

# CHSAB Annual Report 2017 – 2018

**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 2017/18. 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. We looked at cases where people have died and Safeguarding Adults Reviews (SARs) were done to understand what happened and what needs to change. We have tried to share this learning and we want to see what difference it is making (see Appendix B).

We continue to raise awareness of safeguarding in City and Hackney's communities, with the help of community and voluntary groups, especially the 'Safeguarding Champions'.

This annual report is important because it shows what the Board aimed to achieve during 2017/18 and what we have been able to achieve. It shows that most 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 2018/19, which says what we want to achieve during the next year (see Appendix A).

There continues to be significant pressures 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 2017/18

Service Users asked us to be clear and concise in the report about what we did well and what we have not done well.

### What did we do well?

We have:

- 1) Trained Safeguarding Champions to take the message that safeguarding is everybody's business out to the community.
- 2) The Chair of the Board and the Board Manager have visited community groups to tell them about safeguarding and the work of the Board
- 3) We have responded to the views of service users and set up a User/ Carer/Patient subgroup of the Board to enable us hear the views of users and carers
- 4) We reviewed our website with service users and changed it so that it is clearer about safeguarding and service users' rights
- 5) We have supported staff to develop their learning to be able to work effectively with people who use safeguarding services
- 6) We have reviewed the information that we have received and sought improvements where required for example through audits or analysis
- 7) We met our legal duty to commission safeguarding adult reviews (SARs) and we have considered referrals, two of which progressed to a SAR and we will report on them in the 2018-19 report
- 8) The City arranged an event on Financial abuse which was very well received and had a winter long campaign to address the needs to rough sleepers

### What didn't we do so well?

Whereas we have met all of our strategic aims to an extent, we will not know if we did well until 2018-19:

- 1) Although we have raised awareness of safeguarding adults far and wide, we have not reached all groups. It has not been possible or easy to reach all groups of people from different ethnic backgrounds and faiths.
- 2) We have started hearing from adult social care and health service users through the champions and user groups but we have not heard from people who use safeguarding adults services.
- 3) We have laid the foundation of a prevention strategy but we have not been able to put anything in place to enable people to ask for help early or for early intervention.

## What we have yet to find out

- 1) We have done much work to pass on the learning from the Safeguarding Adult Reviews and heard back from staff about what will help to improve services, but we will not know until next year if this has made any difference to practice.
- 2) City and Hackney are involved in a project on social isolation. We await its findings.
- 3) How we can work with other Boards in City and Hackney to prevent abuse and neglect.

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

CHSAB Website: “You heard us ...we said we don’t understand 'the term' abuse, you used harm. That’s good”, but the website and safeguarding should be on the front page of the Council’s website. As it stands it is hard to find except through Google.

### People told us that they want:

- regular communication from the Board, as there was much in the report that they could not relate to.
- to have simple safeguarding information in order to be informal ambassadors in the community for safeguarding.
- to have safeguarding information advertised across the boroughs.
- an effective service user group to be critical friends to the Board.
- partners to have a better understanding of advocacy so as to improve usage.

## Our plans for 2018-19

### We will:

- 1) Continue with our duties to commission Safeguarding Adult Reviews (SARs) and make sure that any learning and actions are taken forward.
- 2) Continue to reach into the community to ensure that everyone knows about safeguarding and work on prevention strategies, including a financial abuse awareness event for residents.
- 3) Work with other Boards to develop joint approaches to work together and to prevent and manage risk in City and Hackney.
- 4) Continue to support staff to work well to safeguard people by improving their understanding of the law and focussing on what people want to happen when they are harmed or are at risk of abuse.

- 5) Work out how best to hear from people who use safeguarding services.
- 6) Continue to improve by responding to what we find is happening in our partnership through the data we collect and audits that we carry out.
- 7) Make sure that safeguarding is threaded through wider changes to social care and health services.



## Who Are We?

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

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

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

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

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

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

This Annual Report sets out:

- How effective the CHSAB has been over the 2017/18 year;
- What we have accomplished in relation to the Boards Strategic Plan for 2017/18;
- The Boards Strategic plan for 2018/19;
- 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**

## Governance

Dr Adi Cooper was the independent chair of the Board during 2017-2018.

The CHSAB partnership consists of representation from:

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

The full CHSAB partnership meets quarterly, and arranges extra meetings when required. The attendance at the quarterly CHSAB meetings in 2017/18 is as follows:

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%
CHSAB Business Support	100%

\*\* City of London Healthwatch had 100% attendance at the CoL Sub-committee meetings

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

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

The CHSAB has established a number of multi-agency subgroups to help it deliver on its objective and annual priorities.

Our overall structure is illustrated below:



## Subgroups

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

### Communication & Engagement

The Communication & Engagement subgroup is tasked with the responsibility of raising awareness of safeguarding in the community. Safeguarding champions were trained to reach far and wide in the community to promote understanding of safeguarding. The group supported the development of the website for the CHSAB which incorporated suggestions made by service users and residents

## Quality Assurance

The Quality Assurance subgroup role aims to ensure that appropriate and timely quantitative data and qualitative information supports the Board to have a picture of what is happening in the City and Hackney, to inform its work and priorities. LBH uses Qlikview that shows data in real time. It is adaptable and has included data from the police and the London Fire Brigade. It captures safeguarding referrals from health partners and can include City data. The QA group has created a dataset for the Board that can continuously adapt to gather and present data in relation to concerns, for example as identified by SARs.

## Training & Development

The Training & Development subgroup is responsible for ensuring that people who work to safeguard people have the knowledge and expertise they need for their roles. It recognises that each statutory partner is guided by its own training requirements in relation to safeguarding adults, and that commissioned services are required as part of their contract to provide safeguarding training to their staff. Additional training is put on to fill the gap which meets the strategic priorities of the CHSAB, and to improve practice in relation to findings from SARs. This training is complimented by invitations to partners to attend training commissioned by London Borough of Hackney.

During 2018 it focused on delivering a programme of workshops on 'Learning from SARs' and training the Safeguarding Champions.

It has also gathered information of how best to support partners to embed Making Safeguarding Personal (MSP) in their organisations and this will be the focus for work during 2018/19

## SAR & Case Review

The SAR & Case Review subgroup is the primary mechanism by which the CHSAB exercises its statutory duty to arrange a SAR when someone with care and support needs within its locality dies, or experiences serious harm as a result of abuse or neglect, whether known or suspected, and there is a concern that partner agencies could have worked more effectively together to protect the person. The subgroup is well established. It has considered a range of SAR referrals. The subgroup makes recommendations to the CHSAB Chair on when it considers that a statutory Review is required and when an alternative approach to identify learning opportunities may be appropriate. The subgroup monitors the development and implementation of multi-agency action plans that flow from completed SARs to ensure that the learning from the Reviews has a meaningful and lasting impact on how services work with adults with care and support needs.

This year the subgroup has had 6 meetings. They have:

Monitored a commissioned SAR, which is due to published in May 2018;  
Considered 3 other cases, 2 of which have progressed to SARs and one of which was a single agency concern that did not meet the criteria but for which

reassurance was sought that improvements were being made to prevent a recurrence;

Reviewed action plans for the 4 SARs that have been published;

Actioned a programme of learning workshops with the support of the Training and Development group;

Commissioned a Leaders Symposium to take on board what staff felt were barriers to good practice and suggestions that they made to improve; and

Undertaken a local evaluation against the findings from the London SAR report.

### **User/Carer/Patient Subgroup**

In August 2017 the CHSAB Annual Report (2016-17) was presented to a group of service users and their representatives for comment. They made helpful suggestions to improve the report. They were also asked to suggest how they can become involved in the Board. In response to service users telling us that they could contribute to the Board through a subgroup, we have set up the User/Carer/Patient subgroup.

### **City of London Adult Safeguarding Committee**

The City of London's Safeguarding Adults Committee is made up of a range of professionals and includes resident representatives. It meets quarterly and considers developments in relation to the Board priorities and City priorities in the strategic plan. This included:

- The implementation of the Self Neglect, Hoarding and Fire Risk Panel in response to SAR Learning
- The sign-off of the City of London Social Wellbeing Strategy and the ongoing implementation of the associated Action Plan;
- The completion of the Financial Abuse Task and Finish Multi Agency Group culminating in an awareness raising multi-agency conference in December 2017;
- The successful transition to an updated Social Care Electronic Recording System, Mosaic; and
- Local housing responses to lessons learned from Grenfell Tower tragedy were implemented in a timely way.

The City of London is represented on all CHSAB sub groups, with the Assistant Director chairing the SAR sub group of the Board.

## **Our Strategic Links**

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

## Financial Arrangements

This year the CHSAB received total contributions of £158,750 from partners as listed below.

Partners	Income Received (£)
City of London Corporation	(25,000)
East London NHS Foundation Trust	(25,000)
Homerton University Hospital	(12,000)
NHS City and Hackney CCG	(11,750)
Metropolitan Police Authority	(5,000)
Bart's and London NHS Trust	(5,000)
City of London Police	(4,000)
London Fire Brigade	(500)
City of London Corporation (FB)	(500)
Mayor's Office for Policing And Crime	(5,000)
LB Hackney	(70,000)
<b>Total Income:</b>	<b>(158,750)</b>

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

The Budget retains a reserve of £103,500 carried over from 2015-16 to support unplanned expenditure, such as Safeguarding Adult Reviews.

## Supporting the CHSAB

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

### Support from the London Safeguarding Adults Board

The London Safeguarding Adults Board was set up by London ADASS and partners to support the local London Safeguarding Boards on key safeguarding issues pertinent to London.

During 2017-18, it produced:

- A London SARs Report that identified the key themes emanating from SARs in London since the Care Act 2014, and made recommendations for quality and practice improvements. The findings reflected those

identified by the CHSAB SARs and recommendations were in line with what staff told us in response to local SARs. In response, changes are being made to the CHSAB protocol, quality markers are being included, and improvements to outcomes for service users have been translated into strategic priorities for 2018-19;

- A Making Safeguarding Personal (MSP) temperature check and recommendations for improvement. Resources to support organisations to adopt MSP have been promoted, which will support the CHSAB to work with partners during 2018-19 to embed MSP in their organisations; and
- Train the Trainer sessions in Modern Slavery to raise awareness on this issue.

The CHSAB identified that in 2018-19 it would like the London SAB to continue to support the Boards with MSP, Modern Slavery, and addressing social isolation, and also to consider looking into how the faith sector can support the safeguarding adults agenda.

In 2017-2018, a London wide information sharing agreement in relation to safeguarding adults was developed by the London Safeguarding Adults Board. This was adopted by the CHSAB.



## Work of the CHSAB 2017/18

The CHSAB held four meetings and a development day during 2017/18. The development day focused on 'Making Safeguarding Personal'

The Board focussed on:

- 1) User Engagement
- 2) Early Help and Prevention
- 3) Strategic Partnerships
- 4) Learning from SARs

The CHSAB prioritised the establishment of a model for ongoing service user and carer feedback on safeguarding services to, and engagement with the CHSAB.

When we met with service users and carers from the City and Hackney to obtain their views on the Annual Report of 2016-17, they informed us that they would like us to be clear in our report about what we said we would do and what we didn't do. This report is written in a way that meet their expectations. They told us that they would like to be the eyes and ears out in the community to prevent harm to people less able to look out for themselves. With this in mind, we are raising awareness as far and wide, about safeguarding adults. They told us that they would like safeguarding explained in a way that they can understand.

### User Engagement in the City of London & Hackney

The CHSAB responded to these views and worked with them to review the Board website, produced a simple to understand and an easy read version of the Annual Report for 2016-17. Service Users told us they wanted to become involved in the work of the Board and so we set up the User/Carer/Patient subgroup of the Board. We recognised that disclosing experiences of safeguarding or even revealing that one has been subject to abuse in an open group is a difficult thing to do. In recognition of this, the Board is piloting a service user forum just for people who have had experiences about safeguarding services during 2018-19.

### Early Help and Prevention

#### Raising Awareness

The CHSAB aims to build community resilience by raising awareness in the community and within the council to ensure that people look out for those unable to look out for themselves, understand what abuse is, and know how to report it. Furthermore, with knowledge, people are empowered to keep safe.

This year the CHSAB trained 21 workers and residents as Safeguarding Champions. 14 remain. They have been visiting voluntary groups, tenancy meetings, patient groups, refugee forums and work projects to raise awareness about safeguarding. From July 2017 to March 2018, the Safeguarding Champions have reached around 260 residents and members of voluntary groups from diverse backgrounds with varying needs.

Intergenerational awareness of abuse has commenced with raising awareness in a youth club. A Safeguarding Champion took the message of adult abuse to young people aged 10-17 from Hawksley Court Youth Club. The young people's adult safeguarding awareness session helped younger members unpack their concerns about domestic abuse. The young people learnt who to call with a concern about how to protect adults from harm and now better understand the signs and indicators of adult abuse. Young people understand that NSPCC can discuss issues about adult abuse as well as child abuse, the role of local domestic abuse teams and the role of the safeguarding lead within the youth club. As part of the future plans Hawksley Court will include safeguarding adult information in their gallery alongside safeguarding children information to ensure they reach the widest audience.

The Chair of the Board has developed links with the Faith Group in Hackney. The Board Manager has met with carers from the City and Hackney to promote awareness of adult safeguarding and carried out a workshop at the Older People's Reference Group's annual event.

Adult Social Care has expanded the understanding of safeguarding within the Council by raising awareness among the Community Safety Partnership including Trading Standards, Street Wardens and Enforcement Officers.

The CHSAB has a regular slot on the Better Homes Housing Partnership newsletter in Hackney to update on work being done in relation to safeguarding adults.

The City of London Police (CoLP) held a week of action in August 2017 to highlight the issue of sexual consent, utilising the 'tea and consent' video and engaging with the public to raise awareness and provide information around this issue. Additionally, the City of London Police supported the National Sexual Abuse Awareness Week in February 2018 by carrying out engagement activity and media messaging.

We know we are reaching the community when the Independent Press takes an interest in safeguarding adults. Hackney Citizen published an article on the Annual Report for 2017-18.

<https://www.hackneycitizen.co.uk/2017/12/01/abuse-neglect-reports-double-hackney-rising-twice-national-rate/>

### **Campaigns to reduce risk**

The City has been proactive in equipping staff to support people to keep safe from financial abuse. It held a campaign that culminated in a well-attended conference for staff and professionals across a range of organisations.

The City held a rough sleeping campaign to point people towards services.

London Borough of Hackney carried out a large and far-reaching campaign in 2015 with the result that concerns and safeguarding enquiries increased significantly in 2016/17.

### **Work to prevent risk:**

Public Health commenced a training programme to raise awareness of modern slavery amongst their commissioned services.

The City developed a social wellbeing strategy which incorporates social isolation as a theme and concern. They have identified volunteers to work with isolated residents who have been trained by the Safeguarding champions.

Hackney Connect has been in receipt of funding to work with socially isolated older adults. Social isolation was on par with financial abuse as a concern for the Older People's Reference Group

Both The City and Hackney are involved an ADASS project to identify and address safeguarding risks associated within isolation and loneliness.

## **Strategic Partnerships**

### **Strategic alliances to address and prevent risk**

The CHSAB worked with the City and Hackney Children's Safeguarding Board to agree the Modern Slavery Strategy and protocol.

The development of 'safe places' scheme, where people can go to report abuse in a safe environment, has been deferred to enable joint working between the Boards to achieve a better plan for more vulnerable residents.

Regular meetings were established to set the foundations for effective working together between the Boards, to identify common areas of work, shared priorities and effect a whole approach to building community resilience.

This way of working is supported by the Hackney Community Strategy Partnership Board, Children's Safeguarding Board and Health and Wellbeing Board.'

## **Learning from SARs**

### **Events**

The Board arranged a series of events during 2017/18 to promote learning from the 4 SARs that were published in 2016/17. These included: a conference, a series of workshops, and a Leaders' Symposium. (See Appendix B)

The workshops were attended by a range of professionals, from across the partnership.

Staff were asked for their views on what changes were needed to improve their safeguarding practice. Their input informed a Leaders Symposium,

attended by Senior Managers from the partnership. One priority identified for improvement was supervision; Safeguarding Supervision principles were agreed by the CHSAB, and will be embedded during 2018-19, and assurance will be sought that staff are receiving effective supervision. Other priorities have been translated into actions in the 2018-19 CHSAB strategic plan (Appendix A).

During 2018-19, staff will be invited back to feedback on changes on their individual practice and in their organisations as a result of the learning.

### **Assurance**

The Board developed a methodology and agreed a rolling programme of multiagency case file audit, looking at areas in relation to themes from the SARs. The first took place in 2017/18, which focussed on self-neglect. Two audits will be carried out each year.

### **Partner Reassurance**

Each year partners review their own performance in relation to safeguarding adults, using a self-audit tool developed by the London Safeguarding Adults Board. The audits showed that whereas some partners need to make improvements in some areas, as a partnership we are doing well, except in relation to hearing from users and Making Safeguarding Personal.

Challenge events being held in early 2018/19 in relation to these audits will support improvements in partner agencies.

### **CHSAB assurance**

The CHSAB evaluated itself against the statutory guidance and identified the need to work more collaboratively with other strategic Boards, and to develop an overarching quality assurance framework. This would assist the CHSAB to be able to interrogate a range of information to be reassured that the partnership is doing well in safeguarding adults in order to increase the service user voice in the board, and challenge intolerance.

The Chair of the Board initiated a 360 appraisal process regarding her performance, which demonstrated that she is effective in leading the CHSAB.

