



City of Westminster

# Committee Agenda

Title: **Cabinet**

Meeting Date: **Monday 10th December, 2018**

Time: **7.00 pm**

Venue: **Room 3.1, 3rd Floor, 5 Strand, London, WC2 5HR**

Members: **Councillors:**

Nickie Aiken (Chairman)	Heather Acton
Ian Adams	David Harvey
Richard Beddoe	Tim Mitchell
Andrew Smith	Rachael Robathan

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

**Admission to the public gallery is by ticket, issued from the ground floor reception at City Hall from 6.30pm. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.**



**An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact the Committee Officer, Reuben Segal, Acting Head of Committee and Governance Services**

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

## **AGENDA**

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

**1. WELCOME**

**2. DECLARATIONS OF INTEREST**

To receive declarations by Members and Officers of the existence and nature of any personal or prejudicial interests in matters on this agenda.

**3. MINUTES**

To approve the minutes of the meetings held on 15<sup>th</sup> and 25<sup>th</sup> October 2018.

**(Pages 3 - 20)**

**4. COUNCIL TAX DISCOUNTS (INCLUDING COUNCIL TAX LOCAL REDUCTION SCHEME) AND COUNCIL TAX BASE REPORT (TO FOLLOW)**

Report of the Assistant City Treasurer

**5. TREASURY MANAGEMENT STRATEGY MID-YEAR REVIEW 2018-19**

Report of the Tri-Borough Director of Treasury and Pensions

**(Pages 21 - 30)**

**6. ANNUAL REPORT OF THE SAFEGUARDING ADULTS EXECUTIVE BOARD**

Report of the Bi-Borough Executive Director of Adult Social Care and Health Services

**(Pages 31 - 68)**

**7. ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS URGENT**

**Stuart Love  
Chief Executive  
30 November 2018**



CITY OF WESTMINSTER

## MINUTES

### Cabinet

#### MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Cabinet** held at 7pm on Monday 15<sup>th</sup> October 2018, Room 3.1, 3rd Floor, 5 Strand, London, WC2 5HR.

**Members Present:** Councillors Nickie Aiken (Chairman), Heather Acton, Ian Adams, Richard Beddoe, David Harvey, Tim Mitchell, Rachael Robathan and Andrew Smith

**Also Present:** Councillors Angela Harvey, Gotz Mohindra and Melvyn Caplan (item 4)

#### 1 WELCOME

1.1 The Leader welcomed everyone to the meeting.

#### 2 DECLARATIONS OF INTEREST

2.1 Councillor Angela Harvey declared that she is a Board Director of CityWest Homes.

#### 3 MINUTES - 9 JULY 2018

3.1 The Leader, with the consent of the Members present, signed the minutes of the meeting held on 9 July 2018 as a true and correct record of the proceedings.

#### 4 2019-2020 BUDGET PROPOSALS (SEE REPORT OF THE CITY TREASURER)

4.1 Steve Mair, City Treasurer, introduced the report. He explained that detailed proposals were once again being submitted earlier than in previous years in order to allow for longer implementation and therefore achieve full year effect of savings.

4.2 Councillor Melvyn Caplan, Chairman of the Budget and Performance Task Group, addressed the meeting. He drew attention to the notes of the Task Group's meetings included in the report. He confirmed that the Task Group had undertaken detailed work and had found the budget to be robust. He explained that the Task Group had for the first time held a dedicated meeting on reviewing the capital programme. More detailed scrutiny on managing the

Council's capital programme will be considered by the Housing, Finance & Customer Services Policy and Scrutiny Committee at its November meeting. The task group had considered the income proposals to be both reasonable and achievable. He commented that the economic climate is such that the Council should not be over reliant on elements that it cannot control. He thanked the Members and Officers who had given a significant amount of time to the scrutiny process.

4.3 The Leader thanked the Task Group and officers for all of their detailed work. This was supported by Councillor Robathan who commented that a significant amount of work had been undertaken to identify the required level of savings due to the very significant reduction in grant funding. The proposals had been rigorously reviewed with all Council colleagues. She expressed gratitude to the City Treasurer and his team for their work.

4.4

**Resolved:**

1. That having considered and had regard to the Equality Impact Assessments (EIA) in Annex B to the report and considered the views of the Budget and Performance Task Group set out in Annex A to the report, that the Cabinet recommended to Full Council the following:
  - the budget proposals, set out in Annexes B and C to the report, for the 2019/20 budget where relevant external consultations have been completed (remaining consultations are on savings items outlined in 19.1 and as reviewed by the Budget and Performance Task Group as detailed in Annex A;
  - in principle, the budget proposals for the 2019/20 budget where relevant external consultations have not been completed as separately listed in Section 19 are approved. Such proposals will be further considered, by Full Council on 6 March 2019, once all consultations and EIAs (Equality Impact Assessments) have been completed.
  - the financial regulations noted in Section 19.6 and set out at Annex D to the report.
2. Agreed to receive a further report in February 2019 which will finalise the budget for 2019/20 for approval by Council on 6 March 2019.

**Reasons for Decision**

1. The presentation of this budget proposals report offers an early opportunity to note and approve budget changes for the 2019/20 financial year.
2. All proposals have been assessed for whether they require consultations and equality impact assessments, whether these have

been completed or not and, where they have not been completed, timescales for completion. Completed EIAs are available to all members at Annex B.

## **5 CAPITAL STRATEGY 2019-2020 TO 2023-2024, FORECAST POSITION FOR 2018-2019 AND FUTURE YEARS FORECASTS SUMMARISED UP TO 2032-2033 (SEE REPORT OF THE CITY TREASURER)**

- 5.1 Steve Mair, City Treasurer, stated that the Capital Programme is ambitious and reflects and supports the strategic aims and vision of the Council as defined in its City for All Programme. He referred Cabinet to the governance processes to manage the programme which were set out in the report.
- 5.2 Councillor Robathan stated that it is correct and right for the Council to have an ambitious capital programme so that residents, businesses and visitors have the confidence that the necessary infrastructure is being delivered to enable the city to grow and thrive. She commented that the capital programme has not always received same level of focus as the revenue element of the budget and that in the past there had been challenges in delivery. A Programme Management Office had been established to provide a stable framework and robust governance to support and oversee all project teams and stakeholders to improve the probability of successful delivery of projects. The programme will be kept under review by the Capital Review Group on a regular basis.
- 5.3 The Leader of the Council referred Cabinet to paragraph 10.16 of the report which set out the Place Shaping capital budget to fund the Oxford Street District programme.

### **Recommendations**

That Council be recommended:

1. To approve the capital strategy as set out in the report.
2. To approve the capital expenditure for the General Fund as set out in Appendix A to the report for 2019/20 to 2023/24 and future years to 2032/33.
3. To approve the capital expenditure forecasts for the General Fund as set out in Appendix A to the report for 2018/19 (Period 4).
4. To approve the expenditure forecast for 2018/19 (Period 4) for the HRA as set out in Appendix B to the report.
5. To approve that in the event that any additional expenditure is required by a capital scheme over and above this approved programme the revenue consequences of this will be financed by revenue savings or income generation from relevant service areas.
6. To approve that all development and investment projects, along with any significant projects follow the previously approved business case governance process as set out in paragraphs 5.1 and 6.5 to 6.14 to the report.

7. To approve that no financing sources, unless stipulated in regulations or necessary agreements, are ring fenced.
8. To approve that contingencies in respect of major projects are held corporately, with bids for access to those contingencies to be approved by the Capital Review Group (CRG) in the event that they are required to fund capital project costs, as detailed in Sections 12.11 to 12.14 to the report.
9. To approve the council plans to continue its use of capital receipts to fund the revenue costs of eligible proposals (subject to full business cases for each project). This comes under the MHCLG Guidance on the Flexible Use of Capital Receipts (FCR), if considered beneficial to the Council's finances by the City Treasurer at year-end. (The Council's strategy for flexible use of capital receipts is outlined in section 11 to the report)
10. To approve the use of a further £7.193m of flexible use capital receipts to fund revenue costs associated with City Hall, Network and Telephony Transformation and Technology Refresh projects as detailed in section 11.9 and 11.14 to 11.24 to the report.
11. To approve the Council's proposal to make use of £400m of forward borrowing to finance the capital programme and subsequently reduce the longer-term revenue impact.
12. To approve the financing of the capital programme and revenue implications as set out in paragraphs 14.1 to 14.33 to the report.
13. To approve the financing of the capital programme being delegated to the City Treasurer at the year end and to provide sufficient flexibility to allow for the most effective use of Council resources.

### **Reasons for Decision**

The Council is required to set a balanced budget, and the capital programme, together with the governance process, which monitors and manages the programme, forms part of this process.

## **6 HOUSING INVESTMENT STRATEGY AND HOUSING REVENUE ACCOUNT BUSINESS PLAN 2018-2019 (SEE REPORT OF THE CITY TREASURER)**

- 6.1 Barbara Brownlee, Executive Director, Growth, Planning and Housing advised that the report set out particularly ambitious plans to improve the Council's housing stock and deliver increased affordable housing targets.
- 6.2 Barbara Brownlee explained that the plan did not account for the removal of the HRA borrowing cap as this was announced following the publication of the agenda. Nor did it reflect the true cost of delivering the regeneration of the Ebury Bridge Estate. A report on the latter containing an updated budget will be presented to a future Cabinet meeting.

- 6.3 Barbara Brownlee highlighted that the Council is operating close to the current borrowing cap. She commented that while the removal of the cap is a very positive step, the Council can only borrow what it can afford. The plan will be reviewed in light of this change and a report on this will be presented to Cabinet at its meeting in February. The current plan can deliver all of the housing priorities defined in the Council's City for All programme. This will, however, depend on Capital Receipts coming in. She advised that Housing Officers were working closely with Finance colleagues to ensure that these come in on schedule.
- 6.4 Councillor Rachael Robathan stressed that the Council is committed to delivering more affordable homes and is on track to do so. She acknowledged that any further borrowing as a result of the removal of the cap would need to be subject to prudential considerations. The removal of the cap, which was welcomed by the Leader, provides the Council with greater flexibility rather than having to make the difficult choice between undertaking maintenance of its existing stock or developing affordable homes.

#### **Resolved:**

1. That the indicative HRA capital programme budgets for 2019-2020 to 2023-2024 set out in Appendix B of the report be noted.
2. That the indicative HRA revenue budget for 2019-2010 (Section 11 and Appendix C to the report) be noted.

#### **Reasons for Decision**

The plans outlined in the report will enable the Council to invest in maintaining and improving the existing stock of homes and neighbourhoods within its management, while also delivering wider benefits to the City's residents and businesses. The financial plan will ensure the housing stock continues to meet the housing needs with which the city is faced; and ensure the HRA remains sustainable and viable over the long term. This plan has been developed within existing borrowing limits.

The budgets are due for noting at this point before formal Council approval in March 2019. Further review will be undertaken during the intervening period to model the impact of any changes to capital or revenue programmes. This will ensure the approved HRA programme will be as robust as possible at that point in time. The following will be reviewed in advance of budgets being formally presented for approval:

- Details of the Government announcement on the removal of the borrowing cap and any other associated measures that may be brought in.
- Ebury Bridge delivery assumptions will be refined which may change the impact on the HRA. A paper is anticipated to go to Cabinet in the autumn and any resulting changes to the delivery model fed into the business plan.
- Whilst the plan is affordable within existing limits, there is little or no headroom over the first 10 years of the plan. Therefore further work would be undertaken to try to increase the headroom to build in additional mitigation against risk.

Subject to the detail of the recent government announcement however, this may no longer be necessary.

- Subject to the detail on the announcement, it may be possible to revisit scheme phasings as well as how much can be undertaken within the business plan.

## **7 TREASURY MANAGEMENT STRATEGY STATEMENT FOR 2019-2020 TO 2023-2024 (SEE REPORT OF THE CITY TREASURER)**

Steve Mair, City Treasurer, explained that this was an annual report as required by financial regulations.

