



AGENDA REPORTS PACK

Wednesday, 1st November, 2017 at 6.00 pm

Room 102, Hackney Town Hall, Mare Street, London E8 1EA

Contact: Peter Gray
Governance Services
Tel: 020 8356 3326
Email: governance@hackney.gov.uk

Tim Shields
Chief Executive

**The press and public are welcome to attend
this meeting**



Health & Wellbeing Board

Board Membership and Additional Attendees

Board Members	
Cllr Jonathan McShane Cabinet Member, Health, Social care and Culture (Chair)	Dr Clare Highton Chair, City and Hackney Clinical Commissioning Group
Dr Penny Bevan Director of Public Health Hackney Council	Paul Fleming Chair, Hackney Healthwatch
Navina Evans Chief Executive, East London Foundation Trust	Tracey Fletcher Chief Executive, Homerton University Hospital NHS Foundation Trust
Alistair Wallace Health and Social Care Forum	Deputy Mayor Anntoinette Bramble Cabinet Member, Children's Services
Anne Canning Group Director, Adults, Children's Services, Community Health, Hackney Council	Kim Wright Group Director, Housing and Public Realm, Hackney Council
Paul Haigh Chief Officer, City and Hackney Clinical Commissioning Group	Laura Sharpe GP Confederation
Raj Radia Chair, Local Pharmaceutical Committee	

NHS England Representative	
Neil Roberts Head of Primary Care NHS England London central, North and East	

Independent Advisers	
Jim Gamble Chair, City and Hackney Safeguarding Children Board	Adi Cooper Chair, City and Hackney Safeguarding Adult Board

Additional Attendees	
Moira Griffiths Group Care and Support Director, Family Mosaic Better Homes Partnership	Jackie Brett Health and Social Care Forum
Sonia Davis Chief Inspector, Metropolitan Police	Ida Scoullos Community Empowerment Network
Peter Gray Governance Services Officer Hackney Council	

AGENDA **Wednesday, 1st November, 2017**

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ADVICE TO MEMBERS ON DECLARING INTERESTS

Hackney Council's Code of Conduct applies to **all** Members of the Council, the Mayor and co-opted Members.

This note is intended to provide general guidance for Members on declaring interests. However, you may need to obtain specific advice on whether you have an interest in a particular matter. If you need advice, you can contact:

- The Director of Legal
- The Legal Adviser to the committee; or
- Governance Services.

If at all possible, you should try to identify any potential interest you may have before the meeting so that you and the person you ask for advice can fully consider all the circumstances before reaching a conclusion on what action you should take.

1. Do you have a disclosable pecuniary interest in any matter on the agenda or which is being considered at the meeting?

You will have a disclosable pecuniary interest in a matter if it:

- relates to an interest that you have already registered in Parts A and C of the Register of Pecuniary Interests of you or your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner;
- relates to an interest that should be registered in Parts A and C of the Register of Pecuniary Interests of your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner, but you have not yet done so; or
- affects your well-being or financial position or that of your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner.

2. If you have a disclosable pecuniary interest in an item on the agenda you must:

- Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you (subject to the rules regarding sensitive interests).
- You must leave the room when the item in which you have an interest is being discussed. You cannot stay in the meeting room or public gallery whilst discussion of the item takes place and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision.
- If you have, however, obtained dispensation from the Monitoring Officer or Standards Committee you may remain in the room and participate in the meeting. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a pecuniary interest.

3. Do you have any other non-pecuniary interest on any matter on the agenda which is being considered at the meeting?

Health & Wellbeing Board

You will have 'other non-pecuniary interest' in a matter if:

- i. It relates to an external body that you have been appointed to as a Member or in another capacity; or
- ii. It relates to an organisation or individual which you have actively engaged in supporting.

4. If you have other non-pecuniary interest in an item on the agenda you must:

- i. Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you.
- ii. You may remain in the room, participate in any discussion or vote provided that contractual, financial, consent, permission or licence matters are not under consideration relating to the item in which you have an interest.
- iii. If you have an interest in a contractual, financial, consent, permission or licence matter under consideration, you must leave the room unless you have obtained a dispensation from the Monitoring Officer or Standards Committee. You cannot stay in the room or public gallery whilst discussion of the item takes place and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision. Where members of the public are allowed to make representations, or to give evidence or answer questions about the matter you may, with the permission of the meeting, speak on a matter then leave the room. Once you have finished making your representation, you must leave the room whilst the matter is being discussed.
- iv. If you have been granted dispensation, in accordance with the Council's dispensation procedure you may remain in the room. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a non pecuniary interest.

Further Information

Advice can be obtained from Suki Binjal, Interim Director of Legal, on 020 8356 6237 or email suki.binjal@hackney.gov.uk

Health & Wellbeing Board

Rights of Press and Public to Report on Meetings

Where a meeting of the Council and its committees are open to the public, the press and public are welcome to report on meetings of the Council and its committees, through any audio, visual or written methods and may use digital and social media providing they do not disturb the conduct of the meeting and providing that the person reporting or providing the commentary is present at the meeting.

Those wishing to film, photograph or audio record a meeting are asked to notify the Council's Monitoring Officer by noon on the day of the meeting, if possible, or any time prior to the start of the meeting or notify the Chair at the start of the meeting.

The Monitoring Officer, or the Chair of the meeting, may designate a set area from which all recording must take place at a meeting.

The Council will endeavour to provide reasonable space and seating to view, hear and record the meeting. If those intending to record a meeting require any other reasonable facilities, notice should be given to the Monitoring Officer in advance of the meeting and will only be provided if practicable to do so.

The Chair shall have discretion to regulate the behaviour of all those present recording a meeting in the interests of the efficient conduct of the meeting. Anyone acting in a disruptive manner may be required by the Chair to cease recording or may be excluded from the meeting. Disruptive behaviour may include: moving from any designated recording area; causing excessive noise; intrusive lighting; interrupting the meeting; or filming members of the public who have asked not to be filmed.

All those visually recording a meeting are requested to only focus on recording councillors, officers and the public who are directly involved in the conduct of the meeting. The Chair of the meeting will ask any members of the public present if they have objections to being visually recorded. Those visually recording a meeting are asked to respect the wishes of those who do not wish to be filmed or photographed. Failure by someone recording a meeting to respect the wishes of those who do not wish to be filmed and photographed may result in the Chair instructing them to cease recording or in their exclusion from the meeting.

If a meeting passes a motion to exclude the press and public then in order to consider confidential or exempt information, all recording must cease and all recording equipment must be removed from the meeting room. The press and public are not permitted to use any means which might enable them to see or hear the proceedings whilst they are excluded from a meeting and confidential or exempt information is under consideration.

Providing oral commentary during a meeting is not permitted.



FS 566728



MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD

WEDNESDAY, 6TH SEPTEMBER, 2017

Councillors Present: Cllr Jonathan McShane (Chair)

Deputy Mayor Anntoinette Bramble, Dr Penny Bevan, Paul Fleming, Tracey Fletcher, Alistair Wallace, Raj Radia, Laura Sharpe, Paul Haigh, Anne Canning

Officers in Attendance: Gareth wall (Head of Public Health), Miranda Ecles (Public Health Strategist), Helen Brock (Public Health Strategist), Peter Gray (Governance)

Also in Attendance: Malcolm Alexander (Hackney Healthwatch), Jon Williams (Hackney Healthwatch), Kevin Cleary (Chief Medical Officer)

1. Welcome and Introductions

1.1 The chair welcomed all those present and introductions were made.

2. Apologies for absence.

2.1 Apologies for absence were submitted on behalf of Dr Navina Evans and Dr Clare Highton.

3. Minutes of the Previous Meeting

3.1 The minutes were agreed as a correct record.

4. Declarations of Interest - Members to Declare as Appropriate

4.1 There were no declarations of interests.

5. Hackney Youth Council

5.1 Representatives of the Youth Council presented to the Board on issues around mental health for young people. They made reference to the stereotypes and challenges that surround the condition together with campaigning underway on this. It was considered that there was a lack of awareness around the realities of dealing with mental illness and that a number of people with the condition had to suffer in silence. It was considered that education would help to counteract this. In response to a question on what Hackney Council could do to help it was suggested that an open session on understanding mental health would be advantageous and that this could be held early in the school term. Penny Bevan asked about awareness of sexual health. Representatives considered that there was a need for education in the area of sexual

health and acknowledged that a single mistake could change a life. The Chair thanked the representatives from the Youth Parliament for their valuable contribution.

6. Community Voice

6.1 Emine told the Board of her experience as a smoker in the Turkish Community, including being unhappy and lonely. She told the Board that so many people smoked in her community. She, herself, had been smoking for 17 years until such time as she secured the help of a life coach in giving up smoking. In response to a question from Penny Bevan she told the Board that she had not been aware of the existence of smoking services in Hackney.

6.2 Jon Williams read out a statement from Ali on his experiences as a smoker in the Turkish community.

“When I was at the age of 14, I took out my first cigarette to smoke from the pocket left on the table at home. The main reasons of starting smoking were because of family problems I have been witnessing and smoking became a habit when I start living myself in my very early age, I like having friends around which were already smoking, as we spent more time together we were smoking to let the time fly. During that my first teen years I felt what is like to be lonely. When I was 14 everyone in my family were addicted to smoking. Cigarette packets all over the house. I had the mindset of a kid at the time and I thought all those excuses were more than enough to start. I became so addicted cigarettes were presented like a bowl full of sweets.

In my opinion on why men smokes covers a variety reasons and excuses. Firstly, they think it can be to prove his manhood. On the other hand too much responsibility because of being man and his workload might be too much. All those and financial pressures might be effective as well as they are not fond of themselves at those early ages and other emotional issues.... Also, as smoking becomes a lifestyle for the user, they start buying expensive well-advertised cigarettes to show their social status: as people around them smoke which can also be a reason of why they start. Unemployment making people lazy and hopeless that's can be another reason of starting smoking.

7. Annual Tobacco Strategy

7.1 Gareth Wall introduced the report on the Annual Tobacco Control Strategy. He told the Board that a Roadshow had been arranged to gather evidence to help inform the strategy. It was considered that there were links between smoking and other societal problems. He reported progress on creating no smoking areas within the Borough. He referred to the fact that there was an opportunity to try to target disguised mental health problems.

7.2 In response to a question Penny Bevan confirmed to the Board that there was no evidence that people who smoked e-cigarettes moved on to smoking tobacco.

7.3 The Board heard of concerns that there was a need to improve the focus of current work in this area in relation to minority communities. Raj Radia told the Board of the work carried out at Pharmacies in reaching out to minorities in regard to smoking, including employing Turkish speaking people. Miranda Eccles told the Board that 6-7 percent of smokers attend Hackney's smoking services. She confirmed that

many people did not wish to access the service and most smokers tried to give up on their own.

AGREED:

1. To agree the recommendations outlined in the report regarding the focus of the tobacco control work over the next 12 months and beyond.
2. That members review their own organisation's actions over the last 12 months regarding reducing smoking prevalence in the Borough.
3. To commit to a representative from each organisation attending the third the third tobacco control strategy workshop in 2018.
4. To endorse the action plan

8. Illegal Tobacco Control Road Show in June 2017

AGREED:

To note the report.

9. Smoke-Free Spaces Update

9.1 Tracy Fletcher told the Board that work was ongoing on making the area outside the Homerton into a smoke-free zone. Dr Kevin Cleary told the Board that the area around the East London Foundation Trust was now smoke-free. A trial of the use of e-cigarettes at the Trust was ongoing.

10. Alcohol Strategy Consultation

10.1 Gareth Wall and Helen Brock introduced the report on consultation on the draft alcohol strategy which set out the priorities for reducing alcohol related harm over the next three years. It identified four broad objectives:

- Encourage healthier drinking behaviours
- Commission appropriate and responsive treatment services
- Support families carers and young people affected by alcohol misuse
- Improve drinking environments

Focus groups, made up of community groups and other stakeholders were being consulted on the strategy. Members of the Board were asked to submit their views. Laura Sharpe confirmed that the strategy was being circulated to GP practices in the Borough. It was noted that a detailed action plan would be developed to support the delivery of the final version of the strategy. Helen Brock emphasised the importance of signposting in any alcohol strategy. Anne Canning asked about levels of drinking among children in the Borough and Helen Brock told the Board that 3 percent of respondent children and young people reported that they drank. The national figure in this regard was 6 percent.

AGREED:

To note that formal public consultation was underway until 9th October 2017 and that all are invited to submit comments on the full draft of the strategy through this process.

11. Pharmaceutical Needs Assessment

11.1 Penny Bevan introduced the report.

AGREED:

That approval to publish the final Pharmaceutical Needs Assessment be delegated to the Director of Public Health for the Borough of Hackney, and the final assessment provided for information to the Health and Wellbeing Board in April 2018.

12. East London Health and Care Partnership / STP

12.1 Paul Haigh introduced the report providing a further update to the Board on the development of the East London Health and Care Partnership and the NEL Sustainability and Transformation Plan.

AGREED:

To note the verbal update on the East London Health and Care Partnerships and the NEL STP.

13. Annual Public Health Report - For information

13.1 Penny Bevan introduced the report focussing on children and young people in the City of London and Hackney. She told the Board that Hackney had a significantly younger population than nationally, with 65,300 children and young people under 20 years old. Penny Bevan told the Board that the number of young people was forecast to rise by 6 % over the next five years. The Borough of Hackney had seen a decrease in deprived neighbourhoods and was now the 11th most deprived in the country. She referred to improving life opportunities and the importance of reducing health inequalities throughout a person's life in the Borough.

AGREED:

To note the Annual Report of the Director of Public Health.

14. Complaints Charter

13.1 Jon Williams introduced the report, informing the Board that LPC, CQC and the GP Confederation had signed up to the charter. The Chair thanked all concerned with the preparation of the complaints charter.

AGREED:

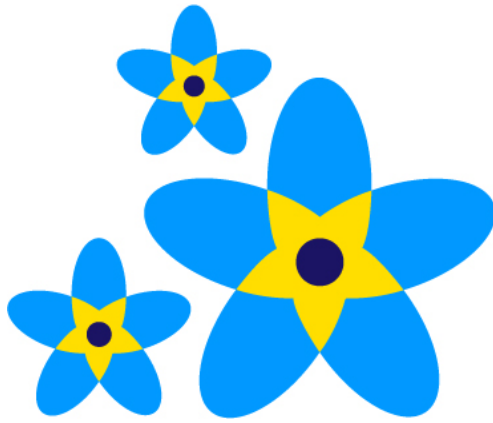
1. To adopt the Complaints Charter.
2. To publicise it on their websites, wards and waiting areas; and
3. To provide a copy of the Charter to patients and users within their Complaint pack.

4. To publicly launch the Charter in order to ensure that local people are aware of the aspirations that local health and social care bodies are committed to.

15. Date of next meeting - 1st November 2017

Duration of the meeting: 6pm – 8pm

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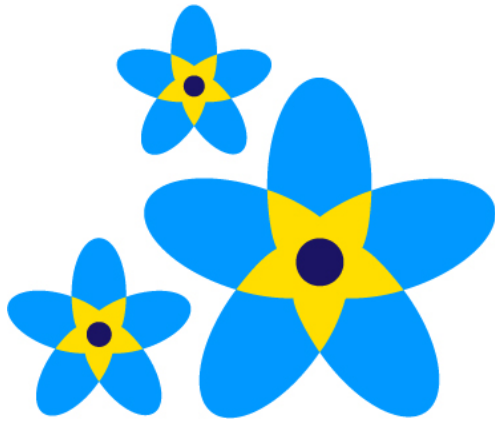


Working to become
**Dementia
 Friendly**
 2017-2018

Progress Report to Hackney Health and Well-being Board

Item No:	Date: 1 st November 2017
Subject:	Hackney Dementia Friendly Community
Report from:	Sandra Cater – Hackney Dementia Friendly Community Coordinator
Summary:	Since the last report to the HWB Board in (Jan 2017) the Hackney Dementia Action Alliance (HDAA) successfully met the criteria to work towards the London Borough of Hackney becoming a Dementia Friendly Community (May 2017). This report outlines how this was achieved, what is working well, what needs developing and next steps.
Recommendations:	To provide strategic endorsement and develop members’ organisational processes that support and promote the continuing growth and strength of Hackney as a Dementia Friendly Community.
Contacts:	Ms Sandra Cater sandra.cater@alzheimers.org.uk Councillor Yvonne Maxwell - yvonne.maxwell@hackney.gov.uk Ms Emma Higgins emma.higgins@homerton.nhs.uk

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Priorities	3and4
Achievements	3,4,5and 6
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Working to become Dementia Friendly 2017-2018

1. Definition and Background

Hackney Dementia Friendly Community is a social movement driven by the Hackney Dementia Action Alliance members from across all sectors striving to ensure that people affected by dementia are understood, respected and are confident that they can contribute to community life. In our dementia friendly community people will be aware and understand dementia, and people affected by dementia will feel included and involved. People with dementia in Hackney recently (community café conversation 20th October) described a dementia friendly community as “one where you feel welcomed in shops, safe on buses, and don’t feel silly to ask for help”.

The priorities/work-streams are:

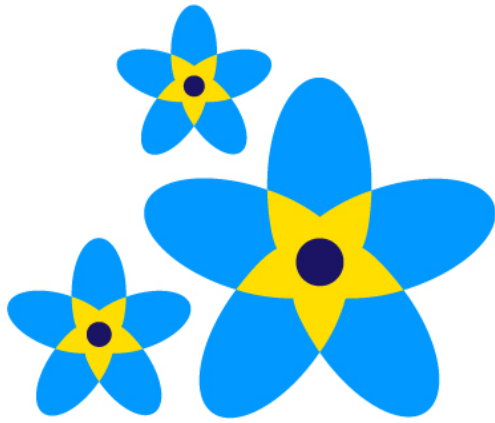
1. Health and Social Care
2. Housing (and Social Care)
3. Arts, Culture, and Recreation
4. Schools, education and young people
5. Transport
6. Businesses, shops, banks, post offices
7. Emergency services

2. People affected by Dementia’s Voice.

People affected by dementia are regularly contributing by supporting the Dementia Community Coordinator to identify dementia friendly local businesses, businesses that need support. A community conversation happen quarterly at the dementia café finding out more about what dementia friendly means in reality, what are the barriers to maintaining a social life?

The highlights from these conversations to date are:

- Community pharmacists are very dementia friendly – understanding, and providing person-centred service.
- Community transport availability and reliability, especially Dial-a-Ride is often a barrier, stopping people going out and getting involved, although individual drivers are dementia friendly.
- People attending community cafes and Singing for the Brain enjoy them and would like to see weekly cafes and a dementia-friendly specific venue in Hackney as the dementia journey progresses it is more challenging to attend “mainstream /generic” services.
- People affected by dementia in Hackney would benefit from more support/befriending time allocated to them, especially with regard to going out, respite for unpaid carers.



Working to become Dementia Friendly 2017-2018

3. Governance.

The Dementia Friendly Community Coordinator is a full-time post funded until June 2018 by the London Borough of Hackney and managed by the Alzheimer's Society.

Hackney Dementia Action Alliance Steering Group meets every two months to monitor progress, share ideas and influence decision making.

Work stream Task Groups have started to take forward the priorities and report back to the HDAA Steering Group and involve all members and supporters of the HDAA to deliver.

People affected by dementia informed, involved and engaged in working toward a Dementia Friendly Community. Monthly Newsletters to Dementia Adviser Service Users, coordinator is invited to carers groups and community cafes to gain feedback. A community conversation held on 20th October to inform tprogress.

4. Membership and Supporters.

The Hackney Dementia Action Alliance remains an important driver in developing Hackney as a Dementia Friendly Borough with a membership of 30 cross-sector organisations. Key to the success of our local Dementia Friendly Community is the buy-in and strong support at senior, decision making level of the member organisations locally and nationally. A good example of this is business and banking organisations such as Iceland, Tesco and HSBC who are signed up nationally cascading information down to local stores, and locally the London Borough of Hackney and the Homerton Hospital University Trust.

