

# CHSAB Annual Report 2022–23

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

# Accessibility statement

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## Introduction by the Independent Chair



I am very pleased to introduce the Annual Report of the City and Hackney Safeguarding Adults Board 2022/23 (the Board), which is a key statutory duty. As the Independent Chair of the Board, I am extremely grateful to all partners for their continued engagement and support to safeguard people living in the City and Hackney in the wake of the Covid-19 pandemic and ongoing challenges in responding to changing safeguarding risks and needs. The relationships between the Board's partners continue to be positive and collaborative, and appropriately challenging when seeking assurance that we are all meeting our safeguarding responsibilities. The annual report describes what the Board has been doing as well as what individual partners have achieved during 2022/23. It provides a picture of who is safeguarded and why. This helps to inform the Board's annual strategic plan and priorities for 2023/24. There continues to be learning from Safeguarding Adults Reviews that provide a focus for improvements in safeguarding practice and process. This is reflected in the annual strategic plan and out priorities for 2023/24. There continue to be significant contextual factors that impact on people's lives and potentially increase safeguarding risks, such as the rise in energy prices, the ongoing increases in the cost of living, and the legacy of the Covid-19 pandemic. The Board and its members continue to address these challenges and seek ways in which residents experiencing risks of abuse or neglect can be supported and protected. I want to use this opportunity to thank all the practitioners and staff from the wide range of partner organisations and agencies, volunteers and residents in City and Hackney who are committed to keeping people safe in the City and Hackney. They have supported and continue to support people at risk of abuse or neglect, often without recognition, and make a huge and significant positive contribution to many peoples' lives.

**Dr Adi Cooper OBE,**

Independent Chair, City and Hackney Safeguarding Adults Board

June 2023

## What is the Safeguarding Adults Board?

### Role of the Safeguarding Adults Board

The City and Hackney Safeguarding Adults Board (CHSAB) is a partnership made up of both statutory and non-statutory organisations. A range of organisations attend the Board including health, social care, housing, criminal justice and fire services, voluntary sector and residents who use services in the City of London and Hackney. The role of the CHSAB is to assure itself that organisations based in the City and Hackney have effective safeguarding arrangements. This is to ensure that adults with care and support are protected and prevented from experiencing abuse and neglect.

The CHSAB has three core legal duties under the Care Act 2014:

- 1) Develop and publish a Strategic Plan outlining how the Board will meet its objectives and how partners will contribute to this
- 2) Publish an Annual Report detailing actions that the Board has taken to safeguard the community and how successful it has been in achieving this
- 3) Commission Safeguarding Adults Reviews (SARs) for any cases that meet the criteria.

In addition to this, the CHSAB is able to lead or undertake work in respect of any other adult safeguarding issue it feels appropriate.

### Membership

The CHSAB has three statutory partners: the Local Authority, Integrated Care Board (health), police, and a wide range of non-statutory partners.

Below is a full list of our partners and their attendance at our quarterly Board meetings:

2022-23	
Independent Chair	100%
London Borough of Hackney Adult Social Care	100%
City of London Corporation	100%
North East London Integrated Care Board	100%
Homerton University Hospital	100%
Barts Health NHS Trust	25%
East London NHS Foundation Trust	100%
London Fire Brigade	25%
Metropolitan Police	100%

2022-23	
City of London Police	75%
Hackney Community and Voluntary Service	100%
London Borough of Hackney Housing	100%
Age UK	50%
Turning Point	100%
Department for Work and Pensions	100%

## Principles

The Board's strategy and annual strategic plan is underpinned by the six safeguarding principles:

- **Prevention** – It is better to take action before harm occurs.

*“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”*
- **Empowerment** – People are supported and encouraged to make their own decisions and informed consent.

*“I am asked what I want as the outcomes from the safeguarding process and this directly informs what happens.”*
- **Proportionality** – The least intrusive response appropriate to the risk presented.

*“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”*
- **Protection** – Support and representation for those in greatest need.

*“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”*
- **Partnership** – Local solutions through services working together and with their communities. Services share information safely and each service has a workforce well trained in safeguarding. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

*“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”*

- **Accountability** – Accountability and transparency in delivering safeguarding.



*“I understand the role of everyone involved in my life and so do they.”*

## Board Governance

### Subgroups

The Board has a number of subgroups in place to ensure the delivery of its annual priorities:

#### **Quality Assurance:**

The group examines quantitative and qualitative data to help identify safeguarding trends and issues across the City and Hackney. This information is provided to the Executive group and helps inform the work and priorities of the Board.

#### **Safeguarding Adults and Case Review:**

The group fulfils the Board's s44 Care Act duty by considering requests for a Safeguarding Adults Review (SAR). The group reviews referrals and makes recommendations to the Chair when it considers a SAR is required. It also monitors the embedding of action plans from reviews that have an adult safeguarding theme to them.

#### **Workforce Development:**

This group meets periodically to review and identify training and development opportunities in respect of adult safeguarding. It is also responsible for quality assuring the safeguarding training delivered by partners.

#### **Transitional safeguarding:**

The task and finish group was set up to identify how to better support young people aged 16 - 25 years old with their safeguarding needs around exploitation and abuse.

#### **SAR action plan task and finish group:**

This group was designed to ensure that the actions from our most recent SARs are completed in a timely manner. The group also identified how to ensure that learning from SARs has a long-term impact on improving practice.

#### **Anti-social behaviour and safeguarding:**

This group was set up to improve the multi-agency response to people both perpetrating or experiencing anti-social behaviour. The role of the group was to ensure that a proportionate response is provided to residents as well as support frontline professionals in responding to anti-social behaviour.



The work of the sub and task and finish groups is overseen by the Executive Group, whose role it is to monitor the progress of work undertaken by the groups and identify any other work the Board needs to undertake. The Executive group is attended by statutory partners, the Independent Chair and the Board Manager.

There are also quarterly CHSAB meetings attended by the whole partnership, this allows for discussions on key safeguarding issues, networking and identifying further opportunities for partnership working.

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

The City of London has a Safeguarding Adult Committee, which focuses on safeguarding issues affecting residents living in the City of London. The Committee meets quarterly, where partners share their responses in relation to different safeguarding issues and provide updates in respect of their progress against the Board's strategic priorities.

### ***CHSAB strategic links***

The CHSAB has links with partnerships and boards working with residents in the City of London and Hackney, including: the City and Hackney Safeguarding Children's Partnership, Community Safety Partnerships and Health and Wellbeing Boards. The Board will also engage with other partnerships where there may be opportunities to work collaboratively or provide an adult safeguarding expertise.

## Budget

In 2022/23 the budget was £216,775 from the partners listed below:

Partner contributions to the CHSAB	CHSAB Partnership 2022/23 (£)
City of London Corporation	(28,875)
East London NHS Foundation Trust	(27,500)
Homerton University Hospital	(12,000)
North East London Integrated Care Board	(20,000)
Metropolitan Police Authority	(5,000)
Barts Health NHS Trust	(5,000)
City of London Police	(4,400)
LB Hackney	(113,000)
<b>Total income</b>	<b>216,775</b>

The expenditure for the Board in 2022/23 was £215,645

The Board have made the decision to keep the partner contributions the same, on the basis that there is a current reserve of £199,396, to meet any unplanned expenditure that may be incurred in this financial year.

## Supporting the CHSAB

The CHSAB has a full-time Board Manager and Business Support Officer to manage the work of the Board.

## Case Study 1:

### London Borough of Hackney Adult Social Care

**William** is an elderly gentleman living with a diagnosis of Charles Bonnet syndrome, macular degeneration of the eyes and Glaucoma. He lives alone in council owned accommodation, and presents symptoms consistent with short term memory loss and forgetfulness in the context of his daily functioning. There were reports of long standing issues with the council regarding outstanding disrepair issues in the kitchen and bathroom area of his property. William was in the process of being evicted from his home as a result of rent arrears and had previously been served eviction notifications. Following a referral to Adult Protection services to investigate the concerns into Williams ability to manage his finances, his views were that he was unwilling to pay his rent unless housing services addressed the disrepair issues in his property. It was also



revealed that he was subject to financial exploitation from his neighbour who attempted to defraud him out of his life savings. William reported that he does experience forgetfulness which appears to contribute to the possibility of short term memory issues. Although this was not a formal diagnosis, this did appear to have a debilitating impact on his cognitive functioning. He was identified for a social care assessment during a section 42 safeguarding enquiry and was assessed to lack decision making capacity to manage finances independently. Adult Social Care undertook multiple home visits once the referral was raised, and an ongoing assessment is currently in place to establish a formal diagnosis of cognitive impairment.

