number of people discharged who now require support and care.

Work is continuing to develop the optimal model for discharging people from our local hospitals back home with appropriate care and to a placement if people require interim placements before returning home or permanent placements. Additional investment in NHS Home First services to support people in the first few days to receive care and therapy before receiving reablement care has also been agreed which will support people this Winter. A gap in funding requirements remains and the social care discharge fund will be one source to support this. The initial tranche 1 allocation to Local Authorities making up 40% of the overall allocation, is £1.1m for Westminster social care. The remaining 60% at tranche 2 is expected by the end January 2023. Plans and grant conditions will need to be met.

### **2.3 Launch of Social Care Marketplace for Residents**

The pilot for our social care marketplace is ready to onboard service users. Officers are in the midst of rolling out a targeted promotion campaign to assessment and care management staff and onboarding service providers to the system.

Work is currently being undertaken with the Learning Disability team to identify user groups keen to use this to pool budgets for shared activities. This would be followed by the Mental Health teams. Although there has been a slow uptake by residents, it is preferable that the right service users access the tech to robustly test its capabilities and ensure it is the right tool for them.

For those that are not digitally engaged, we continue to provide the pre-paid card as a method for them to receive their direct payment. The Virtual Wallet will be offered to individuals and families who feel it supports their needs effectively.

### **2.4 Whole System Approach to Healthy Weight**

Living in deprivation is the number one predictor of obesity, and the current cost of living crisis is plunging more families into poverty. As part of the whole systems approach, we are working to break the link between poverty and obesity.

As part of the Change4Life Neighbourhood Project in Churchill Gardens, we established a working group with local partners and Westminster City Council (WCC) teams and co-designed and co-implemented health initiatives to address key priorities identified for the local area. We focused on what residents' want as well as on sustainability of the initiatives and ongoing lessons learnt. Some examples of the initiatives delivered are below:

- We worked in partnership with London Sports to activate physical activity in the Churchill Gardens estate and gathered residents' feedback on physical activity opportunities. Residents raised the lack of physical activity for women only, and we are working with Active Westminster to map the physical activity offer for women only activities
- We delivered a cookery session taster session for families in partnership with Outbreak Pimlico Foundation and plan for three more monthly sessions from January to March 2023

- We funded Sports4Health to deliver a physical activity project over summer targeting young people from the Filipino and Bangladeshi communities
- The C4L Service (our healthy weight management service for children, young people and their families) delivered cooking sessions and healthy eating education for young people at the Churchill Gardens Youth Centre.

Change4Life Grants of up to £1,000 were available (from 28 September to 7 November) to support voluntary and community organisations, schools, libraries and settings in Westminster to deliver projects that encourage children, young people and families to move more, eat well and feel good. We received 26 applications for Westminster and are in the process of assessing the applications.

The campaign to increase the uptake of the Healthy Start Scheme continues. For example, an additional trader in Tachbrook market has expressed an interest in taking Healthy Start payments, increasing the availability of affordable fresh fruit and vegetables to those using the healthy start scheme.

The Community Champion Project Leads and the Community Health and Wellbeing Workers were recently trained in financial resilience and learnt practical tools such as income and outgoing budgeting, income maximisation and resources to apply for grant funding, to support their residents they interact with. We are exploring options to roll this training out to further front line staff, including libraries.

To support residents facing a challenging Winter, Public Health have funded a Healthy Grants Fund for voluntary and charity sector partners to bid for funding to host events that include warmth, a hot meal, an activity and health promotion throughout the Winter. The fund has already received its first few applications.

## **2.5 Joint Strategic Needs Assessment (JSNA) on Health Inequalities Experienced by the Global Majority**

To enable WCC and its partners to respond to local need more effectively, we need to ensure that we have a clear understanding of the different cultures and communities. This requires a sustained investment in the collective development and planning for this, using community insight.

The JSNA will outline the drivers of health and make recommendations which will improve health outcomes for global majority communities in Westminster. It outlines what we already know and lists the recommendations required to ensure we have equitable and effective services and interventions which promote the health and wellbeing of the ethnically diverse communities we serve. These recommendations centre on:

- Streamlining data collection, improving data quality and collaborating to harness community insight
- Advocating for a cross council and wider organisation approach to addressing health inequalities, guided by an Equalities Strategy and delivered by #2035, to maximise reach and impact ensuring a clear focus on residents from ethnically diverse backgrounds.

## **2.6 Childhood Immunisation**

The Immunisation pilot, run by Central London HealthCare, aims to identify if delivering pre-school childhood immunisations in alternative settings can contribute to increasing uptake in Westminster and to understand the vaccine choices of parents. The team held their first

vaccination session at the Bessborough Children's Centre on 18 October 2022. The session was small, but all the families gave positive feedback and the team engaged with families at a concurrent stay and play session and answered questions. Further sessions are scheduled at Bessborough and Portman's Children's Centres and bookable appointment slots are being filled. The team are working with the health visiting team to align activity and referrals, with Queens Park Children's Centre to deliver some staff training and with nurseries and primary schools to establish clinic dates and plan engagement for future sessions.

The Immunisation Pilot team have analysed the GP records for children aged 0-5 registered with Central London GP practices. Whilst there is a small proportion of children who have received no vaccinations at all, there are large numbers who have incomplete vaccination records. Care-co-ordinators have been calling the unvaccinated and partially vaccinated families inviting them to make an appointment for immunisation at the GP or pilot session at a Children's centre or to engage them in a further conversation about vaccinations.

The team will be sending a short survey to the families who have declined immunisations to find out the reasons underlying the decision. PH will be working with NHS colleagues to devise and agree a coding and data entry protocol for vaccination schedules completed or being followed on an international schedule.

## **2.7 Integrated Care System update**

The NWL Integrated Care Boards (ICB) have been formally adopted and Place (or Borough) Based Partnerships are now operating with new governance structures in place. Amendments to the NWL ICB have been accepted to support wider local authority engagement that would require NHS England approval.

The next NWL ICB meeting will be held on 17 January 2023. The NWL Integrated Care Partnership (ICP) is now in place, co-chaired by me as Cabinet Member for Adult Social Care, Public Health and the Voluntary Sector. A seminar took place last month to focus on the NWL ICP strategy and priorities linking these with local Place priorities and Health and Wellbeing Strategies. A further ICP meeting will be taking place on 1 December 2022. Future agenda items are welcomed for these meetings.

We have positioned the joint Health and Well Being Board as the main body overseeing delivery of the Health and Well Being Strategy. The delivery of our priorities is through the Place based partnership. Meetings have been moved out into the community to ensure any public service changes respond and recognise the needs of local people, facilitating more active engagement and attendance.

Following an extensive engagement programme over the summer months, we are now drafting the aforementioned strategy, with the aim of having a consultative document ready for formal consultation by the end of 2022. This will also be key to influencing NWL Integrated Care System strategy.

Our Place Based Partnership programme groups are now operational, focusing on the health and care priorities for Mental Health, Children and Young People, Complex Care, Obesity and a development group committed to healthy and vibrant communities across the Bi-borough. This provides capacity to communities and empowers more inclusive, shared decision making.

The Adult Social Care Discharge Fund of £500m, announced in September 2022 to support discharge planning in the Winter months will be critical to manage social care financial pressures to ensure capacity in the social care market and the continued investment and

design work to improve patient pathways. This tranche 1 allocation is expected shortly as discussed above.

As Winter approaches, there remains concerns about the increased demand on services and system partners are in the process of planning to manage this demand. We are concerned that the lack of confirmed additional funding through NWL Integrated Care Board for Winter means there is limited scope to finalise the plans and put them in place with sufficient lead in time. Our focus will be on the following four areas that require resource and design:

- Reablement and home care packages for people leaving hospital and to prevent admissions and investment in Home First models
- Market quality to support providers with improving quality
- Ensuring there is adequate step-down social care placement capacity for people leaving hospital and to create capacity in placements, utilising block and spot purchased provision appropriately
- Ensuring allocations to local Places that can provide for effective discharge planning and implementation with social workers having greater role in discharge planning on wards and correct staffing levels to support increased packages of care required during Winter.

### 3 Community Resilience

#### 3.1 Suicide Commitment

WCC has a suicide prevention network of partners, who are committed to deliver the Suicide Prevention Strategy 2022-2025 through co-ordinating the Suicide Prevention 2022/2023 Action Plan. The Suicide Prevention Action Plan for 2022/2023 aims to:

- Develop a Suicide Safer Communities commitment for WCC
- Raise awareness of the triggers to suicide and the role of communities in early identification and intervention through building capacity with the community through training
- Reduce the risk of suicide in key high-risk groups
- Tailor approaches to improve mental health in specific groups
- Provide better information and support to those bereaved or affected by suicide
- Improve data collection and monitoring.

The Suicide Safer Communities commitment is one of the key priorities set out in the 2022-2025 Suicide Prevention Strategy and 2022/2023 Action Plan.

Professor Louis Appleby's report on suicides<sup>1</sup> informs the development of a **Suicide Safer Community**. As a result of this recommendation, PH aims to deliver the Suicide Safer Communities commitment with sign up from WCC political leaders, statutory/voluntary organisations, communities and private sector agencies to raise awareness and build capacity within our communities to respond when residents are in crisis or in need of support. This would be highlighted through a community launch event.

#### 3.2 Community Champion Conference

The 10<sup>th</sup> Annual Community Champions Conference, 'Celebrating Champions', went ahead on the 10 November this year hosted in Kensington Town Hall. Despite a tube strike all day, some 200 delegates made the event in good time; an indication of the regard with which the Community and Maternity Champions and their work is held by the many partners present.



Amongst some 140 Champions and project staff; VCS, NWL NHS and a range of services in both councils were represented.

Champions joined with partners for the 24 round table discussions on 15 topics linked to strategic priorities for the Integrated Care System and Westminster; those in greatest demand being focussed on: the cost-of-living crisis, adult mental health and the best start in life. Delegates were asked to think about the future positioning of Champions and volunteering in the emerging health and social care system changes, in particular the Place-Base Partnership. The conference report to come will capture the key learning from these.

Delegates were inspired by the Champions co-hosts and speakers, a film screening of Champions at work this year, and guest speaker Samira Ben Omar, Community Organiser and Community-led Collaborations Specialist, Nuffield Trust Board Trustee, Population Health Associate at the King's Fund. The day was rounded off with a hot lunch, a 10 years' celebratory cake, a steel pan band performance and several wellbeing workshops.

### **3.3 Positive Health and Wellbeing Outcomes in Churchill Gardens**

Employing local residents, Community Health and Wellbeing Workers work in or near the community where they live where they are deployed to all households in a small area. Their primary focus is on building relationships with families, households and with professionals and organisations around them. They help to connect residents to the right services at the right time, navigating the wide range of services needed to prevent ill health and promote health and wellbeing, including employment, housing, financial support, Children's centres, leisure facilities and wider community assets.

The Churchill Gardens pilot has been operational for over a year now and the initial findings show the initiative is having a positive effect on vaccine, health-check and screening uptake when compared to households who have not received the intervention. They also show a positive sign in reducing unnecessary GP visits. We are now in the process of agreeing how best to share these findings to a wider audience.

## **4 Adult Social Care Charging Reform and CQC Assurance Framework**

On Thursday 17 November 2022, the Chancellor announced during his budget statement that Adult Social Care Reforms are being delayed for two years (until 2025). This includes the three main areas that were due to come into effect in October 2023:

- Introduction of a £86,000 lifetime cap on personal care costs.
- Fair Cost of Care (FCOC) policy, to determine local cost of providing care and delivery of a market sustainability plan.
- Changes to Upper Capital Limits (UCL), increasing the point at which a person is eligible for council means-tested support.

Additional grant funding for social care was announced, with £1billion in 2023/24 and £1.7billion in 2024/25.

A policy statement from the Department for Levelling Up, Housing and Communities clarifying this is expected in December 2022. Officers will await the further guidance from central government for confirmation on the position.

The government plans to reintroduce inspections of local authority's adult social care functions by the Care Quality Commission (CQC) using a Quality Assurance Framework approach.

These are due to start from April 2023 and there are likely to be more announcements over the coming months.

## **5 Voluntary Sector**

### **5.1 Place Based Partnership**

Collaborative work is taking place as part of the Place Based Partnership work to work with voluntary and community sector organisations, to support capacity building and bring greater shared decision making, identification of appropriate funding and service provision delivered by the voluntary sector. Much of this work is intended to be governed by the Vibrant and Healthy Communities workstream. This work is due to be scoped by the Partnership in December.

### **5.2 Food and Fuel Poverty Network**

The network has met with foodbanks, community pantries, and advice services monthly to hear directly about changes in demand, share approaches, identify gaps and support referrals. The data from the network has been used to shape the Cost-of-Living Strategy. Funding has been agreed for Mary's Pantry in Pimlico, and new community pantries in Harrow Road at Emmanuel Church and in Church Street at HAFS Academy, along with additional funding for North Paddington Foodbank, the Abbey Centre pantry and Westbourne Pantry - £130,000 additional funding to support those in food poverty.

### **5.3 Community Investment Review and Strategy**

A review of voluntary sector funding has been conducted across the council, collating all contracts and grants to the voluntary sector, £33 million in contracts and £3 million in grants. Engagement has been undertaken with the sector on what is working and what needs improving, and a strategy is under development which will look at simplifying funding streams for grants. Work is underway on clarifying the VCS rent policy, maintenance work, and asset transfer policy; standardising contract and grant procedures to include core funding and a consistent council approach; identifying ways to bring in more funding for the voluntary and community sector.

### **5.4 Community Contribution Fund**

Funding of £400,000 was awarded in May 2022 to 26 community projects supporting young people, reducing isolation or providing support around homelessness. A living impact report is being developed of short films of people who have benefited from the projects, as well as of the community organisations who run them. Over the next 6 months we will have a project manager from the Civil Service fast stream working on ways to increase the income to the Community Contribution Fund.

A new marketing strategy will be developed and shared with trustees by the end of November and an online impact report with films of projects and the beneficiaries will be ready by the end of November to demonstrate the impact of the fund. A second round of funding letters were sent out to band G and Band H households in October.

### **5.5 VCS Contracts**

New contracts began in July with Healthwatch (now known as Listen to Act) run by the Advocacy Project, and with One Westminster for Infrastructure Support and Volunteer Development. Additional funding was awarded to have 4 more case workers at Citizen Advice

Bureau (CAB) due to the increase in demand because of the cost-of-living crisis. A review has begun on Westminster advice services to inform what is needed in terms of advice services for the next 5 years. The new services will be co-designed with advice services.

Advice services are reporting increased pressure from the cost-of-living challenges people are facing and are reporting significant lack of immigration case work support. There is a review of advice services which has begun to prepare for a new Westminster Advice Service partnership contract from September 2023.

The new Healthwatch contract have maintained the same members as the old contract and are building a priority list of activities with the members for the year.

Advice service, One Westminster and Healthwatch contracts are all on target for the year.

## **6 Priority Programmes**

### **6.1 Drugs strategy**

PH have been working alongside colleagues across the system to engage and consult on a Children and Young People's Drug Strategy. This includes Children's services, Community Safety, Integrated Gang Exploitation Unit, Police, Youth Crime Prevention Partnerships, those with lived experiences, commissioners and providers to set out the local challenges and our local response. Recommendations are around these five themes:

- Education and Awareness
- Stigma and Shame
- Safe Spaces for Children and Young People
- Support for Families
- Strategic Collaboration (there is a national requirement to establish a Combating Drugs partnership, of which Anna Raleigh, Director of Public Health, is the Senior Responsible Officer).

### **6.2 Whole System Approach to Public Health**

This year's annual report of the Director of Public Health focusses on taking a whole systems approach to improving the health and wellbeing of our residents and communities.

The report is a statement of intent to embed health and wellbeing in everything that we do as a council, and to make health everyone's business. It is a call to action to work together to address the health challenges that our residents face and build the foundations to support them to live longer, healthier lives.

The three commitments relate to:

- Using data and community insight we will drive forward health improvements, focussing our resources proportionate to need
- Working with our communities to ensure our actions are jointly designed and agreed with them to make the healthy choice the easy choice
- Taking a holistic approach when working with individuals, communities and partners to develop joined up solutions that meet the needs of our residents.

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City of Westminster

## Children and Adults, Public Health and Voluntary Sector Policy and Scrutiny Committee

<b>Date:</b>	5 December 2022
<b>Portfolio:</b>	Young People, Learning and Leisure
<b>The Report of:</b>	Councillor Tim Roca, Cabinet Member for Young People Learning and Leisure
<b>Report Author and Contact Details:</b>	Patrick Ryan pryan@westminster.gov.uk

**1. Key decisions made in the preceding period since my last Policy & Scrutiny report dated 20 October 2022**

- No key decisions have been made this period.

**2. The following report includes my priorities and delivery progress to date of the new administration:**

**2.1 Children's Services**

Increasing pressure on statutory Children's Services, including increased Child Protection plans and children entering care

Nationally, Children's social care has seen an increase of 10% in demand over the past two years. Tragically, child deaths that have occurred over the pandemic link to both pressures of the pandemic and a shortage of resources in social care. Evidence demonstrates a strong correlation between poverty, deprivation and involvement with social care. Nationally, concerns are being highlighted about the potential for higher demand with the cost-of-living crisis and insufficient funding, workforce shortages, a dysfunctional placement market and the crisis in mental health.

*Child Protection*

We have seen an increased need for our statutory services recently, both in terms of the numbers of those we are supporting and the complexity of needs. The most notable increase is in the number of children who are currently subject to a Child Protection (CP) plan, which have risen almost 100%, from 49 in June 2021 to 96 in September 2022 (peaking at 107 this quarter). Compared to the same point last year, there has been a 15% increase in child protection investigations (329 this year compared to 287 at the same time last year). The number of safeguarding strategy meetings that have taken place with the Police in response to abuse and neglect referrals is 22% higher than at the same point last year (622 this year compared to 508 last year). We have also seen an increase in the number of assessments that have identified Mental Health as a factor, from 64 assessments in quarter 1 to 95 assessments in quarter 2 – an increase of 95%. These increases are illustrative of the significantly increased complexity that families are presenting with post-pandemic and likely exasperated by the current cost of living crisis.

*Children coming into care*

Over the past three years, our Looked After Children (LAC) numbers have remained relatively stable. However, the makeup of this cohort of children has changed significantly since the pandemic. A higher

percentage of our LAC cohort are children who have come into our care from the local population, and fewer are Unaccompanied Asylum-Seeking Children (UASC). This means that we are receiving less in grant funding from the Home Office, who pay for UASC LAC, and the LAC cohort is therefore costing more from our baseline budget.

There has been an overall 85% increase in local adolescent Looked After Children (LAC) entries (aged 13+) post-pandemic during the first two quarters this year compared to the first two quarters of 2020, and numbers of children coming into care remain high with six entries in October. When comparing the 16+ aged cohort across the same periods, the increase is 133%. Young People primarily come into care as a result of abuse, neglect, family conflict and breakdown, and exposure to contextual safeguarding and exploitation risks. Many of these adolescents are presenting to us as homeless with very complex mental health issues resulting in family breakdowns. As a result of these factors, children can present with significant behavioural challenges that can require specialist and costly care placements.

Though there were fewer UASC coming into care after the pandemic, there has been a substantial rise in the number of presentations of UASC in the borough who have come into our care recently. From January to August this year, we saw a total of 10 UASC presentations, which is significantly lower than in recent years. However, we have seen a dramatic increase in presentations in recent months with 8 UASC presentations in September and a further 12 UASC presentations in October, accounting for 67% of our current UASC population. Numbers of our UASC cohort are now more comparable to pre-covid levels and we anticipate that we may continue to see a high rate of UASC presentations in the coming months. This will place a significant strain on the Placements service, on both budgets and the ability to source placements. This is because demand already far outstrips supply and placements are priced to reflect this, within a market which is described nationally as 'dysfunctional'.

The increased numbers of both local and UASC children and young people is a concern for our service, as it impacts on our resources such as Social Worker capacity, Placements and core budget.

#### Family Hubs Deficit

There are three Family Hubs in Westminster, each located in an area of significant need and run by a separate lead organisation (with one of the three being run in-house by Children's Services). Family Hubs are the coming together of providers across a neighbourhood who share a single approach to working with families and their children 0-19 years – in addition to providing our core Early Help Service, Health Visiting services, government-mandated Health Child Programme and maternity services, there are a range of established partners co-located in the Hub such as health and voluntary sector organisations.

The Family Hub operational delivery costs are primarily funded from the Public Health grant, the current annual grant allocation is £638,700. A detailed review of the funding model for each Family Hub has found that there is a deficit of circa £255,000 to maintain the current provision; this has previously been addressed through spare capacity in the nursery budgets or one-off payments which is not sustainable. Detailed analysis has shown that the deficit relates to spend on frontline staff who enable the provision to be delivered across each locality, there have also been no inflationary increases to budgets since the launch of Family Hubs. It is not possible to reduce the current spend without impacting upon the level of service, which we recognise is key to delivering a Fairer Westminster in line with the Manifesto.

An investment proposal has been submitted as part of Westminster's Mid-Term Financial Planning process to address the deficit. We expect that this funding will secure the future capacity for the Family Hubs to continue delivering and developing services for families in the context of the Pre-Birth

to Five work, extend the stay and play, early identification and intervention of Special Educational Needs and Disabilities (SEND) and wider partnership offer in collaboration with stakeholders and service users.

#### Cost pressures on Westminster Schools

With rising inflation, pay rises and other cost pressures on schools, we are seeing a rise in the estimated gap between school funding and overall cost pressures on schools. Although there will be a 3.3% overall increase in the Dedicated Schools Grant for 2023- 2024, the Schools Block increase is at only 2.1%, equating to £2.7m, and has to fund an estimated cost pressure of £5.8m across Westminster schools. This cost pressure is made up of estimated pay increases (£4.7m) and other inflationary increases (£1.1m).

In addition to the forecasted gap between schools, funding pressures and the amount provisionally allocated for the Schools Block, we expect to see a further reduction in pupil numbers in our schools which will affect funding. As the Dedicated Schools Grant is calculated based on the number of children on rolls in schools and any additional needs, the reduction in pupil numbers is expected to reduce the Dedicated Schools Grant by £0.7m and schools with falling rolls will have to reduce expenditure accordingly. The School Standards and Finance Teams are in regular contact with school leaders and provide advice and support around budget planning and maintaining a broad, high-quality curriculum offer in the face of funding pressures. Along with schools the Education service also provide advice to Early Years settings and Nurseries that are also facing cost pressures.

#### Cost pressures on Youth Services

The five Youth Hubs in Westminster have raised the issue of the Cost-of-Living crisis over the previous months and the impact this is having and will continue to have, on the running of their organisations. Energy bills for the Avenues hub are likely to increase from £13,000 to £32,000 this year, which represents a 146% increase. This rise is anticipated across the other Hubs. If food and energy prices do continue to escalate this will continue to impact the offer that Youth Hubs can provide and may potentially lead to a reduction in service provision. The Council contributes to the core funding of these organisations (£300,000 in total per annum). Young Westminster Foundation and the Council will continue to monitor the financial situation of the youth hubs and will provide support and guidance to the hubs as needed.

The Council has developed a set of proposals in partnership with the Young Westminster Foundation which will be considered as part of the Council's medium-term financial planning process. These proposals would look to address the increase in demand and complexity within the targeted and universal sector.

#### Investigation at Tresham Centre

A recent national review into safeguarding children with disabilities and complex health needs have revealed serious failures at residential special schools registered at Children's homes. Locally we have two children in such placements, and we have completed independent reviews to satisfy ourselves and the Department for Education that the care being provided is appropriate to the children's needs.

Following a serious incident in which a disabled child was able to exit unsupervised from the Tresham Centre for Disabled Children unsupervised, and found safe and well within 20 minutes, Ofsted visited the centre on 1st November to carry out a full inspection. Initial findings from an internal review of the incident highlighted the importance of health and safety checks and adequate supervision. Ofsted concluded that the site does not meet expectations due to poor security, and work has been underway since the visit to rectify this. Corporate Property expect that all issues will be resolved by Friday 18<sup>th</sup> November, the deadline agreed with Ofsted. There is an ongoing internal review, and Ofsted will make

a follow-up visit. A written notice of our failure to meet expectations has been provided by Ofsted, which will need to be published on the council website.

#### Bayswater Progress Update

Services across the council have held scoping discussions around Community Hubs and the ambition for the Bayswater site to be the first of these hubs in the borough. As a result, leadership on the re-opening of Bayswater has been transferred to the Communities team. Children’s services will continue to work closely with colleagues in Communities on the development of any provision involving our service.

#### Childcare Sufficiency Assessment and the take-up of funded childcare places

The Childcare Sufficiency Assessment was published in October, which assesses the quality, availability, and affordability of childcare in the borough. Key findings for Westminster are that:

- The take-up of Free Early Education among three- and four-year-olds in Westminster is low and has only seen a slight recovery in 2022 from the fall in 2021 due to the impact of the COVID-19 pandemic.
- However, the take-up of the free education offer for targeted two-year-olds from the most vulnerable families has increased from 62% to 65%. This marks a recovery from the drop seen during the pandemic and is in line with London averages.
- There are some concerns about the geographical distribution of childcare places and whether families can find suitable options in terms of price and hours. The northeast of the borough has a higher ratio of population to places than the south suggesting that families in the north are more likely to have to travel further or have fewer choices.
- The quality of maintained nursery schools has improved, and now 100% of maintained nursery schools in the borough are rated as good or outstanding.

<b>Age</b>	<b>WCC Percentage take-up of Eligible Children</b>	<b>Inner London Percentage take-up of Eligible Children</b>	<b>England Percentage take-up of Eligible Children</b>
Age 2	62%	62%	72%
Ages 3 and 4	48%	76%	92%

Key areas of focus over the next year will be:

- Seeking to improve availability and range of options for families looking to take up the early education entitlement for Targeted Two-year-olds.
- Increase awareness of the entitlements to Tax-Free Childcare in the borough.
- Collecting better and more comprehensive information from providers in the borough about their offer, capacity, and cost to families.
- Increase engagement with families in the borough to promote free early education entitlements and better understand the issues that suppress uptake.
- Sustaining and improving the Out-of-School provision in the borough and families' access to information about it.

For further information, the Childcare Sufficiency Assessment can be found here: [WCC CSA 2021-22 \(openobjects.com\)](https://www.westminster.gov.uk/childcare-sufficiency-assessment-2021-22)

#### Preparation for Inspections



We are currently preparing for an annual conversation with Ofsted as part of the Inspecting Local Authority Children's Services (ILACS) framework and a Youth Offending Service Inspection.

In June 2022, Children's Services received a themed focused visit by Ofsted, looking at Extra Familial Abuse. Ofsted Inspectors were positive about Westminster's consistent quality of social care practice. As part of the Ofsted Inspection framework, we will have two annual Engagement Meetings with Ofsted in December; the Education meeting on 13th December, and the Social Care meeting on the 22<sup>nd</sup> December. In these meetings we will discuss our progress against each service's priorities and areas for development. The visits will not change our existing 'Outstanding' grade. Following the annual meetings, an update will be provided at the next Policy and Scrutiny Committee.

The Youth Offending Service (YOS) was last inspected by His Majesty's Inspectorate of Probation in 2015 when it was part of the Tri-Borough Youth Offending Service alongside the Royal Borough of Kensington and Chelsea (RBKC) and London Borough of Hammersmith and Fulham (LBHF). Both RBKC and LBHF have been inspected individually in 2021 and 2022. Anticipating that the announcement of an inspection is likely to be imminent, Westminster YOS along with the Youth Crime Partnership Board and partners in the Local Authority have been undergoing preparation for when the announcement takes place alongside taking learning from other boroughs that have been recently inspected to inform practice and procedure locally.

#### Social Care Workforce Capacity Update

We have seen a rise in vacancies in Children's Services Social Care workforce, with 10 current vacancies for case-holding social workers – 67% more than in Quarter 1 this year. Whilst we are seeing a reduction in our reliance on agency staff, we are seeing a rise in the number of posts being filled by Newly Qualified Social Workers (NQSWS). This, in addition to remaining vacancies, has affected the distribution of complex cases. Our more experienced Social Workers are holding more caseloads with a higher level of complexity, due to the inability to allocate some of this work to the NQSWS until they have increased in their confidence and competence.

We are currently developing our Workforce Development Strategy (2023-2025) to address the current pressures on the workforce; improving recruitment and retention, professional development, career progression and staff health and wellbeing.

## **2.2 Westminster Adult Education Service (WAES)**

### Supporting residents' skills development

The results for WAES learners studying in the last academic year have now been finalised. We are delighted to report an overall achievement rate of 92%. This is an improvement from 88% last year - with good progression to further learning and/or work for the majority of learners. Key areas to highlight include our ESOL programmes at 92% and Applied Computing at 93%. High-performing vocational areas include Childcare at 92% and Teaching Assistants at 91%. With the exception of ESOL, the programmes that learners study are at Levels 1 to 3, with those who achieve Level 3 successfully progressing to work.

### Supporting Ukrainian Families

Our work in this area has continued, with over 160 Ukrainian learners now in mainstream classes that will support them to develop their English language and digital skills, enabling them to progress to work and or develop a greater sense of belonging in the UK. We are working in partnership with the Ukraine Social Club to also support families. So far, 37 individuals have taken part in Saturday family learning courses at the Ukraine Social Club – including regular conversation classes and a UK Schools information session. We are also working with partners to provide enrichment activities,

which have included a trip to a Royal Philharmonic Concert and have future plans for a visit to Lords Cricket Ground, Cutty Sark and the British Museum.

### **2.3 Culture**

#### Cultural Project Updates

- **Westminster City Save** - resident offers for Somerset House and Puppet Theatre Barge are available and a call out for cultural offers has been sent to the cultural network to help drive festive discounts.
- **City of Sculpture** - Triacontahedron by Anthony James was installed in Berkeley Square in September. Marshmallow Dew & Fingery Eyes by Camilla Bliss is due to be installed in Soho Square Gardens; Khadine, Bruno Catalano in Riverside Walk Gardens and Sister by David Breuer-Weil in Hanover Square subject to planning permission.

#### Health and Wellbeing Cultural Programmes

Out and About, the council scheme for residents over 65 to attend free community events at cultural venues, is being set up by both Policy and Libraries to restart following a pause during Covid-19. It is expected the programme will run from January to March 2023.

A £119k bid has been submitted for UK SPF funds that would invest in a programme of projects to support social prescribing and culture projects to support the wellbeing of vulnerable residents, building on existing good practice. This would encourage more connections between local cultural services and its four primary care networks so GPs to refer more patients to beneficial cultural social prescribing activities which could include dance classes, art therapy and music workshops etc.

#### Cultural Regeneration

Strand-Aldwych will be activating their new public space and creative quarter for London on 6 December with a North Bank BID commission, The Voiceline, by artist Nick Ryan. This will launch a cultural programme for 2023 (under development) to be delivered by local stakeholders. Active partners with the Curation and Activation Working Group include Somerset House, North Bank BID and King's College, Society of London Theatre, St Mary's Le Strand, LSE, Courtauld Institute and London Design Biennale.

West End cultural partners including The Photographer's Gallery, ICA, Donmar Warehouse and Somerset House have agreed to take part in the proposed Creative Enterprise Zone activity in Harrow Road to create more career and workspaces opportunities for young Harrow Road residents. Local arts partners Paddington Arts and Grand Junction are leading activities in the £70 second stage bid submitted to GLA on 24 October, which would unlock future Mayoral investment and capital opportunities. King's College and Northbank BID have been key financial partners for the management uplift of the public space.

#### Arts Council Cuts

In 21/22 the Arts Council invested £52,475,285 into 34 organisations in Westminster. From 23/24, they will fund 20 organisations with annual grants totalling £28,985,254 to deliver the government's levelling-up agenda. The scale of these 45% cuts is significant, and effects multiple Westminster institutions, most notably the English National Opera (ENO). ENO are being offered transition funding over three years to help them develop a new business model with a base in Manchester. A letter has been sent by the Leader to Michelle Donelan, Secretary of State for Digital, Culture, Media

and Sport, to highlight the potential negative impact on the visitor economy and London's reputation as an international cultural centre.

## **2.4 Leisure**

### Seymour Leisure Centre

Stage 2 of the detailed design has been approved with the planning application due to be submitted in early December 2022. The design incorporates separate gendered changing facilities following community feedback.

