



Health & Wellbeing Board

AGENDA REPORTS PACK

Tuesday, 14th January, 2020 at 6.00 pm

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

Contact: Peter Gray
Governance Services
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Tim Shields
Chief Executive

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

Health & Wellbeing Board

Board Membership and Additional Attendees

Board Members	
Deputy Mayor Feryal Clark Deputy Mayor and Cabinet Member, Health, Social care, Transport and Parks (Chair)	Dr Mark Ricketts Chair, City and Hackney Clinical Commissioning Group (Vice-Chair)
Dr Navina Evans Chief Executive, East London Foundation Trust	Rupert Tyson Chair, Hackney Healthwatch
Raj Radia Chair, Local Pharmaceutical Committee	Tracey Fletcher Chief Executive, Homerton University Hospital NHS Foundation Trust
Alistair Wallace Health and Social Care Forum	Deputy Mayor Anntoinette Bramble Deputy Mayor and Cabinet Member for Education, Young People and Children's Social Care
Anne Canning Group Director, Children, Adults and Community Health, Hackney Council	Dr Sandra Husbands Director of Public Health
David Maher Managing Director, City and Hackney Clinical Commissioning Group	Laura Sharpe GP Confederation

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 Hackney Council	

AGENDA **Tuesday, 14th January, 2020**

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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?

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 and Governance Services, 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 MARCH, 2019

Councillors Present: Deputy Mayor Clark (Nee Demirci) (Hackney Council) in the Chair
Dr Mark Ricketts (Vice Chair), (Chair, City and Hackney Clinical Commissioning Group), Dr Navina Evans (Chief Executive, East London Foundation Trust), Rupert Tyson (Chair, Hackney Healthwatch), Deputy Mayor Anntoinette Bramble (Hackney Council), Anne Canning (Group Director, Children, Adults and Community Health), David Maher (Managing Director, City and Hackney CCG), Catherine Pelley (Homerton University Hospital NHS Foundation Trust), Alistair Wallace (Social Care Forum)

Officers in Attendance: Jane Taylor, Matt Clack, Jack Gooding (Hackney Public Health), Peter Gray (Hackney Governance)

Also in Attendance: Alicia Weston (Founder of Bags of Taste) and Linda Green and Jim Farley (Founder of Bags of Taste)

1 Welcome and Introductions

1.1 The Chair welcomed members to the meeting and those present introduced themselves.

2 Apologies for absence

2.1 Apologies for absence were submitted on behalf of Tracy Fletcher. Kim Wright and Laura Sharpe.

3 Declarations of Interest - Members to Declare as Appropriate

3.1 There were no declarations of interest.

4 New Members on the Health and Wellbeing Board

4.1 The chair welcomed Rupert Tyson (Hackney Healthwatch) to his first meeting of the Board. She reported that Dr Sue Milner had been appointed as interim Director of Public Health at Hackney Council and would become a member of the Board.

5 Minutes of the Previous Meeting

5.1 The minutes of the previous meeting were agreed as a correct record.

6 Community Voice

6.1 Jon Williams introduced this section of the meeting and the work of the organisation 'Bags of Taste', whose purpose was to change the diets of people who either are in or who face food poverty away from being dependent on highly processed and takeaway foods to regularly cooking good, tasty, home-cooked food for themselves and their families and stressed the positive impact on the lives of participants. He told the Board of the big challenges involved in prevention.

6.2 Linda Green and Jim Farley told the Board of their experience with of Bags of Taste. Jim told the Board that he attended on a course with the organisation and was now a volunteer. He had been reliant on take away food and was surprised at how easy it was to cook food. He now regularly shopped and cooked food. He told the Board of his resultant weight loss. Linda told the Board that she had had got so much from the experience with Bags of Taste and as a result now loved cooking and shopping. She told the Board of the value of cooking from scratch and the fact that she had made financial savings as a result.

6.3 Alicia Weston (Founder of Bags of Taste) Alicia told the Board of the positive impact on participants with their lives changing for the better, building a community with a diverse mix of people.

6.4 The Board considered this to be a positive initiative and asked what support could be offered to assist the work of the organisation. Alicia told the Board that funding was a key issue for the organisation and that there were difficulties around getting referrals. Dr Navina Evans referred to the need for services in this area to have measurable outcomes in place.

7 Prevention work stream update

7.1 Jayne Taylor introduced the report providing an overview of the Prevention work stream's key priorities and current programme of work. The report considered how the work of the Prevention work stream could be aligned with and inform the new Joint Health and Wellbeing Strategy. Hackney continued to be one of the most deprived Boroughs with problems around areas such as smoking and obesity with the latter being more of a problem. Jayne Taylor told the Board of the reliance on working with wider partners. She referred the Board to the key prevention work streams as follows:

- Reduce the harms from the main preventable causes of poor health
- Take early action to avoid or delay future poor health
- Support and enable people to manage their own health and wellbeing

In relation to making every contact count a two year programme of work was being developed to scope, co-design, test and embed a local approach to this across Hackney and the City.

7.2 The Chair referred to the importance of producing performance data. Anne Canning told the Board that the Outcomes Framework now had a more refined dashboard. The Board stressed the importance of work on air quality in the Borough, working locally with partners.

AGREED:

To note the report

8 Integrated Commissioning Governance Review

8.1 Devora Wolfson introduced the report and told the Board that a strategy had been agreed, together with objectives and the vision. She told the Board that a strategy had been agreed with work ongoing on outcomes and that the aim was to have more cohesion among the work streams with standard ways of dealing with risk and positive engagement of residents. The governance structure was split into three layers: the integrated Commissioning Board, the Transformation Board making recommendations to the ICB in relation to the integrated commissioning. This was to be followed by the four work streams. Each work stream had been given significant autonomy and developed further governance structures in order to deliver their work. These governance arrangements would be in place from May 2019. Jon Williams asked about public access to Accountable Officer Group and it was noted that the Groups' terms of reference was to be submitted to the Integrated Commissioning Board and that it would not be open to the public. It was further reported that this body would not have delegated powers.

AGREED:

To note the review report and its implementation plan, considering how best to collaborate in achieving the aims of the Board.

9 Prevention Concordat for Better Mental Health

9.1 Jack Gooding introduced the report on the prevention Concordat for Better Mental Health. The concordat promoted evidence-based planning and commissioning to increase the impact on reducing health inequalities. Signing the Concordat was an opportunity to share work to create resilient communities and build momentum in a shift to support prevention activity. It was noted that the concordat would promote evidence-based planning and commissioning to increase the impact on reducing health inequalities.

9.2 Councillor Tom Rahilly (Mental Health Champion) told the Board that this work was linked to the Young Black men programme and work was on-going in schools in relation to mental health. The Board agreed that the impact on different groups should be highlighted in the concordat. Deputy Mayor Bramble stressed the importance of the proper inclusion of children in schools in relation to prevention.

AGREED:

To sign up to the Prevention Concordat for better mental health, reflecting the local system's commitment to the topic.

10. Date of next meeting - 12 June (Provisional)

Duration of the meeting: 6pm to 8pm.

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Report to Hackney Health and Wellbeing Board

Date: 14 January 2020	
Subject:	City and Hackney Safeguarding Adults Board Annual Report 2018/19
Report From:	Raynor Griffiths, City and Hackney Safeguarding Adults Board Manager
Summary:	The City and Hackney Safeguarding Adults Board (the Board) is a statutory board required under s43 of the Care Act 2014. One of the statutory duties of the Board is to complete an annual report outlining what is has achieved in respect of adult safeguarding in the previous year. This report outlines the key achievements of the Board, areas for further development as well as what the Board will prioritise in the forthcoming year. An overview of the safeguarding data for the London Borough of Hackney is also included for reference.
Recommendations:	There are no recommendations to be brought to the attention of the Health and Wellbeing Board.
Contacts:	Raynor Griffiths, City and Hackney Safeguarding Adults Board Manager Email: Raynor.griffiths@hackney.gov.uk Tel: 020 8356 1751

1 Introduction

- 1.1 The City and Hackney Safeguarding Adults Board is a multi-agency partnership, represented by statutory and non-statutory stakeholders. The role of the Board is to assure itself that robust safeguarding procedures are in place across the City and Hackney to protect adults at risk of abuse and neglect. Where abuse and neglect does occur the Board and its partners are committed to tackling this and promoting person centred care for all adults experiencing abuse or neglect. The Board's annual report sets out an appraisal of safeguarding adults' activity across the City of London and Hackney in 2018/19.
- 1.2 The Care Act 2014 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 introduced 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 2014 established 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.

Current Position

Key achievements 2018/19

2.1 In line with its strategy, the key achievements for the Board in 2018/19 include:

- 1) Prioritising co-production and engagement with service users and residents by setting up a task and finish group to plan how to obtain their views on safeguarding related matters. The task and finish group produced a service user newsletter and also co-produced posters on a financial abuse awareness campaign. The Board received positive feedback from those that co-produced the work, who were happy to see that the Board had implemented their suggestions
- 2) Utilising our safeguarding champions to help us raise awareness of safeguarding across community groups in the City and Hackney. Refugee and migrant communities, African Muslim groups, women and adults with no recourse to public funds were specifically targeted by our Champions
- 3) Published two Safeguarding Adults Reviews (SARs), regarding Hackney residents, helping us identify what we need to do better to support adults at risk of abuse and neglect in the community
- 4) Held a staff forum to help us understand where staff have improved their safeguarding and what further actions they need the CHSAB to take to support us
- 5) Asked our partners to audit their safeguarding performance internally. A total of 26 organisations across the City and Hackney completed an audit and the findings were used to help the Board identify our priorities for 2019/20
- 6) Ensured that relevant actions from SARs are included in the health and social care transformation agenda and neighbourhood model in the City and Hackney
- 7) The Board arranged an Inter-Board Transitional Safeguarding workshop in response to concerns about young people's vulnerability as they reach adulthood where safeguarding services are not always available to them
- 8) The Quality Assurance Framework (QAF) was developed by the QAF task and finish group to obtain qualitative information to the Board's decisions

Areas for further development

2.2 The Board will continue to progress work around the following actions that were initiated in 2018/19:

- 1) Efforts were made to hear directly from people who have experienced safeguarding services, unfortunately we were not been successful in achieving this
- 2) Work around modern day slavery and recording guidelines remains on-going and has not yet been finalised

- 3) Work to provide assurance to the Board that processes are in place to safeguard people who have care and support needs and are homeless, this was carried forward into 2019/20.

Data sets for 2018/19

2.3 The key data was collected in relation to safeguarding for London Borough of Hackney:

- 1,392 concerns were raised, which led to 477 s42 enquiries and 285 'other' enquiries, where an enquiry may be carried out at the discretion of the Local Authority if a person does not meet the requirements for a s42 enquiry under the Care Act, for example they do not have care and support needs
- Abuse continues to be most prevalent in the home by someone known to the individual, with neglect and acts of omission, financial abuse and physical abuse being the most common forms of abuse
- Of the 416 concluded cases, 311 expressed their desired outcomes. 165 people had their desired outcomes fully achieved and 120 partially achieved.

Priorities for 2019/20

2.4 The Board has set itself the following strategic priorities for 2019/20:

- 1) To ensure that Making Safeguarding Personal is embedded in practice and the culture of all partner organisations
- 2) To assure itself that the Mental Capacity Act is applied appropriately by all partner organisations
- 3) To build upon awareness of safeguarding issues amongst residents of the City and Hackney
- 4) To ensure that professionals across the Board's partnership are supported to work effectively to support and protect people in need
- 5) To work to develop the Board's Strategy for 2020 – 2025
- 6) To ensure that adults at risk of abuse and neglect are offered advocacy
- 7) To work with partners to address safeguarding issues affecting people who are homeless or sleep rough
- 8) To develop overarching principles to support a transitional safeguarding approach for working with adolescents and young people

3 Financial Considerations

3.1 The purpose of this report is to reflect on Hackney's Adults Safeguarding service performance during the 2018/19 financial year. There are no direct financial implications emanating from this report.

4 Legal Considerations

4.1 There are no direct legal implications emanating from this report.

5 Attachments

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CHSAB Annual Report 2018 – 2019

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

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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 2018/19. 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 continued to look at information about safeguarding activity to inform our priorities for improvement as well as cases where people have died and Safeguarding Adults Reviews (SARs) were done to understand what happened and what needs to change. We continue to share this learning and look at whether it is making a difference.

Raising awareness of safeguarding in City and Hackney's communities, with the help of community and voluntary groups, continues to be a priority. We have tried to respond to what people have said is important to them, and worked together to produce leaflets about financial abuse and scams (see <https://hackney.gov.uk/chsab-resources>).

This annual report is important because it shows what the Board aimed to achieve during 2018/19 and what we have been able to achieve. It shows that many of the tasks were completed during the year. 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 2019/20, which says what we want to achieve during the next year (see Appendix One).

There continues to be significant pressure on partners in terms of resources and capacity, so we want to thank all partners and those who have engaged in the work of the Board, for their considerable time and effort.

There is a lot 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**

Overview of 2018/19

What the CHSAB did in 2018/19?

In the past year, the CHSAB has:

- 1) Continued to improve the information we collect about safeguarding activity, which has helped improve our understanding of what is going on in the City and Hackney so that we can ensure that the work we do reflects the needs of the community
- 2) Prioritised involving service users and residents with the CHSAB by setting up a task and finish group to plan how to obtain their views on safeguarding related issues. We have produced a service user newsletter and have co-produced posters for the CHSAB financial abuse awareness campaign (see <https://hackney.gov.uk/chsab-resources>)
- 3) Continued to raise safeguarding awareness in the community through our safeguarding champions
- 4) Held a staff forum to help us understand where staff have improved their safeguarding and what further actions they need the CHSAB to take to support them
- 5) Asked our partners to review their performance internally in relation to safeguarding activity and used the findings to help the CHSAB develop priorities for 2019/20
- 6) Worked with other Boards to make sure that where we have joint responsibilities and we are committed to working well together
- 7) Published two Safeguarding Adult Reviews (SARs) that have told us what we need to do better to support adults at risk of abuse and neglect in the community
- 8) Ensured that relevant actions from SARs are included in the health and social care transformation agenda and neighbourhood model

What didn't we do so well?

Whilst we met many of our strategic aims, there are some aims that we need to continue working on:

- 1) Despite efforts to hear directly from people who have experienced safeguarding services, we have not been successful
- 2) We have had to carry over some work to 2019/20 such as agreeing the Modern Slavery Protocol and recording guidelines
- 3) We have set the terms of reference for a task and finish group on Homelessness and Safeguarding. Work around providing assurance to the Board that processes are in place to safeguard people who have care and support needs and are homeless will begin in 2019/20

- 4) Agree shared priorities with other Boards, the Board will continue to identify joint working opportunities with other groups and Boards.

Comments from Service Users and Residents on the Annual Report 2017/18 and plans for 2018/19

On the co-production of financial awareness raising posters, a service user said with a broad smile “I see you have included what I suggested”

Service Users told us that they want:

- More awareness raising in the community.
- To be trained so that they can raise safeguarding awareness amongst their peers.
- To have a focus group to discuss issues related to safeguarding that are important to them.

Our plans for 2019-20

The role of the CHSAB is to ensure that organisations across City and Hackney are meeting their obligations around adult safeguarding. This year it will:

- 1) Start work on developing the Board’s Strategy for 2020 - 25
- 2) Use qualitative and quantitative data more effectively to identify ways to prevent abuse and neglect
- 3) Continue to communicate and co-produce work with service users, via newsletters and focus groups to discuss issues related to safeguarding that are important to them.
- 4) Further explore ways in which we can hear back from people who use safeguarding services
- 5) Maintain regular contact with staff and support them with safeguarding related work
- 6) Continue to work with agencies to ensure that improvements in relation to SAR findings are made and sustained
- 7) Increase the number of Safeguarding Champions in the Community
- 8) Continue to work with other Boards to identify shared priorities, and with the partnership to improve their delivery of safeguarding activity

A full copy of the Strategic Priorities can be found at Appendix One.

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, criminal justice, 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:

- 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.

This Annual Report sets out:

- How effective the CHSAB has been during 2018/19;
- What we have accomplished in relation to the Board's Strategic Plan for 2018/19;
- The Board's Strategic plan for 2019/20 (See Appendix One);
- Details of the SARs that the Board has commissioned;
- 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**

The CHSAB strategy will be reviewed during 2019/20.

Governance

Dr Adi Cooper was the independent chair of the Board during 2018/19.

The CHSAB partnership consists of representation from:

- | | |
|--|--|
| ● City of London Corporation | ● London Borough of Hackney Adult Social Care |
| ● City and Hackney Clinical Commissioning Group | ● East London NHS Foundation Trust |
| ● Homerton University Hospital NHS Foundation Trust | ● Barts Health NHS Trust |
| ● London Ambulance Service | ● Safeguarding Children's Partnership |
| ● Metropolitan Police Service (Hackney) | ● City of London Police |
| ● London Fire Brigade | ● Hackney CVS |
| ● Hackney Healthwatch | ● City of London Healthwatch |
| ● City and Hackney Public Health | ● The Advocacy Project |
| ● Community Rehabilitation Company | ● National Probation Service |
| ● Housing Providers Representative | ● Older People's Reference Group |

The full CHSAB partnership meets quarterly, and arranges extra meetings when required. The CHSAB also held a development day, which focused on homelessness during 2018/19. Our Board's attendance is:

Partners	Attendance
Independent Chair	100%
London Borough of Hackney ASC	100%
City of London Corporation	100%
City & Hackney CCG	80%
Homerton University Hospital	40%
Barts Health NHS Trust	40%
East London NHS Foundation Trust	80%
London Fire Brigade	100%
Metropolitan Police	80%
City of London Police	60%
Older People's Reference Group	60%
Hackney Healthwatch	60%
City of London Healthwatch	0%
City & Hackney Public Health	80%
Hackney Council for Voluntary Services	100%
National Probation Service	60%
Housing Providers	20%
Safeguarding Children's Partnership	20%
London Ambulance Service	0%
CHSAB Business Support	100%

The CHSAB is supported by two core oversight groups:

- Executive Group: The Group, chaired by Dr Cooper, consists of senior managers from key partner agencies who meet quarterly to oversee the work of the Board, ensuring that it runs effectively
- City of London Adult Safeguarding Sub-Committee: This Committee focuses solely on the safeguarding related work and arrangements of agencies in the square mile. This ensures that there is a focus on City related safeguarding priorities. The Committee is also chaired by Dr Cooper.

Subgroups



Quality Assurance (QA) Subgroup

The QA subgroup considers both quantitative and qualitative information about safeguarding activity, which supports the Board to have a picture of what is happening in the City and Hackney. This information is then used to inform the Board's work and priorities.

Safeguarding Adults & Case Review Subgroup (SAR subgroup)

The SAR subgroup is the means by which the CHSAB exercises its duty to arrange a SAR. A SAR occurs where someone with care and support needs has died or suffered serious harm due to abuse or neglect, and there is concern about the way agencies worked together to protect the person. The subgroup will make recommendations to the Chair when it considers that a SAR is required. The subgroup will also develop and monitor action plans to make sure learning from a SAR is embedded into all partner agencies' work.

User Engagement Task and Finish Group

The group focuses on how the CHSAB can reach all communities in the City and Hackney. The group has specifically looked to engage with:

- people who can support the safeguarding agenda
- those who could be at risk of abuse or have been abused; and
- people who have been through the safeguarding process

Homelessness/Rough Sleeping and Safeguarding Task and Finish group

The group is newly formed and will be working on safeguarding issues arising for people who are homeless or sleeping rough.

Our Strategic Links

The CHSAB has links with partnerships and boards working with communities in the City of London and Hackney, including: City and Hackney Children's Safeguarding Partnership, Community Safety Partnerships; and Health and Wellbeing Boards. The Board is also a member of the Community Strategy Partnership Board.