### **Resolved:**

2.1 The Council be recommended to approve:

- the Treasury Management Strategy Statement;
- the borrowing strategy and borrowing limits for 2019/20 to 2023/24 set out in sections 5 to 7 to the report;
- the prudential Indicators set out in section 8 to the report;
- the Annual Investment strategy and approved investments set out in Appendix 1 to the report;
- the Minimum Revenue Provision Policy set out in Appendix 2 to the report.

### **REASONS FOR DECISIONS**

To comply with the Local Government Act 2003, other regulations and guidance and to ensure that the Council's borrowing and investment plans are prudent, affordable and sustainable and comply with statutory requirements.

## **8 INTEGRATED INVESTMENT FRAMEWORK (SEE REPORT OF THE CITY TREASURER)**

Steve Mair, City Treasurer, introduced the report. He advised that this is the second framework that brings together all of the Council's investments into a single, holistic framework in order to obtain better value for money.

### **Resolved:**

That the Council be recommended to:

- a) approve and implement the Integrated Investment Framework set out in the report;
- b) approve that the target for the overall return on Council investments should aspire to match inflation;



- c) approve that the benefits of investing in the Pension Fund should be used as a benchmark when evaluating other investments;
- d) adopt the asset allocation percentages set out in the Framework and work towards achieving these;
- e) agree that the overarching objective of this Framework is to achieve an overall return on Council investments aspiring to match inflation and to reduce costs and liabilities, whilst maintaining adequate cash balances for operational purposes, and not exposing the capital value of investments to unnecessary risk;
- f) approve that investments allocated to out-of-borough property developments should be considered individually and should outweigh the benefits of investing in-borough (which can have a number of non-commercial benefits, e.g., place making) and in a diversified property fund. Individual decisions should be subject to Cabinet Member approval;
- g) approve that the property and alternative asset allocation should focus on in-borough, with out of borough options being explored as and when they arise and subject to Cabinet Member approval;
- h) the Investment Executive to implement, monitor and report on the investment strategy.

### **Reason for Decision**

The implementation of an Integrated Investment Framework will influence investment decisions going forwards and deliver added value to Council services. The report identified the potential for future improved returns.

## **9 STRATEGIC OPTIONS FOR CITYWEST HOMES (SEE REPORT OF THE EXECUTIVE DIRECTOR OF GROWTH, PLANNING AND HOUSING)**

- 9.1 Having declared a prejudicial interest, Councillor Angela Harvey left the room during the consideration of the item.
- 9.2 Barbara Brownlee, Executive Director of Growth, Planning and Housing, summarised the background to the proposals to return the housing management functions outsourced to CWH to the Council's direct control. She reported that discussions had been held with the CWH board who had indicated a willingness to work with the Council to terminate the management agreement by 1<sup>st</sup> April 2019. She explained that should Cabinet approve the proposals, not everything would be completed by this date.
- 9.3 Councillor Andrew Smith, Cabinet Member for Housing and Customer Services, referred to residents' dissatisfaction with the service provided by CWH and performance since last summer. This had resulted in an independent review of CWH being commissioned by the Leader and Councillor Robathan in March 2018. He stated that CWH had developed a management culture that was not delivering what the Council expected and did not align with the Council's resident led approach to the management of the housing service. He believed that bringing the housing management

function back in-house will address this. He recognised that there were some talented officers at CWH as well as innovation which the Council wants to retain. He stated that all residents would be consulted on reshaping the service and how services could improve.

## **RESOLVED:**

That Cabinet agreed:

1. Urgent steps be taken to return the housing management function outsourced to CWH to the Council's direct control, as follows:
  - (i) The Council will seek a mutual agreement with CWH to terminate the management agreement with effect from 1st April 2019; and
  - (ii) In case that mutual agreement cannot be reached then the Council will give unilateral notice to CWH to terminate the management agreement with effect from as soon as possible after 1st April 2019.
  - (iii) The Council will continue to engage with its tenants and leaseholders on the future provision of housing management services and how these services can improve.
  - (iv) In line with (iii) above, the Council will undertake a review of the housing service provision and consult on a potential revised structure for the service with the aim of embedding a new culture centred on high performance and excellent customer service. This will be in consultation with all relevant parties.
  - (v) Authority is delegated to the Executive Director, Growth, Planning and Housing to take all steps and to execute all documents required to achieve the above outcomes and in order to ensure the smooth transition of the transfer of housing services back in-house.
  - (vi) Authority is delegated to the Executive Director, Growth, Planning and Housing to agree in respect of any contract to which CWH is a party and which the Executive Director considers could be of assistance to the council in delivery of the housing management services and performance of its relevant function, that such contact is novated to the council or held on trust for the benefit of the council and that any such novation or trust may be executed on behalf of the council by the Director of Law.

## **Reasons for Decision**

CWH has experienced serious and ongoing service problems in a number of key areas particularly repairs and maintenance, the contact centre and responses to complaints and other queries from residents and Councillors.

It is in the best interests of tenants and leaseholders and in line with feedback from tenants and residents' groups for the Council to seek a mutual agreement with CWH to terminate the management agreement with effect from 1st April 2019 and transfer housing services back in-house.

The Meeting ended at 7.32pm

**CHAIRMAN:** \_\_\_\_\_

**DATE** \_\_\_\_\_

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CITY OF WESTMINSTER

# MINUTES

## Cabinet

### MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Cabinet** held at 7.00pm on **Thursday 25th October, 2018**, Room 3.1, 3rd Floor, 5 Strand, London, WC2 5HR.

**Members Present:** Councillors Nickie Aiken (Chairman), Ian Adams, Heather Acton, Richard Beddoe, David Harvey, Tim Mitchell and Rachael Robathan

**Also Present:** Councillors Angela Harvey and Gotz Mohindra

**Apologies for Absence:** Councillor Andrew Smith

#### 1 WELCOME

- 1.1 The Leader welcomed everyone to the meeting.
- 1.2 The Leader extended her thanks to Steve Mair for his outstanding work to the City Council, and the wider public sector, and for leaving the organisation in a better shape than when he arrived.

#### 2 DECLARATIONS OF INTEREST

- 2.1 Councillor Angela Harvey declared a prejudicial interest in respect of item 5 that she is a Board Director of the CityWest Homes.

#### 3 OXFORD STREET DISTRICT - DRAFT PLACE STRATEGY AND DELIVERY PLAN

- 3.1 Barbara Brownlee, Executive Director, Growth, Planning and Housing, introduced the report. She summarised the outcome of engagement with stakeholders since the last Cabinet meeting in July to inform the development of the draft Place Strategy and Delivery Plan. She then outlined the direction of travel and key themes and features that had emerged and were set out in the draft strategy.
- 3.2 Barbara Brownlee informed Cabinet that the Council had commenced works on Phase 1 of the Oxford Street District Programme last week. These works

will address a number of underlying footway and highway maintenance issues in readiness for the opening of the Elizabeth line.

- 3.3 Councillor Richard Beddoe, Cabinet Member for Place Shaping and Planning recommended that Cabinet endorse the draft Place Strategy and Delivery Plan for public consultation. He stated that the case for change on Oxford Street is compelling. The Council had listened very carefully to the views of stakeholders over the summer. He explained that the overall ambition is to strengthen the world renowned status of the entire Oxford Street district. This includes securing the long term future of the retail sector which is facing pressures from online retailers. This will be achieved by enhancing the district as a destination zone with an unrivalled experience and visitor offer.
- 3.4 Councillor Heather Acton welcomed the district wide proposals and considered the scheme to be cohesive. She particularly welcomed the proposals for the 98 bus to continue running along the full length of Oxford Street approximately four times per hour. Councillor Beddoe advised that Transport for London is responsible for the capital's bus routes and will ultimately make the decision on the routes and frequency of services running along Oxford Street.
- 3.5 Councillor Adams welcomed the proposals which he considered to be bold and ambitious. He stressed the important role that Oxford Street plays in supporting the wider UK economy as well as London. He suggested that the strategy should include additional provision for pedestrians to traverse the area around Marble Arch which was presently quite challenging. Councillor Beddoe agreed this would be a priority.
- 3.6 The Leader thanked Barbara Brownlee and her team for the considerable work that they had undertaken in a short space of time to develop the proposals.

**RESOLVED:** That Cabinet:

1. Endorsed the draft Place Strategy and Delivery Plan for public consultation commencing on 6<sup>th</sup> November.
2. Agreed to delegate authority to the Executive Director of Growth, Planning and Housing and the Director of Place Shaping and West End Partnership to approve the final public consultation materials for approval by the Cabinet Member for Place Shaping and Planning.
3. Approved expenditure of up to £2.5m for the development of the strategy and the project as outlined in section 8 of this report. This will be funded via an Oxford Street/West End budget as per the Capital Strategy approved by Full Council in March 2018.
4. Approved the re-profiling of the existing Oxford Street/West End budget of £2.5m from 2019/20 into 2018/19.

**Reason for Decision**

1. The Council believes that the District would benefit from adopting a place-based approach to determine how to deal with the current and future opportunities and issues. Owing to the complexities of the District, a more responsive approach to developing a range of solutions across the area needs to be adopted. The Council supports the need for a mixed use District and one that places strong emphasis on the amenity of its local residential communities. All this is essential if the District is to continue to thrive. The Council has now developed a draft Place Strategy and Delivery Plan for the Oxford Street District.
2. The Council's commitment to the Oxford Street District is to create a long term and ambitious vision for the whole of the District that will strengthen its world-renowned status as a great place to live, work and visit. Its strategy will support the ambition and respond to the big challenges that the District faces, including: a rapidly evolving retail environment; a place that can cater to a greater numbers of people; providing more attractions; and for Oxford Street to be a better neighbour to the wider district. In the wake of strong competition from retail hubs like Westfield; online shopping; increased business rates; Brexit; and interest rates, the retailers and businesses in the district are finding the trading environment very challenging.
3. The Council will take responsibility for delivering an ambitious set of projects that are affordable but also help to bring about a significant change that will help to counter some of the external factors that the District currently faces. The Council recognises that investment in the District is required in order to retain its status as the nation's high street and a world-renowned destination for domestic and international visitors. It is also essential that investment helps to improve the liveability of the district and provide a greater amenity for our residents. On 7th November 2018, Full Council will be asked to approve the Council's Capital Strategy including allocation of £150 million towards the delivery of the final adopted Place Strategy and Delivery Plan. Additional funding to support the delivery of the final projects listed in the draft Place Strategy will be required from other external sources. The coherent and district wide programme will ensure that Oxford Street District strengthens its reputation.
4. The Policy context relating to this report include the Council's City for All and City Plan policies. The draft Place Strategy reflect these policies and will contribute to delivering these over the lifetime of the project. See appendix 2 for the policies and how the Place Strategy will deliver these.

#### **4 PLANNING REVIEW**

- 4.1 Councillor Richard Beddoe, Cabinet Member for Place Shaping and Planning, introduced the item. He referred to the fact that upon her election as Leader, Councillor Aiken implemented a comprehensive change to the management of the planning system in Westminster. He referred to the independent review of Westminster's Development Management service undertaken by the Planning Advisory Service (PAS) and highlighted that it had concluded that the Council has a robust planning system, however, it is a reactive, development control led service. It also highlighted the fact that whilst the governance and decision making processes are robust, they are not seen as accessible by residents. Councillor Beddoe stated that Westminster City Council needs to be more ambitious and proactive. The review further concluded that there is a need to improve engagement with residents and the wider community in the planning and decision-making process related to development in their area.
- 4.2 Councillor David Harvey advised that a number of applications in his ward could have been resolved much earlier if there had been more engagement with the community at a much earlier stage.
- 4.3 Stuart Love, Chief Executive, referred to the fact that the PAS review found no impropriety or failure to follow guidelines and protocols regarding hospitality. However, the practice of accepting hospitality from planning applicants was found to be excessive and unnecessary. Stuart Love made it clear that it was not the case that all officers in the planning service accepted gifts and hospitality. The Chief Executive advised that he had reviewed the guidance on gifts and hospitality together with the Director of Law and found it to be clear and robust.
- 4.4 The Leader commented that she had taken note of the views submitted by a number of amenity societies in the last few days on the proposed changes. She explained that the purpose of making changes to the management of the planning system in Westminster is to make the process more open and transparent. She considered that residents should have an opportunity to take a more proactive role at an earlier stage in the planning and decision-making process as well as the opportunity to make verbal representations at Planning Applications Sub-Committees. She stated that this will require a significant culture change for staff and those externally who use the planning system. She considered that further work is required to understand how to best implement the new procedures and that views should be sought from all those with a stake in the planning system in Westminster, most notably residents. This was supported by Cabinet.