# Safeguarding Data

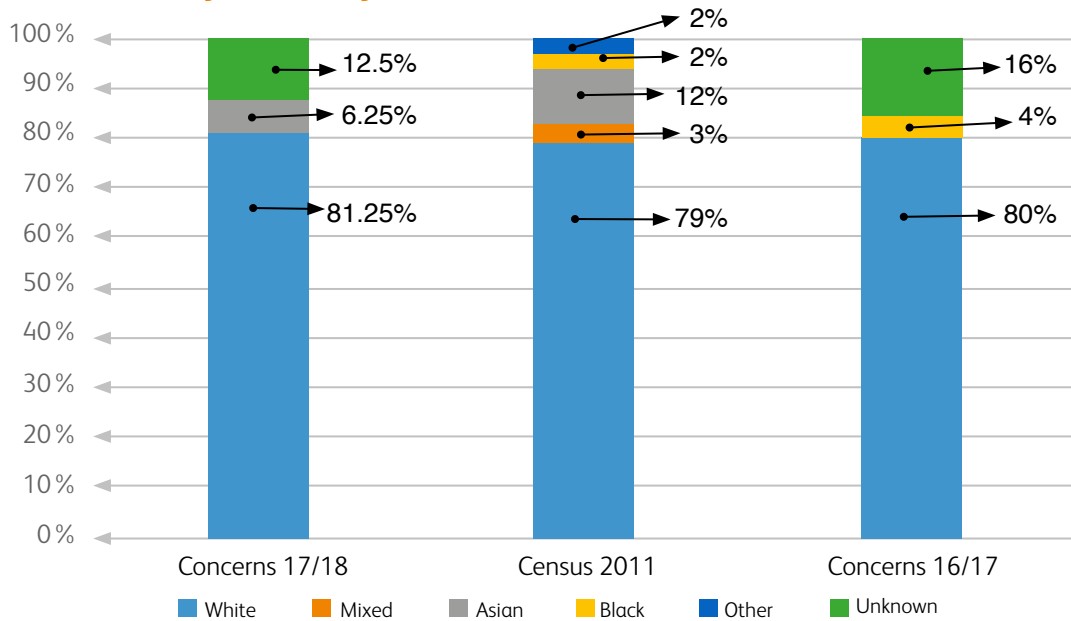
The safeguarding data for the year 2017-2018 is presented separately for the two authorities. City of London and Hackney submit annual statutory returns on safeguarding activity, known as the Safeguarding Adults Collection, and this is included in the data below.

## City of London

### Summary

- 32 Concerns were raised
- 22 led to Section 42 Enquiry
- Of the 19 concluded cases, 11 expressed their desired outcomes and all were fully or partially achieved (of which 9 were fully achieved).
- 5 repeat concerns

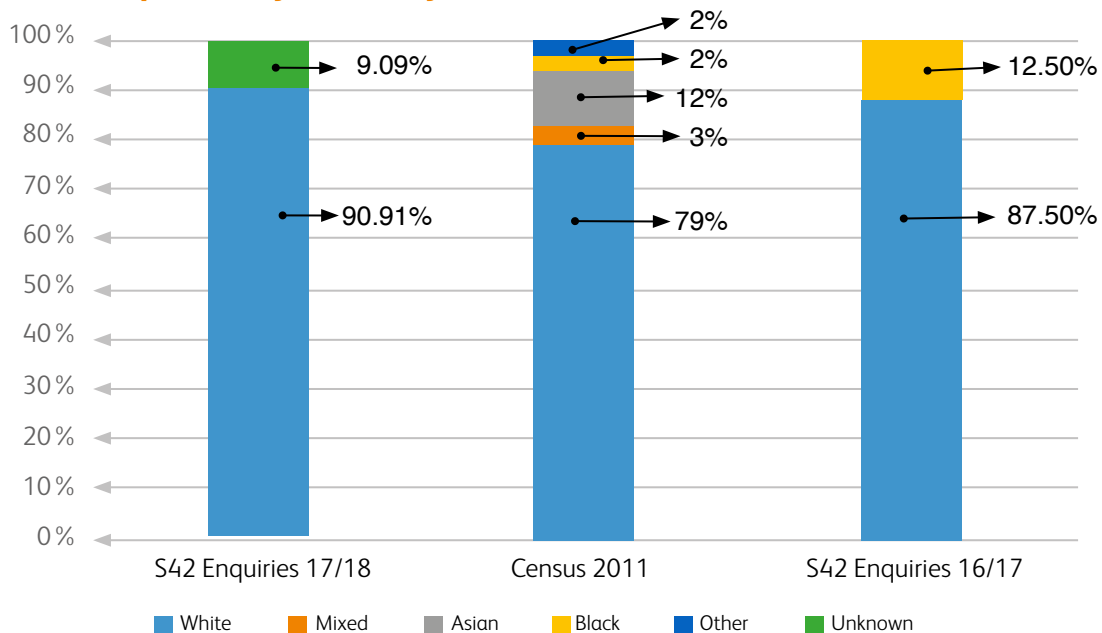
### Concerns by Ethnicity



In 2017/18 81.25% of safeguarding concerns stated were from “White” ethnicity which is similar to the 2011 City of London census breakdown as well as concerns raised during 2016/17.

No safeguarding concerns for “Asian / Asian British” in both reporting periods despite the fact that this is the second prevalent ethnicity in the City. Interestingly 4% of concerns were of “Black / Black British” ethnicity during 2016/17.

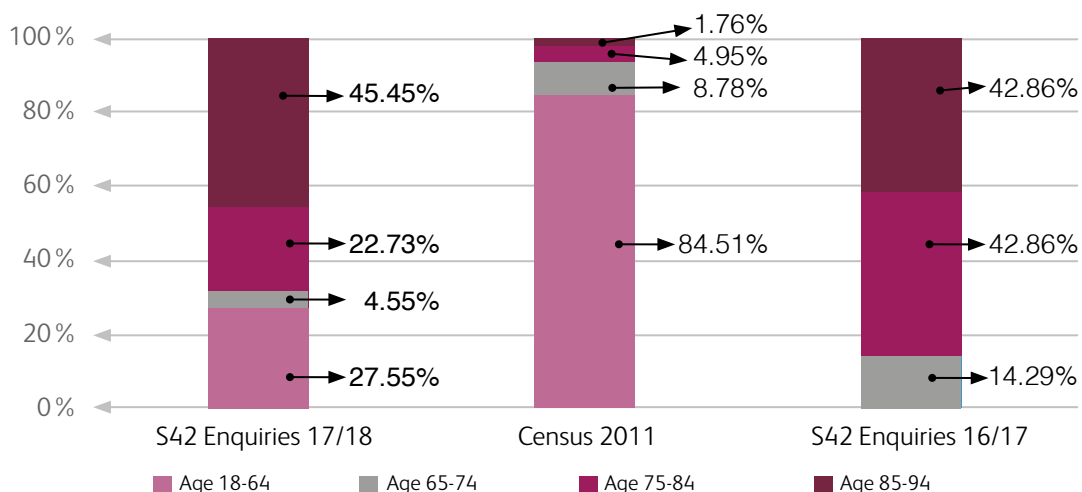
### S42 Enquiries by ethnicity



In 2017/18 90.91% of safeguarding enquiries were from “White” ethnicity which slightly more than the 2011 City of London census breakdown as well as enquiries raised during 2016/17.

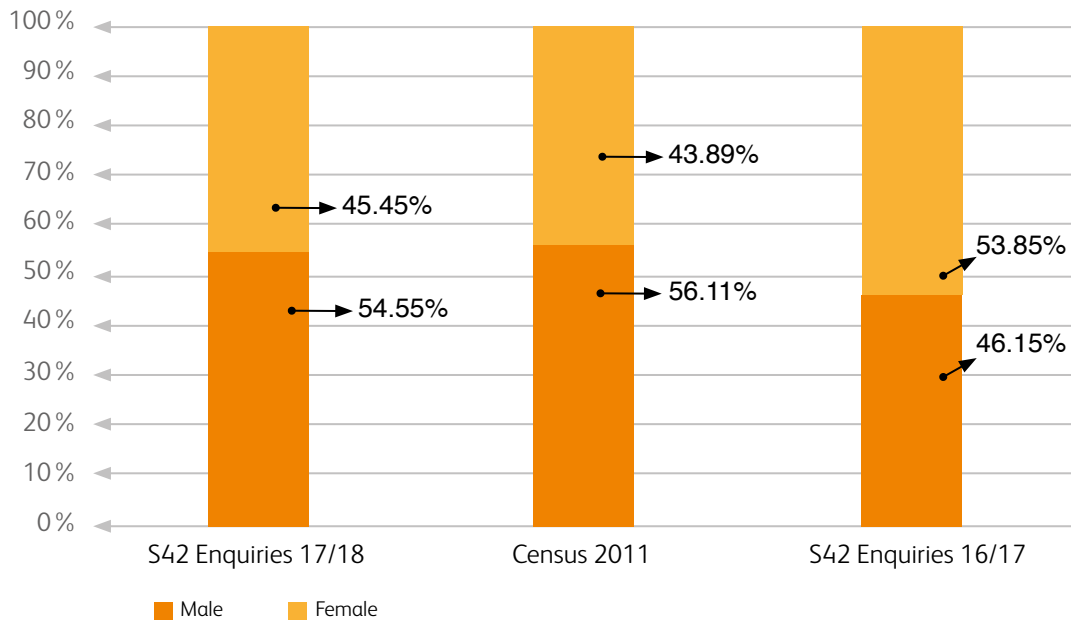
No safeguarding concerns for “Asian / Asian British” in both reporting periods despite the fact that this is the second prevalent ethnicity in the City. Interestingly 12.5% of enquiries were of “Black / Black British” ethnicity during 2016/17.

### Section 42 enquiries by Age



In 2017/18 the majority of S42 Enquiries were for people aged 85-94 which accounted for 45.45% despite the fact that this age category makes up only 1.75% of City of London’s population according to Census 2011. By contrast the majority of S42 Enquiries during 2016/17 was an even split between people aged 75-84 and 85-94 whereby these age categories accounted for 42.86% even though in Census 2011 the 75-84 category makes up 4.95% of City of London’s population.

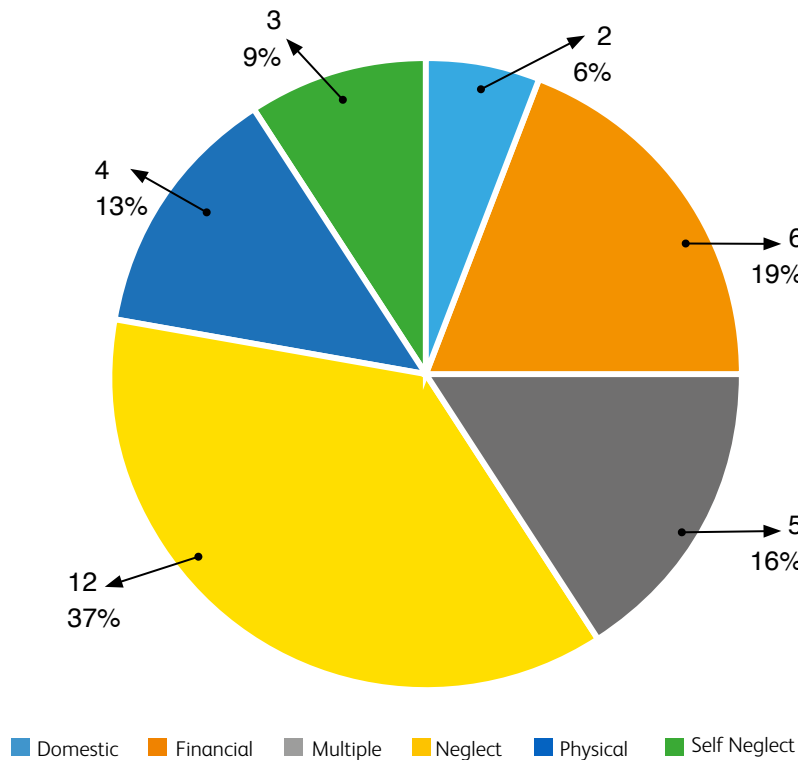
### Section 42 Enquiries by Gender



In 2017/18 males accounted for the majority of safeguarding enquiries whereas females accounted for more in 2016/17.

It must be noted that the difference in numbers is very marginal and a truer reflection is that the fact the number of safeguarding concerns by gender is similar between both sexes.

### Types of Abuse - Concerns Raised

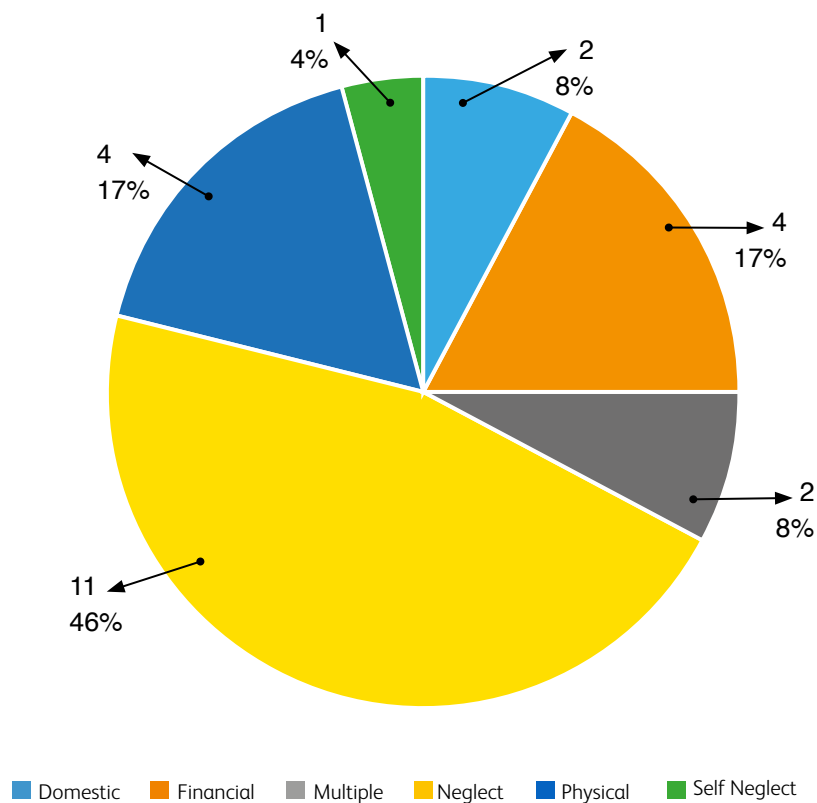


Two most common type of abuse:

- Neglect and Acts of Omission
- Financial abuse
  - The financial abuse reported was not due to scams but as a result of an allegation attributed at the hands of a family member i.e. the person’s relative, friend, carer or support worker etc...

These were also the top two types of abuse during 2016/17.

### Type of Abuse – Section 42 Enquiries



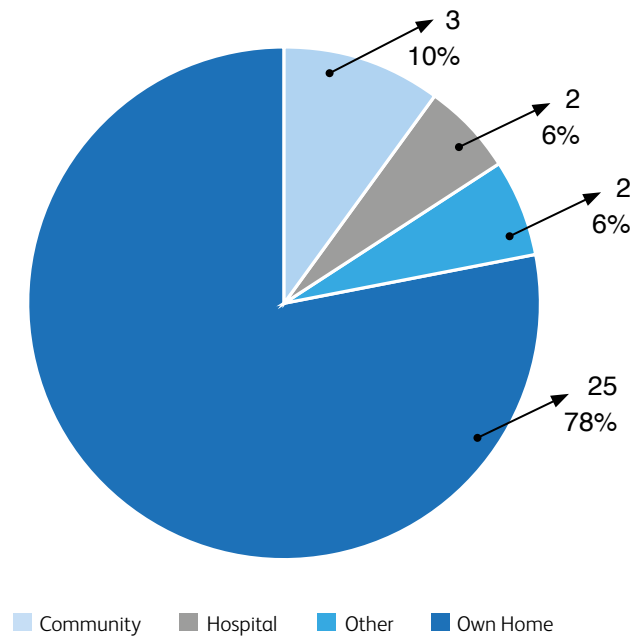
The most common type of abuse as a S42 Enquiry was Neglect and Acts of Omission.

Financial abuse as well as Physical abuse jointly followed as the second common type of abuse as a S42 Enquiry.

As noted in the above the financial abuse reported was not due to scams but instead a result of an allegation attributed at the hands of a family member i.e. the person’s relative, friend, carer or support worker etc.

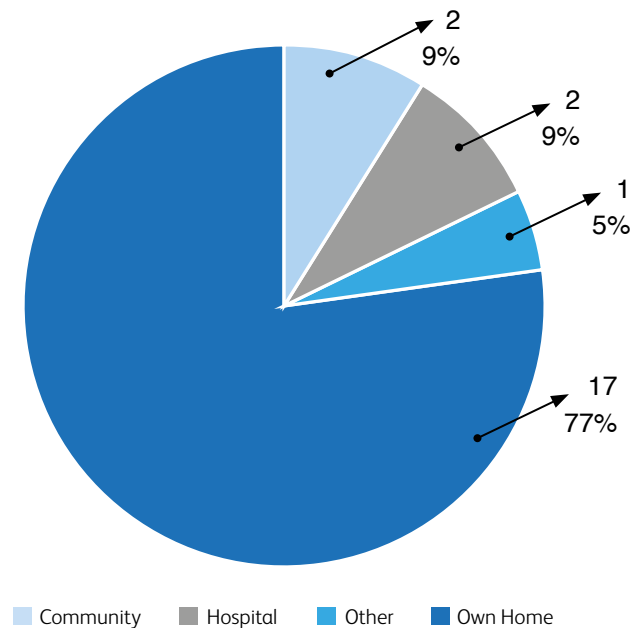


### Location of risk



The majority of safeguarding concerns were triggered by instances whereby the location of risk was within the person’s own home. There were very few instances that had a location of risk in the other three categories.