### Everyone Active Contract

Draft legal terms for the new Deed of Variation to the contract have been shared with SLM, with a Minimum income Guarantee (MiG) agreed with both parties that takes into consideration new centres such as Church Street and Jubilee, as well as London Living Wage which will be issued to impacted Everyone Active staff from start of new DoV.

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## **Improving planned orthopaedic inpatient surgery in north west London**

### **Report from Imperial College Healthcare NHS Trust to the Children & Adults, Public Health & Voluntary Sector Policy and Scrutiny Committee City of Westminster**

#### **1. Introduction**

This report to the Children & Adults, Public Health & Voluntary Sector Policy and Scrutiny Committee from Imperial College Healthcare NHS Trust ('the Trust') sets out the proposal from the four acute NHS trusts in north west London to bring together most of their routine, inpatient orthopaedic surgery - primarily hip and knee replacements - completely separated from emergency care services.

The response to the Covid-19 pandemic showed what can be achieved when our four trusts work more collaboratively, joining up our care and making the best possible use of our combined expertise and resources.

One of the ways we were able to maintain more planned care during the later phases of the pandemic was by establishing 'fast track surgical hubs'. These were facilities within our hospitals that focused on specific, routine operations, separated as far as possible from urgent and emergency care. This meant that operations were less likely to be put on hold when there was pressure on our emergency services.

As we come out of the pandemic with long waiting lists and many other challenges, we want to draw on best practice and go further with our improvements. We want to bring together much of the routine, inpatient orthopaedic surgery for the population of north west London in a purpose-designed centre of excellence, completely separated from emergency care.

Evidence built over many years shows that when this type of surgery is done frequently, in a systematic way, there is an improvement in both quality and efficiency.

Clinicians and managers from across the four acute trusts have worked with GPs and other colleagues, as well as with patients and lay partners, to develop a detailed proposal for an 'elective orthopaedic centre' – orthopaedic services have some of the longest waiting times in north west London. We are sharing this proposal with as many patients, local residents and staff as possible, to hear their views and ideas so that we can continue to improve health and healthcare with – and for – our local communities.

This report is based on the contents of the full consultation booklet and pre-consultation business case which can be read by visiting the online consultation area at [nwl-acute-provider-collaborative.nhs.uk/eoc](https://nwl-acute-provider-collaborative.nhs.uk/eoc)

#### **2. What is planned inpatient orthopaedic surgery?**

Orthopaedic surgery treats damage to bones, joints, ligaments, tendons, muscles and nerves (the musculoskeletal system). Patients may be referred to an orthopaedic surgeon for a long-term condition that has developed over many years, such as osteoarthritis.

Hip and knee replacements are the most common type of orthopaedic surgery offered in the NHS. However, other types of surgery of the hips, knees, shoulders, elbows, feet, ankles and hands are also types of orthopaedic surgery.

Planned surgery is when patients have their operation booked in advance. It is generally arranged after a referral to hospital by a GP or community service followed by an assessment by hospital specialists in an outpatient clinic. It is sometimes called 'elective' or 'non-emergency' care.

Inpatient care describes when a patient stays in hospital while receiving medical care or treatment.

### **3. Our ambition**

We want to bring together much of the routine, inpatient orthopaedic surgery for the population of north west London in a purpose-designed centre of excellence at Central Middlesex Hospital, Park Royal, completely separated from emergency care services.

This means that:

- Patients will have faster and fairer access to surgery and would be much less likely to have their operation postponed due to emergency care pressures.
- Care would be of a consistently high quality, benefitting from latest best practice and research, provided by clinical teams that are highly skilled in their procedures.
- The centre would be extremely efficient, enabling more patients to be treated at a lower cost per operation.
- Patients will have better outcomes, experience and follow-up.

In addition, capacity created in other north west London hospitals by bringing together routine surgery in the elective orthopaedic centre would be able to be used for surgical patients who have more complex needs and for other specialties.

### **4. Why are we suggesting changes to orthopaedic surgery?**

#### **4.1 We need to reduce our waiting times**

The Covid-19 pandemic has had a big impact on waiting times for planned care across the entire NHS, particularly for orthopaedic care, which accounts for more than a quarter of all surgery nationally.

In August 2022, more than 15,000 people were waiting for orthopaedic care in north-west London hospitals. Just under 3,700 of these people had had their initial assessment and were waiting for an operation. The proportion of people waiting more than 52 weeks for orthopaedic care has increased by more than a quarter during the pandemic.

Even though procedures like hip or knee replacements are not usually considered to be time critical, waiting for treatment can badly affect your quality of life and many conditions can worsen over time, making treatment and recovery harder.

#### **4.2 We need all our care to be consistently of the highest quality**

Performance against national indicators for clinical outcomes and patient experience in northwest London is amongst the best, for some measures in some trusts. But there is much room for improvement in all trusts and a lot of unnecessary variance between trusts. But there is much room for improvement in all trusts and a lot of unnecessary variance between

trusts. North west London hospitals are in the bottom half for many quality measures when ranked against all NHS trusts in England.

Hospitals in north west London also perform relatively poorly in terms of cancellation rates for orthopaedic operations. This is related to the impact of urgent and emergency care pressure at hospitals that provide planned, urgent, and emergency care. And there is also wide variation across our trusts in terms of how well our operating theatres are used, including how much unnecessary 'down time' there is between operations.

#### **4.3 We need to make our care more patient focused**

Though we generally get positive feedback from patients that our staff are caring, kind and helpful, they are much less positive about their experience of navigating the healthcare system. Patients have reported frustration with long waiting times between their initial assessment and surgery or while attending their appointments, having to chase up their follow-up appointments or feeling worried due to re-scheduling or cancellations.

Elderly or disabled patients often say travel to appointments is a problem. Patients also highlight communication problems, such as lack of coordination between GPs and hospital services or confusing information. Patients say they want more control over their care and they want us to organise our care system so that it is as clear, consistent and straight forward as possible.

#### **4.4 We need to help improve health and reduce health inequalities**

Musculoskeletal (MSK) disorders are the third leading contributor to the burden of disease in Greater London. MSK conditions are one of the most common long-term health conditions for the most deprived 20 per cent of the population. While many of the ways to prevent and limit the impact of MSK disorders sit outside the control of acute hospitals and even the wider NHS, improving orthopaedic surgery would particularly help older patients and patients from more deprived backgrounds.

#### **4.5 We need to be prepared for the future**

If we do nothing, our waiting lists will continue to grow faster than our capacity to provide care. By 2030 we expect the number of people waiting for orthopaedic surgery in north west London will increase by almost a fifth if we continue as we are now.

We also want to make sure we make the most of digital and other technological advances, without leaving anyone behind.

And it's really important that we continue to attract and retain great staff who love their jobs, and to continue to build their skills and expertise.

### **5. How would services change?**

#### **5.1 Current orthopaedic surgery**

All or some elements of planned orthopaedic surgical care are currently provided in nine hospitals in north west London. There are many differences between the hospitals. Some have A&E departments and intensive care units and special types of operating theatres and so are suitable for more complex types of surgery and for operations on patients with more complex needs. These hospitals are also more affected by urgent and emergency care pressures. Other hospitals have more dedicated day-case surgery facilities, suitable for less complex surgery.

Currently, where you go if you need orthopaedic surgery depends to a large degree on where you live and whether you have any preferences. But the complexity of your needs and the surgery you require also have an impact. For example, if you have a number of other

health problems which means you are at more risk from surgery, you will need to have your operation at a hospital with more intensive after-care services.

**Current provision of planned orthopaedic surgical care in north west London:**



**5.2 Our proposal**

The proposed elective orthopaedic centre would bring together most ‘routine’ orthopaedic inpatient surgery for patients who are otherwise generally well – an example of what is known as ‘low complexity, high volume’ surgery. There are around 4,000 operations of this type in north west London each year. Evidence built over many years shows that when this type of surgery is done frequently, in a systematic way, there is an improvement in both quality and efficiency.

Outpatient care (including pre-operative assessment and post-operative rehabilitation and follow up) would continue to be provided as and where it is now. And day case and complex surgery would continue in the hospitals where they are provided currently.

If a patient can have their operation at the elective orthopaedic centre, their end-to-end care would remain under the surgical team based at their ‘home’ orthopaedic hospital. Their ‘home’ surgical team would travel with them to undertake the surgery, supported by the centre’s permanent clinical support team and an electronic patient record system that is shared by all the hospitals in north west London. This would help provide joined up care and make sure that expertise continues to be developed across the surgical teams in north west London.



**Proposed provision of planned orthopaedic surgical care in north west London:**



We calculate around 4,000 inpatient operations per year could be provided at an elective orthopaedic centre at Central Middlesex Hospital following a systematised ‘high volume, low complexity’ approach. This would enable the centre to provide routine surgery for all patients with low complexity needs who currently have these operations in north west London hospitals (see table).

**Low complexity inpatient orthopaedic operations in north west London hospitals by borough of patients (2019):**

Borough	Number of operations
Brent	687
Ealing	714
Hammersmith and Fulham	333
Harrow	430
Hillingdon	665
Hounslow	381
Kensington and Chelsea	235
<b>Westminster</b>	<b>244</b>
Boroughs outside of north west London	532
Total	4,221

The elective orthopaedic centre would offer only low complexity, planned inpatient surgery. Complex inpatient surgery would be out of scope, as would joint revisions (for when a hip or knee replacement needs to be repaired or replaced again) and spinal surgery. Spinal surgery in north west London is provided through a separate centralised service run by Imperial College Healthcare's neurosurgical service made up of neurosurgeons as well as orthopaedic surgeons. Children's orthopaedic surgery is also out of scope.

Day case surgery has been excluded currently on the basis that there is greater benefit from shorter travel distances on the day of surgery. Day case surgery and some complex surgery provided by London North West University Healthcare would continue at Central Middlesex Hospital as that is also one of their 'home' orthopaedic hospitals.

### **Key case study**

#### **South west London elective orthopaedic centre**

Since 2004, planned orthopaedic surgery across south west London has been consolidated at SWLEOC (South West Elective Orthopaedic Centre), a centre of excellence for orthopaedic surgery. SWLEOC is a partnership between four acute trusts and is the largest hip and knee replacement centre in the UK, providing elective orthopaedic surgery services for 1.5 million people across the region with around 5,200 procedures a year. The facility is located on the Epsom Hospital site but is self-contained with 71 beds and a high dependency unit. The Care Quality Commission has rated the service as outstanding – its highest rating.

## **6. How was Central Middlesex Hospital selected as the proposed location and what would it mean for patients?**

We assessed all of the NHS acute hospital sites in north west London (excluding the specialist Western Eye and Queen Charlotte's and Chelsea hospitals), as well as the possibility of using non-NHS sites.

A single elective orthopaedic centre at Central Middlesex Hospital was found to be the best option as:

- It is a modern and high-quality estate which, with some limited expansion and remodelling, could offer a 41-bed facility tailored to systematised surgery
- It is one of only two hospitals in north west London that does not provide urgent and emergency care, so is much less impacted by urgent and emergency care pressures
- None of the existing services would need to be moved as there is plenty of room for expansion.

We undertook detailed analysis of the average time to travel to each of our hospitals from all parts of north west London.

We found that Central Middlesex Hospital has:

- The shortest median (midpoint) travel time by car at 22 minutes
- The second shortest median (midpoint) travel time by public transport at 45 minutes.

We estimate it would cost around £9.4 million to expand capacity and make the building changes at Central Middlesex Hospital. This includes the cost of building two additional laminar flow operating theatres, creating a larger recovery unit and remodelling some parts of the existing estate.

## **7. Benefits and challenges**

### **7.1 Care and quality benefits**

The development of an elective orthopaedic centre for north west London would help clinical teams to provide orthopaedic surgical care:

- that consistently meets national best practice standards by having greater specialisation in specific operations
- that is more efficient by taking a more systematised approach, drawing on national best practice
- that separates planned orthopaedic surgery from urgent and emergency services, in line with guidance and policy from NHS England, Royal College of Surgeons and the National Clinical Advisory Team
- that makes best use of the facilities and skills of the four acute trusts that supports surgical skills training and new role development as well as better and more flexible ways of working
- that supports continuous improvement and innovation.

### **7.2 Patient experience benefits**

As well as improved quality of care, the proposed changes in planned orthopaedic inpatient surgery would:

- support faster and fairer access for patients who need orthopaedic surgery across northwest London
- prevent conditions from getting worse when waiting a long time for surgery
- mean fewer postponed operations due to urgent and emergency care pressures
- help care to be more joined up across the whole of the musculoskeletal care pathway
- support more focus on care before and after surgery to help reduce the risks of surgery and enable faster recovery.

### **7.3 Staff benefits**

While the development of an elective orthopaedic centre would require change for many staff working in this specialty, it would:

- support the development of both planned and urgent and emergency surgical skills across all the north west London teams
- allow greater specialisation in skills for staff based permanently in the centre
- support more focus on research, education and innovation
- facilitate the development of new roles and ways of working.

### **7.4 Challenges**

We know that with any change there may be some disadvantages for some people. We think the key challenges for this proposal would be:

- some patients would have to travel further to get to and from Central Middlesex Hospital to have their operation
- some visitors would also have to travel further
- some staff would have to work in a different hospital to the one they work in now and may need to work on different sites on different days
- people with additional needs (such as those with a learning disability or dementia) could find it confusing to have their inpatient surgery in a different, possibly unfamiliar, hospital.

We are developing plans to minimise these challenges, looking at how other centres have developed solutions. For example, the South West London Elective Orthopaedic Centre,

established in 2004, has a contract in place with a local taxi firm to provide transport for patients who would otherwise struggle to get there and back home. We are also very keen to get your ideas through the consultation events and survey.

We also heard concerns in our earlier discussions with patients and local communities that a greater use of digital services and apps could leave some patients behind. We are exploring potential dedicated roles for digital coaches and care co-ordinators as part of the further detailed planning for the proposed elective orthopaedic centre.

## **8. How the proposals could affect different communities in north west London**

When the NHS proposes changes to services, we need to make sure we take into account the needs of everyone who uses or will use these services in future.

As part of our work in developing the proposal we have carried out an equalities and health impact assessment (EHIA) and a travel analysis and we have compiled feedback to date from patients and local communities. This includes the outcome of conversations with just over 70 people this summer about bone and joint care in north west London and some early feedback on the possibility of a dedicated centre for planned orthopaedic surgery.

### What some community members told us so far

People understand the need to reduce waiting times and support work to enable this to happen as quickly as possible, even if it means travelling further to be seen faster.

- A dedicated centre for routine orthopaedic surgery was seen as a good idea, particularly as a way of maximising staff time and developing clinical expertise.
- Our patients generally praised acute care and most of the concerns raised were in relation to pathways into hospital care. We have shared these insights widely with lead clinicians and partners within the north west London healthcare system to inform how the implementation of issues, as well as informing improvement and transformation projects, such as a project to improve and standardise the provision of community musculoskeletal services.
- Some concerns were raised about ease of travel into Central Middlesex Hospital, particularly for those with further to travel. We are exploring how we can improve accessibility to the site.

We now want to have conversations with as many people as possible who may be affected by the proposed change. We would like to hear from a diverse mix of the population who would be served by the proposed elective orthopaedic centre, particularly those identified as being most at risk of barriers to access or poorer health outcomes, and including those belonging to disadvantaged groups or sharing one or more protected characteristic.

- People in the 45+ age group who are already on our waiting lists and their families/carers – this group makes up most of the target population for the elective orthopaedic centre. Our involvement activities indicate that we need to focus on increasing participation from people most likely to be suitable for routine surgery.
- People with more complex health care needs - who may face specific challenges in accessing orthopaedic services and navigating the healthcare system, such as:
  - people who are disabled or who have hearing impairments, learning disabilities or autism
  - people with a mix of health needs, such as hypertension and diabetes
  - people with mental health related issues.
- Black, Asian and other minoritised groups – people from minoritised ethnic groups (particularly those for whom English is their

second language) are more likely to report poorer outcomes. The Covid-19 pandemic has further highlighted structural disadvantages faced by these groups. We need to make sure our plans for the elective orthopaedic centre do not deepen these inequalities.

- LGBTQIA+ groups – high incidences of prejudice experienced by people identifying as LGBTQIA+, including negative attitudes from healthcare professionals, may prevent individuals from accessing treatment.
- Groups likely to incur longer travel times – while Central Middlesex Hospital site has the shortest average travel time by car and the second shortest average travel time by public transport, there is variation in travel times for residents across the boroughs. We need to ensure we understand views on accessibility from across the sector.
- Residents living in the most deprived areas – deprivation can be a barrier in access to healthcare and our EHIA indicates that over a half of the north west London population are more deprived than the national average, with a particular concentration of high deprivation in the middle of the geographical region.

## **9. How would our staff be affected by this proposal?**

As we move forward with public consultation, we will also be stepping up engagement with staff and partners to develop the detail of care pathways, staffing models and training and support plans for the proposed elective orthopaedic centre.

Based on what we know works well in other centres, we envision a staffing model where some staff – such as ward, theatre and administrative staff – would be based permanently at Central Middlesex Hospital. Then other staff – primarily surgeons – would move with ‘their’ patients from their ‘home’ orthopaedic care to the elective orthopaedic centre to undertake the surgery.

If the proposal is taken forward, we would undertake a formal consultation with the staff who are affected. Other types of planned orthopaedic care will continue at all hospitals that currently provide planned orthopaedic care and so we would continue to need orthopaedic staff in these hospitals.

## **10. Public consultation**

The four acute NHS trusts in north west London – Chelsea and Westminster NHS Foundation Trust, The Hillingdon Hospitals NHS Foundation Trust, Imperial College Healthcare NHS Trust and London North West University Healthcare NHS Trust – work in partnership as the North West London Acute Provider Collaborative.

We have gathered some ideas and views from patients and community groups that have helped inform this proposal for an elective orthopaedic centre. We are now carrying out a formal 14-week public consultation programme to inform a decision on whether the proposal should be progressed and how it could be improved.

We want to get the views of as many patients, residents, staff and partners as possible to inform our plans during our public consultation – running between Wednesday 19 October 2022 and Friday 20 January 2023.

We would like to hear views on:

- Whether we have developed the best possible solution to the current challenges in providing planned orthopaedic surgery in north west London
- Are we doing all we can to ensure that services are of the best quality

- Are we doing the right things to ensure everyone who needs care can access it in a timely way
- Whether there are more things we could do to make services responsive and tailor them for those with specific needs

We are particularly seeking views on the challenges to our proposals – we want to minimise them, looking at how other areas have developed solutions, and are keen to get more ideas. We are also interested to receive alternative proposals to the solution we have laid out.

All feedback will be evaluated by Verve Communications, an independent company who have been engaged to receive and evaluate feedback regardless of how it is submitted.

There are a range of ways to take part:

- Find out more – using information on our website [nwl-acute-provider-collaborative@nhs.uk](mailto:nwl-acute-provider-collaborative@nhs.uk)
- Complete a questionnaire – via our online survey on our website or a hard copy to be returned using the Freepost address below
- Write to us – at FREEPOST: HEALTHIER NORTH WEST LONDON or email [nhsnwl.eoc@nhs.net](mailto:nhsnwl.eoc@nhs.net)
- Give us a call – on 020 3311 7733
- Come to one of our events – we are holding community meetings and drop-in sessions in each borough as well as sector-wide online events.

#### **Events in Westminster:**

- Community meeting

Friday 4 November 2022, 13.30 – 15.00

Trevelyan Hall, St Matthew's Conference Centre, SW1P 2BU

- Community drop-in sessions:

○ Friday 11 November 2022, 10.00 – 14.00, Maida Vale Library



○ Wednesday 18 January 2023, 09.00 – 12.30, St Mary's Hospital

- Online public meetings:

○ Tuesday 15 November 2022, 19.00 – 20.30

○ Thursday 12 January 2023, 19.00 – 20.30

## Poster promoting public consultation events in Westminster:



**HAVE YOUR SAY**  
Help us improve planned surgery for adults with bone and joint problems in north west London


**Public consultation - 19 October 2022 - 20 January 2023**

The four acute NHS trusts in north west London have come together to propose a new way of organising planned orthopaedic surgery for adults. Our aim is to provide better, fairer and more timely care for adults needing bone and joint surgery across north west London. About 4,000 adults per year could see a change to where and/or how their inpatient orthopaedic surgery would take place.

**Events in Westminster**


We want to hear from you, our patients, residents and staff. Join us for one of the community events in Westminster to share your views on our proposal.

**Community meeting**  
Friday 4 November, 13:30 - 15:00 - St Matthew's Conference Centre, SW1P 2BU  
Join our doctors, nurses and therapists to hear more about our proposals.  
Register online by scanning the QR code or visit: [bit.ly/nwl-eoc-westminster](https://bit.ly/nwl-eoc-westminster)



**Community drop-in sessions**  
Friday 11 November, 10:00 - 14:00 - Maida Vale Library, W9 2QT  
Wednesday 18 January, 09:00 - 12:30 - St Mary's Hospital fracture clinic, W2 1NY  
No need to sign up - just come along on the day at a time that works for you to speak to our friendly staff and complete a short survey.

To find out more and to complete the online survey, scan the QR code or visit: [bit.ly/EOC-NWL-Consultation](https://bit.ly/EOC-NWL-Consultation)



## 12. Next steps after the consultation

The Integrated Care Board in North West London is called NHS North West London. It is the statutory NHS organisation responsible for developing a plan that meets the health needs of the local population, managing the NHS budget and arranging for the provision of health services in north west London. They – and NHS England London – have given the go ahead for this consultation following a review of a 'pre-consultation business case' developed by the North West London Acute Provider Collaborative.

After the North West London Acute Provider Collaborative has considered everyone's views on the proposal, they will produce a consultation outcome report. This will be used to develop a 'decision-making business case'. NHS North West London will then consider the decision-making business case and its recommendations in order to decide whether to implement the proposal, update the proposal or find an alternative solution.

## 13. What are the timescales?

We have prioritised the development of this proposal in order to tackle the backlog in our waiting lists and improve the quality of orthopaedic care as quickly as possible.

After consulting with a wide range of people likely to be affected by the proposed changes, we would like to take a decision on whether or not to proceed to implementation by early 2023. If the decision is to proceed, a period for contracting and construction would follow, with the elective orthopaedic centre able to open by autumn 2023.

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## Children and Adults, Public Health and Voluntary Sector Scrutiny Committee

### **COVER NOTE – CHILDREN AND YOUNG PEOPLE’S PLAN (2023-2026)**

**Date:** 1 November 2022

**Portfolio:** Children and Adults, Public Health and Voluntary Sector Scrutiny Committee

**Report Author and Contact Details:** Elitsa Zhugleva, Senior Strategy, Partnerships and Policy Officer, Bi-Borough Children’s Services

#### **1. PURPOSE**

The draft Children and Young People’s Plan priorities were shared with Children and Adults, Public Health and Voluntary Sector Scrutiny Committee on 18 August 2022 and a commitment was made to share the draft Plan. The Plan will be discussed at Informal Cabinet on 21 November.

#### **2. RECOMMENDATION**

Members are asked to note and comment on the Bi-Borough Children and Young People’s Plan for the years 2023 to 2026. This is so the Council can be held to account in delivering the required actions to achieve its priority outcomes and objectives. This will be formalised via a Key Decision taken by Cllr Tim Roca in December 2022.

#### **3. DEVELOPMENT OF THE NEW CHILDREN AND YOUNG PEOPLE’S PLAN**

Officers in Children’s Services have been developing a new Bi-Borough Children and Young People’s Plan (CYPP) for Westminster City Council (WCC) and the Royal Borough of Kensington Chelsea (RBKC). Sitting directly under ‘Our Strategy for a Fairer Westminster’, the CYPP is the overarching strategy for Children’s Services and sets out what WCC want to achieve with, and for, Children and Young People over the next three years.

The Plan serves as a framework which will be used to track and improve outcomes for children and young people, with a focus on the most vulnerable. The priority outcomes that form the plan have been developed in partnership with children and young people, who through direct engagement, have told us what is important to them. The priority outcomes will be delivered through focused service and thematic delivery plans and strategies.

This summer, officers designed and delivered 13 workshops across the Bi-Borough, engaging with over 130 children and young people aged 11- 25 including young people with Special Educational Needs and Disabilities (SEND), Looked After Children and Care Leavers, Youth Council members, Youth Ambassadors and young people engaged in youth clubs. We heard from young people about their communities, concerns, their ambitions for their futures as well as what they think the Council needs to do to achieve these. We also engaged with residents through the new Resident's Research panel and held workshops with key decision makers and partners. This engagement alongside analysis of all service specific engagement we have undertaken with children and families over the past two years has informed our priority outcomes.

The draft priority outcomes for the Children and Young People's Plan are as follows:

- All young people, and particularly those who are vulnerable can realise their ambitions and take advantage of opportunities and life skills which prepare them for adulthood.
- All Children and Young People are happy and healthy, with access to a diverse range of activities and opportunities to support their physical, mental health and emotional wellbeing within the post pandemic context, environmental challenges, and rising cost of living pressures.
- Children and young people feel safe, and are protected from serious youth violence, harm, harmful practices, abuse and neglect at home, online and in the community.
- Children and young people have access to high quality education and training opportunities, have good attendance at school and achieve their full potential.
- All Children have the best start in life, needs are identified and supported early, and they are school ready at five.
- All our young people feel listened to, empowered to take action and have opportunities to co-produce/co-design services that affect them.
- (RBKC Only) Children and young people affected by the Grenfell tragedy continue to be supported. The council, NHS and commissioned voluntary sector providers work together with communities to learn from their experience of the past five years and to ensure support is effective for children and their families.

Issues of Equality, Diversity and Inclusion were reflected strongly during our engagement and co-production activities. These issues, concerns and aspirations are reflected in each of the seven priority outcomes set out in the Plan.

### **How will we be accountable for delivering the Plan**

Young people have given their time, thoughts and voices to help develop this Plan. We are accountable to them as well as council leaders for how successful we will be in achieving its aims. In addition to producing an annual update of progress, we will report directly back to those groups of young people we engaged with when developing the plan. We will also consider other ways of involving young people more directly in assessing whether or not it has achieved its aims and whether these continue to be relevant.

# Bi-Borough Children and Young People's Plan 2023 - 2026



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# Looking Forward

At the time of writing, it feels that we have weathered a global pandemic, which has been challenging and enduring for us all. We are now experiencing an acute cost of living crisis which has placed additional burdens on our society and people.

It reminds us of the important role we have as councils in providing high-quality services to best support families at a time of need. This feels like the right time to set out our priorities across children's services for the next three years in this Children and Young People's Plan 2023-2026.

We are proud of our high-quality Children's Services because this is what families deserve and expect. Staff continually striving to do better, to be better, to test new approaches whether that is working with young offenders, with schools, families in need of support, or young people with Special Educational Needs and Disabilities.

This Plan sets out our ambition and in its inception emphasises the importance both councils place on listening to residents. This is more than traditional consultation, it is a move towards co-production of plans and services with residents, services and even council decisions. This is why the future scenario workshops with young people which underpin this plan are so encouraging to see.

Over the next three years, government reforms will change the way the social care system works, will bring further changes to how we support children and young people with SEND, and how our schools are organised and led. These are further challenges but we are confident that Bi-Borough Children's Services is in a good position to not only deliver but help lead some of these key changes.

Our partnerships with health, police, schools, community and voluntary organisations will be important if children and young people are to continue to grow up, learn, live and achieve their potential in our two boroughs. Collaboration and shared endeavour with our partners is important to us and the collaborative approach taken by both councils to continue to deliver children's services jointly should provide further confidence that we can achieve our aspiration to be the best Children's Services in the Country.

**Cllr Tim Roca**  
**Lead Member, Young People,**  
**Learning and Leisure**  
**City of Westminster**

**Cllr Catherine Faulks**  
**Lead Member for Family and Children's**  
**Services Royal Borough of Kensington**  
**and Chelsea**

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## Message from Sarah Newman, Executive Director of Bi-Borough Children's Services

Young people in our two boroughs are creative, compassionate and rightly ambitious for their futures. I see this on a daily basis, in our schools, in youth clubs, in family hubs and on our streets. Their creativity shines through in their music and art whether hanging in the Saatchi Gallery or elsewhere in our fantastic creative spaces. I celebrate their achievements in our great schools and settings and their determination to shape their own fantastic futures.

I am also inspired by the strength, fortitude and resolve of our children and young people through and post-pandemic. Their resilience and ability to adapt to a new way of living and learning in the most exacting of circumstances were truly humbling. But it is also clear that some young people have been more affected than others, some learning and friendship-forging experiences missed. While these can't be recaptured, we must do all we can to enable our young people most affected to thrive.

This new Children and Young People's plan 2023-2026 looks forward and sets out those important priority outcomes we want to see for children and young people. These priorities come from what we have heard from talking to young people about the future. We have captured the thoughts of some of these

young people and embedded them in the plan. I encourage you to scan the QR codes below to hear them.

As I look ahead, just as we emerge from the pandemic it is evident that there are other new challenges which young people, their families and those who provide services and support are facing. We are already experiencing a cost-of-living crisis, which we understand may worsen, exacerbated by an ongoing war in Europe. It is clear that this is likely to hit our more disadvantaged families hardest. Locally, our population has fallen affecting services, schools and potentially the amount of money councils get from government to fund key support services.

We will work tirelessly with children and families over the next three years to address and triumph over these and other challenges. We cannot do this alone and our statutory partners, our community and voluntary organisations will all have a critical role to play if we are to be successful. I am also committed more than ever to continue to listen to the voices of young people, to do what is necessary to enable them to thrive and take all the opportunities available to them in these two brilliant boroughs.

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**Sarah Newman**  
**Executive Director of Children's Services**  
**City of Westminster and Royal Borough**  
**of Kensington and Chelsea**

# Purpose of the Plan

Our Bi-Borough Children and Young People’s Plan (CYPP) is the overarching strategy for Children’s Services and sets out what Westminster and Kensington and Chelsea councils want to achieve *with, and for, Children and Young People* over the next three years.

The plan includes a number of high-level priority outcomes based on engagement with young people, residents and key decision makers, alongside a needs analysis to give a sense of where young people are struggling and where they are thriving. Delivery of these priority outcomes will be through service and thematic delivery plans and strategies.

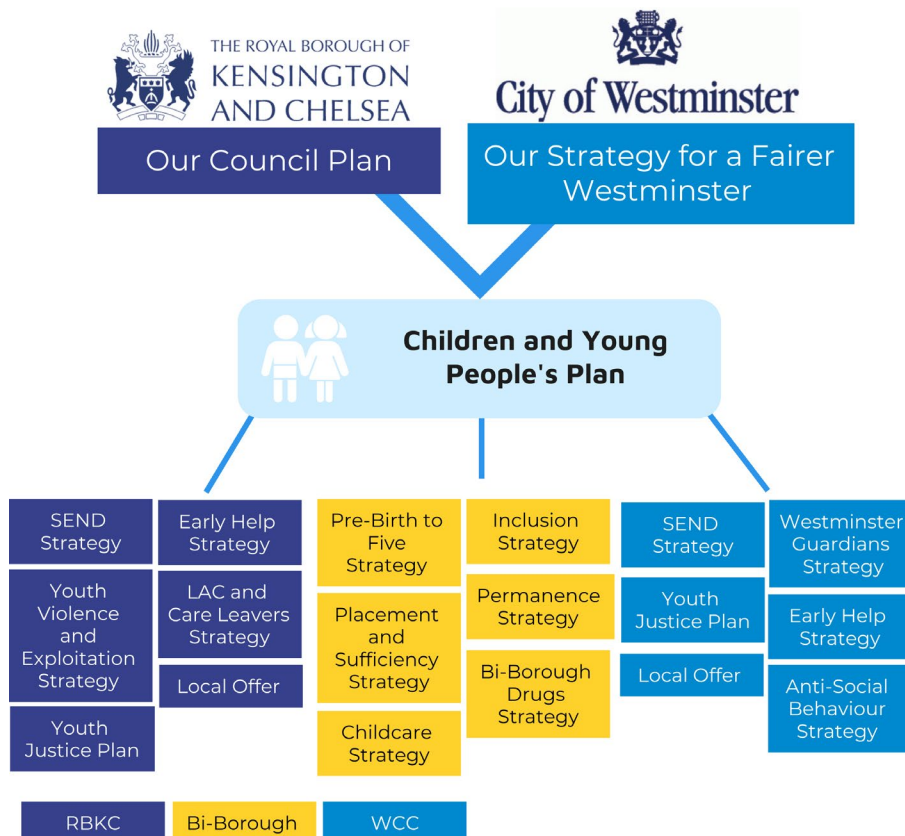
The Plan sits directly under Kensington and Chelsea’s ‘Our Council Plan’ and Westminster’s ‘Our Strategy for a Fairer Westminster’ and covers a three-year period serving as the framework that we use to track and improve outcomes for children and young people across the two boroughs, with a focus on the most vulnerable.