Financial Arrangements

This year the CHSAB received total contributions of £213,450 from partners as listed below.

Partners	Income Received (£)
City of London Corporation	(28,875)
East London NHS Foundation Trust	(27,500)
Homerton University Hospital	(12,000)
NHS City and Hackney CCG	(20,000)
Metropolitan Police Authority	(5,000)
Bart's and London NHS Trust	(5,000)
City of London Police	(4,400)
London Fire Brigade	(500)
City of London Corporation (FB)	(500)
LB Hackney	(109, 675)
Total income	(213,450)

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, etc.

The Board spent the following in 2018/19 to achieve its aims:

CHSAB Expenditure	Amount (£)
Staff Related	(139,235)
External Training	(5,530)
Independent Chair	(18,350)
Miscellaneous Expenses	(11,045)
Other Planned Expenses & SARs	(8,890)
Service Overheads	(36,207)
Total Income	(219,257)

The Budget retains a reserve of £96,500 carried over from 2017-18 to support unplanned expenditure, such as Safeguarding Adult Reviews.

Work of the CHSAB 2018/19

The Board's work in 2018/19 focussed on:

- 1) Quality Assurance
- 2) User Engagement
- 3) Raising awareness in the community
- 4) Workforce development
- 5) Work within the partnership
- 6) Working in partnership with other Boards
- 7) Work with transformation agenda and the neighbourhood model
- 8) Safeguarding Adult Reviews

Quality Assurance (QA)

1. The QA subgroup met four times throughout the year. It improved the multiagency dashboard to enable better interrogation of multi-agency safeguarding data. The dashboard includes data from health, Adult Social Care, police and fire services.
2. In response to the data, the Safeguarding Champions were asked, in 2018/19, to focus on raising awareness amongst groups where the number of concerns was proportionately low for their demographic when compared to their population in numbers in Hackney and the City.
3. The group started looking at reports about concerns that did not lead to safeguarding enquiries to understand whether prevention measures need to be implemented. Going forward into 2019/20 prevention will be a focus for the QA subgroup.
4. The Quality Assurance Framework (QAF) was developed by the QAF task and finish group to obtain qualitative information to inform the Board's decisions. The full year findings, which will be discussed at the first meeting in 2019/20, will inform further actions to be taken by the Board.

User Engagement in the City of London & Hackney

1. During 2018/19, the CHSAB held a Financial Abuse Awareness campaign which included posters, leaflets on how to keep safe, an article in Hackney Today and a social media campaign. These are available for anyone to download and use: <https://hackney.gov.uk/chsab-resources>. The posters were co-produced with service users, who were pleased to have the opportunity to get involved in the work of the Board. Going forward, the Board will continue to ensure that we co-produce work where we are able to.

2. People who have care and support services span across many service areas. The Board set up a user engagement task and finish group to decide how best to reach these service users as well as the community more generally. The group has representatives from key agencies. We have mapped the service user groups in the City and Hackney and agreed that they will be the conduits for communicating information about safeguarding to and from their respective service users.
3. In June 2018, service user representatives told us that they want us to stay in touch with them during the year, which the Board agreed to do. We started a newsletter to provide Board updates and also met with service users to talk to them about our priorities going forward. They told us that raising awareness in the community was key to people being safe. Service users have also asked to be briefed on safeguarding so that they can share messages with peers; further briefings are being planned for 2019/20. They asked us to host a focus group to consider issues related to safeguarding that are important to them and this also is planned for 2019/20.
4. The CHSAB commissioned an external psychologist to hear directly from people who had been through the safeguarding process. Unfortunately, but not surprisingly due to the nature of safeguarding, no one came forward to take part. During 2019/20, other initiatives will be considered as the Board would like to hear people's experiences of safeguarding services. It is core practice that people who go through the safeguarding process are asked at the start of the process what outcomes they want from the safeguarding process and at the end of the processes they are asked whether these outcomes were achieved. You can find this information in our data section on page 17. This information tells the Board how well practitioners are helping service users achieve what they want from the safeguarding processes.

Raising awareness in the Community

1. The Board supported the training of Safeguarding Champions in the voluntary sector to brief voluntary organisations and service users about safeguarding adults. Peer reviewers, who attended to evaluate how Hackney Adult Social Services was doing in safeguarding adults, commended this initiative. The Champions have continued to raise awareness in the community, carrying out 11 safeguarding workshops which were attended by 252 residents of Hackney. There will be more opportunities to train as a Champion in 2019/20 and residents and service users have already been approached about this. There will also be opportunities for people to be trained as safeguarding peer-to-peer supporters.
2. HCVS also worked with other voluntary organisations to use the safeguarding compliance tool commissioned by the CHSAB. This will help voluntary organisations to understand how well they have embedded safeguarding into their own organisations.

Workforce Development

1. In 2017, the Board embarked on an intensive learning programme to inform staff about the findings from SARs and what the Board had done to address these issues. We also listened to staff who told us what support they needed to improve.
2. In 2018/19, we arranged a feedback session for staff to tell us if their situation had improved. They told us that some of the work that has been done has resulted in issues such as self-neglect, high risk cases, service refusal, no contact and fire safety becoming 'business as usual' due to policies that have been put in place and training that has been received. They said that the fact that the SARs are referenced in training sessions ensures that issues remain fresh and relevant.
3. They asked for more bespoke learning and some other policies to support their work. In response to this, the CHSAB agreed to set up a workforce learning and development process that will take these issues forward.
4. The attendees also agreed to be a reference group for the Board and the CHSAB will maintain regular contact with staff via a newsletter.

Work within the partnership

1. During 2018/19, CHSAB partners were involved in a challenge event that supported them to delve deeper into their self-audits and identify issues that they needed to take forward in their own organisations. The events identified some shared issues for the Board to progress collectively and findings from the self-audit have informed the Board's strategic priorities for 2019/20.
2. We also carried out a review of how the partnership was doing in relation to Making Safeguarding Personal (MSP). The partnership recognised that a move to a person-centred approach will need a culture change within organisations. All partners felt that they needed more support from the Board to embed MSP in their structures and ways of working.
3. The CHSAB has offered on-going support through external training to agencies to help make this change.

Working with other Boards

The CHSAB:

1. Worked with other boards in Hackney and the Human Trafficking Foundation to devise a Modern Slavery Strategy and protocol; the final Strategy and an action plan around this is due to go live in 2019/20. Whilst the City has its own Modern Slavery Strategy, it will be looking at what work could be done jointly with Hackney.
2. Attended an inter-board workshop on domestic violence and partners have agreed to work closely together to progress the new Violence against Women and Girls Strategy in 2019/20.

3. Arranged an Inter-Board Transitional Safeguarding workshop in response to concerns about young people's vulnerability as they reach adulthood where safeguarding services are not always available to them. The City and Hackney Children's Partnership and CHSAB agreed to develop a shared priority in their plans for 2019/20
4. Has been part of the Community Safety Partnership Board and attended related meetings

Work with the Transformation Agenda and Neighbourhood Model

The CHSAB has worked with the Transformation Agenda and Neighbourhoods Model to ensure that safeguarding influences all elements of their work. Key actions taken in relation to this work include:

1. A set of Safeguarding Principles were developed to make sure that safeguarding was considered as part of core business. This has provided different workgroups a guide on how to embed safeguarding in their work so it is business as usual
2. Learning from SARs has been provided to relevant work streams to ensure that learning can be incorporated into their work
3. There is representation from the Neighbourhood Models team on the CHSAB
4. Each work stream has hosted a focused discussion on safeguarding to make sure that they are meeting commitments in relation to safeguarding
5. The Neighbourhood Models team has delivered on some of the actions within the SAR action plans

Safeguarding Adult Reviews (SARs)

The CHSAB received three SAR referrals during 2018/19, two of which met the criteria for a SAR and one did not. There were two SARs published in 2018/19, Ms Q and Ms F – these are our fifth and sixth SARs respectively, since the Care Act 2014 set a duty for SABs to commission SARs.

There are currently two SARs in progress, further details of the SARs will be included in the 2019/20 Annual Report.

Ms Q

Case Outline

Ms Q was a woman of White British heritage aged 71 years old at the time of her death and living at home with her daughter. Ms Q was known to experience multiple health concerns including severe chronic obstructive pulmonary disease (COPD) and pressure ulcers. She was also known to experience falls, self-neglect and she had declined care services. Ms Q needed daily support to manage her personal care, continence issues and provide her with encouragement to eat and drink.

Ms Q was admitted to Homerton after being found unable to mobilise. She presented with suspected hypotension and hypoglycaemia. Unfortunately, Ms Q died at Homerton Hospital on 6 June 2016. The cause of death was recorded as '1a pneumonia 1b COPD and 2 Frailty'.

The SAR case referral identified that there were a number of agencies involved in providing care to Ms Q and that there may have been a lack of effective multi-agency working to manage identified risks to Ms Q's, including self-neglect.

Objective of the Review

The objective of the Review was to inform multi-agency practice when working with people who are less able to engage with care and support services by identifying where relevant:

- o Repeated patterns of service provision that previous CHSAB SARs have identified
- o New learning identified in addition to the findings of previous CHSAB SARs
- o Areas where service provision has improved in relation to previous CHSAB SARs

Ms Q died before the previous 4 SARs had been published. The learning identified therefore was similar to the previous SARs. Full details of the SAR can be found: <https://hackney.gov.uk/CHSAB-sars>

Ms F

Case Outline

Ms F was a 44 year old woman living with her younger adult son and daughter. Her son had cerebral palsy and a 24 hour live in carer. Her daughter was reported to have had a mild learning disability and recent diagnosis of multiple sclerosis.

Mrs F was confined to a profiling bed due to her reduced mobility. She was transferred via hoist and unable to sit up for long periods due to reduced head and trunk control. She required assistance with eating and drinking, managing continence, and other daily activities. Her communication was challenging due to dysarthria, which is a speaking difficulty. She had capacity to make decisions and consented to the safeguarding process and to a referral for a SAR.

The SAR Case Referral identified:

- o Ms F's mattress deflated and took 7 days to fix causing Mrs F to suffer significant harm; specifically she incurred a pressure sore and was hospitalised for a significant period of time
- o Agencies or professionals in contact with Mrs F did not recognise or respond appropriately to the risk of leaving her with a deflated mattress therefore causing harm to Mrs F

Objective of the Review

The objective of this Review was to establish:

- o Learning from the events to ensure robust processes to prevent such a situation in the future guided by the subject of the SAR

The report found that systems did not work as well as they could together, and the SAR highlighted issues for commissioning. The review also identified that there was a need for effective responses to people's pain. The full report can be found: <https://hackney.gov.uk/CHSAB-sars>

City of London Adult Safeguarding Committee - City Specific Priorities

The City of London's Safeguarding Adults Committee is made up of a range of professionals and resident representatives. It meets quarterly and considers developments in relation to the Board priorities as well as City specific priorities in the strategic plan. In 2018/19 the priorities remained:

- Homelessness and rough sleeping;
- Modern Slavery
- The on-going implementation of the Social Wellbeing Strategy, including social isolation

Homelessness and rough sleeping

The assessment hub model has expanded its role, increasing from quarterly to monthly meetings, enabling staff to help more people in a more efficient manner. The Task and Action meeting was reviewed to ensure the right people come to meetings, and to streamline the agenda for the meeting so more focus can be given to each individual. This, combined with a strong commitment to following up actions, is enhancing partnership work.

The severe weather response (SWEP) utilised learning from the previous year resulting in over 30 people being assisted on over 200 occasions, each one a potentially life-saving intervention. The No First Night Out project, shared with Hackney and Tower Hamlets, achieved over 190 prevention outcomes, exceeding its funding targets. Significant amounts of learning continues to emerge from this project which is used to inform prevention and relief approaches.

Modern Slavery

The City of London Corporation developed the Modern-Day Slavery Statement in November 2018. This set out the steps that the City has taken and is continuing to take to ensure that modern slavery is not taking place within the business sector, or within the supply chains. There is a multi-agency modern day slavery group which meets bi-monthly, the focus of this group is to identify referral pathways for victims of modern-day slavery, raise awareness about modern day slavery and provide training.

On-going implementation of the Social Wellbeing Strategy and social isolation

Since the launch of the Strategy, a total of 30 actions have been initiated, of which 14 have been completed and 16 are in progress. Significant achievements include:

- 1) The development of the community builders initiative, to help build community resilience, with completion of a successful pilot on the Golden Lane estate. Work is underway to roll this out to other estates.
- 2) The success of inclusion groups to prevent social isolation, for example the Mansell Street Women's Group facilitated by Age Concern has supported older BAME women and "Out and About at the Barbican" has been created for older LGBT residents.
- 3) A City Guide listing details of community groups and social activities which have been made available in venues across the City of London

Priorities for 2019/20

At the City Sub Committee Development Session for 2019/20, the main issues for partners were:

- Homelessness and rough sleeping
- Making Safeguarding Personal
- Embedding learning from SARs
- Service user engagement
- Workforce development
- Prevention

Full details of the City of London's key strategic priorities can be found in Appendix 2.

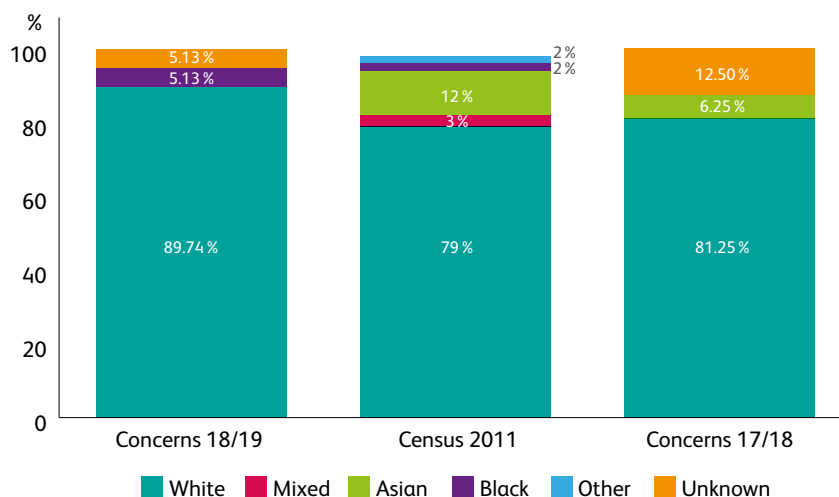
Safeguarding Data

The safeguarding data for the year 2018/2019 is presented separately for the two authorities. City of London and Hackney submit annual statutory returns on safeguarding activity to NHS Digital, known as the Safeguarding Adults Collection, and this is included in the data below.

City of London

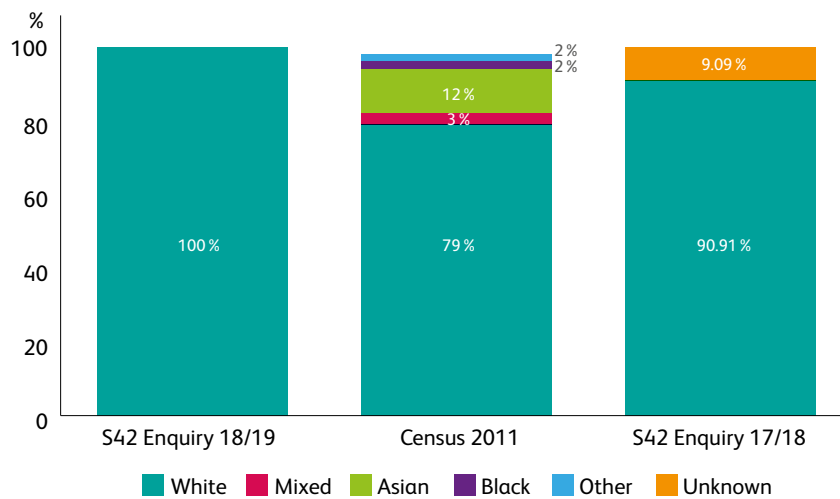
- 39 concerns were raised
- 42 led to a Section 42 Enquiry
- Of the 22 concluded cases, 13 expressed their desired outcomes. 11 people had their desired outcomes fully achieved and 2 partially achieved.
- 13 repeat concerns were raised

Concerns by Ethnicity



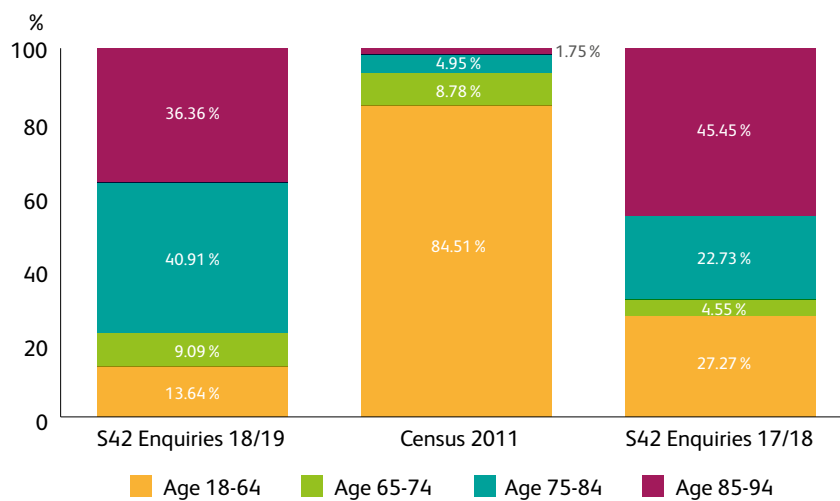
In 2018/19, most concerns were raised about people who were 'white'. This is slight over-representation based on the 2011 census. There was no representation again this year from the Asian community despite them being the second highest population in the City, although there is a possibility that their data is captured within the 'unknown' category. There was also a slightly higher representation of people from the black community, at 5% although this is consistent with the amount of referrals from the black community in previous years.

S42 Enquiries by ethnicity



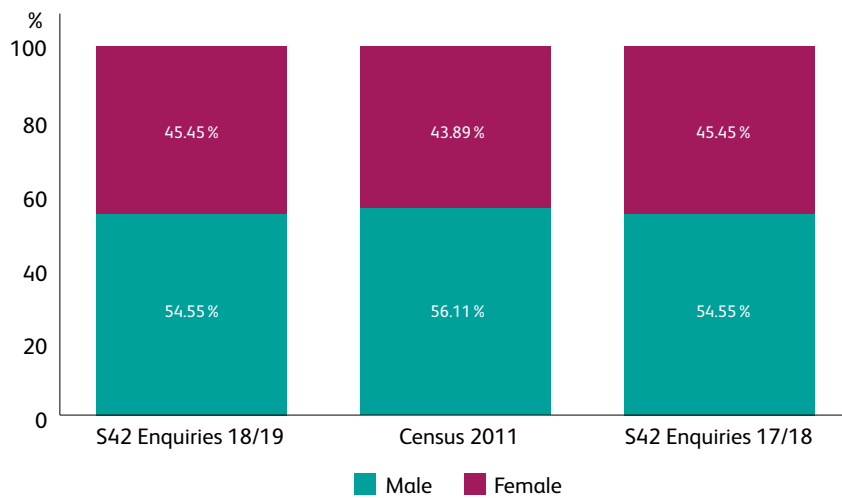
This year all safeguarding concerns reaching s42 enquiry were from people who were white. This was an unusual outcome when compared with previous years, where the data was more reflective of the 2011 census. .