## Case Study 2:

### North East London Integrated Care Board

**Tom** is a young man who resides at a local supported living accommodation. Tom's life changed when he experienced a brain injury which affected his cognitive functioning. He is largely independent but struggles with some aspects of his life including, maintaining his home environment. However, he does not always wish to engage with support around his needs. Tom is supported by staff at the residential centre, his neuro-navigator at the Continuing Health Care Team and his family. Tom's support team became concerned about food shortages which were caused by his difficulties with budgeting. His family manage his finances and release money to him at regular intervals but this does not appear to be sufficient for his needs. There were ongoing concerns about Tom gifting money to others and then being left without money for his daily needs. Staff at the residential centre raised their concerns with Tom about food shortages and his frustrations when he was without money. Tom reported to staff that he owed money to a friend, and that he had been buying large items for a friend. This conversation triggered a wider concern about risks of possible financial exploitation. A safeguarding meeting was convened to share concerns about Tom and assess the level of risk. Tom's family were part of the meeting and described how Tom's anxiety around money would cause hostility and tension in their relationship as he would call frequently requesting more money and become angry if it was withheld. Each member of the team around Tom sought to support his needs around financial management and improve his quality of life. The residential care home staff used key working sessions to discuss Tom's pattern of lending money to others. The community policing unit were advised of a particular person whom Tom reported he had been giving money to – and that person was advised that they would not be welcome at the residential centre. Tom's family increased the frequency of Tom's payments and also directed a fund to the residential centre to be used for grocery shopping. All parties agreed to continue to monitor the situation.

Tom reported that his 'friend' no longer hassled him for loans and felt relieved by this.



## CHSAB Achievements for 2022/23

### *Safeguarding Adults Review (SARs)*

- The Board commissioned one Safeguarding Adults Review which was published in March 2023.
- The Board held two learning events to help embed learning from the Phillip SAR and the Daniel SAR in 2022/3. The Independent Reviewers worked through the findings and the recommendations from the reviews with staff from the agencies involved.
- The SAR action plan group measured how well learning had been embedded into practice. This was done by undertaking feedback exercises with frontline staff and partners to understand how well SARs were known and perceived across the City and Hackney.

### *Training and engagement with professionals*

- The Board commissions a package of training for frontline line staff working across the City and Hackney on a yearly basis. This year the Board commissioned 8 different safeguarding courses delivered quarterly, including a new course on trauma informed approaches to safeguarding. In total, 135 people attended training in 2022/23.
- The Board published quarterly bulletins for frontline staff providing them with updates on adult safeguarding issues.
- The Board has commissioned a new training system so that all training will be presented in the same place. This system allows delegates to browse and book themselves on to training modules.

### *Safeguarding Adults Week 2022*

- The Board held a number of bite-sized learning sessions on different areas of safeguarding for professionals. In total, over 160 professionals attended these sessions.
- The Board provided funding for 3 community organisations to hold their own Safeguarding Adults Awareness events across Hackney, in total these events had over 60 guests, the Board provided these events with posters and safeguarding information resources.
- A number of posters and promotional resources were circulated across all staff at the London Borough of Hackney.

### *Quality Assurance*

- The Board undertook a self assessment using the Safeguarding Adult Partnership Assessment Tool, which was assessed by an independent reviewer and the findings presented during the partnership development day in March 2022.

- There was a review of how well the Board was meeting its statutory obligations under the Care Act 2014 and Care Act statutory guidance.
- The Independent Chair of the Board has initiated yearly check-ins for all Board partners. The purpose of these check-ins is to ensure that all safeguarding issues affecting residents are identified and addressed and to continue to improve engagement with partner agencies.

### ***Multi-agency working***

- The Board worked with the City & Hackney Safeguarding Children's Partnership to update the Think Family guidance, which will be signed off by both partnerships in 2023.
- There was Board attendance at a number of partnership groups including the suicide prevention group, death in treatment panel, community safety officer group and domestic abuse work streams.

### ***Anti-Social Behaviour and Safeguarding Task and Finish Group***

- The group worked on the escalation protocol which was signed off and promoted widely from April 2022. This protocol has been utilised once so far with positive outcomes.
- The group worked on mapping the high risk panels currently existing in Hackney, to share across the partnership.
- This group finished its regular meeting in April 2022 and agreed to meet again annually to review the impact of the work streams.

### ***Transitional Safeguarding Task and Finish Group***

- The group has undertaken extensive scoping work, with some challenges in data collection due to the Cyber attack.
- The group worked with the Advocacy Project to identify the advocacy rates among young people, which highlighted the need for more promotional work among young people.

### ***Resident engagement***

- The Board has commissioned a voluntary sector agency, The Advocacy Project, to obtain feedback from residents who have lived experience of safeguarding processes.
- The Board has trained a group of 5 Safeguarding Champions who have started to deliver 90 minute safeguarding awareness sessions in the community. The Board is continuing to promote this across Hackney and City.
- The Board continues to publish quarterly newsletters to residents and also provided an article to the Older People's Reference Group on keeping safe over the Christmas period.