**RESOLVED:** That Cabinet:

1. Endorsed the findings and recommendations of the report submitted by the Planning Advisory Service (PAS) and agreed to take the following steps to:
  - a) Improve the openness and transparency of the planning system:



- We will record Planning Sub-Committee meetings and make the coverage available post-meeting;
- We will live stream Planning Sub-Committee meetings once an appropriate technological solution has been identified and sourced;

b) Make it easier for residents to engage with the planning system:

- We will introduce “public speaking rights” at Planning Sub-Committee meetings;
- We will review all our digital content on the planning process and planning decisions, particularly that included on the council’s website to improve accessibility for the general public;
- We will improve the way we explain planning policies and decisions to make them easier to understand.

2. Agreed to support ward Councillor and resident participation at an earlier stage of the process, for example in the pre-application stage of major applications and to adopt a new approach to communicating and engaging their views in proposals. Further details are to be presented to Cabinet following further engagement with stakeholders.
3. Directed the Chief Executive, to present detailed plans to increase delegations and review the call-in procedures, in consultation with ward members as appropriate without the need for escalation to Sub-Committee, thereby speeding up the process. The details of the revised delegation and call-in procedures to be developed in consultation with relevant stakeholders and presented to Cabinet prior to submission to the Planning and City Development Committee for approval.
4. Directed the Executive Director of Growth, Planning and Housing and the Executive Director of Policy, Performance and Communications to bring forward proposals for the introduction of public speaking rights following stakeholder engagement for approval by the appropriate decision making body, to be determined in consultation with the Director of Law.
5. (a) Directed the Chief Executive to restate to both officers and members their responsibilities in terms of the Council’s gifts and hospitality policies. This will include emphasising the importance of exercising sound judgement in dealing with all offers of gifts and hospitality. Noted that in terms of the planning service, this will build on the guidance issued in February 2017 regarding Councillor meetings with developers on particular schemes.
- (b) Requested that the Chief Executive and Director of Law refine the wording in the paragraph below to reflect that this should apply to elected Members involved in the planning decision making process. The revised text to be referred back to Cabinet at a later date

Council officers and elected members involved in the planning process must retain a distance from land owners, applicants, agents and community stakeholders, other than at formally arranged visits and recorded meetings linked directly and specifically to the consideration of planning applications, pre applications, or the development of the local plan.

6. Agreed to create a new Place-Shaping and Planning directorate which reflects the ambitious agenda set by the Leader and Cabinet to deliver a City for All, and for the new service to deliver the direction of travel which will be set out in the emerging City Plan.

### **Reason for Decision**

1. The Leader and Cabinet have set an ambitious agenda to change how the Council operates in a number of areas, including, but not limited to planning.
2. The direction of travel is to shift away from a largely reactive and development management focused planning service towards a proactive and strategic approach, guided by the Council's vision and priorities. This will require cultural change throughout the whole system.
3. It will also mean that, should they wish to, residents and others will have the ability to take a clearer and more proactive role in the planning and decision making process related to development in their area. This includes Neighbourhood Forums, Amenity Societies and the general public.
4. Work is ongoing to finalise the City Plan (the Council's Statutory Local Plan) for public consultation in November 2018. The revised City Plan will be streamlined and place much greater emphasis on positive considerations about the type of development that is appropriate in Westminster. The service which implements this policy framework must therefore also be governed by the same principles.
5. These recommendations are supported by the findings of the PAS report.

## **5 EBURY BRIDGE ESTATE RENEWAL - INITIAL REPORT ON DELIVERY OPTIONS**

- 5.1 Having declared a prejudicial interest, Councillor Angela Harvey left the room during the consideration of the item.
- 5.2 Barbara Brownlee, Executive Director, Growth, Planning and Housing introduced the report. She summarised the outcome of a high level appraisal of the four delivery options for the Ebury Bridge estate renewal reported to Cabinet in July.

- 5.3 Councillor Rachel Robathan reported that an enormous amount of work had been undertaken over the summer by the finance and housing teams. She explained that Cabinet's support was being sought to undertake further engagement with the market and the Community Futures Group. The results of this which would be reported back to Cabinet at a future time. She stated that the Council had made a commitment to residents and tenants that the estate would be regenerated and she reiterated this commitment.

**RESOLVED:** That Cabinet:

1. Agreed to support the initial selection of Council led delivery through the Housing Revenue Account (HRA) and Westminster Wholly Owned Company (WOC) as the preferred delivery option for Ebury Bridge estate renewal.
2. Noted that the HRA/WOC option provides flexibility to amend the tenure mix of the market sale housing, as set out in Scenario 7 approved in July 2018, and to create hybrid delivery options. Engagement with the market will commence as soon as possible to test the feasibility and support for this delivery option and also for potential tenure changes and hybrid delivery options. The Cabinet Member for Finance, Property and Regeneration will then be in a position to confirm the selection of the preferred delivery route.

#### **Reasons for Decision**

1. The Ebury Bridge Estate is one of the five priority estates identified in the Council's Housing Renewal Strategy (2010) as needing significant improvement and investment. In line with the Council's City for All objectives, the overarching objective of regenerating Ebury Bridge Estate is to create a comprehensive renewal that brings about physical, economic and sustainable change that creates additional homes and improves the lives of residents, businesses and visitors alike.
2. In July 2018 Cabinet approved a regeneration scenario (Scenario 7) following detailed evaluation and consultation with residents. This report provides the first stage assessment of potential delivery options for that scenario.
3. Council led delivery through the HRA and WOC is viewed as the preferred approach following the high level appraisal described in this report. With Cabinet agreement, this now will be subject to more comprehensive assessment including:
  - consultation with residents and businesses,
  - soft market testing with the development/construction market,
  - further detailed feasibility work by the Council team.

The Meeting ended at 7.35pm

**CHAIRMAN:** \_\_\_\_\_

**DATE** \_\_\_\_\_



City of Westminster

## Cabinet Report

<b>Decision Maker:</b>	Cabinet
<b>Date:</b>	10 December 2018
<b>Classification:</b>	General Release
<b>Title:</b>	Treasury Management Strategy Mid-Year Review 2018-19
<b>Wards Affected:</b>	All
<b>Policy Context:</b>	To manage the Council's finances prudently and efficiently
<b>Cabinet Member</b>	Cabinet Member for Finance, Property and Corporate Services
<b>Financial Summary:</b>	This report forms part of the monitoring of the treasury function as recommended in the Chartered Institute of Public Finance and Accountancy's (CIPFA) Treasury Management Code of Practice. It reviews the implementation of the strategy to date and allows for any changes to be made depending on market conditions.
<b>Report of:</b>	Phil Triggs, Tri-Borough Director of Treasury and Pensions

## **1. EXECUTIVE SUMMARY**

1.1. The purpose of this report is to:

- update Members on the delivery of the 2018/19 Treasury Management Strategy approved by Council on 7 March 2018; and
- approve the recommendations in paragraph 2.1.

1.2. Treasury management comprises:

- managing the City Council's borrowing to ensure funding of the Council's future capital programme is at optimal cost;
- investing surplus cash balances arising from the day-to-day operations of the Council to obtain an optimal return while ensuring security and liquidity.

1.3. This report complies with CIPFA's Code of Practice on Treasury Management, and covers the following:

- a six-monthly review of the Council's investment portfolio for 2018/19 to include the treasury position as at 30 September 2018;
- a review of the Council's borrowing strategy for 2018/19;
- a review of compliance with Treasury and Prudential Limits for the first six months of 2018/19;
- an economic update for the first part of the 2018/19 financial year.

1.4. The Council has complied with all elements of the Treasury Management Strategy Statement (TMSS) apart from two instances, which arose because of exceptional banking receipts which were received too late in the day to be moved from the bank until the following day:

- £1.171m on 3 April 2018
- £23.686m on 25 May 2018

## **2. RECOMMENDATIONS**

2.1. Cabinet is asked to approve:

- the Treasury Management Strategy 2018-19 mid-year review, noting the cases of non-compliance and the action taken to rectify this.

### 3. TREASURY POSITION AS AT 30 SEPTEMBER 2018

3.1. As at 30 September 2018 net cash invested was £920m, an increase of £179m on the position at 31 March 2018 as shown below:

	30 September 2018	31 March 2018
	£m	£m
Total borrowing	(221)	(251)
Total cash invested	1,141	992
<b>Net cash invested</b>	<b>920</b>	<b>741</b>

3.2. During the first six months of the year, net cash inflows of £179m have been received. The significant increase reflects the forecast pattern of the Council's cashflows and largely relates to the timing of grants, council tax and business rates received.

#### Investments

3.3. The Council's Annual Investment Strategy which forms part of the annual Treasury Management Strategy Statement (TMSS) for 2018-19 was approved by the Council on 7 March 2018. The Council's policy objective is the prudent investment of balances to achieve optimum returns on investments, subject to maintaining adequate security of capital and a level of liquidity appropriate to the Council's projected need for funds over time.

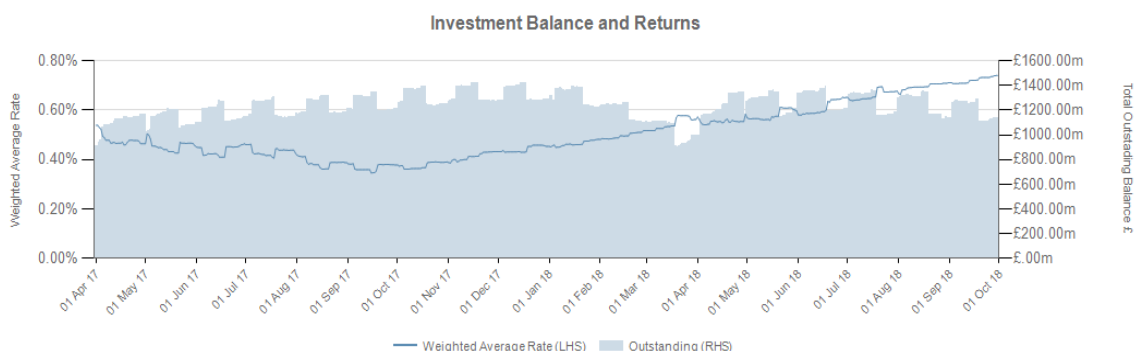
3.4. The table below provides a breakdown of investments, together with comparisons for the last financial year end.

	30 September 2018	31 March 2018
	£m	£m
Money Market Funds	142	130
Notice Accounts	90	89
Term Deposits	455	385
Tradable Securities	422	336
Enhanced Cash Funds	32	52
<b>Total cash invested</b>	<b>1,141</b>	<b>992</b>

3.5. Liquid balances are managed through Money Market Funds providing same day liquidity. Cash has been invested in alternative and less liquid instruments, particularly term deposits and tradable securities. The average level of funds available for investment in the first six months of 2018-19 was £1,252m.

3.6. The shaded area in the chart below shows the daily investment balance from 1 April 2017 to 30 September 2018. The line shows the weighted average return of the investment portfolio, which has fallen during the first half of the 2017/18 financial year, but has then steadily increased since October 2017.

3.7. Daily investment balances have steadily increased from £909m at 1 April 2017 to the current level at 30 September 2018 of £1,141m, as shown by the shaded area in the chart overleaf. At the same time, average returns have risen by 0.20% as shown by the solid line in the chart. This reflects the increasing of the base rate by the Bank of England on 2 November 2017 and 2 August 2018.