Section 42 enquiries by Age



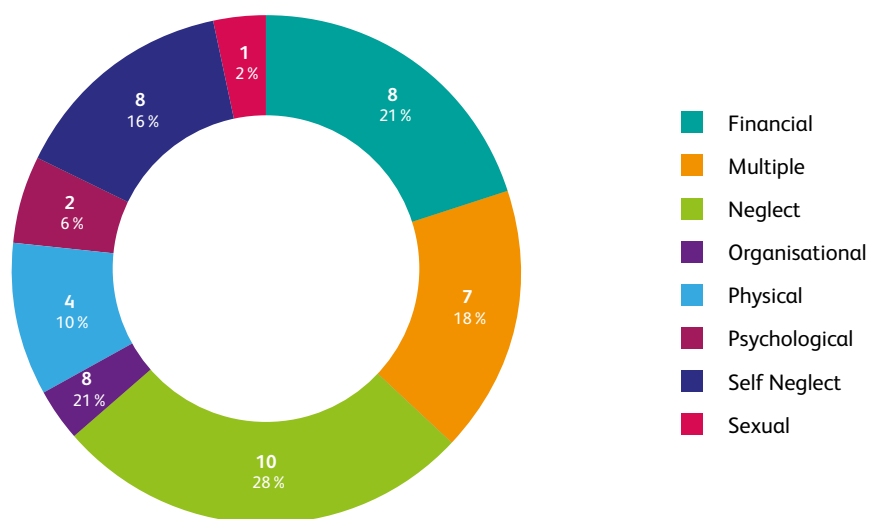
Despite only making up 4.95% of the population in the City of London, 75 - 85 year olds accounted for 40.91% of the enquiries. This is a significant increase on previous years data. Whilst there has been a decrease in people aged 85 - 94 involved in s42 enquiries, people aged over 75 years make up three quarters of the safeguarding concerns for City of London. There is an under representation from people aged 18 - 64 years old who only made up 13.64% of the safeguarding enquiries despite making up nearly 85% of the population.

Section 42 Enquiries by Gender



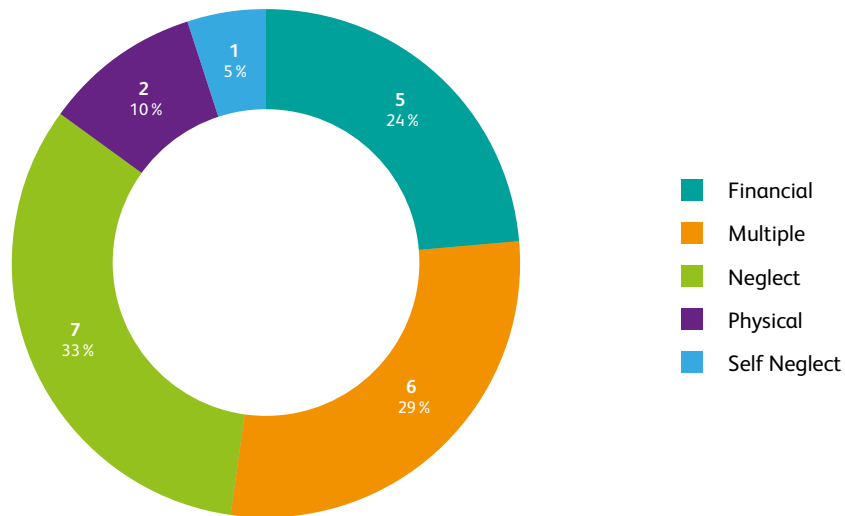
The gender breakdown for 2018/19 remains the same as 2017/18. This is reflective of the 2011 census which shows a slightly higher proportion of males living in the City of London.

Types of Abuse - Concerns Raised



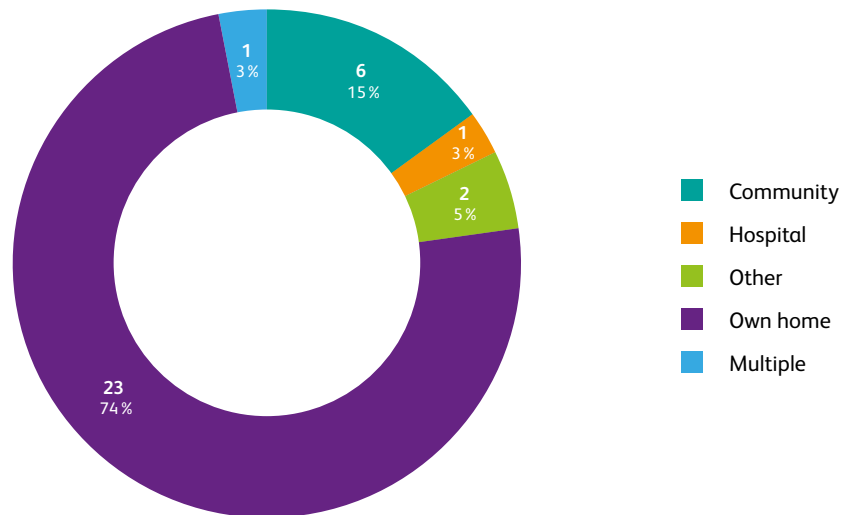
The most common forms of abuse for 2018/19 were neglect and acts of omission and financial abuse. These were also the top forms of abuse for previous years. It was noted that the majority of financial abuse was not due to scams but usually due to someone who has a personal relationship with the individual i.e. family, friend or carer.

Type of Abuse – Section 42 Enquiries



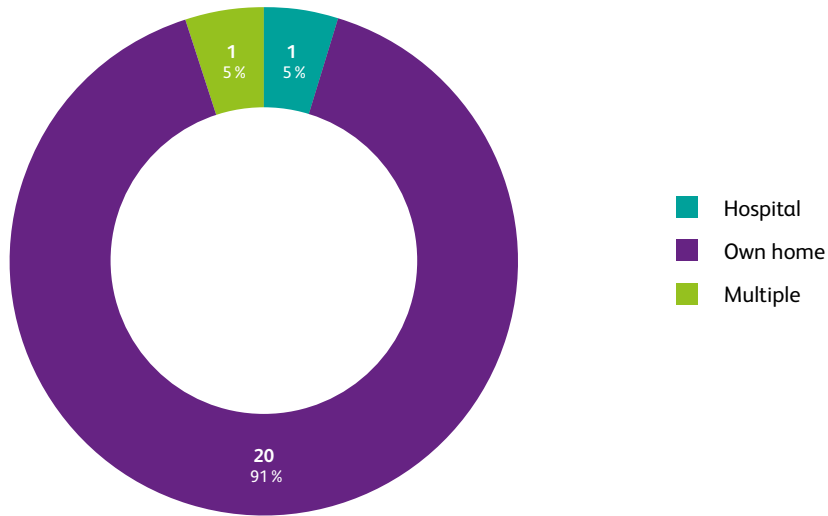
The most common forms of abuse meeting the s42 enquiry threshold were neglect and acts of omission, multiple abuses and financial abuse. Interestingly none of the concerns around sexual, organisational and psychological abuse met the threshold for a s42 enquiry.

Location of risk



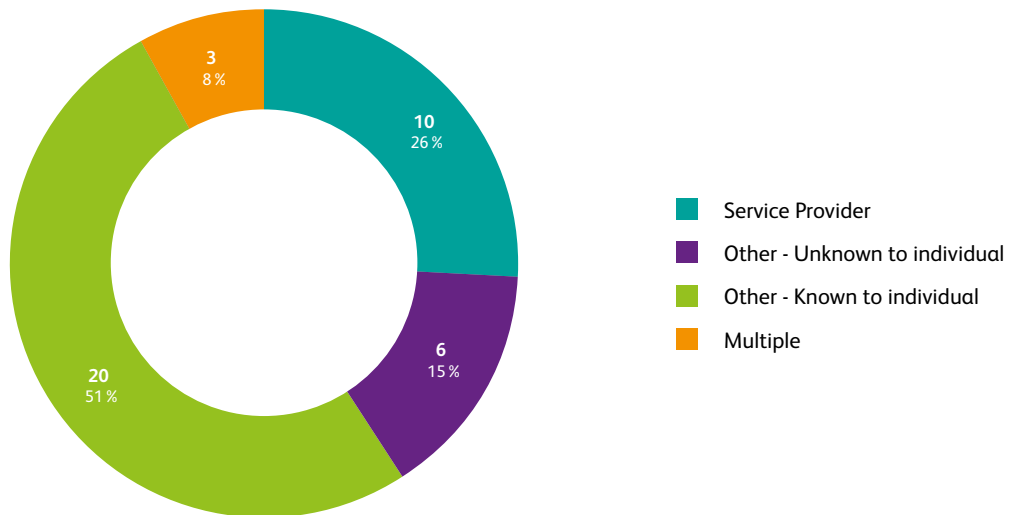
Most safeguarding concerns are alleged to have taken place in the individual's own home. This is consistent with national statistics which show that abuse typically happens in people's homes. Where abuse happened in multiple settings, this was in the home and in hospital.

Location of Risk – Section 42 Enquiries



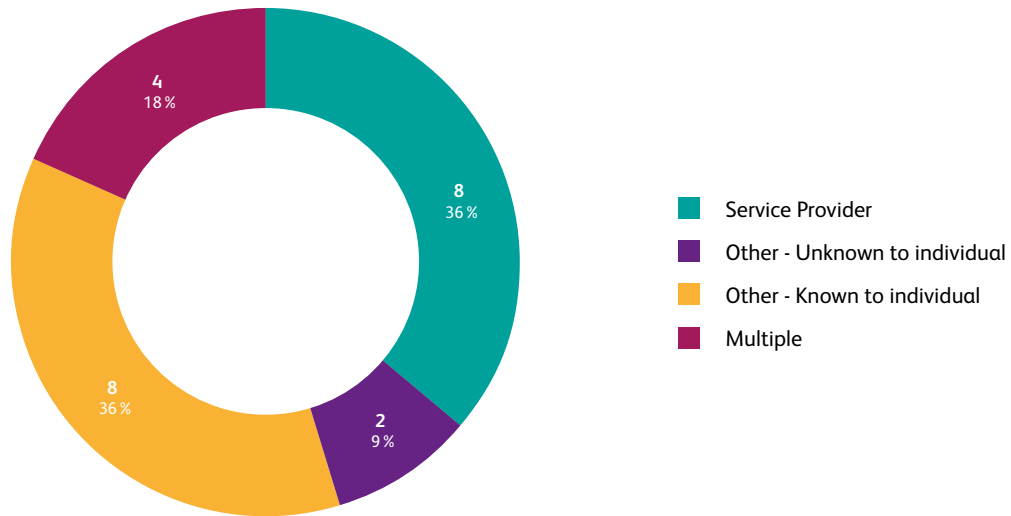
In 2018/19 nearly all the safeguarding enquiries involved individuals where the location of risk was in their own home. None of the concerns where the location of abuse was alleged to have been in the community met the criteria for a s42 enquiry.

Source of Risk



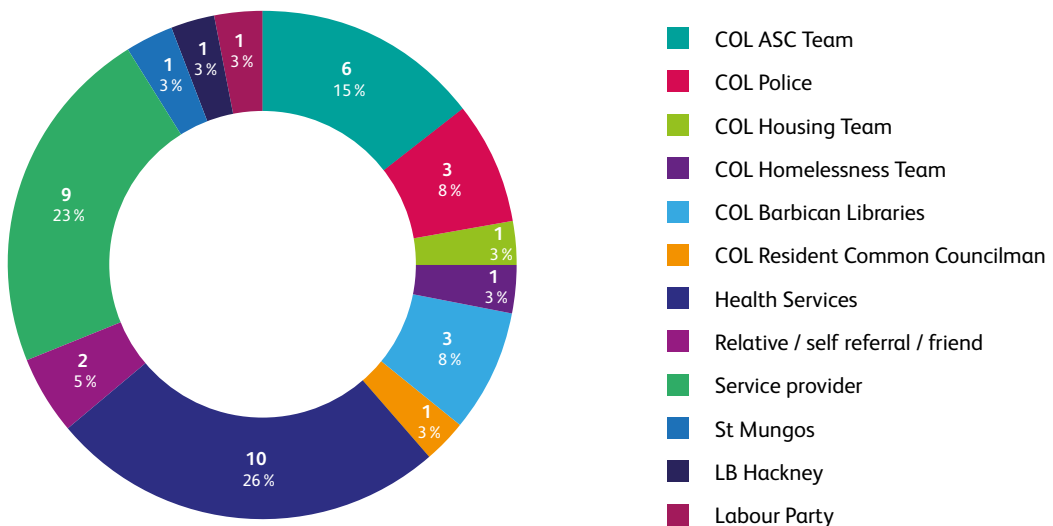
In over half of the concerns, the source of risk was a person known to the individual. This is consistent with national figures. In just over a quarter of cases the source of risk was recorded as the service provider.

Source of Risk – Section 42 Enquiries



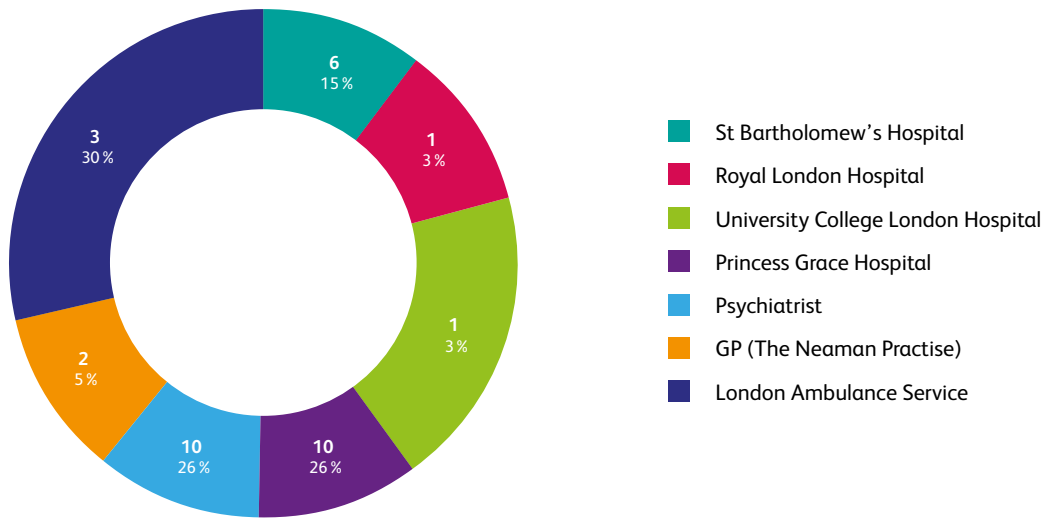
In 2018/19, both service provider and an individual known to the service provider were the most commonly recorded alleged source of risk. This is in contrast to 2017/18 where the majority of enquiries listed the service provider as the alleged source of risk. There were four cases where there was alleged to have been multiple sources of risk, these typically involved a service provider and someone known to the individual.

Source of Referrals



It is positive to see referrals from a wider range of services for 2018/19, with referrals being made from 12 different sources. A quarter of referrals were made from someone working in the health service, this could include a GP, hospital worker or district nurse. A number of referrals were also made from service providers. In total, 12 referrals were made by employees of City of London Corporation and it is positive to see referrals being made by staff who do not work in Adult Social Care.

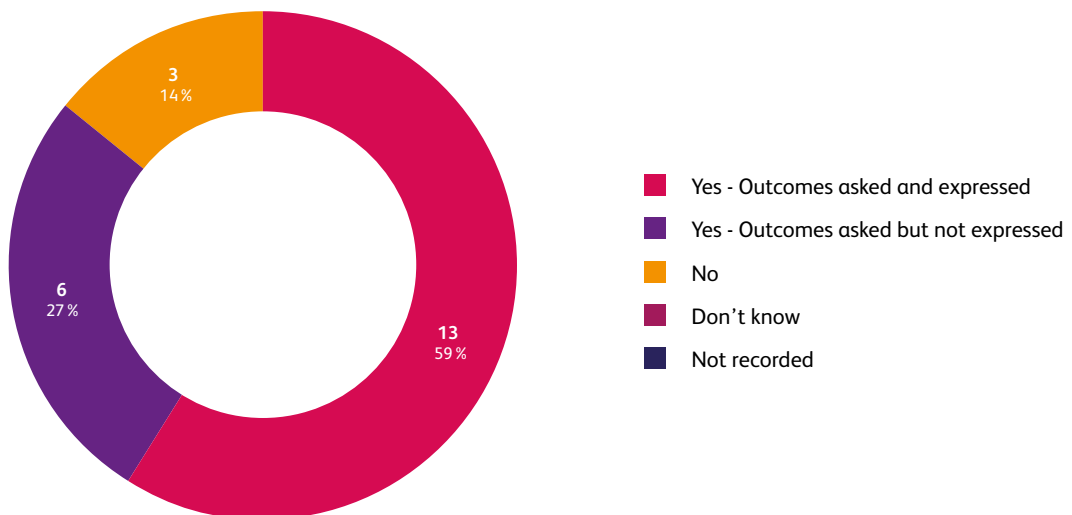
Source of Referrals – Health Breakdown



The London Ambulance Service made the most safeguarding referrals in health, this was closely followed by University College London Hospital who made two safeguarding referrals. .

Making Safeguarding Personal – Personal Outcomes

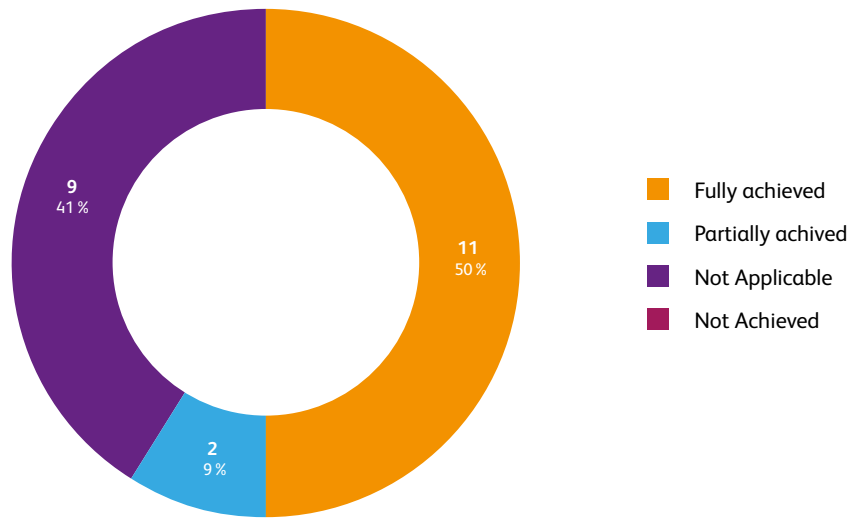
2018/19 MSP Concluded S42 Enquires Personal Outcomes (Source: SAC2018/19)



In 73% of enquiries the individual was asked about what outcomes they wanted from the safeguarding enquiry. In all six cases where outcomes were not asked this was because the people involved were not in a position where they could communicate their wishes.

Concluded Making Safeguarding Personal Section 42 Enquiries

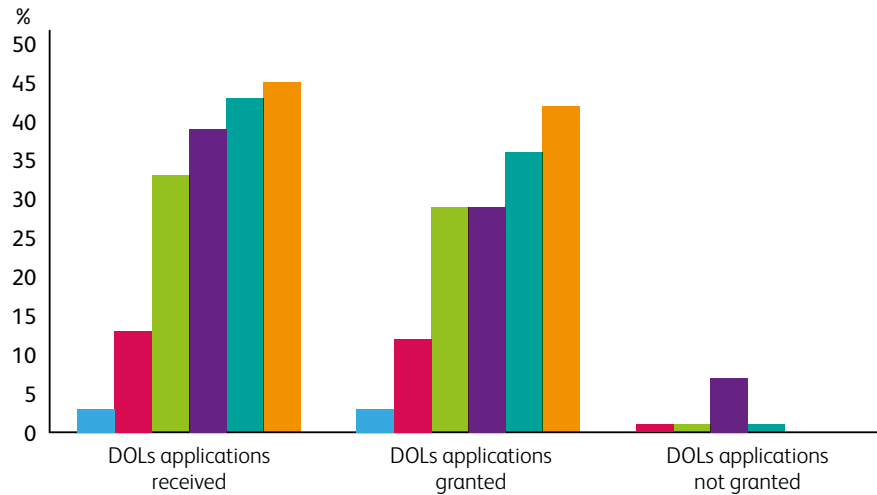
2018/19 MSP Concluded S42 Enquires Asked and Achieved (Source: SAC2018/19)



In all safeguarding enquiries where the individual was able to express their wishes they were either partially or wholly achieved.