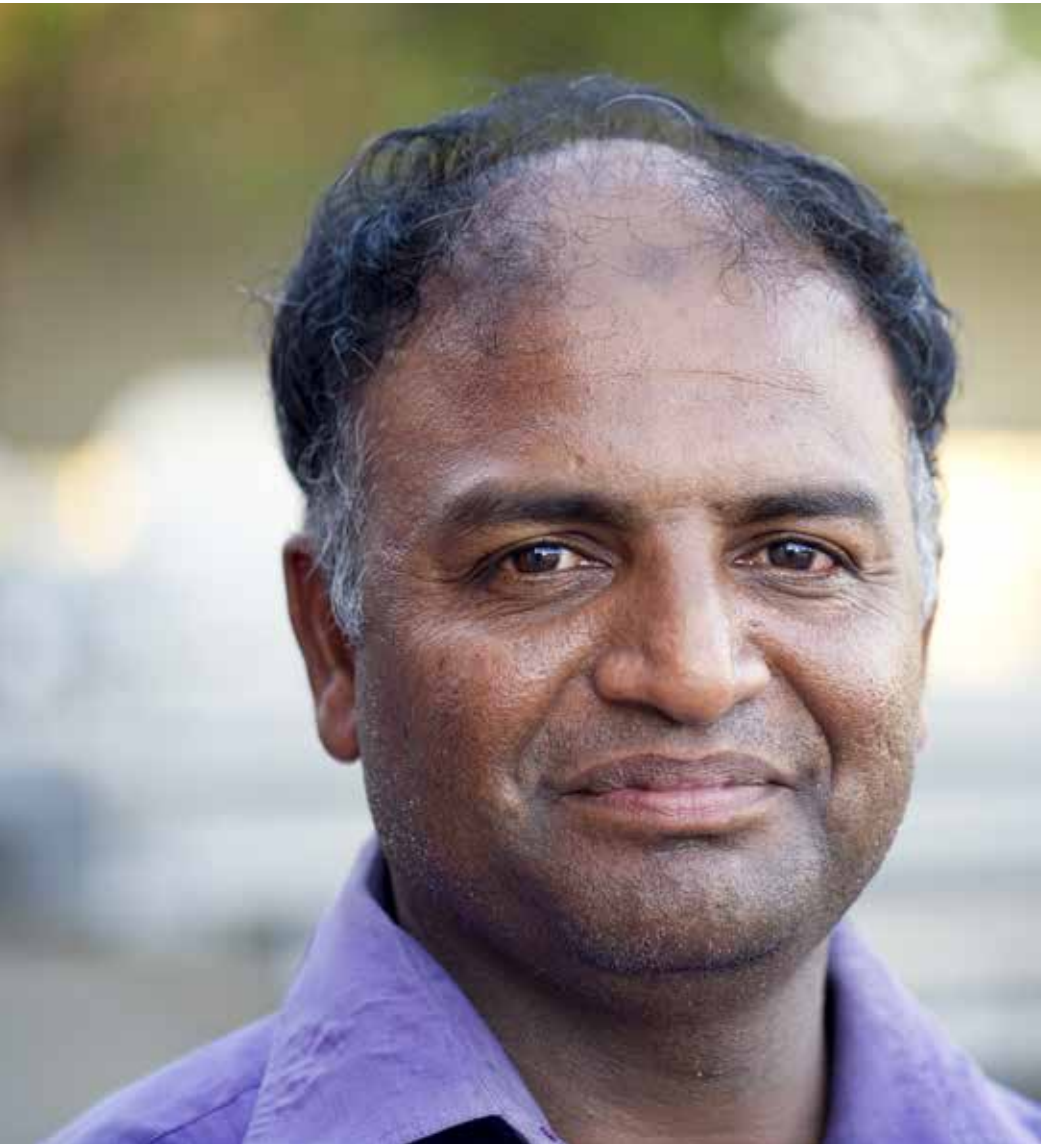


### Case Study 3: Metropolitan Police

**Tanya** reported to police that she had been the victim of rape by a male who worked for the same company as her, a couple of months previously. A complicating factor was that the suspect's children went to the same primary school as Tanya's and this meant that there was quite the potential for crossing paths. Tanya was late in reporting this to police due to uncertainty of what would happen to her or her children if she did, and for fears of repercussions should she see this suspect again either at work or on the school run. The stress of this caused her to suffer significant mental health difficulties which had gone untreated. The police supported Tanya to provide her evidence in a video recorded interview, and identified early on that she did not have anyone to turn to for emotional support. The police ensured a Merlin was completed and her situation raised with the local community mental health team. As a result Tanya was able to receive professional support for her deteriorating mental state. The police were further able to safeguard Tanya by discreetly arranging with the school for her children to be able to leave school via a separate exit whilst the investigation was ongoing to reduce the likelihood of seeing the suspect or his partner, which again was causing anxiety and stress. On Tanya's behalf, the police also arranged for her to be allowed to work from a separate site within her company where there would be no way for her to bump into the suspect, doing so in a manner which ensured the sensitivity of the situation was only shared with Tanya's direct line manager (with her consent). As a result of these actions, Tanya was not only protected from the potential of further offences by an alleged perpetrator known to her, but was supported in her mental health recovery.

## Case Study 4: Age UK

**Robert** was referred to Age UK by the City of London Adult Social Care team. Robert was noted to have a tendency for self-neglect and needing blitz cleaning in his home. Regular cleaning of his flat had been added to his care package, to help him prevent the continuation of the problem which would cause hygiene and health issues if left untreated. Robert was feeling socially isolated due to spending time at home alone, and found it hard to access social activities and volunteering opportunities due to his poor health and mobility issues. Robert was provided with transport support through City Advice by a successful Dial A Ride application, and was able to pick some activities which he could get involved in. Robert chose a poetry club and a drop in cafe, which he attributes to helping him with making social connections and allowing him to socialise again.



*“Due to the support I receive, I feel that I’m starting to get my life back.”*



### **Neighbourhoods Team**

- The Board has continued to work collaboratively with the Neighbourhoods Team, through regular meetings and reporting back to the Board.
- The Neighbourhoods Team were involved in the Board's Development Day safeguarding audit.

### **Engagement and partnership work**

- The Board expanded its professionals mailing list and networks to ensure that all professionals in the City and Hackney are up to date with safeguarding news. If you would like to join this network please contact: **chsab@hackney.gov.uk**.
- The Board is part of a wider range of different stakeholder groups that includes the: Carers Partnership Board, Death in Treatment Panel and domestic abuse work streams.

### **National work**

- Members of the Board attend a number of national work streams including, the London Safeguarding Adults Board, National Network of Chairs of SABs, SAB Manager Networks and Local Government Association and the Association of Directors of Adult Social Services Safeguarding workstream.
- Members of the Board have presented at national safeguarding events that have occurred across England.

## **Safeguarding Adults Reviews (SARs)**

The Board has a statutory duty to undertake Safeguarding Adults Reviews (SAR) under section 44 of the Care Act 2014. The following criteria must be met for a SAR:

1. An adult has died or suffered serious harm.
2. It is suspected or known that it was due to abuse or neglect.
3. There is concern that agencies could have worked better to protect the adult from harm.

The Board is also able to undertake a discretionary SAR under the Care Act, where a case does not meet the threshold for a review but it is considered that there is valuable learning to be gained in terms of addressing abuse and neglect.

In 2022/23, the Board published three [Safeguarding Adults Review](#). Of the three reviews, two were SAR's as defined under section 44 of the Care Act and the other was a discretionary review. The Board did not initiate any new reviews during this period.



Angela was discharged with an allocated social worker...

### Case Study 5:

#### Barts Health NHS Trust

**Angela** was a female patient with complicated cardiac history and poorly controlled diabetes. Angela had a history of adverse childhood experiences, trauma and mental ill-health, including several long admissions to SBH over a 3 year period. Angela had a very difficult and complicated relationship with professionals, often exhibiting challenging behaviours and variable engagement. There were concerns regarding self neglect and emotional abuse at home, but Angela did not consent for a referral to adult services. Angela was deemed to lack mental capacity in regard to an adult services referral and was discharged with an allocated social worker, and an agreement in place regarding a personal care budget.

## CHSAB Strategy 2020-25

Under the Care Act 2014, Safeguarding Adults Boards are required to publish a strategy outlining how it will meet its obligations in respect of adult safeguarding. The Board renewed its Strategy in 2020 and published a five year plan on how it will deliver its goals.

In the forthcoming year (2023/24) the Board will focus on the following priorities:

1. To continue to raise awareness in relation to mental capacity assessment.
2. To engage with the community and voluntary sector to support them to build their confidence in delivering their safeguarding duties and raise awareness of adult safeguarding.
3. To continue to embed engagement with people with lived experience and ensure that they can influence all aspects of the Board's work.
4. To identify and respond to the needs of people who are at the 'edge of care' and may not have safeguarding needs that meet the criteria for section 42(2) safeguarding.
5. To work collaboratively with agencies and partnerships across the City and Hackney to respond to the safeguarding needs of residents.
6. To support frontline professionals to respond to complex issues relating to self-neglect.
7. To deliver and implement recommendations that arise in relation to both local, regional and national Safeguarding Adults Reviews.
8. To ensure that all agencies across the City and Hackney deliver their core duties in relation to safeguarding.

## CHSAB Board Partners Safeguarding Achievements

This section outlines the Board Partners main achievements in relation to adult safeguarding for 2022/23:

### *London Borough of Hackney*

- We improved the way that we learn from the experience of local people who may be at risk of or experience abuse. We did this by bringing in a new local system for auditing local practice, looking at cases both as individuals and peer audits across teams. This helps us to understand if we are always using the principles of Making Safeguarding Personal, and helping people to achieve the outcomes that matter to them. Our safeguarding data demonstrates that in the majority of instances, people fully or partially achieve the outcomes they want.
- We have worked closely with staff and our partners to update some of our key policies and procedures in safeguarding. There are some areas of practice which are complex because of how the law is interpreted for people with particular needs. Doing targeted work with staff, we improved understanding of fire safety and have rewritten the policy on self-neglect for all CHSAB partners. This work will also enhance our preparation for the forthcoming Care Quality Commission assurance of local authorities adult social services.
- Over the past year, we continuously reflected on our safeguarding practice and identified ways in which we can speed up decision-making in the system. If we can do things quicker while paying attention to 'quality' then it means that we can reach more people and empower them to make decisions about how to keep themselves safe. So we commenced a journey of culture change in the way we use data on safeguarding. We aligned this with regular forums for the managers who make safeguarding decisions. This has given them the opportunity to discuss their cases and begin developing a shared understanding of the issues that are referred to the local authority for safeguarding interventions.

### *City of London Corporation*

- The City of London has realigned its Adult Social Care service to enable a stronger focus on early intervention and prevention. This is in line with the second principle of safeguarding in the Care Act; it is better to take action before harm occurs. Occupational Therapy capacity has been increased and a new innovative Strengths-based practitioner role created. The Strengths-based practitioners provide intensive early intervention with a reablement type ethos supporting people with low level support needs, clutter or hoarding tendencies and self-neglect to improve their wellbeing and achieve their personal goals. The Strengths-based practitioners undertake welfare calls and visits where risk is identified in situations such

as hospital discharges. They also act as Trusted Assessors providing equipment to increase independence and safety, including Telecare and Fire detection or prevention equipment. Following a successful pilot, a new Early Intervention approach has been adopted across Adult Social Care aimed at improving wellbeing and reducing risk. The approach is to trust in the expertise of the practitioner and the expressed outcomes of the adult with care and support needs to identify low-cost one-off interventions which may improve their independence and wellbeing while increasing safety and mitigating risk. The majority of adults benefitting from the approach are those considered to be at the edge of care where risks may be present that, while not meeting formal safeguarding criteria, may benefit from interventions to reduce risk and improve safety. A review of the initial pilot showed the approach to have a demonstrable impact for relatively low cost and was welcomed by practitioners with positive feedback from the adults concerned.