Issues of *Equity, Diversity and Inclusion* were reflected strongly during our engagement and co-production activities. These issues, concerns and aspirations are reflected in each of the seven priority outcomes set out in the Plan.

## How will we be accountable for delivering the Plan?

Young people have given their time, thoughts and voices to help develop this plan. We are accountable to them as well as council leaders for how successful we will be in achieving its aims. In addition to producing an annual update of progress, we will report directly back to those groups of young people we engaged with when developing the plan. We will also consider other ways of involving young people more directly in assessing whether or not it has achieved its aims and whether these continue to be relevant.

## How does the Plan relate to other thematic plans and strategies?



# Our Vision and How we will achieve this:

Our vision is to deliver *outstanding services that enable all children and young people to reach their full potential including those who are most vulnerable.*

## Our Priority Outcomes for the next three years

**Our collective ambition through this plan is to ensure that:**

1. All Children have the best start in life, needs are identified and supported early and they are school ready at five.
2. Children and young people have access to high quality education and training opportunities, have good attendance at school and achieve their full potential.
3. Children and young people feel safe, and are protected from serious youth violence, harm, harmful practices, abuse and neglect at home, online and in the community.
4. All young people, and particularly those who are vulnerable can realise their ambitions and take advantage of opportunities and life skills which prepare them for adulthood.
5. All our young people feel listened to, empowered to take action and have opportunities to co-produce/co-design services that affect them.
6. All Children and Young People are happy and healthy, with access to a diverse range of activities and opportunities to support their physical, mental health and emotional wellbeing within the post pandemic context, environmental challenges and rising cost of living pressures.
7. Children and young people affected by the Grenfell tragedy continue to be supported. The council, NHS and commissioned voluntary sector providers learn from their experience of the past five years and work together to ensure support is effective for children and their families.

Principles that guide our decisions and underpin how we will deliver these priorities are as follows:

- Children and young people are at the heart of what we do.
- We believe in children growing up in their own families, and work to make this happen while keeping them safe.
- We deliver the right service at the right time for sustainable change.
- We promote independence and achievement, enabling families to be ambitious.
- We understand that good relationships are crucial and promote this through our systemic practice model and a trauma-informed approach.
- We listen to front-line staff.
- We are committed to Bi-Borough working.
- We accept and work with risk more creatively.



# Three Years On: Key Achievements

**2020**

Inspectors found that Children and Young People benefit from high quality provisions across education, health and social care and that joint working between these services had strengthened. The parent-carer forum 'Make it Happen' provides a focal point for parents to work with professionals to co-produce services in the local area (WCC)



For every £1 spent, approximately £1.89 was saved due to the embedding of system practice (Children's Social Care Innovation Programme Report 2020)

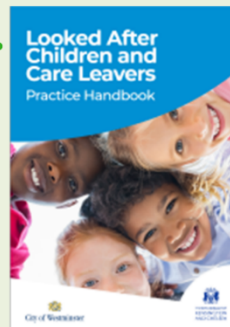
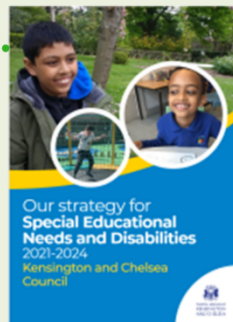
Families and staff helped to co-design our new 0-5 pathway and a new targeted offer

We ensured that all our vulnerable children, young people and families had a laptop and access to the internet



SEND News Crew was launched

All for Youth newsletter



**2021**

We were selected to establish a Regional Family Hub Network

National Referral Mechanism: A devolved decision-making pilot for young victims of exploitation



**2022**

We have supported 3,420 children and young people in WCC (29,376 sessions attended) and 2,618 in RBKC (21,283 sessions attended) to access free food, activities and Free School Meals vouchers over the holidays

We have strengthened the 'voice of the child' as part of celebrating co-production programme (RBKC)

The new integrated health visiting service and targeted offer was implemented

Ofsted report that new arrivals e.g. Afghan Families and UACS\* needs are well supported, including accommodation, education, physical and mental health, culture and friendship

\*Unaccompanied Asylum Seeking Children



The parent-carer forum, 'Full of Life' has well-established relationships with leaders in the area and plays an active role to shape and influence policy that leads to positive outcomes for children and young people with SEND (RBKC,2022)



Excellent support from social workers and partner agencies

Vulnerable children were noted to be swiftly identified



# Co-production and Young People's Voice: How did we involve Children and Young People and their parents/carers

Children and young people are at the heart of what we do. The plan provided further opportunities to listen to their voices and shape the plan and its focus.

Our Engagement consisted of:

- Designing and delivering **13** Future workshops with young people across both boroughs, engaging with over **130** children and young people aged 11– 25. These groups include Children in Care Councils, Young Westminster Foundation Ambassadors, Young K&C, RBKC Youth Council, WCC Youth Council, as well as youth clubs and Holiday and Activities and Food provisions.
- Reviewing engagement with young people and parents across children's services and wider since the previous plan. These cover **more than 2500 responses** on a range of issues affecting children and families.

- Initiating bespoke CYPP engagement with residents in both boroughs through the Citizen's Panel in RBKC where we had **247 responses** and **50** in WCC through the reference panel.
- These were complemented by **3** staff engagement sessions and sessions with School Governors, Education Partnership Boards, and the Local Safeguarding Children Partnership.

## Future Scenarios Workshops

Children and young people don't always feel comfortable speaking out during consultations, especially if they've had traumatic experiences in the past. We used discussions around different possible futures as a tool in creating a safe and supported space for generating ideas and solutions which was hugely engaging, creative, and fun for children and young people. We based our workshops on future scenarios of the borough, through a lens of Activism, and Equity, Diversity and Inclusion.



## Speaking out for Change

This 'Activism' future world in 2035 is based on the increased need for children and young people to feel engaged, safe, listened to and to be given opportunities to improve their lives.

- Young people and their communities are inspired to stand up and rally for change. (Greta Thunberg, Black Lives Matter Movement, etc...)
- Young people, families and their communities come together to speak out- mobilising and creating change for themselves.
- Young people are confident and know their rights, and know how they can communicate with organisations.
- Organisations respond to the demand for change, and they understand what communities want and need. Services change so they better fit the needs of young people.



Figure 1: An excerpt from one of our future scenario- based workshops with young people

The point of using these future scenarios was to *ignite young people's imaginations about the future, what they would like to see and how to make this possible*. Whilst young people were able to express their thoughts and concerns about the modern day, they also explored what steps we can take to ensure a brighter future.

For specific groups such as children and

young people with Special Educational Needs and Disabilities, we adapted our sessions to meet their needs. An example of this is the use of Talking Mats, an image-based one-to-one exercise. Children and young people are presented with simple images that represent different areas of their life and show how they feel about these different images by organising them under other images which represent their feelings. Thumbs up and thumbs down were used in group exercises.

## Co-Production and Young People's Voice: What we have heard

There were common themes arising across all of our engagements, as well as some distinct concerns and priorities that were particularly for certain groups. Common themes among the groups we interviewed were concerns around the cost-of-living crisis and growing inequality, preparation for adulthood, safety, Equity, Diversity and Inclusion, provision of youth services and the youth voice.

The young people in youth clubs in the North of the boroughs spoke passionately about racism and 'postcode wars', and what could be done to address this in our communities. Youth Councils and Young Ambassadors were concerned about the Climate emergency and the ability of young people to influence this agenda. A group of girls emphasised the need for girls to feel safer in public and

raised mental and physical health as key priorities. The quality of housing and access to support to find employment and training were key concerns for Care Leavers. Children and young people with SEND emphasised the need for place-based cultural and learning opportunities. The detailed summary report of our engagement can be found in Appendix A.

*Transitions to adulthood and inequalities (racism and sexism) were the most commonly held priority themes among the groups, followed by youth services and youth engagement and voice.*

**Listen to the voices that shaped this Plan (to be collated by 21 October)**



## Future Workshop Feedback by Children and Young People aged 11-25



### Table of all engagement and co-design sessions

Forum	Emerging Priorities for the group
RBKC Youth Council 5 boys 04.05.22	The environment and climate change were spoken about the most by this group. They also spoke about the transition to adulthood, the impact of social media and technology, and racism.
WCC Youth Council 5 boys, 4 girls 02.04.22	This group spoke about how social media can be a tool to engage communities in activism. Key concerns for this group were transition to adulthood, education, technology, inclusion and equity and the youth voice.
Young Westminster Ambassadors 8 boys, 6 girls 05.05.22	Youth voice and community engagement, and preparation for adulthood were the main themes of this discussion. They also spoke about racism, sexism, digital technology and the economy.
Athena Girls Group (RBKC) 6 girls 17.08.22	This group raised health and access to food and necessity products as concerns, linked to the cost-of-living crisis and growing division. Healthcare was raised as an issue, often related to equality (racism and sexism). Safety was raised by this group a lot, linked to racial equality.

Fit for Life Youth Club (workshop 1) 17 boys, 2 girls 06.07.22	This group particularly raised concerns regarding job opportunities, future stability and sources of income. Cost of living and poverty was raised as a significant concern with a lot of focus on heating, hot water access and housing. Feeling safe in the wider community especially when it comes to racial profiling by the police, is another key area. Gender inequality and racism were mentioned a lot.
Fit for Life Youth Club (workshop 2) 22 boys, 5 girls 13.07.22	Inequalities such as racism, sexism and ageism were highlighted. Cost of living especially 'keeping young people off the streets', preventing homelessness was brought up.
RBKC Future Union (Looked After Children and Care Leavers) 2 boys, 1 girl 28.04.22	Inequality was the main talking point for this group, and youth engagement and access to activities, opportunities and experiences were seen as the key to a successful transition to adulthood.
WCC Tuesday Group (Looked After Children and Care Leavers) 13 boys, 2 girls 10.05.22	Transitions to adulthood and the cost-of-living crisis were the main concerns for this group, with young people wanting more support in applying and interviewing for courses and jobs.
Queen Elizabeth II Special School	Youth services including extracurricular activities and clubs like swimming, music activities, and workshops were mentioned. Placed-based points relating to outdoor spaces like parks, playgrounds, cafes, etc were also brought up.
SEND Tresham Centre WCC (workshop 1)	More place and community-based points were raised relating to more playgrounds, more artwork in parks, volunteering opportunities, and helping the local community. Also, clubs for children that commission art/drawing activities, ballet, cooking, sports, and learn to swim club.
SEND Tresham Centre WCC (workshop 2) 8 boys, 2 girls 23.08.22	Mental health and wellbeing services were a priority for this group, as well as support to transition into work and independence.
St Augustine's School SEN group	Predominately placed and community-based points were raised like gardens that can be upkept by schools and the community, street parties for communities, community projects, places to garden and plant flowers.
RBKC Supported Interns 01.07.22	Key concerns for this group were preparation for adulthood with emphasis on jobs, courses, skills, and qualifications. Also increasing provision in youth services/ activity offer.

## Wider Engagement with Residents

A survey was shared with the RBKC's Citizen's Panel, Westminster's Resident Research Panel, and other residents in Westminster. The survey asked a series of questions about supporting children and young people in the borough, including priorities, concerns and views on provision of facilities. In Kensington and Chelsea, 248 residents responded to the survey, of which 91 described themselves as having parental responsibilities, 44 had care responsibilities, and 15 worked with children and young people. In Westminster, 66 residents responded to the survey, of which 32 described themselves as having parental duties, five were relatives, and eight worked with children and young people.

Among other questions, respondents were asked to rank their top priorities for the Children and Young People's Plan. *In both boroughs, respondents ranked Mental Health as the top priority for the plan, closely followed by Education.*

Mental Health (63%) was the most popular concern for respondents in Kensington and Chelsea, followed by 'young people may not get opportunities to prepare them for work' (61%), 'some young people may struggle to get a job' (58%) and 'some young people's life

chances may be adversely affected because of their race or background' (47%). In Westminster, a third of respondents ranked 'I worry that some people may not have enough to eat' as their top concern (33%), followed by 'some young people may struggle to get a job' (27%).

When asked how we might best develop engagement in the Council's delivery of Children's services, 'offering creative apprenticeships' ranked highest in Kensington and Chelsea, followed by 'Young people's representation in the Council's decision-making forums.' In Westminster, 'Young people's representation in the Council's decision-making forums' was the highest-ranking, followed by 'involving young people in designing publications and leaflets.' On Kensington and Chelsea's 'online conversation' platform, a new engagement tool we have been involved in testing, we asked residents to share their ideas on how we can broaden opportunities for children and young people. Whilst we have not received enough responses to fully analyse this method of engagement, the specific feedback that we have received reflected what young people told us.

## Wider Consultation with Partners, Key Decision Makers and Practitioners

We have also discussed the new plan and its potential scope with partners at sessions with the Local Children's Safeguarding Partnership, chairs of school governors, both Education Partnership Boards and senior leaders in Children's Services. Lead Members in both boroughs have also been involved in discussions about shaping the plan and our engagement approach. Scrutiny and Select Committees were sighted on plan development at an early stage. Practitioners will be important in delivering the plan and we held three staff workshops

focusing on what the emerging issues might be over the next three years and how staff felt young people they work with would be affected.

Staff and senior leaders identified the cost of living, the ongoing impact of the pandemic, technological changes, health and wellbeing, changes in ways of working, demographic changes, and safeguarding as critical issues. Funding and resources to undertake work and recruitment and retention of experienced and expert staff in critical areas was also felt in need of focused attention.

# National and Local Context

Working with Children and Young People on their vision for the future is *the most effective way to sustain organisations and build the institutions of the future*. In understanding, learning from and working with young people to forge culture, to change narratives, and to challenge norms, organisations will slowly begin to change today, so that they are still around tomorrow.

## Youth Voice

Research in youth trends shows that both nationally and locally, youth voice is extremely important. More than ever Children and Young People want to influence social and political decisions that affect them, as demonstrated by young people's advocacy in tackling issues such as climate change and the Black Lives Matter Movement. The local government needs to do more to amplify youth voices – particularly for minority groups and young people of colour. Young People of Colour were three times more likely to say they felt heard by brands and businesses, than by the government (National Youth Trends, 2021).

## Mental Health

In the last three years, the likelihood of young people having a mental health problem has increased by 50% (The Children's Society, 2022). Yet, Children and Young People are not getting the support they need. Last year only a quarter of young people with a diagnosable mental health problem were referred to specialist Children and Young Peoples Mental Health Services (CYPMHS) (Mind, 2020). More needs to be done to provide Early Support services to take pressure off the NHS and to promote and destigmatise existing provision.

## Cultural Institutions and Youth Services/ facilities

Surveys looking at cultural institutions in Bi-Borough show that these do not appeal to children and young people and they rarely use them. In Westminster, over half of the young people interviewed reported that they 'never' make use of art galleries (63%), museums (51%) and music venues (54%) (YWF, 2020/21). Children and Young People would rather spend their free time making use of youth services and council facilities, such as parks or sports and leisure facilities. When young people were asked what the best thing about living in RBKC was, the most common answer was "Range of activities for young people to do" (61%) followed by "range of parks and open spaces" (42%) and "range of sports and leisure facilities" (41%) (RBKC Youth Council, 2021). In Westminster, the most commonly used local services are local parks which had been used by 92% of interviewees in the last 12 months (YWF, 2020/21).

## Digital

Many children and young people are spending increasing amounts of time online, leading experts to describe life at present as 'digital by default'. Londoners reported that over half of young people had experienced someone they did not know trying to add them or speak to them online and a quarter had faced someone saying mean things or bullying them online (YWF, 2020/21). Additionally, social media is having a damaging effect on Children and Young People's dissatisfaction with body image, with 1 in 3 girls saying that Instagram makes them feel worse about themselves (Smith, Adam, 2021). This reflects a wider pattern of dissatisfaction with body image. The Children's Society found that a greater proportion of girls have been unhappy with appearance than with any other area of life across years (The Children's Society, 2021). Despite this, 93% of young people do not feel that they need additional support in relation

to managing concerns or pressures on social media (YWF, 2020/21).

### **Schools and Work**

A persistent minority of children and young people reported low scores in happiness in school (Department for Education, 2022). School and appearance were the domains that children were most commonly unhappy with at present, and over the last 10 years (The Children's Society, 2021). Covid may have increased the levels of unhappiness in education, with most young people who reported an impact of Covid on schools or universities expressed concerns about the uncertainty over exams and qualifications (58%), the quality of education being affected (46%) and a move to home-schooling (18%) (ONS, 2020). Furthermore, Covid has significantly impacted young people's employment status, the way they work and what they want from their future careers. The three most popular things people looked for in a job coming out of lockdown were salary (44%), a good work/life balance (36%) and good people to work with (33%) (Beatfreaks, 2021).

### **Vulnerable groups – SEND, Looked After Children and Care Leavers and Early Years**

Children and Young People with Special Educational Needs and Disabilities (SEND), Looked After Children (LAC) and Care Leavers (CL) and Children in Early Years settings are some of the most vulnerable children in our communities and likely to be most severely impacted by the pandemic. The long-term effects are still unknown, yet it is clear that the pandemic has often meant a reduction in the support available to these children, presenting health and safeguarding risks, as well as putting them further behind their peers had they not been able to access educational settings.

### **Youth Crime and Violence against Women and Girls**

Violence against Women and Girls is one of the key concerns among young girls and women. In WCC, 58% of females do not feel safe at night and in RBKC 45% of females do

not feel safe at night (YWF, 2020/21) (Jobson, 2022). When asked about the feeling of safety in WCC, 71% of respondents were concerned about sexual harassment or assault (YWF, 2020/21). These fears are not unfounded – in WCC, over two-thirds of girls in school years 10 and 11 say they have experienced unwanted staring over the last year (68%), while around a third have experienced jokes or taunts of a sexual nature (30%) (YWF, 2020/21). In RBKC, 59% of women have experienced street harassment (Jobson, 2022). The levels of domestic abuse in the Bi-Borough are below the London average but vary widely throughout each borough concentrating in the South of Westminster and the North of Kensington and Chelsea. (London Assembly, 2022)





## Westminster

Ethnicity in Westminster Schools



● White ● Black/ Black mixed  
● Asian/ Asian Mixed  
● Other / not specified



**35,700**

0-19 year olds live in Westminster. That's 17.5% of the borough's population

**24.8%**  
of children in Westminster live in poverty

**35.7%**  
of children in Westminster schools are eligible for Free School Meals

**55%**  
of children in Westminster schools speak English as an Additional Language (EAL)

an estimated 18,300 males aged 0-19 live in Westminster

an estimated 17,400 females aged 0-19 live in Westminster

## Kensington and Chelsea

Ethnicity in Kensington and Chelsea Schools



● White ● Black/ Black mixed  
● Asian/ Asian Mixed  
● Other / not specified



**25,700**

0-19 year olds live in Kensington and Chelsea. That's 18% of the borough's population

**21.4%**  
of children in Kensington and Chelsea live in poverty

**32.5%**  
of children in Kensington and Chelsea schools are eligible for Free School Meals

**49.5%**  
of children in Kensington and Chelsea schools speak English as an Additional Language (EAL)

an estimated 13,100 males aged 0-19 live in Kensington and Chelsea

an estimated 12,600 females aged 0-19 live in Kensington and Chelsea

### Health

**78.1%**  
of two-year olds have had an MMR vaccination

**32%**  
of five-year olds have dental decay

**41%**  
of ten to eleven year olds are overweight or obese

**2770**  
estimated number of 5-19 year olds with mental health problems

### Learning

**35%** of Westminster children attend a state-funded school in the bi-borough

**12.5%** of children in Westminster schools have Special Educational Needs support

**99%** of Westminster's Early Years registered providers inspected by Ofsted are rated 'good' or 'outstanding'

**65.9%** of children had a good level of development at the end of reception

**4.2%** of children in Westminster schools have an Education, Health and Care Plan

**93%** of Westminster schools are rated 'good' or 'outstanding' by Ofsted

**82.6%** of children in Westminster schools achieve grade 9-4 in English and Maths at Key Stage 4

**60.1%** of children in Westminster schools with SEN support achieve grade 9-4 in English and Maths at Key Stage 4

### Health

**77.9%**  
of two-year olds have had an MMR vaccination

**24%**  
of five-year olds have dental decay

**37%**  
of ten to eleven year olds are overweight or obese

**1960**  
estimated number of 5-19 year olds with mental health problems

### Learning

**28%** of Kensington and Chelsea's children attend a state-funded school in the bi-borough

**12%** of children in Kensington and Chelsea schools have Special Educational Needs support

**100%** of Kensington and Chelsea's Early Years registered providers inspected by Ofsted are rated 'good' or 'outstanding'

**66.2%** of children had a good level of development at the end of reception (similar to London average)

**5.5%** of children in Kensington and Chelsea schools have an Education, Health and Care Plan

**95%** of Kensington and Chelsea's schools are rated 'good' or 'outstanding' by Ofsted

**82%** of children in Kensington and Chelsea schools achieve grade 9-4 in English and Maths at Key Stage 4

**59.7%** of children in Kensington and Chelsea schools with SEN support achieve grade 9-4 in English and Maths at Key Stage 4

### Social Care

**173** children in care, 42 of whom are Unaccompanied Asylum Seeking Children

**319** care leavers

**81%** of care leavers are in Education, Employment or Training

**97%** of care leavers are in suitable accommodation

### Disproportionality

**3.4%** of Black, Asian or Minority Ethnic pupils in Westminster schools were excluded in the school year 2020-2021, compared to 2.4% of white pupils

**75%** of entrants to the Youth Justice System identify as Black, Asian or Mixed or Other, compared with 42% of children and young people in the borough.

### Social Care

**91** children in care, 34 of whom are Unaccompanied Asylum Seeking Children

**180** care leavers

**65%** of care leavers are in Education, Employment or Training

**85%** of care leavers are in suitable accommodation

### Disproportionality

**3.5%** of Black, Asian or Minority Ethnic pupils in Kensington and Chelsea schools were excluded in the school year 2020-2021, compared to 2.9% of white pupils

**87%** of entrants to the Youth Justice System identify as Black, Asian or Mixed or Other, compared with 58% of children and young people in the borough.

### Most vulnerable

**3.3%** exclusion rate in the school year 2020-2021

**2.45%** of 16-18 year olds are not in education, employment or training

**69 per 100,000** annual comparative rate of first time entrants to the Criminal Justice System (national rate of 143 per 100,000)

**67%** of young offenders are engaged in education, employment or training.

### Most vulnerable

**3.4%** exclusion rate in the school year 2020-2021

**2.99%** of 16-18 year olds are not in education, employment or training

**139 per 100,000** annual comparative rate of first time entrants to the Criminal Justice System (national rate of 143 per 100,000)

**83%** of young offenders are engaged in education, employment or training.

# Our New Priorities for the next three years

## Priority Outcome 1



All Children have the best start in life, needs are identified and supported early and they are school ready at five.

### What have we heard?

Parents of young children told us that they want support from different services to be unified and widely accessible. They would like a strong support network of other expecting parents and families with new babies and earlier support for children with disabilities.

We also heard about the importance of continuing to develop youth services and services for families such as community hubs and that provision in these and other creative places should be delivered by diverse groups.

"I learnt a lot through one of the Freedom programme, but also felt connected, heard, supported. The course helped towards finding my voice and setting boundaries. I definitely feel well more equipped to understand what relationships are healthy or not."

Parent, Freedom Programme



### What we will do:

- ✓ We will continue to work closely with health, social care, education and wider partners to implement and embed our Pre-Birth to Five integrated pathway so to ensure that the overall support system works for expectant parents and families with young children.
- ✓ We will continue to offer advice, guidance and support to our early years settings, schools and childminders to ensure that the early years workforce is supported sufficiently and that they can develop skills which will enable them to support children positively consistently.
- ✓ We will enable SENCOs and early years practitioners to implement targeted strategies to support children's needs effectively and make referrals to specialist services in a timely manner. This means that early identification of needs will take place consistently across all early years settings and schools.
- ✓ We will continue to promote the Free Early Education Entitlement offers and raise awareness of the Tax-Free Childcare offer amongst local families. This will give access to high quality early years experiences to more children under the age of five, which will ensure that they are school ready at five.
- ✓ We will work with health partners on issues we know disproportionately affect children in the borough such as obesity, immunisations and oral health and continue to support local maternity and parent champions who are often best placed to offer advice and guidance to fellow residents.
- ✓ We will enhance the offer for children under the age of five across our libraries with a particular focus on their pre-literacy skills including speech, language and communication development. This will enable families and children to access a variety of high-quality sessions which will equip them to acquire the necessary skills before starting school.

### How will we know?



Family Hubs are further developed and there is evidence of a wider reach aided by voluntary and community partnerships



Initial Dental Assessment



Health partners are embedded in Children's Centres and services are streamlined and targeted



Obesity Level



### Links to other strategies

## Priority Outcome 2



Children and young people have access to high-quality education and training opportunities, have good attendance at school and achieve their full potential.

### What have we heard?

Children and young people felt that more could be done in schools to ensure that every child achieves their potential, and that this will require changes to teaching styles and curriculums.

Young people identified schools as being the places where well-being and mental health should be improved and a place where services should be more readily available.

"There should be more engagement with children and youths at school to find out what support they need to succeed."

Young Person, 17,  
Athena Youth Group



### What we will do:

- ✓ We will build on our strong partnership with our highly rated schools to enable young people to achieve and thrive, supporting innovation and additional out-of-school provision.
- ✓ We will work together with families and young people on behaviour and attendance issues aiming to keep them in mainstream education and aspirations for them. Where young people are in alternative provision we will ensure support and provision is high quality and that there are open pathways back into mainstream schooling.
- ✓ We will show leadership in delivering national reforms set out in the Education White and Green Papers which benefit young people in our schools.
- ✓ We will support schools by working with school leaders and governing bodies to ensure that Equity, diversity, and inclusion are at the heart of schools and other education settings.
- ✓ We will strengthen mental health support in schools and maximise the impact of Mental Health Support Teams (MHST).
- ✓ We will strengthen links with Libraries and Archives services which have a strong role to play in increasing the range of young people's education experience, for example we will build on fantastic outreach initiatives such as the 1066 project and opportunity for young people to explore careers in Science, Technology, Engineering, Arts and Maths.

### How will we know?



Number of Ofsted good/outstanding schools



The attainment gap for disadvantaged groups at all Key Stages is one of the lowest in the country



Overall performance in primary school SATs and Secondary School GCSEs is above national averages



Attendance rates in Primary and Secondary Schools are improving post- pandemic.

## Links to other strategies

Page 67

Libraries and Archives  
Annual Plan

EWMH Strategic  
Plan

Schools  
Standards

Inclusion  
Strategy

## Priority Outcome 3



Children and young people feel safe, and are protected from serious youth violence, harm, harmful practices, abuse and neglect at home, online and in the community.

### What have we heard?

Young people told us that they are concerned about online safety, social media pressures. Some young people shared their concerns for their safety when travelling outside their own postcode area, how this impacts on other aspects of their lives including taking up employment and training opportunities.

Young people spoke emotionally about their experiences and fears of 'stop and searches' and stories of young people let down by public services that have recently been in the media. Residents agreed and felt that the council should focus on safety and perceptions of safety.

"I'm scared by the recent stories about black youths being strip searched and I'm scared that this could happen to me when I am out and about or at school, even though I know I haven't done anything wrong."

Young Person, 12,  
Athena Youth Group



### What we will do:

- ✓ We will build on strong Family Services in both boroughs to prevent and address extra-familial harm recently endorsed by Ofsted.
- ✓ We will offer a range of targeted support to young people at risk of serious youth violence to help develop their potential. Our gangs unit in WCC and similar outreach services in RBKC will identify, and work with young people who are criminally exploited to build trust and offer them pathways into training and employment.
- ✓ Working with partners we will continue to raise awareness of Violence Against Women and Girls (VAWG). With education partners, we will promote a whole school approach to tackling VAWG and sexual harassment and continue to deliver health education partnership work in schools covering Relationships, Sex and Health Education.
- ✓ We will continue to work with Police on Operation Encompass to ensure that schools are notified of Domestic Violence incidents and can support students. We will ensure our social workers are trained in Safe and Together to better partner with the non-abusing parent and hold perpetrators accountable for their behaviour and the impact it has on their children.
- ✓ We will work with partners in the Police to review local stop and search and intimate search activity involving children and young people to ensure that this is being done safely and above all with the welfare of children and young people in mind.
- ✓ We will continue to develop innovative and targeted interventions such as Youth Choice and Non-Violence Resistance (NVR) that are evidence based.

### How will we know?



Reduction in the number of CYP who are known to be at risk of CSE and criminal exploitation



Number of YP open to the gangs unit referred to employment service.



Evidence of enhanced collaboration and interventions



Evidence of robust challenge and support between agencies



Service User feedback indicating that CYP feel safe and supported.

## Links to other strategies

Youth Violence and Exploitation Strategy

Modern Slavery Strategy

Youth Justice Plans

Drugs Strategy.



## Priority Outcome 4



All young people, and particularly those who are vulnerable can realise their ambitions and take advantage of opportunities and life skills which prepare them for adulthood.

### What have we heard?

Young people are concerned about money and employment opportunities, particularly coming out of the pandemic. They want increased work experience, apprenticeships and career opportunities which are accessible in particular to young people from disadvantaged backgrounds.

Young people want a more up-to-date curriculum reflective of modern culture and society including teaching of wider cultures, equipping young people with skills for life, and teaching skills that can prepare young people for future careers.

"Employers and further education centres no longer look for typical triple science, maths subject. Employers want to see a variety."



Young Person, 15,  
Westminster Youth Council

### What we will do:

- ✓ We will continue to promote the Kickstart Scheme, supported internships, apprenticeships, work experience in the two Councils and with our partners, and work with employers to create employment pathways.
- ✓ We will use our networks with local employers and businesses to promote opportunities to our young people.
- ✓ We will strengthen the offer of training and support around independence skills to ensure that Care Leavers, children with Special Educational Needs and Disabilities and long-term NEET young people feel confident and ready for the transition to adulthood.
- ✓ We will promote the diverse cultural backgrounds of young people in Bi-Borough and tailor provision and opportunities accordingly.
- ✓ We will champion young people's artistic endeavour building on successes such as the Creative Collaborative but also enabling access to and participation in cultural experiences across the city.
- ✓ Young people are often at the forefront of new technologies and over the next three years, working with businesses we will look for ways of harnessing and growing their talents in this area.

### How will we know?




  
Feedback from employers

  
NEET data


  
Numbers accessing supported internships

  
Exclusion rates

  
Number of Kickstart placements filled

  
Satisfaction survey data

  
Apprenticeships and work experience

  
Numbers of young people feeling less anxious about the future

  
Percentage of care leavers engaged in education, training or work

## Links to other strategies

Westminster Guardians Strategy

SEND Strategy

SEND Strategy

Inclusion Strategy

LAC and Care Leavers Strategy

Youth Services Review



## Priority Outcome 5



All our young people feel listened to, empowered to take action and have opportunities to co-produce/co-design services that affect them.

### What have we heard?

Young people have told us that they want to have control over their life decisions and futures. Young people have opinions both positive and negative about services they receive from organisations like the council, they want to express and influence these to improve services and support they and others receive.

We know that Looked after children and care leavers are experts by experience on housing provision and its quality, young people with SEND are similarly equipped to know the extent of their ambitions around work, how they want to live and what support they do and don't need. Young people want to influence directly.

"No matter where you're from, your background, youth groups provide a space where your voice can be heard."