Our local model encourages Hackney Dementia Action Alliance members from each sector to network, encourage others from the sector to join, pool resources and achieve our goals; for example the Housing and Care sector working together to ensure that people with dementia experiences of moving in to supported housing or a care home is as straightforward as possible.

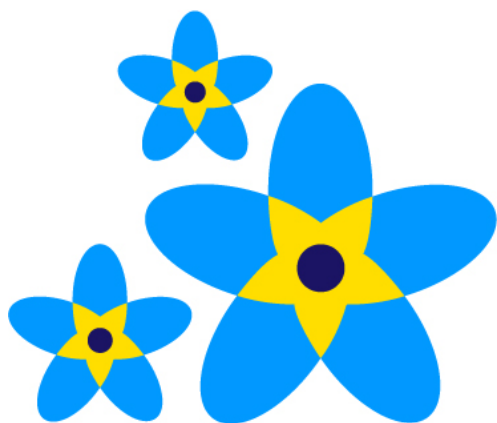
5. Priorities, actions and achievements:

5.1 Health and Social Care

All GP practices in Hackney are committed to becoming Dementia Friendly.

At the GP Confederation workshops in June 2017 representatives from all practices worked through case studies, strengthened links with their Dementia Advisers and agreed actions with The Dementia Friendly Community Coordinator to:

- Ensure their whole workforce become Dementia Friends
- That they ensure their practice environment is as dementia friendly as possible (using the Dementia Action Alliance Environmental Checklist).
- Identify a specific area for service improvement for people affected by dementia



Working to become Dementia Friendly 2017-2018

Nineteen GP practices are taking part in a Hackney Carers Centre project to display Dementia information on a designated noticeboard.

All community pharmacists in Hackney are Dementia Friends and participate in raising awareness events, providing medicines delivery and review service for people affected.

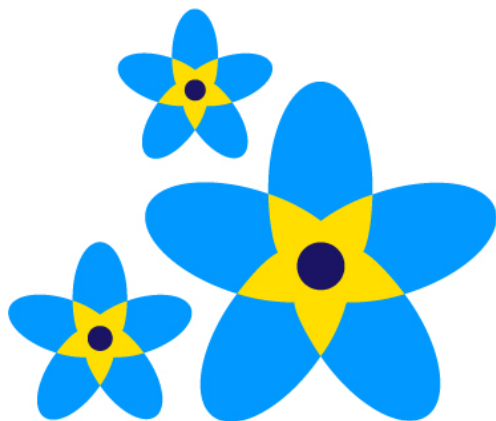
Homerton University Hospital Trust continues to improve services and activities for patients in their care and people affected by dementia and are an active member of the HDAA.

Hackney HealthWatch are collecting service users and people affected by dementia's experiences, comments and criticisms.

- **Housing (and Social Care)**

The aim of this HDAA members' group is to work with people affected by dementia to learn more about what makes the place where they live dementia friendly. At their meeting on 2nd August it was agreed to

- develop a Hackney housing /built environment network /virtual network to influence design, members communicating by email so far.
- look at design of new builds to enable people to live at home for as long as possible
- ensure all staff have dementia friends information sessions.
- to utilise community library resources
- raise awareness re housing officers, TMOs, TRAs – aware of signs to look for and identify people who may be coming to their attention such as not paying rent, issues with their neighbours etc.



Working to become Dementia Friendly 2017-2018

- **Arts, Culture, and Recreation**

Hackney has a diverse and vibrant arts, culture, leisure and recreation sector reflecting the communities it serves. There is already a commitment by the majority of provider organisations in this sector to be inclusive of people affected by dementia in Hackney. They will support, influence and benefit the other priority areas working towards a dementia friendly community.

The Arts, Culture and Recreation HDAA Members Group are leading on this:

- to recruit all local arts, culture, leisure and recreation organisations in Hackney to be members of HDAA and develop in to a strong dementia -friendly sector network by December 2017.
- to hold a LBH Dementia Friendly Arts, Culture and Recreation Festival in Dementia Awareness Week 2018, (planning commenced September 2017).

For volunteers to be trained up in January 2017 to interview at least 20 local people affected by dementia to hear their experiences of the arts, culture and leisure services in Hackney including feedback from the Festival (A local volunteer film maker is available to record these experiences).

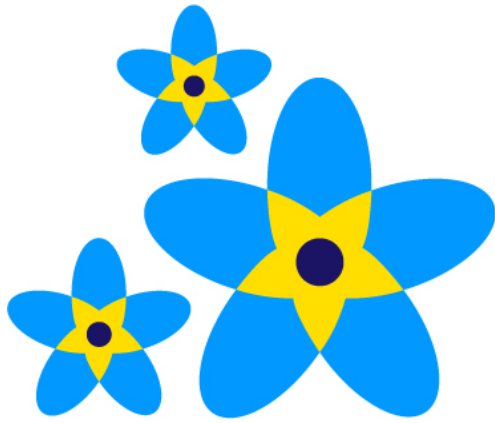
- **Schools, education and young people**

An HDAA members Group has not been set up for this sector as yet. The DFC contacted all heads of sixth form in May 2017 and has provided information materials to all Sixth Form Heads for them to utilise in PSHE lessons and Assembly.

So far 4 secondary schools in Hackney are engaging and have received Dementia Awareness Key Stage 12 and 13 assembly talks. Our Lady Convent School in Stamford Hill are signed up to becoming a Dementia Friendly School and are making links with local care homes and people affected by Dementia. Petchey Academy, Lower Clapton Girls and Skinners are also getting involved from November onwards.

- **Transport**

For people affected by dementia to receive friendly travel services and for them to report an improvement in services is key to Hackney being a Dementia Friendly Community. The sector membership group is working with TfL, Hackney Community Transport Team and Aviva to ensure all bus drivers in Hackney receive Dementia-Friendly sessions, and Dementia Friendly Champions identified. So far half of the HCT workforce is Dementia Friends with more sessions booked for November.



Working to become Dementia Friendly 2017-2018

- **Businesses, shops, banks, post offices**

Iceland, Marks and Spencer's, Tesco, Barclays Bank and HSBC in Hackney are all signed up to being dementia friendly, with all staff being Dementia Friends, personal shoppers/banking support available for people who request it. A decline in the number of high street banks has been noted by people affected by dementia.

This sector members group is hosting the December HDAA meeting.

A "High St blitz" of Mare St and Kingsland Shopping Centre are planned for April 2018.

- **Emergency services**

All Fire Brigade personnel in Hackney have attended Dementia Friends sessions (June-September 2017) and have strengthened links with local care homes, supported housing and publicised Home Fire Safety checks at local Dementia Café.

All Ambulance personnel working in Hackney have received Dementia Friends training and two of them went on to become Dementia Friends Champions.

The local police team are in the process of confirming dates for Dementia Friends sessions and rolling out the Herbert Protocol.

General Dementia Friendly Community information:

Since March 2017, 560 new Dementia Friends have been made in Hackney, the majority of them work for the London Borough of Hackney, local emergency services and local businesses. There are 10 new Dementia Friends Champions in Hackney recruited from the Dementia Friends sessions, two are Turkish/Kurdish speakers, and one is a BSL interpreter.

6. Next Steps:

November 2017 HDAA - meeting to monitor progress, plan December Members Meeting and project manage Festival 2018.

December 2017 - London Borough of Hackney to join HDAA as an organisation, motion to full Council

Continue to increase HDAA membership and raise profile of Dementia Friendly Community.

Increase people affected by dementia's involvement in all aspects of working towards a Dementia Friendly Community.

Report to Hackney Health and Wellbeing Board

Item No:		Date:	1st November 2017
Subject:	City and Hackney Safeguarding Adults Board Annual Report 2016/17		
Report From:	Dr Adi Cooper, Independent Chair City & Hackney Safeguarding Adults Board		
Summary:	This report provides an assessment of the key developments in local multi-agency adult safeguarding activities in 2016/2017 in the City of London and London Borough of Hackney. This is presented as a partnership document. It is representative of the work carried out by statutory and other agencies to realise the vision of the City and Hackney Safeguarding Adults Board, to assist people to live free from harm in communities that are intolerant of abuse, working together to prevent abuse and know what to do when it happens.		
Recommendations:	That the Hackney Health and Wellbeing Board: Is aware of the accomplishments of the City and Hackney Safeguarding Adults Board (CHSAB) during 2016/17.		
Contacts:	Dr Adi Cooper, Independent Chair Melba Gomes, CHSAB Manager, Melba.Gomes@hackney.gov.uk , 020 8356 7338		

1. Introduction

- 1.1 The London Borough of Hackney and the City of London have diverse, vibrant communities, with many organisations and individuals not only providing effective adult safeguarding, but also committed to the Safeguarding Adults Board and the partnership it represents. The City and Hackney Safeguarding Adults Board is a multi-agency partnership of statutory and non-statutory stakeholders, including the City and Hackney Clinical Commissioning Group, Metropolitan Police, East London Foundation Trust, London Fire Brigade, the Homerton NHS Foundation Trust, Housing, Providers and the Hackney Council for Voluntary Services. This report sets out an appraisal of safeguarding adults activity of those agencies across the City of London and Hackney boroughs in 2016/2017.
- 1.2 The Care Act sets out a clear statutory framework for how local authorities and other key partners, such as care providers, health services, housing providers and criminal justice agencies, should work together to protect an adult's right to live in safety, free from abuse and neglect. It introduces new safeguarding duties for local authorities including: leading a multi-agency local adult safeguarding system; making or causing enquiries to be made where there is a safeguarding concern; carrying out Safeguarding Adults Reviews; arranging for the provision of independent advocates; and hosting Safeguarding Adults Boards.
- 1.3 In setting out a statutory requirement for Safeguarding Adults Boards for the first time, the Care Act establishes three core duties for those Boards: The Board must:
 - a) Publish a strategic plan for each financial year that sets out how it will meet its main objectives and what the members will do to achieve this.
 - b) Conduct any Safeguarding Adults Reviews as may be required.
 - c) Publish an annual report detailing what the SAB has done during the year to achieve our main objectives and implement its strategic plan.

This annual report is provided in line with this requirement.

2. Key Achievements

- 2.1. In line with its strategy, key achievements for the Board in 2016/2017 include:
- 2.2. Following the presentation by Detective Inspector Phil Brewer on Modern Slavery in the previous year, each partner identified a lead for Modern Slavery. A policy was adopted which provided guidance on how to work with child and adult victims
- 2.3. The Board has maintained an interest in the Children's and Community Safety Partnership agenda.

- 2.4. Arising from findings from a SAR, the 'self-neglect policy' was reviewed and improved. Included in this review was the review of the Community MARAC, which included recommendations to redefine it as a 'High risk panel' to avoid confusion with domestic abuse, and to lower the threshold for referral, in line with the principle of prevention of abuse and neglect. A multi-agency file audit was instigated, which focused on the theme of self-neglect, and priorities for improvement identified by SARs.
- 2.5. In response to the findings of a SAR, the CHSAB commissioned a report and best practice guide for supported housing service providers on sexuality, consent and sexual relations when working with older people.
- 2.6. An escalation protocol was produced to provide a process for partner agencies to resolve, or escalate for resolution, professional disagreements regarding the actions, inactions or decisions of another partner agency in exercising its responsibilities.
- 2.7. To prevent cases that would be appropriate for consideration under the SAR protocol from slipping through the net and improve understanding, a referral process was agreed, circulated in all agencies and disseminated to staff.
- 2.8. The CHSAB funded an assurance tool for grant giving services to ensure that the organisations that they fund have suitable adult safeguarding policies and procedures, and a toolkit to support voluntary organisations to develop safeguarding policies. Safeguarding awareness training was made available to the voluntary sector. The Board has recognised the need to identify and support safeguarding champions in the voluntary sector.
- 2.9. The CHSAB funded training to build staff competence and to increase knowledge in particular areas of practice to prevent recurrence of issues identified in the SARs.
- 2.10. The collection and presentation of appropriate data on safeguarding activity and trends were reviewed and revised to inform the CHSAB works.
- 2.11. In line with good practice stipulated in the Care Act 2014 and further amplified in the Multi Agency Pan London Policy and Procedures, a representative of local Housing organisations was invited to join the CHSAB.
- 2.12. In response to the absence of representation from the Care and Support services on the Board, as identified by this group themselves, members of the adult social care Provider Forum elected a representative to join the CHSAB.
- 2.13. Partners of the CHSAB and the Chair have visited community groups to engage with the wider community on safeguarding issues. It has agreed a SAR communication strategy and is working on a model for user engagement.
- 2.14. Members of Board have audited themselves to identify where they need to make improvements in adult safeguarding and have created action plans to address the deficits

3. Safeguarding Adult Reviews

- 3.1. During this year 4 Safeguarding Adult Reviews were completed. While each SAR has identified specific issues for learning, there are some shared themes for learning i.e. the need for:
- a) Effective working together arrangements across agencies
 - b) Coordinated working together on a case with one agency taking the lead, including effective communication between all parties
 - c) Thorough risk assessment and risk management
 - d) Shared ownership of risk
 - e) Understanding of the Mental Capacity Act and its application

All four SARs from previous years were completed during 2016/17. The Board noted that these have taken some time to complete. Various processes were used to complete the SARs and it is becoming clearer about the way forward to ensure timely completion of SARs to improve learning and impact. The Board has agreed a series of events during 2017/18 to promote learning from the SARs.

4. Highlights form 2016-17 Data

- 4.1. The number of safeguarding adult concerns raised almost doubled this year, compared to the previous year, 2015/16. 508 of the 1261 concerns were progressed as Section 42 enquiries¹. This increase in Section 42 enquiries relates to a consistent application of safeguarding guidance. The biggest category of abuse remains neglect and acts of omission, followed closely by financial and material abuse, then by physical abuse. Neglect and omission was the largest category of abuse in people's own home, while physical abuse was the highest category in hospitals and care homes. Financial and material abuse was the main category in other settings.
- 4.2. Asian/Asian British is under represented in safeguarding where cases progressed to Section 42 enquiries. As per the Office of National Statistics Asian/Asian British Population makes up 11% of the population of Hackney and have had 5% of cases taken forward to Section 42 Enquiries. In relation to all other ethnic groups, Section 42 enquiries have been in line or above the average as per the population profile of Hackney residents.

People of Islamic faith are under represented i.e. whereas 14% of the population of Hackney are people of this faith, only 5% of people involved in the Section 42 enquiries were people of Islamic faith. Taking into account that Asian/Asian British have low representation (as stated earlier), it is worth noting that there

¹ A section 42 enquiry is undertaken according to Chapter 14 of the Care and Support Statutory Guidance (Department of Health, updated February 2016), sometimes referred to as 'a formal safeguarding enquiry', 'section 42' or a 's.42'.

were very low level of Section 42 enquiries involving people of Sikh, Buddhist and Hindu faith.

- 4.3. The data showed that 1 person was subject to 4 Section 42 enquiries, 13 were subject to 3 such enquiries and 45 people had had 2 Section 42 enquiries during 2016/17. This data where more than two Section 42 enquiries were pursued warrants further investigation to understand the reasons for repeat enquiries in order to refine practice and this will be undertaken.
- 4.4. During 2016/17, 69% of people whose safeguarding concerns were progressed as Section 42 safeguarding enquiries were asked and expressed their desired outcomes. 92% had their outcomes fully or partially achieved.
- 4.5. In 2016/17 there were 804 applications for DoLS, an increase from 682 applications in 2015/16, and 344 in 2014/15. This continues the pattern of a radically increased DoLS workload each year since the Supreme Court's judgment in the "Cheshire West" case in March 2014. By comparison, there were only 23 applications for DoLS 2013/14, of which 13 were approved

5. Priorities for 2017/18

1. We will continue to raise awareness
2. We want to engage with service users to get feedback
3. We aim to make services personal
4. We will meet our duties to commission safeguarding adult reviews and improve services in line with learning gained including through commissioning relevant training
5. We evaluate improvements through multi-agency case file audits and self-audits
6. We will promote advocacy to support people
7. We are aiming to devise a prevention and early intervention protocol
8. We will gather appropriate data to provide reassurance and improve service

6. Financial Contributions

- 6.1. The partnership funds the Board

7. Legal Considerations

- 7.1. The Care Act establishes three core duties for Safeguarding Boards: The Board must:
 - 1) Publish a strategic plan for each financial year that sets out how it will meet its main objectives and what the members will do to achieve this. The plan needs to be developed with local community involvement and in consultation with local Healthwatch organisations.
 - 2) Conduct any Safeguarding Adults Reviews as may be required.

- 3) Publish an annual report detailing what the SAB has done during the year to achieve our main objectives and implement its strategic plan.

8. Equality Impact Assessment

- 8.1. The Report highlights equality considerations in terms of the ethnicity, age, and gender and disability status of people about whom a safeguarding concern has been reported to the statutory agencies.

CHSAB Annual Report 2016 – 2017

People should be able to live a life free from harm in communities that are intolerant of abuse, work together to prevent abuse and know what to do when it happens





London Ambulance Service
NHS Trust

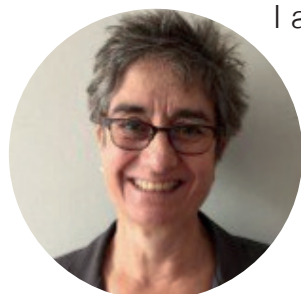


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Message from the Independent Chair



I am very pleased to introduce the Annual Report for the City and Hackney Safeguarding Adults Board 2016/17. As the Independent Chair of the Board, I continue to be very grateful to all partners for their contributions to the Board, and their ongoing support. The partnership has continued to grow and develop, as reflected in this annual report.

We have been looking at the patterns in safeguarding activity to inform our priorities for improvement. We have looked at cases where people have died and Safeguarding Adults Reviews were undertaken to understand what happened. We want to learn from these terrible circumstances how we can work together to improve processes, systems and practice and therefore the better support and protect people who may experience abuse or neglect (see page 23).

We continue to work on raising awareness of safeguarding in City and Hackney's communities, which is so fundamental to ensuring people can protect themselves and seek help and support when needed. We continue to address the newer areas of safeguarding activity, included in the Care Act 2014, for example how we can support children and adults who might be victims of modern slavery.

This annual report is important because it shows what the Board aimed to achieve during 2016/17 and what we have been able to achieve. It shows that we have an ambitious agenda on behalf of the residents of City and Hackney. Most of the tasks were completed during the year, which shows how we are progressing. The annual report provides a picture of who is safeguarded in City and Hackney, in what circumstances and why. This helps us to know what we should be focussing on for the future. It includes the Delivery Plan for 2017/18, which says what we want to achieve during the next year. In particular I am mindful that the joint work on fire safety and vulnerable adults started with the learning from Safeguarding Adults Reviews, will be expanded in the light of recent horrific events at Grenfell Tower.

I am very mindful of the pressures on partners in terms of resources and capacity, so want to thank all partners and those who have engaged in the work of the Board, for their considerable time and effort. In this context, we understand the absence of a contribution to this annual report from the London Fire Brigade, who continue to be committed partners of the Board.

I know that there is a great deal that we need to do and want to do to reduce the risks of abuse and neglect in our communities and support people who

are most vulnerable to these risks. This is a journey that we are all making together, and I look forward to chairing the partnership in the next year to continue this journey.

**Dr Adi Cooper OBE,
Independent Chair City and
Hackney Safeguarding Adults Board**

City & Hackney Safeguarding Adults Board (CHSAB)

Who Are We?

The City & Hackney Safeguarding Adults Board (CHSAB) is the statutory board for the City and Hackney and is a partnership of statutory and non-statutory organisations, representing health, care and support providers and the people who use those services across the City of London and the London Borough of Hackney.

The work of the Board is driven by its vision, that in the City and Hackney:

People should be able to live a life free from harm in communities that are intolerant of abuse, work together to prevent abuse and know what to do when it happens

The main objective for the Board, to achieve this vision, is to assure itself that effective local adult safeguarding arrangements are in place and that all partners act to help and protect people with care and support needs in the City and Hackney.