- The City has responded to the challenges of the cost-of-living crisis setting up a steering group to plan and oversee the provision of universal information and advice around benefits and personal finance, and enlisting Green Doctors to help residents stay well and warm at home and save money on their household bills. Extra contingency payments were made for all adults with direct payments to ensure support could be purchased when needed. Additional one-off payments were made to informal carers to relieve pressures and help support continuity in their caring role. Winter weather packs were distributed to those most at risk containing thermal blankets, socks, hats, gloves and hand warmers. Residents with electric fan heaters or other types of heaters with high fire risks were offered free replacement oil filled radiators which are both low fire risk and more economical.
- The City of London continued to drive forward initiatives to support and safeguard those who were homeless or rough sleeping in the square mile. Work has been informed by post pandemic learning along with that from the MS Safeguarding Adults Review and the more recent discretionary Daniel SAR. Multi-agency systems are in place and agencies continue to engage at a level which recognises the level of safeguarding risks and poor health outcomes experienced by this cohort. City of London have been working with partners across different local authority areas both at a strategic level in terms of short and longer accommodation options, and at an operational level working across boundaries on s42 safeguarding enquiries as well as completing and sharing portable Care Act assessments. Homelessness services have also started piloting a new Strengths Based Practitioner post to work alongside the Social Worker for Rough Sleeping and Homelessness offering more intensive and personalised early intervention support which mirrors the approach in Adult Social Care

### ***North East London Integrated Care Board (NEL)***

- NEL has established a clear safeguarding accountability structure leading to the Chief Nurse. NEL has appointed a Designate Safeguarding Adult Manager at each place and these individuals are working collaboratively to where possible in developing a safeguarding response. There are 8 clinical reference groups leading our work and development on specific areas of safeguarding need including for example health inequalities, domestic abuse; and learning from enquiries.
- NEL ICB coordinated a health response locally when the Home Office established two hotels in Hackney as accommodation centres for their clients. This includes urgent response in commissioning primary care outreach to the residents, site visits to support with staff safeguarding development and public health oversight. This response extended to lobbying the Home Office against particular hotels thought to be unsuitable for this purpose.
- NEL included responding to the experience of inflation as a key strategic objective. Work in this area included a NEL wide conference to share local initiative and plot strategic responses. NEL actions included a review of the impact of prescription charges on specific medicine usages, and crisis support for providers including nursing homes.

### ***Homerton University Hospital NHS Foundation Trust***

- Increase in uptake of clinical practitioners trained in level 3 adult safeguarding. Over 25% of all applicable staff have now received level 3 training.
- Safeguarding adults' team has commenced Simulation training - Funded communication simulation course to help health care professionals explore communication strategies to better manage any challenging conversation in the assessment of mental capacity.
- Raising awareness of the adult safeguarding agenda which has led to an increase in concerns raised by HHFT this year.

### ***East London Foundation Trust***

- ELFT Safeguarding Lead has provided one to one support to Ward and Community staff in managing complex safeguarding cases.
- Rio systems have developed to the point that each team /ward has easy access to information relating to safeguarding for their service.
- Carers support workers are now routinely Involved in supporting safeguarding cases and professional meetings where carers are involved.



*“My social worker has helped me to build my confidence and to start the process of returning to work.”*



### Case Study 6:

#### City of London Corporation

**John** was referred to the City of London Adult Social Care for self neglect. John was living alone and was reported to be a binge drinker, which had led to a deterioration of his mental and physical health. A social worker was allocated and a safeguarding enquiry was undertaken; working in partnership with John and other relevant services. John had difficulty holding down a job and his ability to socialise had been impacted because of an unaddressed post traumatic stress disorder. The social worker completed a Care Act assessment with John and continued to work with him, focusing on employing relationship-based practice and supporting him to be motivated and focused on his goals. As a result of his drive and determination, John is now abstinent and is planning to return back into work.

## Case Study 7:

### Homerton University Hospital Foundation Trust

**Kim** is an elderly women with a background of learning disabilities, epilepsy and personality disorder, who was referred to Homerton due to vulval intraepithelial neoplasia. When Kim was seen in April 2022 it was noted that she lacked capacity to consent to the therapy she needed. As a result, a best interest meeting took place where it was decided to go ahead with the therapy, to prevent a risk of cancer developing in the future. At the meeting, Kim's carer advised that she would no longer be able to stay with him in his flat as he felt he wouldn't be able to support her.



After her therapy, Kim was medically fit for discharge but needed to remain an inpatient until a discharge destination could be identified. A subsequent occupational therapy functional assessment concluded that Kim would benefit from housing with care.

During the course of Kim's admission, she became more agitated and verbally and physically aggressive with staff on occasions. A psychiatry review was requested, which assessed that Kim was displaying acute psychotic features stemming from a mix of mental health causes. A first recommendation was made for Kim to be detained under section 2 of the Mental Health Act. Kim was transferred to an acute mental health unit in a patient bed later on in the year.



### **Barts Health NHS Trust**

- Barts Health established an onsite safeguarding advisor to provide support, advice and training to the St Bartholomew's hospital team.
- Devolving of safeguarding to trust sites in order to focus on issues specific to each site and to provide timely and focused advice to staff.
- The Trust participated in a 360 assurance audit regarding MCA/DoLS, which helped inform the work plan for 2023-24.

### **Metropolitan Police Service**

- Police in Hackney achieved the second highest sanctioned detection rate for Domestic Abuse (DA) in the MPS of 14.3% for the financial year. This stood at 16.2% for 2021/22.
- Maintaining 'business as usual' high level of service throughout the cost of living crisis and associated increased societal unrest.
- Delivering and overseeing an effective MARAC process to support those deemed at the highest risk of DA whilst ensuring all key partners take part in a holistic approach to long-term safeguarding.

### **City of London Police**

- The City of London Police (CoLP) completed a small study on the negative effect that those in crisis have with police due to the process that many officers have to complete in order to safeguard individuals. Where a patient has been defined as a "high intensity user" of the service (someone that comes to notice more than three times and presents in risky locations), CoLP identified that those individuals tend to be drawn into a repeating pattern of behaviour to sustain their need for interaction. In doing so the patient will place themselves at substantial risk and by default, any person potentially trying to interact or rescue them. To adopt a more holistic approach to those who find themselves in crisis, CoLP's P&P hub worked with the Mental Health Street Triage service to triage these patients away from the place of risk and then worked to arrange regular interactions with the patient to build their confidence with the police and to establish a more suitable risk-reduced alternative when they felt that they were in crisis. As a result, the rate of reattendance reduced in 15 cases.
- The CoLP initiated a monthly partnership operation, tackling different themes all within the Violence Against Women and Girls (VAWG) workstream to 'Reframe The Night'. Under this operation, the Night Time Economy (NTE) is facilitated and not just policed. By bringing all responsible authorities together out in the NTE, everyone gets to understand what the realities are and how this feeds into the requirements of their areas, for example, lighting, cleansing, Anti-Social Behaviour (ASB). A safe space for women and vulnerable people was also created in the NTE. The results of Operation Reframe are published and fed into the Licensing Committee and PAB.

- Operation Luscombe is an initiative designed to combat begging by targeting beggars with a traffic-light system of tickets, utilising powers under the Antisocial Behaviour, Crime and Policing Act. Recipients of tickets are initially invited to attend a bi-weekly intervention hub attended by support agencies, those found persistently begging are required to attend the intervention hubs. The intervention aspect is crucial to the initiative and aims to effectively connect individuals to and readily available services that may be able to assist with any factors that are causing that individual to beg. A bid for funds to continue the initiative for another year has been approved at CoLP's Tactical Tasking and Coordination Group.