Young Person, 14, Lancaster Youth Hub

### What we will do:

- ✓ We will ensure that those young people who have formal representative roles have a voice in all our change projects and programmes
- ✓ Set up a young people's climate emergency reference group to co-produce actions and local solutions alongside the Councils' environment and climate change leads.
- ✓ Share information on service performance in an accessible way not just to children and young people with SEND and Looked after Children and Care Leavers.
- ✓ Ensure wider representation of young people with protected characteristics in co-production and co-design of current and newly commissioned services.
- ✓ Develop and implement an effective Children's engagement and co-production strategy, ensuring a feedback loop process is in place for all consultations and engagement activity.
- ✓ We will set up a Youth forum (CYPP Young advisers) to be convened by the Council at the end of each year to bring young people together to review our progress against the seven priority outcomes.
- ✓ Highlight the contribution of children and young people to their communities through events/awards such as a new Bi-Borough Children and Young People's Plan Awards.

### How will we know?



Annual LAC surveys



Increased opportunities for children and families to influence decision making and evaluate the impact



Number of Children and young people involved in decision-making.



Co-design and co-production activities



Consultations with and young people take place and action is taken by lead members, senior managers and staff.

## Links to other strategies

Our Strategy for a Fairer Westminster

Page 70  
Our Council Plan

Westminster Communities Plan

Community Engagement Strategy



## Priority Outcome 6



All Children and Young People are happy and healthy, with access to a diverse range of activities and opportunities to support their physical, mental health and emotional wellbeing within the post-pandemic context, environmental challenges, and rising cost of living pressures.

### What have we heard?

When young people talked about health, it was in relation to inequality and poverty and current cost of living pressures. They are concerned about poor mental health and aren't always aware of what support is available or how to access it.

We heard that music, spending time with friends and family, and exercising among other things, helped with their emotional wellbeing. We also heard about the importance of inclusive youth services and training for staff who work with young people with SEND. Young people shared their environmental concerns both global and local.

"There should be better support groups available for young people experiencing mental health problems."



Young Person, 17, North Kensington Youth Group

### What we will do:

- ✓ We will continue to develop cost of living crisis support for families this includes support in schools with digital devices, increasing funding for food and activities over holiday periods and strengthening our breakfast club offer.
- ✓ We will improve how we socialise with young people the range of Emotional Wellbeing and Mental Health (EWMH) support available in the community and keep the extent and scope of provision under review.
- ✓ We recognise the importance of a broad range of youth services and will be reviewing the youth offer in Kensington in 2023 and working with Young Westminster Foundation to maximise reach of youth services in Westminster.
- ✓ We will work with partners to develop high-quality after-school provision that is diverse and enriching, supporting children to be creative and innovative. Our Libraries will continue to offer after-school homework clubs.
- ✓ We will continue to focus on net zero carbon targets and use investment in greening school buildings as a catalyst for other environmental initiatives.

### How will we know?



Feedback from young people on youth services



Delivery of climate emergency targets in both boroughs



Data on young people's mental health



The number of Social Care Assessments with mental health as a factor



Physical health in Public Health's Joint Strategic Needs Assessment (JSNA).

### Links to other strategies

Climate Action Plans

Our Strategy for a Fairer Westminster

Inclusion Strategy

Digital Inclusion Strategy

Our Council Plan

Economic Development Strategies

EWMH Strategic Plan

Active Westminster Strategy

Youth Review



## Priority Outcome 7



Children and young people affected by the Grenfell tragedy continue to be supported. The council, NHS and commissioned voluntary sector providers learn from their experience of the past five years and work together to ensure support is effective for children and their families

### What have we heard?

Through our work in the Dedicated Service, we have heard that parents and children value targeted educational support for children and young people, ensuring that families can choose the type of support that works best for them and that every young person directly impacted by the fire has access to the support they need. In the local community, we have heard that children and young people value services in settings they know provided by trusted organisations that are well connected to communities.

In 2021, 55 per cent of parents/carers felt that their child's emotional health and wellbeing had 'improved' since 2018. Of these parents, 72 per cent said that support services had contributed to this change. Over a quarter (28 per cent) felt their child's emotional health and wellbeing had 'worsened' on average. Children and young people found that the Emotional Health and Wellbeing services they had accessed helped them with their confidence, self-esteem, engagement in creativity, building social skills and trust.

"Coming here made me realise I don't have to hide my feelings and I can speak to my family about them"

Place2Be



### What we will do:

- ✓ We know that Grenfell continues to have an impact on the emotional health and wellbeing of children and young people. Through the Grenfell Recovery programme, we will continue to provide bespoke support to bereaved and survivor children, including targeted educational provision, through the Dedicated Service and to the local community through the emotional health and wellbeing services and other projects in place in schools and community settings.
- ✓ We will also further embed and enhance the North Kensington inclusion pathway, with continued engagement with parents, children and schools and will use the learning to further develop advocacy for children facing school exclusion.
- ✓ As we look to the longer term, we will work with bereaved, survivors and residents and with our partners, particularly the NHS, to shape the next phase of support to children and young people. This will take into account the ongoing impact of the tragedy, including the Inquiry, the criminal investigation and decisions about the future of the Tower, as well as the learning and experience gathered over the past five years.
- ✓ We will ensure all new arrangements are shaped by the views of children and families and schools are given the opportunity to play a greater role in shaping and commissioning the school-based offer to meet local needs.
- ✓ We will work to incorporate the learning from Grenfell in the Council's wider work with children and young people. This is part of the Council's commitment to use learning from the tragedy to become the best Council for all our residents. Through the conversations about change at the Council currently underway, we will engage with children and young people to ask them what a longer-term legacy from Grenfell means to them.

### How will we know?



Evidence of improved outcomes for the Grenfell cohort



Local people are more involved in shaping and controlling their recovery



Feedback from parents and children and young people helps to enhance ongoing service offer

**GRENFELL**

### Links to other strategies

Our Council Plan

Page 72  
Grenfell Recovery Strategy

EWMH Strategic Plan



# How we will measure the success of our Plan

We will set up a Youth forum to be convened at the end of each year to bring young people together to review progress, test actions against what young people have told us and scrutinise the Councils' delivery of the CYPP priority outcomes.

A Quarterly Children and Young People's Plan dashboard for each Borough will set out performance data and this will be published. These will highlight progress towards our objectives.

We will look to embed the Children and Young People's Plan priority outcomes into the work of our partners through the contracts and Service Level Agreements we hold.



# Appendix C: Children and Young People's Plan On a Page

## Bi-Borough Children and Young People's Plan 2023-2026

**Our vision** is to deliver outstanding services that enable all children and young people to reach their full potential including those who are most vulnerable.

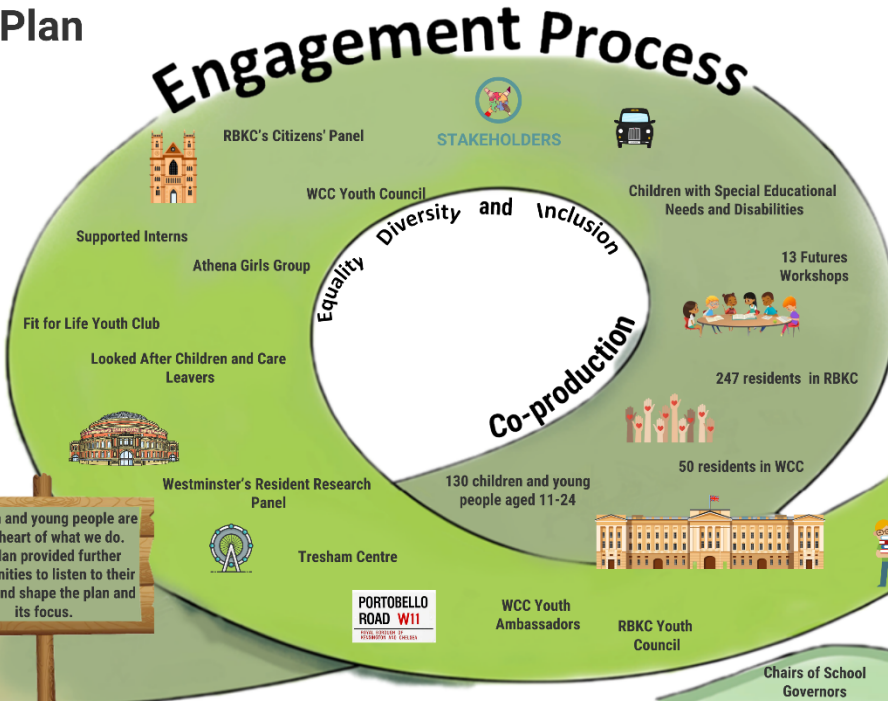
### Guiding Principles

- Children and young people are at the heart of what we do.
- We believe in children growing up in their own families, and work to make this happen while keeping them safe.
- We deliver the right service at the right time for sustainable change.
- We promote independence and achievement, enabling families to be ambitious.
- We understand that good relationships are crucial and promote this through our systemic practice model and a trauma informed approach.
- We listen to front-line staff.
- We are committed to Bi-Borough working.
- We accept and work with risk more creatively.



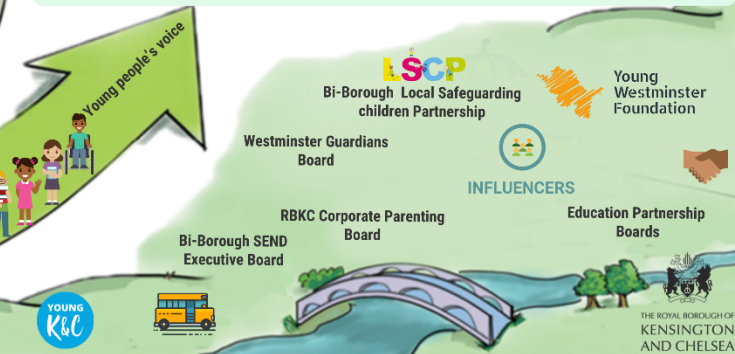
Children and young people are at the heart of what we do. The plan provided further opportunities to listen to their voices and shape the plan and its focus.

## Engagement Process



## PRIORITY OUTCOMES

1. All Children have the best start in life, needs are identified and supported early and they are school ready at five.
2. Children and young people have access to high-quality education and training opportunities, have good attendance at school and achieve their full potential.
3. Children and young people feel safe, and are protected from serious youth violence, harm, harmful practices, abuse and neglect at home, online and in the community.
4. All young people, and particularly those who are vulnerable can realise their ambitions and take advantage of opportunities and life skills which prepare them for adulthood.
5. All our young people feel listened to, empowered to take action and have opportunities to co-produce/co-design services that affect them.
6. All Children and Young People are happy and healthy, with access to a diverse range of activities and opportunities to support their physical, mental health and emotional wellbeing within the post-pandemic context, environmental challenges, and rising cost of living pressures.
7. Children and young people affected by the Grenfell tragedy continue to be supported. The council, NHS and commissioned voluntary sector providers learn from their experience of the past five years and work together to ensure support is effective for children and their families





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# WCC Children & Adults, Public Health & Voluntary Sector Policy and Scrutiny Committee

<b>Date:</b>	Date submitted 14/11/22 – date of meeting 5/12/2022
<b>Classification:</b>	General Release / <b>For information only</b>
<b>Title:</b>	2021/22 Annual Report
<b>Report of:</b>	Safeguarding Adults Executive Board
<b>Cabinet Member Portfolio</b>	<b>Portfolio (as listed at</b> <a href="http://www.westminster.gov.uk/cabinet">www.westminster.gov.uk/cabinet</a> )
<b>Wards Involved:</b>	All
<b>Policy Context:</b>	For information only
<b>Report Author and Contact Details:</b>	<b>Report Authors</b> Louise Butler, <b>Head of Safeguarding and Workforce Development</b> Trish McMahon, <b>SAEB Business Manager</b>  <a href="mailto:Patricia.mcmahon@rbkc.gov.uk">Patricia.mcmahon@rbkc.gov.uk</a>

## 1. Executive Summary Executive Summary

1.1 This is the 2021/22 Annual Report of the Safeguarding Adult Executive Board (SAEB). The multi-agency Board provides leadership of adult safeguarding across the Bi- borough. The purpose of the Board is to ensure that member agencies work together, and independently, to secure the safety of residents who are at most at risk of harm from others, or through self-neglect. The responsibilities of the SAEB are detailed in Schedule 2 of the Care Act 2014<sup>1</sup>, and include the requirement to report on how members are progressing the SAEB's strategic priorities. These priorities are informed by the learning from Safeguarding Enquiries (Section 42), and Safeguarding Adults Reviews (Section 44) of deaths and serious harm.

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

1.2 The report seeks to show how the SAEB and member agencies have addressed these priorities during 2021/22 and provides an overview of the work of the Board and its subgroups. The focus this year has been about learning from how the pandemic has affected our safeguarding work and what we have done about this. The Annual Report falls into 4 main chapters in which the partnership achievements for 2021-2022 are described.

- 1 **Safeguarding Ambassadors:** A unique group of individual's from prominent service user groups passionate about preventing abuse and neglect. They raise awareness of safeguarding and empower people to be confident in responding to abuse and neglect.
- 2 **Making Safeguarding Personal:** The SAEB ensure that the core principles of Making Safeguarding Personal are threaded throughout our strategy and all our activities and events. We listen and collaborate with service users by experience to ensure the voices of our communities are heard and that adults are being supported and encouraged to make their own decisions on how to keep themselves safe.
- 3 **Communities Keeping themselves Safe:** The SAEB continue to build community resilience and Safeguarding prosperity within our communities. This year we have addressed barriers in raising safeguarding awareness, creating an inclusive and diverse safeguarding culture with 'seldom heard from' community groups.
- 4 **Listening Leading and Learning:** As a partnership we have continued to look at information about local safeguarding activity to inform our priorities. We consider recommendations and lessons learned from both national and local Safeguarding Adult Reviews to understand what needs to change.

**Highlights** from each of the 4 key areas found in the report include:

- **Page 15: Maria's Report:** The Community Engagement Prevention Agenda: we continue to hear the voice of our Safeguarding Ambassadors who bring safeguarding risks to the attention of the Board and we support them by responding to the needs of our communities.
- **Page 17: Glenda** shared her story about her journey from Service User to Safeguarding Ambassador and to becoming a voice to influence safeguarding for London. This video is scheduled to be shared at various local and National Events during Safeguarding Awareness week 2022.
- **Page 18: The London Voices Group:** Bi-borough Ambassadors with lived experience of Safeguarding have provided safeguarding leadership and invaluable contributions to safeguarding governance and practice across London.
- **Page 20-21: Commissioning of the Safe at Home Project:** working closely with seldom heard from diverse groups in the communities of the Bi-Borough we have co-produced and delivered Safeguarding Awareness 'Train the Trainer' training to the Black Minority Ethnic Health Forum throughout 2021/22. This programme was the first of its kind both regionally and

countrywide to 'hard to reach' language and religious faith groups across the Bi-borough

- **Pages 25 - 27: Working together across Adults and Children's services to support Afghan evacuees.** Children's and Adults partnership agencies provided additional services alongside assistance for refugees into existing health and social care services across the Bi-Borough.
- **Pages 30 - 31: Launch of the Blue Light Project and Ian's story:** A 7-minute briefing raising awareness of Korsakoff's and a video that tells Ian's story - a homeless man who had someone who really cared about him.
- **Pages 40:** What the data is telling us about our safeguarding outcomes.
- **Page 45:** Our Safeguarding Ambassadors launched a **Cybercrime video** to mark Safeguarding Adults Week 2021, which was both a national and local success.
- **Pages 48 - 49: Focus on self-neglect and hoarding.** This year we reviewed our local hoarding strategies and are holding an event in November 2022 to support Practitioners to be vigilant in identifying and responding effectively to self-neglect and hoarding
- **Pages 54 – 67 Safeguarding Adult Reviews:** This section demonstrates the ways in which professionals and agencies across the Bi-borough have worked together to embed national and local learning, highlighting key learning and extensive work that has taken place across the partnership throughout 2021/2022 in response to reviews.
- **Pages 68 – 69: Our Strategic Plan 2022-2025** sets out how the Board will work towards achieving its ambitions for safeguarding adults in the Bi-Borough and has four key priorities to ensure that, wherever possible, safeguarding responsibilities are delivered in a way that creates safeguarding prosperity within our communities and continues to have 'Making Safeguarding Personal' (MSP) at the heart of everything we do.

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

The Committee is requested to consider the Annual Report 2021/22 of the Safeguarding Adults Executive Board (SAEB), with particular regard to the arrangements that have been put in place to meet the requirements of the Care Act 2014, from 1<sup>st</sup> April 2015. It is recommended that the report is noted and strategy and the priorities informing its current work endorsed.

**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; Communities Keeping themselves Safe; 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](mailto:patricia.mcmahon@rbkc.gov.uk)



# Safeguarding Adults Executive Board

# ANNUAL REPORT

Communities keeping  
themselves safe



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA



Safeguarding Adults  
Executive Board

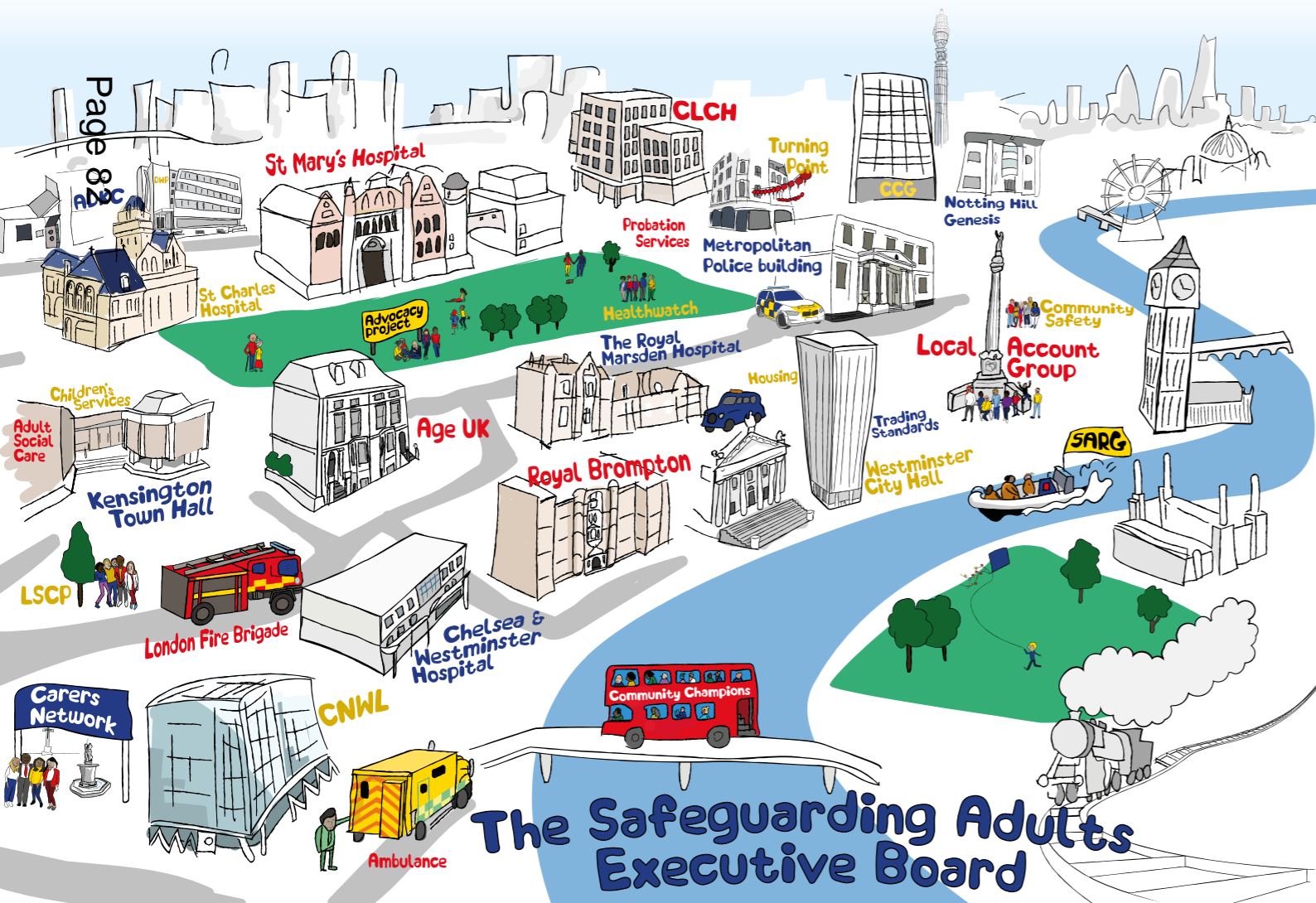
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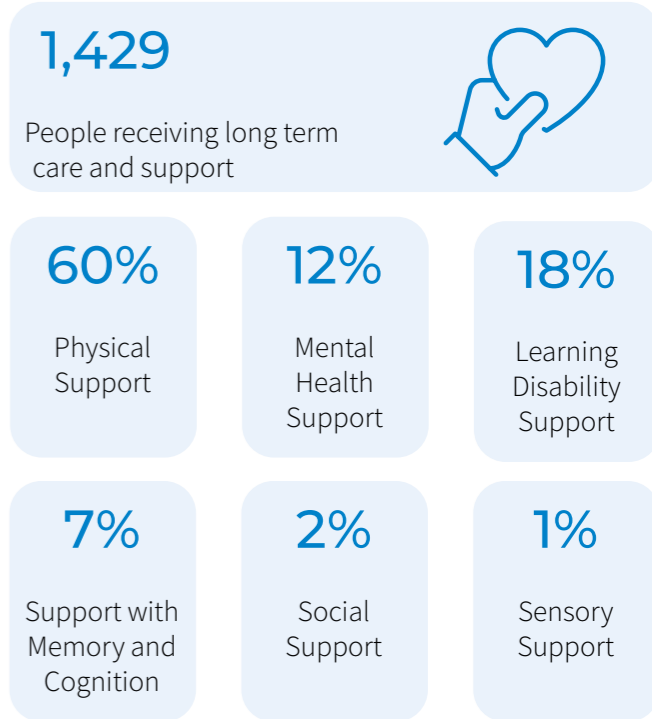
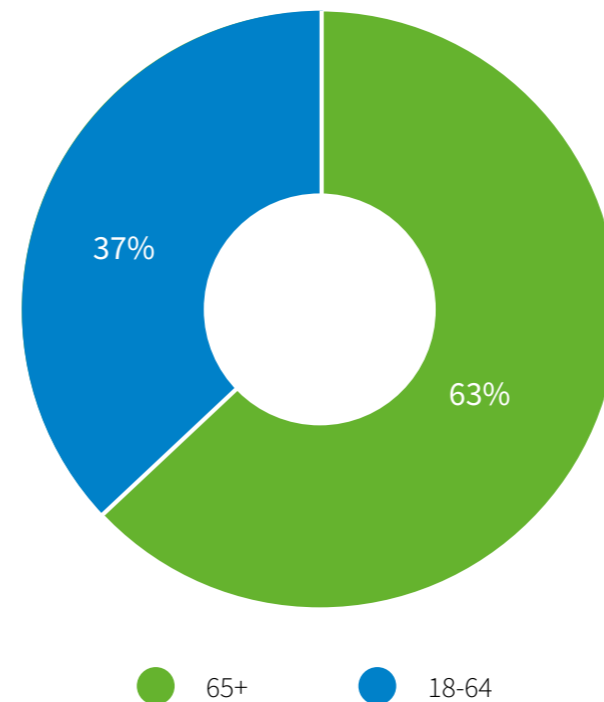
City of Westminster

# The context of our two boroughs is important as it provides information about the community our service users live in

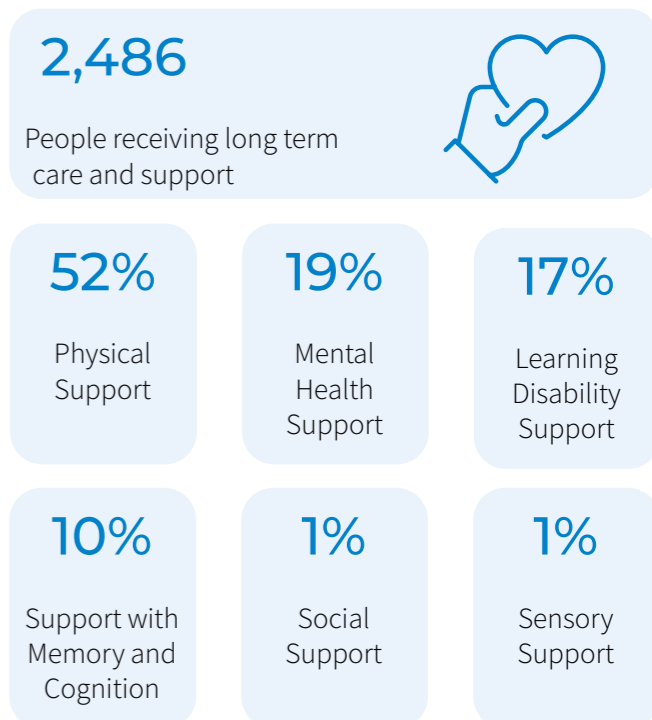
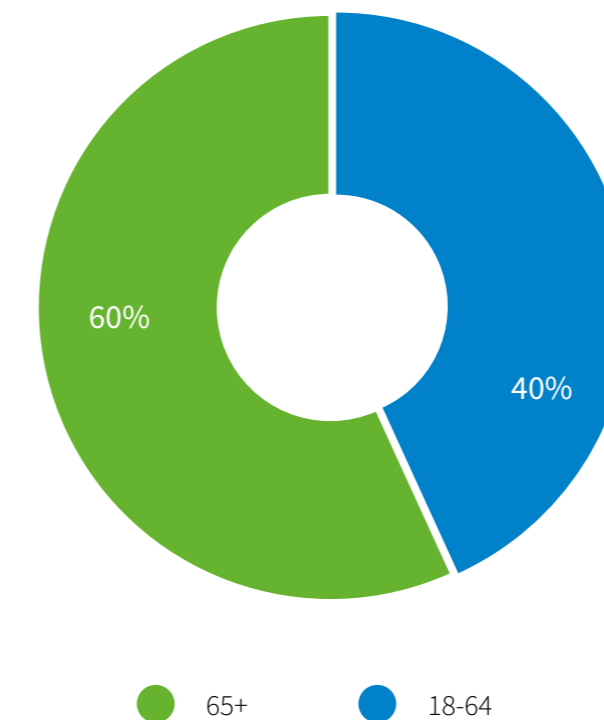
Every local area is unique from the north of the boroughs to the south. They have their own cultures and challenges. This data helps us to understand the landscape in which we work with communities and our safeguarding ambassadors to manage risk and collaborate in keeping people safe.



## Royal Borough of Kensington and Chelsea – Adult Social Care insight data 2021-22



## Westminster City Council – Adult Social Care insight data 2021-2022



## Foreword

1. Aileen Buckton, Independent Chair
2. Who is the Safeguarding Executive Board responsible to?

## Introduction to Annual Report

3. Who is the Annual Safeguarding Executive Board report for?
4. What is Safeguarding?
5. Executive Summary
6. What the SAEB worked on 2021-22

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## Safeguarding Ambassadors

7. Maria's report for the year
8. Ambassador profile on Fay and Glenda
9. London Voices




## Communities keeping themselves safe

10. Staying Safe project
11. Working together across Adults and Children's services to support
12. Afghan evacuees
13. National Safeguarding awareness week and other events
14. Resources promoted to keep communities informed
15. Community engagement sessions
16. Health Watch report on 'mystery shopping' exercise



## Making Safeguarding Personal

17. What the data is telling us about our outcomes
18. Focus on the work of the Board on Financial abuse
19. Financial abuse and the Elderly – Age UK
20. Case study and learning briefing from Client Affairs
21. Focus on self neglect and hoarding
22. Carers Network 'Making Safeguarding Personal'



## Leading, listening and learning

23. Key achievements
24. SAR referrals in 2021-2022
25. 7 mins briefing on telecare and fire safety
26. "Annie" and reasonable adjustments
27. Learning disabilities Annual health checks, Safe and wellbeing reviews & LeDeR
28. Joan's legacy
29. The Safeguarding executive 3-year plan

True or false?

The SAEB membership consists of the statutory agencies, namely the Local Authority, Police and the NHS...

False!

The SAEB membership which brings together a range of skills from agencies who are experienced in working with vulnerable adults. This includes core membership from the Local Authority, Police and Health but also community and voluntary sector services. The SAEB has a vibrant representation from service users to ensure that the voice of adults and carers who use safeguarding services are represented.

# Foreword



I have great pleasure in presenting the annual report for the Bi-Borough Safeguarding Adults Executive Board (SAEB), covering the period from March 2021 to April 2022.

Page 84

**T**he SAEB brings together statutory and voluntary organisations from across both boroughs, elected members and local residents who work together to support local communities to keep themselves safe, and to safeguard adults who are experiencing or at risk of abuse and neglect. This annual report outlines the objectives that the board set for the year 21/22 and highlights some of the key achievements.

In the foreword to last year's report, I wrote about both the safeguarding challenges and opportunities created by the Covid-19 pandemic. This report for 2021 – 22 reflects the ongoing commitment and hard work of our Board members to evaluate the impact of Covid-19 on safeguarding activity and identify new concerns and challenges which they responded to.

I would like to pay tribute to the innovative and collaborative ways in which the Bi-borough services worked through the stresses and demands of the pandemic whilst still keeping safeguarding at the forefront. This set a legacy of ensuring that our services find new ways of working together to adapt and respond to new challenges.

A real challenge for any Safeguarding Adults Board is to make safeguarding services accessible to all and this was particularly challenging during the period

of the pandemic. This is not just about overcoming language, ethnicity and disability barriers but understanding differences in cultural perceptions of abuse and neglect and the role of statutory agencies in safeguarding people. The Bi-Borough benefits from being an area which is culturally and ethnically diverse, but the board has to ensure that we listen to all resident communities. The Board has been delighted to have supported the Staying Safe Project. The project worked with many of our community organisations whose voices are seldom heard with the aim of breaking down barriers that can make it difficult for communities to reach out for help. The messages from these community groups are clear – we must listen to their experience of safeguarding and ensure this informs local services.

I would also like to highlight the fantastic work of our Safeguarding Ambassadors and the Local Account Group who, despite the pandemic, played a key role in linking the Board to local residents to highlighting what the safeguarding issues are for them and empowering people to take action to raise concerns when needed.

We have continued to prioritise our own partnership learning and the need to make practice changes when either nationally or locally we hear of those who faced abuse or harm. The reviews of their very tragic circumstances must inform and shape how we

improve our work, and we must remain open to the challenge they bring. It is perhaps the best legacy that we can provide for these residents and their families. The report outlines our actions from Kate and Annie's reviews as documented in last year's report. We have also completed a Safeguarding Adult Review, SAR, for Joan, which will be published in 2022. We are grateful to Joan's family for their contributions and honest insights into this review and that they have been willing to support the learning that we will provide.

This annual report contains many examples of excellent partnership working and I would like to thank Board members for their continued support and engagement, which crucially makes a real difference to those who rely on our shared safeguarding system. My thanks too to both councils for their continued role in supporting the board's work.

Looking back and reflecting on a year's work has of course helped shaped our thinking and practice for this current year 22/23. There are many changes taking place across all of our partner organisations, but our priority remains to keep safeguarding as a central and key focus for us all.

**AILEEN BUCKTON**  
Chair Bi-Borough Safeguarding  
Adults Executive Board

## Did you know?

**Schedule 2.2 of The Care Act states 'Members of Safeguarding Adult Boards are expected to support the board in its work but no formula has been established for the total budget a SAB might need, nor the contributions to be expected from each member.'**

Financial Contributions and thanks goes to

- the North West London Collaboration of Integrated Care Board (NWL ICB) contribution of £20,500 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 sixth year running, The London Fire Brigade has contributed £500 per borough

The money is a welcome contribution to the costs of commissioning Statutory Safeguarding Adult Reviews as well as on-going costs of raising awareness of Adult Safeguarding in our communities through events and promotional materials.