- 3.8. All investments limits specified in the 2018/19 investment strategy have been complied with, except for:
- Two occasions of excess cash balances due to unexpected banking receipts being received after close of business.
- 3.9. Appendix 1 provides a full list of the Council’s limits and exposures as at 30 September 2018.

### Borrowing

- 3.10. At the maximum level of £251m, the Council’s borrowing was well within the Prudential Indicator for external borrowing, namely that borrowing should not exceed the capital financing requirement (CFR) for 2018/19 of £855m.<sup>1</sup>
- 3.11. Currently the Council is internally borrowed by £455m because it has used internal cash resources to fund capital expenditure.
- 3.12. As anticipated in the TMSS for 2018/19, to date, the Council has undertaken no new borrowing due to the high level of cash holdings. Officers are monitoring market conditions and reviewing the need for borrowing at current low rates as future requirements have been identified for the General Fund and the Housing Revenue Account (HRA).
- 3.13. In order to achieve the best balance, it would be prudent for the Council to lock in affordability by placing some forward borrowing for the amounts it can be relatively certain it will need, whilst maintaining some forward flexibility as projects may or may not get of the ground within the expected timeframes. Such a forward borrowing strategy is currently under consideration.
- 3.14. The table below shows the details around the Council’s external borrowing as at 30 September 2018, split between the General Fund and HRA.

External borrowing	30 September 2018		31 March 2018	
	Balance £m	Rate %	Balance £m	Rate %
HRA	196	4.2%	226	4.9%
General Fund	25	4.1%	25	4.1%
<b>Total borrowing</b>	<b>221</b>	<b>4.2%</b>	<b>251</b>	<b>4.8%</b>

- 3.15. No new borrowing was incurred in the first half of 2018-19. General Fund external borrowing reduced by £20,000 from repaying the principal on General Fund annuity

<sup>1</sup> The CFR measures the Council’s underlying need to borrow for capital purposes.



loans. HRA external borrowing reduced by £30m due to the repayment on maturity of a PWLB long term loan.

#### 4. COMPLIANCE WITH TREASURY LIMITS AND PRUDENTIAL INDICATORS

4.1. During the financial year to 30 September 2018, the Council operated within the Treasury Limits and Prudential Indicators set out in the TMSS approved by Council on 7 March 2018 as set out below.

PI ref	Indicator	2018/19 indicator	2018/19 forecast	Indicator met?
1	Capital expenditure	£570m	£393m	Met
2	Capital Financing Requirement (CFR)	£855m	£676m	Met
3	Net debt vs CFR	£634m underborrowing	£455m underborrowed	Met
4	Ratio of financing costs to revenue stream	GF (2.71%) HRA 28.68%	GF (3.38%) HRA 30.31%	Met
5	Incremental impact of new capital investment decisions on council tax	£17.65 decrease in Band D council tax charge per annum	£57.16 decrease	Met
6	Impact of new capital investment decisions on housing rents	£0.64 decrease in average rent per week	£2.40 increase	Met
7a	Authorised limit for external debt	£855m	£221m	Met
7b	Operational debt boundary	£253m	£221m	Met
7c	HRA debt limit	£334m		
8	Working capital balance	£0m	£142m	Met
9	Limit on surplus funds invested for more than 364 days (i.e. non-specified investments)	£450m	£0m	Met
10	Maturity structure of borrowing	Upper limit under 12 months - 40%	0%	Met
		Lower limit 10 years and above - 35%	75%	Met

#### Capital expenditure and borrowing limits

4.2. Capital expenditure to 30 September 2018 was £142m for both the General Fund and the HRA against a forecast for the whole year of £393m. This relates to a number of large development projects and related acquisitions. The forecast for development projects are contingent on progress by developers which, it is anticipated, will improve over the remainder of the year. Acquisitions are reactive and depend on properties becoming available on the market and, as such, the forecast can be volatile but will continue to be monitored by officers. The £142m capital expenditure incurred to date is well within the forecast use of capital resources of £326m, hence the net financing need to date is nil.

4.3. External borrowing was well within the Capital Financing Requirement, Authorised Borrowing Limit and the Operational Boundary as shown in the table above:

- The Authorised Limit is a level for which the external borrowing cannot be exceeded without reporting back to Full Council. It therefore provides sufficient headroom such that, in the event that the planned capital programme required new borrowing to be raised over the medium term, if interest rates were deemed favourable, a thorough risk analysis was determined, the cost of carry was appropriate, then this borrowing could be raised ahead of when the spend took place.
- The Operational Boundary is set at a lower level and should take account of the most likely level of external borrowing. Operationally, in accordance with CIPFA best practice for Treasury Risk Management, a liability benchmark is used to determine the point at which any new external borrowing should take place.

4.4. The Council currently has substantial cash balances, but these balances are expected to reduce over the next five years, with increased capital spending and the release of surplus collection fund cash, meaning the Council will need to borrow at some point in the future. The Council will need to consider whether it would be prudent to arrange some or all of the required borrowing now and this process is currently underway. This will lock in affordability and protect against interest rate risk.

4.5. The purpose of the maturity structure of borrowing indicator is to highlight any potential refinancing risk that the Council may be facing if, in any one particular period, there was a disproportionate level of loans maturing. The table below shows that the maturity structure of the Council's borrowing as at 30 September 2018 was within the limits set and does not highlight any significant issues.

Maturity structure of borrowing	Upper Limit (%)	Lower Limit (%)	Actual as at 30 September 2018 (%)
Under 12 months	40	0	0
12 months and within 24 months	35	0	0
24 months and within 5 years	35	0	9
5 years and within 10 years	50	0	16
10 years and above	100	35	75

4.6. The Council is not subject to any adverse movement in interest rates in its current loans portfolio as it only holds fixed interest borrowing.

- 4.7. The average rate on the fixed interest borrowing is 4.24% with an average redemption period of 19 years. This reflects the historical legacy of borrowing taken out some years ago which is now higher than PWLB interest rates for comparable loans if they were taken out now. Officers have considered loan refinancing but premiums for premature redemption are prohibitively high, making this option poor value for money.
- 4.8. The Council's borrowing portfolio contains £70m of Lender Option Borrower Option loans (LOBOs). There are long-term loans of up to 48 years, which are subject to periodic rate re-pricing. The rates are comparable with loans for similar durations provided by the PWLB. There is some re-financing risk associated with these loans because of the lender option to increase interest rates. Some banks are offering premature repayment or loan conversion for LOBOs and officers will remain alert to such opportunities as they arise.

### **Investment limits**

- 4.9. Investment in non-specified investments of nil compares with the limit of £450m for such investments. This reflects the fact that all of the Council's investments have a life of less than 12 months.

## **5. THE ECONOMY AND INTEREST RATES**

- 5.1. The first half of 2018/19 has seen UK economic growth post a modest performance, but sufficiently robust for the Monetary Policy Committee (MPC) to unanimously increase the Bank Rate on 2 August from 0.50% to 0.75%. Although growth looks as if it will only be modest at around 1.5% in 2018, the Bank of England's August 2018 Quarterly Inflation Report forecast that growth will pick up to 1.8% in 2019, albeit there were several caveats – mainly related to whether or not the UK achieves an orderly withdrawal from the European Union on 29 March 2019.
- 5.2. Some MPC members have expressed concerns about a build-up of inflationary pressures, particularly with the pound falling in value again against both the US dollar and the euro. The Consumer Price Index (CPI) measure of inflation rose unexpectedly to 2.7% in August 2018 due to increases in volatile components, but is expected to fall back to the 2% inflation target over the next two years given a scenario of minimal increases in the Bank Rate. The MPC has indicated that the Bank Rate would need to be in the region of 1.5% by March 2021 for inflation to stay on track. Financial markets are currently pricing in the next increase in Bank Rate for the second half of 2019.
- 5.3. As for the labour market, unemployment has continued at a 43-year low of 4% on the Independent Labour Organisation measure. A combination of job vacancies hitting an all-time high in July 2018, together with negligible growth in total employment numbers, indicates that employers are now having major difficulties filling job vacancies with suitable staff. It was therefore unsurprising that wage inflation picked up to 2.9% (3-month average regular pay, excluding bonuses) and to a one-month figure in July 2018 of 3.1%. This meant that in real terms i.e., wage rates higher than CPI inflation, earnings grew by about 0.4%, near to the joint high of 0.5% since 2009 (the previous high point was in July 2015).

- 5.4. Given the UK economy is very much services sector driven, an increase in household spending power is likely to feed through into providing some support to the overall rate of economic growth in the coming months. This tends to confirm that the MPC were right to start on a cautious increase in Bank Rate in August 2018 as it views wage inflation in excess of 3% as increasing inflationary pressures within the UK economy. However, the MPC will need to tread cautiously before increasing the Bank Rate again, especially given all the uncertainties around Brexit.
- 5.5. In the political arena, there is a risk that the current Conservative minority government may be unable to muster a majority in the Commons over Brexit. However, the central position is that Prime Minister May's government will endure, despite various setbacks, along the route to Brexit in March 2019. If, however, the UK faces a general election in the next 12 months, this could result in a potential loosening of monetary policy and therefore medium to longer dated gilt yields could rise on the expectation of a weak pound and concerns around inflation picking up.

## **6. PRUDENTIAL INDICATORS**

- 6.1. The Local Government Act 2003 requires the Council to have regard to the Prudential Code and to set Prudential Indicators for the next three years to ensure that the Council's capital investment plans are affordable, prudent and sustainable. These are contained within this report.

## **7. FINANCIAL IMPLICATIONS**

- 7.1. Financial implications contained in the body of this report.

## **8. LEGAL IMPLICATIONS**

- 8.1. The Act requires the Council to set out its treasury strategy for borrowing and to prepare an Annual Investment Strategy. This sets out the Council's policies for managing its investments and for giving priority to the security and liquidity of those investments. This report assists the Council in fulfilling its statutory obligation under the Local Government Act 2003 to monitor its borrowing and investment activities.

## **9. BACKGROUND PAPERS**

### **Full Council Report**

Treasury Management Strategy Statement for 2018/19 to 2022/23 on 7 March 2018

**If you have any queries about this Report or wish to inspect any of the Background Papers, please contact:**

**Phil Triggs, Tri-Borough Director of Treasury and Pensions**

**Tel: 0207 641 4136**

**Email: [p.triggs@westminster.gov.uk](mailto:p.triggs@westminster.gov.uk)**

**Limits and Exposures as at 30 September 2018**

Category	Maximum Individual Counterparty Investment Limit (£m)	Maximum Tenor	Counterparty Name	Current Exposure (£m)
UK Government (Gilts/ T-Bills/ Repos)	Unlimited	Unlimited	UK Treasury Bills	259.3
European Agencies	£200m	5 years	European Investment Bank	72.7
UK Local Authorities	£100m per local authority; £500m in aggregate	3 years	Canterbury City Council	25.0
			Leeds City Council	40.0
			London Borough of Croydon	10.0
			London Borough of Enfield	20.0
			London Borough of Hackney	15.0
			London Borough of Southwark	20.0
			Medway Council	10.0
			North Lanarkshire Council	5.0
			Reading Borough Council	10.0
			Rhondda Cynon Taff Council	15.0
			South Ayrshire Council	10.0
			Stockport Borough Council	15.0
Money Market Funds	£70m per fund. £300m Total	Three day notice	Federated Sterling Liquidity Fund	65.5
			HSBC Global Liquidity Fund	5.0
			JP Morgan Sterling Liquidity Fund	5.0
			Morgan Stanley Sterling Liquidity Fund	66.7
Enhanced Cash Funds	£25m per fund £75m Total	Up to seven day notice	Payden & Rygel Sterling Reserve	16.8
			Federated Prime Rate Cash Plus	15.4
UK Banks (AA- / Aa3/ AA-)	£75m	5 years	HSBC Bank	49.2
UK Banks (A- /A3/A)	£50m	3 years	Goldman Sachs International Bank	50.0
			Lloyds Bank	30.0