### Location of Risk – Section 42 Enquiries

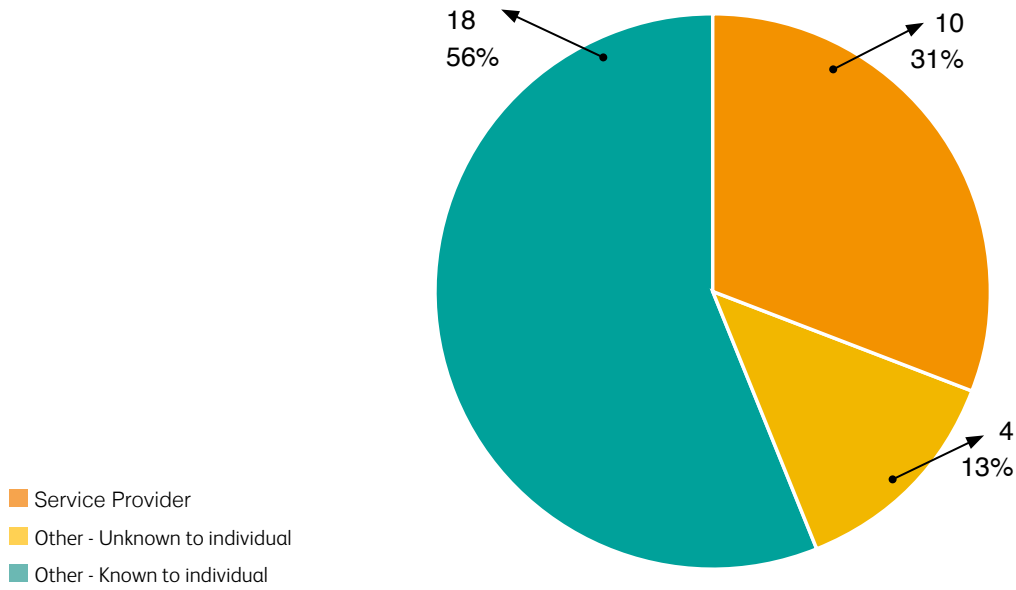


The majority of S42 Enquiries were triggered by instances whereby the location of risk was within the person’s own home.

This correlates with figures regarding concerns (previously referenced).

There were very few instances that had a location of risk in the other three categories.

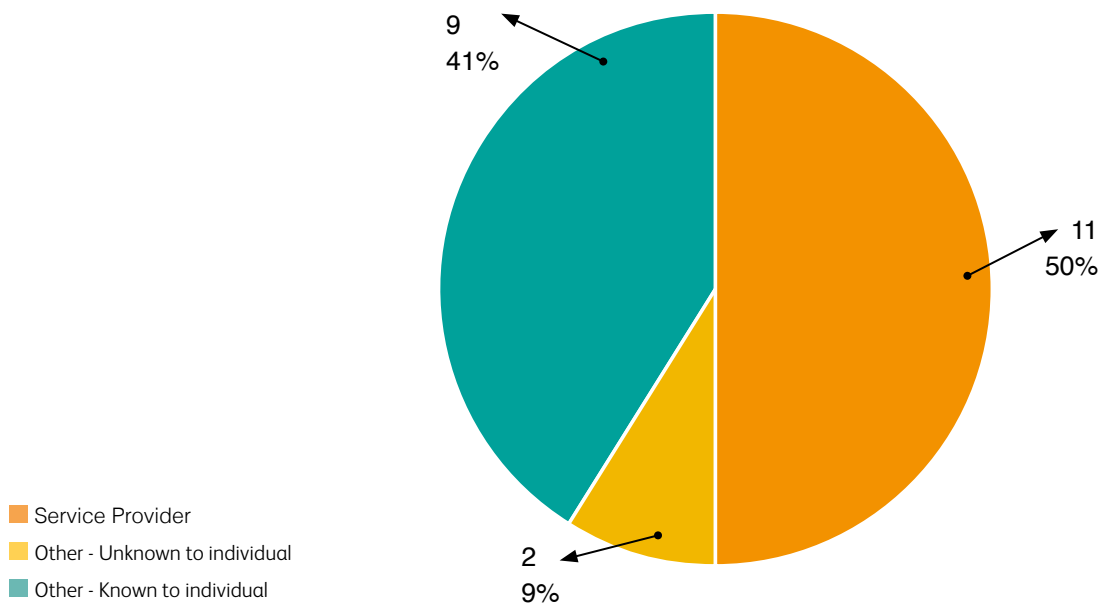
### Source of Risk



During 2017/18 the source of risk for the majority of safeguarding concerns were alleged to have been caused by an individual known to the person.

However, in 2016/17 this was not the case as the majority of sources of risk were alleged to have been due to the service provider.

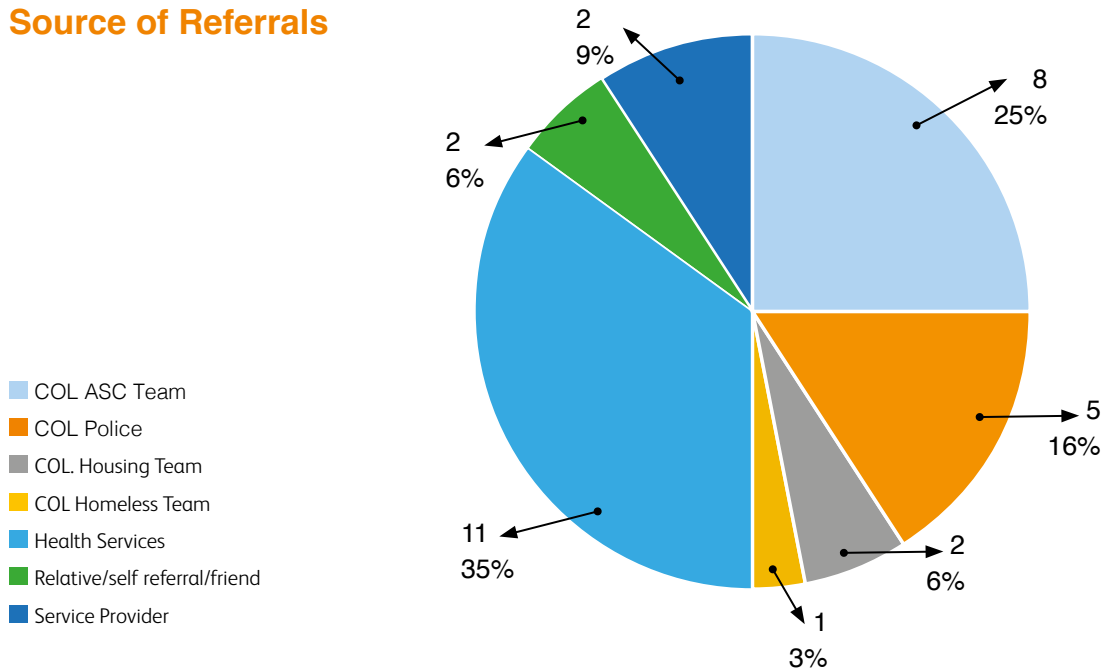
### Source of Risk – Section 42 Enquiries



During 2017/18 the source of risk for the majority of S42 Enquiries were alleged to have been due to the service provider.

This coincides with 2016/17 figures whereby majority of sources of risk were alleged to have also been due to the service provider.

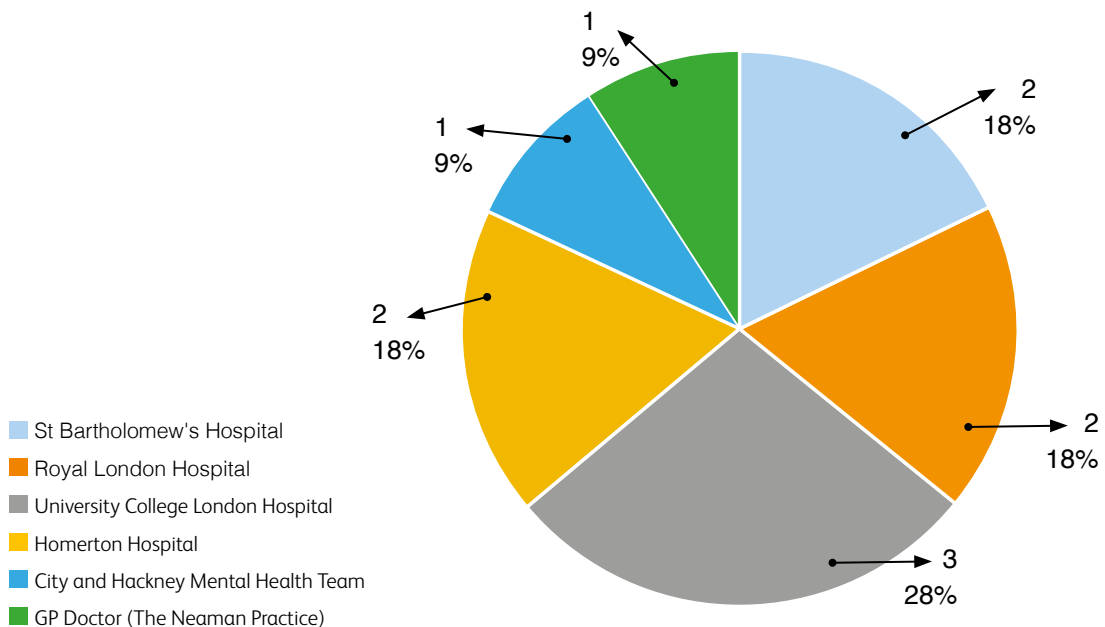
### Source of Referrals



Variety of sources, top two referrals:

- 16 from City of London
- 11 from Health services; one of which is City and Hackney Mental Health Services as well as another from a GP Doctor.
- Other referrals included a Vulnerable Victims Advocate; Homelessness organisation

### Source of Referrals – Health Breakdown

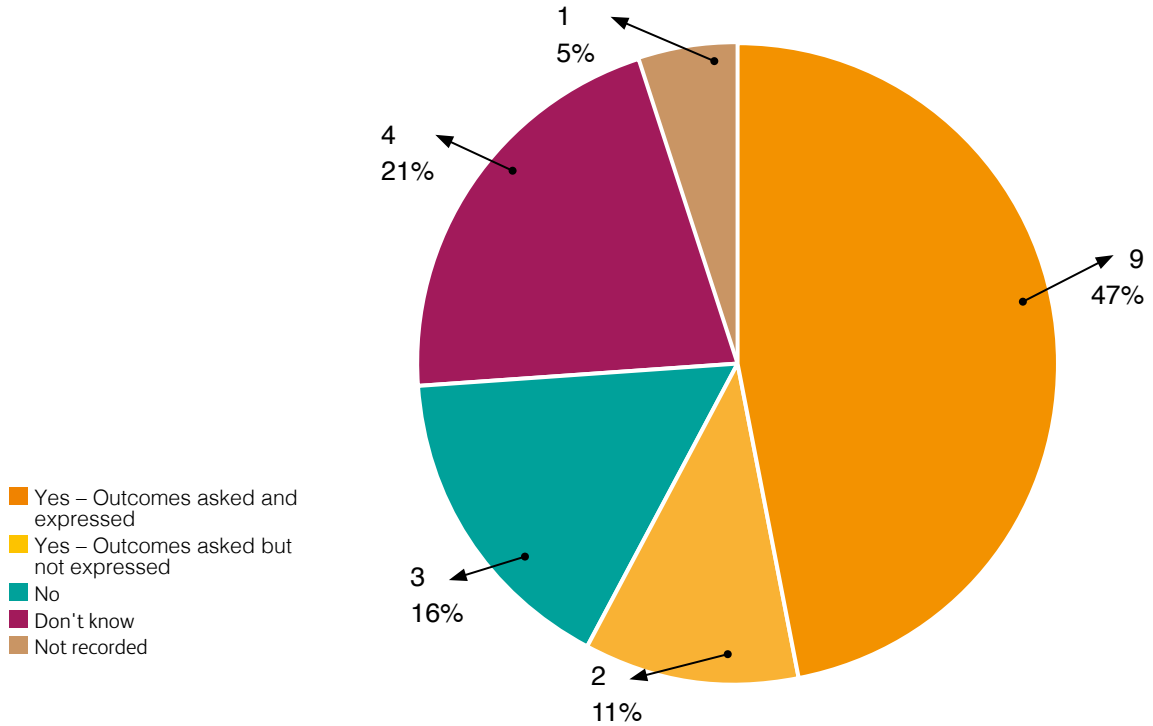


Additional breakdown of the 11 sources of referral from Health services:

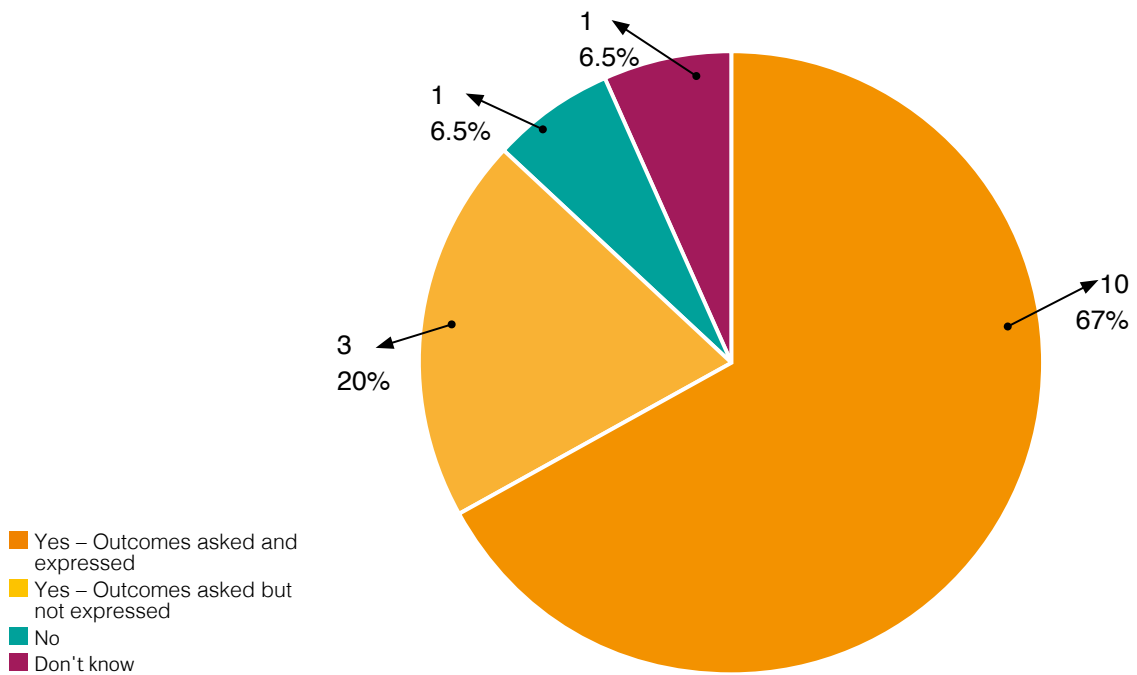
- One of which was City and Hackney Mental Health Services as well as another from a GP Doctor.

## Making Safeguarding Personal – Personal Outcomes

### 2017/18 MSP Concluded S42 Enquiries Personal Outcomes

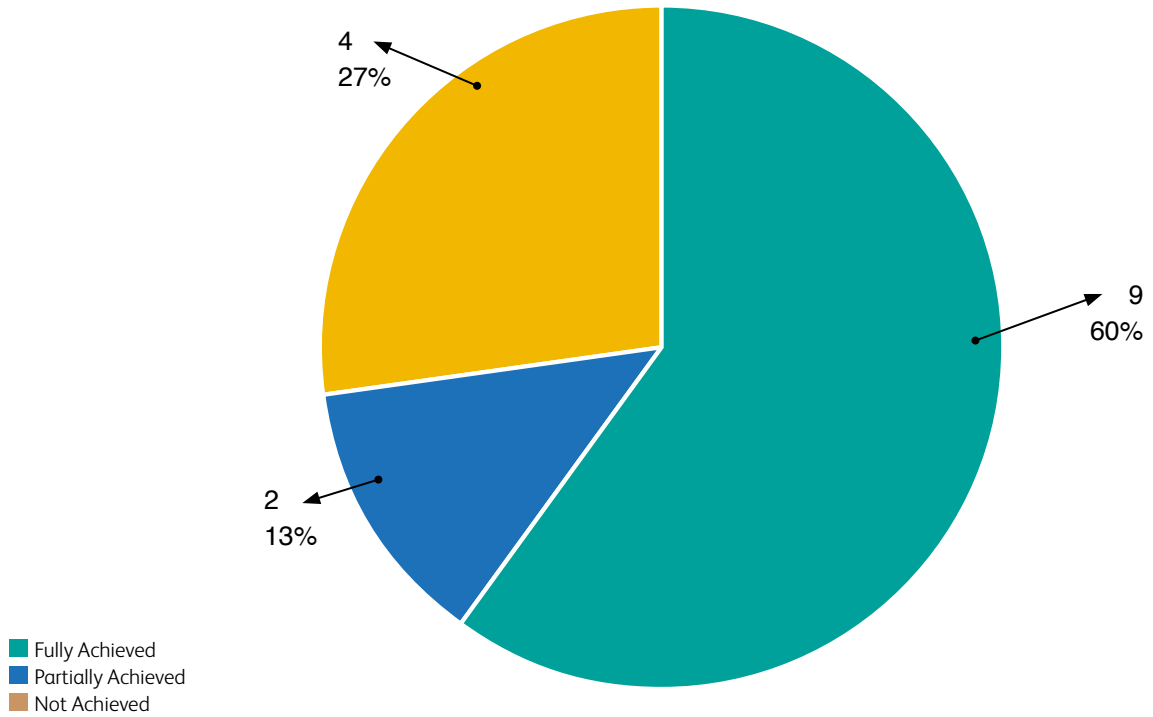


### 2016/17 MSP Concluded S42 Enquiries Personal Outcomes (Source: SAC 2016/17)

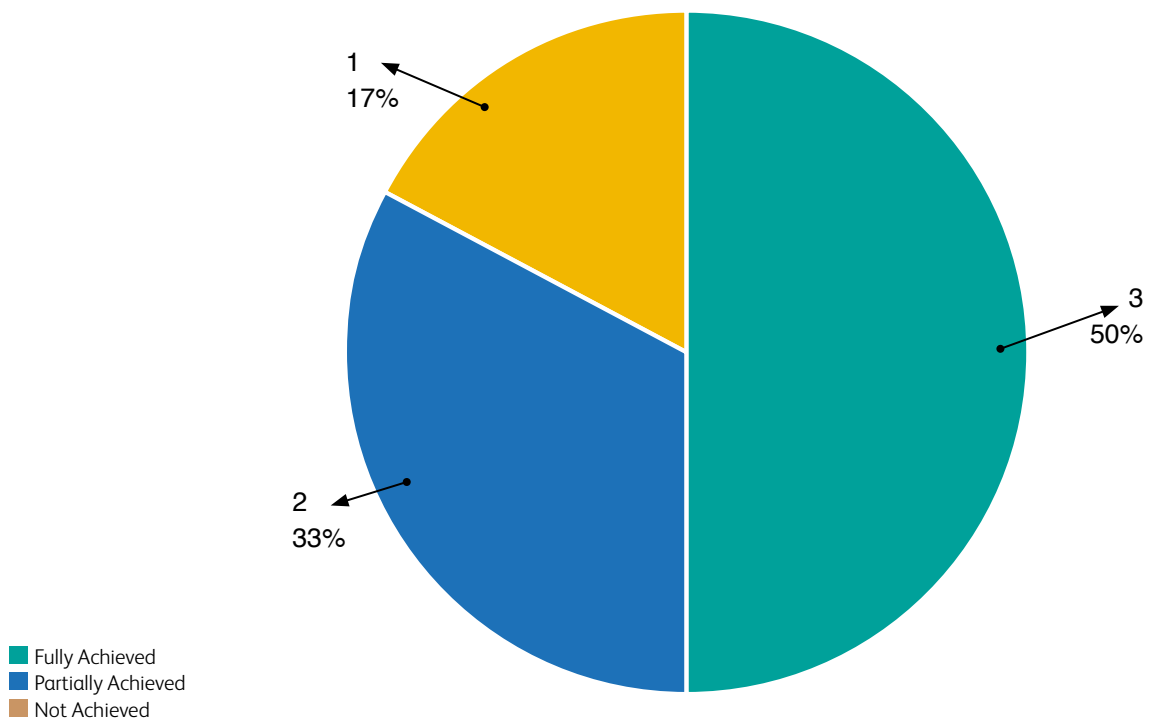


### Concluded Making Safeguarding Personal Section 42 Enquiries

2017/18 Concluded MSP S42 Enquiries  
Asked and Achieved



2016/17 Concluded MSP S42 Enquiries  
Asked and Achieved (Source: SAC 2016/17)