### **Age UK**

- Age UK improved connection to hospital social workers in order to aid safer hospital discharge.
- Age UK provided a range of preventative services which helped safeguard residents.
- In response to unprecedented demand and complexity of need, Age UK adopted a RAG rated, risk based approach to triaging all incoming referrals. This ensured that those most at risk were responded to first.

### **Turning Point**

- Appointed a transitional age specialist substance misuse worker to support young people to address their alcohol and drug use, to reduce the harm it causes them and prevent it from becoming a greater problem as they get older. City and Hackney recovery service operates as part of a wider network of universal and targeted prevention services, which aim to support young people with a range of issues including housing, mental health, employment and support them in their identified recovery path.
- Turning Point continued to recruit new team members, induct and allocate service users as part of their caseload, allowing colleagues to have more manageable caseloads of high-risk individuals.
- Continuation of supporting individuals and working in a multi-disciplinary way for those who are identified 'at the edge of care'. City and Hackney have a hospital liaison team who work closely with hospital safeguarding, IDVA, main City and Hackney team and homeless contacts to support transition back to community following admission. City and Hackney Recovery Service's Rough Sleeper team continue to work effectively with a number of services- housing, street outreach teams, health, voluntary sector to provide engagement with hard to engage individuals – most of whom have a long history of rough sleeping, complex needs and difficulties with substances and mental health.



...Rosie was moved to a higher needs supported accommodation, which was deemed most appropriate to meet her mental health needs...

### Case Study 8: East London Foundation Trust

**Rosie** is a middle-aged woman well known to mental health services. A safeguarding enquiry for physical abuse commenced following an incident report where Rosie reported she was assaulted by an unknown female and man at her property.

Rosie was a sex worker, and had reportedly been assaulted in drug related incidents in the community. Rosie who was known to take illicit substances.

Following recommendations from the Court of Protection, to assign a waking night staff to stop Rosie from having male visitors overnight in her accommodation, she began meeting with her friends in the community instead, raising concerns she was at risk from the same physical/sexual abuse and financial exploitation that was believed to be occurring at supported accommodation. There had been 7 prior safeguarding enquiries for Rosie, around areas of concern including sexual abuse, financial abuse, cuckooing and self-neglect. Rosie declined all support and services relating to her sexual and physical wellbeing, and engaged solely with an advocate where she was able to convey that she understood the risks associated with her lifestyle. Rosie was moved to a higher needs supported accommodation, which was deemed most appropriate to meet her mental health needs and minimise her safeguarding risks. As a result, the risk of physical abuse was significantly reduced. It was also agreed that any remaining risks would be managed via care coordination under case management.

# Safeguarding data for 2022/23

The safeguarding data for 2022/23 is presented separately for the City and Hackney. This data is submitted to NHS Digital's Safeguarding Adults Collection, which collects statutory returns on safeguarding.

## City of London

**50** safeguarding concerns were raised

**24** of the concerns led to Section 42 Enquiry

**29** concluded S42( S2) enquiries in 2022-23 compared to **35** the previous year. **72%** of adults were asked about their desired outcomes and they were expressed. **88%** had their outcomes fully or partially met.

### Concerns and Enquiries

The trend over the last five years shows, concerns have **increased by 11 cases and enquires by 2 cases** with a **gradual decrease** of the conversation rate since 2020-21.

The concerns rate per **100,000** has been increasing in line with the national average in the last seven years with a slight decline in 2022-23 given the intervention work from the service. The national average increased by **9%** from 2020-21 and is yet to be updated later this year.

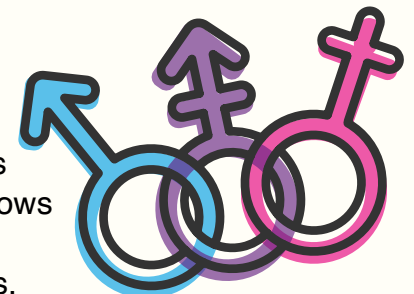


### Ethnicity

The population adult structure of city of London is mostly from the white ethnic background. The data shows the consistency that adults at risk to be mostly from the white background. Out of **44** individuals that had a concern in the year, **32** were from a white ethnic background. Of which **17** met s42 enquiries.

### Gender

The male population in the City of London Corporation makes up **55%** in the **18+** group in the 2021 Census. The data shows the male clients had slightly more safeguarding concerns this year than female clients which is similar to previous years.



The data shows of the **44** individuals who had a concern raised during the year 2022-23, **21** were in the **25-64** age grouping. Although this is consistent with previous years, there has been a decrease of concerns in this group compared to the **34** individuals in 2021-22.



## Type of Risk

Neglect has been the highest risk registered this year in safeguarding concerns and enquires which is similar to the national average in 2021-22. Neglect and acts of omissions had **15** cases and **18** people were at a risk of self-neglect, to make **63.5%** of all concerns. There is a slight rise in self-neglect in concerns by **10.6%** from 2021-22.

## Source of Referral and Risk

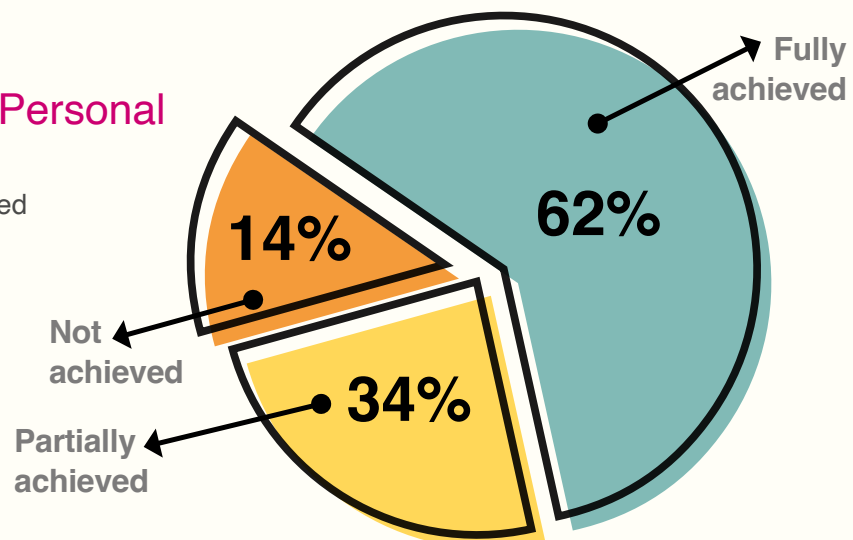
There was an increase in other referrals by **9%** from the previous year. The 'Other' category included concerns being reported in by the Home Office and London Fire Brigade. The health services, police and service providers are the top sources of referral. **It is positive to see a wider range of agencies refer concerns into the City of London Adult Safeguarding.** In line with the national and London average, the data shows **74%** of the client's risk comes from someone known to the individual. This is a decrease from the previous year 2021-22 which was **80%**. There has been a slight increase in risks reported regarding service providers at **24% compared to 13%** the previous year.

## Location of Risk

The **majority** of safeguarding concerns related to alleged abuse that happened within the **person's own home**. The continued increase in cases in people's own home this year is related to the **increase in neglect**. This is consistent with national data which identifies that **abuse typically happens within someone's own home**.

## Making Safeguarding Personal

% outcomes of concluded S42 enquiries where an adult was asked their desired outcomes and the outcome was expressed.



There were **29** concluded S42 enquiries in 2022-23 compared to thirty-five the previous year. **72%** of adults were asked about their desired outcomes and they were expressed. Of which, **86%** had their outcomes fully or partially met. **The local management system recording has been improved to capture the outcomes better than in previous years** and there has been some discussions at Safeguarding Adults Board Quality Assurance group around whether further improvements could be made to the form data fields to capture a more in-depth understanding of the MSP data.



# London Borough of Hackney

Data has been collated from three different sources for this reporting year, as the Local Authority changed how data was recorded during the year.

## Concerns and Enquiries

**1774** safeguarding concerns were raised

The number of accepted section 42 enquiries is generally in line with the previous two years.

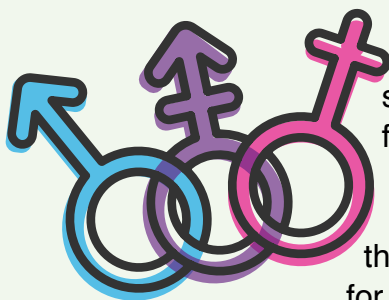


## Ethnicity

The proportion of concerns broken down by ethnicity for 2022/23 is very similar to 2021/22, except that the proportion without a declaration has dropped significantly. This is due to the usage of a better case management system, which was better able to capture ethnicity compared to the interim systems used in 2021/22. The most concerns continue to relate to adults from a White or Black African, Caribbean, or British background. This is generally consistent with the demographic profile of Hackney.