			Santander UK Plc	50.0
			Standard Chartered	50.0
Non-UK Banks (AA-/ Aa2/ AA-)	£50m	5 years	Svenska Handelsbanken	40.1
			Toronto Dominion Bank	30.0
			Canadian Imperial Bank of Commerce	25.0
Non-UK Banks (A/ A2/ A)	£35m	3 years	Commonwealth Bank of Australia	35.0
			Cooperatieve Rabobank	35.0
			Hessen-Thuringen Girozentrale	35.0
<b>TOTAL</b>				<b>1140.7</b>



City of Westminster

## Cabinet Report

<b>Decision Maker:</b>	<b>Cabinet</b>
<b>Date:</b>	<b>10 December 2018</b>
<b>Classification:</b>	<b>General Release</b>
<b>Title:</b>	<b>Safeguarding Annual Report 2017/18</b>
<b>Wards Affected:</b>	<b>All</b>
<b>Policy Context:</b>	
<b>Cabinet Member</b>	<b>Cabinet Member for Finance, Property and Corporate Services</b>
<b>Financial Summary:</b>	<b>There are no financial implications</b>
<b>Report of:</b>	<b>Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care and Health</b>
<b>Report Author</b>	<b>Louise Butler, Strategic Lead in Professional Standards and Safeguarding</b> <b>Tel: 020 7641 5201; <a href="mailto:lbutler@westminster.gov.uk">lbutler@westminster.gov.uk</a></b>

### 1. BACKGROUND

- 1.1 This is the fifth Annual Report of the Safeguarding Adult Executive Board (SAEB). The multi-agency Board provides leadership of adult safeguarding across the London Borough of Hammersmith & Fulham; the Royal Borough of Kensington and Chelsea; and the City of Westminster. As from 2<sup>nd</sup> July 2018 the SAEB is operating as a Bi- Borough Board as part of the disaggregation from Tri-Borough services. The purpose of the Board is to ensure that member agencies work together, and independently, to secure the safety of residents who are at most at risk of harm from others, or through self-neglect.
- 1.2 It is the third year that the SAEB has operated under Schedule 2 of the Care Act 2014, and overseeing the statutory duties of conducting Safeguarding Adult Enquiries (Section 42) and Safeguarding Adults Reviews (Section 44).

- 1.3 The report seeks to show how member agencies of the SAEB provide assurance to the SAEB for the ways in which its three strategic priorities (Making Safeguarding Personal; Creating Safe and Healthy Communities; and Leading, listening and Learning) are being promoted within their organisation.
- 1.4 The report also seeks to demonstrate how the learning from safeguarding enquiries and reviews conducted during the year lead, to changes that benefit the safety, health, and wellbeing of local residents, in all three boroughs. This is particularly where the learning shows there is room for agencies to work more effectively together to prevent abuse or neglect.

## **2. RECOMMENDATION**

- 2.1 It is recommended that the report is noted and that the strategy and the emerging themes informing its current work endorsed.

**Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care and Health**

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# SAFEGUARDING ADULTS EXECUTIVE BOARD ANNUAL REPORT 2017/18

mistreated?  
bullied?  
hit?

neglected?  
hurt?

silenced?  
abused?

**COURAGE**  
**COMPASSION**  
**ACCOUNTABILITY**

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# **SAFEGUARDING ADULTS EXECUTIVE BOARD ANNUAL REPORT 2017/18**

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# FOREWORD



I am pleased to present the fifth annual report of the Safeguarding Adults Executive Board (SAEB) for Westminster, Kensington and Chelsea, and Hammersmith & Fulham. The report explains the role, functions and purpose of a Safeguarding Adults Board which are prescribed by the Care Act 2014. It lists the organisations who are represented on the Board as well as other groups and agencies who contribute to the Board's work streams. Everyone, both jointly and independently, work to ensure the safety of those adult residents who are deemed to be most at risk of harm through the actions of other people.

The report contains examples of this collaborative work. Following the success of the Hoarding event mentioned in last year's report, the Board organised a similar conference which was held during National Hoarding Awareness week. The report describes the increasing emphasis the Board places on financial abuse by giving prominence to the work of the boroughs' Trading Standards Officers. New initiatives include developing a closer working relationship with the London Fire Brigade through more 'person-centred risk assessments' and increasing the involvement of the Community Champions network with the work of the Board.

The Board wants to ensure that all its members' adult safeguarding work is person led, focusses on outcomes that meet the needs of the individual and thereby improves their quality of life, well-being and safety. The work mentioned above, together with other examples, is shown under the headings 'You Said, We Did' and designed to illustrate the Board's Safeguarding Strategy, commonly known as 'The House' in action. The strategy received recognition as 'best practice' by the National Safeguarding Adults Chairs Group, and I was pleased to share it with colleagues from across England.

The Board continues to promote the concept of Making Safeguarding Personal- 'no decision about me without me'. As in previous years, the report contains case studies which show the application of this principle and highlight the difference that a person-centred safeguarding intervention makes to the life of an individual. However, whilst the emphasis of the report is about people, there are some statistics about the safeguarding journey. The purpose is to show the number of concerns, enquiries and cases

resulting in some form of action. It is important to provide context, so the data shows the size of the eligible adult population living in the three boroughs together with those adults who have care and support needs.

Last year, I mentioned a high-profile case involving a death at a care home which led to the commissioning of a Serious Adult Review (SAR) in September 2015. Over the past 3 years, the Board has continually reviewed and considered what we can learn about how placements for people with dementia are commissioned, made and monitored across the three boroughs. This report contains my summary of the reasons for commissioning the SAR, the questions posed to Board members and some of their responses. The inter-dependency of different agencies is evident in making the right placement for a dementia sufferer utilising the skills, knowledge and experience of staff to ensure the best outcome for the individual.

Monitoring dementia care provision, like many areas of safeguarding is ongoing, and it will be the responsibility of the two new Safeguarding Adults Boards to decide upon their priorities and work plans for 2018/19. The new arrangements are a consequence of the disaggregation of the three boroughs and result in a Bi-Borough Board covering Westminster and Kensington and Chelsea with a separate Board for Hammersmith and Fulham.

I have chaired the SAEB since its inception 5 years ago. I have worked with many people over this period, and I would like to express my appreciation to everyone who has contributed to the work of the Board and supported me in my role. One of the key strengths of the Board is the diversity and the seniority of its members and their willingness to get involved in its work. As always, I am particularly grateful to those members to find time to chair one of the Board's workstreams; this breadth of experience and knowledge ensures that adult safeguarding is seen as not just the responsibility of the local authorities.

Thank you,

A handwritten signature in black ink that reads "Mike Howard".

**Mike Howard**

Independent Chair of the Safeguarding Adults Executive Board

# WHAT IS THE SAFEGUARDING ADULTS EXECUTIVE BOARD?

The Board is responsible for overseeing and leading on the protection and promotion of an adult's right to live an independent life, in safety, free from abuse and neglect across The Royal Borough of Kensington and Chelsea, The City of Westminster and the London Borough of Hammersmith and Fulham.

**“The Safeguarding Adults Executive Board is the statutory body under the Care Act 2014 that sets the strategic direction for safeguarding. The Board is greater than the sum of the operational duties of its core partners”**

The Board is a partnership of organisations working together to prevent abuse and neglect, and where someone experiences abuse or neglect, to respond in a way that supports their choices and promotes their well-being.

The Board believes that adult safeguarding takes **COURAGE** to acknowledge that abuse or neglect is occurring and to overcome our natural reluctance to face the consequences for all concerned of shining a light on it.

The Board promotes **COMPASSION** in our dealings with people who have experienced abuse and neglect, and in our dealings with one another, especially when we make mistakes. The Board promotes a culture of learning rather than blame.

At the same time, as members of the Board, we are clear that we are **ACCOUNTABLE** to each other, and to the people we serve in the three boroughs.

**The Care Act 2014 says key members of the Board must be the Local Authority; the Clinical Commissioning Groups; and the Chief Officer of Police. The statutory members of the Safeguarding Adults Executive Board:**

- The Bi Borough Executive Director of Adult Social Care and Health
- The Director of Social Care, London Borough of Hammersmith & Fulham

- Deputy Director Quality, Nursing and Patient Safety, North West London Collaboration of Clinical Commissioning Groups
- The Kensington and Chelsea Borough Commander of the Metropolitan Police

**The Care Act 2014 states that the Board can appoint other members it considers appropriate with the right skills and experience.**

There are senior representatives on the Board, from the following organisations:

- London Fire Brigade
- Imperial College Healthcare NHS Trust
- Chelsea and Westminster Hospital Foundation NHS Trust
- The Royal Marsden NHS Foundation Trust
- Central London Community Healthcare Trust
- Central North West London NHS Foundation Trust
- West London Mental Health Trust
- Community Rehabilitation Company (CRC)
- National London Probation Service
- Children's Services
- Community Safety
- Local Councillors
- Housing (Local Authority)
- Mind
- Genesis Notting Hill Housing
- Trading Standards
- Public Health Community Champions Programme
- HM Prison, Wormwood Scrubs
- Royal Brompton and Harefield HNS Foundation Trust
- Healthwatch
- Adult Social Care

**“Board members are the senior ‘go to’ person in each of these organisations with responsibility for adult safeguarding”**

They bring their organisation's adult safeguarding issues to the attention of the Board, promote the Board's priorities, and disseminate lessons learned throughout their organisation.

The Board can use its statutory authority also to assist members in addressing barriers to effective safeguarding that may exist in their organisation, and between organisations.

# WHAT IS THE SAFEGUARDING ADULTS EXECUTIVE BOARD?

An even wider group of people, including voluntary sector organisations; housing and homelessness agencies; advocacy and carers' groups; and members of the public all contribute to the Board's four work-streams.

The sub-groups of the board are all chaired by either organisations representing health and the police or by voluntary sector organisations

- Community Engagement Group
- Developing Best Practice Group
- Better Outcomes for People Group
- Safeguarding Adults Case Review Group

**“The Board recognises that hard-working staff on the front line of all these organisations carry out the challenging and complex work of preventing and responding to abuse and neglect, every day of every year”**

**The Care Act 2014 says members may make payments for purposes connected with the Board.**

Most of the Funding for the Board comes from the Local Authorities and the **Clinical Commissioning Groups**.

**Mayor's Office for Policing and Crime** provides an annual contribution of £5,000 to local safeguarding adult boards.

Also for the third year running, **The London Fire Brigade** have contributed £1,000 per borough, to be shared between the Safeguarding Adults Board and the Local Safeguarding Children Board.

The Board is using these contributions to fund the independent Chair and a Board Business Manager, to further improve its effectiveness and efficiency.

The Care Act 2014 says that all members of the Board have the right skills and experience necessary for the Board to act effectively and efficiently to safeguard adults in its area.

Attendance is good and members are committed and work hard to progress the Board's priorities, and safeguard adults at risk of abuse and neglect.