City of London – Deprivation of Liberty Safeguards (DoLS)

COL DoLS applications 2013/14 to 2018/19



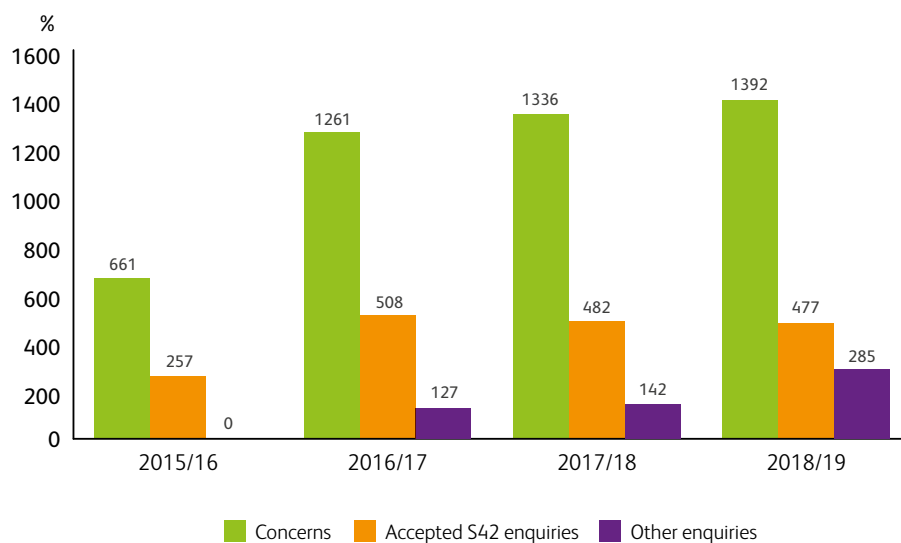
The amount of DoLS has continued to increase, with a total of 45 applications being made in 2018/19. Of these 41 applications were granted. The outstanding four were DoLS that were not completed and therefore no further action took place.

London Borough of Hackney Safeguarding Activity

- 1,392 concerns were raised;
- 477 concerns led to a s42 enquiry and 285 an 'other' enquiry
- Of the 416 concluded cases, 311 expressed their desired outcomes. 165 people had their desired outcomes fully achieved and 120 partially achieved.

Safeguarding Concerns /Section 42 Enquiries

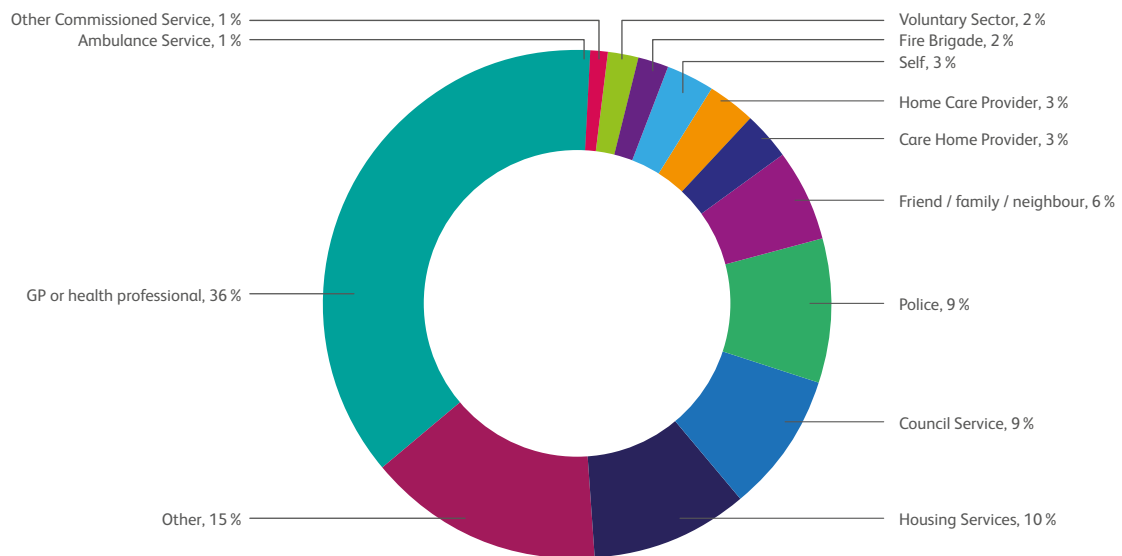
Total number of Safeguarding Concerns and Enquiries 2015 to 2019 (SG1f)



There continues to be an increase in the amount of safeguarding concerns being referred to Hackney Adult Social Care reflecting a trend that has been on-going since 2015/16. The rise in concerns being reported to Adult Social Care is welcomed and represents a greater awareness of our duty to report safeguarding concerns. It is noted that there has continued to be a decrease in concerns becoming a s42 enquiry, however there has been a significant increase in other enquiries being undertaken. The Care Act 2014 statutory guidance states that Local Authorities have the discretion to undertake an 'other' non-statutory enquiries where the individual may not have care and support needs but may be experiencing abuse or neglect. An audit was conducted reviewing the appropriateness of the other enquiries and it was found that actions taken by the local authority were proper.

Source of Referral

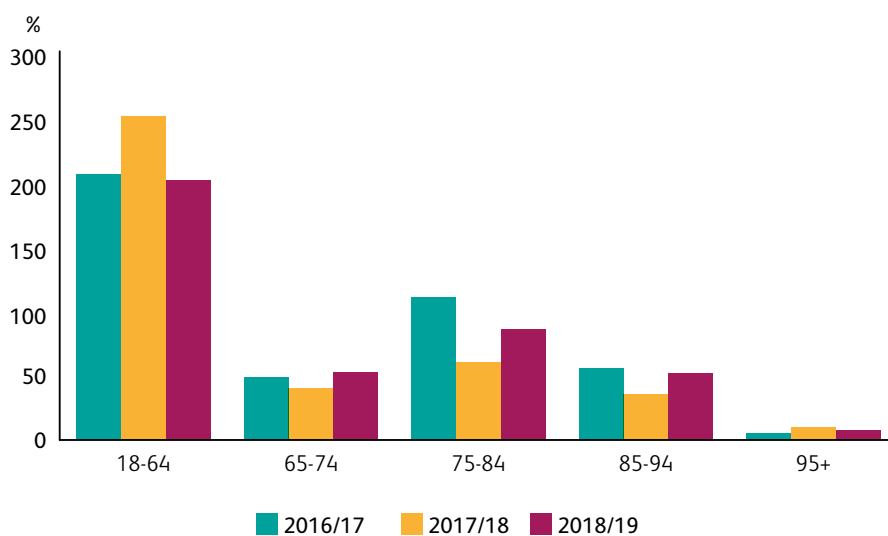
Proportion of Concerns by Source of Referral 2018/19



The health profession continues to be the biggest referrer of safeguarding concerns, making 36% of the referrals to Adult Social Care. There have been increases in the number of safeguarding referrals made from housing services, the police and people who have a relationship with the adult at risk or abuse and neglect. This demonstrates that safeguarding awareness continues to grow amongst professionals in Hackney.

Section 42 Enquiries - Age

S42 Enquiries by age group

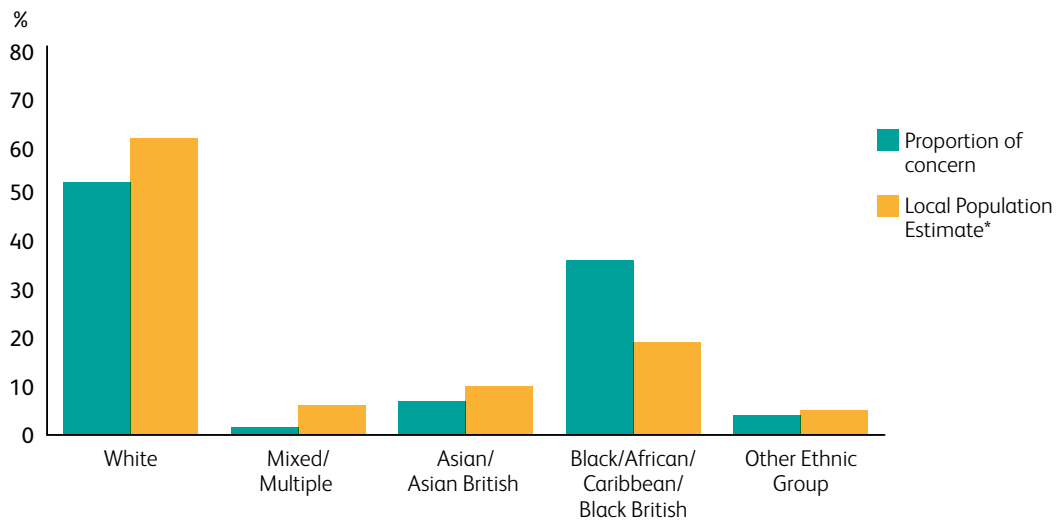


The data for 2018/19, shows that there have been slight increases in enquiries for each age category from 65 to 94, although this does not differ significantly

from previous year’s data. There has been a larger decrease in safeguarding enquiries for adults aged between 18 - 64 years, this has been offset by the amount of ‘other enquiries’ for 18 - 64 year olds which stands at 150 enquiries.

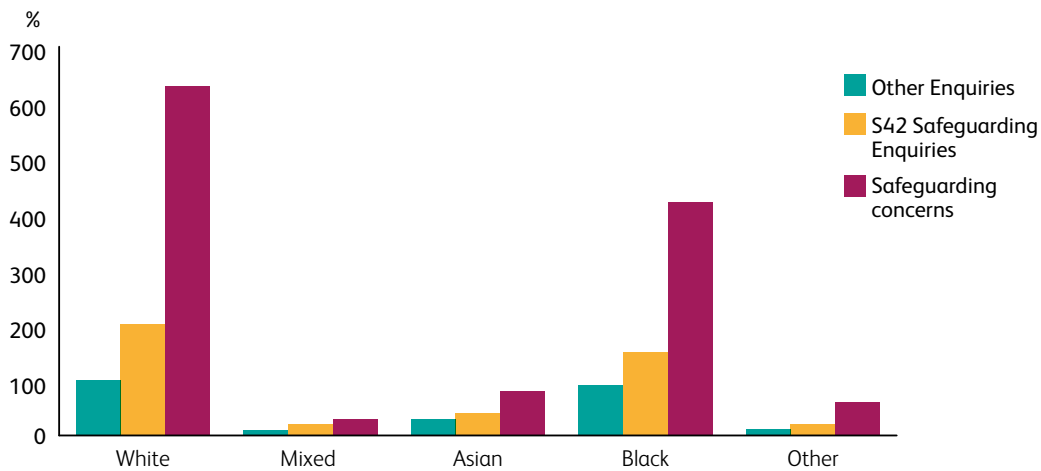
Section 42 - Enquiries by ethnicity

Safeguarding concerns by ethnicity, compared with the local population, 2018/19



*Local population estimates for Hackney © Greater London Authority, 2017 ("GLA 2016-based Demographic Projections, 2017")

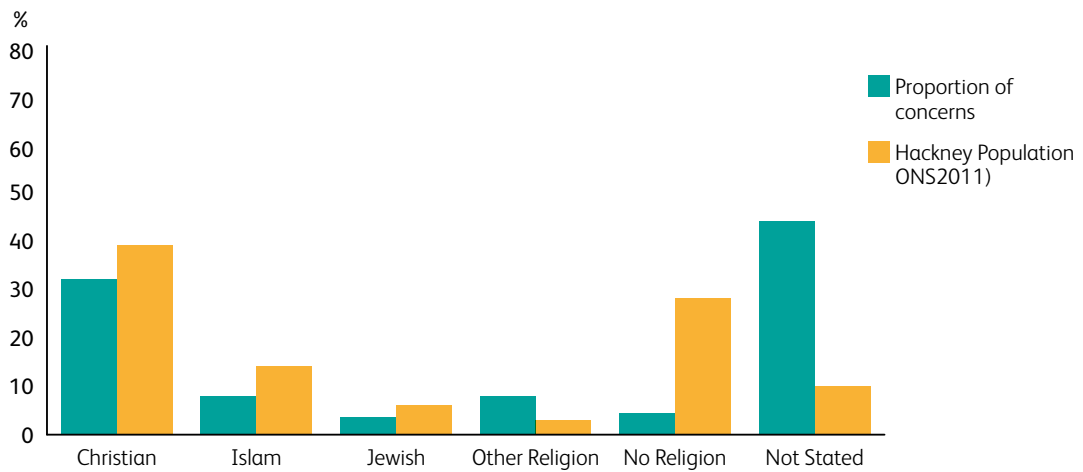
Conversion of Concerns into enquiries by age group, 2018/19



The data for 2018/19 shows that there continues to be an over-representation of safeguarding concerns raised in respect of the Black community, whilst there is also continues to be an under-representation of people from a mixed and Asian background. The gap for people from an Asian background being referred to safeguarding has reduced when compared to previous years.

Section 42 Enquiries - Religion

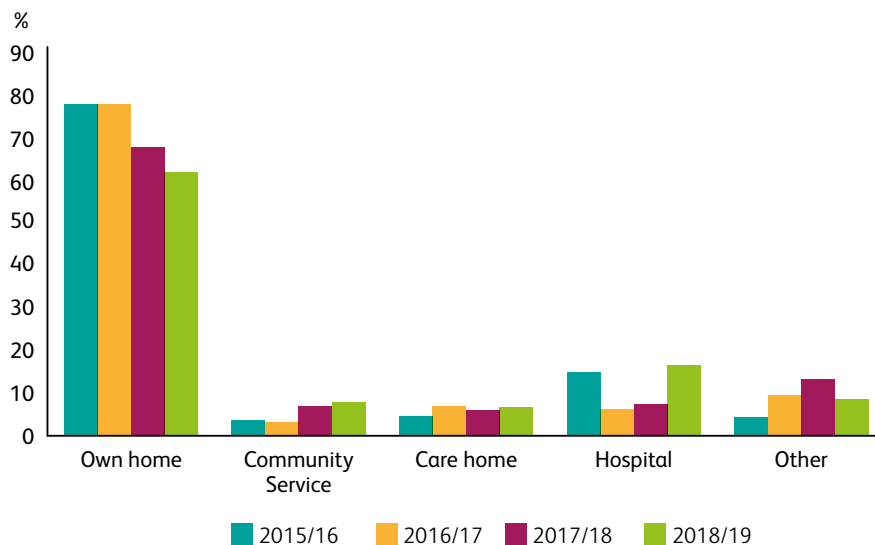
Safeguarding concerns by religion, compared with the local population, 2018/19



From initial data it appears that there is an under representation of all religions being referred to safeguarding, particularly those with no religion. However, there remains a high proportion of individuals that did not state their religion, consequently some of this under-representation may sit within the ‘not stated’ group.

Section 42 Enquiries – Location of Abuse

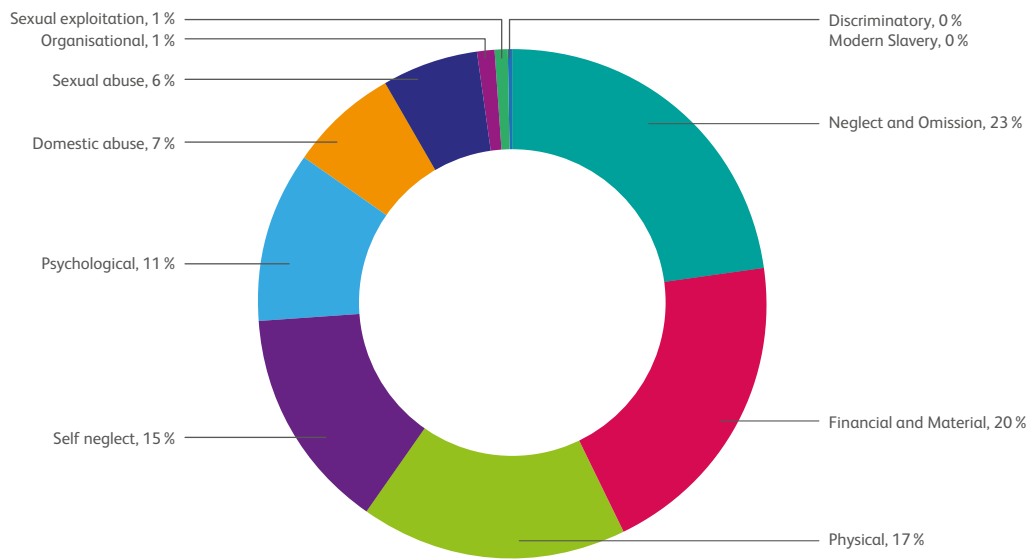
S42 Enquiries by location of abuse 2015 to 2019



The pattern of decreasing abuse within the home has continued into 2018/19. In contrast, there has been a significant increase in abuse taking place in hospitals. However, there has been more safeguarding awareness training in hospitals leading to more safeguarding incidents being reported to the local authority.

Section 42 Enquiries – Types of Abuse

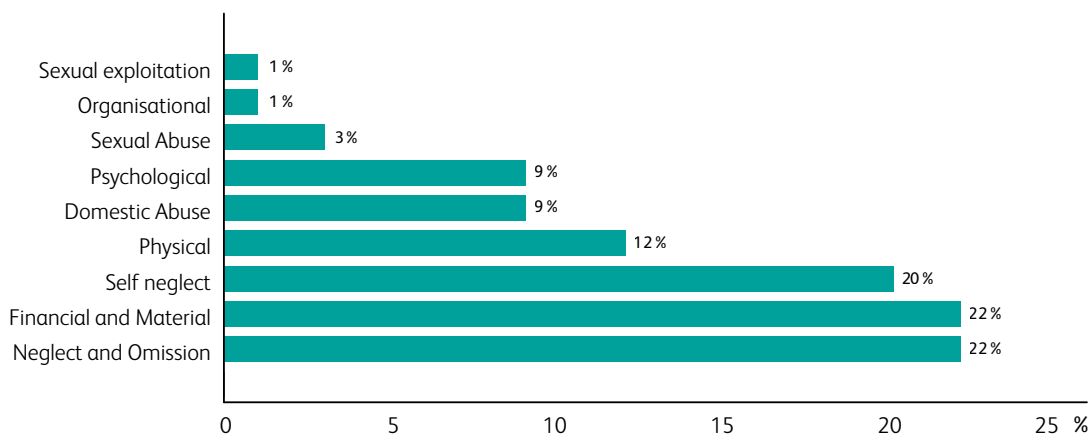
S42 by types of abuse 2018/19



Neglect and acts of omission was the main type of abuse recorded in Hackney for 2018/19, which has overtaken financial abuse. The top three forms of abuse recorded in Hackney are consistent with the national data on abuse and neglect.