The CHSAB has three core duties under the Care Act 2014 that it must fulfil in achieving its main objective:

- Develop and publish a Strategic Plan setting out how it will meet its objective and how its partners will contribute to this;
- Publish an Annual Report detailing how effective their work has been; and
- Commission Safeguarding Adults Reviews (SARS) for any cases that meet the criteria for these reviews.

This Annual Report sets out:

- How effective the CHSAB has been over the 2016/17 year;
- What we have accomplished in relation to the Boards Strategic Plan for 2016/17;
- The Boards Strategic plan for 2017/18;
- Details of the SARS that the board has commissioned; and

How its partners have contributed to the work of the Board to promote effective adult safeguarding.

Our Principles

Public consultation, undertaken during 2015/16, agreed that four principles should underpin our 5-year strategy. These principles are:

- + **All of our learning will be shared**
- + **We will promote a fair and open culture**
- + **We will understand the complexity of local safeguarding needs**
- + **The skill base of our staff will be continuously improving**

Governance

The CHSAB partnership consists of representation from:

- **City of London Corporation**
- **London Borough of Hackney**
- **City and Hackney Clinical Commissioning Group**
- **East London NHS Foundation Trust**
- **Homerton University Hospital NHS Foundation Trust**
- **City & Hackney Older People Reference Group**
- **Metropolitan Police Service (Hackney)**
- **London Fire Brigade**
- **London Ambulance Service**
- **Care Quality Commission**
- **Barts Health NHS Trust**
- **National Probation Service**
- **Housing Providers**
- **City of London Healthwatch**
- **Hackney Healthwatch**
- **City of London Police**
- **Hackney CVS**

Dr Adi Cooper was the independent chair of the Board during 2016-2017.

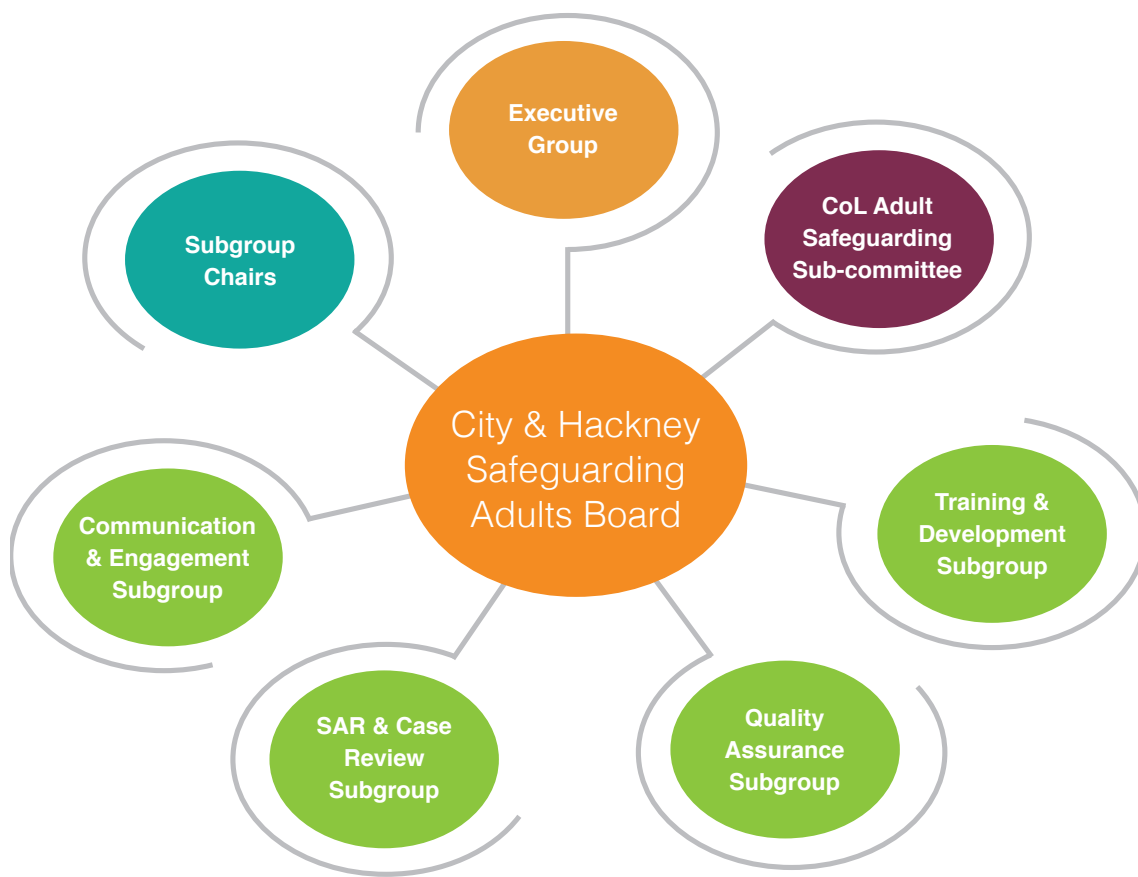
The full CHSAB partnership meets quarterly, and arranges extra meetings when required

The CHSAB Executive Group supports the work of the CHSAB. This Group consists of senior managers from some of the key partner agencies of the Board. The Executive Group meets regularly in between the full CHSAB's quarterly sessions and is also chaired by Dr Cooper. It serves as a link between the sub groups and the Board to support the CHSAB to run effectively.

The City of London Adult Safeguarding Sub-Committee consists specifically of agencies working in the Square Mile. The Sub-Committee provides a clear recognition of and focus on safeguarding arrangements in the City, enables communication with the full CHSAB and is a means of developing a City-focused adult safeguarding in line with the CHSAB’s priorities. Dr Cooper who is the chair of the CHSAB also chairs this Sub-Committee.

The CHSAB has established a number of multi-agency subgroups to help it deliver on its objective and annual priorities. These are considered in more detail the ‘2016-2017 - What We Have Done’ section below.

Our overall structure is illustrated below:



Our Strategic Links

The CHSAB has links with partnerships and boards also working with communities in the City of London and Hackney, including: the City and Hackney Children’s Safeguarding Board, Community Safety Partnerships; and Health and Wellbeing Boards. We have continued to develop our relationships with these local strategic bodies. This enables the Board to help ensure that local arrangements are working to support people with care and support needs who experience, or are at risk of, abuse and neglect.

Financial Arrangements

This year the CHSAB received total contributions of £164,138 from partners as listed below.

Income Received from Partners:	£
City of London Corporation	(25,000)
East London NHS Foundation Trust	(25,000)
Homerton University Hospital	(12,000)
NHS City and Hackney CCG	(11,750)
Metropolitan Police Authority	(5,000)
Barts and London NHS Trust	(5,000)
City of London Police	(3,000)
London Fire Brigade	(500)
City of London Corporation (FB)	(500)
LB Hackney	(76,388)
CHSAB Underspend 2015/16	(103,500)
Total Income:	(267,638)

CHSAB Expenditure:	£
Staff Related	97,444
External Training	12,677
Independent Chair	14,300
Misc. Expenditure	39,717
Other Planned	-
Total Expenditure	164,138
Net Position	(103,500)

Other partners were not able to make financial contributions but they have contributed with their time and commitment to the Board's work and by providing access to resources such as meeting venues, conferences, etc.

This year, the budget balanced with outgoings met by contributions. The Budget retains a reserve (including an underspend carried over from 2015/16).

Work of the CHSAB 2016/17

The CHSAB held four meetings and a development day during 2016/17. The development day focused on 'scamming'. It convened two additional meetings to consider the findings of two Safeguarding Adult Reviews (SARs) that had been commissioned in the previous years. It had a workshop to align its priorities with Making Safeguarding Personal (MSP) and the principles for safeguarding within the Care Act 2014, and a reflective session on what it achieved during the previous year, to inform its current priorities.

During this year:

- Following the presentation by Detective Inspector Phil Brewer on Modern Slavery in the previous year, each partner identified a lead for Modern Slavery. A policy was adopted which provided guidance on how to work with child and adult victims.
- Arising from findings from a SAR, the 'self-neglect policy' was reviewed and improved. Included in this review was the review of the Community MARAC, which included recommendations to redefine it as a 'High risk panel' to avoid confusion with domestic abuse, and to lower the threshold for referral, in line with the principle of prevention of abuse and neglect. A multi-agency file audit was instigated, which focused on the theme of self-neglect, and priorities for improvement identified by SARs.
- In response to the findings of a SAR, the CHSAB commissioned a report and best practice guide for supported housing service providers on sexuality, consent and sexual relations when working with older people.
- An escalation protocol was produced to provide a process for partner agencies to resolve, or escalate for resolution, professional disagreements regarding the actions, inactions or decisions of another partner agency in exercising its responsibilities.
- To prevent cases that would be appropriate for consideration under the SAR protocol from slipping through the net and improve understanding, a referral process was agreed, circulated in all agencies and disseminated to staff.
- The CHSAB funded an assurance tool for grant giving services to ensure that the organisations that they fund have suitable adult safeguarding policies and procedures, and a toolkit to support voluntary organisations to develop safeguarding policies. Safeguarding awareness training was made available to the voluntary sector. The Board has recognised the need to identify and support safeguarding champions in the voluntary sector.
- The CHSAB funded training to build staff competence and to increase

knowledge in particular areas of practice to prevent recurrence of issues identified in the SARs.

- The collection and presentation of appropriate data on safeguarding activity and trends were reviewed and revised to inform the CHSAB works.
- In line with good practice stipulated in the Care Act 2014 and further amplified in the Multi Agency Pan London Policy and Procedures, a representative of local Housing organisations was invited to join the CHSAB.
- In response to the absence of representation from the Care and Support services on the Board, as identified by this group themselves, members of the adult social care Provider Forum elected a representative to join the CHSAB.
- Partners of the CHSAB and the Chair have visited community groups to engage with the wider community on safeguarding issues. It has agreed a SAR communication strategy and is working on a model for user engagement.

Self-Audits

Partners of the CHSAB completed an audit of their organisations effectiveness in keeping people safe. They were candid in their self-appraisal and identified some good practice and improvements they needed to make. They demonstrated their commitment to the CHSAB and this is key to affecting change and improving safeguarding activities in the partner organisations. These organisational self-audits were used to inform the priorities for the Strategic Plan for 2017/18.

Joint Working

The Board is supported to have an overarching view of risk across the different areas through Adult Social Care attendance at Multiagency Risk Assessment Conference (MARAC), Multiagency Public Protection Arrangements (MAPPA), Violence against Women and Girls (VAWG) and the Anti-social Behaviour Risk Assessment Panel.

The Community MARAC in the City of London has adult social care representation and the Head of Safeguarding Adults chairs the multiagency High Risk Panel in Hackney.

A representative from Children's services attends the CHSAB. In 2017-18 this arrangement will be reciprocal. The Board was made aware of the 'Think Family approach and a briefing has been circulated to be disseminated to all staff to enable staff to work holistically.

The Board has been working with the Community Safety Partnership on the PREVENT agenda.

Continuous Development

This year the roles and composition of the CHSAB subgroups were consolidated to ensure that they continue to support the work of the Board and deliver on its annual strategic plan. Each subgroup reviewed its Terms of Reference in line with CHSAB's strategic priorities. The subgroups benefit from multi-agency representation, with

Subgroups

This year the roles and composition of the CHSAB subgroups were consolidated to ensure that they continue to support the work of the Board and deliver on its annual strategic plan. Each subgroup reviewed its Terms of Reference in line with CHSAB's strategic priorities. The subgroups benefit from multi-agency representation, with staff from statutory and non-statutory agencies attending and contributing to the work.

Communication & Engagement

The Communication & Engagement subgroup was tasked with the responsibility to devise a plan to engage with the wider community, community groups and users, in order to raise awareness of safeguarding adults and communicate their views to the Board. The group is in the process of producing a User Engagement Protocol that will identify the best way to ensure peoples' views are heard.

From reaching into the community and 'hard to reach' groups, the sub-group has identified that there is a need to further raise awareness and maintain safeguarding on the communities' agenda. It has proposed the training of safeguarding champions in local community groups, which is being explored. The group also devised a SAR Communication Strategy that has been ratified by the Board. It is overseeing the development of a website for the CHSAB.

Quality Assurance

The Quality Assurance subgroup role is to ensure that appropriate and timely quantitative data and qualitative information is available to the Board to consider and respond to where necessary. The core data includes: 1) The location of abuse; 2) groups more susceptible to abuse; 3) types of abuse; 4) timeliness of interventions by professionals; and 5) users satisfaction with interventions (MSP). This enables the Board to be informed of local adult safeguarding activity, trends and patterns that the intelligence may highlight, in order to effect early intervention or to prevent risk. As a result, during 2016/17, the City of London focussed on promoting awareness about financial abuse. Further development in data collection and presentation is expected to provide a comprehensive dashboard that has all safeguarding activity in Hackney and the City of London in one place. Activity captured is based on statutory data collection requirements, priority areas of learning from SARs, and includes data from partner organisations. The dashboard will be available to relevant

partners to access and will have up to date data at the point of logging in. The group was also tasked with creating a mechanism to assess the impact from learning from SARs on improving safeguarding practice, which it is developing. A multi-agency case file audit has commenced which will track cases through the safeguarding processes to assess practice against the themes of Making Safeguarding Personal, mental capacity, risk assessment and information sharing, focussing on self-neglect.

Training & Development

The Training & Development subgroup is responsible to ensure that people who work to safeguard people have the knowledge and expertise commensurate with the role they perform. It recognises that each statutory partner is guided by its own training requirements in relation to safeguarding adults, and that commissioned services are required as part of their contract to provide safeguarding training to its staff. It fills the gap to provide training that stems from the strategic priorities of the CHSAB, and to improve practice in relation to findings from SARs. This year it provided training on the following topics:

Safeguarding Adults: coercion and Emotional cbuse	Mental Capacity Assessment (MCA)
Safeguarding Adults: domestic violence	Deprivation of liberty safeguards (DoLS) awareness
Safeguarding Adults: modern slavery	MCA/DoLS/Safeguarding Adults for Managers
Safeguarding Adults: self neglect and hoarding	MCA/DoLS/Safeguarding Adults for staff
Safeguarding Adults Leads: non-statutory	SAR: Positive risk taking and Risk Management
SAM Training	SAR Models and Methodology
Safeguarding enquiries	

The group has submitted a request to the Board to develop competency standards for training and a training evaluation framework, which are being explored. It is also tasked with producing supervision standards regarding adult safeguarding. It has agreed to carry out an evaluation of training including content, quality, relevance and delivery, using a ‘mystery shopper’ process.

SAR & Case Review

The SAR & Case Review subgroup is the primary mechanism by which the CHSAB exercises its statutory duty to arrange a SAR when someone with care and support needs within its locality dies, as a result of abuse or neglect, whether known or suspected, and there is a concern that partner agencies could have worked more effectively together to protect the person. The subgroup is well established and during the course of the year has considered a number of SAR referrals and overseen several Reviews. The subgroup makes recommendations to the CHSAB Chair on when a statutory Review is required and when an alternative approach to identify learning is appropriate. The subgroup will monitor and report to the CHSAB on the development and implementation of multi-agency action plans that may flow from SARs to ensure that the learning from the Reviews has a meaningful and lasting impact on how services work with adults with care and support needs. This year it also was responsible for creating a protocol so that understanding of referrals for SARs was increased amongst frontline staff.

City of London Adult Safeguarding Committee

In line with the City of London's Safeguarding Adults strategic plan, work has been undertaken by the City of London Financial Abuse Task and Finish Group. A Data sharing agreement is being drawn up with key partners and stakeholders, including the police, trading standards, housing and commissioned advice service. Work has also been done on social isolation, which has been reported to the subgroup.

City of London is represented on all SAB sub groups, with the Assistant Director chairing the SAR sub group of the Board. A new performance digest including key safeguarding performance indicators will be fully reportable in 2017-2018, due to the recent appointment of a performance strategist.

Supporting the CHSAB

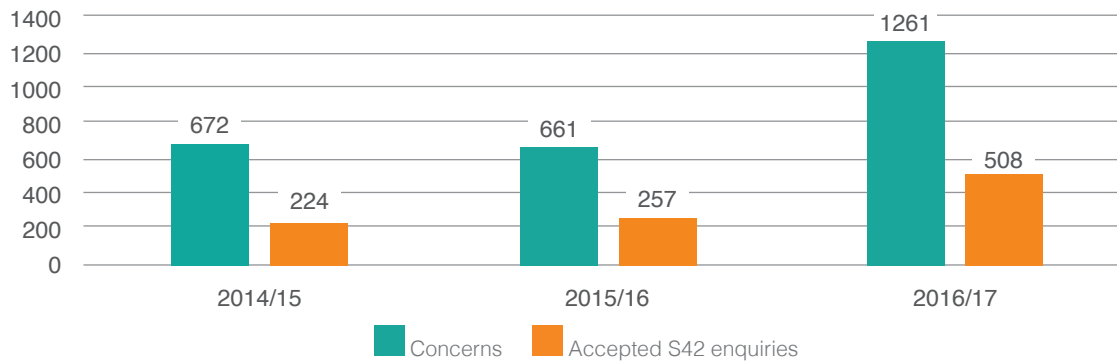
The CHSAB Business Support Team comprising of a full-time Board Manager and a full-time Business Support Officer has supported the work of the Board, ensuring that the business of the Board is managed in a timely and efficient manner.

Safeguarding Data

The safeguarding data for the year 2016-2017 is presented separately for the two authorities. City of London and Hackney submit annual statutory returns on safeguarding activity, known as the Safeguarding Adults Collection, and this is included in the data below.