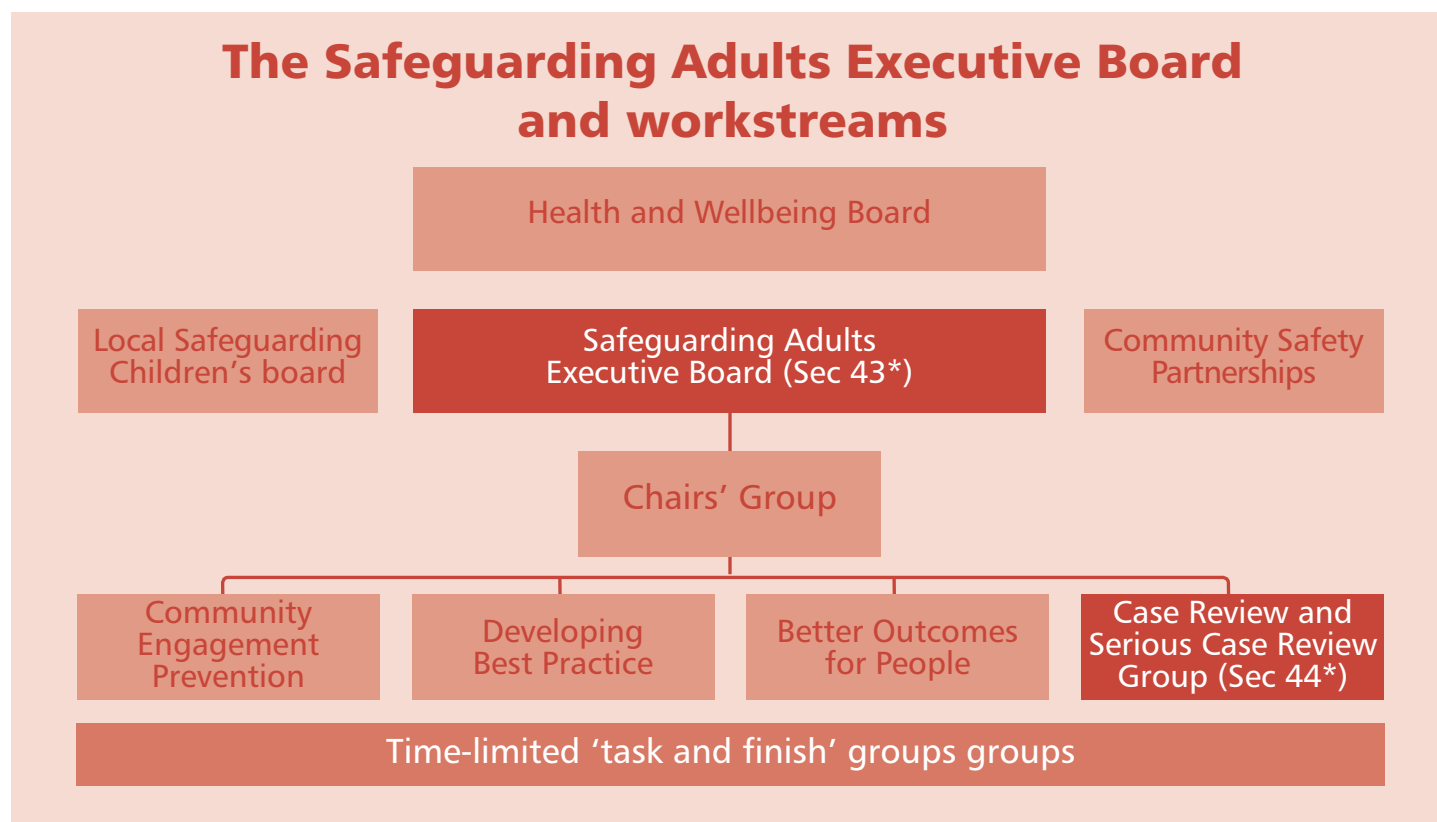
## **The North West London Collaboration of Clinical Commissioning Groups (NWL CCGs)**



are committed to safeguarding the wellbeing of vulnerable adults who access services that are commissioned by the NWL CCGs. As a member of the Safeguarding Adults Executive Board and in line with multi-agency Pan London Adult Safeguarding policies and procedures, NWL CCGs ensure that staff have appropriate policies, procedures, training and access to expert advice to ensure that adults at risk are identified and where appropriate a referral is made to adult social care. Safeguarding is about making sure everyone is treated with dignity and respect and does not suffer abuse. This is particularly important for those who are unable to protect themselves from harm or abuse, possibly because of their age, a disability or because they are unwell. To ensure this, care has to be of a high quality in order to prevent abuse happening. It also means there is an effective response if there is evidence or suspicion of abuse.

*Deputy Director Quality, Nursing and Safeguarding,  
North West London Collaboration of Clinical  
Commissioning Groups*

# WHAT IS THE SAFEGUARDING ADULTS EXECUTIVE BOARD?



**\* Section 43:**

Requires the Local Authority to establish a Safeguarding Adults Board (SAB) whose main objective is to protect adults from experiencing, or being at risk of abuse and neglect. The three main duties of the SAB are to produce an annual strategic plan, publish an annual report and undertake a safeguarding adults review under certain circumstances.

**\* Section 44:**

Requires the SAB to arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and the adult has died, and the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

# ADULT SAFEGUARDING STRATEGY 2015-19

**The Care Act says the Board must publish its strategic plan and what members of the Board are doing to implement that plan.**

The Board's Strategy framework came out of a series of consultation events in 2015 and 2016. We consulted with people living in the three boroughs, and with organisations working with people who have care and support needs, to develop the Board's four-year plan.

From what people told us was important to them, we created the Adult Safeguarding Strategy 2015-2019 'house' below which is built upon the well-being principle.

People said they do not want to be seen as victims, and said how important it is to be in control of the decisions they

make about their life, even when they have experienced abuse or neglect.

Residents said they want to be healthy and safe. They want to know what to do when they themselves, or someone they know, is being neglected or abused, and they want to be listened to.

We said that we want to be leaders who listen and learn from what people are telling us.

**"This strategy has supported the Board to ensure that all its safeguarding adults work is focused on making safeguarding better by being Person led, Outcome-focused, Improving quality of life, wellbeing and safety "**

## Making Safeguarding Personal

I am able to make choices about my own well-being

### Creating a Safe and Healthy Community

I am aware of what abuse looks like  
and feel listened to when it is reported

I am kept up-to-date and  
know what is happening

My choices are important

My recovery is important

You are willing to work with me

### Leading, Listening and Learning

We are open to new ideas

We are a partnership of listeners

We give people a voice

We hold each other to account

We want to learn from you



# WHAT HAS THE BOARD BEEN DOING?

## MAKING SAFEGUARDING PERSONAL

### YOU SAID:

I am able to make choices about my own wellbeing.

### WE DID:

The Better Outcomes for People subgroup was asked by the Board to explore the extent to which Making Safeguarding personal was being applied across board member organisations.

The group analysed safeguarding data to identify to whether:

- The person or person's representative was asked about their desired outcomes
- If desired outcomes had been expressed, whether these were met

The report highlighted:

**"Over 90% of peoples wishes and desires about the safeguarding incident are recorded as being achieved"**

- That engagement of advocacy had a positive impact on ensuring that the person's voice was heard throughout the safeguarding enquiry
- When the adult at risk is supported by agencies to find the right solutions to keep them safe informed decisions are made leading to longer lasting outcomes

## Safeguarding Principles- Care Act Statutory Guidance 2014

### **Empowerment**

*I am best placed to judge my well-being. Don't make assumptions about what is important to me and how I view risk and safety.*

**Protection** of the person and others from further harm  
**Proportionate** most effective, least intrusive response  
**Partnership** working together and sharing information to understand what happened  
**Accountable** duty of candour and transparency  
**Prevention** learning lessons and making changes

# WHAT HAS THE BOARD BEEN DOING?

## MAKING SAFEGUARDING PERSONAL

Here are three case examples of how the work of the Safeguarding Adults Executive Board is making a difference to residents using the safeguarding principles

### How we supported Mr Cheng\* to maintain his independence

I have one close friend that visits me as I have no family. I have a good relationship with the Manager of my sheltered accommodation and I rely on him for help. I have carers who come to help me about four times a day as I have memory problems and Parkinson's. I find it difficult to get out of bed, to wash, brush my teeth and shave. I use a wheel chair to get round and about and have a carer who helps me get to the bank to pay my bills. I feel indebted to the carers who help me. I like to give them a little something extra when I can.

I told my friend about this last week and he seemed concerned. Last week the Manager came to me and said he had been aware that over the past 11-months about £1000 was taken out of my bank account each month and wanted to know what I was spending it on.

I was very irritated by this. I may be in a wheel chair but I am not stupid. I told him no one is stealing my money.

Over the next few weeks I had many visitors who were worried about me and talked of me being under safeguarding. I then had a visit from the Police who made me think about one of the carers who sometimes comes to the bank with me.

I think that this carer was taking my money and I told her I did not want her to visit me again. I dealt with it my way.

### Outcome

A Mental Capacity Assessment was completed to determine Mr Cheng's ability to manage his finances. The outcome of this assessment found that although he is able to understand and retain relevant information and relay his decisions, he was unable to weigh up that information. Therefore, it was decided he was unable to manage his finances effectively but it was clear he was a proud man and wanted to retain as much control over his financial decisions as possible.

Professionals involved considered safe options in his best interest, his friend helped Mr Cheng to communicate what he wanted to happen and as an outcome the least restrictive option was chosen. This was a plan which allowed Mr Cheng to continue to manage his own finances with monitoring and oversight from the local authority and the Manager of the Sheltered Housing Scheme and his friend.

Unfortunately, the whereabouts of the money already removed remain unknown and the Police investigation is on-going.

\* Not his real name.

# WHAT HAS THE BOARD BEEN DOING?

## MAKING SAFEGUARDING PERSONAL

### How we supported Mrs Khan\* to be looked after by her daughter who was preventing carers entering into their flat

My daughter looks after me which must be very difficult for her as she has her own life. I don't like to make a fuss but I don't go out much anymore, not like I used to. I have carers who help my daughter to look after me but I don't think they come any more. My daughter has very high standards.

A social worker came round the other day to see how I was. My daughter seemed angry when she left.

### Outcome

A traditional, heavily interventionist response to ensure Mrs Khan received the services needed, regardless of the daughter's wishes, could have damaged an important relationship and not achieved a positive outcome. Instead, social workers worked with Mrs Khan and her daughter to find a solution that achieved the best care outcomes for everyone involved. They addressed the daughter's concerns by finding ways to support her in her caring role and showing real commitment to tailoring the intervention to the particular needs of the family. Working together and addressing both the needs of Mrs Khan, who wanted to go out more, and her daughters concerns around the standard of care being delivered by the care agency ensured that Mrs Khan was receiving all the support needed. Social Services arranged for services to escort Mrs Khan to social clubs and events. Mrs Khan's physical and emotional health and wellbeing has improved and she says,

**"I now have something to look forward to each week."**

### 'No decision about me, without me'

The Trust has continued to make safeguarding personal with the approach of "No Decision About Me Without Me". This ensures that patient's wishes and views are central to discussions with other agencies to support them to make

informed choices and to keep them safe and is a key part of discussion when discussing safeguarding adult's referrals with patients.



*The Royal Marsden NHS Foundation Trust*

\* Not her real name.

# WHAT HAS THE BOARD BEEN DOING?

## MAKING SAFEGUARDING PERSONAL

### How the Deprivation of Liberty Safeguards have made a real difference for Mrs O'Reilly\*

When Bill and I married we came to London. It was 1963 and we have never spent a single day apart, not one. We are both getting older now and want to look after each other in our own house as we get older.

My memory is not so good these days and Bill looks after me. Bill says that the ambulance found me walking down the High Street the other day at 10 o'clock at night. I don't know how I got there! I don't remember.

Emergency services have been called out several times in the last six months for Mrs O'Reilly who has been found wandering the streets late at night. Family members raised concerns that the home environment was no longer safe for Mrs O'Reilly.

Mr O'Reilly very reluctantly agreed with his family and social services to arrange for his wife to go into a care home to keep her safe at night.

Following her admission, the care home raised concerns that Mr O'Reilly was visiting all day, every day and when visiting time was over, he would sleep in his car until the following morning. Mrs O'Reilly was very unhappy in the care home and desperately unhappy without him always calling out his name and asking staff where he was.

The care home made a referral to the Deprivation of Liberty Safeguards Team who arranged for an Assessment to be undertaken. This determined that Mrs O'Reilly lacked capacity to consent to care or treatment but under European Convention of Human Rights (ECHR) Article 8 had a right to family and private life.

Mrs O'Reilly is now back at home with her husband and her care is being managed in a less restrictive manner with telecare monitoring and support.

### Simple Adjustments make a big difference

Chelsea and Westminster NHS Trust have embraced Mencaps 'Treat me well' campaign which is transforming how the NHS treats people with a learning disability in hospital. The Trust puts the patient at

the heart of discussions and works closely with families to support decisions in the best interests of the patient.

*Chelsea Westminster Hospital NHS Trust*



\* Not her real name.