## Gender



The proportion of concerns split by gender shows a slight increase in the number of women being referred into adult safeguarding; increasing from **52.1%** last year to **55.9%** for 2022/23. This is consistent with the 2021 census for Hackney which highlights there are more females living in the Borough and therefore there is an expectation that there would be a higher proportion of safeguarding referrals for females.



The highest number of concerns being raised in respect of age has remained the same as last year; those between the ages of **26-64**. This contrasts with the national picture of safeguarding, which highlights that abuse is typically experienced by older adults. The younger demographic within Hackney could be an explanation for this. Concerns raised within the age band **75-84** has increased most significantly from last year, going up from **15.9% to 20.9%**.

## Type of risk

Self-neglect continues to be the most common form of abuse reported into adult safeguarding as a concern. Neglect and Acts of Omission and Financial or Material abuse make up the second and third most common types of abuse, in line with what we saw last year. Interestingly, Domestic Abuse has overtaken Psychological Abuse as the fourth most common form of abuse; increasing from **5.4%** in 2021/22 to **14.9%** in 2022/23. A possible explanation for this could be the impact of Covid-19 and lockdown leading to an increase in the number of domestic abuse cases being reported. The Board will continue to review trends over the forthcoming years.



## Source of Referral and Risk

The data shows that the source of risk is most likely to be someone known to the individual, which makes **78%** of concerns referred to adult safeguarding. There has been a significant increase in the service provider being identified as the source of risk, from **4%** in 2020/21 to **9.4%** in 2021/22 to **15%** in 2022/23. The Board will continue to review this trend.

The number of safeguarding concerns from Hospitals have overtaken Health Professionals and Other Commissioned Service compared to 2021/22. There continues to be a consistent number of concerns raised by friends and family, which is encouraging for the Board and evidence of the engagement work done with many community groups in Hackney.

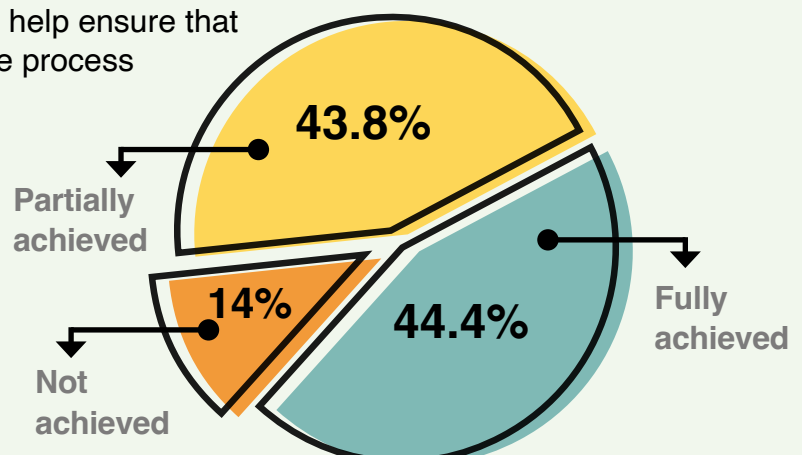
## Location of Risk

The data continues to show that most abuse occurs within the home. This could correlate with the increase in the cases of self-neglect, which tend to occur within peoples own homes.

## Making Safeguarding Personal

In **85%** of concluded section 42 enquiries, adults were asked what their desired outcome was. This is slightly down from the previous year's figure of **92%**.

Of the **85%** that were asked, **88%** had their desires partially or fully achieved. This information is helpful to help ensure that safeguarding is person-centred and the process focuses on the wishes and needs of the individual.



% outcomes achieved for concluded S42 enquiries where an adult expressed desired outcomes.

# East London NHS Foundation Trust (ELFT)

## 249 safeguarding concerns were raised

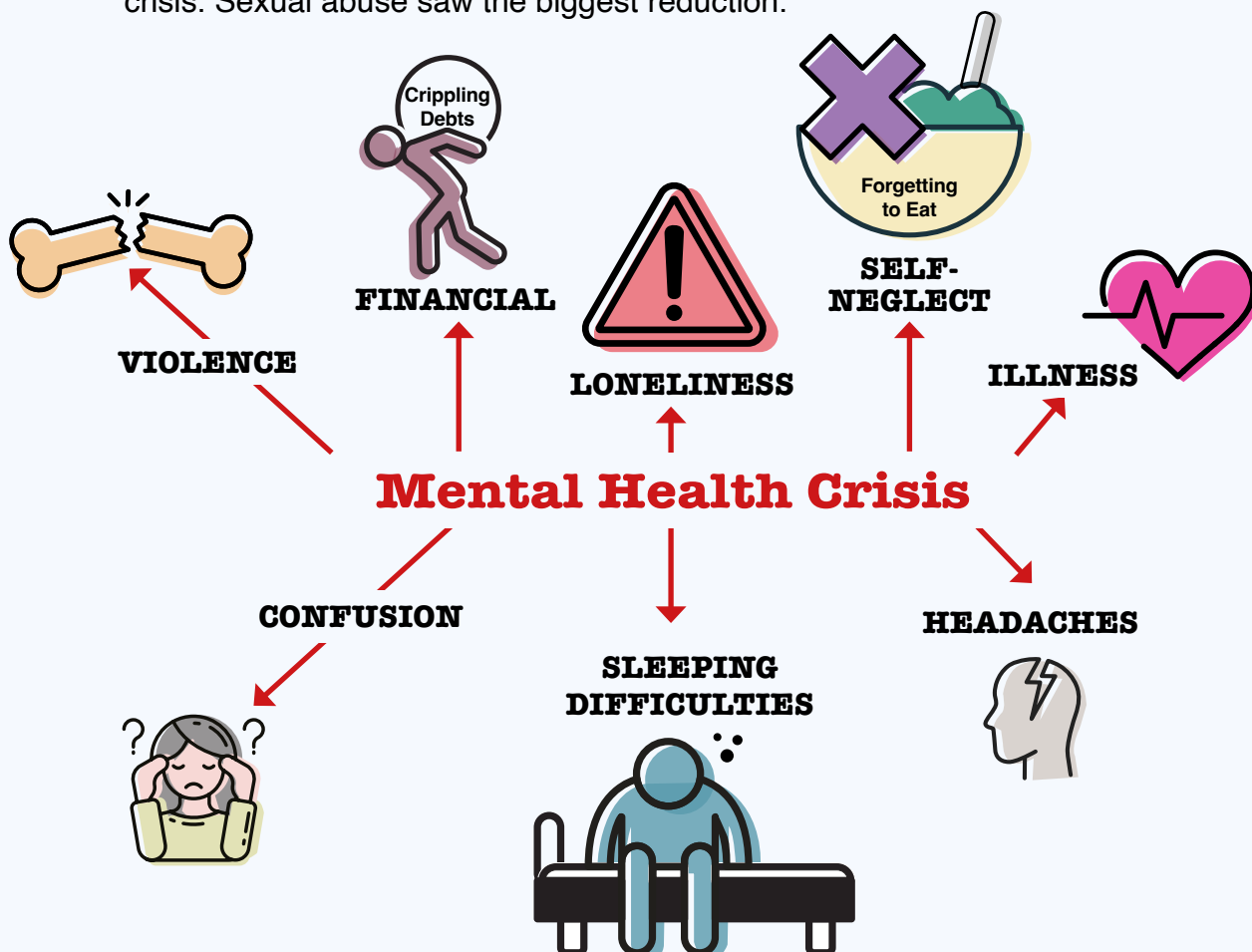
The number of accepted section 42 enquiries is generally in line with the previous two years.

A large number of safeguarding concerns received by ELFT are raised in relation to mental health crises and have often been acted upon when the safeguarding concern is received. This might explain the number of concerns that are not registered as s42 enquiries. It is worth noting that the level of complexity being managed in the communities has risen sharply within mental health services over the last year and many issues often in the safeguarding domain are managed under care coordination in community teams.



## Type of Abuse

Since the pandemic, there have been increasing reports of financial abuse and self-neglect in the community. The high levels of physical abuse will be impacted by incidents of violence on the psychiatric wards and mental health crisis. Sexual abuse saw the biggest reduction.