## City of London – Deprivation of Liberty Safeguards (DoLS)

The City of London had an increase in DoLS requests for the 4th year in succession. The relatively small increase this year was attributed to an increase in referrals from hospitals where there now appears to be a greater awareness and understanding around DoLS procedures.

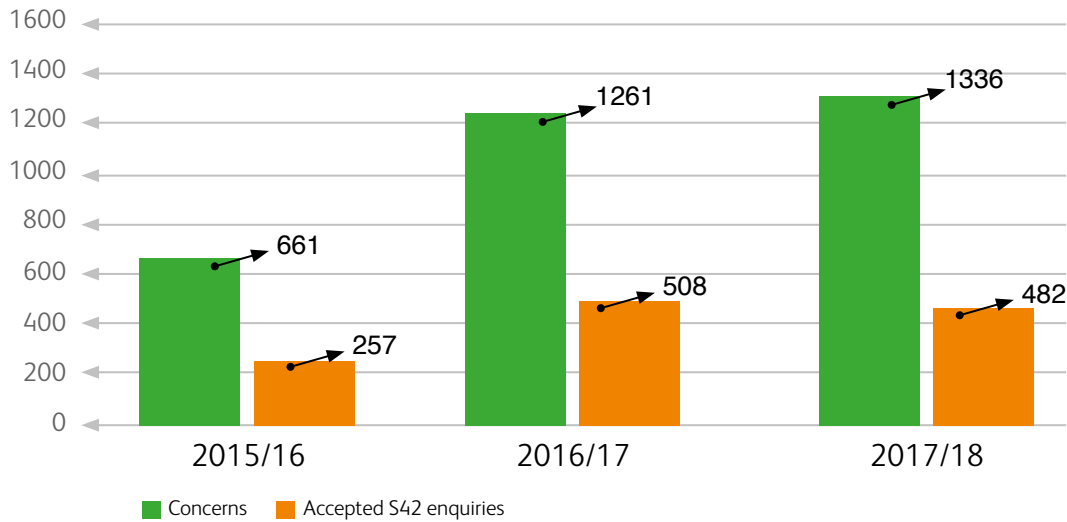
The Court of Protection has the power to adjudicate on matters of mental capacity and deprivation of liberty. The court was approached on a small number of cases to uphold the rights of an individual to challenge existing authorisations or to seek an authorisation from the Court for a Community Deprivation of Liberty. The City supports all such cases as examples of those rights being exercised appropriately

Reporting Period	Number of DoLS Requested	Number of DoLS Granted
2013 – 2014	Less than 5	Less than 5
2014 – 2015	13	12
2015 – 2016	34	29
2016 – 2017	39	29
2017 - 2018	43	36

## London Borough of Hackney Safeguarding Activity

### Safeguarding Concerns /Section 42 Enquiries

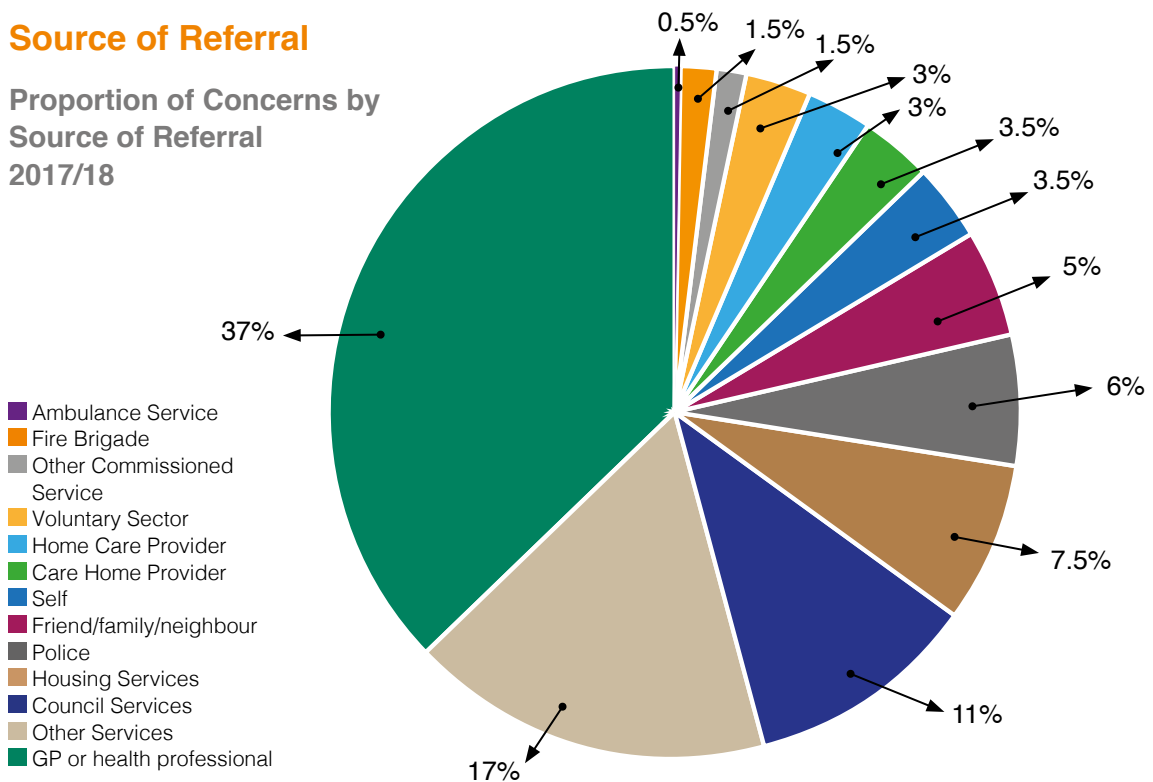
Total number of Safeguarding concerns and Section 42 (S42) enquiries 2015 to 2018



The number of concerns in Hackney in 2017-18 increased slightly since 2016-17 and the number of concerns that were progressed under S42 of the Care Act are almost on par with last year.

### Source of Referral

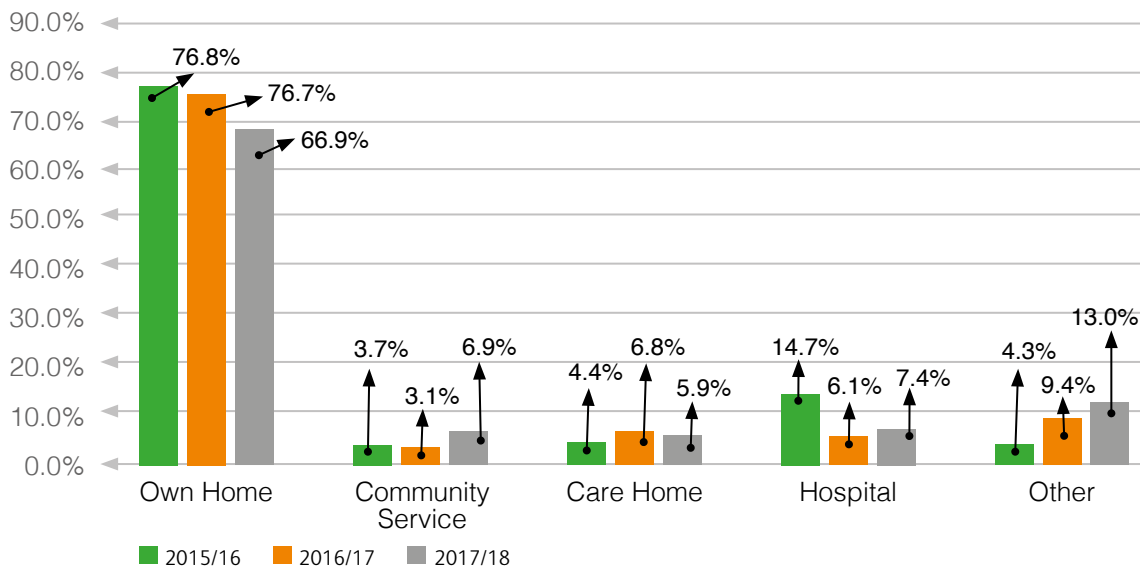
Proportion of Concerns by Source of Referral 2017/18



Safeguarding concerns were raised by a range of agencies and by individuals, which demonstrates a wide ranging awareness of safeguarding. The majority of referrals were received from the health sector.

## Section 42 Enquiries – Location of Abuse

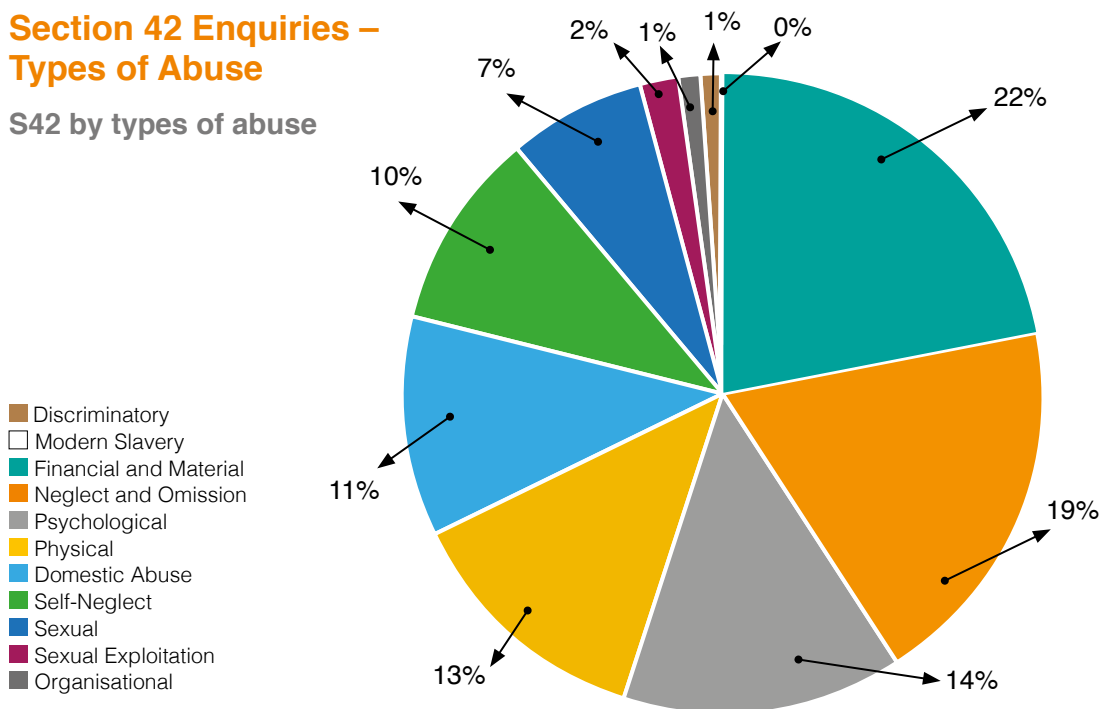
S42 Enquiries by location of abuse 2015 to 2018



As in 2016/17, this year most of the abuse in Hackney happens in people’s homes. It needs noting that there are very few care homes in the borough and most people in Hackney live in their own homes. The data shows that there has been a 10% reduction of abuse taking place in people’s homes.

## Section 42 Enquiries – Types of Abuse

S42 by types of abuse

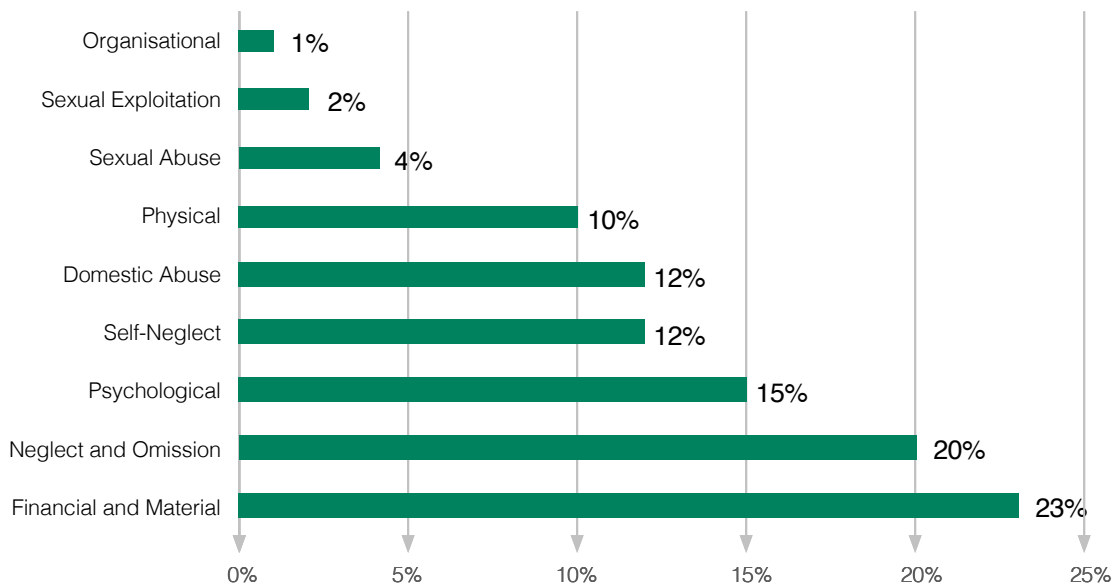


The main type of abuse in Hackney is Financial and Material abuse. This type of abuse has overtaken neglect and omission which was the main category of abuse last year. The reason for this is unclear. However the strategic plan for 2018-19 includes a public awareness campaign on keeping safe when faced with financial abuse.



## Types of Abuse in Own Home – Breakdown

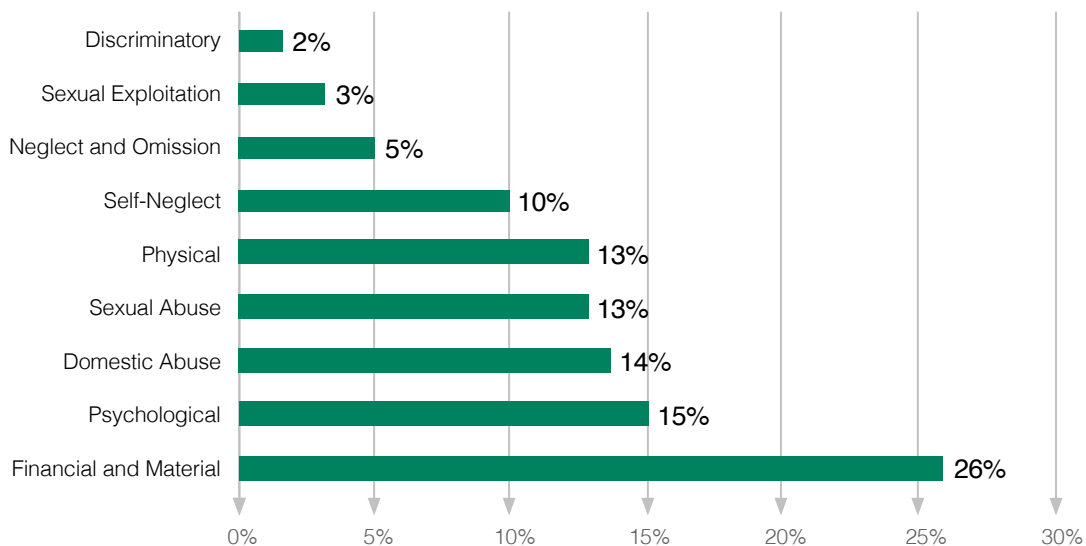
Proportion of types of abuse in own home 2017/18



The main type of abuse that takes place in people’s homes is financial and material abuse by contrast the main type of abuse in care homes was neglect and omission, and in hospitals, physical abuse.