# WHAT HAS THE BOARD BEEN DOING?

## MAKING SAFEGUARDING PERSONAL

### 'This is Me'



Central London Community Healthcare NHS Trust is committed to supporting people with dementia and have a competent workforce who advocate for both patients and carers. In order to support the effective co-ordination of care and communication for dementia sufferers, the Trust is implementing the use of the 'This is Me' document to enable person-centred care so as to reduce distress for the person with dementia and their carer. In addition, a 'This is what I would like you to know about me...' information sheet, has been developed to promote sharing of important information about the patient's preferences, dislikes, routines and specific requests to personalise care and support choice and independence.

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*Head of Safeguarding,  
Central London Community Healthcare NHS Trust*

### John's Campaign



Chelsea and Westminster and West Middlesex Hospital have launched John's Campaign across the Trust as part of plans to improve patient experience and make the Trust more dementia friendly. We have introduced activities to our elderly care wards, as well as improving the environment on our key ward. The next steps include providing a more suitable environment in emergency departments, along with activities to distract patients with dementia. We are considering a fast track system within our emergency and outpatient's departments for patients with dementia.

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*Director of Nursing,  
West Middlesex & Chelsea and Westminster Hospital Trust*

### Patient Involvement



Working in partnership with patients is fundamental to delivering high quality care. That's why CNWL involves patients in many of the practical aspects of providing services. The Mental Capacity Act 2005 (MCA) provides a framework to assess whether a patient has capacity to take decisions, for example, whether to consent to medical treatment, or whether to agree to a proposed home care package. The Act makes clear who can take decisions in which situations, and how they should go about this. Anyone who works with or cares for an adult who lacks capacity must comply with the MCA when making decisions or acting for that person. This applies whether decisions are life changing events or more every day matters and is relevant to adults of any age, regardless of when they lost capacity. The underlying philosophy of the MCA is to ensure that those who lack capacity are empowered to make as many decisions for themselves as possible and that any decision made, or action taken, on their behalf is made in their best interests. In 2017/18 CNWL developed a Mental Capacity Toolkit to equip staff to make assessments and ensure documentation is consistent and legally compliant.

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*Associate Director of Quality - Safeguarding and Safety,  
Central North West London NHS Foundation Trust*

# WHAT HAS THE BOARD BEEN DOING?

## LEADING, LISTENING AND LEARNING

The Care Act 2014 states that the Board must conduct a Safeguarding Adults Review in accordance with Section 44 of the Act.

**“The Group considers the recommendations and lessons learned from enquiries and Safeguarding Adults Review and where relevant, from Children’s Serious Case Reviews; Domestic Homicide Reviews; and reviews of Fatal Fires”**

### YOU SAID:

We want you to listen and hold each other to account.

### WE DID:

This year we have been working on what safeguarding enquiries and safeguarding adult reviews, SARs, are telling us needs to change and improve.

Local cases are received and reviewed by the Group involving the death of an adult at risk, or a near miss to determine whether or not to recommend that a SAR be conducted.

In 2017-18 six cases were accepted for discussion by the Group as possibly meeting the Section 44 Safeguarding Adults Review criteria.

A list of the emerging themes from the Reviews is found at the back of this report in APPENDIX 1.

### What the Board worked on in 2017-18:

#### Emerging Themes and Board Priorities

##### Hoarding and Self Neglect:

Working together to win the trust of people who are reluctant to accept care from statutory services, with the result that their health and care needs are not being met. The Board held a very successful Hoarding Conference in May 2018.

##### Mental Capacity Act (MCA) 2005:

Increasing staff confidence with application of the Mental Capacity Act 2005; with the result that the MCA Champions network is growing in strength to support advice giving right down to front line staff.

##### Physical Health:

Improving the physical health of people with mental health needs and learning disabilities. Work undertaken by the Group has supported change within agencies so that individuals with mental health needs or a learning disability have access to the same treatment options as the general population.

##### Safe Transfers Between Care Settings:

Improving people’s experiences of transferring between care settings.

##### No Replies / No Access:

Improving compliance and escalation across organisations and agencies when staff cannot gain access was a focused piece of work completed by Central London Community Health Care Trust.

# WHAT HAS THE BOARD BEEN DOING?

## LEADING, LISTENING AND LEARNING

### Why asking about outcomes matters?

#### Winifred's\* Story

**'I have spent my whole life looking after others and now I would like a little help'**

**Winifred told her story in person to the Safeguarding Adults Review Group. This was a powerful experience for the group members.**

"I was born in Freetown, Sierra Leone in 1950 the youngest of 4. I came to Britain looking for work as there was nothing for me in Sierra Leone. I left behind my family but I was excited about my new life. I lived in privately rented property in London and have always paid my bills. I never did get married. Some people don't.

I worked as a secretary for most of my life looking after directors of large organisations like yours. I took retirement at 62. I have paid my taxes and don't ask for anything from the State. I have found the last few years a bit of a struggle. I feel that I lost my way a bit but not sure why. I don't want to bother my neighbours. The Post Office on my street has recently closed down and this makes me anxious, life has become more complicated.

I think I was in a bit of a muddle just before Christmas. I liked to light candles around my flat at Christmas and

one day a small fire broke out. My neighbours called the fire brigade and an ambulance. I was taken to hospital. I was a bit confused. So many people were asking me questions my head wasn't working right. My neighbour came to visit me and I asked to go home. A social worker came to see me. He asked me lots of questions about where I wanted to live which I thought was a bit strange. I told him I wanted to live at home. I had no one to talk to and was feeling very scared.

I was told I was going to a new home where I would be cared for. I remember arriving at the care home in a nightdress and coat which did not belong to me. I was asked if I wanted to see my bedroom when I arrived and I said **'I did not and I shouldn't be here'**. All I could think of was trying to leave this place as soon as possible and go home and that is what I did. I managed to find my way back to my flat and as I walked up to the front door a police officer and a woman were there waiting for me. She asked me if I had any family or friends and I spoke of my neighbours. I said that I had not been very well but was feeling much better. We sat down and had a cup of tea she asked me what had been going on for me and what I wanted to do next. I wanted to go home. She was the first person who actually spent time talking with me, finding out a little about who I was. I now live in a sheltered home with a warden my neighbours come and visit me.

**The group identified three key messages after hearing Winifred's story:**

- 1. We need to continue to help staff to deliver a more personalised response to all our interventions and to not assume that we or clients know what a person centred response looks like.**
- 2. Winifred's story demonstrates the amount of resources which are wasted when we do not put the person at the centre of the process.**
- 3. We are continuing to be challenged by pressures in the systems which impacts upon our decision making. E.g. winter pressures in hospitals to discharge people puts pressure on systems and allows for practitioners to not follow process. In Winifred's case failing to follow the principles of the Mental Capacity Act ensured her voice was not heard.**

\* Not her real name.

# WHAT HAS THE BOARD BEEN DOING?

## LEADING, LISTENING AND LEARNING

**No Replies / No Access:** Following a number of cases where staff cannot gain access this emerging theme was explored.

Initial actions are as follows:

### Adult Safeguarding learning in action

#### ISSUES

- Staff did not follow the 'No Reply' procedure
- Family members prevented staff accessing the adult at risk
- Challenges were presented by clients who allowed access on an intermittent basis

#### PROCEDURE EXPLAINED

- **No Access/No Reply:** Where there is no access or contact with the service user at a planned or agreed visit.
- **Failed Visit:** Where the purpose of the visit is not achieved because although the service user is there, they refuse access or where access arrangements in place allow the visiting agency to enter the property and find the service user not present and their whereabouts need to be determined to ensure that they are safe.
- **Cancelled Visit: These should be considered when the service user has cancelled a visit.** In such instances, it is important to check that the service user has capacity to make such a decision. If they do not, then the visit must still take place which will potentially result in a failed visit or no reply.

- **Was not brought:** this is where someone with care and support is dependent on others accompanying to appointments and they are not supported to do so.

#### LEARNING IN ACTION

Two workshops have been held across the local health provider partnership. An agreement was made to develop a standard response with clear escalation processes and in collaboration with other agencies.

#### REFLECTIONS

We need to improve our working relationship with people who use services. We need get better at having conversations with people about why we need to be informed if they are not going to be at home. We need to understand with people why they may wish to refuse care and not let services in.

"Maintaining good communication and relationships with people who use services means that we are more likely to know what is going on and will appear less intrusive in people's lives."

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*Central London Community Healthcare NHS Trust*

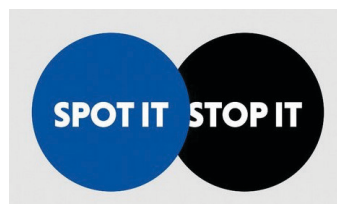


# WHAT HAS THE BOARD BEEN DOING?

## LEADING, LISTENING AND LEARNING

In December 2017 the Chairs of the Safeguarding Adults Case Review Group made a recommendation to the Independent Chair of the Safeguarding Adults Executive Board to commission a statutory Safeguarding Adults Review (SAR) to learn from the case of a person where staff could not gain access leading to a near miss.

As an outcome to the subsequent Police investigation the Local Safeguarding Children Board has agreed to make a contribution to the Safeguarding Adults Review.



This review is being carried out using the SCIE Learning Together model, which is based on a systems approach, and will be led by an Independent Reviewer.

**“The focus of a SAR is not about blame but instead it intends to gain learning to support improvements to the local safeguarding system”**



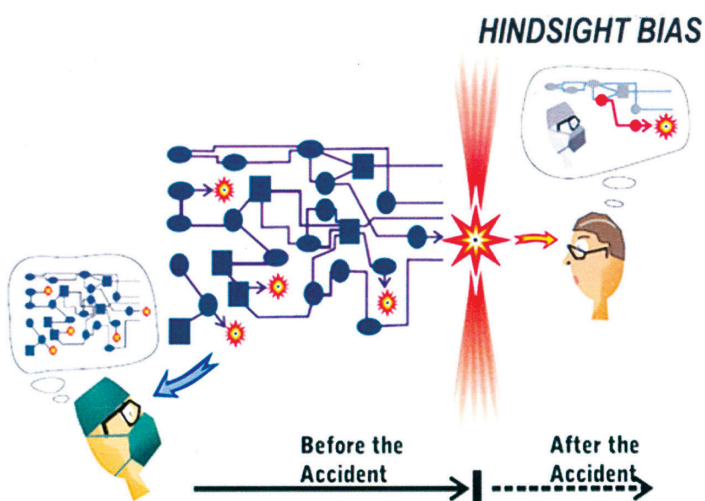
### A systems approach

SCIE has adapted the systems approach specifically for use in reviews of multi-agency adult safeguarding and child protection work. While historically reviews of practice have often ended up tending to blame individuals for mistakes and failures, the SCIE systems approach takes account of the context people work in, the tasks they perform, and the tools they use. Using the concept of “Hindsight Bias”. It addresses what happened but focuses on understanding the reasons behind the approaches and decisions taken – i.e. why someone acted (or did not act) in a certain way. It highlights what factors in the wider system contributed to people’s actions and decisions. The SCIE process also highlights what is working well locally and patterns of good practice.

# WHAT HAS THE BOARD BEEN DOING?

## LEADING, LISTENING AND LEARNING

**Hindsight Bias:** also known as the knew-it-all-along effect, is the inclination, after an event has occurred, to see the event as having been predictable, despite there having been little or no objective basis for predicting it.



## Holding each other to account

**This is a summary of findings and outcomes of a Safeguarding Adults Review commissioned from SCIE by the Board in August 2015**

What can we learn about how placements for people with dementia are commissioned, made and monitored across the three boroughs?

The decision was made not to focus the SAR on the person who had died but instead on the person who caused the harm, who himself had care and support needs. He is referred to in this document as Andrew by the request of his family. It is acknowledged that not to focus on the adult who died is unusual so attention was paid to ensure that the family members of both service users were kept informed of the SAR process and outcomes.

## Case history

Andrew\* stayed at the care home in question for two and a half months. Andrew was removed after he pushed over a fellow patient in the home, who broke her hip and suffered a bleed on the brain as a result. She subsequently died. The coroner at the inquest determined:

**“the placement was not the right place .. but the decision to place...at the time was based on information available so was not 'unreasonable'. The Coroner said it was a 'pity there was no understanding what was being commissioned.”**

The final report posed questions to Board members about the provision of dementia care. Evidence in the full SAR report demonstrated that these are systemic issues and not a one-off event.