Types of Abuse in Own Home – Breakdown

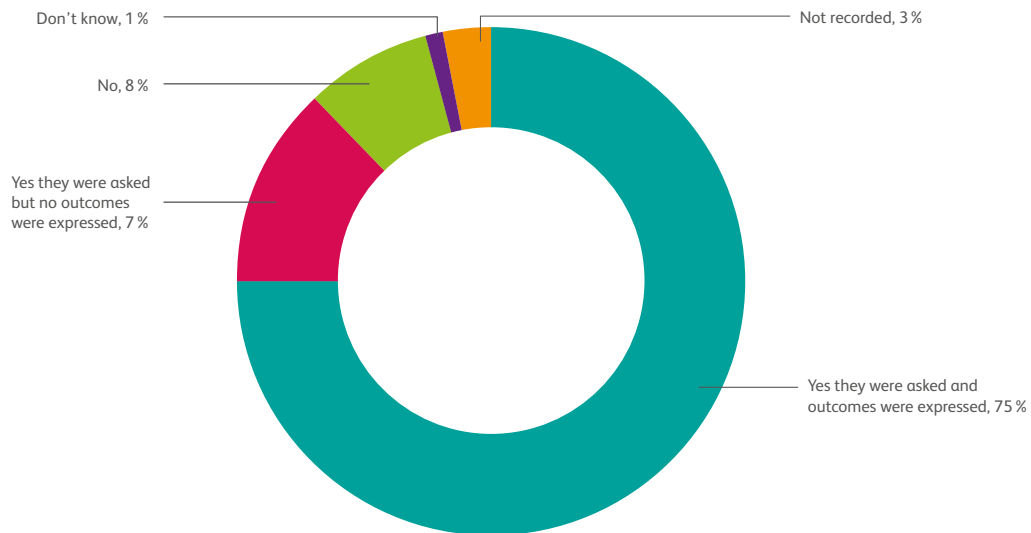
Proportion of types of abuse in own home 2018/19



The main forms of abuse in the home continue to be neglect and acts of omission and financial abuse. There has been a significant increase in self-neglect being reported, as self-neglect was only formally recognised as a form of abuse since 2015 this may be due to a better awareness of self-neglect and its indicators. The CHSAB has specifically provided training in relation to self-neglect as well as this being the focus of a number of our SARs, which has also helped raise awareness. .

Making Safeguarding Personal – Outcomes for Concluded Section 42 Enquiries

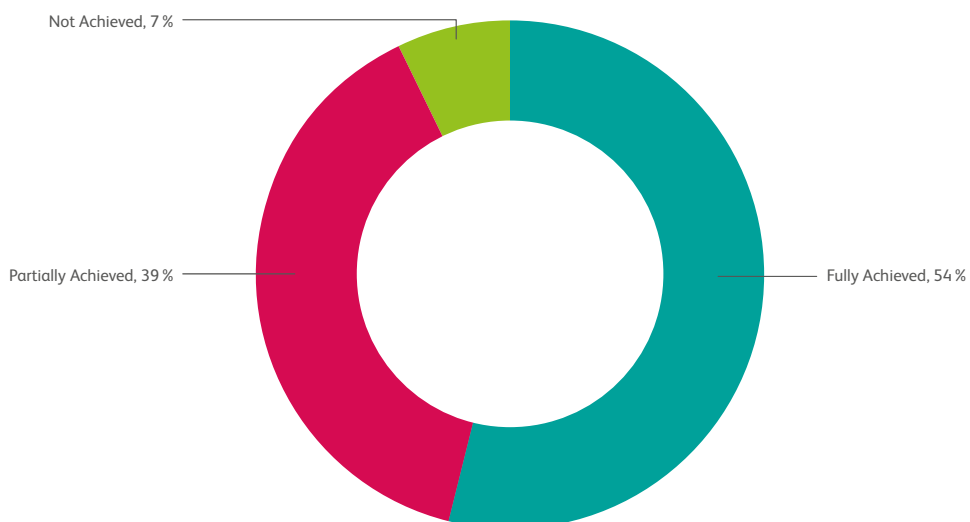
Making Safeguarding personal outcomes for concluded S42 Safeguarding enquiries



In Hackney, frontline staff are continuing to ensure that people who experience the safeguarding process are asked about the outcomes they want. This year 88% of people were asked what they wanted the outcomes to be, a 4% increase on 2018/19.

Desired Outcomes of Concluded Section 42 Enquiries

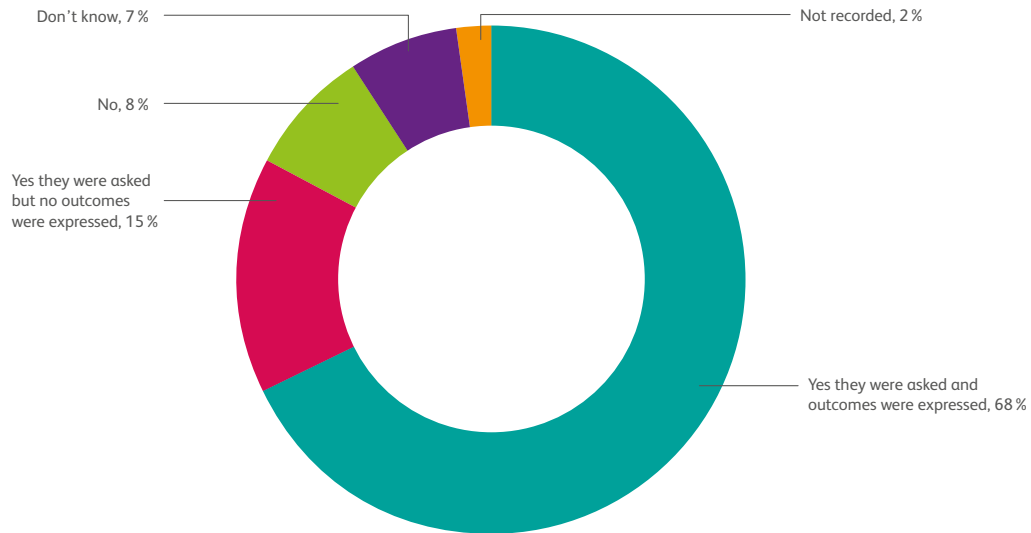
Desired outcomes of concluded S42 enquiries where outcomes were asked and achieved



Where individuals were asked what outcome they wanted in 97% of enquiries these were either fully or partially achieved. In 2018/19 there has been an 8% increase in outcomes that have been fully achieved. This represents a better understanding that, where possible, the wishes of the individual at the centre of the safeguarding should be respected.

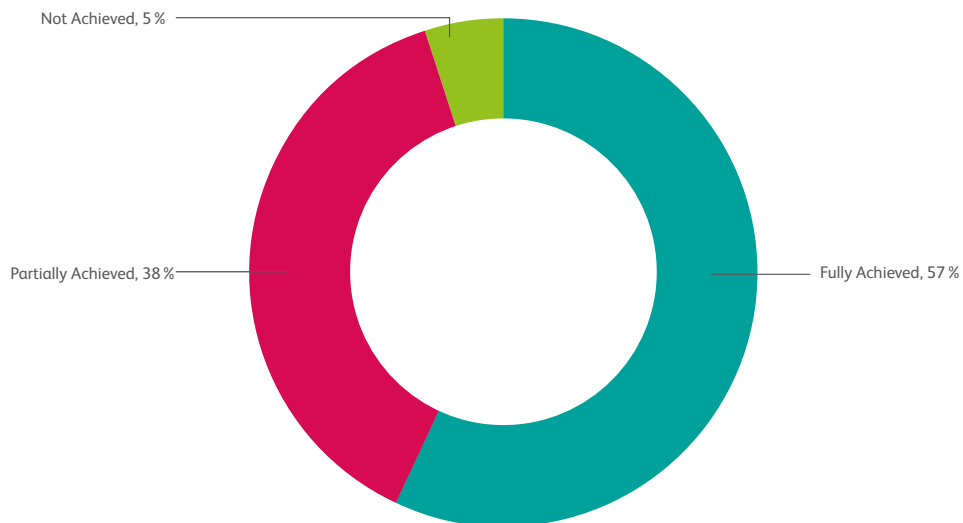
Making Safeguarding Personal – Outcomes for other concluded safeguarding enquiries

Making Safeguarding personal outcomes for other concluded S42 Safeguarding enquiries



Desired Outcomes of other Concluded Enquiries

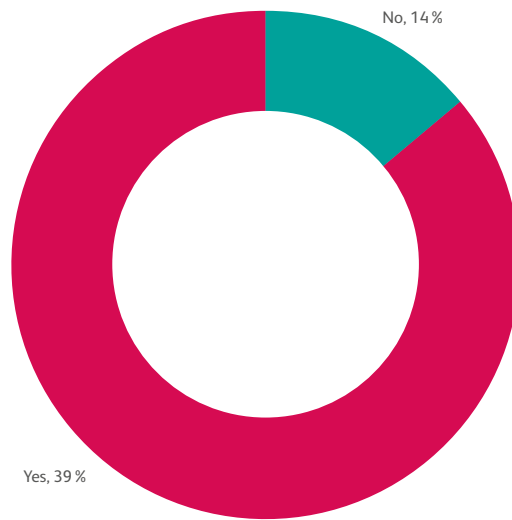
Desired outcomes of other concluded enquiries where outcomes were asked and achieved



Similarly data indicates that there is greater personalisation in ‘other enquiries’, with 83% of adults being asked what outcomes they want and of those that were asked, 95% had their desired outcomes fully or partially met.

Feedback of Safeguarding Activity to Referrers

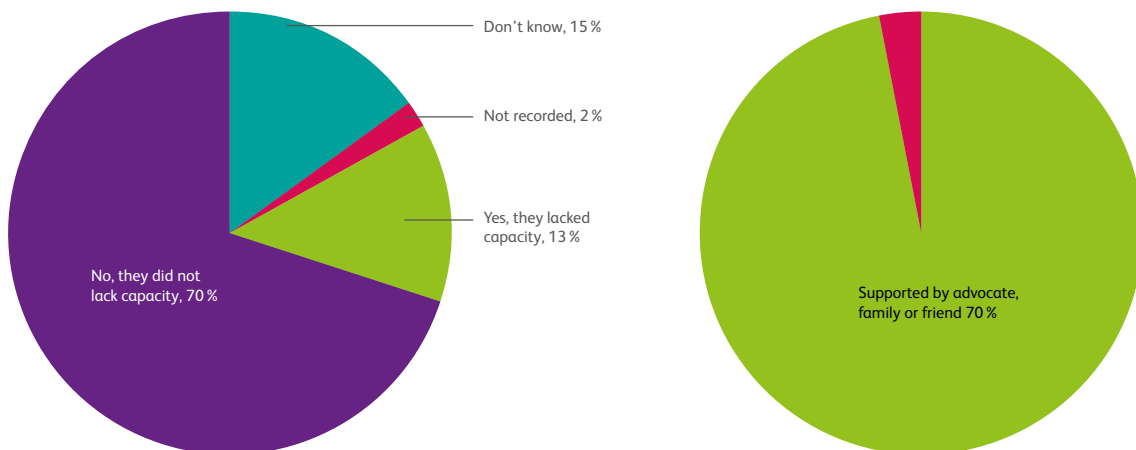
Feedback of Safeguarding activity to referrers



Feedback to referrers continues to improve in 2018/19, with a 2% increase in figures. This follows a pattern of improving engagement with referrers over the past few years.

Mental Capacity – Subjects of Concluded Section 42 Enquiries

Mental capacity of subjects of other concluded Safeguarding enquiries



In 2018/19, 13% of people were deemed to lack capacity to make decisions about their care. Of these cases, the adult at risk of abuse or neglect was offered an advocate in 97% of cases, a 21% increase from 2016/17. The CHSAB has funded significant training around mental capacity and this is a key message from the SARs undertaken by the Board, this could have impacted the increase, as well as better recording of data.

Deprivation of Liberty Safeguards (DoLS)

Year	Applications	Granted	Not Granted
2018/19	766	513	255
2017/18	693	462	228

Year	Applications
2018/19	766
2017/18	693
2016/17	810
2015/16	690
2014/15	358
2013/14	24

The data shows that there were 766 new or renewal applications processed, an 11% increase on last year's statistics. However, there was a reduction on the number of 'unique people' subject to a DoLS which has reduced from 570 to 537 people. It was interesting to note that there has been a 12% increase in DoLS applications being refused.

Contributions from Partner Agencies: Case Studies

Public Health

Nina, a vulnerable young woman with complex needs and a history of trauma, was supported by the Multiple Needs Service. Nina went through a repeated cycle of childhood abuse and spent a few years in care before returning to live with her mother. She became drug dependent after being introduced to them by her ex-partner. Nina's physical and mental health was very fragile, due to her chaotic lifestyle, the cycle of abuse she has been involved in and her self-neglect.

Nina has a son who was removed from her care at the age of five. She hasn't had face-to-face contact with her son for over six years and was advised she needs to regain stability before can see him again. In the meantime, she has been maintaining letter contact with him via his social worker. She experienced complex PTSD, compounded by the grief and loss of having her son removed from her care.

Nina was in a controlling and abusive relationship, which she was dependent on to help her manage aspects of her life. He was well aware of Nina's vulnerabilities and made his support conditional allowing him to control Nina. For example, he regularly used Nina to beg for money to fund his drug use, took control of her mobile phone, and exploited her flat for drug related purposes. He died of a heart attack, leaving Nina even more vulnerable. Following his death, Nina's suicidal thoughts became more persistent and increased in frequency.

Nina had a range of serious physical health problems. She had a liver transplant as a new-born baby, and was not complying with medical treatment around this. She presented as underweight, weak and generally unwell. Nina's financial situation also meant she turned to begging and was at risk of being evicted. She was subject to ongoing bullying and harassment from members of her family and other street users and presented with injuries which led to safeguarding concerns being raised.

Nina was not initially interested in changing her lifestyle, her engagement with services was inconsistent, increasingly chaotic and there was also evidence that she was still using drugs.

Services worked with Nina by carrying out regular street outreach visits and maintaining telephone contact with her as well as supporting her to manage her daily affairs so a relationship could be built which would allow further interventions. They advocated on Nina's behalf and negotiated flexibility with services in terms of her medical care. Nina was supported emotionally and practically, for instance with food, benefits, mobile phone credits, and reporting the abuse to the Police. Nina was supported to maintain contact with her son via her son's social worker. In addition, a referral to a hostel for vulnerable women was made and eviction plans were postponed. Nina was referred to

specialist services to help aid her recovery from addiction and introduced to a mental health professional from the Crisis Team. Teams also alerted emergency services in Homerton Hospital – Mental Health CRISIS Team and A&E – about Nina’s poor physical and mental health so that she could receive flexible on-going support if required.

Homerton University Hospital Foundation Trust’s (HUHFT)

Mr A, a 77 year old gentleman was referred to the Adult Community Nursing Service for leg ulcer management. He presented with wet and malodorous legs, soiled clothing and was generally unkempt. The district nurses, who were concerned about this, raised a safeguarding concern for self-neglect.

Mr A continued to attend the leg ulcer clinic in soiled smelly clothes. The district nurses were concerned about his cognition and ability to self-care so they referred him to the dementia specialist nurse. During one clinic visit, Mr A informed the district nurses that he had no hot water at home. This raised the curiosity of the nurses considering that no health professional had visited him at home. After discussion, Mr A agreed for the dementia nurse and the district nurse to undertake a home visit.

During the home visit there was evidence of gross hoarding in all rooms, no heating, a soiled broken toilet, evidence of infestation and rotting food throughout the flat, piles of rubbish and general belongings everywhere. Mr A informed the nurses that he had given a friend some money to buy a new television. This raised the question of financial abuse and a safeguarding adults referral was made for financial abuse, self-neglect and hoarding. The nurses also contacted housing for an emergency repair, which was allocated as a priority.

A safeguarding meeting was held at Mr A’s house attended by two social workers, dementia specialist nurse, housing officer and an administrator. A capacity assessment was completed in relation to Mr A’s ability to manage his finances. Mr A was found to have capacity and spending his money on a new television rather than on clothing and food was deemed an unwise decision. Mr A expressed his wish to move closer to his cousin in another borough. The district nurses supported him to complete all the relevant paperwork. He also stated that he wanted to remain in his flat until then and accepted a carer to support him de-cluttering his flat.

The nurses were able to provide him with some clothes and food. A social worker worked with Mr A to arrange the flat to be cleaned so that repairs can be made to his property.

London Borough of Hackney

Mr B was an 80 year old man who at the time of referral lived in a one-bedroomed Housing Association (HA) property, within a sheltered accommodation scheme. He had lived there for a number of years following deterioration in his functioning. It was understood that, although he had two brothers, he had lost contact with them and had no other family members involved in his care.

Mr B was referred to the Local Authority by his HA who had concerns that he was being financially and psychologically abused by an individual residing with him who identified themselves as his primary carer. The HA was worried that Mr B may be subject to duress and were concerned that the individual had begun to get more involved in the lives of other adults at risk within the scheme. The scheme manager had had some initial conversations with Mr B about the arrangement and had stressed to him that he was running a high risk of being evicted from the property as he was in breach of his tenancy.

The case was allocated to a social worker who made initial contact with the scheme manager to gain further understanding of the situation and to establish the best way to make contact with Mr B. This was important given that the potential issues of duress and the informal carer becoming unpredictable and aggressive when challenged. The scheme manager had a good relationship with Mr B and was able to arrange a meeting with him and the social worker on the same day.

Mr B appreciated the concern but stressed that he had no difficulties or concerns in relation to the arrangement. He explained, reluctantly, that he initially met the carer a few years ago. They agreed to enter into an arrangement where Mr B provided accommodation and the carer provided support for him to manage his finances and care needs, as well as company. Mr B stated that his carer was not using his money for their own means however acknowledged the arrangement had differed from what he had expected.

Mr B was clear that he did not want any action taken and began to get distressed by the conversation. The social worker was able to calm Mr B and accepted his decision, they did however check that Mr B knew what to do and who to contact if the situation changed and he did need assistance. Mr B once again became upset and the social worker agreed to call back in a few days to see if there was anything else that they could assist him with.

The social worker arranged to see him again three days later in the manager's office. Mr B attended the office having given some thought to what he wanted to happen. He stated that he required assistance to end this relationship although he stated that he was frightened of the implications for him. He stated "Please do what you have to do to stop it". With the agreement of Mr B, the social worker made contact with the Police who subsequently attended the property and arrested the carer on the basis of abusing their position and possible financial abuse. The police issued bail conditions that they should not engage with Mr B.

Mr B was extremely pleased with the outcome. The scheme manager was able to complete a risk assessment with Mr B, which included a change of lock, and consideration of a personal alarm. The social worker visited Mr B over the next few days to explore community opportunities for Mr B in order to address his sense of loss of relationship and the opportunities for him to regain control of his life.

Police are currently progressing a charge of theft and fraud.

Multi-Agency Working

Mr F was a 50 year old single man who was understood to be living alone in a flat within a Local Authority housing block. He had lived there for a number of years. Mr F first came to the attention of mental health services via the Anti-Social Behaviour Team in 2016, due to ongoing difficulties with his neighbours. They were of the opinion that his objections were not rational and may be linked to paranoia. Mental health services attempted to engage but he was subsequently discharged from their services as he did not take up their offer of support.

The case was re-referred back to Adult Social Care (ASC) in 2018 due to erratic and anti-social behaviour towards his neighbours. A social worker attempted to make contact via letter on several occasions and making a series of announced and unannounced visits. This led to Mr F emailing the allocated social worker asking them to desist from making contact and to complain about a neighbour who he believed to be causing difficulties. He made reference to being harassed by the London Borough of Hackney.

ASC liaised with the Housing Officer to gather more information about Mr F's residency, however little was known about him. A referral was made to the multi-agency High Risk Panel due to concerns about his lack of engagement and his housing situation. This was to identify if there was anything that could be done to clarify the individual's vulnerability and secure any relevant services.

The case was presented by the allocated social worker and their manager. The Panel consisted of Adult Social Care, the Local Authority Head of Safeguarding, Housing Manager, mental health services and the fire brigade.