## Types of Abuse in Other Locations

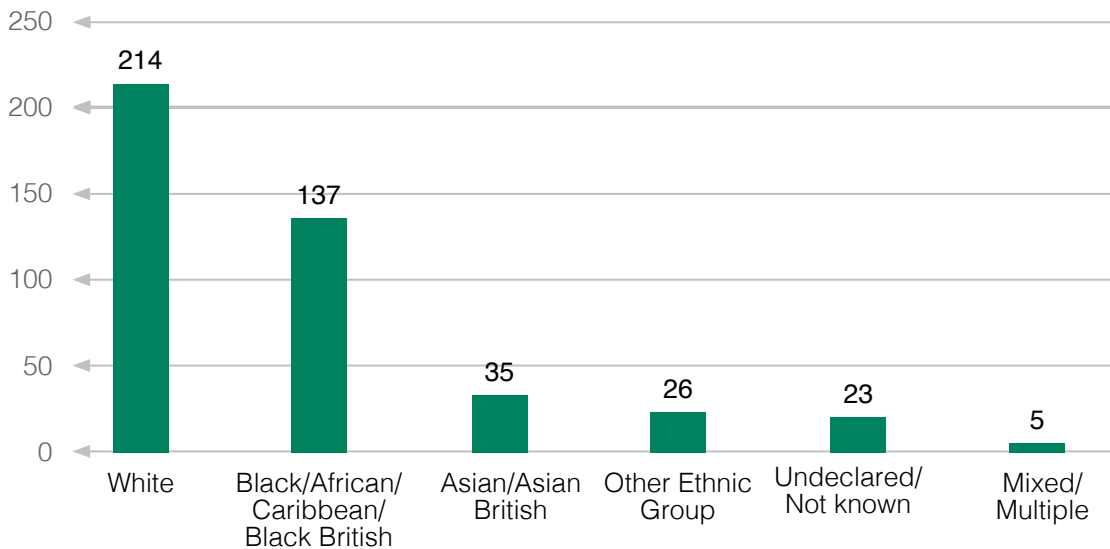
Proportion of types of abuse in other locations 2017/18



There has been an increase in referrals since 2016-17 in Hackney, for domestic abuse from 9% to 15%, and sexual abuse from 7% to 13%. An increase in referrals for self-neglect from 7% to 10% indicates that training provided in relation to the Safeguarding Adult Reviews and CHSAB commissioned training on self-neglect has had an impact.

### Section 42 Enquiries: Source of Risk in Own Home – By Ethnicity

All S42 enquires source of risk own home by ethnicity 2017/18

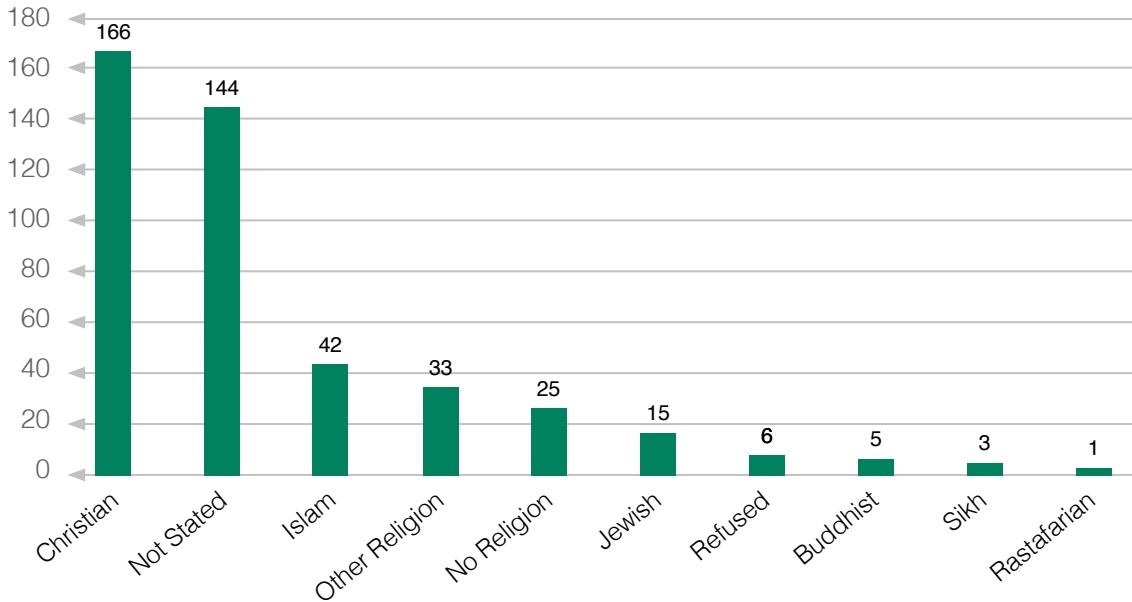


	White	Black/African/Caribbean/Black British	Asian/Asian British	Other Ethnic Group	Undeclared/Not known	Mixed/Multiple
Source of Risk in Own Home	49%	31%	8%	6%	5%	1%
Hackney Population (ONS 2011)	55%	23%	11%	5%		6%

There is an over-representation of Black/African/Caribbean and Black British people amongst people who are abused in their homes in Hackney, increasing from 28% to 31% in the last two years, compared with the population which stands at 23%. Referrals for Asian people have increased by 2%, but are still low. People of a mixed/multiple ethnicity were under-represented in referrals last year and that percentage remains the same in 2017-18.

## Section 42 Enquiries: Source of Risk in Own Home – By Religion

All S42 enquires source of risk own home by religion 2017/18

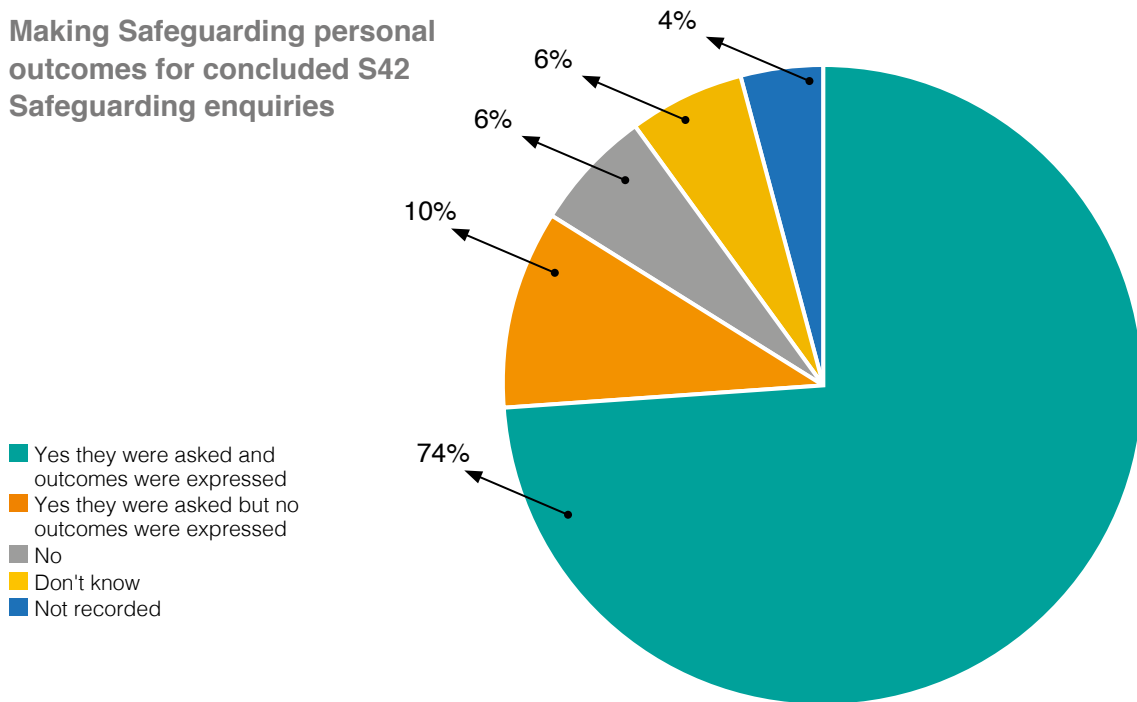


	Christian	Not Stated	Islam	Other Religion	No Religion	Jewish
Source of Risk in Own Home	38%	33%	10%	8%	6%	3%
Hackney Population (ONS 2011)	39%	10%	14%	1%	28%	6%

Whereas last year the data did not demonstrate a low referral rate for Jewish people, in 2017-18 these have reduced by 6% and is proportionately less than the make-up of the Jewish population in Hackney. Referrals of people of the Islamic faith have increased by 5% in response to raising awareness. People who do not follow a religion are significantly under-represented amongst referrals.

## Making Safeguarding Personal – Outcomes for Concluded Section 42 Enquiries

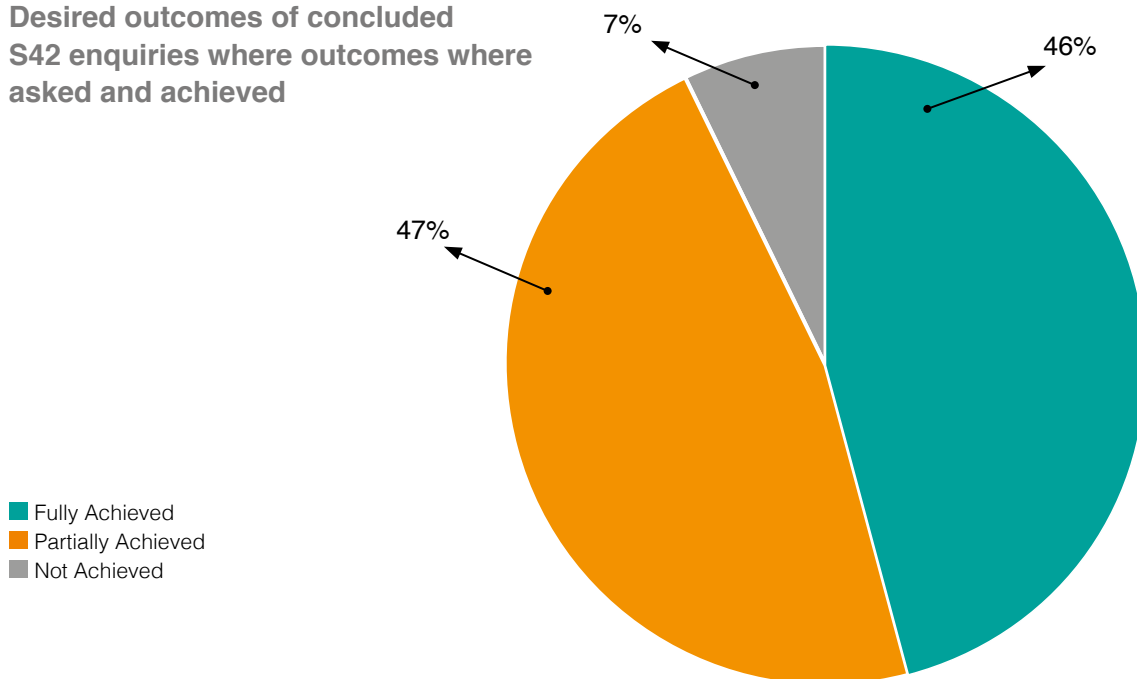
Making Safeguarding personal outcomes for concluded S42 Safeguarding enquiries



In Hackney, 84% of people subject to the safeguarding process were asked what outcomes they wanted compared with 77% in 2016-17.

## Desired Outcomes of Concluded Section 42 Enquiries

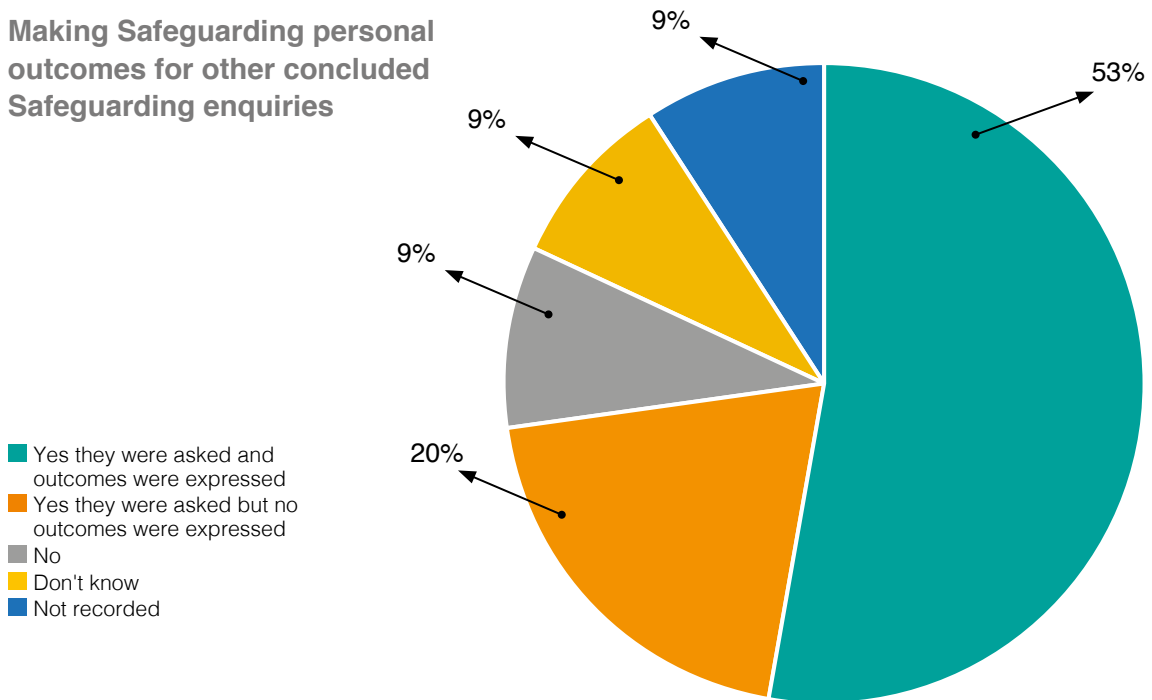
Desired outcomes of concluded S42 enquiries where outcomes were asked and achieved



93% of people who were subject to safeguarding processes in Hackney in 2017-18 had their outcomes partially or fully achieved, an increase of 10% from 2016-17.

### Making Safeguarding Personal – Outcomes for other Concluded Section 42 Enquiries

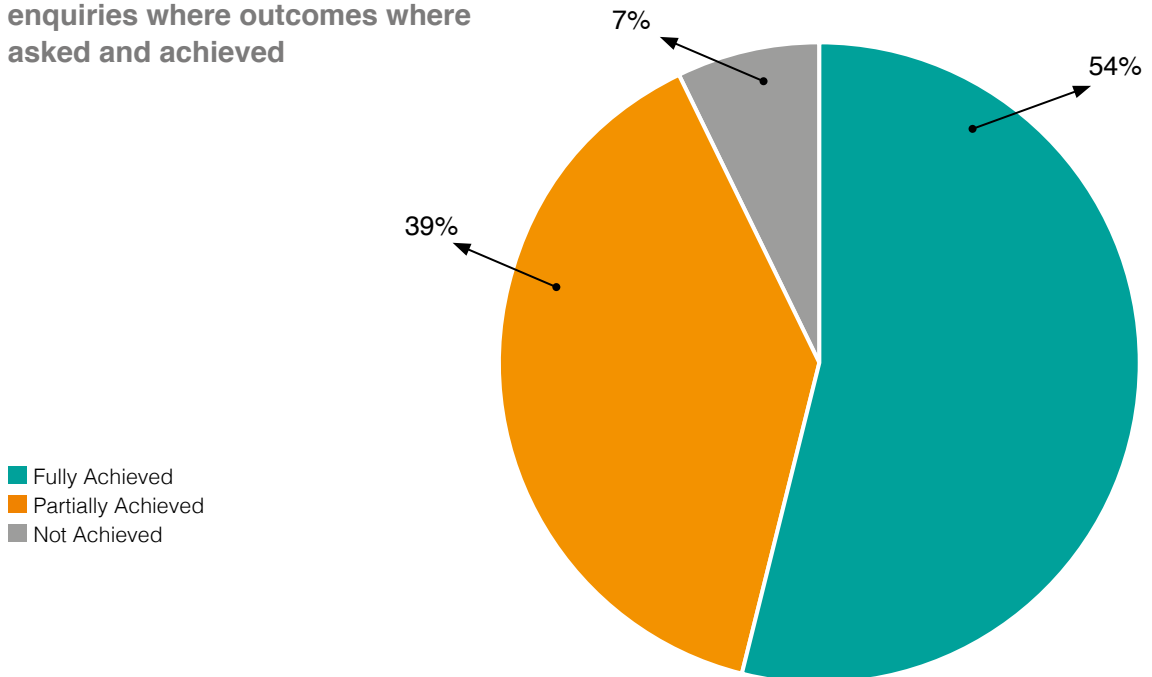
Making Safeguarding personal outcomes for other concluded Safeguarding enquiries



In Hackney 73% compared with 69% in 2016-17, of people who were subject to other enquiries, were asked what outcomes they wanted.