## Introduction

### What is Safeguarding?

It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adults wellbeing is promoted. Safeguarding practice recognises that people have unique interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

### What is the Safeguarding Executive Board responsible for?

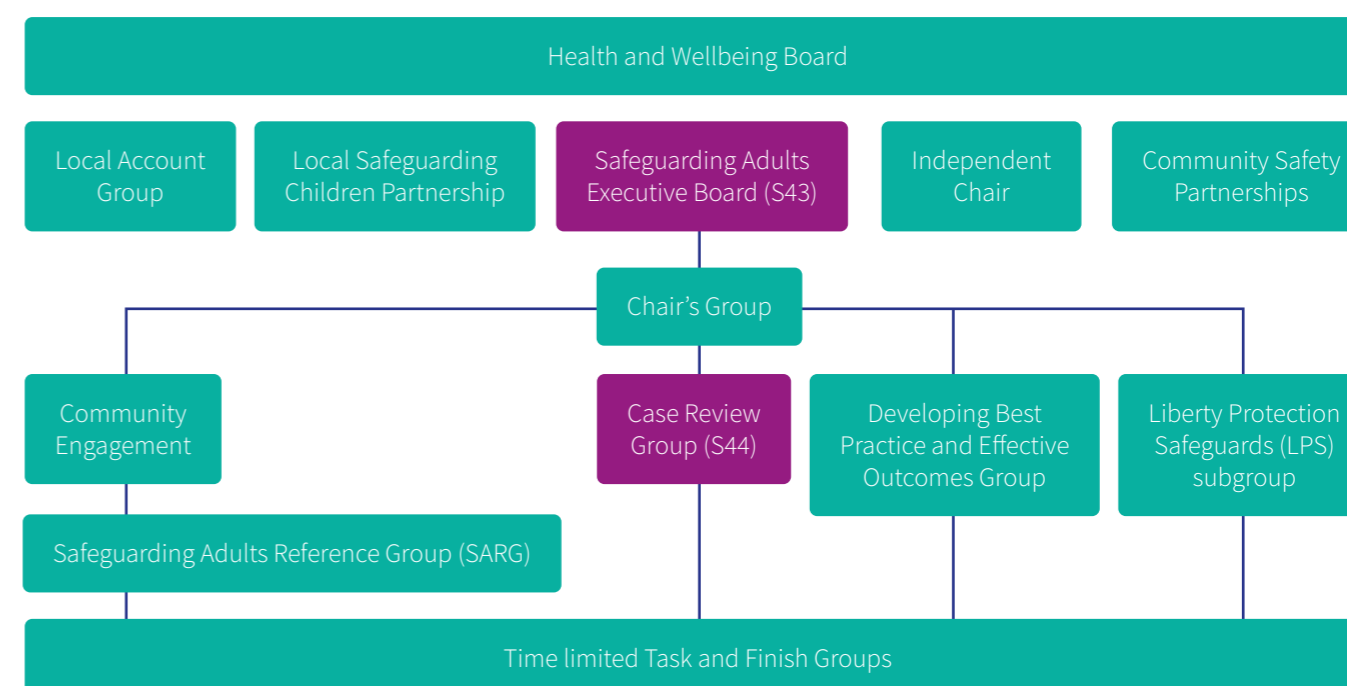
This Safeguarding Executive Board is responsible for overseeing and leading on the protection and promotion of an adult's right to live an independent life, in safety, free from abuse and neglect across Kensington and Chelsea and Westminster.

## What it means to abuse someone

Abuse means treating someone with violence, disrespect, cruelty, harm or force.

The Bi-Borough Safeguarding Adults Executive Board 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. The Board Structure and its workstreams for 2021-2022 is in the diagram below and demonstrates the effective links we have with other boards, partnerships and the Local Account Group.

## Safeguarding Adults Executive Board and workstreams 2022/23



True or false?

## The SAEB and all of its subgroups held a total of 33 meetings over 2021 – 22.

True!

The board meets four times a year and is supported by a range of subgroups which carry out the work ensuring that the priorities set out in our Strategic Plan are delivered. Each subgroup has a work plan which details the areas of focus for the financial year and is regularly updated with specific actions and timescales. These subgroups ensure that the work of the Board really makes a difference to local safeguarding practice, and to the outcomes of adults and their carers.

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**Our Board Vision** is based on the rights of people 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 if when abuse happens

### 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 Boards 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.

### Who is the Safeguarding Executive Board Annual Report 2021-2022 for?

Annual Report is for the people who live and work in the Royal Borough of Kensington and Chelsea and Westminster. The report describes what we have done to help prevent safeguarding in our communities, why we have done it and what the results were. It also describes how we spend our budget and what difference we have made to adults at risk.

## Executive Summary

The SAEB focus this year has been about learning from how the pandemic has effected our safeguarding work and what we have done about this. The Annual Report falls into 4 main chapters in which the partnership achievements for 2021-2022 are described.

### Safeguarding Ambassadors



- passionate about preventing abuse and neglect
- leaders in promoting and sharing safeguarding knowledge
- convey safeguarding risks and bring real-life stories and concerns to the attention of the Board
- co-produce all community events, activities and products

### Making Safeguarding Personal



- using data better to help inform partnership responses to safeguarding referrals
- understanding which abuse types are the most prevalent and doing something about it
- knowing our residents and who is at most risk
- placing partnership responses at the heart of the problem

### Communities keeping themselves safe



- culturally competent safeguarding
- raising awareness of safeguarding
- close working with the voluntary sector
- listening and collaborating with service users

### Leading, Listening and Learning



- a partnership which is open to new ideas and a willingness to learn from mistakes
- a partnership which wants to get better at preventing abuse and neglect
- a partnership which is transparent and accountable to each other and to its residents
- a partnership that listens and hears what it is being told by families

# What the SAEB worked on in 2021-2022

## Safeguarding Ambassadors

Safeguarding Ambassadors are the Boards Super Heroes. They are a unique group of individual's from prominent service user groups passionate about preventing abuse and neglect. They lead, promote and share their safeguarding knowledge by listening to and supporting residents. This diverse group are often the first point-of-contact when residents want to seek safeguarding advice and they play a lead role in bringing safeguarding risks to the attention of the Board.



## Communities keeping themselves safe

- culturally competent safeguarding
- raising awareness of safeguarding
- close working with the voluntary sector
- listening and collaborating with service users



### Diversity and Inclusion: Staying Safe – In partnership with the Advocacy Project and the Black, Minority, Ethnic Health Forum

Safeguarding Awareness Programme successfully rolled out across the communities of the Bi-Borough, to include translation services and co-designed events for 'hard to reach' communities who now feel more confident and better supported in raising safeguarding concerns. This has both Increased engagement and greater awareness of barriers and accessibility issues that hard to reach communities have in raising safeguarding concerns.

### National Safeguarding Awareness Week (NSAW) 'Creating Safer Cultures'

Our Safeguarding Ambassadors launched a Cybercrime video to mark Safeguarding Awareness Week, which had 76 public views during launch week. They also led on a session to co-produce our Community Engagement Prevention Agenda to be rolled out during 2022/2023 across all **Community Engagement member organisations**.

Safeguarding Activities were scheduled throughout the week which included a suite of online resources to help develop community awareness, keep residents safe and informed on the work of the board in the communities of the Bi-Borough.

## Making Safeguarding Personal

- using data better to help inform partnership responses to safeguarding referrals
- understanding which abuse types are the most prevalent and doing something about it
- knowing our residents and who is at most risk
- placing partnership responses at the heart of the solution



## Strategic Hoarding Operational Group

- operational management of hoarding
- multiagency data review completed to better understand the current position and influence the decisions of the group
- prevention and early intervention processes embedded across housing sector
- raising awareness and prevention. Practitioner event in planning for November 2022

**Increased service users involvement in SAEB activity:** The Community Engagement Group and Safeguarding Ambassadors are working with Community Safety teams to champion the work already being completed on cuckooing and with the **Hate Crime Partnership**; work continues to promote partnership working across the Bi-Borough with local resident groups, voluntary organisations, and the police.

**Transitional Safeguarding:** We have continued to work together with childrens services to influence better understanding of safeguarding for 16-25 year olds.

**London Safeguarding Voices Group:** Safeguarding Ambassadors with lived experience of Safeguarding and have joined the new regional group. They have led discussions at regional conferences and supported the group by sharing and demonstrating their advance knowledge of co-production and Making Safeguarding Personal.

## Leading, Listening and Learning

- a partnership which is open to new ideas and a willingness to learn from mistakes
- a partnership which wants to get better at preventing abuse and neglect
- a partnership which is transparent and accountable to each other and to its residents
- a partnership that listens and hears what it is being told by families



**In response to a report on the conclusion of the Norfolk Safeguarding Adult Review of Carston Hospital the SAEB set up a task and finish group** to review the national recommendations and learning. This included implementation and review of Annual Health checks: embedding local improvements in pathways for service users with a learning disability.

**Learning from Safeguarding Adult Reviews (SARs)** The partnership completed 2 SARs and subsequent action plans for local service improvements. 1 thematic SAR has been commissioned on fatal fire.

**Organisational memory:** This has remained a key priority for the SAEB throughout 21/22. We have continued to disseminate learning from national and local SARs relevant to our partnership and community groups. Local action plans reviewed and implemented in response to all 7-minute briefings.

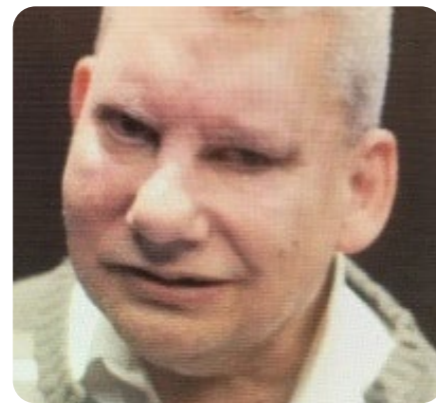
**LSCP and SAEB Joint meeting to review support to Afghan Families:** Joint Action Plan across Children's and Adults in place to bolster support to all refugees and families. The plan includes partnership agencies providing additional services alongside assistance for refugees into existing health and social care services across the Bi-Borough.

**Liberty Protection Safeguards:** The LPS subgroup are overseeing the awareness, promotion and application of the new LPS standards across the Bi-Borough. Providing assurance to the Safeguarding Adults Board that partners are ensuring and promoting LPS awareness, and appropriate application in practice through workforce planning and training.

# Safeguarding Ambassadors

**S**afeguarding Ambassadors are the Boards super heroes! We are grateful for their expertise in understanding what makes their communities safe and we support them as they grow from strength to strength in playing a lead role across all our areas of work. They are the key link between our service users and the Board. They inform the Board what is worrying them and tell the Board what they want to do about it.

The first section of the Annual Report offers a profile of the work of our Safeguarding Ambassadors. What they have been doing throughout the year with communities and the fantastic recognition they had this year by representing the SAEB as part of the London Voices work sponsored by Adult Directors of Adult Social Care.



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## Maria Stoeva – Chair of the Safeguarding Adults Reference Group



**H**ello everyone, my name is Maria Stoeva, and I am the Chair of the Safeguarding Adults Reference Group. Our work is to raise awareness of safeguarding and empower our communities to be confident in responding to abuse and neglect.

### Areas we identified and solutions implemented:

#### 1 Local shops overcharging people by providing food on 'tick'

Bethan Featherby from Trading Standards hosted an informative session about pricing practices and how we can report these matters. The group have co-produced a 'Pricing Practices Guidance' which we have shared with our communities.

#### 2 Loan Shark training

A very insightful session was delivered by the Illegal Money Lending Team to our group so that we can keep our communities informed and can support each other to stay safe from loan sharks. This risk has become very real due to the economic crisis and we will continue to promote awareness and work to create local campaigns and initiatives and host webinars to warn residents about the dangers of loan sharks.

#### 3 Hate Crime

We have been working with the Community Safety Partnership who have delivered hate crime training to our Group. We have raised awareness to all members of our Community Engagement Group which includes volunteers from 18 member organisations. We are very passionate about Hate Crime, as many of our group members have lived experience of this type of abuse. We co-produced the 7-minute briefing so that we can further raise awareness of this important topic.

Please contact us to join our mailing list and to receive invitations to future events and important updates on the work that we do at [makingsafeguardingpersonal@rbkc.gov.uk](mailto:makingsafeguardingpersonal@rbkc.gov.uk)

Best wishes

**MARIA STOEVA**



## 7 Minute Briefing: Hate Crime

### 1 Hate Crime incidents

Hate Crime incidents hurt and can be very frightening for the person subjected to them. They directly strike at who a person is, their community and their way of life and can be committed against a person or a property. People have often suffered abuse and hostility all their lives, just because of who they are. Incidents and crimes that are targeted at a person because of hostility or prejudice towards their disability, race/ethnicity, religion/belief, sexual orientation or transgender identity are classified as hate incidents or crimes. This briefing is here to remind you of our responsibility to the victims of hate incidents/crimes so that we can make people safe and help them feel safe. Hate incidents and crimes are being committed every day across all force areas and yet research tells us that over 60% are never reported to the Police.

### 2 What is a Hate Crime?

Any criminal offence, which is perceived by the victim or any other person, as being aggravated or motivated by prejudice or hostility.

Hate Crime is defined as; Any hate incident, which constitutes a criminal offence, perceived by the victim or any other person, as being aggravated or motivated by prejudice or hostility. In both cases this can be before, at the time or after the event.

### 3 Our duty

It is essential that we all understand that whilst the nature of the hate incident may not grade high on the criminal framework of offences, victims of hate incidents or crimes have often experienced this hostility and behaviours for long periods and contacting the police is a significant step for them due to fears of recrimination and them not being taken seriously.

Hate Incidents and Crimes if not dealt with appropriately have the potential to rapidly escalate for both for the victim and the community and could cause severe damage to public confidence.

### 4 Public Trust and confidence

Growing public trust and confidence in reporting hate crime is important. By raising awareness we hope that this will lead to better community engagement with the police and community safety partners.

### 5 Did you Know?

There were over 25,800 reported Hate Crimes in London last year.

### 6 Ways to report

Positive action to make the behaviour stop and provide victim are and support are vital. There are various ways to report hate crimes and incidents. In an emergency always call 999. For all other reports please call 101.

### 7 REPORT IT

Take all reports of hate incidents and crimes seriously. The victim impact will be significant even though the incident may appear minor. It doesn't only have to be the victim that reports Hate Crimes/ Incidents. If YOU witness it YOU can report it too. DON'T – assume it is someone else's problem. We ALL have a responsibility to fight Hate Crime.

## Fay Sandler, Safeguarding Ambassador, Local Account Group Member



### Fay Sandler talks about her volunteer roles and her passion for helping others.

I've always had a passion for helping others and I love the idea of being considered a dependable person. I enjoy when others come to me to talk about the hardship they are experiencing and being able to provide them with feedback or helpful advice.

To do this I learned that you need to have the characteristics of a people person. You must be patient, outgoing and friendly. I allow myself to be comfortable when speaking with our communities. The Local Account Group and Safeguarding Adults Reference group all have a passion for helping others. We all really inspire each other to give others the help, support and guidance when facing difficulties. We represent to the best

of our ability, not only our personal perspective, but incorporating the views regarding issues and provision of services that impact upon our diverse communities and we continue to convey our important message that 'Safeguarding is everybody's business'

## Glenda Joseph, Safeguarding Ambassador

This year Glenda shared her story about her journey from Service User to Safeguarding Ambassador and to becoming a voice to influence safeguarding for London. Her video is honest, heartfelt and very inspirational – please click below to watch the video.



LONDON SAFEGUARDING VOICES

'Our Voices Together Are Stronger'

The London Safeguarding Adult Board want to ensure people with lived experience of Safeguarding are at the heart of governance and practice across London.

“The London Safeguarding Voices group (LSV) is a pleasure to co-ordinate, due to the LSV members dedication, commitment, and honesty in their ability to share their lived experiences of safeguarding, in a safe environment.”

Hen Wright, London Safeguarding Voices Lead

We are excited about co-planning and co-producing the LSAB Conference in November with LondonADASS. We are planning a safeguarding session for the conference on Fire Safety, with the London Fire Brigade.

Our aim is to have all London Boroughs represented in our group and we would welcome new members with lived experience of safeguarding. Afterall, the success of the LSV group is because of the incredible members. For further information or if you have any questions regarding the LSV please contact Hen Wright ([helena@healthwatchkingston.org.uk](mailto:helena@healthwatchkingston.org.uk)).



We have two members from the Bi-Borough. Glenda and Michael who are quite simply amazing, and we are very lucky to have them! Their contribution to the group is huge, not only in their ideas, but also in their general kindness and support to all. Their dedication to making safeguarding better clearly shows in their willingness to attend all meetings and actively take part in our LSV projects.

Glenda has been invaluable in participating in the London Borough of Barking and Dagenham Peer Review in May, as an expert by experience. She also presented the work of the LSV at the Chief Social Worker 'Revisiting Safeguarding Guidance' launch event, to 100+ delegates not only in London, but nationally.

Michael is influential on us keeping things simple and easy to understand as 'safeguarding is everyone's business', not just for professionals. Michael suggested the group has Basic Adult Safeguarding training, which was delivered by one of our more experienced members. Both Glenda and Michael starred in our animated film.

# Communities keeping themselves safe



This year the SAEB continued to focus on better understanding different and changing patterns of abuse and harm in our communities. The Covid-19 pandemic continued to disrupt our lives, and global events – such as the Afghan evacuee crisis – made us re-think our role in early intervention and prevention of harm.

- culturally competent safeguarding
- raising awareness of safeguarding
- close working with the voluntary sector
- listening and collaborating with service users by experience



**MILES LANHAM**  
Assistant Director,  
Housing Management

OCTAVIA



**RITU GUHA**  
User Involvement  
Project Manager

The Advocacy Project

The SAEB wanted to build on the work in 2020-2021 in which we collaborated with other council departments and our wider partnership to help in raising awareness in particular of low level mental health and creating a safeguarding culture which is inclusive and diverse.

The Community Engagement Group is a sub-group of the board and is co-chaired by Miles Lanham Assistant Director of Housing Management and Ritu Guha, User Involvement Project Manager at the Advocacy Project.

The SAEB is delighted to have supported this year's community projects which have addressed both the barriers and opportunities in raising safeguarding awareness, by creating an inclusive and diverse safeguarding culture.

The Staying Safe project is an innovative piece of work in which seldom heard communities talk about what keeping safe means to them. The sections also describes work with Afghan evacuees in which a strong focus on what works

to ensure early intervention and prevention of safeguarding is a key component. The section ends with community events and engagement sessions which our Safeguarding Ambassadors requested to ensure they are up to date with key areas of interest.

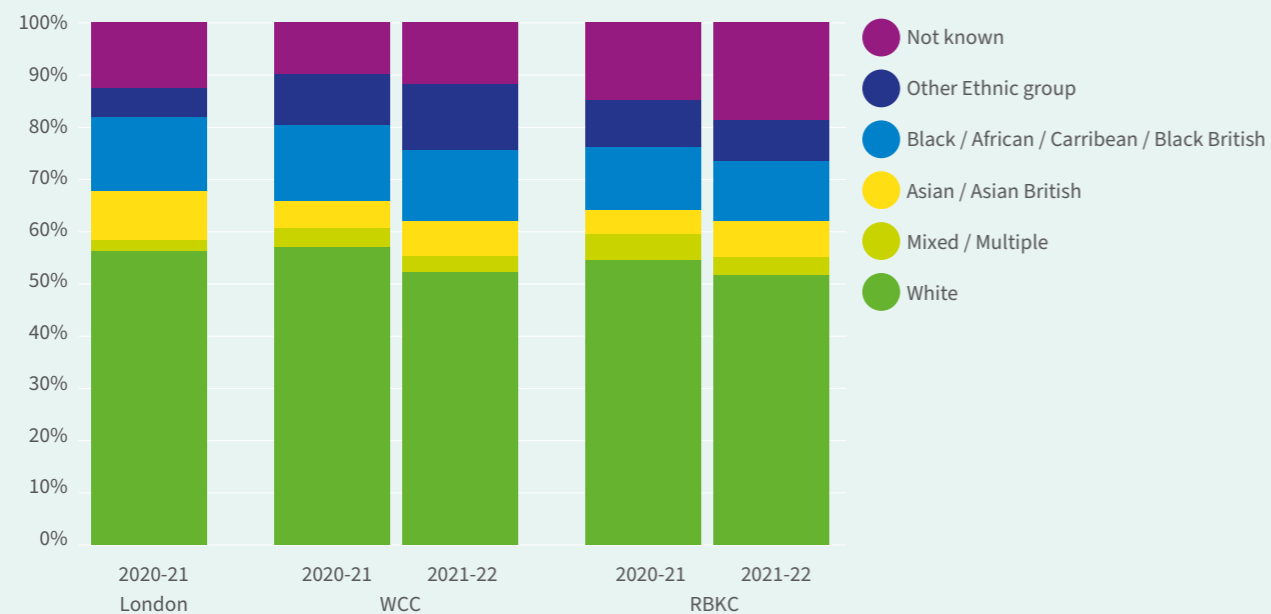
## Staying safe project

We commissioned the Advocacy Project to design and deliver a Safeguarding Awareness 'Train the Trainer' Programme to the Black Minority Ethnic Forum Health Forum throughout 2021/22. This programme was 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.

The following table shows the Safeguarding referrals in the year by ethnic origin of adults at risk.

Ethnic origin of individual adults at risk involved in S42 enquiries (S42 enquiries commencing in the year)



“This innovative, exiting project that The Advocacy Project was commissioned by the Safeguarding Adults Executive Board to deliver has meant working closely with seldom heard from diverse groups in the communities of the Bi-Borough to co-produce Safeguarding Training for them, with them!”

**RITUSHREE GUHA**  
User Involvement Project Manager

The make-up of the adults at risk in terms of ethnic origin in Kensington and Chelsea and Westminster is similar to that for last year and for London as a whole. Findings suggest that the Black and Ethnic communities in the Bi-Borough prefer not to make safeguarding referrals.

### Culturally competent safeguarding training

The “Staying Safe” project was commissioned by the Safeguarding Adults Executive Board in October 2021 to engage with and deliver safeguarding training to up to 14 community groups in Westminster and Kensington and Chelsea serving some of the most deprived and seldom heard communities. This project has aimed at identifying challenges faced by diverse communities in accessing Safeguarding services and to empower these communities by delivering tailored Safeguarding training. The project was split into two phases engagement and training.

**Diverse Community organisations are telling us about the barriers they experience raising a safeguarding concern to the local authority.**

“Social services don’t understand the culture and faith of the person of concern in their process of decision-making. They must make decisions within this context.”

“Communities work together and don’t like it when concerns are raised with the authorities. The person who raises the concern gets questioned by their community for doing so.”

QUOTE FROM PARTICIPANT

## Engagement phase

Organisations working with diverse communities were approached to participate in the project with support from the BME Health Forum. In the engagement phase, we met the organisations through focus groups and discussion sessions to gather qualitative feedback on Safeguarding practices.

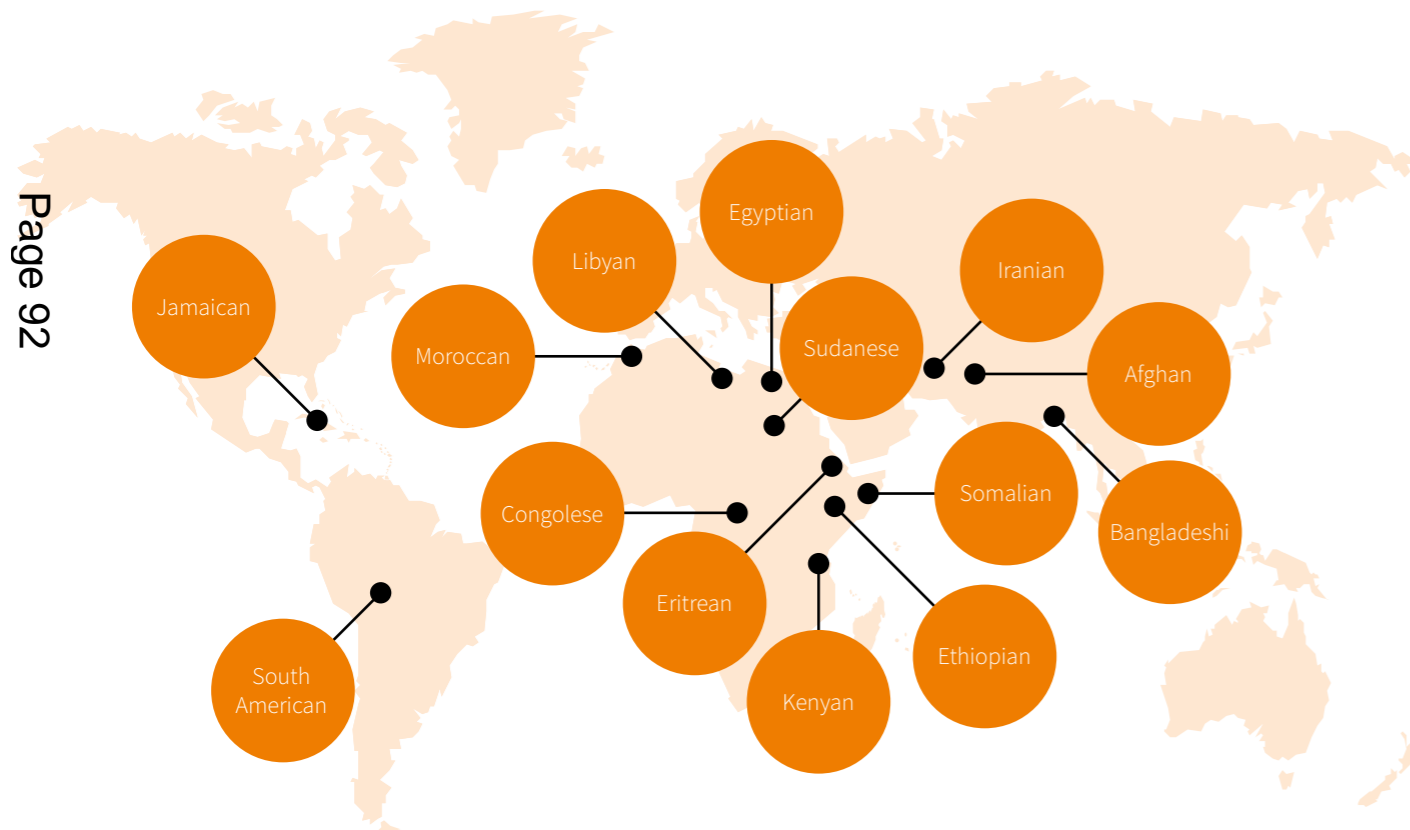
### Key findings

- the word 'safeguarding' is not easy to translate in many languages
- lack of knowledge of Safeguarding Adults in comparison to Children
- different cultural perspective on 'safety' and 'abuse'

It's taboo to talk about personal issues in many cultures resulting in hidden abuse.

The feedback informed us of the gaps in knowledge on Safeguarding amongst the communities. This helped us shape the Safeguarding training content. An interactive and culturally competent training was co-produced and delivered to the identified groups.

### Number of countries represented



BME Health Forum advised us on the primary groups in the two boroughs:

- Westminster – Arabic-speakers (mainly Sudanese and Moroccan), Kurds and Bangladeshi communities
- Kensington and Chelsea – Moroccan, Eritrean and Somali communities

## Case Study

### Fear of authority and reluctance to raise concerns

**M**ariam has mental health issues and lives with her teenage son. Occasionally Mariam goes missing. On one occasion Mariam went missing for more than 5 days. Her son was extremely concerned and called a third sector organisation that works with those from his community, knowing that they were an organisation his mother trusted.

On calling the organisation – Mariam's son was advised to call the police immediately to seek support and assistance in locating Mariam. Mariam's son was worried about police getting involved in his life and about the backlash from the community should they find out he had contacted the police. The manager in the third sector organisation

offered support to the son and explained the need to prioritise his mother's safety.

Mariam's son called the police, and the police took action immediately. Mariam was found and returned home safely.

After the matter was resolved, some members of the community raised concerns as to why the police were informed instead of them. However, the organisation was able to sensitively address the issue with the community by highlighting the significance of getting help at the right time.

### Barriers:

- fear of authority
- taboo to discuss personal issues with professionals
- lack of awareness on the support available
- lack of trust

## Training Phase

### Types of abuse

The different types of abuse most frequently encountered by the organisations we engaged with were:

- financial abuse related in particular to benefits
- racial and religious incidents related to Hate Crime

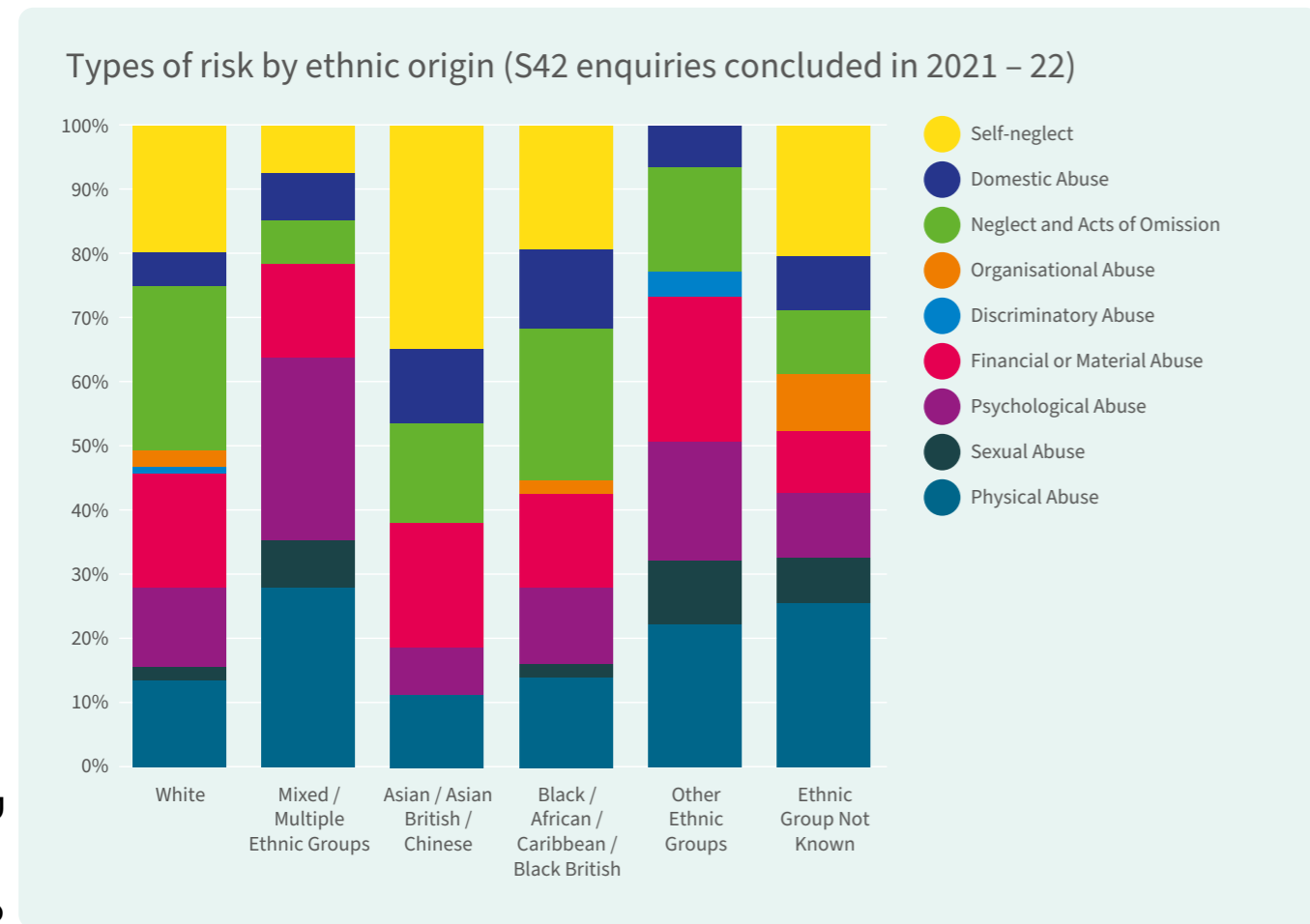
### Types of additional issues raised

**Mental Health:** Many people experience mental health needs (post-traumatic stress disorder, schizophrenia, etc.). Some have had no prior diagnosis before arriving in the UK. Accessing services is very challenging in a new country.

**LGBTQ:** Talking about sexual orientation is considered a taboo in many cultures we engaged with. One organisation reported getting a high number of LGBTQ referrals as those individuals don't want to seek support directly within their own communities. While these are not primarily safeguarding concerns these are individuals who live in fear and are vulnerable to discrimination and abuse.