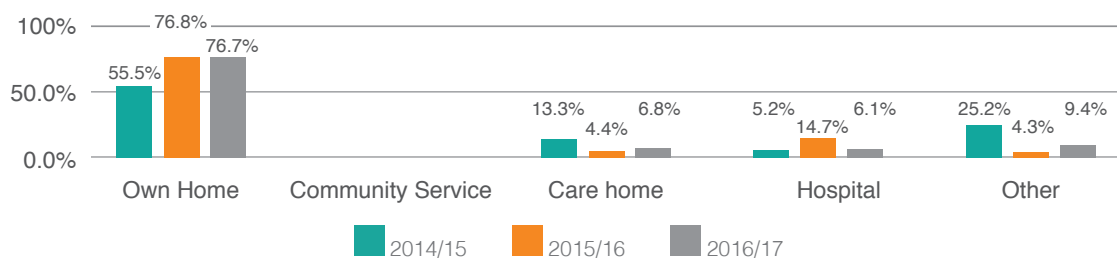
Safeguarding Data - London Borough of Hackney

Total number of Safeguarding concerns and Section 42 (S42) enquiries 2014 to 2017



The number of safeguarding adult concerns raised almost doubled this year, compared to the previous year, 2015/16. 508 of the 1261 concerns were progressed as S42 enquiries. This increase in Section 42 enquiries relates to a consistent application of safeguarding guidance

S42 Enquiries by type of abuse 2014 to 2017



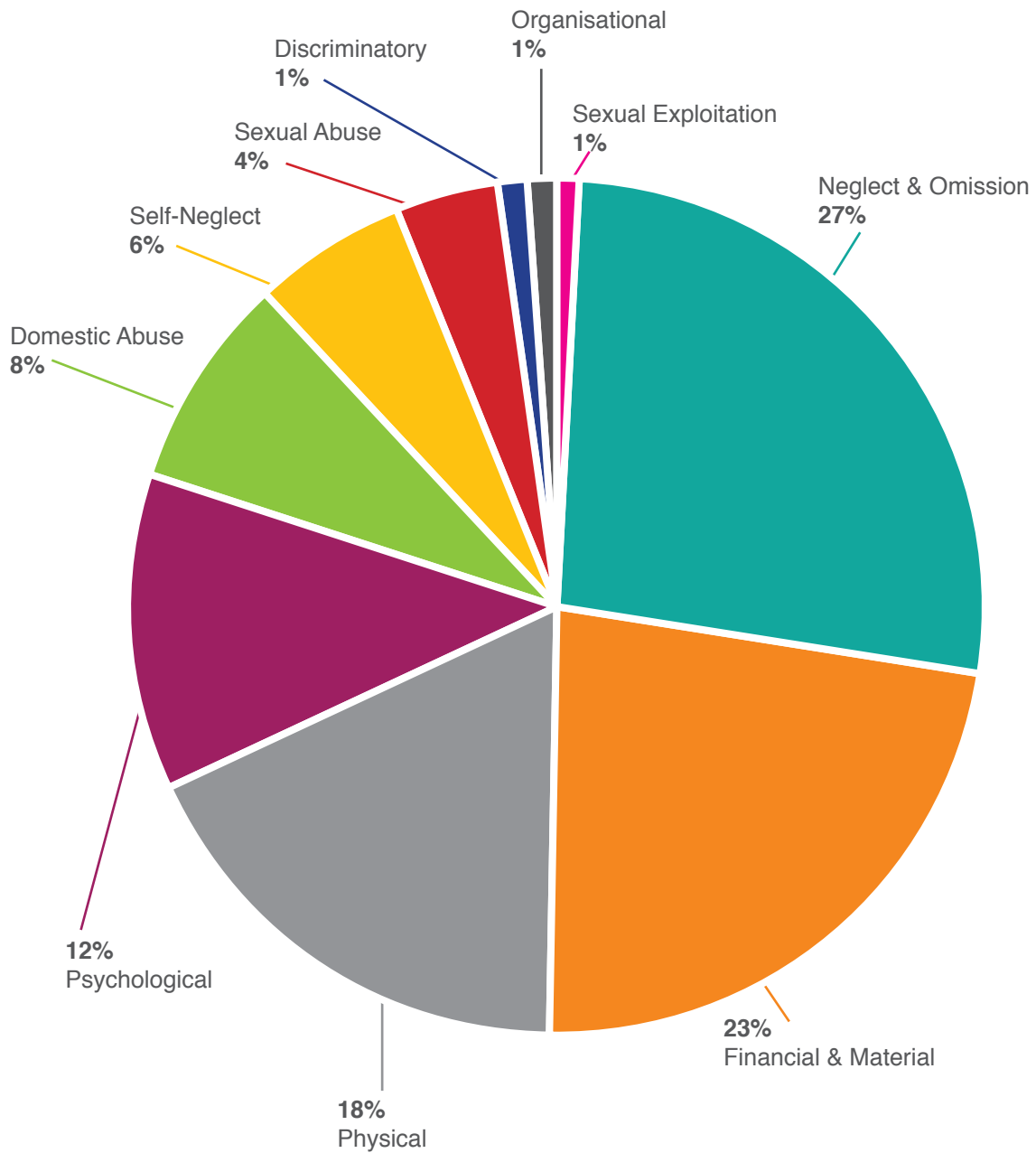
The data shows that most of the abuse happened in people’s own homes. That most abuse happens in people’s homes is in line with what is happening generally in similar authorities, as demonstrated by the comparator. (This comparator is a measure used by NHS Digital to report analysis data from

¹A s42 enquiry is undertaken according to Chapter 14 of the Care and Support Statutory Guidance (Department of Health, updated February 2016), sometimes referred to as ‘a formal safeguarding enquiry’. ‘section 42’ or a ‘s.42’.

the Safeguarding Adults Collection. Comparator groups are a selection of 15 councils considered to be similar to the chosen council. They are selected according to the Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbour Model, which identifies similarities between councils based on a range of socio-economic indicators). But abuse in the

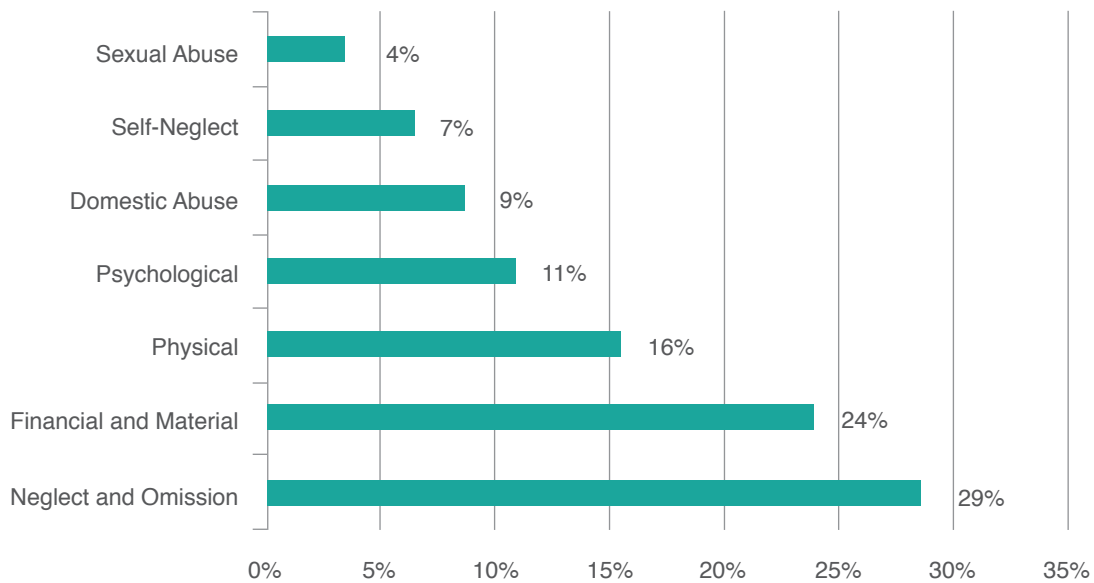
person's own home was 23% higher in Hackney than the other boroughs in the comparator in 2015/16. Whereas it looks like there has been a drop to less than 50% for enquiries in hospitals in 2016/17, the actual reduction in cases is 2. The levels of abuse in care homes is low due to the fact that there are a very small number of care homes in Hackney.

S42 by types of abuse

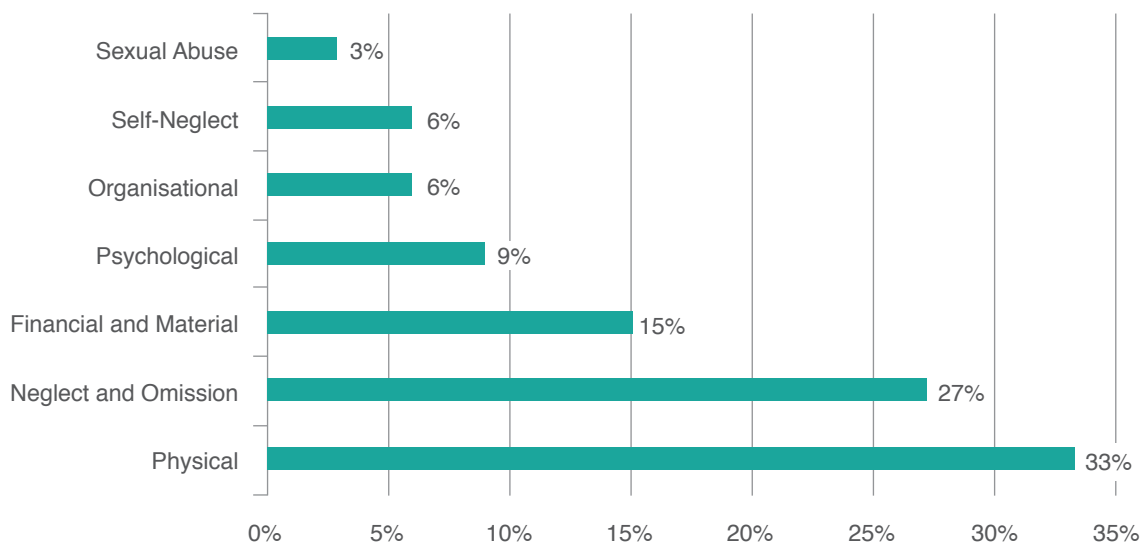


The biggest category of abuse remains neglect and acts of omission, this compares with other comparator authorities in 2015/16. This category is followed closely by financial and material abuse, then by physical abuse. Physical abuse rather than financial and material abuse was the second largest category in other comparator authorities.

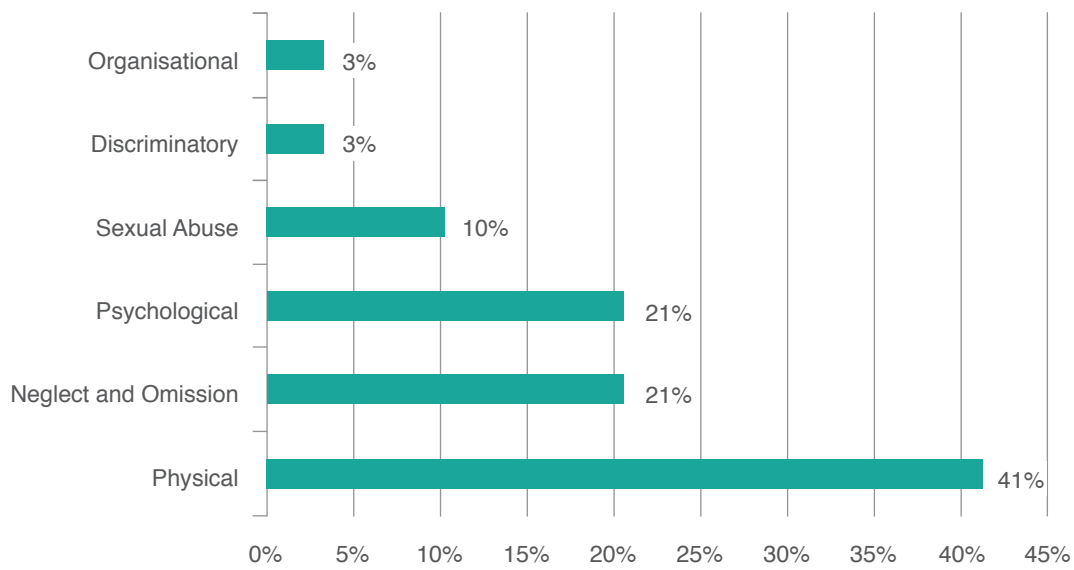
Proportion of types of abuse in own home 2016/17



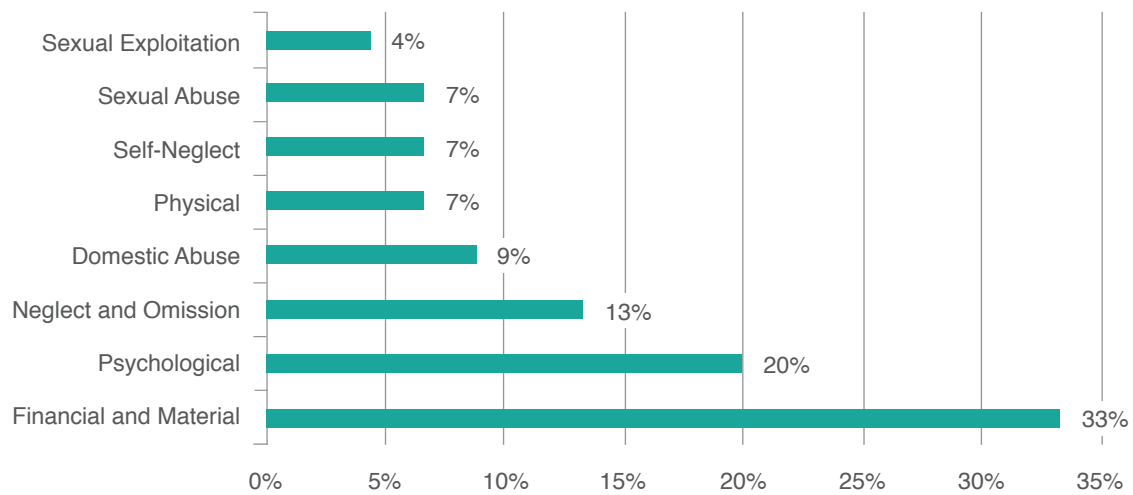
Proportion of types of abuse in care homes 2016/17



Proportion of types of abuse in hospitals 2016/17

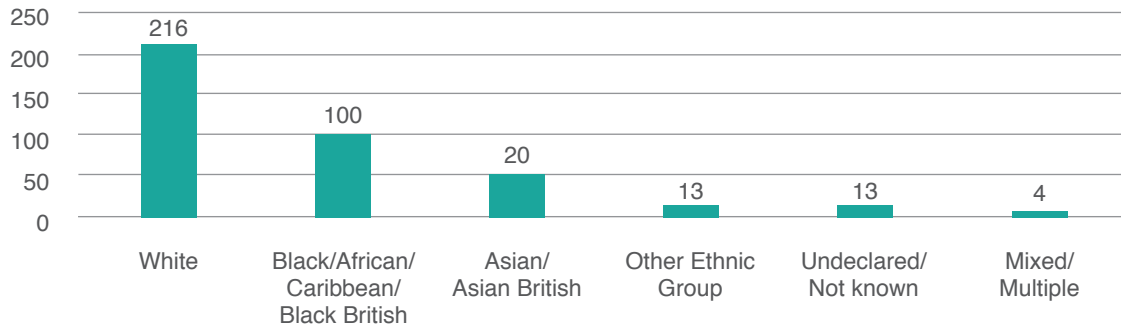


Proportion of types of abuse in other locations 2016/17



Neglect and omission was the largest category of abuse in people’s own home, while physical abuse was the highest category in hospitals and care homes. Financial and material abuse was the main category in other settings.

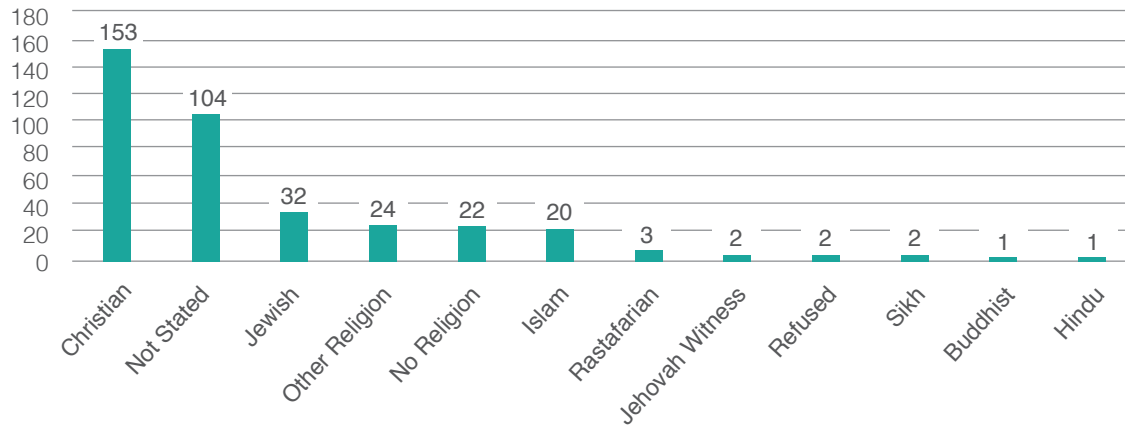
All S42 enquiries source of risk own home by ethnicity 2016/17



	White	Black/African/Caribbean/Black British	Asian/Asian British	Other Ethnic Group	Undeclared/Not known	Mixed/Multiple
Source of Risk in Own Home	56%	28%	6%	4%	4%	1%
Hackney Population (ONS 2015)	55%	23%	11%	5%		6%

The table above shows the ethnicity of people who were subject to S42 enquiries. Asian/Asian British is under represented in safeguarding where cases progressed to S42 enquiries. As per the Office of National Statistics Asian/Asian British Population makes up 11% of the population of Hackney and have had 5% of cases taken forward to S42 Enquiries. In relation to all other ethnic groups, S42 enquiries have been in line or above the average as per the population profile of Hackney residents.

All S42 enquiries source of risk own home by religion 2016/17



	Christian	Not started	Jewish	Other Religion	No Religion	Islam
Source of Risk in Own Home	42%	28%	9%	7%	6%	5%
Hackney Population (ONS 2015)	39%	10%	6%	1%	28%	14%

The tables above shows the religion, where available, of people who were involved in S42 enquiries. People of Islamic faith are under represented i.e. whereas 14% of the population of Hackney are people of this faith, only 5% of people involved in the S42 enquiries were people of Islamic faith. Taking into account that Asian/Asian British have low representation (as stated earlier), it is worth noting that there were very low level of S42 enquiries involving people of Sikh, Buddhist and Hindu faith.

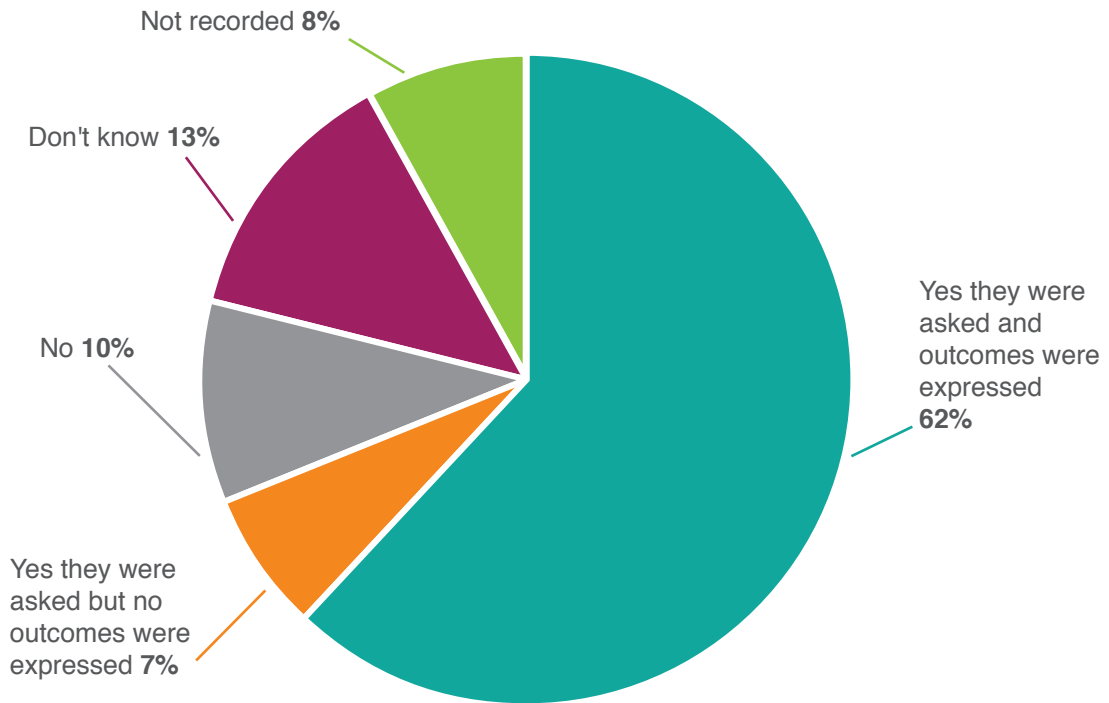
Repeated S42 Enquiries

The data showed that 1 person was subject to 4 Section 42 enquiries, 13 were subject to 3 such enquiries and 45 people had had 2 Section 42 enquiries during 2016/17. This data where more than two Section 42 enquiries were pursued warrants further investigation to understand the reasons for repeat enquiries in order to refine practice and this will be undertaken.