### Desired Outcomes of other Concluded Enquiries

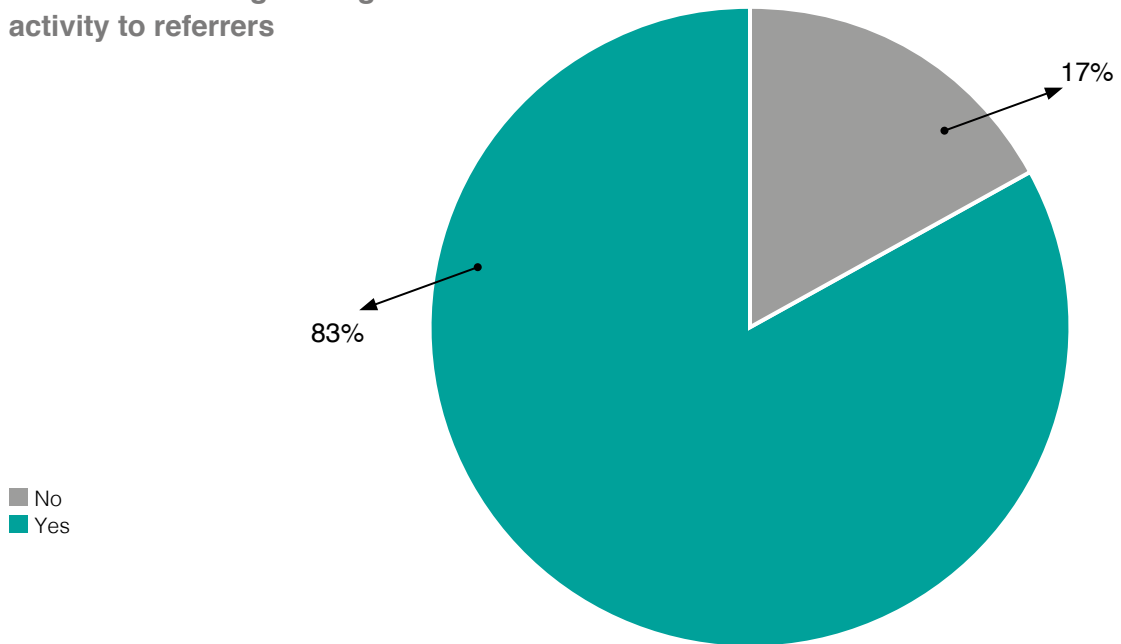
Desired outcomes of other concluded enquiries where outcomes where asked and achieved



93% of people who were asked had their outcomes met, which is 1% increase from 2016-17.

## Feedback of Safeguarding Activity to Referrers

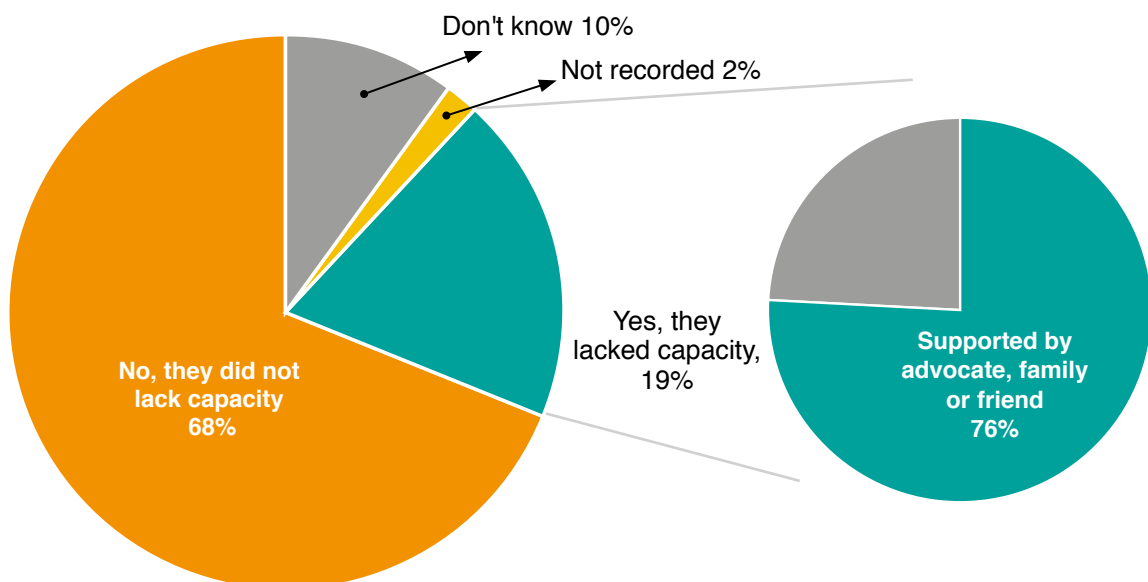
Feedback of Safeguarding activity to referrers



In Hackney, 83% of referrers compared with 80% in 2016-17 of referrers, heard back that about the concerns they raised.

## Mental Capacity – Subjects of Concluded Section 42 Enquiries

Mental capacity of subjects of concluded S42 Safeguarding enquiries



In Hackney, of the 19% of people that lacked capacity during the safeguarding process, 79% were supported by an advocate, family or friends.

## Deprivation of Liberty Safeguards

Year	No. of DoLS	Care Homes	Hospitals
2017 / 18	697	493 (71%)	204 (29%)
2016 / 17	810	547 (67%)	263 (33%)
2015 / 16	690	487 (71%)	203 (29%)
2014 / 15	358	242 (68%)	116 (32%)
2013 / 14	24	19 (79%)	5 (21%)

### Hackney Overview:

- The number of actual “people” subject to a DoLS in 17/18 was 587, compared with 642 the previous year (9% reduction).
- Overall 14% decrease from the previous year.
- 24% decrease from hospitals (linked to a reduction in repeat referrals, and fewer short term authorisations, and assisted by liaison between the LBH DoLS Lead and Hospital Leads).
- 10% decrease in residential (linked to more people being settled, and therefore fewer short term authorisations, in addition to more people moving into Extra Care, etc.).
- Figures are starting to illustrate more of a “plateau”, as providers recognise their obligations to recognise and refer any situations where there is likely to be a deprivation of liberty taking place.

### London Borough of Hackney responding to demand:

- Business support was increased to respond to the administrative demands of the process, and therefore avoiding “lapses” in authorisations, including allocation of paid and unpaid Relevant Person’s Representative.
- The work we do in relation to quality of referrals and quality assurance of assessments is being expanded.
- A workforce development strategy to incorporate BIA training as part of the academic opportunities for career progression, in order to increase the number of internal BIAs is being introduced.
- Regular liaison between DoLS / MCA Lead and Homerton University Hospital Safeguarding Adults Lead to ensure continuity and avoid inappropriate DoLS referrals

## Case Examples

This section provides a range of examples of safeguarding work undertaken by partner agencies of the CHSAB (names have been changed)

### London Borough of Hackney

#### Case Example – Intergenerational Domestic Violence

Fatma is a widowed Turkish woman in her 70s, who has lived in the UK for many years. She has two adult children (Ali who lives with her), Helena (who lives locally) and had a son who died in a traffic accident when he was a teenager. Aside from engagement with her children, she had a very limited community network.

She was initially referred to Multi-Agency Risk Assessment Conference (MARAC) via a Police referral, after they had been called to a domestic incident between her and Ali. The incident had centred upon him physically assaulting her. It was understood that this had not been the first incident. The discussion at MARAC led to a referral being made to Adult Social Care, as she was regarded as an adult at risk, due to her age and limited mobility.

It was reported that Ali had mental health difficulties, and that his behaviour could be quite erratic, including violent outbursts, and had evidenced signs of fixating on his mother. He was understood to yell at his mother. Although it was acknowledged that there had been physical assaults, it was understood that Fatma has not sought medical involvement following any of the alleged incidents. It was also understood that the son had made threats to burn down the house and had some low level criminal history, mostly around drug use.

Fatma did not necessarily want any follow up. However, the Police were able to persuade her to talk to somebody. At the point of referral Ali was being held in custody, although it was uncertain as to when he would be released.

Fatma was engaging to a point. She explained the family dynamics and explained her intense guilt about the death of her other son, and the fact that Ali had witnessed this. She explained that she very much wanted to get help for Ali whom she recognised as having mental health issues, but very much wanted to keep the family together. She saw the assaults upon her as being an expression of his mental state, and not intentionally aimed at harming her. In view of the above, she did not want to explore any assistance that was being offered to her, and repeatedly focused upon her son's needs. Fatma reported that she would happily die in the pursuit of caring for him.

The overall analysis from professionals involved, was that Fatma appeared to have mental capacity and was perhaps making an unwise decision.

The outcome was that Ali decided that he did not want to live at home. He was provided with psychological support. Fatma became involved with a culturally appropriate community centre. Her daughter became more engaged with her. Ali and Fatma met as frequently as they wanted but in a way that was safe.



## East London Foundation Trust

### Case Example – Mate Crime and ‘Cuckooing’

AA is a 37 year old woman with a diagnosis of paranoid schizophrenia. She has been known to mental health services for 10 years though her engagement has been sporadic. AA has lived independently for many years and tends to come to the attention of services when needing additional support. At these times she will seek help from A&E or through her family when delusional thoughts impact on her ability to maintain her daily functioning. At these times she is also at risk of neglecting herself and her ability to live independently diminishes.

At the time of the safeguarding concern AA was living in private rented accommodation that provided support onsite between 9-5. AA had a care coordinator from a Community Mental Health Team and was happy for her social worker to liaise with both her parents and her landlord. At the start of December 2017, AA's landlord rang AAs care coordinator to inform her that AA had been allowing a woman to leave belongings in her room and to sleep in her room. This woman was homeless and had significant substance misuse issues. AAs landlord was also concerned that this woman was exploiting AA and selling her belongings. Having guests was against the conditions of AA's tenancy agreement.

At this point AA was mentally well, however concerns remained that she was still vulnerable to abuse or neglect. AAs views and wishes were considered and she stated clearly that the woman in question, was her friend, and that she did not want any intervention from services. Safeguarding concerns remained as AA admitted that her bag had been taken and she had not been paid for this, however she expressed a desire to address this herself. AA could not specify to services at what point this ‘friend’ would no longer be welcome given the fact that she was breaching her tenancy agreement, but did demonstrate that she had the ‘capacity’ to make this decision even if it was an ‘unwise decision.’ Joint collaborative working was imperative to ensure ongoing engagement with services, in line with Making Safeguarding Personal. By giving due regard to AAs wishes and feelings AA agreed that her care coordinator could continue to support her and liaise with relevant others over the coming weeks.

Between Xmas and New Year AA reported that these friends had been taking her money, she was now fearful of them, and wanted support keeping them from her property. There was also evidence that the homeless guests had been using the property for sex working. An urgent safeguarding plan was agreed by AA the CMHT and the landlord, that the police be called should these individuals return to the property.

The homeless people had returned to the property. AA did not feel able to refuse entry to her property to these people and despite interventions from the police they returned. The landlord did not appear to be able to keep the property secure. In keeping with AAs wishes, alternative accommodation was identified and she moved.

## Metropolitan Police Hackney

### Case Example 1 – Carer Abuse

The elderly victim suffered advanced dementia and lacked the ability to communicate other than by making noises. A fellow carer reported witnessing the suspect (also a carer) assault and force feed the victim. The suspect was accused of slapping the victim and then applying pressure on to the victim's ribs to cause the victim to open their mouth. When the victim's mouth was open the victim was force fed. The victim was also subjected to verbal abuse by the same individual.

A multi -agency approach was adopted to respond to the allegation. The carer was interviewed and charges for common assault were raised.

### Case Example 2 – Fraud by Abuse of Position

Another example of Carer abuse involved a victim who was physically disabled and house bound with a Carer tending to her at home. The Carer was accused of taking photos of the victim's bank cards whilst victim was not looking and using the bank card details to make purchases on-line for their own gain. Admissions made in interview resulted in charges being brought for fraud by abuse of position. The matter is currently within the Criminal Justice system.

## City of London Corporation

### Case Example – Multiagency response to Rough Sleeping

M is in her 40s and recorded as having a mild/moderate learning disability with a history of heavy alcohol use and rough sleeping. M has been accommodated in a variety of settings in the past including her own tenancy, supported living placements and temporary accommodation including hostels and B&B. Currently she is street homeless, having refused offer of the accommodation she had previously requested. Previous assessments of mental capacity regarding accommodation, health and finance decisions have consistently found M to have capacity.

The Multiple Needs team raised concerns of ongoing self-neglect, including risk to physical health and refusing to engage consistently with addressing her accommodation needs. In particular there were concerns about not being appropriately bedded down in relation to the cold weather, doubts raised around capacity, and her not attending to her medical conditions.

A safeguarding enquiry was initiated and the situation was discussed at Rough Sleepers Mental Health meeting and an Action for Rough Sleepers Community Psychiatric Nurse (CPN) went to see her. The CPN observed her on sleeping, and appropriately bedded down considering weather in terms of position, insulation and sleeping bag. There was no apparent evidence of primary health concerns. She was seen by the Multiple Needs team but was refusing to engage and was abusive. The Ambulance service were called. Paramedics did not have any major concerns with regard to her physical health and assessed her as having mental capacity.

M has been sleeping rough since the age of 14 and has slept rough even when she had accommodation. She has consistently been reported as stating she does not like sleeping inside and prefers to sleep out whenever possible. The ongoing risks of being a female rough sleeper, including risk of abuse by others and health risk associated with alcohol and self-neglect, and reduced life expectancy, were recognised, but in view of her capacity to make decisions about her accommodation, support and health, her choices had to be respected.

M is aware of the services available to her and has a history of engaging only when she wants to on her own terms. M made the choice to utilise accommodation provided in February 2018 and has remained there since.

## Homerton University Hospital Foundation Trust's (HUHFT)

### Case Example – Mental Capacity/ Cross Sector Working

X was a vulnerable young pregnant lady who presented for her first antenatal visit very late during her pregnancy. The midwife who attended to X felt very concerned about her as she appeared to be a very immature young adult, had poor eye contact and rambling speech patterns. She was inappropriately dressed and used inappropriate language. The midwife felt X might have been a victim of sexual exploitation. There were concerns about her mental health, the presence of learning disability and her capacity to make decisions around labour and any possible interventions that might be needed. From interactions with X, there were indications that she would like a normal delivery.

#### Actions taken:

- Midwife discussed concern with Safeguarding Adults Team (SAT).
- SAT made a referral to Integrated Learning Disability Service.
- Multi-agency meetings held, appropriate professionals identified to assess and provide interventions for X and referral made to mental health services.
- Capacity assessment completed on specific issues.
- Several multi-agency meetings held to discuss X's case, make and agree a plan of care.
- A referral was made to children social care by the social worker to safeguard X's baby.

#### Outcome:

- X had capacity to make a decision on her sexual behaviour and practice.
- X lacked capacity to make decisions around her labour.
- X was diagnosed with a developmental disability and a social worker allocated to work with her.

- X had a normal delivery and was supported by her family and professionals.
- X was supported to get a new appropriate accommodation.

#### **Area of good practice demonstrated in this case**

- Early recognition that X was a vulnerable adult and links made with all relevant agencies and professionals who could support her.
- Multi-agency/multi-disciplinary working.
- Good information sharing.
- Capacity assessments completed and patient supported throughout the process of care delivery.
- Patient's views were considered and incorporated into care plans where possible.

## Contributions from Partner Agencies

This section contains short accounts from members of the CHSAB about their safeguarding adults' work during 2017/18, taken from their self-assessment audit.

### London Borough of Hackney (Adult Social Care)

The audit has been largely positive, showing that we have been able to sustain and build upon a lot of work completed last year, including engagement with other departments and partner agencies to promote adult safeguarding i.e. Housing, Registered Social Landlords, Public Health, pharmacists, community safety initiatives, providers, Shared Lives Scheme, community and voluntary services, Trading Standards teams and engagement with the North London Teaching Partnership.

Additionally, we have been able to implement the following which all align with the CHSAB priorities.

Recruitment to post of Principal Social Worker, who now has a specific focus upon recruitment and workforce development, as well as enhancing of practice, skills and knowledge. This greatly assists in circulating and embedding the learning from Safeguarding Adults Reviews (SAR's) via the creation of reflective practice sessions for staff, production of a monthly newsletter for ASC staff and partners, etc. She works with our workforce development team to both introduce a social work academy model to structure training around the social work career pathway and refine the general training application, confirmation and attendance process.

The Head of Adult Safeguarding and Principal Social Worker have been working together across Adult Social Care services and with partners to promote SAR's learning, High Risk Panel, reflective practice sessions and various pathways and policies, i.e. self-neglect and hoarding, risk enablement policy.

Completion of a procurement process to commission a new "umbrella" advocacy service which commenced in April 2018. This will feature a single point of access for all advocacy, therefore reducing the likelihood of inappropriate referrals, whilst also developing other non-statutory advocacy models, i.e. peer advocacy.

The Safeguarding Adults Team (SAT) has also continued to facilitate Safeguarding Adults Managers and general adult safeguarding forums, which has seen a gradual increase in attendance, specifically from non-council staff. The team has also continued to promote and chair the High Risk Panel.

Continuing to engage Hackney residents in a meaningful manner through our "Making it Real" initiative. This seeks to set out what people who use services and carers expect to see and experience if support services are truly

personalised. They are a set of "progress markers" - written by real people and families - that can help an organisation to check how they are going towards transforming adult social care. The aim of 'Making it Real' is for people to have more choice and control so they can live full and independent lives.

We intend to expand our work to include Hackney residents who have experienced the adult safeguarding process, so they are able to influence the way in which we work with people.

Adult Social Care has recently begun engagement with the "Contextual Safeguarding" initiative within the Borough, led by Children's services, commencing with "neighbourhoods", which seeks to engage a number of community based services, i.e. Housing Associations, retailers, street enforcement.

We have revised our "Provider Concerns" pathway and created an information sharing forum between the Council and City & Hackney Clinical Commissioning Group, with the Care Quality Commission being a key invitee. The objective of the forum is to identify quality concerns at an early stage, identify patterns and themes and then work proactively to address these before they begin to impact upon service users or lead to more formalised actions against providers.

The Safeguarding Adults Team attends all provider forums, with adult safeguarding updates being a set agenda item.