**Homelessness:** Homeless people (without leave to remain) are exploited in various ways on the streets.

## Types of Risk by Ethnic Origin – Kensington and Chelsea 2021-2022



## Barriers identified by organisations

- fear of authority and how the systems work
- poor experience of using social services in the past
- limited understanding of the legislation and statutory obligations
- lack of awareness of services on how to address cultural issues
- organisations unanimously reported that there wasn't enough information on Safeguarding available in different languages
- access to interpretation services not consistent. Sometimes professionals assume that a family member or a friend can do the interpretations during a meeting. However, that might not always be appropriate
- some residents find it hard to disclose abuse due to fear that others in the community will find out about their personal circumstances
- concerns around breaking trust and overriding consent when passing on the information to Safeguarding teams especially if disclosure has been made in confidence

## The SAEB has listened to suggestions from the organisations involved on how to improve services and is committed to:

- regular refresher training for organisations to keep up to date with information and clarify any information
- an accessible website where Safeguarding information is available in a variety of languages if requested and where regular social events and workshops are advertised
- helpline to guide people through the safeguarding process (exploring information on language line)
- training/ workshops for residents to learn about abuse and how to seek help. Training should cover basic information on relevant legislations and can be delivered in various languages

## Case Study

### Cultural barriers to asking for support

**F**arha lives with her husband and speaks limited English. Farha's husband regularly abuses her physically and psychologically. Farha feels isolated as she has nobody that she can trust to talk to.

After gathering her courage after an incident at home, Farha calls the council's Housing team. She doesn't get through straight away and is put on a waiting list. Farha continues to live with fear.

After several weeks of waiting she receives a call from the Housing team but as she was with her husband she curtly refused support on the phone. After ending the call Farha panicked

as she had been waiting for this opportunity for months. The third sector organisation she was in contact with stepped in to support her to re-establish contact with the Housing team and she has now been safely re-housed.

#### Barriers:

- **waiting period**
- **language barrier**
- **lack of cultural understanding,**
- **fear of authority**
- **unsure of how the system works**
- **isolation**



## Working Together across Adults and Children's Services to support Afghan Families

In 2022 the LSCP and SAEB held an extraordinary meeting to review support to Afghan Families who had been housed in the Bi-Borough after the Kabul airlift in August and September 2021. A joint Action Plan across Children's and Adults included all partnership agencies providing additional services alongside assistance for refugees into existing health and social care services across the Bi-Borough.

#### Work started to:

- support new arrivals into accommodation
- pursue education
- integrate into local communities
- provide and review interpretation services
- provide 'Safety Week' workshops
- review mental health and wellbeing approaches, post-natal health checks and support in place for long-term health conditions



## Community and Maternity Champions

**O**ur Community and Maternity Champions are resident volunteers on hand to help and support those most at risk.

Community Champions come from the diverse communities they serve, bringing local people and services together to promote health and wellbeing and deliver:

The Maternity champions project in Westminster were asked to work with the Afghan refugees who were staying at a bridging hotel within the borough, there were a lot of pregnant women and families with young babies that needed support. Although most of the families had been registered with GPs and midwives they did not

understand how the healthcare system works in the U.K. We decided to start with what are the most important things they should know and most importantly come up with some activities to foster bonding between parents and babies during this difficult time in their lives.

We arranged various sessions to include a midwife to come and give a talk on what to expect from antenatal appointments and what giving birth at the hospital would involve. We organised antenatal classes to be delivered within the hotel by a midwife that spoke their language.

Another session was delivered by a GP and Public Health Medicine Specialist Registrar who



specialises in vaccinations. During this session it was explained what the current schedule was for routine childhood vaccinations as well as the covid vaccine during the pre and postnatal period. The GP gave advice about accessing GP services and what to expect at appointments for adults and children.

We promoted the use of voluntary mental health services in the community and also explained different domestic abuse services if anyone should need them. Building the relationships with these families was important we had the same volunteers attending every week and the women saw them as people they could trust. Community living well came and gave a talk on perinatal wellbeing, understanding more about mental health during pregnancy and after birth: coping with anxiety and spotting post-natal depression. We asked them to provide a list of support services that worked nationally as the families were just starting to be rehoused/ relocated.

Sometimes we just listened to these families stories of life back home and the

worries for the futures giving by providing them with a safe space to do this.

We made one of the sessions interactive by bringing cooked foods for them and the children to try and was able to show them the correct textures needed for different age groups. This was flagged up by staff working at the hotel as they had seen parents giving inappropriate foods to babies.

For the remainder of the sessions we worked with a partner organisation called creative futures that specialise on using music and arts to support children's learning. They provided us with an early years specialist music practitioner to deliver singing sessions for parents and babies. We had a small team of maternity champions supporting these sessions by modelling the songs and actions and also providing a non-judgemental listening ear for any concerns parents may have. Although some of our champions spoke some of the common languages and we were provided with an interpreter, having one to one private conversations was difficult.

## Events

### National Safeguarding Adults Week (NSAW) 2021 November 15th – 19th



The theme for the week was Creating Safer Cultures. Promoting safer cultures is about how organisations and individuals can take steps to minimise harm occurring in the first instance, whilst simultaneously ensuring correct policies and procedures are in place so that safeguarding concerns that are raised, are recognised and responded to effectively.

Our Safeguarding Ambassadors led on the design on all activities for this annual highlight in which they launched a **Top Tips on Cybercrime video** to mark Safeguarding Awareness Week.



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In 2021-2022 the Office of National Statistics showed that at least 55% of all crime in England and Wales involves a computer

## Events that took place during the week



### How to keep yourself mentally healthy Monday 15 November, 4pm to 5pm

It is important to look after your mental health as during this pandemic it can be easy to fall into bad habits, neglecting already established healthy routines. Staying mentally healthy supports your mind and body, making you better equipped to deal with the difficulties posed by the coronavirus pandemic.

Central and North West London NHS Foundation Trust Chief Psychologist, Dr Ryan Kemp talked live to the communities and staff across the Bi-Borough on how to keep yourself mentally healthy and how to help and support others.



### Leading, listening and learning Tuesday 16 November, 3pm to 5pm

Our communities should feel confident about how to respond to, report and refer safeguarding concerns. It is really important that we as a partnership take the time to listen and learn from what is being shared by our Safeguarding Ambassadors and support them to continue to play a lead role to help others to raise concerns and bring risks to the attention of the safeguarding board.

The stories from this closed session informed our Community Engagement Prevention Agenda.



### Introduction to digital safeguarding Wednesday 17 November

The Ann Craft Trust shared best practice in relation to how to create safer cultures online.

[Read more about digital safeguarding](#)



### Community Champions annual conference Thursday 18 November

Louise Butler, Head of Service for Safeguarding and Workforce Development hosted a workshop at the Community Champions 9th annual conference on how to create safer cultures.

[Find out more about Community Champions and what they do.](#)



## Community safety hate crime prevention and awareness training

Friday 19 November, 1pm to 2pm

Lorna Platt, RBKC Community Safety Team hosted this training session which covered What Hate Crime is, how you can report it and support that is available across Kensington, Chelsea and Westminster. Guest Speakers included Victim Support and Action Disability Kensington and Chelsea. As requested by our Safeguarding Ambassadors a hate crime 7-minute briefing was created as a preventative tool to help to raise awareness of this important topic

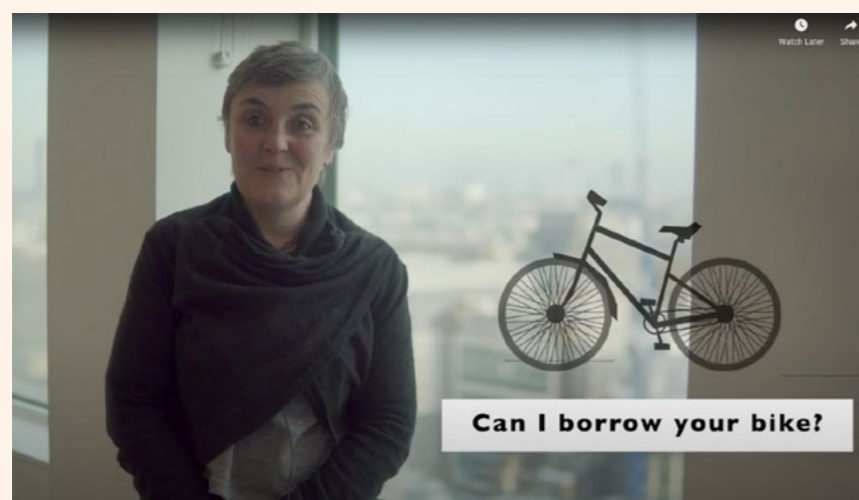


## Launch of Blue Light Project (Changing Futures Programme)

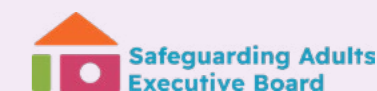
December 2021

Aileen Buckton on behalf of the Safeguarding Adults Executive Board sponsored the launch of the Blue Light Project. The project is Alcohol Change UK's national initiative to develop alternative approaches and care pathways for change resistant drinkers in Westminster. The approach challenges the common belief 'there's nothing you can do if someone doesn't want to change' and it's a 'lifestyle choice'. The Blue Light project is using positive strategies to support this group and its approach is that while someone may not change completely, they can be helped to reduce harm and manage the risk they pose to themselves and others. By making the a Board sponsored project Kensington and Chelsea can also benefit from the learning for its change resistant drinkers.

This short video about Ian's story was shared at the event. This story is not a safeguarding adult review but rather a story about a homeless man who had someone who really cared about him. A supportive friend, who worked tirelessly with professionals to ensure that his capacity issues were recognised and reviewed to ensure he was supported medically and not just discharged back onto the streets.



## 7 Minute Briefing: Ian's story



### 1 Who was Ian?

**'An intelligent and interesting man with a great sense of humour.'** Ian grew up in care in Glasgow. At 9 years old, he was introduced to substances. He came to London at the age of 16 to avoid a prison sentence. Ian lived on the streets heavily addicted to heroin and crack and became chronically addicted to alcohol. He committed crime to finance addictions, mainly shoplifting. Ian regularly ended up in prison and over-dosed many times earning the nickname of 'Lazarus'. Ian was like marmite people either loved him or hated him. Those who got on with Ian would see a kind generous man who fought for the underdog, witnessing an intelligent, interesting man with a great sense of humour, that would share his last bit of tobacco and wouldn't leave a person without a drink.

### 2 Themes

Ian had numerous hospital admissions throughout his 11 years in London. Themes included **Fluctuating, Capacity, Self-neglect, Mental Health and wellbeing, Homelessness.**

### 3 Learning point 1: Korsakoff's

The need to raise awareness of Korsakoff's, confabulation and masking. Just because someone is answering questions with logical sentences it is not evidence of an informed choice, especially for those people who have experienced homelessness who have become so adept/skilled at hiding their vulnerabilities.

### 4 Learning point 2: The Care Act

Individuals like Ian need to be carefully evaluated to determine if their medical history, alcohol use and pattern of memory problems may be consistent with Korsakoff syndrome. The Care Act identifies alcohol (and drug) users as people who fall within its remit (s.92, para 5). Statutory guidance supporting the

Care Act identifies self-neglect as a form of neglect. The guidance states that someone does not need to lack capacity to be regarded as vulnerable.

### 5 Learning Point 3: The Principles of MCA

- a person has capacity to make a decision unless proved otherwise
- a person must be given all practical help to make a decision
- people have the right to make an unwise or eccentric decision
- anything done on behalf of a person who lacks capacity must be done in their best interest
- a person who is acting on behalf of the person who lacks capacity must consider the least restrictive option

### 6 Learning Point 4: Professional Curiosity

For many street homeless people with Korsakoff's there is no network, family or friends. Ian had a supportive friend who worked tirelessly with professionals to ensure that his capacity issues were recognised and reviewed to ensure he was supported. A lack of professional curiosity can lead to missed opportunities to identify less obvious indicators of vulnerability, significant harm and assumptions which can lead to wrong interventions for the person.

### 7 Ian died in September 2021

at the age of 52, while being detained under the mental health act. He died of Cardiac Arrest Electrolyte Disturbance/ Hyperkalemia, with secondary causes End Stage Renal Disease, Suspected Carcinoma Oral Cavity and Korsakoff Syndrome. He died in his sleep in a clean, warm bed, with people around him that he knew in an environment that he called 'safe'. Leaving this world calm and worry-free.



# Online suite of resources

Throughout the year we send out safeguarding bulletins which advertise key bits of information to keep our communities informed of the work of the SAEB.



## Fire safety training

This free e-learning course produced by the London Fire Brigade is for everyone that provide care and support to others in the community.

Access the training [HERE](#)

Also view our short film [Safeguarding Ambassadors on Fire Safety](#) (risks and general safety tips)



## Friends against scams online learning

Anyone can learn about the different types of scams and how to spot and support a victim. With increased knowledge and awareness, people can make scams part of everyday conversation with their family, friends and neighbours. You can turn your knowledge into action and spread the word, protect others and take a stand against scams.

Take the online learning course



## How to stay safe online

Download the digital safeguarding resource pack from Ann Craft Trust.

Find out more about cyber bullying.



## Using social media safely

Social media is a great way to stay in touch with family, friends and keep up to date on the latest news.

However, it's important to know how to manage the security and privacy settings on your accounts. Find out more about how to use Social Media safely



## Thrive

Thrive is a London mental health campaign. The website has great information and resources of outcomes from London engagement sessions:

About – Thrive LDN: Thrive LDN



## Suicide prevention

Suicide prevention is one of the strands of Thrive's work:

- Suicide Prevention - Thrive LDN: Thrive LDN
- Core activities Archive - Thrive LDN: Thrive LDN
- Zero Suicide LDN - Thrive LDN: Thrive LDN
- ZSA Resources: Zero Suicide Alliance

Suicide prevention was the theme for World Mental Health Day October 2021. The key message was 'Creating Hope Through Action'. Our Ambassadors were keen that we included in our online resource pack information focussed on suicide prevention and for those affected by suicide.



## Digital mental wellbeing

This excellent resource "The good thinking" site provides access to digital mental wellbeing resources free to Londoners [Good Thinking](#).

Watch these videos produced by our Safeguarding Ambassadors to help you stay safe at home. Includes information and advice on mail scams, phone scams and doorstep scams.

- **Safe at Home – Doorstep Scams**
- **Safe at Home – Mail Scams**
- **Safe at Home – Phone Scams**

# Jeffrey Lake, Deputy Director, Public Health reports on 'how the Covid Pandemic Exacerbated many of the Risk Factors associated with Suicide'



The Covid pandemic exacerbated many of the risk factors associated with suicide including relationship breakdown and bereavement, social isolation and difficulties with work and money.

Through communication with police and care services we have maintained robust surveillance of possible suicides and analysis of these events to identify any lessons for prevention and any potential for emerging trends.

Encouragingly, national data suggests that suicide rates actually declined during the pandemic and whilst local data is not yet available to confidently assess the local position (which is reported in 3 year rolling averages due to relatively low numbers at local level) we have not seen any evidence to suggest an increase. With cost of living concerns we will maintain particular vigilance.

Local partnership working across the NHS, educational settings, statutory and voluntary sector partners is very strong with regular input from national charities such as Samaritans and MIND as well as local networks. We have also been able to work with partners from other parts of the country recognised as examples of best practice. Every Life Matters, a VCS organisation that led on the creation of suicide safer in Cumbria, have hosted workshops to build local capacity and will be providing a further training offer in the Autumn.

## Community Engagement Sessions



This year the Community Engagement group wanted to know more about

- fire risk
- modern slavery
- safeguarding and care homes
- mystery shopping

## London Fire Brigade Community Risk Management Events



**Engaging with YOU • Protecting YOU • Learning from YOU • Representing YOU**

The London Fire Brigade held a series of community events with our Safeguarding Ambassadors and voluntary groups. Focused workshops took place to hear what the communities had to say about their fire safety needs and to create a shared vision.

The findings will inform the LFB regional strategy.

Following the workshops and throughout 2021/22 London Fire Brigade provided across the Bi-Borough:

- 1,171 Home Fire Safety Visits
- 24 Hard of hearing alarms



“We want our proposals for change to be informed by communities, especially those who are seldom heard.”

**DARREN TULLEY**  
Borough Commander of Kensington and Chelsea



## Raising Awareness of Modern Slavery

**M**odern Slavery affects millions of people worldwide and thousands of people are being exploited in the UK. By recognising the indicators of modern slavery and understanding how to respond, you can support some of the most vulnerable people in our community and help prevent this crime from happening.

Across the Bi-Borough in 2022 there have been 228 people trained to recognise and respond to modern slavery. Training was also delivered to our Community Engagement Group who found the information useful to take back to their organisations so they had a better awareness of how to raise a concern.

**Did you know?**

Westminster, Kensington and Chelsea work together with the charity Stop the Traffik to gather anonymous data about modern slavery occurring across the Bi-Borough. Modern slavery is largely a hidden crime and understanding the true scale of the issue is challenging.

**True or false?**

**Slavery is a thing of the past**

**False!**

No, it is not. Slavery has ancient roots in history, but modern slavery still exists today. The Modern Slavery Act 2015 outlines the umbrella term of modern slavery, covering human trafficking, slavery, servitude and forced or compulsory labour. When someone experiences modern slavery, they are forced into a situation where they may have to work or provide services through the use of threats, coercion, violence or deception. There are many ways people are exploited through modern slavery, for example it may be working in a car wash, being forced to commit crimes for others or providing domestic services in a private home. People who experience modern slavery can be people brought from countries across the world or British nationals.

In 2021 the Bi-Borough released its first modern slavery strategy: 'Ending Modern Slavery; Our Strategy for a Co-ordinated Community Response 2021-2026'. The strategy outlines how all partners and residents can work together to:

- prevent exploitation
- identify victims
- support victims
- bring exploiters to justice

No one agency can end modern slavery alone and every organisation and individual must play their part.

## Case Study

### Hasana's story

Hasana began a romantic relationship with a man she met online. She accepted his offer of marriage and he arranged for her to come to the UK and live with him. It quickly became clear that he never intended to marry her, and she was forced into domestic servitude. She was physically, verbally and sexually abused by him and his children. After years of abuse, Hasana called the police after the perpetrator threatened to kill her. She was removed from the property and the perpetrator was arrested. Finding herself homeless, Hasana attended The Passage where she was identified as a victim of domestic servitude and referred to the Modern Slavery Team. She was placed in emergency accommodation and assisted to regularize her immigration status. Through the multi-agency

Case Conference (MACC) process in partnership with Westminster City Council, Hasana was referred to the National Referral Mechanism (NRM). As London was a high-risk area for her, the MACC attendees requested emergency accommodation under the Modern Slavery Victim Care Contract (MSVCC) and she was moved to a safehouse the following day. Hasana is now in a safe place with plenty of support. She is assisting the police with their investigation and a non-molestation order has been placed against the perpetrator. She is hoping to start working soon and wants to transfer her qualifications to the UK.

## Community Engagement with care and support providers

- residential and nursing care homes
- supported and extra-care housing
- domiciliary home care
- community outreach and mental health support
- day care
- other specialist services, such as employment support

Managers of these services have an important role to play in ensuring that their staff are suitably trained and supported to understand safeguarding policy and procedures and be able to identify and respond effectively where abuse or neglect takes place. A series of community Focus Group meetings to hear views from services on their experiences of safeguarding in the Bi-Borough were attended by 69 managers across a range of service which helped us to get a clear picture of the strengths and challenges faced in these services. It was decided as part of these conversations that a separate series of sessions was needed for service users and their families which will take place in 2022 – 2023.

### What our regulated provider services told us:

“We need to have a clearer understanding of what types of safeguarding concerns lead to enquiries and to receive more consistent feedback from the Local Authority when a safeguarding referral is raised.”

“We need greater links with the SAEB to ensure that the voice of the service and its service users are represented.”

### What the SAEB will do :

- have a provider representative at the SAEB
- set up a provider forum which specialises in safeguarding
- review the National Pressure Ulcer protocol and local systems collaboratively with our providers and health colleagues to ensure the service user / patient is at the centre of the communication journey between hospitals and the community

## Next steps

Better engagement with the Local Authority i.e. forums, meetings, feedback

Strategic input – SAEB representative

Guidance i.e. clear referral/escalation process, handbooks etc.

Training programme for managers – use learning needs

In February 2022 Healthwatch completed a mystery shopping exercise to determine whether, when residents contacted council front door services with general queries, that the responses were both adequate and helpful.





Healthwatch reviewed virtual information and pathways into the local authorities of Kensington, Chelsea and Westminster and identified 15 touchpoints for online mystery shopping across a range of services and departments that included

- adult social care
- safeguarding
- environmental Health
- waste services
- safeguarding Teams

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The project commenced in December 2021 with planning and testing training sessions to ensure that the residents completing the shopping were trained and confident to undertake the calls and send forward enquires virtually. Training consisted of a series of co-produced scenarios and an understanding of barriers to be included.

## Key findings

-  Better engagement with the Local Authority i.e. forums, meetings, feedback
-  24 % of Services responded within 48 hours
-  5% of inboxes had a redirection response to an appropriate telephone or mailbox
-  All responses to Safeguarding queries were responded to within 24 hours

The findings were reported to the SAEB in March 2022 and discussion took place that positive responses were demonstrated across all departments and included staff not usually involved in safeguarding.

# Making Safeguarding Personal



Having conversations with people about what they want to get out of the safeguarding enquiry continues to be a golden thread throughout the work of the partnership.

This section looks at some of the data the SAEB collects and what we do with it to inform our work. There is a special section on financial abuse which continues to be the highest referral abuse type in both boroughs as well as nationally. But first we discuss outcomes.

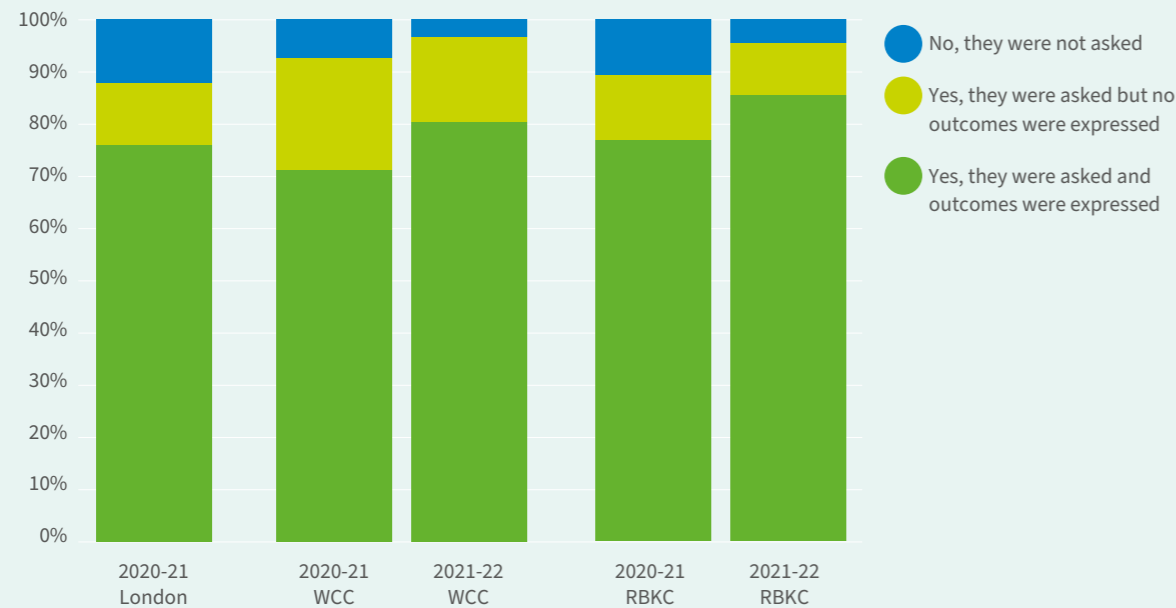
- using data better to inform partnership responses to safeguarding referrals
- understanding which abuse types are the most prevalent and doing something about it
- knowing our residents and who is most at risk
- placing partnership resources at the heart of the problem

# Our outcomes

We are delighted that year on year we can demonstrate improvements to our safeguarding outcomes. We can demonstrate that the adult or their representative involved in the safeguarding enquiry have been asked about what their desired outcomes were and, if they were asked, whether these were achieved

In Kensington and Chelsea in 2021-22 the adult at risk or their representative was asked what their desired outcomes were to the safeguarding incident. This year a higher proportion of people were asked 95% compared with 89% in 2020-21. Thanks goes to the work of front line staff in K&C who made a great impact in focusing on what people want to get out of their safeguarding enquiry and making this happen.

Whether the adult at risk or their representative was asked what their desired outcomes were (S42 enquiries concluded in the year)



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Where the adult at risk, or their representative, was asked what their desired outcomes were and they expressed an outcome, in the great majority of cases (over 95%) these outcomes were judged to have been fully or partially achieved. We know that when an outcome may be partially achieved this could be referring to a person known to the adult who has caused harm and that the person is wanted to be supported to minimise the risk of harm occurring again because the adult at risk has expressed this wish as an outcome.

In Westminster in 2021-22 the adult at risk or their representative was asked what their desired outcomes were in a higher proportion of concluded S42 enquiries,

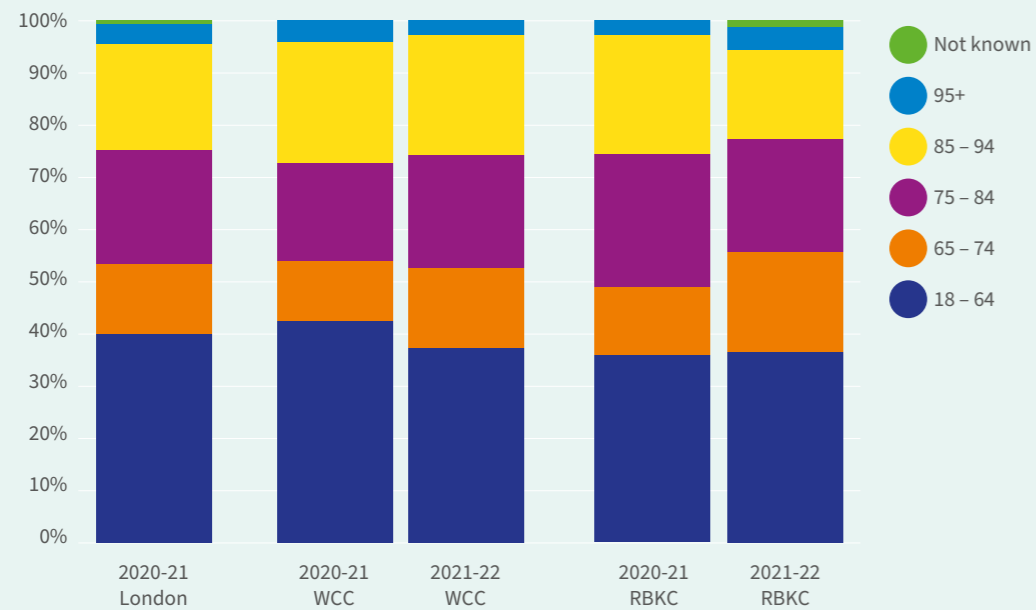
Where the adult at risk, or their representative, was asked what their desired outcomes were and they expressed an outcome, in the great majority of cases (over 95%) these outcomes were judged to have been fully or partially achieved. A big thank you to front line staff in Westminster for making this happen and ensuring that the adult at risk is placed at the centre of the safeguarding enquiry.



Where the adult at risk, or their representative, was asked what their desired outcomes were and they expressed an outcome, in the great majority of cases (over 95%) these outcomes were judged to have been fully or partially achieved.

## The age of our adults at risk

Age groups of individual adults at risk involved in S42 enquiries (S42 enquiries concluded in the year)

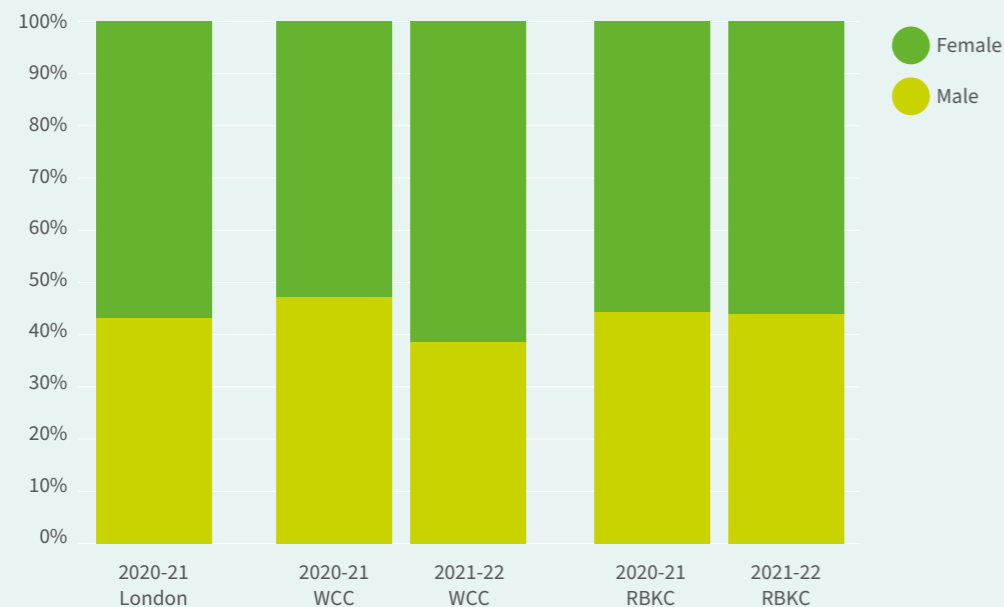


In both boroughs the age profile of individual adults at risk involved in S42 enquiries is similar to the profile for the previous year and to London as a whole. Across the board about 60% of adults at risk are aged 65+. Knowing this allows us to focus our attention on elder abuse incidents particular in our regulated services and to ensure we have safe systems in place to ensure a strong focus on early intervention and prevention.

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## The gender of our adults at risk

Gender of individual adults at risk involved in S42 enquiries (S42 enquiries commencing in the year)



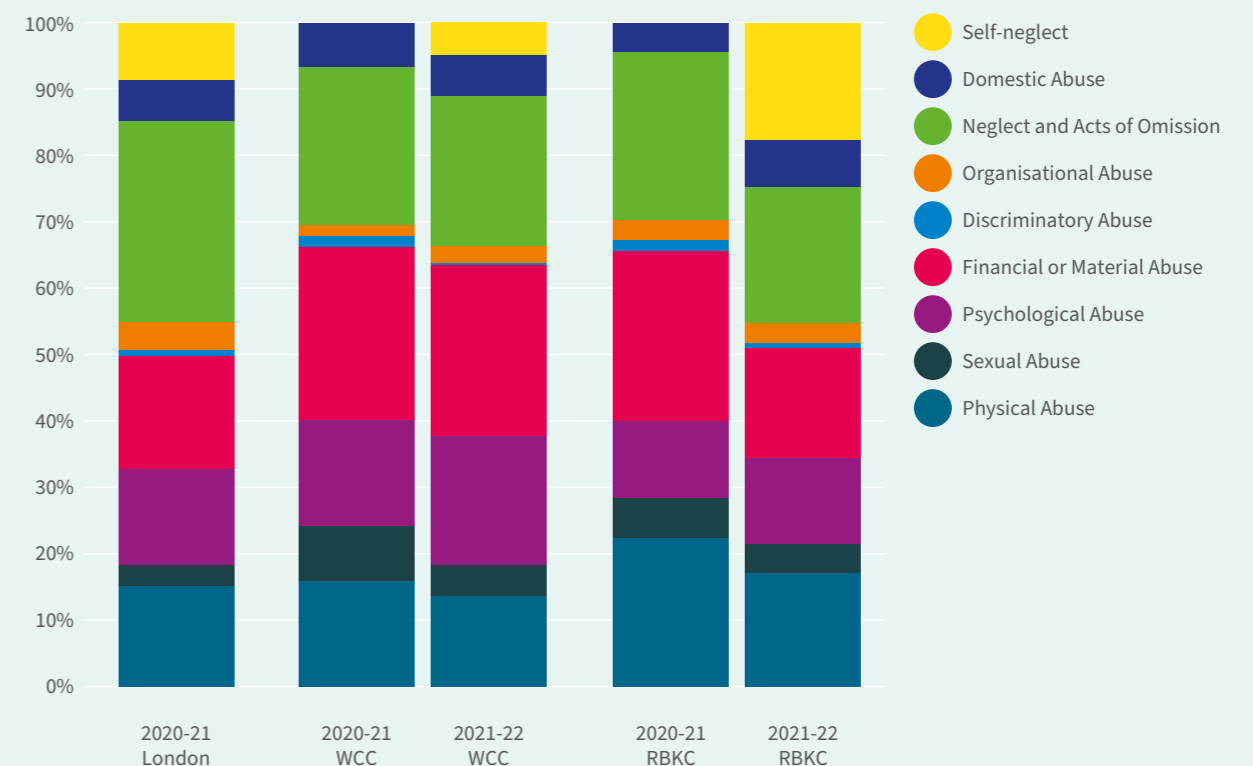
As for age of adults at risk the gender split is similar to that for last year and to London as a whole. In K&C and WCC and London as a whole about 55% of adults at risk are female. If we combine the age of our adults at risk with the gender we know that more female adults at risk over the age of 65 will be effected by a safeguarding incident than our male adults at risk of the same age. This is a national indicator as well as a local one. This allows us to place emphasis upon gender specific abuse such as Domestic Abuse to ensure we are proportionate in where we place our focus for project work.