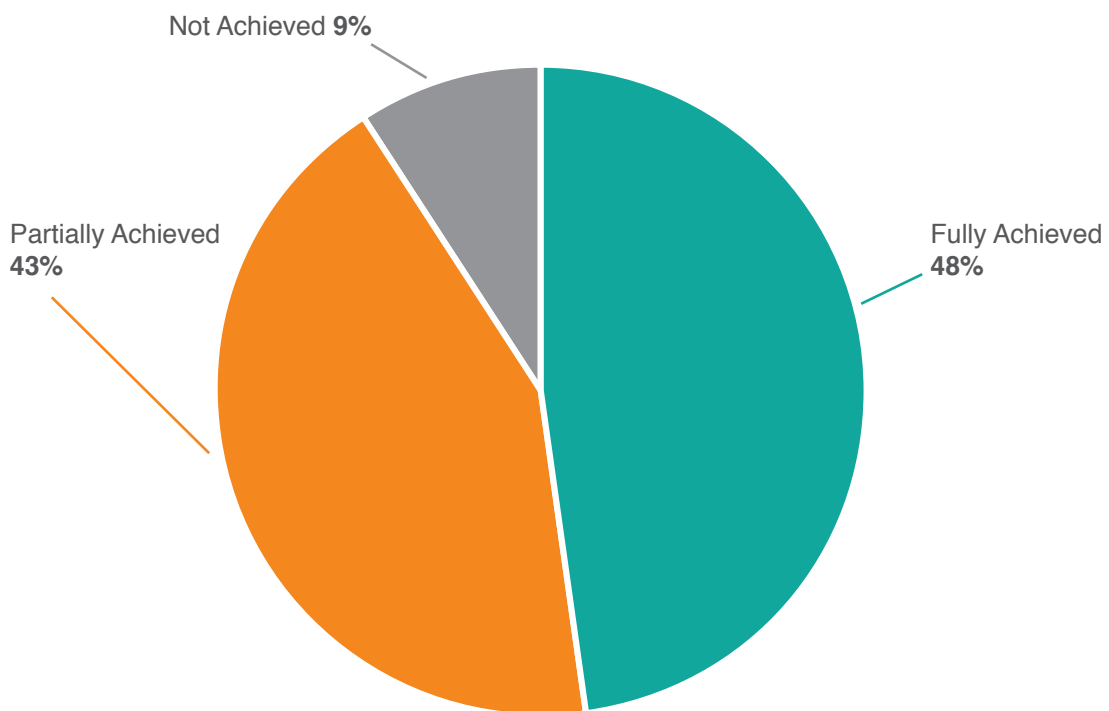
Making Safeguarding Personal

During 2016/17, 62% of people were asked about their desired outcomes and their outcomes were expressed where 'other safeguarding enquiries' were progressed. 91% of those who were asked had their outcomes achieved or partially achieved .

Making safeguarding personal outcomes for other safeguarding enquiries

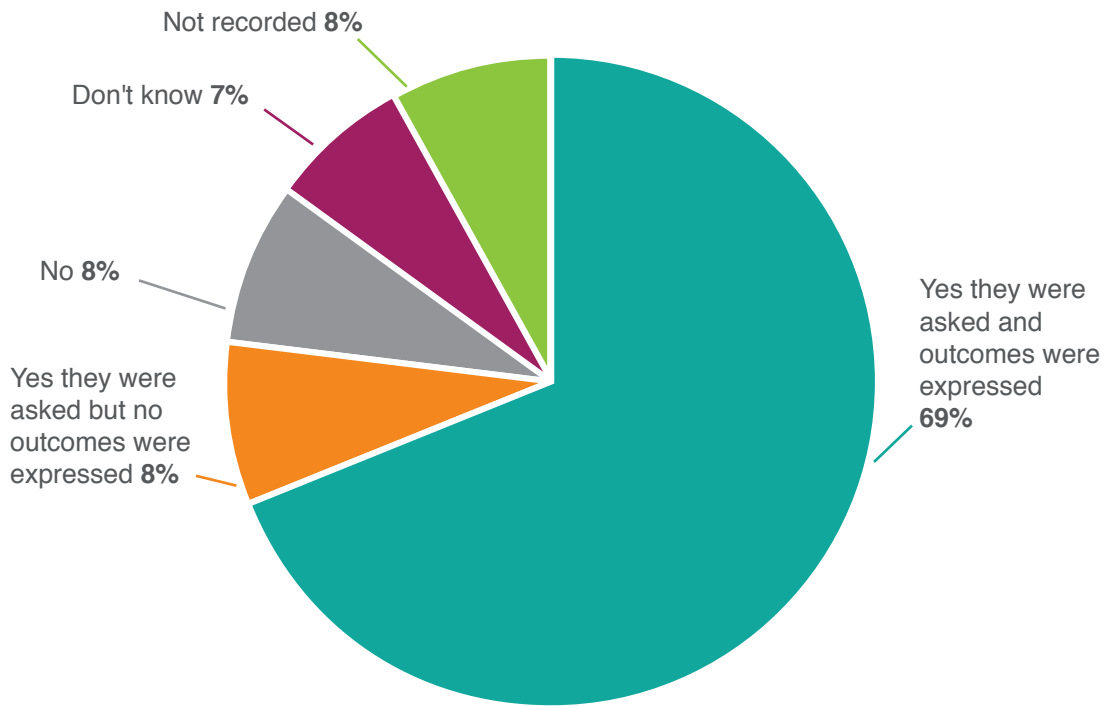


Desired outcomes of other enquiries where outcomes were asked and achieved

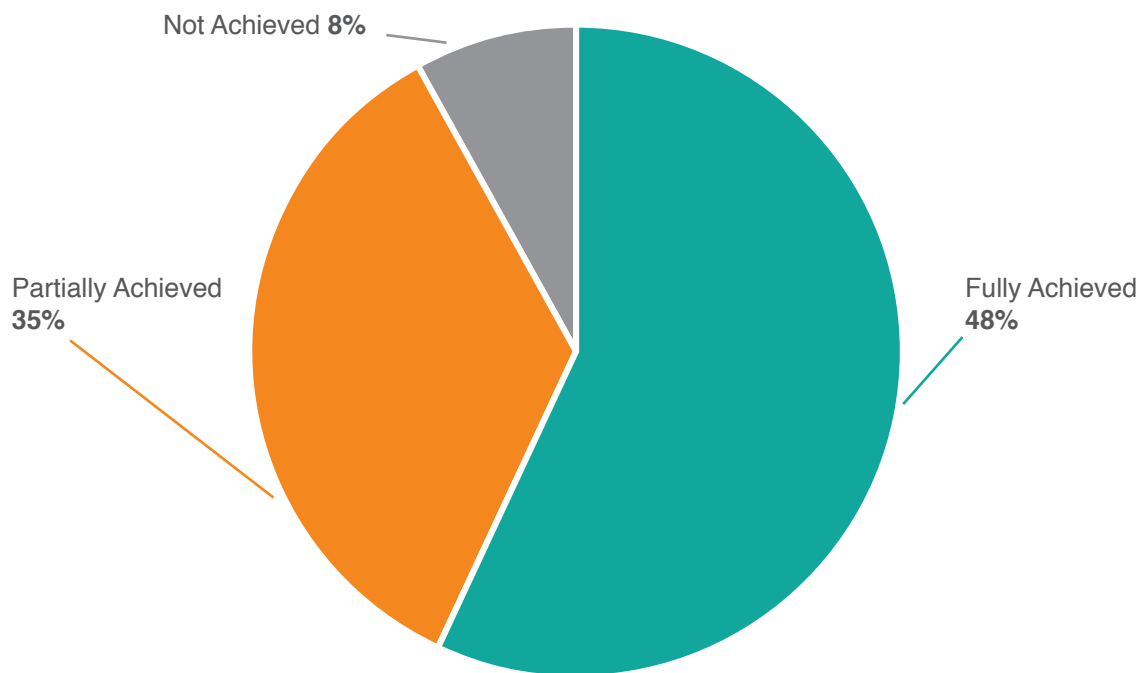


During 2016/17, 69% of people whose safeguarding concerns were progressed as S42 safeguarding enquiries were asked and expressed their desired outcomes. 92% had their outcomes fully or partially achieved.

Making Safeguarding personal outcomes for concluded S42 Safeguarding enquiries



Desired outcomes of concluded S42 enquiries where outcomes were asked and achieved



Other Key Improvements

Referrers informed us that we were not getting back to them to tell them what happened to the referrals they made. Due to additions to our data recording systems we are able to report on this item. The data shows that we have got back to 80% of referrers. This issue is being audited as part of the multi-agency file audit and we will be able to report more fully in the Annual Report for 2017/18

It had been highlighted that in Hackney there was a low usage of advocacy. In an audit of 20 cases where a person lacked capacity and was subject to safeguarding procedures, in 80% of cases the person had appropriate representation. Work is being carried out to improve the forms to prompt and ensure clarity for practitioners to report appropriately on advocacy.

Deprivation of Liberty Safeguards (DoLS)

In 2016/17 there were 804 applications for DoLS, an increase from 682 applications in 2015/16, and 344 in 2014/15. This continues the pattern of a radically increased DoLS workload each year since the Supreme Court's judgment in the "Cheshire West" case in March 2014. By comparison, there were only 23 applications for DoLS 2013/14, of which 13 were approved.

However, given the significantly broader awareness of the Deprivation of Liberty Safeguards amongst providers, including hospitals and residential homes, this is likely to be a plateau for the borough and creates the opportunity to devise a permanent approach to responding to the applications, whilst also increasing the number of applications made to the Court of Protection where a deprivation of liberty is occurring for somebody in a community setting, i.e. supported living, sheltered accommodation, shared lives, etc.

Safeguarding Data – City of London

The number of safeguarding concerns received from April 2016 to March 2017 was 29: 25 were within the City of London and 4 were outside the City. There has been a slight decrease in alerts raised this year: in comparison there were 34 alerts raised in 2015-2016, with 3 alerts regarding residents placed outside the City. Of the 25 City of London concerns, 13 were progressed to a S42 enquiry. The other concerns were diverted from the formal safeguarding process but support and care was provided in all cases. The highest category of risk was neglect and omission, followed by physical abuse and closely followed by financial abuse. 1 person was subject to domestic abuse. All people subject to the safeguarding process had their desired outcomes met.

Deprivation of Liberty Safeguards (DoLS)

The requests for authorisations for the Deprivation of Liberty Safeguards in the City of London has continually increased following the 'Cheshire West' judgement in 2014. However, it appears that they have begun to plateau. The

demand for DoLS is unpredictable as there can be an increase in the number of applications received if people are admitted to hospital.

There have been two DOLS cases in the Court of Protection this year, which illustrate the complexities of the Mental Capacity Act and Mental Health Act and the skilled management of rights and risks.

Reporting Period	Number of DOLS Requested	Number of DOLS Granted
2013 – 2014	Less than 5	Less than 5
2014 – 2015	13	12
2015 – 2016	34	29
2016 – 2017	39	29

Safeguarding Adults Reviews (SARs)

The SAR & Case Review subgroup received three case referrals this year. One was deemed not to require a SAR, for another, Ms Q, a SAR was instigated and the group is waiting on further information on the third. All 4 SARs from the previous years were completed during this year and published, not always in their entirety, depending on sensitivities or wishes of family (short summaries follow below). 2 Independent Practice Reviews from the previous year were also completed during 2016/17.

Mrs A & Mr B SAR

Mrs A and Mr B were residents in a supported housing with care complex. There were concerns that Mr B posed a fire risk to the other residents and that he allegedly sexually assaulted Mrs A in her flat. The Review has been necessarily drawn out, being mindful both of working with the families of those involved and that it was running in parallel with other reviews or investigations. The CHSAB followed the Social Care Institute for Excellence's Learning Together model for this SAR. An executive summary of the SAR has been published and is available on the CHSAB webpage to view (<http://www.hackney.gov.uk/safeguarding-adults-board#sar>).

As a result of this SAR, an independent report and guidance were commissioned on consent, sexuality and sexual relations when working with older people living in supported housing. This guidance was developed with relevant staff, and, following training, is now available to all staff. Risk assessment and risk management training has been provided to staff. The full range of improvement actions from this SAR are monitored by the SAR subgroup and reported to the Board.

Mr BC SAR

Mr BC was an older person living in a sheltered housing scheme, who died in a fire at his home in 2014. He was a heavy smoker who routinely drank large amounts of alcohol and was using a number of services at the time of his death. This SAR adopted a more traditional approach set out by other SARs and Serious Case Reviews, establishing a SAR Panel, with an independent Panel Chair and an independent lead reviewer, which commissioned Individual Management Reports (IMRs) and further evidence from the agencies involved.

During the course of this Review, the Panel advised the CHSAB Chair that it was necessary to seek from the housing provider involved further assurance, beyond and complementary to the scope of the SAR, that it had taken sufficient

action to reduce the likelihood of serious injury due to fire to vulnerable individuals in their properties. The provider gave this assurance satisfactorily before the SAR completed. The SAR report is available on the CHSAB webpage to view (<http://www.hackney.gov.uk/safeguarding-adults-board#sar>).

Actions taken so far as a consequence of this SAR include:

- Housing services are represented on the CHSAB, and a representative of Care and Support services has been invited to join the Board.
- The Self-Neglect protocol has been reviewed and a multi-agency case file audit based on cases where self-neglect occurred, is being conducted
- Safeguarding processes have been reviewed in Hackney and new forms are being used
- An escalation policy is in place for all Board partners
- Shared ownership of risk is facilitated through the High Risk Panel
- Risk Assessment and risk management training, training on relationship based approaches and MCA training has been arranged
- Fire safety visits are recorded on the LBH dashboard. Since February 2015, 98 visits were carried out to tenancies in housing where care is also provided.

The improvement actions from this SAR are being monitored by the SAR & Case Review subgroup and are reported to the Board.

Mr GH SAR

Mr GH was also an older person living in a sheltered housing scheme. Mr GH passed away in 2015 while experiencing a number of health issues and using a range of services. This SAR followed the same methodology as is described above for Mr BC. The CHSAB funded specific IMR training for the contributing agencies and SAR panel members involved, to help ensure that the process was well supported to deliver effective evidence-based learning. This is an example of how the CHSAB is continually working to evaluate and develop its practices. The report of this SAR is available on the CHSAB webpage to view (<http://www.hackney.gov.uk/safeguarding-adults-board#sar>).

The action plan is being compiled and will be reported on in the annual report for 2017/18.

Mrs Y SAR

Mrs Y was 85-years-old at the time of her death. She was known to have a history of history of strokes, cognitive impairment and visual impairment.

She was living at home with her daughters. There are concerns that neglect may have contributed to her death and a number of different agencies had concerns about Mrs Y, but there was limited evidence on file of any concerted action to establish her needs and assess risk. The report of this SAR has been published and is available to view on the CHSAB webpage (<http://www.hackney.gov.uk/safeguarding-adults-board#sar>).

The action plan is being updated and will be reported on in the annual report for 2017/18.

Key Cross-cutting Themes from the SARs

While each SAR has identified specific issues for learning, there are some shared themes for learning i.e. the need for:

- 1) Effective working together arrangements across agencies
- 2) Coordinated working together on a case with one agency taking the lead, including effective communication between all parties
- 3) Thorough risk assessment and risk management
- 4) Shared ownership of risk
- 5) Understanding of the Mental Capacity Act and its application

SAR Learning Events

All four SARs from previous years were completed during 2016/17. The Board noted that these have taken some time to complete. Various processes were used to complete the SARs and it is becoming clearer about the way forward to ensure timely completion of SARs to improve learning and impact.

The Board has agreed a series of events during 2017/18 to promote learning from the SARs that include:

- A conference
- Workshops
- A Leaders' Symposium

A SAR Communication Plan has been produced to disseminate learning for staff and volunteers across services in the City of London and Hackney.

Evidencing Good Practice – Case Studies

Homerton University Hospital NHS Foundation Trust

Case Study: Modern Slavery

The following case study describes a patient who was subject to Modern Slavery.

A patient arrived in A&E at the Homerton. He reported the following that:

- He came to the UK by “car”, driving from Poland with “friends”
- He was told he would come to work in construction in London for £6-7/hr
- He was told not to bring his own money
- He was in fact taken to an industrial area “an hour from London”
- He discovered that the job he was to be given was to sort recycling for £1.50/hour
- He was told that he had to pay them back for his travel and accommodation, and that his wages would be put towards that
- He was told he would not be paid until the end of the week
- He did not want to work under such conditions and so left by foot
- He reported he walked for 3 hours to reach London
- He went to the Polish embassy, and could not find anyone to speak to
- He had no money
- He was sleeping rough, and woke up in hospital

The ward staff contacted the Modern Slavery Helpline and the Salvation Army.

The person on the Modern Slavery helpline spoke to the patient in his own language and reassured him that steps could be taken to support him to return to Poland.

The Salvation Army reported they would be able to help. They requested a National Referral Mechanism’ form, which was completed by a social worker. The patient was picked up from the hospital by the Salvation Army and taken to a hostel in Cardiff. The Lead for Adult Safeguarding established, during a follow up conversation, that the patient has returned to Poland.

Good practice

The ward team, particularly the junior doctor involved, pursued the case until a positive outcome was achieved for the patient. They addressed his social needs, as well as his health needs, diligently.

Metropolitan Police Service – Hackney

Case Study 1: Domestic Violence

Police were alerted to this situation following a victim disclosure made during a safeguarding adults meeting where the victim disclosed physical abuse to a professional by her elderly and unwell husband. The victim herself was elderly with some disabilities together with early onset of dementia. She was dependant on her husband and scared to report him but wanted the violence to stop.

Police and Adult Safeguarding staff worked closely together to implement a safeguarding strategy; it included the arrest of the perpetrator. The husband was charged with assault and remanded to court where he was convicted of assault. He was unwell himself and this impacted on the family and the victim's engagement with police as all sought to have the perpetrator released and for him to return to the family home.

Rehousing was offered but declined. Safeguarding the victim continued beyond the conviction with support from an Independent Domestic Violence Advocate and a MARAC referral was made. Follow up visits were undertaken. Re-housing was offered to the victim. The suspect had a firearms licence to hold guns at his address – by revoking a firearm licence it removes firearms from the environment and prevents them being used in anger or as part of domestic abuse.

The person's desired outcomes were met as we worked with her and it wasn't just about a criminal justice outcome. We put her at the centre of the process.

Case Study 2: Conviction for Carer Abuse

Hackney MPS has a dedicated Vulnerable Adult team with Detectives located within our Community Safety Unit who lead on Vulnerable Adult and Carer abuse through a multi-agency approach. This is historically an investigation area where due to the vulnerability of our victims it is difficult to secure evidence to meet the thresholds required for any prosecution. We have however through our dedicated officers and our multi-agency engagement with partners recently secured a conviction in court for Adult Abuse by a Carer. In this case the victim was a 52-year-old lady with Alzheimer's with no ability to communicate pain or concerns whether by speech, sign, writing or other method. She had been scalded (21% burns) by willful negligence after being placed in a hot bath by her carer. Her family reported the incident to police. The carer was arrested and received a six month suspended prison sentence.

London Borough of Hackney – Adult Social Care

Case Study: Hoarding, Think Family & Making Safeguarding Personal

An older woman and her adult son, who had never lived apart came to the attention of Hackney Adult Social Care (ASC) services following a referral from a local Housing Association. The Housing Association raised safeguarding concerns about their verbally aggressive relationship that had been reported to them by neighbours, in addition to a self-neglect concern for the mother in relation to hoarding, as they were in the process of progressing eviction proceedings.

This was a complex case, as the family were initially reluctant to accept any input from the council despite both telephone calls and letters being sent. However, they had a positive relationship with the local Housing Officer, despite the threat of eviction. The Housing Officer eventually managed to negotiate an agreed time for a joint visit along with a social worker. The visit identified that there were significant hoarding issues, which had resulted in the couple using a small proportion of their available space. During the visit it became very apparent that both mother and son were extremely attached, and would often conclude each other's sentences whilst also shouting at each other. It was also clear that the mother had poor mobility and some medical concerns that required addressing, e.g. swollen legs. The son was becoming increasingly agitated at the thought of people getting involved in his and his mother's life and was not able to accept that the environment was becoming a concern.

Through discussion and several visits, the family outlined their desired outcomes, in keeping with the principles of Making Safeguarding Personal, which initially centred upon addressing the possibility of eviction, and some support to the mother and for professionals to not become too involved in their life. In view of this they agreed to a number of actions, which included a request that the GP undertake a home visit, a full assessment of the mothers needs and a carer's assessment was completed for the son.