The agencies confirmed that Mr F was mobile, in substantial arrears for non-payment of his service charge and refusing access for a hoarding and risk assessment. London Fire Brigade had completed a visit some time ago and had made a number of suggestions to address substantial hoarding, this included installation of smoke alarms. Mr F had no known GP and there were no identified utilities in the property.

There was a query as to whether Mr F had mental health difficulties which were impacting upon his well-being or whether he had a degree of eccentricity and wanted to be "off the grid". Whilst services did not know a great deal about Mr F the main concern for the Panel was the risk to neighbours and his possible eviction due to non-payment of his service charge.

The Panel agreed that the fire brigade would make contact as he had been receptive to them in the past. Local Authority Housing would also make contact on the basis of identifying if he required financial advice regarding payment of service charge arrears. Mental health services also gave consideration to the use of formal powers in order to convene an assessment of his mental health, and therefore avoid a deterioration in his well-being.

Following the fire brigade's visit, Mr F agreed to engage further with them. He agreed to liaise with a financial adviser who was being arranged by the

housing team. It was determined that Mr F did have mental health difficulties and are supporting workers to engage with him.

City of London Corporation

Ann an 88 years old woman living alone with multiple health conditions including: Osteoporosis, Atrial fibrillation, Hypertension, Diabetes type II and Bilateral Lymphoedema. Ann had two children who provided a good level of emotional support but limited practical support due to where they live.

Ann received a care package which consisted of 4 calls per day to support her to manage all her activities of daily living. She required support of someone to mobilise and the use of a hoist to get into and out of bed.

Ann was taken to hospital in January 2019 with hypothermia and dehydration. It was noted shortly after being admitted that she was suffering from moisture damage, friction burns, sores to her thighs and groin; this led to concerns that this was as a result of moving and handling.

The care agency was notified that same day of Adult Social Care receiving the safeguarding adult referral and was asked to complete their own enquiries into the concerns raised.

The allocated worker met with Ann on the ward to discuss the concerns raised. Ann was deemed to have capacity. She stated that she wanted them to make enquiries to determine whether the care that she was receiving was appropriate. She advised that she wanted to be consulted throughout the process but was also happy for her daughter to be consulted. It was also noted that Ann would attend any meeting, but consideration would need to be given to the location if a formal meeting was required.

The allocated worker met with all agencies involved in Ann's care. It was found that Ann never feels cold so will often sit in front of a fan in her living room regardless of the temperature. The enquiry recognised that whilst staff were not neglectful there were areas of improvement that could be made.

When asked, Ann stated that she wished to remain in her home and wanted to continue to use her fan. Adult Social Care put support in place to help Ann. Carers were extra vigilant in ensuring that Ann had an easily accessible drink with her between visits and she was educated on the importance of drinking water. A thermometer was purchased so that carers could check the temperature in Ann's house and raise concerns where relevant. Additional support was provided to carers looking after Ann so that they could ensure that moving and handling was undertaken appropriately.

More widely, training was provided to Occupational Therapy and Care Agency on hoisting. Training and review of hoisting and this has been completed alongside City OT and care agency. Policies were also reviewed hoisting and mobilising.

Contributions from Partner Agencies

This section contains short accounts from members of the CHSAB about their safeguarding adults' work during 2018/19, taken from their self-assessment audit.

London Borough of Hackney (Adult Social Care)

In 2018/19, London Borough of Hackney has implemented the following work which aligns with the CHSAB priorities:

- Promoted the Multi-Agency High Risk Panel which explores ways to support people with complex needs
- Supporting the newly commissioned “umbrella” advocacy service which commenced in April 2018. This features a single point of access for all advocacy, which has significantly reduced the issue of receiving inappropriate referrals.
- Progressed our “Making it Real” initiative, which engages Hackney residents to ensure truly personalised approaches to our work.
- The annual customer satisfaction survey which incorporates a “safeguarding perspective”, has indicated that 84% of people in receipt of care services, say that those services make them feel safe. The figure for Hackney is above the London average of 82%.

Adult Social Care were the subject of a Peer Review in April 2018 which focused on Adult Safeguarding using the National Adult Safeguarding Standards. The review was largely positive and acknowledged good practice in a number of areas namely:

- Multi-Agency High Risk Panel is well regarded, widely utilised and leads to better outcomes
- Evidenced examples of good multi-disciplinary and joint working arrangements
- Positive relationships were evident across the partnership
- Innovative use of the voluntary sector to raise awareness of adult safeguarding
- Service users and carers were optimistic that co-production will continue to be a priority

Adult Social Care developed an action plan to address areas of improvement identified and have achieved the following since the review:

- Implement the “3 Conversations” model, with Partners for Change, to promote strength based approaches to supporting residents. This involves a key worker supporting the person to identify what could support them to keep their independence and increase engagement within their community.

- Refining our data collection to better understand concerns being generated so that we can better direct safeguarding awareness.
- Ensured that adult safeguarding and learning from SAR's is incorporated into relevant work streams
- Strengthening the offer to Carers by creating of a Carers Partnership Forum

There remains work to do as the audit has provided an opportunity to:

- Continue to develop our preventative services, which play a significant role in enabling people to remain in the community
- We have enhanced our “front door” to incorporate initial triage of safeguarding concerns which has led to quicker coordination of responses to safeguarding concerns.

City of London Corporation

The City has continued to work on a number of projects and has developed a number of new initiatives. The work on financial scamming with Trading Standards has continued and is embedded within practice. There remains a strong ongoing multi -agency commitment to the established Hoarding, Self-Neglect and Fire Risk Panel.

The City has continued to embed the principles of Making Safeguarding Personal across the organisation with joint training with Adults, Children's, Homelessness services and commissioned providers. The Adult Social Care team now has a full complement of permanent social workers to help deliver a consistent relationship-based approach to practice. The City will continue to prioritise MSP across the organisation in the coming year.

A review of supervision arrangements has taken place following which there will be further development of cross service peer supervision opportunities within a Think Family approach.

Following some innovative outcome focused commissioning, Age UK have been appointed to provide a Community Connections service aimed at reducing social isolation and providing a joined up early intervention approach for City residents.

The City has continued its strong commitment to learning from Safeguarding Adults Reviews. A new internal procedure has been developed and embedded to ensure all future SAR learning is appropriately distributed to commissioned providers.

Adult Social Care and the City Homeless Service have been working closely together to safeguard Rough Sleepers. A monthly meeting now takes place between City Outreach services and social workers to promote understanding of the issues facing rough sleepers and to seek to address any safeguarding and wider Care Act responsibilities.

The City of London Corporation has continued to work as part of an integrated health and care system with City and Hackney CCG and the London Borough of Hackney. As part of this, a system wide safeguarding framework has been developed embedding safeguarding considerations across the work being undertaken as part of the integration project.

City and Hackney Clinical Commissioning Group

City and Hackney CCG have developed and strengthened Adult Safeguarding in 2018 with a number of significant achievements. In the 2017/18 annual report we identified seven key priorities for 2018-19, and we are pleased to report all of these have been actioned. Four of our key priorities have been completed whilst work on the remaining three is ongoing. Our structural highlights this year include:

- The permanent appointment of a Designated Adult Safeguarding Manager
- The successful appointment of a GP clinical lead for Adult Safeguarding with a commitment to continue this role in 2019/20
- A 75% increase in funding commitment to the CHSAB
- Publication of a new CHCCG Adult Safeguarding Policy and CHCCG Safeguarding through Commissioning Policy.
- Publication of the first Learning Disability Mortality Review report.

In support of the CHSAB priorities, the CCG achieved:

- **SAR Learning:** We successfully embedded SAR actions into the Integrated Commissioning Programme and supported the embedding of Safeguarding as a 'golden thread' running through all aspects of planning and transition within Integrated Commissioning.
- **Working Across Partnerships:** Coordination with CCG colleagues across the North East London Commissioning Alliance (NELCA) to streamline policies and strengthen partnership working.
- **Staff Competency:** Increased training and support offer to GPs including bespoke Adult Safeguarding Training Sessions for GPs, joint children and adult safeguarding reflective forums adopting a 'Think Family Approach' and innovative Adult Safeguarding training for GP practice managers and non-clinical staff.

City and Hackney CCG have established a number of key priorities for 2019/20, these include:

- 1) Enhance our mechanisms for quality assurance of care and nursing placements particularly those commissioned out of borough.
- 2) Support the CCG and our partners to manage the transitions associated with changes to the Deprivation of Liberty legislation.
- 3) Embed safeguarding in the neighbourhood model and the further integrated commissioning developments.

City of London Police (COLP)

COLP continued to develop working practices around the 'Vulnerability' Policing priority. This has included developing an overarching 'Vulnerability Action Plan', tasks on the plan include:

- A vulnerability performance dashboard developed to provide a better picture of issues affecting the City
- A 'vulnerability risk register' has been developed to ensure specific risk relating to vulnerability and safeguarding can be assessed and escalated
- 477 officers have received vulnerability training

COLP secured funding for 2019/20 for a mental health triage nurse and Vulnerable Victim Advocate. This has led to a significant decrease in the need to apply S136 of the Mental Health Act to members of the public.

Support is offered to vulnerable victims of crime including domestic abuse, sexual violence and fraud, as well as opportunities for third party reporting to outreach services and engagement work. These services have been referenced as examples of good practice by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services. The domestic abuse toolkit for businesses has been rolled out, to help them identify and support colleagues who may be suffering abuse.

COLP have continued work around modern slavery and human trafficking, working with building sites to raise awareness and uncover possible victims. COLP have taken part in 'Operation Aidant' – a National Crime Agency initiative tackling different aspects of modern slavery, including work with sex workers.

COLP have developed and implemented 'Op Luscombe' a multiagency initiative to work with rough sleepers, identify their vulnerabilities and offer assistance and diversion rather than prosecuting from the outset.

The Fraud Hub continue their work to identify and work with vulnerable victims of fraud, ensuring that information is passed to relevant force areas in national cases for safeguarding.

The Professional Standards Department have continued their work around 'Abuse of Position' to ensure processes are in place to identify staff that may abuse their position to take advantage of vulnerable victims or members of the public.

In the coming year COLP will be focussing on the following:

- Reviewing Domestic Abuse guidance to incorporate guidance for those whose first language is not English
- Development of a 'Vulnerability' problem profile bringing together all strands of vulnerability that affect adults, rather than separate profiles that currently exist.

Metropolitan Police Service (MPS) Hackney

In October 2018 Tower Hamlets and Hackney boroughs merged into Central East (CE) BCU and a dedicated Safeguarding strand was created. This structural change has significantly raised the profile of safeguarding within the MPS, making it core business for all staff.

The MPS has a number of dedicated central units dealing with specific categories of abuse. Locally there are BCU-based units such as the safeguarding investigation pods, who deal with domestic abuse, hate crime and elder abuse, and since February 2019, also have responsibility for the investigation of rape and serious sexual offences. Operation Jigsaw handles safeguarding issues arising from the management of serious sexual and violent offenders.

The CE Exploitation team addresses issues around 'cuckooing', where a vulnerable person's address is taken over for the purpose of criminality, and other forms of exploitation of vulnerable adults. The team also has responsibility for missing persons and considers whether abuse or factors such as dementia have contributed to / triggered the disappearance. In the past year the MPS has introduced the 'Herbert Protocol', which involves recording details of significant people and places for vulnerable adults suffering from dementia who have previously been reported missing.

The MPS have undertaken work to strengthen links between the different units who have safeguarding responsibility. There is increased interaction between the Safeguarding Investigations teams, Exploitation team and Mental Health team, with learning being identified and shared with the wider BCU through different means. Our local Tactical Tasking and Coordination Group meeting also includes a focus on Safeguarding ensuring this is an operational priority.

There has been a significant focus on training to develop safeguarding understanding amongst officers. For example, three supplementary courses based on safeguarding were created to help safeguarding officers deal with the recently devolved investigation of rape, serious sexual assault and child abuse.

An adult's ability to make lifestyle choices, issues around vulnerability and the principles of the Mental Capacity Act has been a focus for the MPS, with Victim Care being a key strategic priority. Staff are required to take a person-centred approach to risk management and safeguarding. For example, an adult's view regarding the outcome of criminal investigations must be sought and recorded by officers. To support officers, training around Making Safeguarding Personal was developed in conjunction with Dr Adi Cooper. This includes an input around capacity and the role of other agencies. It is currently being rolled out to all local officers, up to and including Inspector level.

There has been a significant focus on audit and learning over the past year. The Partnership DI is responsible for collating learning from audits and reviews and ensuring this informs local practice. Issues have also been raised with the relevant central teams as appropriate. The MPS further holds a central list of all internal SAR, SCR and DHR recommendations, identifying patterns and trends and holding BCUs to account for completion.

Homerton University Hospital Foundation Trust's (HUHFT)

The adult safeguarding team have worked collaboratively to ensure that safeguarding concerns are better identified. A process is in place to triangulate complaints, serious incidents, and legal claims, which enables the adult safeguarding team to be involved in screening for potential safeguarding referrals from the point at which they are reported. This has created a robust system to ensure referrals are made to Adult Social Care efficiently.

Staff knowledge and awareness around mental capacity assessments has improved as a result of the introduction of Mental Capacity Act (MCA) simulation training. The training covers the principles of the MCA assessments and ensures that assessments are correctly documented on the Electronic Patient Records system before applying for Deprivation of Liberty Safeguards (DoLs). More simulation sessions are planned to enable staff to practice skills in a safe environment.

The adult safeguarding team conducted an MCA audit to check whether staff were considering the first principle of the Mental Capacity Act of assuming capacity at all times. The clinical notes indicated that patients were presenting with considerable psychosocial complexities that called for a multidisciplinary approach and careful discharge planning. The audit indicated evidence of thoughtful and person-centred practice – with a focus on seeking consent – particularly by therapy staff.

The Trust has had a Lead Learning Disability and Adult Safeguarding Nurse Practitioner in post since April 2018, tasked with raising awareness about learning disability. Bespoke learning disability training with focus on reducing health inequalities for people with learning disabilities has been conducted across acute and community health teams and learning disability training is now incorporated into HUHFT induction. The feedback from the training has been extremely positive.

The adult safeguarding team has initiated a Learning Disability Working Group with a focus on ensuring that a culture of making reasonable adjustments is embedded and consideration is routinely given to carrying out Mental Capacity Act assessments.

There is a page on our intranet which has resources about making reasonable adjustments, to ensure that all services are accessible for people with communication problems or those for whom English is not their first language.

The trust has participated in an NHS Improvement Learning Disability Benchmarking exercise involving both patients and staff, aimed at improving the quality of service provision to people with learning disabilities nationally.

East London Foundation Trust (ELFT)

Over the past 12 months considerable energy and attention has gone into improving the systems and processes around Safeguarding Adults in ELFT. The aims have been:

- To improve the understanding of front-line staff about Adult Safeguarding and in particular Making Safeguarding Personal
- To increase the support and advice available to staff
- To improve our recording and reporting of Adult Safeguarding concerns
- To improve the experience of service users, where safeguarding concerns are raised.

There have been a number of safeguarding achievements for ELFT during 2018/19, these include:

- We worked with London Borough of Hackney (LBH) to agree a streamlined process of reporting safeguarding adults concerns into LBH. This will help ensure the consistency of information provided to LBH.
- We worked with LBH's Head of Adult Safeguarding to develop our proportionality document, which has now been implemented on all our inpatient wards. It is intended to ensure that there is a proportionate response to the safeguarding issues that arise in an inpatient setting.
- We have increased the number of Safeguarding Adults Managers (SAM's) working across the service. There are currently 22 SAM's based in ELFT, including Inpatient Services. We have worked with the London Borough of Hackney to ensure our SAM's have regular support and refresher training.
- We have developed, tested and implemented a new Rio Safeguarding screen, which is our patient case management system. This new form has several advantages, specifically it will improve our recording and reporting in relation to Adult Safeguarding and it also has in-built prompts in relation to Making Safeguarding Personal to ensure that our staff are considering this for all patients.
- The Trust has introduced new face to face training for Adult Safeguarding Level 3 for staff which is in the process of being rolled out.

ELFT has set itself the following priorities for 2019/20:

- To complete the implementation of Rio Safeguarding Adults screen and revised Mosaic Reporting and ensure this supports staff in delivering Making Safeguarding Personal aims.
- To achieve training compliance of 90% above for Adult Safeguarding Level 2 and to ensure Level 3 training is rolled out to all front-line staff who are Band 5 or above.

London Fire Brigade (Hackney)

The Brigade's commitment to safeguarding is evidenced at the highest level in the Integrated Risk Management Plan. Once a safeguarding risk is identified appropriate action is taken and escalation can occur as needed to protect an

individual. The approach to safeguarding in the Brigade is overseen by the Commissioner.

This year we undertook over 3,000 Home Fire Safety Visits in Hackney to ensure that adults at risk were provided with suitable education and safety equipment to avoid fires within the home.

S015 Counter Terrorism from Met Police has run three sessions on Prevent in particular for our youth/health and fire safety regulation staff. In addition, an article on Prevent/Radicalisation and what staff need to be aware of/action to be taken has been pulled together and published on our Intranet to raise everyone's awareness on the topic and related responsibilities.

The Brigade has reviewed the internal Safeguarding Adults policy and updated this in line with the London multi-agency adult safeguarding policy and procedures, to incorporate the particulars of the Care Act 2014. This has been published and is available to all staff via the internal intranet. The updated policy references the Mental Capacity Act 2005 and the Prevent strategy.

The Hoarding policy has also been reviewed to signpost the issue (hoarding) as requiring a 'self-neglect' referral to Social Services Departments. The policy outlines the immediate steps which should be taken to protect the adult and preserve the scene. The delivery of the information sharing project with the London Ambulance Service to provide Home Fire Safety Visits to high risk hoarders, has been embedded into core business.

The Brigade has developed a training package for all personnel which features the 'Making Safeguarding Personal' principle. The training also provides staff with a clear working understanding of the Mental Capacity Act. The package complies with both the Care Act and London multi-agency policy and procedures, and ensures all Brigade personnel receive initial and regular refresher safeguarding training. The universal online training module was rolled out to all staff groups in 2018-2019.

National Probation Service

The Adult Safeguarding Lead for London's National Probation Service (NPS) moved to the Head of Public Protection in NPS London in February 2019. Stuart Webber, Head of Service, has represented NPS at the local SABs in City of London and Hackney.

The NPS continue to embed a culture where staff know their role in safeguarding and to ensure that poor practice is identified and tackled. This has been embedded by mandatory Safeguarding Adults training, the development of national partnership framework setting out responsibilities to adult safeguarding and mapping safeguarding in the mapping IT tool for staff. The NPS recognises safeguarding as integral to quality and best practice and that relevant connections are made at all levels between related issues such as dignity in care; equality; balancing choice and safety.

There have been a number of opportunities for adult safeguarding to be promoted within the NPS including Adult Safeguarding, Children Champion, Domestic Abuse, and Suicide Prevention Forums. The Metropolitan Police Service have supported NPS with providing briefings on County Lines, Modern Day Slavery and Human Trafficking. These areas are included in the Vulnerability Plan 2018/19.

NPS has made referrals to MAPPA which has enabled risk management planning for service users some of whom presented with acute personality and self-management issues. NPS has worked closely with Adult Social Care to improve access to available resources, namely social workers, accommodation, oversight of a wider range of professionals.

The NPS provides support to offenders at court stage, this is to assess whether they are a potential adult at risk or have care and support needs.

NPS London's Suicide Prevention Forum has focused on supporting prisoners at risk, raising awareness amongst staff of work being undertaken in the community and prisons for those at risk of heightened of harm. For example, service users with learning disabilities who are being financially exploited by other young people/ gangs who might use their property for parties/ deal drugs/ store weapons (county lines).