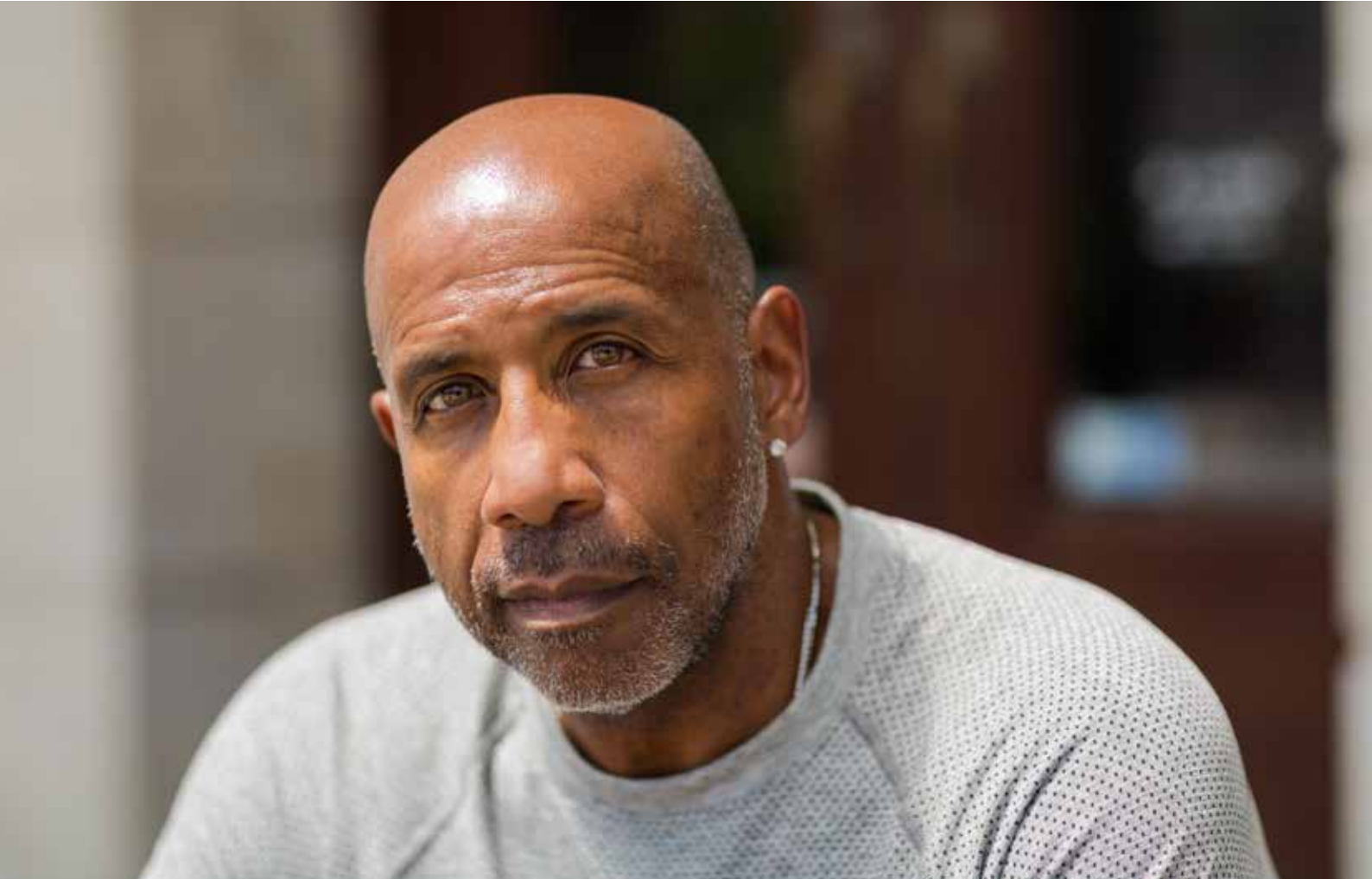






## Case Study 9: Turning Point

**Alex** is a middle-aged man known to drug and alcohol services in the borough. Alex resides in a one bedroom, private rented flat, and has a care package.



He has had 14 hospital admissions across a number of London hospitals in the last 6 months, but often discharges himself prior to clinical treatment/input being completed.

Requests made were for the hospital to carry out capacity assessments to determine whether Alex has capacity to make decisions relating to his physical health. Turning Point queried if his Care Act assessment, and social services assessment include a long-term plan around the collection and administration of his methadone in the community. His methadone is a health treatment, and due to his difficulties around his memory and alcohol use, methadone could not be administered in the community without supervision. Concerns were also raised about the position of the private landlord, in terms of this vulnerable adult living alone in the property, and seemingly not being able to manage in terms of his physical health. The consultant psychiatrist advised community prescribing would recommence if Alex resided in a supported living environment. In addition, interim supported living arrangements were being made for Alex to safeguard his wellbeing.

# Appendix A:

## CHSAB Annual Strategic Plan 2023-2024



## CHSAB Annual Strategic Plan 2023 – 2024

The CHSAB Plan addresses the six core principles contained in the CHSAB's Strategy for 2020 – 2025

Partner	Lead	Partner	Lead
London Borough of Hackney (LBH)	Helen Woodland / Georgina Diba / Godfred Boathen	City of London Corporation (CoL)	Chris Pelham
City and Hackney ICB	Diane Jones / Celia Jeffreys / Mary O'Reardon	Hackney Metropolitan Police (MPS)	Ralph Coates
City of London Police	Kelly Fisher	Homerton University Hospital Foundation Trust (HUHFT)	Breeda McManus / Jennie Wood
Barts Health NHS Trust	Clare Hughes	East London Foundation Trust (ELFT)	Dinh Padicala
London Fire Brigade (City of London and Hackney)	James O'Neill	Age UK	Larissa Howells
National Probation Trust	Stephanie Salmon	Department of Work and Pensions	Laura Anderson
Healthwatch Hackney	Sally Beaven	Healthwatch City of London	Rachel Cleave
Hackney CVS	Tony Wong	The Advocacy Project	Judith Davey
London Borough of Hackney and City of London Public Health	Andrew Trathen	London Borough of Hackney Benefits and Housing Needs	Jennifer Wynter
Turning Point (substance misuse service)	Jude Unsworth	City and Hackney Safeguarding Children's Partnership	Jim Gamble
Older Person's Reference Group	Cynthia White	City of London Commissioning	Sacha Lewis
Commissioning LBH	Zainab Jalil	City of London Housing	Liam Gillespie

Sub-group	Chair
SAR & Case Review	Chris Pelham
Quality Assurance	Godfred Boahen
SAR Action Plan Group	Mary O'Reardon
<b>Sub-Committee</b>	<b>Chair</b>
City of London	Dr Adi Cooper

Task & Finish Groups	Chair
Transitional Safeguarding (joint group with Community Safety Partnership & Children's Safeguarding Partnership)	Dr Adi Cooper
Safeguarding and Anti-Social Behaviour	Dr Adi Cooper

Principle 1: Proportionality - “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”				
Priority	Action	Lead	Intended Impact	Update
<p><b>1. To continue to raise awareness in relation to mental capacity assessment. Please see section 6 on self-neglect for aligning actions.</b></p>	<p>1.1 The workforce development leads will review and commission training in relation to mental capacity assessment, to ensure that it provides practical approaches to responding to complex issues relating to mental capacity.</p>	<p>CHSAB Manager (Shohel Ahmed) / Head of Adult Safeguarding (Godfred Boahen) (Ian Tweedie) City of London and London Borough of Hackney</p>	<p>1. There is assurance that mental capacity training gives staff practical advice on how to apply the Act and key learning around mental capacity. 2. There is more support offered to residents who have fluctuating or lack executive capacity.</p>	