## Types of risk alleged with focus on Financial Abuse and Hoarding and Self neglect

The frequency with which different types of abuse were alleged is broadly in line with London as a whole. This data on abuse type has helped us to prioritise our work locally in 2 specific areas :

1. Continued focus on financial abuse and has been given additional attention throughout the Covid Pandemic with national coverage around fraud associated with vaccination passports and boosters. It was felt by the SAEB that we continue to place emphasis on this abuse type with the growing concerns related to the economic crisis and impact upon vulnerable people and susceptibility to scams such as money lending.
2. To better understand how to work with Hoarding and Self Neglect cases. In both K&C and WCC there tended to be proportionally fewer S42 enquiries involving neglect and acts of omission, compared with London. However compared with WCC, K&C had proportionately more S42 enquiries which involved self-neglect. Many of these enquiries also involved hoarding.

Types of risk alleged (S42 enquiries concluded in the year)



## Focus on Financial Abuse

### Insights into financial abuse Kensington and Chelsea

200 safeguarding referrals received. 54% of concerns received were regarded as a crime or potential crime. Of these 71% were raised with the police (although many came from the police). A large proportion of concerns 16.5% are for people that were previously not known to Adult Social Care. The biggest proportion of concerns received were for people with physical support needs at 43%.

#### Who sent in these concerns?

The majority of concerns were sent in by health and social care staff and police making up to 75% of referrals.

### Insights into financial abuse in Westminster

243 safeguarding referrals received. 46% of concerns received were regarded as a crime or potential crime. And of these 70% were raised with the police (although many came from the police!). The biggest proportion of concerns received were for people with a physical disability with support needs at 39.5% with mental health support needs at 29.8%. 19.3% of people were not known previously to Adult Social Care.

#### Who sent in these concerns?

The majority of concerns were sent in by health and social care staff and police making up to 69% of referrals.

## What did we do with this data

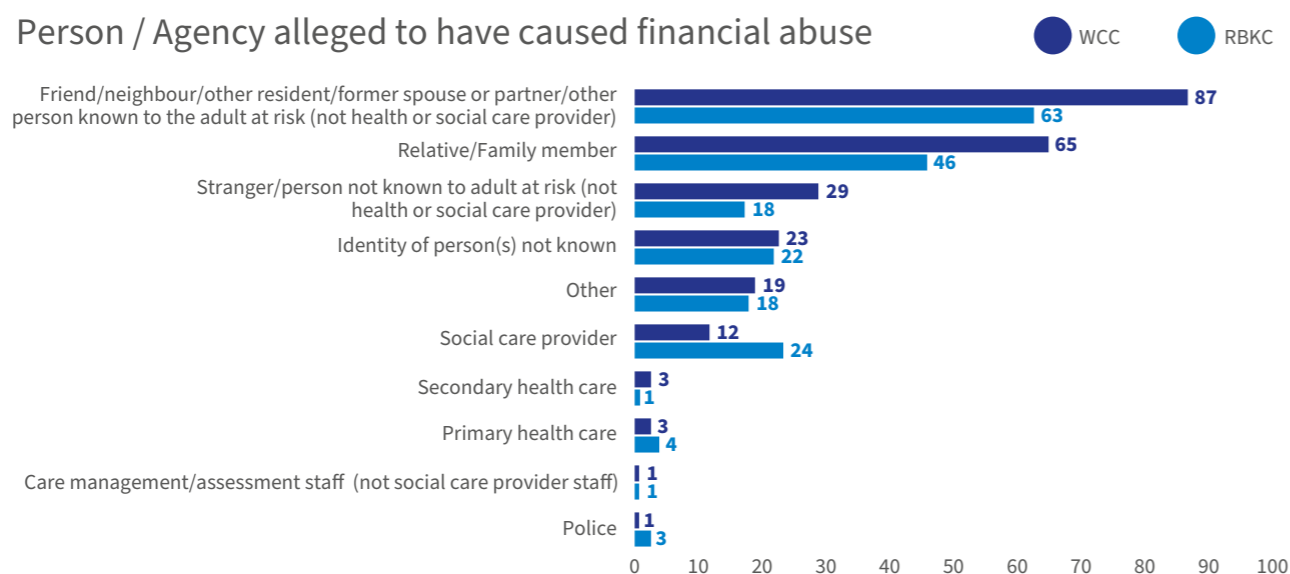
Throughout 2021-2022 our Safeguarding Ambassadors continued to witness and share stories about Financial Abuse happening in their communities. Stories of scams related to Covid Vaccinations has brought additional risks to our elderly residents.

The video has been shared with our community engagement group and members of the SAEB. We continue to share the top 10 tips which our safeguarding ambassadors Michael and Shiv describe so well. I hope you enjoy the video and please share these important messages.

We invited the Central Specialist Crime and Cybercrime Team to help us to learn how to raise awareness and inform us of 'how to Stay Safe from COVID19 scams'.



Person / Agency alleged to have caused financial abuse



“People are still falling for scams. They are still opening their door and letting people in, they are receiving emails, texts and having their personal information stolen. We want to do more to help people who are vulnerable to stay informed and that is why we have put together a Top Tips on Cybercrime video. We want to protect our loved ones and continue to raise awareness of prevention tactics as criminals continue to target the most vulnerable members of our communities.”

QUOTE FROM OUR SAFEGUARDING AMBASSADORS GROUP MEETING IN OCTOBER 2021



## Tasio Capello, Head of Community Engagement Age UK Kensington and Chelsea, reports on why Financial Abuse of the Elderly is still a Growing Problem in the UK

Incidences of financial abuse perpetrated against elderly people are on the increase according to investigations carried out by Age UK, which performs a wide range of research into helping improve the lives of elderly people in the UK. The most recently carried out review suggests older people are at greater risk of financial exploitation than previously thought.

Age UK's findings established that approximately 130,000 people over the age of 65 in Britain have been the victims of financial abuse. While anyone can find themselves subject to such abuse, it is acknowledged that older people are at particular risk given that many are seen to have substantial savings and are considered to be more vulnerable than younger people.

If your partner, family member, carer or anybody else is mismanaging your financial affairs, then this is financial abuse. Always remember you are not alone. There are places to go for help and support and things you can do.

Please remember – Everyone has the right to make independent financial decisions.



## Learning Briefing: Financial Abuse and the Bi-Borough Client Affairs Team

The Bi-Borough Client Affairs Specialist Team shared that one of the worst cases of financial abuse in 2021/22 was an 89-year-old vulnerable resident who had no known family and who was exploited in his own home by several people. They gained access to his bank account and had withdrawn virtually all his money.

### Multiagency working to protect Jim

Adult Social Care acted swiftly when alerted by the Police. A safeguarding was raised and when it was established that the resident did not have capacity to make decisions about how to manage his finances, a referral was made to our Client Affairs Team. The Client Affairs Team step in when there is no suitable person to represent the person such as family member or friend. After making immediate arrangements for all bank accounts to be frozen the team then made an application to the Court of Protection and they were appointed deputy to manage the residents financial affairs. Client Affairs discovered that exploitation had taken place over 5 years from 2016 – 2021 and they were able to reclaim more than £140,000 which was repaid to the resident, in recompense for the fraudulent transactions.

**Financial Abuse** can take many forms and will include the obvious – theft and fraud – but also behaviour that is harder to identify such as coercion, the misuse of a power of attorney or even predatory marriage.

Section 42(3) of the Care Act 2014 defines financial abuse as including:

- a. having money or other property stolen,
- b. being defrauded,
- c. being put under pressure in relation to money or other property, and;
- d. having money or other property misused

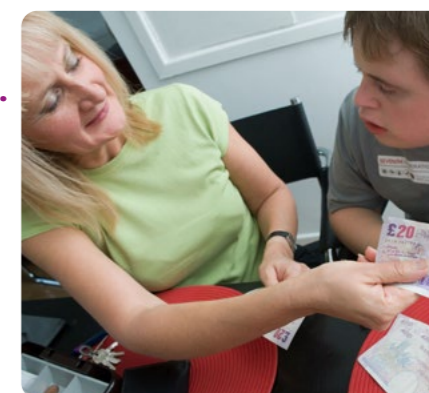
**The Mental Capacity Act** is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care, treatment or financial affairs. It applies to people aged 16 and over. It is important if you are asking someone to make a financial decision that you are confident they have the mental capacity to do so. Remember capacity is both time and decision specific. A person can have mental capacity to make some decisions but not others.

**The impact of financial abuse** should never be underestimated as it can be as significant as any other type of abuse. Any financial or material loss have the potential to have a significant impact on the adult at risk and can leave people feeling very vulnerable. It can cause a person who previously did not have any care or support needs, to deteriorate to a level that requires intervention and in need of support and services from Adult Social Care.

**If you are worried that you or someone you know is suffering abuse or neglect, please contact the relevant Local Authority or police.**

**Kensington and Chelsea** T: 020 7361 3013 | E: socialservices@rbkc.gov.uk  
**Westminster**: T: 020 7641 2176 | E: adultsocialcare@westminster.gov.uk

Or contact Crimestoppers confidentially and anonymously on 0800 555 111





# Focus on Hoarding and Self neglect



**Doug Goldring, Director of Housing Management, reports on the activity of the Hoarding and Self Neglect Group**

In 2020/2021 the SAEB agreed that the data was telling us to review our hoarding strategy as there was an increase in cases and that responding to individuals with hoarding behaviours must be a multi-agency priority.

## What is Hoarding?

Hoarding is the persistent difficulty discarding or parting with possessions, regardless of their actual value. For those who hoard, the quantity of their collected items sets them apart from other people. Commonly hoarded items may be newspapers, magazines, paper and plastic bags, cardboard boxes, photographs, household supplies, food, and clothing. Hoarding can also be due to compulsive buying as some people struggle with never passing up a bargain or free items, or the compulsive need for unique items, which may not appear to others as unique.

## Hoarding Symptoms and Behaviours can include:

- inability to throw away possessions
- severe anxiety when attempting to discard items
- great difficulty categorizing or organizing possessions
- indecision about what to keep or where to put things
- distress, such as feeling overwhelmed or embarrassed by possessions
- suspicion of other people touching items
- obsessive thoughts and actions: fear of running out of an item or of needing it in the future; checking the trash for accidentally discarded objects
- functional impairments, including loss of living space, social isolation, family or marital discord, financial difficulties, health hazards

## The VISION in the Bi-Borough:

For all professionals to be supported to recognise and respond to individuals who hoard and become expert in person centred responses that are sensitive and proportionate to each individual.

## What we did

### Step 1: Data Sharing

We commenced by sharing local multiagency data to gain the best possible actionable insights into what is needed. It was clear there have been common challenges. Data was shared on the basis of risk where no protocol exists, we established that while not all cases were known to every agency there was good coverage across partnership organisations and evidence of some great work taking place.

### Step 2: What the data revealed

Borough	2020/21 no. H&SN Cases	2021/22 no. H&SN Cases
WCC	26	87 (not all cases were known to ASC)
K&C	64	108 (not all cases were known to ASC)

### Step 3: Progress so far in 2021/22

1. Data sharing Aide Memoire developed for staff across the partnership
2. 'Pilot on Prevention' launched with a direct focus on supporting people within their homes
3. Governance processes set up to ensure operational monitoring of all work underway
4. Formal data sharing protocol agreement implemented between Housing and Adult Social Care
5. Fire Brigade joint working embedded across all front-line Teams

### Step 4: Reflection and Planning for 2022/23

#### Reflections

- prevention is managed differently in each individual organisation
- people/organisations are able to raise awareness and this happens in practice
- the person's wishes are respected and they are supported in having their voice heard but we need to do more to ensure this happens
- services are working more collaboratively with people who hoard and each other

## Planning

### Holding a professionals event in November 2022 to:

Review local protocols with a focus on prevention at a partnership level.

Sharing best practice and raising awareness that include:

- de-cluttering
- advocacy
- support for residents facing eviction
- environmental Health awareness and support for residents

### Three examples of good outcomes from recent multi-agency work.

#### Case Study 1:

TW, 63 years of age, hoarding issues for over 20 years, category level 10 clutter rating. Services could not successfully engage with TW. Tenancy Support officer worked intensively for over a year and this was in conjunction with legal action being taken before the 3-bed house was decluttered. TW moved onto smaller accommodation and teams are monitoring this.

#### Case Study 2:

CK, 74 years of age, severe mobility impairment, severe hoarding. CK could not receive the care she needed due to the state of CK's home. Staff worked on the ground with CK for 3 days to declutter and clean. CK is now receiving the care they needed (carers and nurses visiting daily) and lives in more hygienic environment.

#### Case Study 3:

DA, history of hoarding and non-engagement, collected wood materials in their home. Surveyors report raised concerns on the integrity of the structure of the building due to the weight of the wood being stored in DA's home. Support officer had to work to build relationship and clearance took place over 5 days. Property is now safe and so is the building.

## Carers Network

### Making Safeguarding Personal for Carers

**C**aring is more than just a job. It's more than going for the prescriptions; it's more than doing the shopping or helping the person you care for dress. It's a commitment to someone you love. It's supporting their emotional and physical needs and helping them retain their pride and dignity.

Safeguarding Adults Reviews have raised the issues about carers needs. Key learning includes that Carers should be asked about their own needs and offered a carers assessment where this is required and that all services should make efforts to ensure that carers are kept informed

of key updates in relation to safeguarding the people they are caring for. As a core member of the Community Engagement Group we are committed to raising awareness of safeguarding. In 2022 we collaboratively created this 7-minute briefing to help raise awareness amongst our membership of over 5,300 unpaid carers.

**SONIA BENITEZ**  
Head of Services



## 7 Minute Briefing:

### Carers and Safeguarding

#### 1 Who is a carer?

A carer is anyone who cares, unpaid, for a friend or family member. Sometimes they can care for more than one person. The people they support may be affected by disability, physical or mental ill health, frailty or substance misuse. Anyone can become a carer at any point in their life. In the UK today 1 in 8 adults are carers this equates to 6.5 million people; it is believed that this number increased over the lockdown period to 13.6 million people. Therefore increasing numbers of us have caring roles to a greater or lesser extent in our personal lives. Recognising that this is an everyday experience for many people is an important reminder that 'carers are not to be stereotyped. Carers are from a diverse range of backgrounds. Carers may be parents, daughters, sons, partners, neighbours and friends. Carers may be adults or children and patients and service users – and at risk themselves.

#### 2 The impact of caring

Many carers have reported to suffering negative impacts from caring:

- social
- financial
- physical and psychological
- wellbeing
- employment and education
- identifying and supporting carers matter: making caring and carers visible and making support services inclusive

#### 3 The Care Act 2014

Recognised the important role that carers play in relation to safeguarding. Carers can witness abuse, experience intentional or unintentional harm from the person they are providing care to or can intentionally or unintentionally harm or neglect the person they support.

#### 4 Carers and Safeguarding:

Making Safeguarding Personal is central to supporting safeguarding for both carers and the person they care for. When reviewing a safeguarding situation it is important that ensure the safety and wellbeing of both the person and their carer. Early interventions can, in particular, make a big difference in preventing situations escalating or abuse and neglect occurring. Examples that require a safeguarding response involving a carer include:

- the carer witnessing or disclosing the existence of abuse or neglect
- when supporting those they care for, experiencing deliberate or unintended harm from them
- neglect and poor practice in care settings such as a care home or hospital or in relation to care services at home
- deliberate or accidental harm or neglect to the person they are caring for

#### 5 Learning from regional Safeguarding Adults Reviews

Safeguarding Adults Reviews that have raised the issues about carers needs. Key learning that has been highlighted includes:

- carers, whether formal or informal, should be asked about their own needs and offered a carers assessment where this is required
- all services should make efforts to ensure that carers are kept informed of key updates in relation to the people they are caring for

The Think Family approach should be adopted when working with individuals around their safeguarding needs. This means that whole of the family dynamic and wider family needs should be considered when engaging with service users.

#### 6 Key Tips: Things that you can do to further support carers include:

1. Ask questions and check whether someone is a carer or has caring responsibilities
2. Familiarise yourself with support that is available to carers and services that they can be signposted to
3. Remember that people with care and support needs, such as learning disabilities, can also be carers. Do not make assumptions about who may or may not be a carer
4. If you are concerned that about a carer's ability to cope or are worried that they may be experiencing abuse or neglect you can make a referral to safeguarding adults or children's

#### 7 Support available in Kensington, Chelsea and Westminster:

**Carers network** exists to reach and empower every unpaid carer in the Bi-Borough. We do this by helping carers lead healthy fulfilling lives, with a range of practical, personal and financial support suited to their needs.

Our Opening times are Monday – Friday from 9am – 5pm. Please call us on **020 8960 3033** or send us an email on: [info@carers-network.org.uk](mailto:info@carers-network.org.uk). More details can be found on our [website](#)

# Leading, Listening and Learning



The SAEB is a learning organisation and is committed to developing what this looks like across the partnership when things go wrong but also celebrating good practice.

The Safeguarding Adults Case Review Group is the subgroup of the SAEB which considers referrals for a Safeguarding Adults Review (SAR), maintains oversight of any reviews in progress and drives forward recommendations from reviews to ensure we strive for continuous improvement and organisational change. Thanks goes to the Catherine and Trish the co-chairs of this group and their continuing enthusiasm and support to chairing and supporting learning across the partnership.

- a partnership which is open to new ideas and a willingness to learn from mistakes
- a partnership which wants to get better at preventing abuse and neglect
- a partnership which is transparent and accountable to each other and to its residents
- a partnership that listens and hears what it is being told by families



**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 Adults Reviews in the Bi-Borough

Section 44 of the Care Act 2014 sets out that Safeguarding Adults Boards have a duty to undertake SARs where an adult with care and support needs dies or experiences serious harm as a result of abuse or neglect, and there is concern that partner agencies could have worked together more effectively to protect the adult.

The purpose of a SAR is set out in the SAR Protocol and Guidance and is to look at the ways professionals and agencies work together to determine what might have been done differently that could have prevented harm and death. It is not an enquiry into how the person died, nor is it to apportion blame but to learn from such situations and to ensure that learning is applied to future cases to reduce the likelihood of harm occurring again.

**True or false?**

**Primary responsibility for carrying out safeguarding enquiries in any area lies with the NHS.**

**False!**

The Care Act 2014 places a duty on the Local Authority to lead and coordinate safeguarding enquiries for concerns that involve:

- an adult with needs for care and support
- is experiencing, or is at risk of, abuse or neglect, and;
- is unable to protect themselves from that abuse or neglect because of their care and support needs.

Any enquiry should involve partnership working across agencies who are involved in supporting and working with the adult.

## This year our Key achievements are highlighted below

- the SACRG developed an action plan to respond to the recommendations within the National Analysis of SARs to benchmark the SAEB's position and identify areas for improvement.
- the above work informed the development of our new SAR Protocol and Guidance, which links to the SAR Quality Markers, launched by the Social Care Institute for Excellence (SCIE) in April 2022 and provides a clearer framework to help govern and inform our approach to carrying out SARs.
- we have used our learning from SAR Joan (which is outlined on the next page) to inform our approach to engaging better with families and to ensuring the voice of the adult and their significant others are central to our reviews. This is involved producing a new Guide for Families and Carers involved in SARs.
- we have established a network of SAR Champions across the partnership who will help support sharing and embedding learning from our reviews. We will utilise our SAR Champions to support the implementation of a SAR learning and development programme. We will be carrying out regular 'Lunch and Learn' multi-agency sessions to help raise awareness of SARs and ensure our focus on sharing learning is central to the work we do.
- we set up a task and finish group to look at the learning from a SAR published by Norfolk SAB in September 2021. The review explored the learning in relation to the deaths of three young adults Joanna, Jon and Ben, who all had learning disabilities and had been patients at a long-stay hospital for adults with mental health needs. The group sought assurance from services across the Bi-Borough that effective arrangements are in place to support adults with mental health needs that are placed in mental health facilities out of the area.

## SAR referrals in 2021-22

The SACRG considered one new SAR notification and made decisions in respect of five referrals. A range of issues were presented in these referrals including:

- domestic abuse within same sex relationships
- the challenges for maintaining consistency of services when working with people who move across different boroughs
- management of pressure ulcers between hospital and community settings
- frequent readmissions to hospital
- a high number of deaths from fires within people's own homes and risks in relation to smoking

One was deemed to meet the mandatory criteria for a SAR and another to meet the discretionary criteria. Both of these cases related to fire deaths and will be taken forward as a thematic review during 2022-23.



Care Act 2014

# Learning from Fatal Fires

Our annual report for 2020-21 highlighted the work that LFB undertook in partnership with SAEB agencies to respond to the learning identified from the five cases that were referred into the SACRG that year via the fatal fire pathway. The fatal fire pathway is a process in which the LFB notify the SACRG of any fatality from a fire that has taken place in the Bi-Borough and consideration is given as to whether the criteria for a SAR are met and what actions may be required to support multi-agency learning.

Given the additional fatal fire notifications received in 2021-22, and the decision to progress two of these referrals as SARs, the board has commissioned a thematic review which will review the specific involvement of agencies in the two cases, as well as evaluating how the learning from all the fatal fire cases in 2020-21 has been embedded and consider if there are any remaining gaps or barriers which may hinder practitioners in responding to fire risks.

The findings and learning from this thematic review will be reported in next year's annual report.

## 7 Minute Briefing: Telecare and Fire Safety

### 1 Background

Telecare is way of providing support and assistance when required by using equipment which is monitored at a distance by an organisation. Devices such as smoke alarms, fall detectors and pull cords alert the responsible organisation that a vulnerable person needs urgent assistance. When installed and operated in accordance to the relevant British Standards telecare can improve a resident's likelihood to survive a fire.

### 2 The role of telecare during fires:

- early detection of fire in the room of origin
- alerting the resident to escape or raise the alarm (if possible)
- alerting the onsite staff to take appropriate actions
- reduction of delays in summoning the fire brigade due to the automatic fire alarms
- provision of an emergency line of communication, which can facilitate vital fire survival Guidance during a fire

### 3 Why it matters:

A significant proportion of people who die in accidental dwelling fires in London had telecare in place, but it was not linked to smoke detection, or operated in accordance with the relevant British Standards,

Recurring issues include:

- fire detection not linked to a monitored telecare system
- over-reliance on pendants, where fire detection would be more appropriate

### 4 More people are expected to receive care at home

In the years to come the demand for adult domiciliary care is projected to steadily increase to high levels, largely due to the England's ageing population.

The Dept of Health and Social Care (DHSC) predicts that 57% more adults aged 65 and over in England will require care in 2038 compared to 2018. According to the National Audit Office there were 814,000 adults in England receiving domiciliary care in March 2020.

The NHS Long Term Plan states that people will be increasingly cared for in their own homes with the option for their physiology to be effortlessly monitored by a wearable device. This means that the 1.7million people who receive telecare in the UK is likely to rise.

### 5 Fire Risk assessment:

The use of telecare 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.

**British Standards:** The following British Standards must be complied with to ensure that residents have a reduced probability of dying in a fire:

- BS 9518:2021 Processing of alarm signals by an alarm receiving centre
- BS 5839 Part 6 2019 Fire Detection and Fire Alarm Systems for Buildings
- BS 8604-1:2019 Social alarm systems Design, installation and maintenance of social alarm systems in specialized grouped living environments

### 6 What to do:

The following recommendations were issued by coroner Fiona Wilcox following the death of Elizabeth Griffin:

1. All users of telecare systems should have some form of fire detection linked to FAMOs.
2. Contractual requirement, for new and existing clients to have linked fire detection. In the same way such providers insist on the provision of keys to access client's home.
3. Telecare system operators should apply the call handling protocol in British Standards.
4. Telecare Providers should base staff training for appropriate response on British Standards.
5. Training on what smoke alarms sound like in the background of a call to a client.
6. It should be recorded which clients do not have linked detection. The response in life critical situations should be based on this knowledge.

### 7 Questions to consider:

1. Would the resident benefit from receiving telecare? For example do they have reduced mobility or mental health issues that could impair their ability to react to a fire appropriately or effectively?
2. If they have existing smoke alarms, are they linked to the telecare system?
3. Are telecare systems installed, monitored and maintained in accordance with the British Standards?

# Learning Lessons and Achieving Change from Safeguarding Adults Reviews

Work has continued to take forward the learning from SARs Annie and Kate which were reported on in our last annual report 2020-21. It is important to understand that once a SAR has been completed the work is only just beginning on co-ordinating the improvement plan and evaluating the results.

## “Annie”

Excellent progress has also been made over the past year in responding to the learning from SAR Annie a lady with a learning disability who died from late detection of cancer.

- work by the North-West London Integrated Care Board (NWL ICB) to improve the pathways and processes for annual health checks for adults with learning disabilities. A review of reasonable adjustments across community and acute sectors has taken place particularly in relation to high areas of risk for adults with learning disabilities, including bowel cancer, coronary heart disease and epilepsy.
- the purple pathways system created by Imperial College Healthcare NHS Trust to help patients with learning disabilities or autism to experience the best journey through their hospitals, has been expanded to GPs, outpatients and pre-operative assessment services. Awareness training has also been rolled out to staff across the Trust.
- improved communication pathways have been developed across health and community learning disability services, including joint meetings to discuss referrals. Further work is planned to look at options to enable specific areas of information held across health and social care systems to be shared where this would be of benefit to safeguarding and risk management.

## “Kate”

The SAR on Kate highlighted the important role practitioners and managers in housing services play in identifying and raising safeguarding concerns. Housing colleagues are leading on work to review the various forums to discuss high risk cases and to bring together key stakeholders across statutory, voluntary and Registered Providers to ensure more effective information sharing and joint risk assessment where safeguarding risks are identified.

The learning from SAR Kate has also led to the development of a quick reference checklist to support practitioners around best practice considerations when they encounter challenges in making contact and / or gaining access when visiting adults at risk who do not choose to engage with services.

We would like to thank our partners from Imperial College Healthcare Trust NHS in contributing to this years Annual Report with this interesting article on the learning that is influencing the organisation to look for system solutions for people with a learning disability and or autism.

## NHS Long Term Plan

**As part of the long term plan 2019, the NHS provided specific commitment to working together as a system to improve the health outcomes of people with a learning disability, autism or both to lead longer, happier and healthier lives. Some of the learning that is influencing Imperial College Healthcare NHS Trust to system solutions for people with a learning disability and or autism**

The need to increase awareness of the needs of people with a learning disability and autism and ensure reasonable adjustments are made within all health services to enable equitable access.

Better patient experience was observed where learning disability Liaison Nurses were available to ensure well designed, person centred and coordinated care, reasonable adjustments and support for families throughout a patient’s hospital journey.

Annual health checks and robust health action plans contributed to good quality care. As the most common cause of death is respiratory conditions, take up of flu and COVID-19 vaccines is vital.

Late detection of cancer due to low take-up of screening or no health action plan for this.

There were concerns around the lack of detection of a change in a person’s condition. This was especially noticeable during the first wave of the pandemic. This learning highlighted the need for testing and awareness raising amongst families and staff working in supported living and care home settings. Clinical Leads and liaison to including check-in visits.

Diagnostic overshadowing when symptoms arising from physical or mental health problems are misattributed to an individual’s learning disability, leading to delayed diagnosis and treatment. This is compounded by lack of organisational alignment (including different systems/processes) within health and cross health and social care.

The end-of-life pathways should keep the needs and wishes of the person and family at the heart of decisions.

In some cases, the mental capacity act was not followed. Training has been provided but this needs to be ongoing.

## Jargon buster

### Reasonable adjustments

This arises in situations which place a disabled person at a substantial disadvantage compared with people who are not disabled. The provider or employer needs to adjust the situation such as providing easy access to a building or easy read guidance.

### Reasonable adjustments for a Colonoscopy

- admit patient one day or two days before procedure
- carer to accompany/ remain with patient
- complete bowel prep on the ward, administered or supervised by hospital staff
- first on list for procedure to minimise ‘conscious’ wait for food / drink

At the outset of the pandemic, there were concerns about do not attempt cardiopulmonary resuscitation ((DNACPR) decisions being made on the basis of the presence of learning disability and / or autism alone. This outlines the importance of well-designed, person centred and co-ordinated care with clear lines of accountability.

## Reasonable adjustments to improve access to services for people with learning disabilities and autism



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North West London Integrated Care Board which shares with us local insights into the work currently underway around Annual Health Checks and Health and Wellbeing reviews for a people with a learning disability and autism.

Peter Beard, Delivery Manager, Learning disabilities, autism and carers, North West London Integrated Care Board shares important local insights on Annual Health Checks, Health and Wellbeing Reviews and LeDeR, the NHS service improvement programme for people with a learning disability and autistic people.



## Annual Health Checks 2021-22

Annual health checks are important because people with learning disabilities experience barriers in access to health services, greater health inequalities and poorer outcomes.

Over the last four years we have worked to improve the rate of annual health checks delivered to people with learning disabilities.

We have achieved this through:

- working with primary care leads in our local area to monitor performance on a practice and primary care network level
- connecting our local learning disability nursing teams to primary care networks
- training of GP practices on a rolling programme

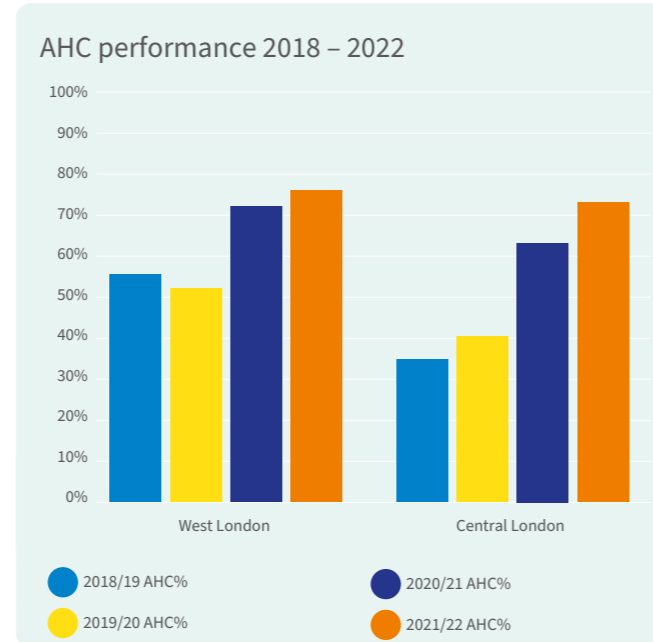
### Central London

401 health checks completed from 546 on GP register this equates to 73% completion rate which is just below the target for 2021/22 but above the target set for 2020-21 which was at 67% but took into account the challenges with carrying out health checks during the Covid Pandemic.

### West London

536 health checks completed from 709 on GP register this equates to 76% completion rate which exceeds the target for 2021/22. The graph on the right identifies the improvement in health check delivery over the last four years. We have also worked in partnership with the North West London Diabetes team and The Advocacy Project to design and produce accessible information on the Know Diabetes website. This will enable people with learning disabilities to access information to prevent and manage type 2 Diabetes.