Our annual customer satisfaction survey which incorporates a "safeguarding perspective", has indicated that 88% of people in receipt of care services, particularly those of 65+, say that those services make them feel safe. The figure for Hackney is above the national figure of 77.5%.

There remains work to do as the audit has provided an opportunity to reflect on certain areas: we need to revise our current Modern Day Slavery policy and pathway in light of national developments and the creation of single points of contact for each borough. This will be completed in conjunction with Children's and Community Safety Partnership colleagues by mid-2018.

In the context of recruitment challenges, further work is required with regards to embedding the learning from commissioned Safeguarding Adults Reviews.

One of our priorities is also to enhance our approach to service user engagement and satisfaction, by means of meaningful co-production.

We recognise that preventative services play a significant role in enabling people to remain in the community while being connected and well, therefore we need to enhance the focus of these services, including the promotion of multi-agency approaches to raising awareness of adult safeguarding.

We also need to ensure that our quality assurance framework is refined so that there is a more circular approach to gathering service user feedback and implementing this into service improvements, including safeguarding.

As Pilot site for ADASS alongside Camden and City of London, we are progressing an initiative to address social isolation and loneliness for residents, which in turn has the potential to reduce the likelihood of people becoming the subject of an adult safeguarding concern. The pilot will seek to build upon the work co-ordinated by Connect Hackney which has been focusing upon the social connectivity of older adults within the borough.

## Homerton University Hospital Foundation Trust's (HUHFT)

Three top areas of good practice

### Governance

Homerton University Hospital NHS Foundation Trust's (HUHFT) safeguarding governance structure was reviewed and strengthened to ensure that there is robust monitoring and scrutiny of safeguarding within the Trust. The new governance structure has a Joint Safeguarding Committee, Safeguarding Adults Operational Group (SAOG) and Safeguarding Children Operational Group (SCOG). The Lead for Safeguarding Adults is a member of the SCOG and a named nurse for Safeguarding Children is a member of the SAOG. This has strengthened the links between adults and children safeguarding across the organisation thus furthering the Think Family approach to safeguarding. The terms of reference of SAOG was reviewed to reflect the changes.

### Making Safeguarding Personal

During 2017/2018, HUHFT continued to fortify the principle of Making Safeguarding Personal across the Trust via training and feedback from the Safeguarding Adults Team to those who have reported incidents and the handlers. A total of 326 incidents were reported on Datix (Incident reporting system) as safeguarding adults incidents. 70% of all safeguarding incidents reported showed that MSP had been considered.

### Partnership working to safeguard adults at risk

HUHFT worked closely with all relevant partners to ensure that adults at risk who use services are safeguarded from abuse and neglect and where abuse and neglect has occurred the appropriate actions have been taken to address the concerns and any lessons learnt are disseminated trust wide.

- The Safeguarding Adults Team has set up a monthly review process with City and Hackney Safeguarding Adults Team for all patients for whom Deprivation of Liberty Safeguards applications have been made.
- HUHFT has actively engaged in CHSAB's agenda and priorities by participating in board meetings, some subgroup meetings, Safeguarding Adults Reviews and training offered by the board.
- HUHFT worked with the Police in relation to safeguarding adults investigations which had a criminal element to it and accessing training delivered by the Police for example the Metropolitan Police delivered some sessions on modern day slavery to the Trust.

## City and Hackney Clinical Commissioning Group

The CCG has produced a new staff supervision policy which clearly sets out how staff are supported by effective supervision. We have provided training on adult safeguarding to GPs in City and Hackney and to our GP out-of-hours service. The CCG has produced a statement on Modern Slavery and Human Trafficking and will be publishing this on our website. The CCG has joined a new information sharing group with the London Borough of Hackney and the Care Quality Commission. This group enables the three partners to share information about care homes and social care providers in the borough to help prevent poor care by intervening early and effectively.

The CCG has focussed on reviewing and changing service specifications and increasing reporting and monitoring of adult safeguarding in the services we commission. The CCG has taken over commissioning of GP services from NHS England and we have strengthened reporting that GPs need to do about adult safeguarding. The CCG has delivered all the actions it is required to do in the SAR action plans. The CCG Board now receives more information about continuing care services and adult safeguarding and we have developed a dashboard for our safeguarding adults group which sets out how well local services are performing in areas such as staff training.

The CCG will be improving staff training rates which are below 85% and we will review our training to ensure relevant staff are trained on Modern Slavery and Human Trafficking. We will ensure that local NHS services identify and support victims and staff are trained on the implications of the Act.

The CCG will be producing a safeguarding strategy. The CCG will be looking at how safeguarding fits with the new integrated commissioning arrangements with London Borough of Hackney and City of London to make sure we use all opportunities to strengthen safeguarding and prevent abuse. As we develop our new North East London CCG Commissioning Alliance we will also be looking at how these new arrangements impact on safeguarding. The new Alliance covers City and Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Havering and Redbridge CCGs.

## City of London Corporation

The City of London Communications Lead had a key leadership role in supporting the development of local communication campaigns around Financial Abuse and Rough Sleeping. The City was fully involved in the development of the SAR Communication Plan.

The City of London has supported the work of the CHSAB SAR Sub Group through the chairing of this forum. Lessons learned from SARs are reported back into local City of London system.

Some key achievements in the City this year were

- Launch of the Self Neglect, Hoarding and Fire Risk Panel.



- Embedding safeguarding assurance processes are embedded into the tendering processes for contracts, and safeguarding is a standing agenda item on all contract monitoring meetings with providers.
- Continuing to build on the Making Safeguarding Personal programme and bedding this in across the partnership.
- Ensuring that systems for Information sharing are General Data Protection Regulation compliant.
- Build on the launch of the Safeguarding Procedures for Rough Sleepers and improve inter agency working in respect of this cohort.

## City and Hackney Public Health

Public Health ensures appropriate checks for all new staff and that these are updated every three years. Safeguarding training is completed by everyone in commissioned organisations (this is usually the internal organisations training). It provides modern day slavery training to all commissioned organisations and offers this more widely to partners (together with others in the local authority)

It participates in City and Hackney Safeguarding Adults Board commissioned training. Relevant points from SARS are shared. The Public Health Consultant for City and London has been the Chair of a SAR panel.

Public Health carries out a Joint Strategic needs assessment that includes information on vulnerable adults that informs safeguarding prevention work.

It requires that all commissioned organisations have adequate adult safeguarding plans in place. It has regular discussions at contract review meetings about data sharing with other organisations and issues about working with other organisations.

Public Health aims to have early conversations are had with commissioned organisations about safeguarding concerns, to place safeguarding training on the agenda at quarterly review meetings with assurance that agencies are completing both their own internally organised training and our own safeguarding training.

All safeguarding concerns will continue to be fed back to the relevant public health commissioners in a timely way.

## Healthwatch City of London

The role of Healthwatch is to help people get the best out of their local health and services; whether it is improving them today or helping to shape them for tomorrow. Healthwatch City of London is all about local residents of all ages and worker's voices being able to influence the delivery and design of local services. Not just for people who use them but anyone who might need them in the future.

Healthwatch City of London provides information, advice and support about

local health and services. We also gather views and experiences of local people on the way services are delivered to enable local people to influence the way services are designed and delivered.

An important role in respect of safeguarding is to signpost to appropriate organisations. We alert as we are not service practitioners.

All Healthwatch City of London Board members, staff and volunteers have attended safeguarding training to ensure knowledge on identification of any concerns and how to signpost/refer. Safeguarding is an agenda item at all board and team meetings. Staff attend the City of London Adult Safeguarding Sub-Committee.

Healthwatch City of London is keen to support the work of the CHSAB by workshops, raising awareness through information in newsletters, web site, weekly emails and social media.

There have been no safeguarding concerns/issues.

## Healthwatch Hackney

Healthwatch Hackney will continue to support raising awareness of adult safeguarding to Hackney residents through its work. This includes ensuring all our staff and volunteers including our Board members are trained in identifying safeguarding issues and how to report such concerns

We will promote learning from SARs in our newsletter and website when provided with final reviews available for publication.

We will continue to report safeguarding incidents to the appropriate authorities when we identify them

## City of London Police

The City of London Police (CoLP) has implemented a new integrated Crime/Intelligence and Custody system (Niche) to replace previously separate system. This includes a change to the way in which safeguarding alerts (previously 377s or Merlins in the MPS) are recorded. These are now recorded on a 'Public Protection Notification' under the category of 'Adult at risk' 'Child Concern' or DASH or HBV. These create an automated workflow to the Public Protection sergeants for review and onward referral where appropriate. At present there are some teething issues as the appropriate reports are set up to extract data but moving forward it is hoped we will be able to provide a greater depth of information around the types of adult concerns we are seeing.

The Vulnerability training package has continued and includes Mental Health, Suicide and identifying and recording vulnerability (including neglect) and covers the principals around information sharing, thresholds, consent and MSP. This package, alongside a DA and Child Protection package, are delivered to all frontline staff and it has been agreed that this will be expanded to cover the Economic Crime Directorate.

The Vulnerability Steering and Working Group are currently being reviewed now that they have been embedded in force practice to ensure that they are effective and robust in ensuring oversight and direction for work around vulnerability.

Vulnerability remains a Strategic Policing Priority for the COLP which ensures scrutiny and oversight at the highest level and demonstrates the COLP commitment to this area.

There have been no adult safeguarding concerns that have been raised through the complaints process within COLP.

COLP continues to learn and implement changes where required from national cases which are circulated through the 'Lessons Learned' bulletins via the Professional Standards Directorate. The COLP reviews its practice against any highlighted areas.

COLP have been working with partners to highlight the issue of Modern Slavery and Human Trafficking in the City. This has included work with building sites and supporting national days/weeks of action run through the National Crime Agency. COLP will be supporting the Board with future work in this area.

COLP have shared the summaries of learning from SARs to the appropriate units and through the Vulnerability Working Group where relevant they will be considered for any further changes to policy or procedure. Any direct actions for COLP as a result from a SAR will be monitored at the Vulnerability Working Group. There have not been any to date.

COLP do not contract/commission any services related to safeguarding.

## Metropolitan Police Service (MPS) Hackney

MPS Hackney are an active and visible partner, seeking to adhere to the CHSAB priorities where we can. There is Detective Chief Inspector representation at the SAB and Executive with additional representation at SAB subgroup level.

Officers from MPS Hackney have improved their attendance at Safeguarding Training and Learning Events recognising the importance of increasing their knowledge and understanding.

Hackney MPS recognises the need to further embed Making Safeguarding Personal and Think Family into the way we work – Officers are encouraged to consider the wishes of the vulnerable adult, victim or their immediate family in any interaction and to better explain and promote understanding where it is necessary to override such wishes.

Officers are encouraged to take a more holistic approach to their interactions, information assessment and risk management – we encourage officers to appreciate that context is important in any investigation and the importance of research interpretation, information sharing to better recognise risk factors.

MPS Hackney has sought to learn from recent SARS and DHRs to improve our response and engagement with partner agencies to better safeguard vulnerable adults. This has been reinforced with a DCI (Public Protection MPS Hackney) being a regular attendee and contributor to at the board's SAR subgroup.

The DCI has represented the SAB as the Independent Panel Chair for the commissioned SAR of Ms Q. Whilst police were not involved in the review as a lead agency, their involvement as panel Chair will help support learning within the organisation in respect of any lessons learnt and recommendations.

Whilst police recognise that some SAR recommendations arising from reviews often do not directly involve police engagement we seek to acknowledge the principles and context of the recommendations which we use to help improve our policing response.

MPS Hackney responded quickly to a recent DHR and SCR where police specific recommendations were made. Significant changes were introduced across MPS Hackney in line with the recommendations with formal reassurance on compliance and implementation being provided to the CHSCB.

Front Line officers now better attend Safeguarding Training and Learning Events to help improve their knowledge and understanding which they then apply to their roles.

Hackney MPS continues to have a dedicated Vulnerable Adult team with Detectives located within our Community Safety Unit who lead on Vulnerable Adult and Carer abuse through a multi - agency approach. This remains an investigation area where due to the vulnerability of our victims and often their dependency on carers and / or family members it can at times be difficult to secure evidence to meet the thresholds required for any prosecution.

Our dedicated officers continue to work closely with partners as part of a multi-agency response to investigate offences of abuse and ensure the proper safeguarding of the vulnerable person.

As part of their response to Domestic Abuse Hackney MPS continues to make the best use of civil orders and legislation to run alongside the criminal justice process. Such legislation can empower victim's to take control of their often complex situations whilst providing enhanced safeguarding and better risk management.

Over the past 12 months Hackney MPS are recognised as having the highest number of Claire Law Disclosures across the MPS – currently at 62. The majority of disclosures are Right to Know with victim's being identified through the MARAC process, referrals and research. Our success was reflected with our Domestic Abuse leads from the Borough being asked to present a Master Class on Claire's Law Disclosure for other MPS staff of all ranks from across all the MPS.

MPS Hackney recognises the need to improve the confidence and satisfaction of our service users with their police interactions. This will be done through

better internal and external communication, improved attendance at Multi agency training. Hackney MPS have introduced a monitored Victim Care E mail account to better serve victims of crime from general updates to more specific queries or new information updates. This will be monitored through our monthly Borough satisfaction meetings in conjunction with customer call backs and reflection.

The MPS is currently undergoing significant change across all areas of working.

Scoping is currently being undertaken for consideration of a MPS Hackney and MPS Tower Hamlets merger. Such a merger requires MOPAC sign off / agreement and this has not yet been done / given. As part of any merger would be the introduction of a PVP unit (Protecting Vulnerable Persons) designed to help better safeguard vulnerable persons, both adult and children and provide a better and more holistic approach to investigations. Should any merger take place Safeguarding would remain as a key consideration and it is not anticipated that any such merger would diminish this priority which remains at the forefront of our Policing plan and priorities

## East London Foundation Trust (ELFT)

There has been emphasis during 2017/18 on the following areas:

- Improving the reporting and management of Adult Safeguarding concerns arising in our Inpatient Services. We have developed in conjunction with the LBH Adult Safeguarding lead a proportionality tool for safeguarding concerns on inpatient services which is now in use.
- Improving the Adult Safeguarding reporting processes between ourselves and LBH. A new RiO based Adult Safeguarding Screen has been designed and is about to be piloted.

There is a strong emphasis on interagency working within Mental Health Services. This underpins our approach to responding to Adult Safeguarding concerns when they arise.

Learning from SARs is shared through ELFTs Adult Safeguarding Committee and relevant recommendations from SARs have been adopted by the Trust.

Locally in City & Hackney, the London Borough of Hackney Safeguarding lead and Principal Social Worker have attended some team meetings to discuss learning from SARs. This has proved a very effective means of promoting and positively influencing practice and something we would like to continue and spread across our services.

## London Fire Brigade (Hackney)

The role of the London Fire Brigade (LFB) is to refer people to social services who we deem as being at risk. We make recommendations and supply certain types of products to reduce the risk of fire occurring in people's homes.

When we have identified properties where there has been a high level of hoarding, we record this on our operational risk database and our crews will revisit the premises annually. We refer these case to social services.

### **Post Grenfell actions:-**

Following the tragic Grenfell Tower fire the Department for Communities & Local Government (DCLG) and the National Fire Chiefs Council (NFCC – ex CFOA) acted to establish a National working group to review the risks presented by external ACM cladding on high rise tower blocks and to collate a return from Local Authorities and London Boroughs to identify where these blocks were potentially located. These returns highlighted a significant number within London so to manage this workload FSR established a High Rise Task Force – Phase 1, which used information provided by Local Authority Housing providers to conduct initial Fire Safety(FS) inspections of over 500 tower blocks across London.

These inspections served to both review and address (using the Regulatory Reform Fire Safety Order – the RR(FS)O) the general fire precautions within the premises and to consider and advise on any interim measures required, including introduction of the ‘waking watch’ provisions that may have been implemented to address the enhanced risk presented. This increase in risk has in some cases resulted in a change from a stay-put to a simultaneous evacuation strategy (and / or the fitting of a common alarm system) until such time as the cladding is removed; this strategy has been benchmarked nationally by the NFCC using guidance from our own Fire Engineering team and provides clear expectations as to what should be in place to allow ongoing occupation of these premises.

During this phase four high rise residential buildings within the Borough of Hackney were identified as having Cat 2 or 3 ACM cladding fitted. Interim measures were implemented which includes a 24 hour waking watch.

Phase 2 remit is to now revisit a confirmed list of (currently) 189 high rise tower blocks where full scale testing of the fitted cladding has resulted in it being identified as the highest risk type i.e. Category 3 (foam or mineral wool insulation) or Category 2 (foam insulation). Other types of cladding material has also been identified amongst the initial 500 visits but these present a lower risk than the Cat 2 or 3 material and as such there is unlikely to be a requirement to resort to a interim measures including the introduction of a simultaneous evacuation strategy in these premises as a rule and they shouldn't require any further action.

For the 189 revisits being conducted, FSR are currently using a smaller group of around 10 Inspecting Officers (IOs) initially whose remit is to check that the interim arrangements in place are in line with DCLG guidance and that any other general fire precaution matters have been addressed.

## **Hackney Community Voluntary Service**

Hackney CVS is an infrastructure organisation which aims to strengthen the sector, influence local policy so that stakeholders in Hackney create a fairer

society and address social inequality. As an infrastructure agency the main role is to strengthen local community and voluntary organisations including social enterprises with a remit to support adult or adults in Hackney. Hackney CVS echoes the message that Safeguarding is everybody's responsibility.