The GP visit a few days later led to the mother being admitted to hospital in order to address her serious health deterioration. The son became extremely anxious that his mother would not return home, although he struggled to accept that she may require space to be made in the home. His reaction to this was regarded as concerning as he was not able to acknowledge his mother's needs.

Hospital staff noted that the mother was becoming increasingly anxious about her son's wellbeing and although she was extremely keen to get back home, she was also not able to appreciate that she now had her own care needs which could not be met in the current home environment. A mental capacity assessment was completed which indicated that she did not have full capacity to make a decision about her complex health needs. However, she was very

clear in relation to wishes and feelings about where she wanted to reside, which was at home with her son.

Through negotiation with the mother and son at a number of meetings at the hospital, it was agreed that she could go home once her son was able to create a micro-environment in one room, whilst also engaging with mental health services to address his anxiety and hoarding, in order to prevent eviction.

The mother subsequently returned home with a support package and an agreement from the son to ensure the space was maintained. He attended a number of appointments with mental health services but then dis-engaged. ASC continued to maintain contact and in concluding the safeguarding work they were able to identify that the families desired outcomes had been met for the most part, in that a care package had been provided and the Housing Association had suspended any eviction proceedings. However, due to the remaining risks, it was not possible to meet their desired outcome of little involvement from Social Services, although they were less reluctant than at the onset of the safeguarding concern being instigated.

City of London Corporation – Adult Social Care

Case Study: Working Together

Brenda is a 75 year old woman who lives in her own flat with her son, David, and 14 year old grand-daughter, Betty. Her daughter, Sherrie lives locally but Brenda has not seen much of her recently due to a disagreement between Sherrie and David. Brenda was previously a carer to her elderly husband, Joe, who now lives in residential care. Social care became involved when the care for Joe started to break down and the family could no longer care for Joe, who has dementia. The admission had been traumatic for both husband and wife who wanted to be together. On Joe's admission it was discovered that the family were in substantial debt due to various speculative loans and that tensions remained.

The social worker described the flat as being very cluttered and unhygienic, without hot water or working lights. Every room was full of "rubbish" that David said should be kept. The social worker noted that Brenda seemed very anxious and timid.

On visiting Brenda while she was on her own Brenda said that whereas she used to like being with her family, now she would like them to leave. She felt that they placed her under financial pressure because David demanded money of her. She felt threatened by him albeit, not at serious risk. She worried that the debts would lead to her losing her home. The social worker felt she had capacity to make the decision not to refer this to the police and to keep herself safe at home until a solution could be found.

There were referrals to adult safeguarding, David was referred for a social work

assessment, and Betty was referred to children's services. A housing referral was made for David as well as benefits advice. Legal referral was made about the housing situation and Brenda was advised that she could evict them from her home. A letter was written to the son giving a time limit to leave once it was clear that a place could be found. They were supported with removal costs to ensure that they moved. Lasting power of attorney was applied for by Sherrie, the daughter, so that no more money could be given to David. Although there did appear to be financial irregularities in the account Brenda and Sherrie did not want this to be formally pursued as it would only inflame the situation.

Making Safeguarding Personal

The social worker worked with Brenda to achieve the outcome that she wanted and respected her decision not to report the 'abuse' to the police.

Outcomes

Brenda was pleased that the family left and, supported by her daughter, she enjoyed some months in her own home including regular visits to her husband before being moved to the same residential home as her husband when her mental state deteriorated.

City of London Police

Case Study: Benefits of Community MARAC

Mr G was identified by the City of London Police (COLP) as a vulnerable 55 year old man with mental health issues. He had come to the notice of police 11 times in the City since May 2016. His behaviour and mental health was deteriorating, causing him to become increasingly aggressive and unstable. He had threatened to kill officers as well as take his own life. Police attended his house following several reports of loud music and anti-social behaviour which was particularly directed towards his neighbours. He kept a screw driver, chisel and hammer by a chair and repeatedly made threats towards City of London Police. Numerous 'adult to notice' reports were submitted to the Public Protection Unit and referred to Adult Social Care as Mr G was identified as vulnerable. He previously told a Nurse that he was hearing voices to kill a City of London Police officer. Efforts had been made to engage with him but he refused support from all services and was not receiving treatment.

The Case was referred to the Community MARAC in December 2016 and a full multiagency assessment was undertaken at his premises.

As a result of multi-agency intervention:

- Mr G was assessed by a mental health team and deemed to have capacity. He was offered support.
- As a result of the MARAC, a multi-agency plan was put in to place in order

to manage his vulnerabilities whilst protecting the community from anti-social behaviour related to the presentation of his mental health issues.

As a result, Mr G was made aware that his behaviour was unacceptable and was given the opportunity to engage to change his pattern of behaviour. The pattern of calls regarding anti-social behaviour stopped immediately and a civil injunction meant that the community tensions caused by Mr G's anti-social behaviour were quelled, and the community was protected.

Partner Contributions

In the next section CHSAB partners set out how they have contributed to the work of the CHSAB and to the ongoing improvement of local safeguarding adults arrangements.

London Borough of Hackney – Adult Social Care

Hackney Adult Social Care (HASC) is a statutory member of the CHSAB and is represented at all relevant sub-groups. This assists in ensuring that HASC are actively involved in the majority of aspects of the strategic development of adult safeguarding in City and Hackney.

HASC participated in the completion of the annual Safeguarding Adults at Risk Self-Audit and the associated peer challenge event. The self-audit provided an opportunity to highlight good practice and identify areas for further development. The audit outcome was largely positive in that it identified a wide range of systems, policies and protocols that inform and support adult safeguarding within Hackney. There was evidence of good inter-agency working and consistent engagement with the CHSAB.

The positive examples of the promotion of adult safeguarding included the strengthened alignment of a workforce development team which has provided an opportunity to work with the CHSAB to create and implement a training programme that provides safeguarding related training to all CHSAB partners, including Making Safeguarding Personal, general safeguarding awareness, etc. This will be further developed upon for 2017/18 and will focus upon the findings from the Safeguarding Adults Reviews commissioned by the CHSAB.

Another example of good practice that seeks to promote adult safeguarding across the partnership has been the decision to create a distinct Principal Social Worker role, and separate this function from the Head of Safeguarding Adults, creating more capacity for strategic safeguarding development as well as best practice models.

The role of Principal Social Worker will build upon the quality assurance framework that has been implemented by ASC which includes quarterly audits of cases against good practice principles. Findings from the most recent audit identified that whilst most areas are of a good standard, there are some that require more focus to provide assurance that safeguarding practice is consistent in capturing the voice and desired outcomes of the adult at risk, better recording of risk analysis and how we work with the person to recognise and manage risks collaboratively.

Both of these new posts will be instrumental in progressing a 'Think Family' approach to the work that we undertake in HASC.

HASC continue to chair and co-ordinate the Community MARAC (High Risk)

panel which has led to improved outcomes for some Hackney residents whilst promoting a multi-agency approach to risk management. This has included the use of monies secured from London Fire Brigade to purchase fire prevention equipment. This is now being provided to residents who are regarded as being at a high risk of fire following Home Fire Safety Checks, i.e. poor mobility, smoker, etc.

Areas where we are seeking to develop practice includes the creation of a robust data set, which when combined with data from partners will be amalgamated to construct a “live” dashboard that assists in supporting the work of the CHSAB and demonstrating achievements, i.e. Making Safeguarding Personal outcomes, etc.

Linked to this is the need to better understand the national benchmarking data which suggests that the number of people receiving advocacy services in the borough is below the average. As the commissioner for this service, we will seek to better understand this data and locally ensure the need for advocacy is identified and available in all its forms.

The Safeguarding Adults Team continues to promote understanding of the Care Act 2014, particularly safeguarding domains of domestic harm, sexual exploitation and modern day slavery via its continued engagement with Community Safety Partnership initiatives, and has seen a steady increase in referral figures although these areas of work require further promotion.

City of London – Adult Social Care

Top 3 successes as identified in the self-audit were:

1. The development of the multi-agency self-neglect, hoarding and fire risk panel.

The panel has met bi-monthly and continued to engage housing estate managers from all estates, environmental health, London Fire Brigade, alongside adult social care. Grant money from the Community Fire Safety investment fund will be administered through the panel. Learning from SAR Fire deaths has been fully disseminated to partners.

2. Learning from SARs within the ASC and Commissioning.

ASC and Commissioning have been briefed as to outcomes of SARs particularly where contractual matters around housing with support have been highlighted.

3. Strengthening work within MCA/DOLS and use of advocates in safeguarding adults work.

This has been a key area of strength this year with the use of advocates being fully embedded into all safeguarding work and being able to be evidenced through the reporting process.

Top 2 things to work on:

1. Working more fully to an enhanced Making Safeguarding Personal (MSP) approach within the safeguarding process in ASC.
2. Enhancing public awareness and understanding of MSP through a communications campaign aimed at City residents.

As part of the CHSAB QA sub group and work on enhancing performance practice standards in the City, MSP outcomes are now fully reportable on in line with the CHSAB performance dashboard

There have been no safeguarding concerns raised through the complaints process this year.

Both Children's and Adults Social Care services have worked on developing a 'Think Family' approach and the cross cutting themes that arise particularly in relation to safeguarding. The City of London Domestic Abuse & Sexual Violence Forum has representation from both Adults and Children's services, and the directorate work to the Joint service protocol to meet the needs of children where adults or carers have additional needs.

There has been an Adult Safeguarding case that was investigated as a s42 enquiry and involved domestic abuse in relation to an adult with an additional needs, whose son is known to the children's team because of his physical and learning needs. A successful 'Think Family' approach was evidenced through strategy meetings that involved the Adults and Children's service as well as adhering to MSP principles.

NHS City and Hackney Clinical Commissioning Group

Adult safeguarding performance in 2016/17

The Clinical Commissioning Group (CCG) has continued to perform well this year with a number of actions completed following an audit by NHS England of our safeguarding arrangements in 2015/6, which gave an overall rating of "assured as good" with some areas for further development. No areas were rated as "unassured". The CCG has implemented most recommendations from the resulting action plan and will be implementing the outstanding actions in 2017/18.

Our successes for the year include: a working party looking at actions required to improve the safety, and care of patients for whom we commission continuing care support; agreeing a safeguarding through commissioning policy; and the use of a safeguarding dashboard which we have developed and agreed with Newham and Tower Hamlets CCGs and is used by all the main NHS providers from which we commission acute and mental health care.

Key actions for 2017/18 are:

- Produce a safeguarding strategy for the CCG
- Agreeing a supervision policy
- Reviewing our adult safeguarding role and recruiting to that revised job role
- Work with our GP practices and our GP out of hours provider to support them to adopt and deliver best practice safeguarding work.

Making Safeguarding Personal

As a commissioner of health services our role is to ensure our providers of NHS funded care deliver best practice in terms of their safeguarding duties. In 2017/18 we will be reviewing providers' annual safeguarding reports and will be asking questions about how they ensure they make safeguarding personal in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

Safeguarding concerns that have been raised with the CCG through the complaints processes. In 2016/17 the CCG did not receive any complaints that raised safeguarding issues: we do not provide any services directly to patients or carers so we don't get very many complaints.

How we have supported the implementation of Think Family approaches locally

The CCG has been promoting the 'Think Family' approach within health services, particularly mental health, for many years including:

- In 2016/17 the CCG commissioned the Homerton hospital to improve the identification of pregnant women and new mothers with emotional and mental health needs. It aimed to bring together Homerton Community Mental Health Services and Maternity Services (along with ELFT Mental Health Services) to improve the local service offer to pregnant women and new mothers (and their partners and babies) with low-level emotional wellbeing concerns and mild, moderate and severe mental health needs. The scheme also ensured a strengthened mental health message in Homerton antenatal education for all women and partners and enhanced training for Midwives and Obstetricians on perinatal and infant mental health. New mothers and partners were also consulted about their experience including those with lived experience.
- In 2016 we provided training for GPs on safeguarding which included elements of 'Think Family', concentrating on when adults present with mental health issues and the impact on the child. This will be repeated in 2017/18.

City of London Police

The City of London Police (COLP) has continued its' positive work to promote adults safeguarding. This can be demonstrated in a number of ways.

The development of the COLP Vulnerability Working Group, a monthly meeting between representatives of different operational units where different aspects of vulnerability and safeguarding are discussed to ensure joined up working and capture of activities across the force. The meeting is also driven by HMIC and other recommendations. The VAWG reports in to the Vulnerability Steering Group for strategic oversight.

Inclusion of Vulnerability in the Policing Plan

There is now a specific area in the policing plan around vulnerability which utilises the 4P approach. This ensures that vulnerability (including adult safeguarding) remains on the radar at strategic level, and demonstrates the force commitment in this area. It drives the operational activity below and ensures a problem solving approach. Departments are required to report on specific areas within this plan.

Roll out of a Vulnerability Training Package

This specifically covers mental health, suicide, adults at risk (reporting concerns and the Vulnerability Assessment framework). It covers the ideas around 'Making Safeguarding Personal' to ensure officers understand the issues of gaining consent from individuals to share information with partners and discussing with individuals the outcomes they would like. Additionally the training is delivered by an officer who talks of his own struggles with mental health and provides a first-hand perspective to staff. This training is in addition to mandatory Domestic Abuse training for officers.

Development of Community MARAC

This has been developed with partners to consider cases of vulnerable persons in the community to deal with issues around anti-social behaviour and hate crime. It has already had success to put in place multi-agency plans and used civil injunctions to protect vulnerable persons in our force area, and take a problem solving approach to community issues. This multi-agency approach allows COL to consider both Making Safeguarding Personal, and the think family approach due to the representation from agencies.

As per the multi-agency audit, the external COLP website has been updated to include an area around Adults at Risk, to signpost individuals where to report concerns and link to the Corporation of London site for help and advice.

Specialist Investigation and Safeguarding

The Public Protection Unit continue to promote messages around adult safeguarding, supporting national awareness weeks on Domestic Abuse, honour based violence and Stalking and Harassment. As the main referral unit,

they assess all reports of adult safeguarding concerns and work closely with adult and children's social care, along with other agencies to ensure a joined up and multi-faceted approach. Senior managers continue to engage with both the adult and children's Safeguarding Boards with a high level of attendance at meetings.

Economic Crime have begun the task of adopting Operation Signature, a National procedure, to ensure that vulnerable victims of fraud are identified and safeguarded by the City of London Police. This will be an on-going piece of work in to the next year.

Complaints involving Adult Safeguarding Concerns

There have been no adult safeguarding concerns that have been raised through the complaints process within COLP. The Professional Standards Department will raise these directly with PPU if they arise.

Metropolitan Police Service (MPS) – Hackney

Hackney MPS continue to work hard to ensure that Vulnerable Adults within our community are safe and protected with those who offend against them being brought to justice. We seek to ensure that our police policies and procedures are fit for purpose with escalation mechanisms and officer expectations clearly demonstrated.

Hackney MPS recognises the importance of the Hackney & City Safeguarding Adults Board and the strategic work it does. We show our commitment through our attendance at the board, sub groups and linked events where we seek to work closely and collaboratively with our partners to ensure safeguarding.

Some notable Adult Safeguarding successes this year for MPS Hackney Safeguarding include:

Acquisition of the first Criminal Behaviour Order for Domestic Abuse

Hackney police sit on and work closely with MARAC and the VAWG strategic & operational groups, both of which are closely aligned to Adult Safeguarding. Our Community Safety Unit at Hackney MPS recently secured a Criminal Behaviour Order for domestic abuse against a violent DA perpetrator. The order, believed to be the first of its kind to be imposed in England and Wales requires the perpetrator to inform police if he is in a relationship for more than 14 days and it also allows police to inform the woman of his previous violence against women under the Domestic Violence Disclosure Scheme. The victim in this case was vulnerable through her immigration status and had been subjected to a horrendous ordeal by the perpetrator following a sustained campaign of domestic violence. The court heard that he banged his victim's head on the floor and strangled her, inflicting blunt force trauma injuries to her head. Following his arrest and while in custody the suspect continued

to intimidate the victim and whilst on bail before his court appearance, he assaulted another woman he was in a relationship with. The suspect admitted to two counts of actual bodily harm, perverting the course of justice and witness intimidation and on 14 February 2017, he was sentenced to 46 months in prison.

Reflection & Improvement

Hackney MPS has been more reflective this year with regards to the role we play in adult safeguarding. Through this self-reflection, evaluation and by listening to our partners Hackney MPS has identified areas where we can change, improve and better understand our role within the adult safeguarding arena:

We recognise the need to embed Making Safeguarding Personal and Think Family into the way we work - We need to improve the confidence and satisfaction of our service users with their police interactions. We will do this through increased targeted and forward planning of attendance by front line staff at Multi-agency training and our interactions with service users will be monitored through our monthly Borough satisfaction meetings in conjunction with customer call backs and reflection.

Between March 2016 & April 2017 police generated 4349 Adult Come to Notice (ACN) Merlins for Vulnerable Adults within our community of which 49% (2107) were referred to Adult Safeguarding.

For the same period, April 2015/6 police raised 3697 ACNs with 1904 (52%) being referred to Adult Safeguarding. This has seen an overall 3% drop in police ACN referrals.

This year we are working closely with our Adult Safeguarding Partners at Hackney to ensure that our Adult Come to Notice referrals to Hackney Adult Safeguarding meet the thresholds and referral expectations of our partners. We will do this through single and joint dip sampling of those referred and those not referred together with comparison data against other Boroughs and Safeguarding Adults capacity.

We recognise the need to provide Adult Safeguarding with reassurance that our custody procedures ensure that persons who work with vulnerable adults, if arrested, are properly referred in accordance with the Notifiable Occupation Scheme. We are currently working with our internal Met Detention alongside Adult Safeguarding to ensure robust processes and pathways are in place.

Healthwatch Hackney

Local Healthwatch services share a common purpose to ensure the voices of people who use services are listened to and responded to. We provide unique insight into people's experiences of health and social care issues across in our area of operation; we seek to be the eyes and ears on the ground telling us what matters to our local communities.

In this context our work with the City and Hackney Safeguarding Adult Board is to support its agenda by promoting safeguarding training, act as a 'critical friend' to the Board, advise on public engagement and report safeguard incidents appropriately where we come across them.

This year we have trained our board, staff and volunteers to identify safeguarding incidents and how to report them. In the last year none of the complaints we dealt with raised safeguarding issues.

Healthwatch City of London

All Board Members, volunteers and staff have attended safeguarding training. Safeguarding is an agenda item at all Board and Team meetings. Safeguarding questions have been brought up at external meetings such as with the London Ambulance Service.

Staff have participated in the City & Hackney Safeguarding Adults Board and its sub-committee on engagement and communication. City of London Healthwatch also attends the City of London Adult Safeguarding Sub Committee.

There have been no complaints relating to safeguarding or safeguarding issues during this period.

Homerton University Hospital NHS Foundation Trust

Top 3 successes:

- Safeguarding Adults Levels 1 and 2 training are mandatory and emphasise staff members' responsibilities in regard to Safeguarding Adults.
- There is a Safeguarding Module on the 'Datix' clinical incident reporting system. This specifies the nature of the abuse and the desired outcomes of the adult at risk. The Homerton Safeguarding Adults Team (HSAT) review these forms weekly to check Safeguarding referrals have been sent, if appropriate, and give advice to the staff who raised the concern.
- The Lead for Adult Safeguarding chairs the MCA/DoLS group, which is attended by neuropsychologists, psychiatrists and the LBH Adult Safeguarding Lead. This acts as an expert resource for queries arising about MCA and DoLS, e.g. arranging for the MCA assessment form to be a template on the Electronic Patient Record (EPR), updating the MCA/DoLS policy and delivering training.

Top 3 things to work on:

- Compliance with completion of Level 2 Safeguarding Adults training needs to increase from 74% to 90%.

- The terms of reference of the Homerton Safeguarding Adults Committee need to be reviewed and embedded, to check the appropriate reporting structures are in place for safeguarding issues.
- The MCA/DoLS policy and procedures need to be updated to reflect the current legal position on DoLS and the Trust responsibilities in this regard.