The graph to the right identifies the improvement in health check delivery over the last four years:



### Next steps:

- we are strengthening links with primary care to continue improvements in the performance rate, as well as ongoing training program agreed with CLCH as part of an offer of support to primary care.
- our new training programme has been developed in partnership with CLCH and the broader primary care system and feedback from GP practices has been positive. This is due to launch in September 2022.
- we have worked with local learning disabilities teams on quantifying and clarifying their offer of support to practices within a broader health facilitation role.

## Safe and Wellbeing reviews

### Background

The National Safe and Wellbeing Review Programme was identified as part of the NHSE response to a recent SAR that was undertaken to learn from the safety and wellbeing of all people with a learning disability and autistic people who were in a mental health hospital or inpatient setting.

In terms of Safe and Wellbeing reviews, we conducted reviews for those who were in in-patient hospital receiving assessment and treatment.

Our findings confirmed that they were receiving good care with clear plans for discharge. In addition to safe and wellbeing reviews we have carried out eight weekly visits and six-monthly care and treatment reviews for those eligible within Hospital inpatient settings as standard.

### Next steps:

- continue to sustain service quality through Quality Assurance visits with an enhanced approach through the appointment of a Complex Placements Senior Delivery Manager.
- continue with eight weekly face to face visits to all people in mental health inpatient services.
- regular reporting to the North West London ICB surgery.

## LeDeR – learning from lives and deaths

### Background

The NHS Long Term Plan made a commitment to continue LeDeR and to improve the health and well being of people with a learning disability .

We use the findings of LeDeR reviews to make changes to services locally to help prevent people dying from things which could be treated and prevented. North West London CCG produce an annual report which describes action from learning.

Each LeDeR review gives us information about the life and death of the person. From all the information we look at what we can do locally to positively reduce health inequalities.

### Learning and implementation

We have learnt from themes that have been identified in SAR's and have seen a significant reduction in these themes over the last year:

- application of Deprivation of Liberty Safeguards
- issues relating to carers assessments
- long term condition management
- lack of access to specialist services

- access to GP records
- medication issues
- lack of face to face contact
- lack of annual health checks

### Next steps:

- plan to improve the process between the LeDeR process and safeguarding to ensure they are robustly aligned.
- local focus and strategy group to support reviews and implementation of operational and strategic action plans.



## Key Findings and Recommendations from the Safeguarding Adults Review

Sharing learning from SARs is a key priority of the Safeguarding Adults Executive Board (SAEB) and ensures that lessons in relation to safeguarding adults support best practice and encourages a culture of continuous improvement.

All staff and managers are encouraged to discuss this briefing and the key learning and reflection points to ensure that the learning outcomes are used to consolidate best practice and support improvements in practice where required.

### Safeguarding Adults Reviews or SARs

are commissioned under Section 44 of the Care Act 2014 in circumstances in which an adult has died or sustained serious harm as a result of abuse or neglect, and there are lessons to be learnt around how agencies worked together to safeguard the adult.

The aim of a SAR is to carry out a review to determine what agencies involved could have done differently that could have prevented the harm or death from taking place. The aim is not to apportion blame, but to promote effective learning and improvement actions.

The SAEB commissioned an Independent Reviewer to conduct a Lessons Learnt Review. The review examined events from 30 December 2018 to Joan's death in October 2019.

The review analysed agencies involvement via chronologies and the reviewer also led a facilitated event with practitioners and managers. Joan's family were also involved in the review and met with the Independent Reviewer as well as members of the SAR Panel.



Joan with her great grand-daughters

**J**oan passed away at the age of 88 after experiencing a significant and rapid decline in her health over the last year of her life. Joan was admitted to hospital five times, in the last 10 months of her life, and there were concerns about discharge arrangements and the care and support services set up to meet her needs, as well as frequent re-admissions to hospital. Joan lived with dementia and became very physically frail in the last year of life, leading to her no longer being able to mobilise independently and developing pressure ulcers.

As part of the review, Joan's family were able to offer powerful insights regarding their experiences. They want Joan's legacy to be that the learning from this case, means that other adults in similar circumstances should not face the same shortfalls in care and support.

The SAEB would like to thank Joan's family for their valuable contributions and open honest reflections of their own experiences and of Joan's care.

## Key findings and learning outcomes



### Communication and coordination between agencies and family members

The review identified an overriding theme of inconsistent communication between agencies involved as well as with Joan and her family. This led to poorly coordinated hospital discharges, delays in the provision of care services, contradictory information being given to family members and their concerns not being addressed in timely or effective ways. There was no clear lead agency and the large number of different agencies involved caused confusion around different roles and responsibilities. There was a lack of formal multi-agency meetings both in relation to planning hospital discharges as well as reviewing the care Joan received at home, as well as a lack of effective partnership working with Joan's family who knew her needs well and what was important to her.

In addition, the review found that there were missed opportunities to consider the concerns raised via safeguarding procedures. Only one safeguarding enquiry was instigated in August 2019 in relation to Joan being admitted to hospital with pressure ulcers but there were delays in this enquiry being taken forward and a lack of management oversight.



### Mental capacity curiosity by professionals

There was little recorded evidence of Joan's wishes and feelings within records across the organisations. Documentation frequently referred to 'best interests' decisions being made, but without decision-specific mental capacity assessments being completed.



### Involving families in SARs and complaints

Joan's family were strong advocates acting on her behalf but struggled to make her voice heard. Their frustrations were often perceived by professionals that they were being difficult and aggressive. The family found that their concerns about the poor quality of care were not satisfactorily addressed until they escalated matters through the complaints and Local Government Ombudsman processes.

The family have provided feedback that they found some aspects of the SAR process challenging, in relation being informed about the SAR taking place 2 years following Joan's death via letter, when their preference would have been for an initial conversation to discuss the purpose of the review.



### Reasonable adjustments and person-centred care

During Joan's hospital admissions she was often deemed by professionals to be unresponsive and uncommunicative, and they advised her family members that at times she was not eating. However, practitioners did not take into account the reasonable adjustments Joan needed to be able to engage with them. She was visually impaired and hard of hearing but often left without access to her glasses or hearing aids which meant that she could not understand what people were saying and communicate with them.

## Recommendations

<h3>Learn</h3>	<p>Develop a partnership process to ensure that learning from SARs is disseminated effectively throughout organisations and that multi-agency learning is prioritised and tested in day-to-day practice. Ensure the adult and families are central to the process.</p>
<h3>Raise Awareness</h3>	<p>Build on recent developments around reviewing the national protocol of pressure ulcers. Ensure SAEB partners lead on raising awareness and working on clearer pathways across care home and statutory health sector.</p>
<h3>Quality Assurance</h3>	<p>Introduce a programme of multi-disciplinary audits of safeguarding practice and decision making to compliment the SAEB Assurance and Performance Framework.</p>
<h3>Review</h3>	<p>Review the operational model of My Care My Way in the Royal Borough of Kensington and Chelsea.</p>
<h3>Coordinate</h3>	<p>Develop mechanisms to ensure a more coordinated approach across acute hospital trusts and Adult Social Care to ensure effective case management.</p>

## What we are doing to respond to the learning:

- Adult Social Care has led on an audit of hospital discharge pathways and joint working across health and social care. The findings will be used to strengthen the Discharge to Assess (D2A) arrangements, including establishing multi-agency hospital hubs.
- a Training Needs Analysis with regulated provider services highlighted the need for greater awareness of the pressure ulcer protocol. In response to this bespoke training sessions will be delivered later in 2022.
- the SAEB will undertake a multi-agency audit to look at how well the Mental Capacity Act is being used in practice.
- the new SAR Protocol and Guidance has been launched by the SAEB in June 2022 and the board will deliver a series of 'Lunch and Learn' sessions to partners to help raise awareness of the process.
- a new SAR Guide for Families and Carers has been produced.
- the review highlighted important learning around how we work with families both within day-to-day practice as well as in SARs. The board is working with Joan's family for dialogue around how they may wish to support sharing the learning from this review.

### Key Points for Learning and Reflection

- do you have an established process for deciding who needs to be involved in multi-agency meetings and plans, and how do you ensure all relevant agencies are involved in discharge / care and support planning? How do you ensure that agreed actions are monitored and followed up?
- how have you overcome challenges to good multi-agency working? For example, how do you take responsibility for effective information sharing and communication?
- do you feel you have the skills to explore and understand families who are expressing frustration and dissatisfaction? Are you able to hold 'difficult conversations' with confidence?
- are you aware of the Department of Health and Social Care's (DHSC) Safeguarding Adults Protocol for Pressure Ulcers, and how to use its Safeguarding Decision Guide Assessment?
- how do you ensure you adopt a person-centred approach consider all reasonable adjustments are met when working with adults with care and support needs?
- are you confident in applying the Mental Capacity Act in practice?

# Safeguarding Executive Board Strategy 2022-2025

Our Strategic Plan 2022-2025 sets out how the Board will work towards achieving its ambitions for safeguarding adults in the Bi-Borough and has four key priorities to ensure that, wherever possible, safeguarding responsibilities are delivered in a way that creates safeguarding prosperity within our communities and continues to have 'Making Safeguarding Personal' (MSP) at the heart of everything we do.



## Making Safeguarding Personal

Service user engagement

Ensuring that adults are being supported and encouraged to make their own decisions on how to keep themselves safe.

Sharing experiences and best practice through collaborative and bespoke safeguarding training and community events.

Collaborating with our Safeguarding Ambassador to ensure their voices are heard in the communities and London wide.

### Making safeguarding everybody's business

- improve awareness of safeguarding across all communities
- culturally competent safeguarding and support
- close working with the voluntary sector
- listening and collaborating with service users by experience



## Communities keeping themselves safe

Community Engagement Group

Working together with our communities to prevent harm and abuse and improve awareness of safeguarding to ensure they are informed, confident and supported in raising safeguarding concerns.

Continuing to create an inclusive and diverse safeguarding culture that learns from the information we have collected about what is most important to specific community groups in raising awareness and providing tailored Learning Programmes and support.

### Communication and Involvement and Prevention and Early Intervention

- building Community resilience and and developing strategies that reduce the risk of abuse, as well as seeking assurance from partners
- knowing our residents and who is at most risk
- placing partnership responses at the heart of the problem



## Leading, Listening, Learning

Safeguarding Adults Case Review Group

Providing high quality Learning and Development opportunities to the partnership and working together to provide leadership ambition for change.

The SAEB Learning Programme and network of SAR Champions is extended across the wider partnership, housing and voluntary sectors to support, share and embed learning.

### Sharing learning to prevent harm and abuse

- a partnership which is open to new ideas and a willingness to learn from mistakes
- a partnership which wants to get better at preventing abuse and neglect
- a partnership which is transparent and accountable to each other and to its residents
- a partnership that listens and hears what it is being told by families



## Quality and Performance

Developing Best Practice and Effective Outcomes Group

Making sure safeguarding arrangements for adults at risk work effectively and support organisations to continually improve practice.

Ensuring our safeguarding systems are improving and we are learning and getting better through use of digital technology to get our messages across.

### Learning through Development of best Practice and using data better to help inform partnership responses to safeguarding referrals

- shared safeguarding goals and wellbeing responsibilities partnership wide that seek assurance across all safeguarding agendas
- understanding what the most prevalent abuse types are and doing something about it
- making sure safeguarding arrangements for adults with care and support needs work effectively and we have people by experience working alongside us informing our learning

# Big thank you to the members of the Safeguarding 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 Integrated Care Board (NWL ICB)  
.....
- Basic Command Unit Commander of Central West, Chief Superintendent, Metropolitan Police  
.....
- 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)  
.....
- Lead Portfolio Holder (Local Councillors)  
.....
- Housing (Local Authority)  
.....
- Genesis Notting Hill Housing  
.....
- Trading Standards (Local Authority)  
.....
- Public Health  
.....
- Royal Brompton and Harefield HNS Foundation Trust  
.....
- Healthwatch  
.....
- Adult Social Care (Local Authority)  
.....
- Safeguarding Ambassadors  
The Local Account Group  
The Safeguarding Adults Reference Group  
.....



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

**Don't ignore it. Report it.**

Kensington and Chelsea  
T 020 7361 3013  
E [socialservices@rbkc.gov.uk](mailto:socialservices@rbkc.gov.uk)

Westminster  
T 020 7641 2176  
E [adultsocialcare@westminster.gov.uk](mailto:adultsocialcare@westminster.gov.uk)

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## Children and Adults, Public Health and Voluntary Sector Policy and Scrutiny Committee

<b>Date:</b>	5 December 2022
<b>Classification:</b>	General Release
<b>Title:</b>	<b>2022/2023 Work Programme</b>
<b>Report of:</b>	Head of Governance and Councillor Liaison
<b>Cabinet Member Portfolios:</b>	Cabinet Member for Young People, Learning and Leisure and Cabinet Member for Adult Social Care, Public Health and Voluntary Sector
<b>Wards Involved:</b>	All
<b>Policy Context:</b>	All
<b>Report Author and Contact Details:</b>	<b>Linda Hunting</b> <a href="mailto:Lindahunting@westminster.gov.uk">Lindahunting@westminster.gov.uk</a>

### 1. Executive Summary

1. This report requests the committee members to consider the work programme for the 2022/2023 municipal year.

### 2. Meeting dates for the 2022/2023 year

- 2.1 The Committee is advised that the scheduled meeting dates for the 2022/2023 year are:
  - 28 February 2023
  - 17 April 2023.

### 3. Suggested topics

- 3.1 The Committee's agenda for the meeting on 5 December includes reports on the Children and Young People's Plan (2023-2026), the Annual Adult

Safeguarding Report and Improving Planned Orthopaedic Inpatient Surgery in north west London from Imperial College Healthcare NHS Trust.

- 3.2 The Committee is asked to reflect on and discuss the suggested work programme for the December meeting.
- 3.2 The Committee may also wish to consider other items currently listed as unallocated to add to the Committee meetings.

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

**Linda Hunting, Policy & Scrutiny Advisor**

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

Appendix 1: Terms of Reference

Appendix 2: Work Programme

Appendix 3: Action Tracker



## **CHILDREN, ADULTS, PUBLIC HEALTH AND VOLUNTARY SECTOR POLICY AND SCRUTINY COMMITTEE**

### **COMPOSITION**

7 Members of the Council (4 Majority Party Members and 3 Opposition Party Members).

### **TERMS OF REFERENCE**

(a) To carry out the Policy and Scrutiny functions, as set out in Chapter 4 of the Constitution in respect of matters relating to all those duties within the terms of reference of the Cabinet Member for Young People, Learning and Leisure and the Cabinet Member for Adult Social Care, Public Health and Voluntary Sector.

(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 paragraphs 18.2 and 18.3 as well as section 19 of Chapter 4 of the Constitution.

(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.

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**APPENDIX 2 – Children, Adults, Public Health and Voluntary Sector Policy and Scrutiny Committee Work Programme**

<b>ROUND 1 12 July 2022</b>		
<b>Agenda item</b>	<b>Purpose</b>	<b>Responsible Cabinet Member and Executive Director/senior officer</b>
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member’s priorities	Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure Sarah Newman, Executive Director of Children’s Services Pedro Wrobel, Executive Director of Innovation and Change Debbie Jackson, Executive Director of Growth Planning and Housing Raj Mistry, Executive Director of Environment and City Management
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member’s priorities	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector  Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care Pedro Wrobel, Executive Director of Innovation and Change
Work programme	To consider and agree the outline work programme for the committee for the year ahead, with input from Cabinet Members, Executive Directors and other officers on how to make best use of the Committee’s time and where the Committee will have the biggest impact	n/a – report of Head of Governance and Councillor Liaison, drafted in conjunction with relevant senior officers

<b>ROUND 2 12 September</b>		
<b>Agenda item</b>	<b>Purpose</b>	<b>Responsible Cabinet Member and Executive Director</b>
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure Sarah Newman, Executive Director of Children's Services Pedro Wrobel, Executive Director of Innovation and Change Debbie Jackson, Executive Director of Growth Planning and Housing Raj Mistry, Executive Director of Environment and City Management
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care Pedro Wrobel, Executive Director of Innovation and Change
Annual Youth Justice Plan	To review the annual youth Justice plan which Local Authorities have a legal duty to produce. The plan should show how they will provide and fund youth justice services (YJSs) in their area.	Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure Sarah Newman, Executive Director of Children's Services
Breakfast and after school club provision in Westminster schools	To review the provision of breakfast and after school clubs in Westminster schools.	Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure Sarah Newman, Executive Director of Children's Services
Work programme	To review the work programme in light of events and recent discussions	n/a – report of Head of Governance and Councillor Liaison, drafted in conjunction with relevant senior officers

<b>ROUND 3 20 October</b>		
<b>Agenda item</b>	<b>Purpose</b>	<b>Responsible Cabinet Member and Executive Director</b>
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities. This should include a briefing on the Music Hub.	Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure Sarah Newman, Executive Director of Children's Services Pedro Wrobel, Executive Director of Innovation and Change Debbie Jackson, Executive Director of Growth Planning and Housing Raj Mistry, Executive Director of Environment and City Management
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care Pedro Wrobel, Executive Director of Innovation and Change
Care Coordination Solution (CCS) Position Statement	To update the committee on the programme to use patient data in NHS services.	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care Pedro Wrobel, Executive Director of Innovation and Change
Gordon Hospital Update	To update the committee on the status of the hospital and possible future plans for the site.	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care Pedro Wrobel, Executive Director of Innovation and Change

Work programme	To review the work programme in light of events and recent discussions	n/a – report of Head of Governance and Councillor Liaison, drafted in conjunction with relevant senior officers
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<b>ROUND 4 05 December</b>		
<b>Agenda item</b>	<b>Purpose</b>	<b>Responsible Cabinet Member and Executive Director</b>
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure Sarah Newman, Executive Director of Children's Services Pedro Wrobel, Executive Director of Innovation and Change Debbie Jackson, Executive Director of Growth Planning and Housing Raj Mistry, Executive Director of Environment and City Management
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care Pedro Wrobel, Executive Director of Innovation and Change
Annual Adult Safeguarding report	To consider the annual Safeguarding Adults report	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and the Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care
Improving planned orthopaedic inpatient surgery in north west London	To consider the report from Imperial College Healthcare NHS Trust	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and the Voluntary Sector

		Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care
Children and Young People's Plan	To review this Bi-Borough report on the strategic direction for how the Council will deliver its vision for children and young people up to the age of 19 and up to the age of 25 for care leavers and young people with special educational needs and disabilities, over the next three years.	Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure Sarah Newman, Executive Director of Children's Services Pedro Wrobel, Executive Director of Innovation and Change Debbie Jackson, Executive Director of Growth Planning and Housing Raj Mistry, Executive Director of Environment and City Management
Work programme	To review the work programme in light of events and recent discussions	n/a – report of Head of Governance and Councillor Liaison, drafted in conjunction with relevant senior officers

#### Budget Task Group gap – January/February

<b>ROUND 5 28 February 2023</b>		
<b>Agenda item</b>	<b>Purpose</b>	<b>Responsible Cabinet Member and Executive Director</b>
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure Sarah Newman, Executive Director of Children's Services Pedro Wrobel, Executive Director of Innovation and Change Debbie Jackson, Executive Director of Growth Planning and Housing Raj Mistry, Executive Director of Environment and City Management
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector

		Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care
Mental Health and Children	To consider the Mental Health Support Teams, Suicide Prevention Strategy and the Emotional Wellbeing and Mental Health Plan.	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care
Local Safeguarding Children Partnership Annual Report	To consider the annual Safeguarding Children report	Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure Debbie Jackson, Executive Director of Growth Planning and Housing
Site visit and review of Westminster Academy and the International Baccalaureate qualification.	To consider the possibility of a 'one-off academy' and explore the benefits of federation with other institutions.	Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure Raj Mistry, Executive Director of Environment and City Management
Work programme	To review the work programme in light of events and recent discussions	n/a – report of Head of Governance and Councillor Liaison, drafted in conjunction with relevant senior officers

<b>ROUND 6 17 April 2023</b>		
<b>Agenda item</b>	<b>Purpose</b>	<b>Responsible Cabinet Member and Executive Director</b>
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure Sarah Newman, Executive Director of Children's Services Pedro Wrobel, Executive Director of Innovation and Change Debbie Jackson, Executive Director of Growth Planning and Housing Raj Mistry, Executive Director of Environment and City Management



Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities.	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care
LGBT and the Local Community	To review the community care and support / public health offer for the LGBT Community.	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care
Public Health Investment Integrated Care	To review the effectiveness of the public health investment fund in relation to integrated care and make recommendations on future use of such funds.	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care
Work programme	To review the work programme in light of events and recent discussions.	n/a – report of Head of Governance and Councillor Liaison, drafted in conjunction with relevant senior officers

#### Work Plan Meeting 07.10.22 Agreed Items

- Leisure Services Contract and future of service - To consider the next steps for the leisure service, including planning for the contract relet and future service design. Meeting to be arranged, possibly March 2023.
- Create a Task Force for the Breakfast Club initiative considering the cost-of-living crisis
- Arrange a site visit to St. Charles Hospital
- Seymour Leisure Centre
- Review of the Music Hubs scheme

Unallocated items – this may either be substituted in for a substantive item elsewhere in the year or may be rolled over for future municipal years

- Annual Fostering and Adoption Report
- Attainment Gap
- Primary School capacity
- Bridging the Gap
- Community Health Workers
- Pre-birth to five strategy review
- Libraries service overview and review

- Annual corporate parenting report
- IRO report
- Annual self-assessment progress report (Children's)
- Youth crime prevention plan
- Emotional Wellbeing and Mental Health Plan
- School Uniform Support Scheme
- Ukraine Programme Update
- Pre-Birth to five strategy delivery review
- Supported Internships Annual Review
- Participation Report
- Autism Strategy delivery update
- Childcare Sufficiency Assessment 2021-22
- Reports and progression pathways for young people at both key stages
- Annual Child Protection Report
- Westminster Guardians Report
- Family hubs
- An update on the Annual Youth Justice Plan (after results from the service's inspection have been released)
- Westminster Reveals 2023/Summer Cultural Outreach
- Westminster Adult Education Service – strategic plan review
- Site visit and review of Hallfield Primary School

**Appendix 3 - ACTION TRACKER**  
**Children, Adults, Public Health and Voluntary Sector Policy and Scrutiny**  
**Committee**

<b>ROUND 1</b> <b>12 JULY 2022</b>		
<b>Agenda Item</b>	<b>Action</b>	<b>Status/Follow Up</b>
Item 4 Cabinet Member Updates Policy and Scrutiny Portfolio Overview: Cabinet Member for Adult Social Care, Public Health and Voluntary Sector	That Hallfield Food bank be added to Westminster Connects list.	In progress
	That arrangements be made for Members to visit voluntary sector organisations in Westminster.	In progress
	That the Cabinet Member arranges to meet with the Chair to discuss potential topics to add to the P&S Work Programme for the forthcoming year.	Complete
	That the following items be reported regularly in the Cabinet Member Report: <ul style="list-style-type: none"> <li>• the status of covid in care homes and disability settings.</li> <li>• update on the work and decisions of the Integrated Care Board (ICB).</li> <li>• the on-going budget pressures on Adult Social Care Health.</li> </ul>	In progress
Item 5 Cabinet Member Updates Policy and Scrutiny Portfolio Overview: Cabinet Member for Young People, Learning and Leisure	That the Children and Young People Mental Health Task Group Report be published and that an update on the recommendations contained in the report be circulated to the Committee.	In progress
	That details of how the schools were managing the school uniform scheme be circulated to the Committee.	In progress
	That the links to past Children and Adult P&S Committee Agenda Packs and minutes be emailed to the Committee.	Complete
	That the Access to Culture Report 2019 and an update on the recommendations contained in the report be circulated to the Committee.	Complete 30.09 see below

	That parents be consulted quickly on any proposals regarding their children's primary schools becoming federations.	In progress
	That an update on Westminster Adult Education Service (WAES) relocation to a new building be circulated to the Committee.	Complete
	That data on school exclusions in Westminster schools be circulated to the Committee.	Complete
	That the Cabinet Member arranges to meet with the Chair to discuss potential topics to add to the P&S Work Programme for the forthcoming year.	Complete
	That a briefing on the Music Hub be included in Cllr Roca's next Cabinet Member Update, in October.	Complete
	That a visit to a family hub to be organised for Committee Members	In progress
Item 6 Work Programme	That the Annual Youth Justice Plan be reviewed at the September meeting.	Complete
	That detailed data/financial implications for services be included in reports.	Complete
	That discussions regarding potential topics continue outside of the meeting.	Complete
	The Chair encouraged Members to email their ideas for topics/items for the Committee Work Programme, a Task Group, or even for individual Member scrutiny to the Scrutiny Officer.	Complete
	<b>ROUND 2 12 SEPTEMBER 2022</b>	
<b>Agenda Item</b>	<b>Action</b>	<b>Status/Follow Up</b>
Item 4 Cabinet Member Updates Policy and Scrutiny Portfolio Overview:	Information to be provided about "promoting independence" in the savings / financial pressures section of the update, and an explanation and reassurance that this is not about cutting packages of care for residents.	Complete 24.10

Cabinet Member for Adult Social Care, Public Health and Voluntary Sector	More detail on the breakdown of £400k investment in community projects and whether they are targeted to any specific communities.	Complete 24.10
	Information on the JSNA focus on health inequalities and whether in light of this, Public Health has been involved in decisions about park opening/closing hours and to what extent is access to green space considered in equalities analysis.	In progress Update provided 24.10
	Information on what level of involvement the Council has on prevention and reducing urban heat stress and cold weather preparedness.	Complete 24.10
	Information to be provided about the challenges on community discharge.	Complete 24.10
	Update on delivery of the COVID booster.	Complete 24.10
	Information about the three ICS LA reps from Tri-Borough.	Complete 24.10
	Information about the intended Digital Social Care Account for patients and security measures.	Complete Update 24.10 and presented to committee at meeting 20.10
	More detail on Green Doctors.	Complete 24.10
	More detail on rollout of the Polio vaccine.	Complete 24.10
	Information about future heatwave planning for schools, in particular the older Victorian buildings.	Complete 24.10
Item 5 Cabinet Member Updates Policy and Scrutiny Portfolio Overview: Cabinet Member for Young People, Learning and Leisure	Information regarding whether school finances being investigate, in light of the fuel crisis and the pay increases. How will enrichment activities be funded?	Complete 5.10
	Information about how the Council assist schools under the pressure of the combination of the general cost of living crisis, increased fuel costs, the unfunded pay rises, and falling pupil admission numbers?	Complete 5.10
	Information about whether the school uniform fund be extended to mid-term admissions.	Complete 5.10
	Information to be provided about how big the exclusion issue in schools is locally.	Complete 5.10

	Information about what the Council is doing to alleviate the pressures on schools.	Complete 5.10
	Information to be provided about why the additional HAF offer focused on 0-5- and 16–18-year-olds.	Complete 5.10
	Details to be provided of what schools are providing in terms of pre-school and after school activities.	Complete 05.10
	Information about how the Council is satisfied that children looked after by WCC and placed in residential care are in safe care arrangements. Information about the Councils quality assurance arrangements to prevent our young people being placed in such care homes, and the costs of this provision including, how does the Council ensure value for money.	Complete 05.10
	An update on the Afghan refugees.	Complete Provided at October Committee meeting.
	Information as to whether Council Officers supported members to ‘track’ a child’s case – to get a sense of their circumstances and needs and the work that happens to support and whether this is done monthly.	Complete 5.10
	Information about any possible links between school uniform provision and exclusions.	Complete 5.10
	Information about the Councils effective safeguarding arrangements.	Complete 5.10
	Information about the reach of the activities for children and young people that Council is offering to ensure the greatest reach at this difficult time.	Complete 5.10
	Information about any links with the policy team to lobby the government for more money for activity provision.	Complete 5.10
	Information about the inclusion project and whether it is the proportion of children being excluded and how are we targeting them for support.	Complete 5.10
	Information about how the Council monitors off-rolling, and whether the Council is confident in	Complete 5.10

	the approach being taken and what action can be taken going forward.	
	Information about the provisions the Council will be putting in place to ensure that alternative accommodation can be provided for Ukrainians supported under the Homes for Ukraine Scheme that will likely end after 6 months.	Complete 5.10
	More information about how the Council can prevent a further provider pulling out of the SEND transport service and whether the Council has considered bringing this service in house.	Complete 5.10
	Information about whether the Council is offering ESOL to all refugees.	Complete 5.10
	Information to be provided about the funding and accountability for further education following the DfE consultation.	In progress
	Information about the site surveys completed for the Seymour Leisure project to be provided.	Complete 5.10
	Information about the children's library moving to Moxon Street.	Complete 5.10
	Information about the Seymour Leisure centre and the anticipated cost of the project of £25m and whether it is on budget, including, whether a VFM exercise been completed.	Complete 5.10
	Information about who the Seymour leisure centre is aimed at and how further usage could be promoted and ensured?	Complete 5.10
	To provide a briefing note on the distribution of the culture fund.	Complete Sent to Committee 30.09
<b>Round 3 OCTOBER 2022</b>		
<b>Agenda Item</b>	<b>Action</b>	<b>Status/Follow Up</b>
Item 4 Cabinet Member Updates Policy and Scrutiny Portfolio Overview: Cabinet Member for Young People, Learning and Leisure	Information requested on the falling pupil numbers in the borough, including, comparative figures from previous academic years.	Complete 25.11
	More information about the activities provided in the HAF programme and about what is being done to measure the effect of the HAF funding distributed and whether this information can be	In progress Update provided 25.11

	shared with the committee when ready? In particular, how the funds are spent with each provider.	
	An update be provided to the Committee on the cost of living and the effects on families, children, and educational provisions.	In progress
	An update on Ukrainian arrivals, specifically information on where homelessness has occurred as a result of a match breakdown.	Complete 25.11
	Seymour centre - What bodies within and outside the council have been consulted about the design, eg Swimming England and Sport England, and what has their response been?	Complete 25.11
	Further information requested on the proposed cost of the development of the Seymour Centre. What are the service provider proposals for the centre?	In progress Update provided 25.11
	An update on where the revenue from the Paddington recreation centre goes and what is it used for?	Complete 25.11
	Information about where the funds come from to maintain and invest in parks/ in the borough?	Complete 25.11
	Further information about what interventions are being looked at for the School Superzones, to be shared with the committee when ready before being implemented.	In progress Update provided 25.11
	Data on music instruments used in schools to be provided to the Committee.	In progress
	The Committee to be kept updated on the music hub (to be included in future reports).	In progress
Item 5 Cabinet Member Updates Policy and Scrutiny Portfolio Overview: Cabinet Member for Adult Social Care, Public Health and Voluntary Sector	Officers to provide a demonstration of the social care marketplace to the Committee in a future meeting.	In progress
	Comparative data on the uptake of vaccinations across all London boroughs to be provided to the Committee.	Complete 24.11  PowerPoint presentation disseminated to Committee.
	The figures for people going outside of the borough to seek in-patient mental health medical treatment and how far they needed to travel, to be facilitated out-of-borough to be	In progress Update provided 23.11



	<p>provided to the Committee by the Gordon Hospital.</p>	<p>Data can be sourced on how far from the Borough people are placed in residential or supported accommodation with mental health conditions, but “to seek mental health treatment” we do not have data on. Gareth Wall has asked for data on the former approach to inform an answer.</p>
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	That figures for admissions and re-admissions for mental health hospital services be provided to the Committee by the Gordon Hospital.	In progress
	Healthwatch to provide for the Committee its findings from the interim review visits to be carried out at the Gordon Hospital over the coming months, in due course.	In progress
	Information about superzones and whether there will be a standardised approach as they're expanded. Written update offered by Liz Brutus - Deputy Director of Public Health.	Complete 24.11  Update: Our plan is to apply for one school in Westminster to pilot the superzone approach and if the evaluation is positive and there is widespread support, then we could look to scale up to other schools across the borough.
	Members to request, via Scrutiny Officer, visits to the Crisis House, Paddington, St. Charles and the Gordon Hospital's.	In progress
Item 6 Work Programme	A Task Group to consider the falling rolls of primary schools to be discussed and constituted by the Chair, as lead.	In progress
	The Children and Young People's Plan to come to the Committee on 5 December.	Complete
	The Elective Orthopaedic Centre in NW London consultation to come to the Committee on 5 December.	Complete
	The Annual Adult Safeguarding report to be moved to 23 February 2023 Committee meeting.	Complete
	A Policy and Scrutiny meeting to be arranged off-site at the Westminster Academy in the New Year, including a presentation by the Headteacher.	Complete March 2023