### Highlights from 2017 / 2018

During the past year Hackney CVS has;

- 1) Represented the VCS on the City and Hackney Safeguarding Adult Board, been active in a range of sub groups, SAR's and Communication and engagement, we have worked closely with City Of London Specialist on Communications to devise a communication strategy and gathered key agencies such as Healthwatch Hackney, ELFT and POhWER to inform our work
- 2) Continued to support grant applicants to understand the importance of safeguarding adults. Applicants have increased their knowledge of how to meet LBH grant making safeguarding compliance requirements and to carry out a self-audit using the toolkit
- 3) Increased Safeguarding Awareness supported by safeguarding adults champions trained by the CHSAB to deliver bite sized introduction sessions. From July 2017 to March 2018, over 200 participants received in house training for service users, volunteers and frontline staff in small organisations staff.
- 4) Co-ordinated SARs Briefing sessions – Delivered safeguarding sessions with a focus on sharing lessons from safeguarding adult reviews with the sector
- 5) Created a sustainable approach to embed safeguarding within communities in need. Hackney CVS co-ordinated regular network meetings to support Hackney Refugee Forum and is working with the Faith Network.
- 6) One of the main findings from this year's work is the extent of safeguarding advocacy at community level. There is an opportunity to increase workforce advocacy skills and an appetite to really embed the principles of making safeguarding personal.

Various members of the team are actively involved in SARs; the Director of partnerships sits on the SAR sub group. As part of our community engagement work Hackney CVS hosted a session for the voluntary and community sector which was led by the Chair of the CHSAB and the Head of Safeguarding in Hackney. This very useful interactive session empowered the VCS to have greater insights and apply the recommendations within their organisations,

Hackney CVS ensures when delivering our bite sized sessions to friends, families and neighbours that we include example of lessons learnt and promote the importance of dignity and respect.

As part of the training hosted by Hackney CVS we actively promote interagency work. For example, we work with the Domestic abuse team and East London Foundation Trust team to increase understanding of mental health.

Hackney CVS works closely with the LBH grants team to promote the importance of safeguarding.

Hackney CVS will continue to develop its skills, raise awareness reaching far and wide into the community to meet its aim to create a fairer society and address social inequality



# Appendix A:

## **CHSAB Annual Strategic Plan 2017-2018**



## CHSAB Annual Strategic Plan 2018 – 2019

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

Partner	Lead
London Fire Brigade Hackney (LFBH)	-
City of London Corporation (CoL)	Chris Pelham
Homerton Hospital (HUHFT)	Sheila Adam
City & Hackney CCG (CHCCG)	Jenny Singleton
Hackney CVS (HCVS)	Kristine Wellington
Hackney Met. Police (HMPS)	Charmaine Laurencin
City of London Police (CoLP)	Sanjay Andersen
Barts Health NHS Trust (BHNST)	-
London Borough of Hackney (LBH)	Simon Galczynski

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

Sub-group	Chair
Quality Assurance	Dean Henderson
SAR & Case Review	Chris Pelham

Sub-Committee	Chair
City of London	Dr Adi Cooper

Task & Finish Groups	Lead
Rough Sleeping & Safeguarding	Ian Tweedie/John Binding
User Engagement	Dr Adi Cooper
Quality Assurance Framework	Melba Gomes



<b>Principle 1: We will raise awareness of adult safeguarding and together will learn from experience</b>				
<b>Priority</b>	<b>Action</b>	<b>Lead Individual, sub-group chair, or agencies</b>	<b>Outcome(s)</b>	<b>Target Date</b>
<b>1. SARs and recommendations from SARs</b>	1.1 Commission SARs as required	SAR Subgroup	The Board is assured that the statutory duty to commission SARs is being met	Ongoing
	1.2 Monitor Action SAR Plans	SAR Subgroup	The Board is assured that learning has been disseminated across the partnership and internalised in organisations and in practice	Quarterly
	1.3 Provide targeted and accessible briefings on new SARs	SAR Subgroup	The Board participates in regional and national SAR initiatives	On going
	1.4 Embedding supervision principles in agency	SAR Subgroup Member/ Linda Katte	The Board ensures that staff are supported to carry out safeguarding work effectively	Dec 18
	1.5 Provide guidance on record keeping for safeguarding work	SAR Subgroup		Dec 18
	1.6 Clarify roles and responsibilities in safeguarding across agencies	SAR Subgroup		Dec 18
	1.7 Adopt national quality markers being created by the SAR library, when these become available	SAR Subgroup		Dec 18
	1.8 Submit published SARs to the London Repository and the National Library of SARs	CHSAB Business Support		Ongoing

<p><b>2. Working together across partnerships – Shared Priorities</b></p> <ul style="list-style-type: none"> <li>● Building Community resilience</li> <li>● Modern Slavery</li> <li>● Rough Sleeping</li> <li>● Violence Against Women and Girls</li> </ul>	<p><b>2.1</b> Prioritise community safety activities based on intelligence and resident insight</p> <p><b>2.2</b> Deliver engagement activities and campaigns and 'safer places' schemes to ensure every resident and business considers their role in making the borough safer for vulnerable adults</p> <p><b>2.3</b> Joint work with the CHSCB and the VAWG to refresh the VAWG strategy</p> <p><b>2.4</b> Work with CHSCB and CSP to update Modern Slavery protocol and policies in line with new developments and Promote awareness of modern slavery across the partnership</p> <p><b>2.5</b> Work with Housing to adopt and implement new policy and procedures on rough sleeping and safeguarding, and share learning across the partnership</p>	<p>Board Manager/ QA Subgroup/ Community Strategy Partnership Board/ CSP/Children's Board</p> <p>As above</p> <p>CHSAB/CHSCB/ VAWG</p> <p>All Boards/SAB Partners/CHSAB Manager HCVS</p> <p>Task and Finish Group/John Binding/ Ian Tweedie HCVS</p>	<p>Working together becomes integral to supporting the community to stay safe</p> <p>Inter-board approach to raising awareness is implemented</p> <p>All partners implement the protocols / policies/ procedures on Modern Slavery, and rough sleeping and safeguarding</p>	<p>Feb 19</p> <p>Feb 19</p> <p>Jul 18</p> <p>Dec 18</p> <p>Dec 18</p>
<p><b>Progress and Impact</b></p>				

Principle 2: “We will promote a fair and open culture”				
Priority	Action	Lead Individual, sub-group chair, or agencies	Outcome(s)	Target Date
<b>3. Prevention and Early Intervention</b> <ul style="list-style-type: none"> <li>● Building Community resilience</li> <li>● Challenging intolerance</li> </ul>	<b>3.1</b> Raising safeguarding awareness in the community and voluntary sector to ensure a broad spectrum of engagement and evaluate impact through QAF	HCVS	The community is aware of safeguarding adults, how to report it and support the board to prevent abuse	Ongoing
	<b>3.2</b> Themed events to raise awareness to include raising awareness in the community including general awareness, awareness of financial abuse and arrange for availability of safeguarding material in public areas	User Engagement Task and Finish Group	Residents are empowered to keep themselves safe	Feb 18
	<b>3.3</b> Analyse data of concerns that did not meet the S42 threshold to inform prevention and early intervention actions	QA subgroup	The Board understands the concerns of the community and signposts these to appropriate agencies to address	Dec 18
	<b>3.4</b> Deliver bite-size safeguarding awareness training to the voluntary and community sector	Safeguarding Champions/ HCVS	Voluntary and community sector staff are able to spot risks	Ongoing
	<b>3.5</b> Organise and hold review and reflection meetings to understand what constitutes safeguarding and the role of advocacy in safeguarding	LBH Head of Safeguarding	Community and voluntary sector staff are supported	Oct 18

<p><b>4. Users, carers, patients and residents are involved in the work of the Board and provide challenge to the Board.</b></p> <ul style="list-style-type: none"> <li>● Users co-produce strategies, policies and reports for the Board</li> <li>● They provide challenge to the Board</li> </ul>	<p>4.1 Agree ways to engage the community to know about safeguarding and to hear from them about their areas of concern</p> <p>4.2 To agree how the CHSAB will hear from people who use safeguarding services</p> <p>4.3 To agree mechanisms via which the CHSAB can consult and coproduce on specific issues such as strategy, annual business plan, annual report, projects and products.</p>	<p>User Engagement task and finish group</p> <p>User Engagement task and finish group</p> <p>User Engagement task and finish group</p>	<p>Working together becomes integral to supporting the community to stay safe</p> <p>Inter-board approach to raising awareness is implemented</p> <p>All partners implement the protocols / policies/ procedures on Modern Slavery, and rough sleeping and safeguarding</p>	<p>Jan 18</p> <p>Jan 18</p>
<p><b>Progress and Impact</b></p>				

Principle 3: “We want to improve the competency of all those involved in adult safeguarding activities”				
Priority	Action	Lead Individual, sub-group chair, or agencies	Outcome(s)	Target Date
<b>5. Legal Literacy – Promoting service user rights</b> <ul style="list-style-type: none"> <li>Support to partners to integrate MSP into their organisations’ cultures and practice</li> <li>Agencies and staff are MCA compliant</li> <li>Advocacy in all its forms are used as required by law</li> <li>Carers assessments are completed</li> </ul>	<b>5.1</b> Data interrogation of use of all forms of advocacy, MCA assessments, MSP and carers assessments in safeguarding  <b>5.2</b> Peer reviews to assess and improve on legal literacy MCA between partners	QA Subgroup  Task and finish group of safeguarding leads, chaired by SAR Subgroup member	Staff will apply the MCA as it is intended by law  Staff will ensure that all clients who are entitled to advocacy will be availed of this  Staff and volunteers across all partner organisations will make safeguarding personal  Staff will be well-versed in applying law	Ongoing  Mar 19
	<b>5.3</b> Multiagency case file audits programme – 2 audits in the year, questions to include MSP, advocacy, MCA and Carers Assessments  <b>5.4</b> Targeted MSP training for partner organisations	Head of Safeguarding/ LBH  LBH workforce Development Team	The Board is assured that safeguarding work is improving	Mar 19
<b>6. Users, carers, patients and residents are involved in the work of the Board and provide challenge to the Board.</b>	<b>6.1</b> Evaluate all ASC training currently provided against an MSP compliance framework  <b>6.2</b> Interrogate data on training in all organisations to ensure staff are appropriately trained	Head of Safeguarding  QA Subgroup	The Board will be assured that staff are trained according to the role they perform  The Board is assured that safeguarding practice is effective and MSP compliant  The Board is assured that staff are supported in their safeguarding role and their training is of high quality	Jan 19  Sept 18  Ongoing



<p>6.3 Commission multi-agency training to meet identified learning needs</p> <p>6.4 Evaluate the impact of training using QAF</p> <p>6.5 Follow up on progress in relation to what staff said at the SAR workshops and which was fed back to the Leaders symposium,</p> <p>6.6 Annual staff survey on how safeguarding is working in the frontline to be carried out from 2019/20 onwards</p> <p>6.7 Skill up staff delegated to take on s.42 enquiries</p> <p>6.8 Regular CHSAB learning programme to support staff development</p> <p>6.9 Map community networks, and their safeguarding learning needs to inform the 2019-20 plan</p>	<p>LBH workforce development team</p> <p>QA subgroup</p> <p>SAR Subgroup</p> <p>2019/20 business plan</p> <p>Head of Safeguarding LBH</p> <p>CHSAB Board Manager</p> <p>HCVS</p>	<p>The Board will know that training has had an impact</p>	<p>Sept 18</p> <p>Ongoing</p> <p>Mar 19</p> <p>2019/20 business plan</p> <p>Feb 19</p> <p>Feb 19</p> <p>Feb 19</p>
<p><b>Progress and Impact</b></p>			

Principle 4: “We will understand how effective adult safeguarding is across the communities we work with”				
Priority	Action	Lead Individual, sub-group chair, or agencies	Outcome(s)	Target Date
<b>7. Create a robust QA framework that provides reassurance to the Board on safeguarding performance in all areas</b> <ul style="list-style-type: none"> <li>Dataset agreed for the Board</li> <li>Review Board/ members/ sub-groups' performance to evaluate the effectiveness of the Board</li> </ul>	<b>7.1</b> Create a robust QA framework that includes impact analysis that provides reassurance to the Board, consolidates QA tools, and takes into account qualitative findings	Task & Finish Group CHSAB Manager	The Board is able to interrogate a range of qualitative and quantitative data to be assured on safeguarding effectiveness	Jul 18
	<b>7.2</b> Robust dataset to be presented to the Board quarterly	QA Subgroup	The Board is able to identify and action improvements	Ongoing
	<b>7.3</b> Partner self-audits undertaken and reviewed at challenge events	CHSAB Chair	The Board can use this information to identify its priorities, learning needs and the Board's Learning Needs	May 18
	<b>7.4</b> Case studies and presentations to the CHSAB, illustrating MSP practice	CHSAB Business Support	The Board can monitor its effectiveness	Ongoing
	<b>7.5</b> Desktop analysis of Board's' effectiveness annually	Development Day	Findings from the QAF informs the annual report 2018-19	Mar 19
<b>8. Safeguarding is integral to the Health and Social Care integration agenda</b>	<b>8.1</b> Promote safeguarding in the implementation of the integration model – ensure Safeguarding expertise is present through the transformation process	LBH Group Manager and all Board partners involved in integration activities	Safeguarding is included in the new ways of working in all integrated health and social care arrangements  Safeguarding has a presence in all work at all levels	Feb 19

<p><b>8.2</b> Agree interagency arrangements for safeguarding adults with an emphasis on case coordination – pilot this arrangement in a quadrant of the new Neighbourhood model</p>	<p>Head of Safeguarding</p>	<p>Learning from SARs is embedded in the delivery of the integration plan</p>	<p>Feb 19</p>
<p><b>Progress and Impact</b></p>			

# Appendix B:

## **CHSAB SAR Learning Event**





## CHSAB SAR Learning Event

The ½ day event is designed to share learning from the Safeguarding Adults Reviews undertaken by the City and Hackney Safeguarding Adults Board.

A safeguarding adult's review (SAR) is a multi-agency learning process. It aims to identify and promote good practice, effective learning and recommendations for future practice so that deaths or serious harm can be prevented from happening again. Its purpose is not to investigate how a death or serious incident happened or to hold any individual or organisation to account

This event will enable participants to understand what went wrong and could be done differently to help reflect on practice.

### Event Details

**Date: Wednesday 21<sup>st</sup> June 2017**

**Time: 1pm – 5pm**

**Venue: Education Centre, St Joseph's Hospice, Mare St, London E8 4SA**

This half-day event will:

- Identify key themes from the Safeguarding Adult's Reviews
- Inform on how the CHSAB has responded to the findings of the Safeguarding Adults Reviews
- Support learning around Safeguarding Interventions
- Allow participants to discuss and reflect on the issues raised

This course is open to:

: Members of the CHSAB

: Managers and Staff from Agencies involved in the SARs

: Managers and practitioners from statutory partner agencies, commissioned services and the voluntary sector who work with residents from Hackney and the City of London.

**To register for this event please email your completed booking form to [CHSAB@hackney.gov.uk](mailto:CHSAB@hackney.gov.uk). Places are available on a first come first serve basis so you are advised to book early. Confirmation of your place will be sent to you via email at least a week before the conference.**





## Learning from SARs

### ½-day Participatory Workshop

#### Learning from Safeguarding Adults Reviews.

This ½-day workshop is open to staff from statutory and non-statutory agencies from across the CHSAB partnership and to those working with adults with care and support needs in the City of London and Hackney areas. Attendees will be in positions such as social worker, housing officer, organisational safeguarding lead, manager/senior manager, nurse/senior nurse, nursing manager, care supervisor).

#### The Tomlinson Centre

**28/09/2017 – 13:15 to 16:30**

#### Homerton University Hospital

**09/10/2017 –**

**09:15 or 13:15 to 12:30 or 16:30**

#### The Tomlinson Centre

**14/11/2017 -**

**09:15 or 13:15 to 12:30 or 16:30**

the Workforce Development team

Application Forms to:  
[trainingHSC@hackney.  
gov.uk](mailto:trainingHSC@hackney.gov.uk)

Further information:  
[melba.gomes@hackney  
.gov.uk](mailto:melba.gomes@hackney.gov.uk)

## **Learning from Safeguarding Adults Reviews Participatory Workshop**

### **Safeguarding Adults Reviews in City & Hackney**

Since implementation of the Care Act 2014, City & Hackney Safeguarding Adults Board (CHSAB) has completed 4 Safeguarding Adults Reviews (SARs). The learning and recommendations from the review reports will have a positive impact on interagency safeguarding practice locally.

An introduction to the learning from the SARs was given at the Board's multidisciplinary learning event, on 21<sup>st</sup> June 2017. The Board wishes to follow this with opportunities for smaller groups of participants to explore that learning in more depth, and to discuss how it might strengthen local practice.

### **The workshop**

The workshop will aim to support participants to:

- understand in depth the key learning identified by the local SARs;
- consider how this learning can be implemented in ongoing practice;
- identify what might help and what might hinder implementation.

The workshop will be a ½ day session, typically 9:30 to 12:30 or 13:30 to 16:30, each for up to 20 participants. It will be repeated several times, offering a choice of dates for those interested to attend. It will be participatory and reflective event, engaging participants in active discussion of practice.

### **Attendees**

The workshop is open to staff from statutory and non-statutory agencies from across the CHSAB partnership and to those working with adults with care and support needs in the City of London and Hackney areas. Attendees will be in positions such as social worker, housing officer, organisational safeguarding lead, manager/senior manager, nurse/senior nurse, nursing manager, care supervisor).

### **Outline of the workshop**

- An overview of the four local SARs
- Detailed consideration of the key learning themes that emerge
- Small group discussions around case studies drawn from one or more of the SARs, exploring the critical episodes within the case and what could have been done differently
- Action planning to take improvements back into practice, identifying what could help and what could hinder positive change.

Identified local obstacles to improvement will be gathered and reported back to the CHSAB Business Support Team in order to inform a separate event for senior leaders.

### **Venue:**

- 1) The Tomlinson Centre, Queensbridge Road, Hackney, London, E8 3DY
- 2) Homerton University Hospital Education Centre, Clifden Rd, London E9 6SR

### **Parking and attendance:**

There is very limited parking available. Please ensure that you allow plenty of time. Registration is at 09:15 for the A.M. session and 13:15 for the P.M. session.

Document Number: 18549624





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