Principle 2: Empowerment - “I am asked what I want as the outcomes from the safeguarding process and this directly informs what happens.”				
Priority	Action	Lead	Intended Impact	Update
<p><b>2. To engage with the community and voluntary sector to support them to build their confidence in delivering their safeguarding duties and raise awareness of adult safeguarding.</b></p>	<p><b>2.1</b> The Board will support the cohort of Safeguarding Champions to deliver safeguarding awareness sessions across the community.</p>	<p>CHSAB Manager (Shohel Ahmed) / HCVS (Tony Wong)</p>	<p>1. There will be increased awareness of adult safeguarding amongst residents in the City and Hackney</p>	
	<p><b>2.2</b> The Board will create a feedback loop with voluntary sector staff and volunteers so that safeguarding issues and intelligence can be routinely shared with the Board.</p>	<p>CHSAB Manager (Shohel Ahmed)/ HCVS (Tony Wong)/ The Advocacy Project (Ritu Guha)/ Age UK (Larissa Howells)</p>	<p>1. There will be a better understanding of the safeguarding issues affecting residents in the City and Hackney. 2. There will be increased engagement with the Board's work.</p>	
<p><b>3. To continue to embed engagement with people with lived experience and ensure that they can influence all aspects of the Board's work.</b></p>	<p><b>3.1</b> The Advocacy Project will deliver the Lived Experience of Safeguarding Service, obtaining feedback on people's experiences of safeguarding. As part of this, the organisation will be required to provide quarterly feedback on the delivery of the service.</p>	<p>The Advocacy Project (Ritu Guha)</p>	<p>1. The Board will be able to identify how to improve adult safeguarding services for residents 2. The Board will be able to ensure that safeguarding services are person centred.</p>	

<b>Principle 2: Empowerment...</b>				
<b>Priority</b>	<b>Action</b>	<b>Lead</b>	<b>Intended Impact</b>	<b>Update</b>
	<p>3.2 The Board Manager will work with corporate communications teams to set up a system of yearly consultation to ensure that residents in the City and Hackney are given the opportunity to influence the work of the Board.</p>	<p>CHSAB                      Manager                      (Shohel                      Ahmed)/                      London                      Borough of                      Hackney                      corporate                      teams/ City                      of London                      Corporation</p>	<p>1. The Board's annual strategic plan will reflect the needs and concerns of residents within the City and Hackney.</p>	



Principle 3: Prevention - “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”				
Priority	Action	Lead	Intended Impact	Update
<p><b>4. To identify and respond to the needs of people who are at the ‘edge of care’ and may not have safeguarding needs that meet the criteria for section 42(2) safeguarding.</b></p>	<p><b>4.1</b> To audit concerns that do not reach the criteria for a s42(2) Enquiry under the Care Act 2014 to identify whether there are any particular groups that are ‘at the edge of care’ to be a focus for preventative support.</p>	<p>Quality Assurance Subgroup, London Borough Hackney Adult Social Care (Godfred Boahen) / City of London Corporation Adult Social Care (Ian Tweedie)</p>	<p>1. The Board will better understand which groups require support in terms of prevention</p> <p>2. The Board will be able to identify key priorities for future years.</p>	
	<p><b>4.2</b> To develop a pathway for people who may have safeguarding needs but are not eligible for support under s42(2) of the Care Act 2014 so that frontline staff know how to support this cohort.</p>	<p>Quality Assurance sub-group</p>	<p>1. There is more equitable access to safeguarding services for all residents</p> <p>2. Professionals will have a better understanding of how to apply legislation around the Care Act 2014, therefore leading to greater compliance with statutory duties.</p>	

**Principle 4: Partnership - “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”**

Priority	Action	Lead	Intended Impact	Update
<b>5. To work collaboratively with agencies and partnerships across the City and Hackney to respond to the safeguarding needs of residents.</b>	<b>5.1</b> The Board will work with the London Borough of Hackney and the City of London to ensure that safeguarding issues arising from the economic crisis are identified and addressed.	Executive Group / Poverty Reduction Strategy Leads	<ol style="list-style-type: none"> <li>Safeguarding influences the Poverty Reduction Strategy</li> <li>The Board is aware of arising issues relating to the economic crisis and puts tools in place to mitigate this risk.</li> </ol>	
	<b>5.2</b> The Board will seek assurance on the impact of out of borough placements on the wider supported housing pathways.	CHSAB Manager (Shohel Ahmed) / Executive Group	<ol style="list-style-type: none"> <li>The Board has better oversight on out of borough placements and is assured that there are effective protocols in place.</li> </ol>	
	<b>5.3</b> To develop a multi agency dashboard that has a clear focus on outcomes and helps identify emerging safeguarding risks and trends.	Quality Assurance subgroup	<ol style="list-style-type: none"> <li>The Board is better able to respond to emerging risks and trends within the community.</li> </ol>	
	<b>5.4</b> The Independent Chair will review partners contributions to the Board and will identify how key roles (e.g. chairing task and finish and sub-groups) can be evenly distributed amongst partners.	Independent Chair of the Safeguarding Adults Board (Dr Adi Cooper)	<ol style="list-style-type: none"> <li>The work of the Board is evenly distributed across Board partners and strategic priorities meet the needs of all partners.</li> </ol>	

Principle 5: Protection - “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”				
Priority	Action	Lead	Intended Impact	Update
6. To support frontline professionals to respond to complex issues relating to self-neglect.	6.1 The Board Manager will promote the Board's resources available to support staff to respond to cases involving self-neglect.	CHSAB Manager (Shohel Ahmed)	<ol style="list-style-type: none"> <li>1. Professionals are given the tools to ensure that they can effectively support residents experiencing self-neglect</li> <li>2. There will be improved outcomes for people experiencing self-neglect.</li> </ol>	
	6.2 A working group of Board partners will develop a toolkit to support staff to respond to self-neglect and mental capacity issues. This toolkit will bring together existing tools as well as new tools such as good practice case studies.	Adult Social Care London Borough of Hackney & the City of London Corporation (Ian Tweedie) (Shohel Ahmed)/ East London Foundation Trust / Turning Point / North East London CCG / London Fire Brigade	<ol style="list-style-type: none"> <li>1. There will be better outcomes for people who self-neglect</li> <li>2. Self-neglect is detected and disrupted at an earlier stage.</li> </ol>	

<b>Principle 5: Protection...</b>				
<b>Priority</b>	<b>Action</b>	<b>Lead</b>	<b>Intended Impact</b>	<b>Update</b>
<b>7. To deliver and implement recommendations that arise in relation to both local, regional and national Safeguarding Adults Reviews.</b>	<b>7.1</b> A roundtable review will be undertaken into fire deaths that have occurred in the London Borough of Hackney and the City of London to assess how future fire deaths can be prevented.	SAR sub-group	1. There will be assurances that professionals understand fire safety risk and how to manage this effectively 2. There will be a reduction in fire related deaths in Hackney and the City of London.	
	<b>7.2</b> The board will aim to embed learning from SARs more effectively through learning events and 7 minute briefings.	SAR sub group	1. Agencies and professionals will be able demonstrate learning from SARs and improve safeguarding practice as a result.	

Principle 6: Accountability - “I understand the role of everyone involved in my life and so do they.”				
Priority	Action	Lead	Intended Impact	Update
8. To ensure that all agencies across the City and Hackney deliver their core duties in relation to safeguarding.	8.1 The Board to undertake a Making Safeguarding Personal temperature check with all partners.	Quality Assurance sub-group	<ol style="list-style-type: none"> <li>MSP has been embedded into practice properly</li> <li>The Board can identify areas where MSP needs to be strengthened.</li> </ol>	
	8.2 Partners will report on preparation for the forthcoming Care Quality Commission assurance regime (London Borough of Hackney and City Adult Social Care, NEL ICB) as well as the Housing inspection.	London Borough of Hackney Adult Social Care (Godfred Boahen)/City of London Corporation (Ian Tweedie) NEL ICB	<ol style="list-style-type: none"> <li>The Board will have assurance regarding delivery of adult safeguarding responsibilities.</li> </ol>	

## Case Study 10: City of London Police

**Helen** was a patient of the Dartmouth Park Mental Health Unit, diagnosed with an emotionally unstable personality disorder and Bi-polar. She had become disenfranchised with her crisis care team and would often refuse to engage with the team. Whilst in crisis, Helen would usually seek to end her life at various locations, with any intervention resulting in an aggressive response. Helen would repeatedly be sectioned and taken to the Homerton Mental Health suite, where she would be placed under section or discharged very quickly. The stress Helen would suffer during these incidents would usually exacerbate her mental state. The City of London Police worked with Helen and discussed what was causing her moments of crisis and what could be done. Since engaging with Helen on a one to one basis, her attendance at risky locations in London has stopped completely.



*“I'm still learning to love myself.”*



# Accessibility statement

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**CHSAB@hackney.gov.uk**

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