Making Safeguarding Personal

- One of the questions in the Safeguarding Module on the 'Datix' clinical incident reporting system is, 'What outcome does the adult at risk want from the safeguarding process?'
- Safeguarding training Level's 1 and 2 make reference to Making Safeguarding Personal.

Adult safeguarding concerns raised through our complaints processes

The HSAT monitor feedback from complaints in two ways:

- A member of the team attends the weekly Complaints, Litigation, Incidents and PALS (CLIP) meeting for Integrated Medicine and Rehabilitation Services (IMRS), which is the largest directorate in the Homerton. To date, none of the complaints discussed in that forum have had a safeguarding component.
- The HSAT shares an office with the Head of Patient Experience and any feedback from patients that may constitute a safeguarding issue is discussed informally, to see if further action should be taken. To date, no safeguarding referrals have arisen via this route.

Supporting the implementation of Think Family

The HSAT work closely with the Homerton Children's Safeguarding Team, to ensure that the needs of children and families are considered and addressed in all safeguarding concerns, as follows:

- A joint committee meeting is held quarterly, at which issues related to adults and children are discussed.
- The lead nurse for adult safeguarding attends the Children's Team's psychosocial Meeting on a weekly basis, to oversee the transition of any children from Children's to Adult Services.
- The HSAT attended a Domestic Abuse Study Day, convened by the Children's Safeguarding Team, on 3.11.16, and uses the information gained there to refer families to appropriate services.
- The Adult and Children's Safeguarding Teams are working together on a project to highlight FGM on the Homerton's Electronic Patient Record system

St Barts Health

Top 3 areas of good practice

- The safeguarding principles set out in the Care Act (2014) have been incorporated into the Trust policies, processes and training materials this year. One of the most important changes to the work is the emphasis that is now placed on the needs and wishes of the person experiencing the abuse or neglect. 'Think family' has been signposted in the nursing admission assessment tool that has been implemented across the Trust this year.
- There is clear evidence that people with learning disabilities have greater levels of health need, unequal access to health care and poorer health outcomes including premature death. The Trust has undertaken a number of initiatives to meet Healthcare for All, (DH, 2008). This includes to flag all patients known to the local learning disability teams in the 3 boroughs (Newham Hospital remains an exception until IT system is merged). Reasonably adjusted care pathways in place supported by the use of the Hospital Passports and easy read materials. St Barts was part of the national pilot of the mortality review and will use early findings from this project to influence health care that improves the outcomes for people with learning disabilities.
- Initiatives undertaken to raise awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards, include
 - a) A programme of face-to-face training which covered all adult in-patient and community teams across the Trust, at all levels up to and including the Trust Board. 242 training sessions on DoLS and Mental Capacity Act were held in the 12 months to August 2016, with almost 2,500 staff attending one or more of these.
 - b) An MCA / DoLS awareness week was held, with stalls, awareness raising events and circulation of relevant materials on each Trust site.
 - c) MCA-DoLS champions were recruited in all in-patient areas and have all received additional training.
 - d) An audit conducted at the beginning and end of the Commissioning for Quality and Innovation (CQuIN) period showed that by the end of the period (April 2016) there had been an increase of 52% in the number of capacity assessments undertaken across the organisation and DoLS applications were made for 97% of eligible patients.
 - e) The administrative systems have continued to be developed to meet the increased volume of DoLS applications. These will be reviewed following in light the recommendations from the Law Commission consultation

Priorities for the next 12 months

Following a period of change and consultation we will publish our joint adult and children safeguarding strategy this year. The strategy will focus on work to develop safeguarding leadership, governance and investment in our workforce.

The top 3 priorities will be

1. Agree a training strategy in line with the new intercollegiate document, the STP and other partners
 - To work collaboratively with the others to create multi-agency accessible training
 - To develop a range of training options including inter-professional team simulation training events, scenario based interactive learning/e-learning and attendance at multi-agency safeguarding strategy meetings and conferences.
 - To align safeguarding adult competency assessment and compliance to appraisal and clinical/case supervision
2. To agree a process to strengthen shared learning from incidents
 - Monitor's framework for governance reviews (2015) recommend that there is a culture of continuous learning so our aim for this year is that learning reviews and dissemination are integrated into the governance and assurance framework for safeguarding adults
3. To strengthen practice around personalisation and advocacy
 - We will work more closely with local authorities to ensure that the patient focussed outcomes are shared and direct the safeguarding work
 - We will establish a system to monitor IMCA and other advocacy referrals where indicated

East London Foundation Trust

Top 3 Successes:

- Improved involvement with the CHSAB Board and sub groups
- Last year's CQC inspection, in which the Trust achieved Outstanding, acknowledged that the Trust is good at keeping people safe
- Introduction of online Level 1 and Level 2 Adult Safeguarding

Top 3 Things to Work on in Coming Year:

- Improving the level of Adult Safeguarding training compliance of staff throughout the City & Hackney Directorate

- Working with the LBH Adult Safeguarding Lead to clarify the threshold and improve reporting of Safeguarding concerns, especially from the inpatient wards
- To clarify and streamline reporting processes between ELFT and LBH

Making Safeguarding Personal (MSP) in our adult safeguarding practice

There is work going on across the Trust with the Trust's Head of People Participation (Service User involvement) to ensure that we have systems in place that ensure that MSP is a core component for individuals who are subject to safeguarding adults process. This includes considering how we might use focus groups with service users to get feedback.

Report on how your agency has supported the implementation of Think Family approaches locally

We are taking a number of steps to imbed the principles of "Think Family" into practice. It is an important element of our on-going staff training. In our local C&H level 3 Safeguarding refresher training, one of the sessions is facilitated by Tom Richardson, from Hackney CSC Troubled Families team. The title of the session is 'The Whole Family Approach.' Dr Lenny Fagan is also running a session on parental mental health and children. We will also be undertaking a local audit looking at practitioners recording of family demographics on RiO.

Housing Providers

Housing providers from Hackney and City of London are represented on the CHSAB by Genesis Housing Association. This is a new arrangement that commenced during 2016/17. It does this through linking with the London Housing and Safeguarding Group, the Hackney Better Housing Partnership and City of London Housing Department.

The role of Housing Providers in safeguarding was formalised by the Care Act 2014. Since these changes came into force in April 2015. Housing Providers operating across Hackney and City of London have been implementing changes to strengthen their approach to safeguarding

Key achievements have included:

Training:

- Classroom-based training focussed on ensuring staff gain skills and awareness appropriate to their role. For example, Genesis has sessions for Operatives, all staff in Look Ahead have received classroom-based training on safeguarding adults in the last 2 years
- E learning on Adult Safeguarding. For example all staff at Genesis have completed this

- Housing providers have engaged with the training provided by the Board and found this a useful forum to engage with partners as well as develop understanding, skills and awareness.

Governance:

Housing Associations have developed robust governance structures ensuring there is appropriate scrutiny and assurance around safeguarding. Examples include:

- Genesis has a Safeguarding Committee chaired by the Director of Care and Support, a Safeguarding Operational Group and an internal case review group to ensure that all learning is embedded and processes are improved to avoid cases escalating and a situation arising in which a customer is harmed. Regular reports are provided to these groups, managers, the Executive and the Board.
- Look Ahead have a Safeguarding and Serious Incident Group which is led by the Director of Care and Director of Quality & Performance. This group provides assurance and ensures compliance; including but not limited to commissioning deep dives into serious incidents, reviewing KPIs, monitoring data and identifying trends and ensuring an appropriate culture is in place to support effective safeguarding.

Leadership commitment to Safeguarding. Examples include:

- A Head of Safeguarding post in Genesis to lead the safeguarding agenda.
- Training for the Genesis Board, Executive, Directors and Heads of Service.
- Southern Housing Group has delivered safeguarding adults training to their Directors and Heads of Service.

This work will continue throughout 2017/18 with Housing Providers continuing to strengthen their approach to safeguarding adults. Examples of work to be delivered include: Southern Housing Group rolling out a new training programme to all staff; and Genesis developing a new safeguarding system to support better quality case management. There will also be continuing work to establish better links between the Board and Housing Providers, ensuring that learning is shared with and embedded within organisations.

Hackney Council for Voluntary Services

Top 10 highlights to Safeguard Adults 2016-2017

1. Enabled the VCS to directly contribute to the CHSAB strategic plan 2017 - 2018

2. Over 252 members of the VCS accessed learning opportunities on adult safeguarding
3. Facilitated a discussion about hidden challenges when making referrals with Adult Social Care Team Managers. This led to revising the referrals systems
4. Assisted user stakeholders to share their views on the style and content of the new City and Hackney website
5. Participated in the Training and Development Sub Group and Serious Adult Review (SAR) Sub groups
6. Improved safeguarding awareness amongst LBH grant applicant and grant holders supported the grants team to roll out the safeguarding tool kit
7. Proactively supported work to eliminate violence against women and girls and FGM at policy level and at community level with a range of communities
8. Embedded Safeguarding in Hackney CVS and continued to host the Training teams safeguarding offer at Hackney CVS
9. Delivered a key training session with the Social Care Institute for Excellence - Writing a Better Safeguarding Adults policy
10. Adopted a new networks based approach to embed safeguarding in key networks such as Hackney Refugee Forum and updated the adult safeguarding Health check

Over the last year Hackney CVS has played an ambassador role in safeguarding adults' key safeguarding messages across the Community and Voluntary sector in City and Hackney. The following is a summary of our top 10 highlights for the year. The adult VCS workforce comprises funded and commissioned organisations that provide a range of services to adults aged 18 years and over in Hackney. Overall many more VCs organisations and residents talk about safeguarding and understand its relevance to their service users, staff and volunteers.

The following achievements stand out

- Participation in policy and planning of CHSAB
- Our safeguarding focus with organisations that support migrant and refugee communities
- Awareness of the safeguarding needs affecting older people.
- Work with LBH Grants Team to meet the Adult Safeguarding Audit and compliance requirements

Participation in Subgroups

- Communication and Engagement Hackney CVS actively contributed to the strategic plan and actively encouraged VCS organisations and their service users to share their views on the ideal CHSAB website.
- Jackie Brett has attended the SAR sub groups and gained an insight to key messages for professionals and practitioners within health and social care.
- Kristine Wellington attended the Training and Development Subgroup. The learning and development courses have been identified that will boost VCS workforce skills. Safeguarding Leads training, Advocacy and in-house courses on Mental Capacity Act 2005

Being on the CHSAB has been very informative for the wider transformation work that we are involved in as it highlights the issues that recur. It has been good that the Board now has a Housing Association representative on the board.

During this period we have engaged Hackney Refugee Forum, a network comprising of migrant and refugee organisations in Hackney. The members add one hour of safeguarding to their network meeting and address key concerns such as; violence and domestic abuse, Mental capacity issues, the role of advocates, making referrals, increased awareness of financial abuse and promotion of the CHSSB Adult workforce training. We have also engaged with more organisations that raise concerns about the threshold requirement and needs of older people, particularly VCS organisations that do not speak English as their first language or groups that have less understanding of their safeguarding rights and hesitate to blow the whistle.

Hackney CVS has worked closely with the CHSAB to support the VCS to understand and meet its safeguarding compliance requirement. In particular to ensure the sector has a working knowledge of the principles outlined in the Care Act 2014. Particularly frontline organisations working with refugee and migrant communities, faith, tenants groups, and family support organisations.

This year we worked closely with the Council officers to ensure that grant holders met the safeguarding requirements outlined by the Place for Everyone Grants Team. In addition we have supported organisations in how to meet key public sector stakeholders that work on safeguarding.

Conclusion

We look forward to the development of a website that can be accessible to the people of Hackney as well as professionals. I would like to acknowledge key community stakeholders. Safeguarding leads from the VCS, Health Watch City and Hackney, One Hackney, Connect Hackney, Hive / POhWER, User Led training team and the Health and Social Care Forum members.

City of London - Trading Standards

The City of London Trading Standards Service receives around 2000 complaints and enquiries from consumers living in the City and across the UK every year. These relate to problems with businesses primarily linked to the Square Mile that may have treated consumers unfairly, supplied unsafe goods, failed to provide services using reasonable care and skill or simply defrauded them of money. There is a particular emphasis on investment fraud within the City and Trading Standards are a key partner of Operation Broadway. This is a multi-agency project that has been operational since 2014 and partners include the City of London Police, Metropolitan Police, the Financial Conduct Authority, Action Fraud and HMRC. The Trading Standards team speak to many victims of investment fraud and make safeguarding referrals to Adults Services where vulnerability is an issue. The team also offer to talk to local resident groups with a view to target hardening and preventing financial abuse in the future.

London Borough of Hackney - Trading Standards

Hackney Trading Standards treat doorstep crime and scams as a service priority. We refer any victim of financial abuse to Adult Care Services. We will liaise with the Adult Safeguarding Section together with other agencies such as The Police, Age Concern and London Fire Brigade to put together action plans and to carry out joint visits. Hackney Trading Standards cannot prevent every resident from becoming a victim of doorstep crime or scams but we are working towards the elimination of repeat victimisation.

In the first quarter of 2017 we carried out two direct interventions as a result of live doorstep crime reports that resulted in saving the two residents in question a combined total of £22,000. Both residents were extremely vulnerable with one suffering from dementia and the other suffering from mobility problems and anxiety. We subsequently identified evidence of further cross border offending and associated money laundering. The case is still under investigation but the residents have had substantial support and target hardening from Trained Officers and referrals have been made to safeguarding in order to get them the support they require.

Plans for 2017/18

We will build on what we did in 2016-2017, **under the 4 agreed aims of the CHSAB strategy:**

Our aim is to raise awareness of adult safeguarding and together learn from experience

- We want to be in a place where we have identified the gaps where safeguarding adults needs should be promoted and raise awareness of safeguarding adults in the community
- We want to engage with people who use safeguarding services and include their feedback into our plans
- We want to promote safeguarding either through a conference or themed week/month so that we reach the widest audience
- We will ascertain whether staff and volunteers have learnt from the SARs, that actions from the SARs are delivered, and the impact of learning is evaluated
- We will continue to evaluate everyday practice through multi-agency audit of individual cases

Our aim is to promote an open culture

- We want to ensure that people who need advocacy during safeguarding activity receive it
- We want to be proactive in preventing risks to socially isolated residents
- We will keep abreast of the impact of resource reductions and service redesign in the public sector on vulnerable adults in respect of adult safeguarding i.e. Local authorities, Police, CCG etc.
- Members of the CHSAB regularly will demonstrate that they hold each other to account

Our aim is to improve the competency of all those involved in safeguarding activity

- We will continue to work to embed the Making Safeguarding Personal approach to safeguarding adults in practice across the partnership
- Common principles for supervision of safeguarding adults practice will be agreed and adopted across the partnership
- We want the CHSAB to have a set of shared resources/tools to use in training and briefings that supports consistency in the approach to and practice of adult safeguarding

- We will continue to learn about new themes/emerging concerns/ issues in adult safeguarding in order to be effective as a CHSAB partnership (including cross cutting issues with the City and Hackney Safeguarding Children's Board and local Community Partnerships)

Our aim is to understand how effective adult safeguarding is across the communities we work with

- We will agree a set of safeguarding data, in order to inform and improve services
- We will establish an agreed format for presenting this data which is understandable to all agencies and is regularly reported/ presented to the CHSAB
- We want to improve communication between those involved in safeguarding adults and improve the appropriateness and proportionality of referrals (concerns)
- The data set, which will include data from partners will be a 'live' dashboard that assists in supporting the work of the CHSAB and demonstrating achievements i.e. Making Safeguarding Personal outcomes etc.
- We will benchmark safeguarding data against similar boroughs

(For Full Information of our plan for 2017-2018 – Please see Appendix A

Appendix A:

CHSAB Annual Strategic Plan 2017-2018



The CHSAB Plan addresses the Six Principles of Adult Safeguarding: Empowerment, Protection, Prevention, Partnership, Proportionality and Accountability.

Partner	Lead
London Fire Brigade Hackney (LFBH)	Stephen Dudeney
City of London Corporation (CoL)	Chris Pelham
Homerton Hospital (HUHFT)	Lesley Rogers
City & Hackney CCG (CHCCG)	Jenny Singleton
Hackney CVS (HCVS)	Kristine Wellington
Hackney Met. Police (HMPS)	Catherine Edgington
City of London Police (CoLP)	Alexander Hayman
Barts Health NHS Trust (BHHNST)	Jane Callaghan
London Borough of Hackney (LBH)	Simon Galczynski

Partner	Lead
London Fire Brigade City of London (LFBCoL)	Jon Simpson
London Ambulance Service (LAS)	tbc
East London NHS Trust (ELFT)	Dean Henderson
Public Health (PH)	Nicole Klyman
Healthwatch City of London (HWCOL)	Lynn Strother
Healthwatch Hackney (HWH)	Jon Williams
National Probationary Service (NPS)	Stuart Webber
Care Quality Commission (CQC)	Paula Eaton
City & Hackney Safeguarding Children Board (CHSCB)	Rory McCullum

Sub-group	Chair
Quality Assurance	Dean Henderson
SAR & Case Review	Chris Pelham
Training & Development	Simon Richardson
Communication & Engagement	Kristine Wellington

Sub-Committee	Chair
City of London	Dr Adi Cooper

Principle 1: We will raise awareness of adult safeguarding and together will learn from experience				
Priority	Action	Lead Individual, sub-group chair, or agencies	Outcome(s)	Target Date
<p>1. Awareness Raising</p> <p>Ensure awareness of adult safeguarding is raised across all communities in City and Hackney, particularly to reach 'hard to hear' / 'hard to reach' communities, groups and individuals</p>	<p>1. Identify and report on where there are gaps in awareness of 1 safeguarding from demographic data, based upon referral data / benchmarking, in order to target awareness raising.</p>	QA sub group	Clear and helpful information and communication channels so that awareness of adult safeguarding is increased across all communities in Hackney and feedback encouraged on experience of adult safeguarding	Dec 2017
	<p>1.2 Identify support for communicating messages (e.g. through Advocacy and Hospital Patient Representatives) and co-produce/develop appropriate forms of communication</p>	C & E subgroup	VCS groups are able to raise awareness of adult safeguarding, support people to prevent risks of abuse or neglect and inform the CHSAB how satisfied people are with the safeguarding services they receive in order to improve services	Dec 2017
	<p>1.3 Collate a SA Lead toolkit / resource list / training access support for VCS.</p>	C&E Subgroup	VCS groups are able to raise awareness of adult safeguarding, support people to prevent risks of abuse or neglect and inform the CHSAB how satisfied people are with the safeguarding services they receive in order to improve services	Jan 2018
	<p>1.4 Foster capacity building initiatives to support community groups to extend awareness of adult safeguarding and provide feedback to CHSAB on experience of adult safeguarding</p>	SG/HASC	Communicate key messages through Working Together Adult Safeguarding Conference 2017 (Carried forward from previous plan) or, alternatively through a safeguarding themed week / month with agreed messages, themes, venues, etc.	Feb 2018
	<p>1.5 Consider an approach of a "safeguarding week / month" with a series of events / awareness raising opportunities, with CHSAB partners highlighting what they are able to offer</p>	Task & Finish Group to be convened	That the CHSAB is able to populate a week / month of safeguarding awareness raising across the borough which seeks to include input from all partner agencies. For the CHSAB to monitor increases in	Feb 2018