In 2019/20, NPS will continue to implement the Quality and Improvement Plan related to adult safeguarding. NPS will encourage discussion in team meetings of adult safeguarding to share learning and support staff. This is especially a focus in MAPPA and the new Four Pillars Approach to risk management.

Hackney Community Voluntary Service

We have had a number of achievements around Safeguarding in 2018/19, these include:

- Improving safeguarding awareness amongst grant applicants
- Hosting three sessions on Making Safeguarding Personal
- Supporting the faith sector, refugee and migrant communities to keep safeguarding on their agenda
- Conducting a service user's survey to measure the extent the VCSE puts safeguarding on the board agenda.
- Maintaining our role to eliminate violence against women and girls as well as female genital mutilation by influencing understanding and action at policy level and community level
- Supporting the sector to understand the importance of supervision and whistle blowing
- Making information about adult safeguarding more accessible on our website by ensuring that there is a wider range of documents available to staff

- Developing information on equality to ensure that all demographics are supported

Over the last year Hackney CVS has continued to spread the word about safeguarding adults, particularly those most at risk. Across the community and voluntary sector we adopt a ‘friends, family and neighbours’ approach to protect adults from harm. This enables volunteer led and smaller groups to learn out of hours in their own setting. In Hackney, safeguarding champions deliver support in community-based settings through presentations, which explain safeguarding in simple terms and in a way that is relevant to their lives. We have made strides to reach parts of the sector that need awareness sessions out of business hours and we have made progress with communicating with refugee and migrant communities, organisations that work with Muslim communities and adults aged 50 plus.

In the forthcoming year, Hackney CVS aim to:

1. To ensure safeguarding adults is on the voluntary and community sector (VCS) management committee agenda
2. To respond to the learning and development needs of safeguarding leads
3. To support the new adult safeguarding champions and existing champions to jointly deliver the awareness sessions out of hours and represent the diversity of city and hackney workforce
4. To develop cross borough connections to inform the national safeguarding policy agenda and shape the safeguarding learning needs across the VCS
5. To work closely with CHSAB partners and increase roll out of mental health awareness
6. To focus on collaborative work between CHSAB partners and VCS organisations
7. To collaborate with more CHSAB partners to hold community clinics and 1-1 sessions in community setting.

The Advocacy Project

The Advocacy Project is pleased to have joined the Board this year. We work in partnership with the voluntary and community sector and are the lead provider of advocacy across the London Borough of Hackney. As well as advocacy we undertake a range of other activities in the Borough such as peer mentoring schemes for people with lived experience of mental health and an innovative pilot project on personal health budgets.

The organisation has experience of safeguarding across all care groups in a variety of settings ranging from secure forensic units like Broadmoor Hospital, to eating disorder units, children’s hospitals like Great Ormond Street, and in community settings. We are also aware of our “transient” duty of care for citizens, residents, and volunteers.

We have made sure that safeguarding is fully established in our organisation. A robust safeguarding policy is in place, which provides clear advice on how advocates should manage safeguarding concerns. Escalation processes are in place if issues need to be reported. There is a dashboard in place to review safeguarding, complaints and whistleblowing; this information is provided to the Advocacy Project Board for oversight. The HR, Remuneration & Policy Committee maintains oversight of DBS checks and attendance at safeguarding training to ensure staff are appropriately equipped to do the role. There is also a staff survey to explore whether people feel able to speak out about concerns and the results are reported to the board.

The Advocacy Project put a strong emphasis on 'prevention is better than cure', we work closely with care and community groups to explore what local people understand by safeguarding and how to keep safe. We are applying the principles of co-production to the work. Workshops and focus groups are being scheduled in care homes across the boroughs in which we work to explore these issues. We are also holding focus groups on these same issues with people with lived experience of mental health, and also those with a dual diagnosis of learning disabilities and mental health. We hope to collaborate with CHSAB on taking this work forward and sharing the learning from it.

We have information on safeguarding that we will provide to public, this is in a range of formats including easy read and multiple languages.

Healthwatch City of London and Healthwatch Hackney

During this annual report period Healthwatch Hackney held the contract for Healthwatch City of London, so whilst they are separate entities this is a joint report. As we are not a provider organisation we would not typically deal with as many safeguarding concerns in comparison to other organisations. Despite this we still have a strong commitment to the safeguarding agenda and in the last year we have achieved the following:

- We have continued to promote Safeguarding awareness and ensured our board, staff and volunteers are provided with training around safeguarding
- We have promoted safeguarding awareness and ensure the board engages effectively with Hackney people by advising on approaches to public involvement.
- We will continue to promote safeguarding awareness to the public and in non-safeguarding specific meetings and forums.

Appendix A:

CHSAB Annual Strategic Plan 2018-2019

Appendix One: City and Hackney Safeguarding Adults Board Annual Strategic Plan 2019/20

The CHSAB Plan addresses the five core outcomes contained in the CHSAB's Strategy for 2015 - 2020.

Partner	Lead
London Fire Brigade Hackney (LFBH)	Narinder Dail
City of London Corporation (CoL)	Andrew Carter/ Chris Pelham
Homerton Hospital (HUHFT)	Catherine Pelley
City & Hackney CCG (CHCCG)	David Maher / Mary O'Reardon
Hackney CVS (HCVS)	Kristine Wellington
Hackney Met. Police (HMPS)	Sue Williams
City of London Police (CoLP)	Anna Rice
Barts Health NHS Trust (BHHNST)	Sam Spillane
London Borough of Hackney (LBH)	Anne Canning / Simon Galczynski
The Advocacy Project	Judith Davey

Sub-group	Chair
Quality Assurance	Jenny Singleton
SAR & Case Review	Chris Pelham

Task & Finish Groups	Lead
Homelessness and Safeguarding	John Binding/ Ian Tweedie
Service User Engagement	Adi Cooper
Workforce Development	Zak Darwood

Partner	Lead
London Fire Brigade City of London (LFBCoL)	Leo Back
London Ambulance Service (LAS)	tbc
East London NHS Trust (ELFT)	Dean Henderson
Public Health (PH)	Nicole Klynman
Healthwatch Hackney & CoL (HWH)	Jon Williams
National Probationary Service (NPS)	Stuart Webber
City & Hackney Safeguarding Children Board (CHSCB)	Jim Gamble / Rory McCullum
Housing Providers	Nick Hodgskin
London Community Rehabilitation Company	Kauser Mukhtar

Sub-Committee	Chair
City of London	Dr Adi Cooper

Principle 1 : Choice and Empowerment – people make informed decisions and choices, and manage the risks they take..				
Priority Outcome	Action	Method	Lead	Target Date
1. Making Safeguarding Personal (MSP) is embedded in practice and the culture of all partner organisations	1.1 Data relating to MSP will be reviewed by the Board on a quarterly basis	<ul style="list-style-type: none"> Partners data will be analysed to ensure that the individual at the centre of the safeguarding process is involved and asked about the outcomes they want. The Board will undertake audits in cases where people were not satisfied with the outcome of their safeguarding enquiry or were not asked about outcomes 	QA subgroup	
	1.2 Partners demonstrate that MSP has been embedded into their organisations	<ul style="list-style-type: none"> Partners, provide examples of specific changes or best practice that they have adopted in relation to MSP. Bespoke support should be offered to organisations who are continuing to develop in this area. Partners to provide evidence of person-centred work at the six monthly review of priorities and in their annual self-audits. 	Executive Group	
2. The Mental Capacity Act (MCA) is applied appropriately so that the principles and best interests process places the person at the centre of decisions	2.1 To review Mental Capacity and Best Interest Assessments across the partnerships.	<ul style="list-style-type: none"> Review partner data around MCA and BI assessments to assess whether these have appropriately been applied . 	QA subgroup	
	2.2 To ensure staff are giving effective consideration to MCA principles and the Best Interest process.	<ul style="list-style-type: none"> MCA and BI assessments are audited via internal, peer and multi-agency case file audits 	QA subgroup & Head of Safeguarding	

	<p>2.3 Staff are supported to build their knowledge of the complexities in implementing the Mental Capacity Act 2005.</p>	<ul style="list-style-type: none"> Bespoke learning and development programmes are put in place across the partnership to provide on-going support to staff to undertake mental capacity assessments 	<p>Workforce Learning Development/ SA Leads</p>
<p>Principle 2: Listening and Engaging – using the views and experiences of our service users, patients, carers and staff to improve and develop services across the partnership.</p>			
<p>3. Build community resilience by making the public, aware of adult safeguarding issues that may affect them, particularly groups the CHSAB has had limited engagement with previously</p>	<p>3.1 Raise awareness of safeguarding in the community and voluntary sector, with specific focus on building safeguarding awareness for those we have had limited engagement with previously</p> <p>3.2 Gather both qualitative and quantitative data to assist in identifying areas of focus for prevention work</p> <p>3.3 The Board will identify how to effectively hear from people who have received safeguarding services</p>	<ul style="list-style-type: none"> Partners to provide data in their QAF returns in relation to the safeguarding awareness raising that their organisations have undertaken with frontline staff and service users. To identify what safeguarding referral data will assist in identifying the impact that safeguarding awareness raising has had on different communities Create a variety written materials that can be provided to service users e.g easy read/ multi-language leaflets and newsletters for residents Train a second group of Safeguarding Champions so that they can build awareness of safeguarding within their own communities Provide awareness raising briefings to residents so that they can provide peer-to-peer support Obtain feedback from service users regarding issues that are important to them Analyse concerns that did not meet the s42 threshold to identify any trends and what this means for the focus of our preventative work Healthwatch and safeguarding leads across the partnership to identify how best to engage with those who have used safeguarding services 	<p>HCVS / QA subgroup/ User Engagement T&F group</p> <p>User Engagement T&F group/QA subgroup</p> <p>User Engagement T&F / Safeguarding Leads</p>

Principle 2: Listening and Engaging – using the views and experiences of our service users, patients, carers and staff to improve and develop services across the partnership.				
Priority Outcome	Action	Method	Lead	Target Date
4. Staff are supported to work effectively to support and protect those in need	4.1 To ensure that staff have the tools and support required to enable them to work effectively within safeguarding	<ul style="list-style-type: none"> To develop the workforce learning and development process to identify how to provide appropriate support and training opportunities to frontline and strategic staff . To provide a bespoke training package across the partnership and regularly evaluate training to ensure that it meets the needs of the workforce Arrange a multi-agency forum where staff can meet to learn and feedback their experiences to the Board so that this can influence future work streams Provide regular updates to staff via the staff reference group and a CHSAB newsletter for professionals 	Workforce Learning Development T&F	
Principle 3: Standards and Accountability – people at risk of abuse or neglect using care and support agencies get safe and appropriate services that keep them safe and respect their dignity at all times.				
5. The Board ensures the legal literacy of professionals within the City and Hackney	<p>5.1 The Board will agree a framework for risk management with a focus on balancing autonomy and risk</p> <p>5.2 To ensure that partners sign up to guidance released by London ADASS and LGA</p>	<ul style="list-style-type: none"> To agree shared principles that underpin assessing and managing risk, including recording and escalating arrangements and integrating MSP Ensure that all partners sign up to the revised pan London Policy and Procedures, and the London Information Sharing Agreement and aware of their obligations in respect of this. An approach on implementing LGA guidance on concerns and s42 enquiry thresholds is identified and adopted once published. 	<p>Workforce Learning and Development/ Safeguarding Leads</p> <p>CHSAB Manager</p>	

			Safeguarding Leads	
<p>6. The Board works across partnerships and Boards and staff towards a joint commitment to support people's well-being and to keep them safe</p>	<p>5.3 The Board will provide guidance to staff regarding the management of safeguarding enquiries</p> <p>6.1 The Board will work collaboratively across the partnership to ensure that adult safeguarding has an influence in all relevant initiatives across City and Hackney</p>	<ul style="list-style-type: none"> To develop guidance providing clarity on 1) when to close a case, 2) which cases require multi-agency working Agree the Modern Day Slavery Strategy and Protocol with the Safeguarding Children's Board and Community Safety Partnership Obtain regular updates on the delivery of the VAWG Strategy at the CHSAB Continue to co-operate with the LBH Community Strategy by attending the CSP Board and completing work identified 	<p>CHSAB Manager/ LBH Head of Safeguarding</p>	
<p>7. Transparency of CHSAB activity through communication, self-audit and mutual challenge</p>	<p>7.1 The core business of the Board is delivered</p>	<ul style="list-style-type: none"> Partner agencies complete the annual self-audits (SARAT) The Chair of the Board undergoes an appraisal of their performance 	<p>Executive/ CHSAB Manager/ SAR subgroup</p>	
<p>8. The Board to develop its strategy for 2020 – 2023</p>	<p>8.1 The CHSAB will develop its Strategy for 2020-23 identifying how it will continue to support adults at risk in Hackney and City of London and reduce the risk of neglect and abuse</p>	<ul style="list-style-type: none"> The Board Strategy for 2015-20 will be evaluated to determine its effectiveness and how the Board has performed in relation to the objectives it set The Board will engage its partners to determine objectives and principles for the new strategy Identify how service users can influence the strategy with the assistance of Healthwatch Use qualitative and quantitative data to identify the safeguarding needs of the community 	<p>All partners / CHSAB Manager / Healthwatch</p>	
<p>Progress and Impact</p>				

Principle 4: Access and Protection – City and Hackney residents have fair and equitable access to all services across the safeguarding partnership.				
Priority Outcome	Action	Method	Lead	Target Date
9. Advocacy is appropriately offered and provided to those people that need it	9.1 To ensure that advocacy is engaged where required by the law and people are offered the option to engage advocates	<ul style="list-style-type: none"> To raise awareness of the importance of advocacy across the partnership and with service users. To review data in relation to advocacy, this includes the use of IMCA, IMHA, Care Act and general advocates 	QA subgroup/ Advocacy services	
10. Advocacy is appropriately offered and provided to those people that need it	<p>10.1 Promote safeguarding in the implementation of the integration model to ensure that safeguarding expertise is present throughout the transformation process</p> <p>10.2 Agree interagency arrangements for safeguarding adults with an emphasis on case coordination. This should be piloted in a quadrant of the new neighbourhood model</p>	<ul style="list-style-type: none"> Ensure that copies of SARs and their learning is disseminated across the transformation process work streams To ensure that we obtain regular feedback from the transformation work streams To seek frequent updates on the delivery of the neighbourhood model across City and Hackney To ensure that safeguarding data is routinely shared with project leads to inform their work To identify ways in which adult safeguarding can influence the work of the neighbourhood model 	All partners/ Integration representative	
11. Ensure that the safety and well-being of homeless is central to the commissioning, delivery and assurance reporting arrangements in the City of London	11.1 Work with partners to address safeguarding issues affecting people who are homeless or rough sleeping	<ul style="list-style-type: none"> Build upon cross borough CHSAB work that has been initiated by the Homelessness and Safeguarding T&F group Implement learning from the four Borough SAR To review all deaths of rough sleepers within City of London and London Borough of Hackney 	All partners / Neighbourhood Model Representative	
			LBH Head of Safeguarding / CoL Service Manager	

Principle 5: Prevention – people at risk of abuse or neglect are able to protect themselves from harm and help each other.				
Priority Outcome	Action	Method	Lead	Target Date
12. Developing overarching principles to support a transitional safeguarding approach for working with adolescents and young adults	12.1 Assurance to be sought that the safeguarding needs of older children and young adults is being met	<ul style="list-style-type: none"> Monitor and support the City of London's Early Help pilot being offered to young adults up to the age of 25 and evaluate the impact that this has Develop a mechanism for ensuring that all thematic safeguarding reports submitted to the CoL Sub-Committee actively consider implications for young adults Work with the Safeguarding Children's Board to develop joint principles in relation to transitional safeguarding Ensure the delivery of the actions identified at the Inter-Board Transitional Safeguarding Workshop in March 2019 	CoL Directorate / CHSAB Manager/ CHSCB Manager	
13. Support initiatives around Social Isolation and Wellbeing wider safeguarding issues within the City of London	13.1 Ensure all commissioning and direct delivery of services in the City of London Corporation that are addressing social isolation actively address risk of emerging and evident safeguarding and concerns.	<ul style="list-style-type: none"> Updates on the delivery of the Social Wellbeing Strategy and any thematic indicators to be reported to the City Safeguarding Sub Committee 	CoL Safeguarding Sub Committee	
14. Learn from SARs to prevent issues reoccurring	14.1 Ensure that partners have embedded learning from SARs into practice	<ul style="list-style-type: none"> Learning from SARs is widely disseminated Undertake deep dives and audits to review areas where improvements have been made following SAR recommendations to ascertain whether recommendation has been embedded into practice To identify how to ensure that previous SARs continue to influence our partners work and are conveyed to staff 	SAR subgroup / QA subgroup	

Appendix B

CHSAB SAR Learning Event

Appendix Two: City of London Strategic Plan 2019/20

CITY OF LONDON STRATEGIC PRIORITIES ACTION PLAN			
1) Ensure that the safety and well-being of homeless is central to the commissioning, delivery and assurance			
Action	Objective	RAG	Comments
1	Build upon cross borough CHSAB work that has been initiated by the Homelessness and Safeguarding T&F group		
2	Implement learning from the four Borough SAR		
3	To review all deaths of rough sleepers within City of London and London Borough of Hackney		
2) Develop overarching principles to support a transitional safeguarding approach for working with			
4	Monitor and support the City of London's Early Help pilot being offered to young adults up to the age of 25 and evaluate the impact that this has		
5	Develop a mechanism for ensuring that all thematic safeguarding reports submitted to the CoL Sub-Committee actively consider implications for young adults		
3) Support initiatives around Social isolation and Wellbeing wider safeguarding issues within the City of London			
6	Updates on the delivery of the Social Wellbeing Strategy and any thematic indicators to be reported to the City Safeguarding Sub Committee		

Hackney Health and Wellbeing Board

Date: 14.01.2020

Title of report	The NHS Long Term Plan response across ELHCP. How we plan to deliver on our commitments.
Item number	
Author	Mark Scott, Deputy Director of Transformation PMO, ELHCP
Presented by	Mark Scott, Deputy Director of Transformation, ELHCP
Contact for further information	Mark Scott, Deputy Director of Transformation PMO, ELHCP, markscott3@nhs.net
Executive summary	<p>We submitted a response to NHSE/I on the Long Term Plan on 15th November 2019, which is available on this web link https://www.eastlondonhcp.nhs.uk/ourplans/.</p> <p>This pack contains an update on the overall development of our response to the LTP. This update outlines progress to date, future planned engagement and our approach to delivery and reporting.</p> <p>This pack also contains a delivery report on our current progress in delivering key elements of the plan. This report sets out the high-level governance for implementing the plan and provides a short progress report based across four thematic priority areas:</p> <ol style="list-style-type: none"> 1. Improving population health 2. System change and integration 3. Priority areas for improving outcomes 4. Enablers supporting work programmes <p>We are actively monitoring LTP metric trajectories, and have included an update on these areas in the pack.</p>
Action required	The Tower Hamlets Together Board is asked to note the next steps in developing our response to the LTP, as well as note the ELHCP LTP Implementation Update.
Where else has this paper been discussed?	These papers will be taken to CCG Governing Bodies, Trust Boards, Borough Partnership Boards and Health and Wellbeing Boards during January and February.
Next steps/ onward reporting	We will also be producing a short, public-facing version of the LTP response to be published week commencing 13 th January, taking into account any feedback from the STP Executive meeting.
Strategic fit	The LTP response provides strategic direction across ELHCP and for local systems.
What does this mean for local people?	<p>Local implementation of the LTP should provide the following benefits for local people:</p> <ul style="list-style-type: none"> • don't notice organisational boundaries – it is all one health and care system working together to provide the best care • are supported to stay well

	<ul style="list-style-type: none"> • can access the best care possible in modern, fit for purpose facilities • can view their patient record online, and are confident it is stored securely • access care provide by skilled, motivated, kind staff with a culture of continuous improvement • benefit from world class research and innovation which means earlier diagnosis and more effective treatments.
How does this drive change and reduce health inequalities?	We currently have an unbalanced delivery system– we are set up to respond to illness. A key part of our LTP response is to refocus towards prevention and population wellness, and a component of our population health approach will be to address health inequalities and wider determinants of health.
Financial Implications	<p>Overall, it is a key strategic priority for all our partner organisations to manage financial risk in a different way, given the projected increases in demand for services and the available resources and capacity.</p> <p>There are components of transformation funding across the LTP, which will be used to drive improvements and delivery of key metrics.</p>
Risks	<p>The two main areas of risk for LTP implementation are finance and workforce.</p> <ul style="list-style-type: none"> • Finance will be addressed via the 2020/21 system operating planning processes. • There will be a detailed review on workforce brought to the March 2020 STP Executive, to ensure the proportionate level of oversight is given to this key enabler.
Equality impact	There will be an equality impact assessment undertaken of the LTP response in collaboration with other London STPs.