<p>2. Service user feedback Develop and establish a model for ongoing service user and carer feedback on safeguarding services to, and engagement with the CHSAB (includes service user feedback about the safeguarding service informs the work of the CHSAB)</p>	<p>to promote this within the timeframe.</p> <p>2.1 Set up a reference group of people who have experience of safeguarding or input into the CHSAB ('experts by experience'), nominated by Members of the CHSAB, to regularly provide feedback to the CHSAB</p> <p>2.2 Consider how service user feedback could be incorporated into the safeguarding process, recommend to the CHSAB if feasible/ achievable (e.g. use survey monkey for commissioned services), and report to the CHSAB</p> <p>2.3 Produce an options paper on service user feedback for the CHSAB which outlines the pros & cons of each option, whilst capturing an overview of all current forums.</p>	<p>Adult safeguarding leads in HASC & CoL</p> <p>QA sub group</p> <p>John Binding / Chris Pelham / Cynthia Davies (LBH Commissioning)</p> <p>SAR & CR L & D C & E sub groups</p> <p>SAR & CR subgroup</p>	<p>safeguarding concerns being generated in focused areas.</p> <p>CHAB is informed about service user experience of safeguarding and their satisfaction in order to improve services</p> <p>People who have experienced safeguarding processes influence improvement in practice and identify areas for co-production</p> <p>The CHSAB has a clear strategy for ensuring that the user experience is gathered and is reflected in its work and subsequent business plan.</p> <p>Staff and volunteers know the lessons from the SARs</p> <p>Actions arising from SARs are delivered</p> <p>Impact of the learning the lessons from SARs in understood (through an evaluation framework)</p> <p>Safeguarding risks are mitigated because recommendations from SARs for improvement and development are addressed</p>	<p>Jan 2018</p> <p>Jan 2018</p> <p>Jan 2018</p> <p>Dec 2017</p> <p>March 2018</p> <p>Dec 2017</p> <p>March 18</p>
<p>3. Safeguarding Adult Reviews (SARs) SAR action plans are implemented, the learning disseminated and the CHSAB monitors the impact of learning, with a view towards this being an integral "business as usual" approach amongst partners.</p>	<p>3.1 The Communication Plan regarding lessons from SARs is implemented (includes feedback to staff, volunteers and community on lessons from the SARs bitesize learning, bespoke events, presentations, targeted training)</p> <p>3.2 Delivery of Action Plans monitored and organisations held to account by the SAR & CR sub group on behalf of the CHSAB</p>			

Principle 1: We will raise awareness of adult safeguarding and together will learn from experience					
Priority	Action	Lead Individual, sub-group chair, or agencies	Outcome(s)	Target Date	
	3.3. Develop mechanisms to assess the impact of learning from SARs on improving safeguarding practice	SAR & CR subgroup	As above		
4. Multi - Agency Case File Audit (MACFA) Promote learning from everyday practice through multi-agency review of individual cases	4.1. Develop and test a model of Multi-Agency Case File audit 4.2 Establish a programme for MACFA audit to assess multi-agency safeguarding practice, and identify areas for improvement, (including core elements – MSP; plus issues agreed by the CHSAB – e.g. lessons from SARs, and focus on key themes e.g. self-neglect)	CHSAB Chair & Task & Finish group	The CHSAB is assured that practice is improving, people are receiving appropriate help and support that prevents harm, lessons from SARs are having an impact, and areas for further improvement are identified	Completed and ongoing	
Progress and Impact					

Principle 2: “We will promote a fair and open culture”					
Priority	Action	Lead Individual, sub-group chair, or agencies	Outcome(s)	Target Date	
5. Advocacy Ensure that access to advocacy is supported for those who need it	5.1 Analyse current low take up of advocacy in Hackney, based upon benchmarking data, and provide narrative and action plan if appropriate to address.	QA Sub-group	The CHSAB is able to evidence that advocacy services are being appropriately promoted to and accessed by Hackney / City of London residents.	Nov 2017	
	5.2 Improve recording and monitoring of use of advocates in safeguarding cases through promotion of appropriate use of advocates to front line staff across relevant service areas (include in safeguarding training and briefings)	HASC T & D Subgroup	Increased use of advocates (Hackney) 90% of service users who lack capacity have an IMCA		
	5.3 HASC ensures that sufficient advocacy services are commissioned to meet demand (LBH) and report to CHSAB on use of advocacy	HASC	To see an increase in the Hackney / City of London residents receiving Care Act advocacy in safeguarding cases	Nov 2017	
	5.4 Connect the ‘informal’ and registered advocates with front line staff in statutory services to improve sign posting and communication	C & E sub group	Professionals and safeguarding champions in the CVS know how to access advocates for service users who need them	Completed	
6. Prevention and Early Intervention Develop proactive prevention approaches for socially isolated residents	6.1. Develop a local “Early Help” protocol and overview of services to support socially isolated individuals who lack support and may be at risk of safeguarding concerns, e.g. ‘silent patients’ in Barts, and provide sign posting to find support	Task and Finish Group Barts lead City sub-group	Socially isolated residents are supported via a range of statutory and voluntary services and provision of information in order to maintain and develop self-esteem so that safeguarding risks are prevented.	March 2017	

Principle 2: “We will promote a fair and open culture”					
Priority	Action	Lead Individual, sub-group chair, or agencies	Outcome(s)	Target Date	
	6.2 Consider development of a “safer places scheme” where people are able to inform “trusted partners” of concerns in a safe environment, and are helped to make contact with respective agencies for support.	Task and Finish Group (JIB)	Agencies, including social and private housing, are able to identify support from their respective infrastructures to establish what their support “offer” is and what ability there is to identify socially isolated residents.		
	6.3 Identify the safeguarding issues for those people who don't have s.42 enquiries to see how their safeguarding risks and needs can be prevented	C&E sub group	CHSAB partners are able to demonstrate knowledge of signposting options.		
7. Impact of change Understand the impact of resource reductions and service re-design in the public sector on vulnerable adults in respect of adult safeguarding, ie Local Authorities, Police, CCG, etc.	7.1. Provide the CHSAB with information about plans, risks mitigated and the controls put in place. These would acknowledge the impact of resource reductions and service re-design in the public sector on vulnerable adults in respect of adult safeguarding. Consider updating as required, with contributions from CHSAB partners to highlight areas of concern.	HASC / CoL/CCG/ Police	Assurance to the CHSAB that mitigation of negative risks effectively reduces any potential for adult safeguarding activity	Ongoing	
8. CHSAB assurance Members of the CHSAB regularly hold each other to account and review progress	8.1 Share annual self-audits of safeguarding responsibilities (to review at an Awayday) 8.2 Regular Agency updates to the CHSAB to provide assurance that		CHSAB can demonstrate ongoing improvement in the Annual Report Poor quality issues are being addressed to prevent escalation to safeguarding	April 2018 April 2018	

<p>adult safeguarding is embedded in contracting and monitoring arrangements; quality is managed to prevent safeguarding risks; and that provider concerns are being addressed.</p>	
<p>Progress and Impact</p>	
<p>concerns and safeguarding issues are addressed by commissioners in provider services</p>	

Principle 3: “We want to improve the competency of all those involved in adult safeguarding activities”					
Priority	Action	Lead Individual, sub-group chair, or agencies	Outcome(s)	Target Date	
9. Making Safeguarding Personal (MSP) Ensure that the MSP approach to safeguarding is embedded in practice across the partnership	9.1 Each partner organisation assures the CHSAB of the measures it is taking to adopt the MSP approach to safeguarding through updates to the CHSAB.	All	Making Safeguarding Personal is embedded in front line practice across all partners: adult safeguarding services are person led and outcome focused because people are supported to make their own decisions about their safety and wellbeing		
	9.2. Gap analysis of MSP training needs undertaken to inform the annual training programme – and targeted workshops are delivered for each sector on what MSP means in practice (Care Providers, Housing Providers, VCS, Health, LA, Police etc) e.g. practice workshops rerun by Ripfa to support front line staff to change their practice and implement MSP	T&D sub group	70% of service users express their desired outcomes from safeguarding (included in CHSAB Dashboard)		
	9.3 Assess the current key safeguarding forms and linked data capture to ensure this is fit for purpose and performance is regularly reported to the CHSAB.	ASC	To ensure that respective SA forms / processes are able to provide required assurance of MSP approach and performance on achieving outcomes.		
	9.4 Safeguarding leads and champions in the CVS promote an MSP approach and MSP is embedded in their policies and practice	QA Sub-group C&E sub-group	CVS consistently promotes person centred and outcome focused approach in safeguarding practice		
10. Supervision Good practice principles of supervision of	10.1 Commission (Bournemouth University) to develop and provide proposal alongside the BU competency standards)		Staff are supported by effective supervision in delivering adult safeguarding services which enhances their confidence and competence in working with risk and		

<p>safeguarding practice are agreed and adopted across the partnership (including debriefing and support from complex/traumatic cases)</p>	<p>10.2 Newly appointed Hackney Principal Social Worker to liaise with PSW network to establish if this proposal has been progressed in other places</p>	<p>H PSW</p>	<p>decision making Learn from other areas applied in City and Hackney</p>	
<p>11. Training & communication resources CHSAB has a set of shared resources / tools to use in training and briefings that supports consistency in the approach to and practice of adult safeguarding.</p>	<p>11. 1. Collate and disseminate shared resources etc including: simulation exercises; YouTube videos; table top exercises (MDS) 11.2 Identify and share / promote good practice, e.g. on Mental Capacity Act (MCA)</p>	<p>T & D sub-Group C&E Sub-group T & D Sub-group</p>	<p>Staff across the partnership have a shared understanding and approach to adult safeguarding Communication is varied in approach and appropriate for different audiences and staff groups CHSAB partners are familiar with resources promoted via the MCA Forum, including the MCA Competencies.</p>	
<p>12. CHSAB Learning Improve understanding of new themes/ emerging concerns/ issues in adult safeguarding in order to be effective as a CHSAB partnership (including cross cutting issues with the City and Hackney Safeguarding Children's Board and local Community Safety Partnerships</p>	<p>12.1 CHSAB seeks to keep itself aware of key subject areas via other general agencies and identifies areas where it could assist in the promotion of good practice, via briefings and presentations to the CHSAB on: Law Commission Review; Child Sexual Exploitation County Lines Modern Day Slavery (with annual review of CHSAB protocol) Homelessness/ Rough Sleepers Sex Working Domestic Violence Financial abuse, including scamming</p>	<p>ALL AS Leads C&F leads Police Chris Pelham</p>	<p>Increase awareness of CHSAB Members on new themes/ emerging concerns/ issues in order to identify any areas of shared development and planning Increased referrals linked to subject areas.</p>	
<p>Progress and Impact</p>				

Principle 4: “We will understand how effective adult safeguarding is across the communities we work with”					
Priority	Action	Lead Individual, sub-group chair, or agencies	Outcome(s)	Target Date	
13. Dashboard development Collect agreed safeguarding data, including a reflection of the service user’s journey, in order to inform and improve services. Establish an agreed format for presenting this data which is understandable to all agencies and is regularly reported / presented to the CHSAB	13.1 Clarify and agree a consistency of reporting and responses to safeguarding concerns across the partnership	QA Sub-group	CHSAB is provided with adult safeguarding data that can inform development priorities and show the impact of changes in practice		
	13.2 Agree how vulnerability is recognised and managed within the respective CHSAB partner services.	QA Sub-group	Consistency of approach to delivering adult safeguarding services across the partnership		
14. Feedback mechanisms Improve communication between those involved in safeguarding adults and improve the appropriateness and proportionality of referrals (concerns)	14.1 Agree a protocol for feedback/communication between partners	QA Sub-group	Improve communication between partners		
	14.2 Report/monitor the response rates back to referrers and analyse by source, feedback on appropriateness and actions taken	QA Sub0group	Improve appropriateness of referrals for safeguarding enquiries		
Progress and Impact					

City & Hackney Safeguarding Adults Board

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Report to Hackney Health and Wellbeing Board

Item No:		Date:	Wednesday 1 November 2017
Subject:	Complaints Charter		
Report From:	Healthwatch Hackney		
Summary:	<p>The 6th September Board meeting agreed to adopt the Complaints Charter, which is supported by all the members of the Board. Also agreed was a public launch of the Charter so Hackney people are made aware of the aspirations the local health and social care bodies are committed to.</p> <p>This report proposes a public launch at the next Health and Well Being Board on the 10 January 2018.</p> <p>The charter was created out of a Healthwatch Hackney NHS Community Voice public meeting on 'Complaining Effectively in the NHS' on 31st January 2017, 85 people attended.</p> <p>At the meeting members of the public called for a local patient's charter on the rights of patients regarding the complaints processes, which all services and providers should sign up to and which treats complainants as valuable contributors to quality service delivery.</p> <p>A copy of the draft Complaints Charter is attached.</p>		
Recommendation:	Health and Well-Being Members agreed to public launch of the Complaint Charter at the 10 January 2018		
Contacts:	Jon Williams, Director, Healthwatch Hackney jon@healthwatchhackney.co.uk 020 7923 8351		

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HACKNEY'S COMPLAINTS CHARTER FOR HEALTH AND SOCIAL CARE

THE FOLLOWING ORGANISATIONS:

- City and Hackney Clinical Commissioning Group (CHCCG)
- East London NHS Foundation Trust (ELFT)
- Homerton University Hospital NHS Foundation Trust (HUHFT)
- London Borough of Hackney (LBH)
- Hackney Local Pharmaceutical Committee (HLPC)

ARE COMMITTED TO:

- MAKING HEALTH AND SOCIAL CARE IN HACKNEY BETTER FOR EVERYONE
- VALUING YOUR COMMENTS, SUGGESTIONS AND COMPLAINTS
- ENSURING ALL COMPLAINTS ARE THOROUGHLY AND QUICKLY INVESTIGATED AND RESULT IN ENDURING SERVICE IMPROVEMENTS
- TREATING YOU WITH COURTESY, RESPECT AND SENSITIVITY AT ALL TIMES

WHEN YOU ARE DISSATISFIED WITH HEALTH OR SOCIAL CARE SERVICES

- Tell us as soon as possible if you are unhappy with our services so we can investigate your concerns and quickly put things right for you.
- Let us know if you would like to try informal resolution of your concerns about our services.
- Tell us if you have any particular needs that we should be aware of, e.g. an interpreter, advocate or other ways of ensuring effective communication with you.
- Have confidence in our commitment to resolving your complaints and concerns, and always treat staff as you would expect them to treat you - with dignity and respect.

OUR COMMITMENT TO YOU - WE WILL:

- Acknowledge your complaint within three working days and explain how we will handle your complaint/s and what information we need.
- Give you the name and contact details of the person or team that will investigate your complaint.

- Be happy to update you on the progress of your complaint if you contact the complaints department during the period of investigation.
- Ensure that making a complaint will not adversely affect your ongoing or future treatment or care in any way.
- Listen to your proposals and suggestions for service improvements and implement them if we agree your proposals will improve patient care.

WE WILL FOLLOW AN OPEN AND FAIR PROCESS BY:

- Listening to you carefully and making every effort to fully understand your complaint.
- Requesting all the information we need from you.
- Explaining how we will investigate all of your specific concerns.
- Being open and honest with you throughout the investigation, e.g. by ensuring the Duty of Candour is complied with if you have suffered harm and ensuring you get copies of any relevant investigation reports.
- Sharing, evidence, findings and facts with you once the process of investigation has been completed.
- Ensuring you have access to the local complaints advocacy service and other appropriate advocacy services, to support and advise you during complaints investigations.
- Explaining our decisions and recommendations, and how we have reached them.
- Carefully evaluating all the information we have gathered to make an decision on your complaint, and explaining how to obtain an independent investigation of your complaint through the Ombudsman, if you are dissatisfied with our findings.

WE WILL GIVE YOU AN EXCELLENT SERVICE BY:

- Always treating you with courtesy and respect.
- Providing you with a full and detailed response to your complaint as soon as possible.
- Always responding fully to your complaint within 30 working days, unless there are exceptional circumstances - in which case we will explain the reasons for any delay.

- Making sure our services are easily accessible to you and giving you support and help if you need it.
- Ensuring the information you give us is held securely and confidentially.

USE YOUR COMPLAINT TO IMPROVE SERVICES BY:

- Listening to your feedback and using it to improve our services.
- Offering to meet with you to discuss your complaint.
- Apologising if we have made mistakes and aiming to quickly put things right whenever possible.
- Sharing with you what we have learned from investigating your complaint and telling you how we are working to improve services.
- With your consent, sharing what we have learnt from your complaint with other health services, local authorities, commissioners, patients, Healthwatch and other patients' and social care groups.

WHAT YOU CAN EXPECT FROM THE ORGANISATION YOU HAVE COMPLAINED TO:

- Address your complaint as quickly and effectively as possible.
- Give you any information you ask for relevant to your complaint within a reasonable amount of time.
- Show you how we have taken action on the recommendations arising from your complaint.
- Consider a claim through our normal process for reimbursement if you have suffered loss as a result of our actions.

THE OMBUDSMEN

Health Service and Local Government Ombudsmen can make final decisions on complaints that have not been resolved locally by the NHS or the local authority:

Parliamentary and Health Service Ombudsman:

Tel: 0345 015 4033 www.ombudsman.org.uk

Local Government and Social Care Ombudsman:

Tel: 0300 061 0614 www.lgo.org.uk/forms/ShowForm.asp?fm_fid=62

THE INDEPENDENT COMPLAINTS ADVOCACY SERVICE

Will support and advise people who wish to make complaints about local health and social care services, and promote the delivery of the Hackney Complaints Charter.

HEALTHWATCH HACKNEY

Will promote delivery of the Hackney Complaints Charter, by working with the organisation that have jointly signed the Charter to monitor compliance, propose service improvements and signpost you to appropriate services.

ACCESS FOR EVERYONE

Please let us know if you would like this Charter in different languages or formats, e.g. Easyread, large print, Braille, plain text or any other presentation or version.

TELL US WHAT WENT WELL

We want to know what went well for you so that services can be improved by learning from your positive experiences.

CHARTER REVIEW

This Charter will be reviewed biennially by its signatories and the HWBB.

WHO DO I CONTACT FOR MORE INFORMATION?

If you would like to talk about your concerns with someone independent from the care team, or get detailed information about each step of the NHS complaints process, you can contact the Patient Advice & Liaison Services (PALS) at HUHFT and ELFT. PALS can also help you resolve issues and problems quickly and informally.

East London NHS Foundation Trust (ELFT)

They can be contacted at:

- Tel: Freephone 0800 783 4839
- Email: PALSandComplaints@elft.nhs.uk
- Post: ELFT, Trust Headquarters, 9 Alie Street, London E1 8DE
- Website: www.elft.nhs.uk/Contact-Us/Complaints-Comments-and-Suggestions

Homerton University Hospital NHS Foundation Trust (HUHFT)

They can be contacted at:

- Tel: **PALS** 020 8510 7315 (including voicemail)
- Email: homertonpals@nhs.net
- Tel: **Complaints**: 020 8510 5113
- **PALS** Text phone: 075844445400
- **PALS**FAX: 020 8510 7733
- Email: Complaintscomplaints@homerton.nhs.uk
- Post: HUHFT, Homerton Row, London, E9 6SR Website:
- Complaints Website: [www.homerton.nhs.uk/patients-and-visitors/patient-advice-liaison-service-\(pals\)/complaints-service/](http://www.homerton.nhs.uk/patients-and-visitors/patient-advice-liaison-service-(pals)/complaints-service/)
- Homerton website: www.homerton.nhs.uk

City and Hackney Clinical Commissioning Group (CHCCG)

The North and East London Commissioning Support Unit (NELCSU) 'Patient Experience and Effectiveness Team', manages complaints against the City and Hackney CCG. They can be contacted at:

- Tel: 020 3688 1624
- Email: nelcsu.complaints@nhs.net
- Post: NELCSU, Clifton House, 75-77 Worship Street, London EC2A 2DU
- Website: www.nelcsu.nhs.uk/aboutus/complaints.htm

London Borough of Hackney (LBH)

Adult Social Care Complaints:

They can be contacted at:

- Tel: 020 8356 6475 / 4697 / 4537 (Mon - Fri, 9am-5pm).
- Post: Adult Social Care Complaints, Hackney Service Centre, 1 Hillman Street E8 1DY
- Email: complaints@hackney.gov.uk.

Children and Young People's Access and Assessment Social Work Service:

They can be contacted at:

- Tel: 020 8356 5500 (Mon-Fri 9-5pm), 020 8356 2710 (Emergency Out of Hours)
- Post: Children Social Care Complaints, Hackney Service Centre, 1 Hillman Street, E8 1DY
- Email: fast@hackney.gov.uk or children.complaints@hackney.gov.uk

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