The NHS Long Term Plan

How we plan to deliver on our commitments

January 2020

Simon Hall
Director of Transformation

NHS Long Term Plan



- The NHS Long Term Plan was published in January 2019 and sets out an ambitious vision for the NHS over the next ten years and beyond.
- It outlines how the NHS will give everyone the best start in life; deliver world-class care for major health problems, such as cancer and heart disease, and help people age well
- We have been working locally to plan how we will deliver the Long Term Plan's commitments over the next five years. We are calling this our Strategy Delivery Plan (SDP)
- On 15 November we submitted our document to NHS England as a draft because of the pre-election purdah period.
- This draft is now on our website www.eastlondonhcp.nhs.uk/ourplans/ to allow people the opportunity to have their say on the content.
- A summary version is in development and will be shared online.



Engagement On The Plan



- The plan is a working document, and we are also developing a plain English summary and easy read version
- Undertaking formal engagement on our LTP response at key stakeholder meetings: ELHCP and CCG forums, Health & Wellbeing Boards, Integrated Care Partnerships, Overview and Scrutiny Committees and Provider Boards
- Reviewing our commitments across the LTP and developing tailored engagement plans for our programmes
- A rolling lunch and learn programme for CCG staff, to be extended to provider and local authority teams
- Engagement through an ELHCP public newsletter and the launch of a regular stakeholder briefing



Delivery and reporting



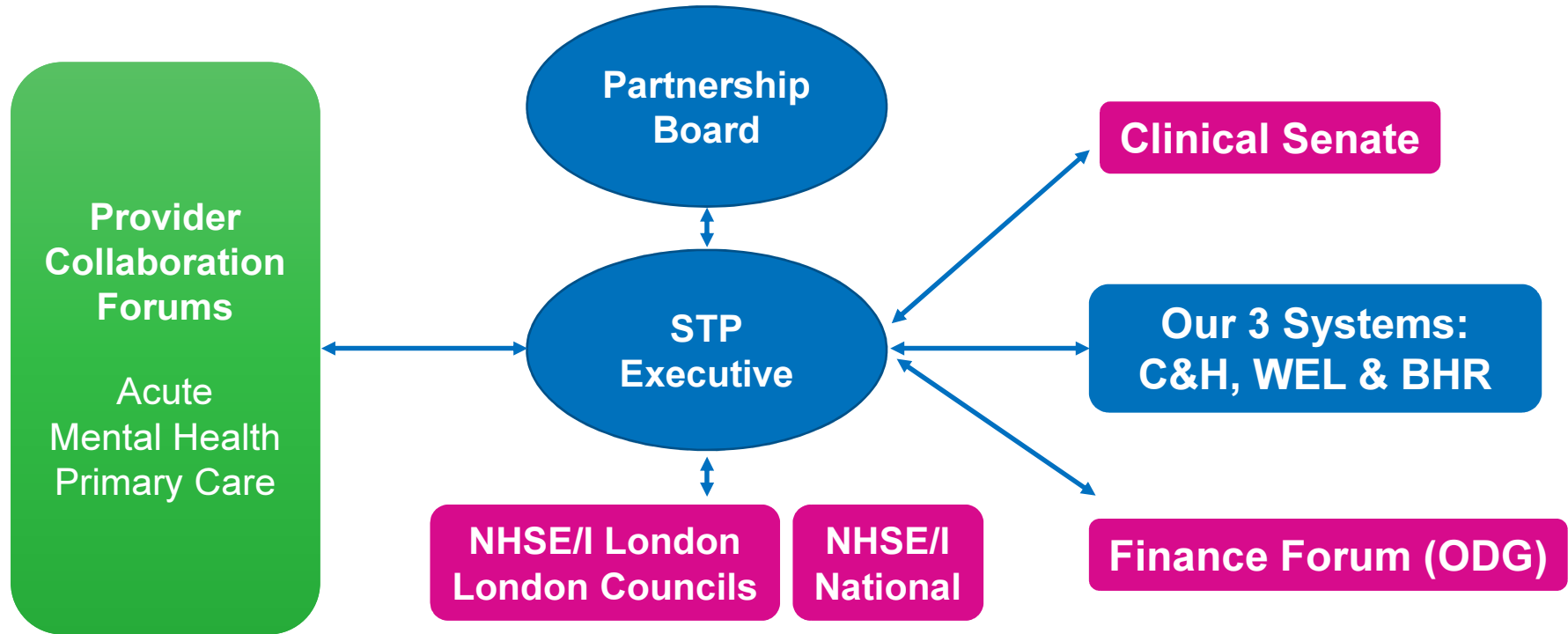
- Agree an accountability framework with each part of our ICS in order that we are all clear on what is being delivered where
- Work more closely with our elected representatives, particularly to secure integrated service delivery and to provide independent scrutiny
- Report annually on progress and what we've achieved

The following slides highlight our planned high-level governance and programme approach, as well as existing progress reporting and planned trajectories

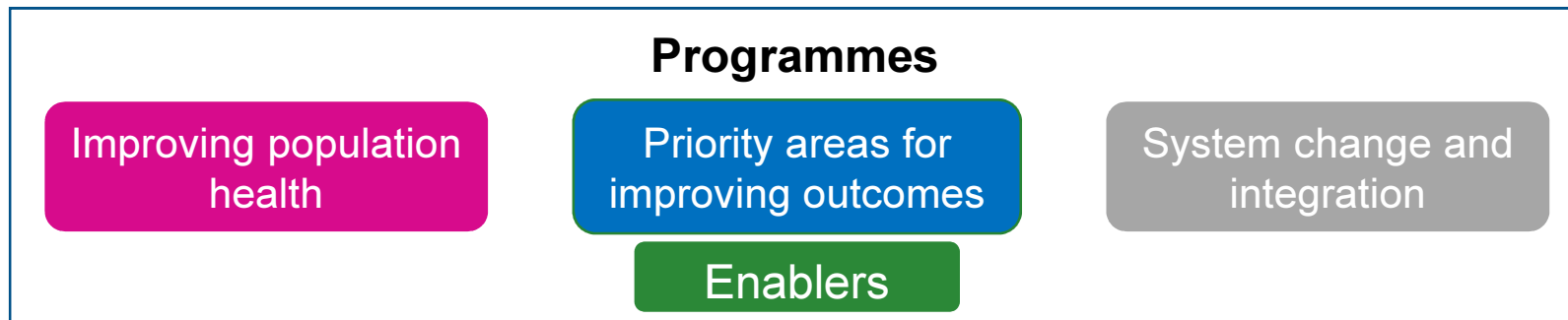
Our governance (at high level)



Bringing together the way we work at a north east London level



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Programmes of work



Improving Population Health

- Prevention
- Health inequalities
- Wider determinants of health e.g. housing, poverty
- Personalised care

System Change And Integration

- Primary/community care
- Urgent and emergency care
- Improving planned care and outpatients
- Provider collaboration
- Mental health

Priority Areas for Improving Outcomes

- Cancer
- Learning disabilities and autism
- Children and young people
- Maternity
- Medicines optimisation
- Major LTCs
- End of life care

Enablers Supporting Work Programmes

- Workforce
- Digital
- Estates
- Demand and capacity – business intelligence
- Research and innovation

Improving population health



Population Health

Developing an ELHCP approach to population health will be a priority during 2020, with the following activities planned:

- An in-depth review into how we can strategically influence the development of new infrastructure, particularly around areas of significant re-generation, to maximise the population health impact. This will be brought through our ELHCP forums in January, with an STP Executive discussion planned for February.
- A review and re-launch of our prevention work stream through a workshop with Directors of Public Health during January.
- We will be bringing a proposed outline approach to population health to the STP Executive in March, taking into account best practice from national and regional work. There is also a planned engagement event in June, at which prevention and population health will be a headline topic.

Personalisation

- A review is currently underway to align the personal health budgets (PHBs) and social prescribing elements of the programme more closely. This will result in a new personalisation group across ELHCP from February, and there will be an event in March. We have also secured a resource from NHSE/I to assist us with this alignment going forward.
- A specific programme to improve the take up of PHBs in the BHR system will go live during January 2020, and it is hoped to extend learning from this initiative (with NELFT) at our stakeholder event.
- We propose an in-depth review of the personalisation programme at the April STP Executive.

System change and integration



Primary and Community Care

- Developed 48 Primary Care Networks (PCNs) across NEL
- Support by targeted organisational development and transformation funding
- Digital accelerator programme for WEL system established, as well as training hub board for PCN workforce

Improving Planned Care and Outpatients

- Range of improvement actions being implemented
- Performance vs constitutional standards (RTT/Diagnostics) challenged at BH & BHRUT.

Urgent and Emergency Care

- Current focus on managing winter pressures through funded support initiatives
- Ensuring grip during winter through VIPER meetings and following activities: working to right time/right place by digital assessment, bookings & communications, expanding appropriate care pathways criteria and further UEC integration testing.

Mental Health

- Good progress developing LTP for mental health and transformation plans via funding
- Challenges persist in achieving IAPT trajectories, CYP, out of area placements and perinatal access across parts of NEL

Priority areas for improving outcomes



Better start in life

- Mature local maternity system meeting national trajectories; no current midwifery vacancies
- Plans for ongoing CPD via cross-site rotational programmes to further support retention
- Review current/future activity across sites to develop sustainable maternity/neonatal service
- Children/young people's programme managing transitions into adult services priority for 2020 together with developing personalised care

Living well and long term conditions management

- Cancer focusing on smooth transition to new north east London operating model, but will need to ensure performance metrics return to trajectory during Q4
- Diabetes transformation funds successfully utilised, diabetes dashboard showing improvements across NEL on key metrics
- Cardiovascular prevention group in development, to share learning and support systems to prepare for STP-level transformation funding
- Medicines optimisation supported many transformation projects and plans greater links with primary care networks to enhance recruitment/retention of pharmacy workforce in PCNs.

A better end to life

- Local hospices to receive non-recurrent allocation of £875k to improve adults/children's end of life services.
- ELHCP match-funding bid for children's end of life care made to NHS E/I (awaiting outcome).

Enablers supporting work programmes



Workforce, Digital and Estates: ELHCP has well developed enabler programmes, with delivery across a range of initiatives. Main areas to highlight are:

- **Digital:** maximising impact of 'One London' investment will be priority area, as well as preparing organisations for introducing Patient Held Records
- **Estates:** introducing infrastructure plan and phased capital pipeline key priorities. Also ensuring development of health promoting environments at forefront of strategic planning approaches for NEL "new town" developments.
- **Workforce:** excellent progress implementing initiatives with stakeholders but scale of the recruitment and retention challenges remain significant with detailed STP Executive review in March 2019 and consideration to be given on how support and progress can be monitored on an ongoing basis given the importance of this enabler programme.

Demand and Capacity – Business Intelligence

- Strategic planning currently happening individually by providers, and the Provider Collaboration forums have identified that there is a gap at system level.
- A demand and capacity mapping across all of NEL has been agreed, commencing in January 2020 initially focusing on acute services and taking into account population growth projections for the next 10-20 years.
- This mapping will be expanded to mental health and community services over the next few months.

Metrics Reporting

Outline of metrics by programme area

The metrics are currently based on planned trajectories, existing baseline monitoring and tracking to begin in early 2020

Improving Population Health: Funding And Metrics

Ref	Measure	Area	Target	Compliant
EN1	Personal health budgets	PHB	Varies by CCG	Y
EN3	Personalised care and support planning	PHB	Varies by CCG	Y
EN2	Social prescribing referrals*	Social Prescribing	Varies by CCG	N

Enablers Supporting Work Programmes: Metrics

Ref	Measure	Area	Target	Compliant
ED21	Cybersecurity	Digital	100% by Y5	Y

- * Referrals below trajectory due to lower than expected forecast numbers of link workers in place. Review of recruitment and retention of link workers to take place, reporting to February ELHCP personalisation group

System change and integration: Primary care and acute services metrics

Ref.	Measure	Area	Target	Compliant
ED16	Proportion population with access to online consultations	Pcare	75%	Y
ED20	Proportion population registered to use NHSApp	Pcare	30%	Y
EK3	Learning Disability Registers/Annual Health Checks by GPs	Pcare	75%	Y

Ref.	Measure	Area	Target	Compliant
EM23	Ambulance Conveyance to ED	Acute	TBC	N/A
EM24	Delayed Transfers of Care	Acute	National Level	Y
EM25	Length of stay for patients in hospital for over 21 days	Acute	TBC	Y
EM16	Mental Health Liaison in general hospitals meet "core 24" service standard	Acute	70% in 23/24	Y

System change and integration: Mental health metrics

Ref.	Measure	Area	Target	Compliant
EA3	IAPT roll-out *	MH	50%	N
EH9	Access Children/Young People's Mental Health Services	MH	Varies by CCG	Y
EH12	Inappropriate adult mental health Out of Area bed days	MH	0 from 2021/22	Y
EH13	Annual physical health check in severe mental illness	MH	60%	Y
EH15	Women accessing specialist perinatal mental health service	MH	TBC	Y
EK1a	Inpatient care learning disability/autism: CCG commissioned	MH	<30	Y
EK1b	Inpatient care learning disability/autism: Sp Com commissioned	MH	<30	Y
EK1c	Inpatient care learning disability/autism: CCGs/NHS England for children	MH	15 children <30	Y
EH17	People accessing Individual Placement and Support	MH	TBC	Y
EH18	EIP Services achieving Level 3 NICE concordance	MH	95% by 23/24	Y
EH19	People receiving new models integrated primary/community care for severe mental illness	MH	Varies by CCG	Y
EH20	24/7 crisis provision for children and young people	MH	100% by 23/24	Y

* Review of prevalence to take place, as NEL has higher prevalence and greater IAPT trajectories based on most recent calculations. Appraisal and benchmarking of NEL IAPT services (finance and service model) to be undertaken, including benchmarking against other services, to understand variance against trajectory.

Priority areas for improving outcomes: Metrics

Ref.	Measure	Area	Target	Compliant
ES1	Patients directly admitted to stroke unit within 4 hours	Acute	80% 23/24	Y
ES2	Applicable stroke patients are assessed at 6 months*	Acute	>60% 23/24	N
ER1	People supported by NHS Diabetes Prevention Programme	Diabetes	Varies by CCG	Y
EP1	One Year Survival from Cancer	Cancer	Set by CA	Y
EP2	Proportion of cancers diagnosed at stages 1 or 2	Cancer	Set by CA	Y
EQ1	Still birth rate	LMS	TBC	Y
EQ2	Neo-natal mortality rate	LMS	TBC	Y
EQ3	Percentage of women placed on a maternity continuity of care pathway	LMS	TBC	Y
EQ	Brain Injury Rate	LMS	Undefined	Y

- * It is expected that there will be compliance against this trajectory from 20/21 onwards. There will be a review of reporting on this metric via the stroke database (SNAP), as well a review of post-discharge stroke pathways and service capacity, to provide assurance of future compliance against this metric.

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Report to Hackney Health and Wellbeing Board

Date: 14 January 2019	
Subject:	Health and Wellbeing Board Development Session
Report From:	Session Facilitator
Summary:	The Outcome report of the Health and Wellbeing development Session in September 2019 is attached.
Recommendations:	To note the report
Contacts:	Session Facilitator

Financial Considerations

Non applicable

Legal Considerations

Non applicable

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Outcome report
Health and Wellbeing Board Development Session
18th September 2019

The Chair opened the development session, stating that there was need to consider the future role of the Health and Wellbeing Board. She referred to a lean HWB membership in Hackney with a good reputation. She considered that the joint needs assessment should be within the remit of the Health and Wellbeing Board. She referred to the fact that currently there was much duplication this area.

Expectations of the Development Session

- To gain clarity of purpose/sense of direction
- To decide what level of power up
- To understand models for best practice
- To understand the role of HWB within the STP
- To understand of next steps
- The need to commit to building relationships
- To expand the remit of the Board
- To make clear decisions
- To form a strategy/a sense of direction
- To work within the context of a whole systems approach

What needs to be done ?

- How 'NHS' should the HWB be (not very)
- Need to strengthen the Board's impact
- Needs clearer priorities and strategy
- Need to look at wider determinants of health, such as housing
- Need to widen/change membership to include, for example, housing and police representatives
- The JSNA should better inform system work /evidence based/engaged with the community/be more visible/should be updated
- Place to bring key people together to use this to take objectives forward
- Use of statutory power to bring people together
- Medium term strategy to pull in wider determinants
- Need to consider the relationship with the Integrated Commissioning Board
- Need for new terms of reference
- More holistic approach to wellbeing
- Invest in the voluntary sector
- Create lines of accountability and oversight

What might get in the way?

- Lack of time this evening / Inability to reach consensus
- Health and Wellbeing outcomes are held in several places
- Lack of Focus

- Silo Working
- All tired – need to do whatever we decide

Aspirations (magic wand)

- That the HWB widen its thinking to take expert advice on what it should demand of the total public sector to seriously tackle the issues around health
- Clear understanding of priorities and how to align with partnerships
- The need for a strategy
- Correct membership
- A clear purpose / a strategy informed by a wider group / look at governance arrangements / consider pockets of need, including less acute need / look at how the Board can benefit the lives of residents
- A healthier Hackney
- Need to match the JSNA and the wider health determinants
- Take account of climate change
- Need for a framework on determinants/ the Board could lead on optimism in the Borough with a hope and happiness strategy
- Pathways of Support
- The impact of knife crime in the Borough
- Clear purpose with no duplication/properly resourced/necessary member contributions
- Make the JSNA more fit for purpose

Facilitator's reflections and recommendations

- The development session was very well attended, albeit with some substitutions, and from experience this is indicative of system desire to develop the remit and purpose of the HWB
- Participants became very engaged in the development workshop process
- With strong leadership behaviours from elected members
- NHS partners (in particular CCG colleagues) expressed a need for more understanding about the genesis and purpose of HWBs generally, as set out in legislation; this can be facilitated through peer mentoring with another CCG via the nationally funded programme
- Development of the HWB needs to be agile and to take account of the emerging STP landscape
- There are some quick wins that would make a significant difference to the style of the HWB; membership review with a view to expansion, re-write of ToR, forward plan agenda setting etc.
- There was a strong desire to focus on the wider determinants of health
- There was a consensus about the need to fix the JSNA and overhaul (not just refresh) the JHWBS
- Capture all of this in a compelling Hackney narrative
- Invest time in developing relationships; the LA/CCG co-chair dynamic would be a productive place to start (in terms of the potential benefits that would accrue)

Potential next steps

- Establish small group working parties to advance detail
- Use national resource to facilitate/mentor/comment
- Bring summary report to HWB for discussion
- Use national resource for further workshops; based on experience there is merit in two more sessions. One to decide what and a second to detail how.