1. How current workplace pressures are perceived to be making it more difficult to make shared values a reality for individual patients and service users. The update to this finding is themed in two areas of current Adult Social Care activity: Delayed Transfer of Care and delivery of Section 42 enquiries
2. That there is a minimal range of care options available for people with dementia creating a mismatch between needs and services.
3. Professionals despite policies and practices, fail to recognise or accommodate situations where the person causing the harm also has care and support needs
4. Decision-making about the kind of placement for someone with dementia needs and market provision is not straightforward. Having the right people, with the right knowledge, skills and experience making those decisions is therefore critical.

\* Not his real name.

# WHAT HAS THE BOARD BEEN DOING?

## LEADING, LISTENING AND LEARNING

### WE DID:

A re-design of the whole systems approach to commissioning residential and nursing care for dementia. The following changes have been put in place.

- The discharge to assess scheme designed to speed up the transfer of patients to an appropriate care setting has been improved.
- Integration of IT systems between Adult Social Care and health providers is being reviewed.
- The Better Outcomes Panel oversees all placement decisions.

**“The case for change is a recognition that the Health and Social Care system is confronted by clients with challenging behaviours but this client group only makes up 10% of residents aged 65+ living in care homes. However, it is encouraging to see how agencies have responded in such a positive way to the need to change their approaches to dementia care for the residents of the three boroughs. This momentum needs to be maintained as decision making about the kind of placement for someone with dementia needs, and where exactly to place them, is not straightforward. Having the right people, with the right knowledge, skills and experience making those decisions is therefore critical”**

Board Chair

### Dementia Care Champions

Central London Community Healthcare NHS Trust has a dementia charter and strategy in place, and is a partner in the Dementia Alliance Action Plan which has actively increased the number of Dementia Friends across our organisation. Our dementia engagement project has been listening to and working alongside people with dementia and their carers since January 2016. The Dementia Care Champion programme has been in place since 2015 and this enhanced training is aimed at practitioners and compliments mandatory organisational dementia training requirements for clinical staff. The programme includes input from dementia patients and their carers, who review staff projects and give feedback and advice to enhance the learning experience and services to people with dementia. It is the only programme of its kind in London. Community dementia champions can support and advise people with dementia and their families to maintain independence, especially in their choice of living accommodation. Champions also support residential care staff with nursing or therapy assessments to ensure an individual's needs or increasing risk is explored and escalated as needed. The electronic clinical record systems used in the Trust have had electronic alerts to flag patients with a diagnosis of Dementia and help ensure they are identified by staff and any appropriate care and support is provided.

*Director of Nursing and Therapies (Patient Experience),  
Central London Community Healthcare NHS Trust*

### Dementia Care Champions

The Trust, Dementia Champions Network, has been key to continue to improve the health care provision and experience of patients coming into the Trust with different types of dementia. During this year, we have also improved

our hospital environments to make them more dementia friendly through improved signage and facilities, especially in bathrooms. We have also installed dementia friendly clocks across the Trust.

*Head of Adult Safeguarding,  
The Royal Marsden NHS Foundation Trust*

# WHAT HAS THE BOARD BEEN DOING?

## CREATING A SAFE AND HEALTHY COMMUNITY



### YOU SAID:

My choices are important

### WE DID:

Prompted by themes emerging from safeguarding enquiries and reviews, the Board held a Hoarding and Self Neglect Conference on National Hoarding awareness week.

The Conference was attended by key partners, including:

- The person who is hoarding
- Adult Social Care
- Mental Health
- The London Fire Brigade
- Environmental Health
- Housing

A partner who is increasingly valued is EASL (Enabling Assessment Service London) who work sensitively with the person to understand why they feel the need to collect things. This is a personalised empathetic approach to tackling Hoarding and Self-Neglect which has been shown to result in longer-term reductions in clutter, and happier outcomes for the person.

### Easl's Message

- Don't give up, hold hope
- Be curious and aware of your own judgements
- Allow a lot of time and be consistent
- Recognise small changes and celebrate them
- Be dynamic and creative, keep trying new things
- Three most important things...  
Relationship, relationship and relationship!

# WHAT HAS THE BOARD BEEN DOING?

## CREATING A SAFE AND HEALTHY COMMUNITY

### How we supported Mr. Johnson not to sweep his clutter under the carpet

#### Case study - Mr Johnson\*

Mr. Johnson loves reading and has hundreds of newspapers and gardening magazines cluttering the hallway and living room preventing access to the bathroom and making it very difficult to get through the front door. He and his late wife used to have an allotment and he says

**“I like to keep up with all the gardening news you just never know when you may need it.”**

Mr Johnson is also keen on recycling and is proud of his contribution to the ‘**In It to Win It**’ scheme, which provides monetary rewards to local schools for increasing their recycling. However the build-up of plastic cartons in his kitchen prevented him from moving safely round his home. These items were rarely washed, creating a contaminated and unhealthy environment. Following numerous complaints from neighbours about the smell of rubbish and flies populating the communal corridors of his building, two public health notices were served to clear his home.

In early 2017 Mr Johnson fell over his clutter and was admitted to hospital. He was no longer able to move around independently and was struggling with his care needs. This crisis situation led him to agreeing to accept more support from services which he had in the past

refused. This support included him attending network meetings with The London Fire Brigade, Environmental Health, Clouds End and Adult Social Care. Using a collaborative approach Mr Johnson felt valued



and slowly trust developed. This led to all his newspapers and magazines being moved into a nearby storage unit which he visits regularly to check they are safe. He now receives two visits a week from cleaning services who work sensitively with him to organise his belongings.

#### A Good Outcome

At a recent network meeting Mr. Johnson acknowledged that

**“I know I haven’t made things easy for you lot but since my wife died I have felt very lonely. I want to thank you for all the support you have given me and for doing it my way.”**

#### The Hoarding and Self Neglect protocol

Housing, Supported Housing providers, City West Homes, Environmental Health, Registered Providers, Floating support, Mental Health Teams, Adult Social Care, The Metropolitan Police and the London Fire Brigade work together to reduce the risk to the person who is hoarding or self-neglecting, and to reduce the risk to other people. The protocols emphasis is on multi-disciplinary working

and a person centred approach to the support being offered to all residents. “Organisations raise awareness and contribute to prevention by working collaboratively and sensitively with each other and with people who hoard”

*Head of Prevention, Housing Department,  
City of Westminster Council*

\* Not his real name.

# WHAT HAS THE BOARD BEEN DOING?

## CREATING A SAFE AND HEALTHY COMMUNITY

### YOU SAID:

I am kept up to date and know what is happening.



Taking a 'Stand against Scams' Work with Trading Standards and Community Champions 'SCAMchampions'



Zara Ghods, Kensington and Chelsea Forum for Older Residents

### WE DID:

### National Friends Against Scams Campaign

This year Trading Standards have continued to support the National Friends Against Scams Campaign to raise awareness about scams, by delivering free training within the community in partnership with Kensington and Chelsea Forum for Older Residents, Age UK Kensington and Chelsea, Community Safety, Hammersmith United Charities, Age UK Hammersmith & Fulham, Caring for Carers Association, Carer's Rights Network, Community Champions and Barclays Bank

Trading Standards delivered Friends Against Scams Training to 100 Royal Mail postal workers. The training focussed on how to spot scam mail and to identify and report details of residents, who may be receiving large volumes, being targeted by scammers. The training was well received.

**"I have seen this type of mail all the time but didn't know it was scam mail or how to report it"**

**Royal Mail Worker**

We participated in London Trading Standards Week in September. This included holding scams awareness events at Kensington Town Hall, delivering Friends Against Scams Training to residents and carrying out home visits to local residents who had responded to fraudulent prize draws, to provide advice and support for the future. At Hammersmith Town Hall. in partnership with Barclays Bank, we delivered training to 50 local residents and businesses.

In March, officers delivered Friends Against Scams training to 180 residents in partnership with the Community Safety Team, the National Trading Standards Scams Team and Zara Ghods, Chief Executive, Kensington and Chelsea Forum for Older Residents, who has signed up as a SCAMBassador.

# WHAT HAS THE BOARD BEEN DOING?

## CREATING A SAFE AND HEALTHY COMMUNITY

### How we know we are making a difference to people who are a victim of scamming

#### Case Study - Jim\*

In April 2014 the National Trading Standards Team notified the local Trading Standards Teams that Jim had been a victim of scam mail. When an officer visited his home they found scam mail from around the world. He confirmed he would return requests for small amounts of money as he

**“did not want to miss his opportunity to win the lottery.”**

The officer removed several shopping trollies full of mail and under data protection enforcement arranged to have his details removed from hundreds of lists. In December 2014 the work undertaken had proved to be successful. Post had stopped coming in and Jim was able to successfully manage any 'nuisance' calls received.

However, in January 2018 Adult Social Care raised a concern that Jim had received calls from his banks fraud department informing him that he needed to transfer £10,000.00 as part of an undercover operation to identify corrupt bank staff.

This sounded suspicious but Jim's law-abiding fear of financial authorities and the importance he placed on helping them led him to complete the transfer. When

he got home he began to question his actions. He called his bank, who immediately alerted the Police who made a full investigation and £5,000 of the funds were recovered. The bank staff were questioned about whether they had followed the Banking Protocol for large and unusual transactions. Jim had been confused about the conversation that had taken place within the branch and had not co-operated about the transfer request, believing that he was part of an undercover operation.

**“He had been effectively 'groomed' by the fraudster.”**

Trading Standards have now installed a Nuisance call blocking device into his home and continue to provide ongoing support to Jim.

**“The national average of nuisance calls received is 18 per month. Monitoring Jim's nuisance phone-calls, confirms he receives approximately 117 a month.”**

\* Not his real name.

# WHAT HAS THE BOARD BEEN DOING?

## HOW WE KNOW WE ARE MAKING A DIFFERENCE

### YOU SAID:

You are willing to work with me.

### WE DID:

In 2017/18 520 referrals were made from the three boroughs to the London Fire Brigade to carry out Home Fire Safety visits. The visits included installation of a range of products such as sprinklers, smoke alarms, and fire retardant furnishings.

#### The London Fire Brigade

##### Protecting the lives of people at risk

In 2018 the London Fire Brigade introduced the person centred risk assessment.

This form has been designed for carers, support workers, housing officers and social workers, but can be also used by family members to assess the risk of fire to individuals.

A new training programme supported by the Community Engagement Group will be provided to all multi-agency membership organisations, Community Champions and the wider voluntary sector across the three boroughs. The training will enable the workforce in all agencies to confidently carry out initial **Person-centred Risk Assessments**, support people to make fire safety decisions in their own homes and make necessary onward referrals to the London Fire Brigade to carry out home safety visits.



### Community Champions

#### Connecting communities and residents with local services

### YOU SAID:

I am aware of what abuse looks like and feel listened to when it is reported.

### WE DID:

Adult Safeguarding have linked up with Public Health Behaviour Change Services and have developed a bespoke Adult Safeguarding 'Train the Trainers' model and 'Keeping Safe' tool-kit to support building capacity and expertise in the Community Champions programme.

We know from national and local evidence that using a community engagement approach is both cost effective and leads to improved health and well-being. We have replicated this by raising awareness of adult safeguarding and supporting a strong prevention agenda which:

- Empowers people by giving them confidence to raise concerns
- Increases confidence, self-esteem and self-efficacy and gives people an increased sense of control over decisions affecting their lives particularly in areas of safety decisions
- Contributes to developing and sustaining areas of need
- Working with community safety teams

**"I joined the team of Community Champions. It was a great opportunity to gain knowledge about Public Health Campaigns and Community Research and also to know better the local community and the local services. Exactly what I was looking for! The Community Champions project manager and the Volunteer Centre staff made me feel very welcome from the start and helped me feel a valuable team member."**





# WHAT HAS THE BOARD BEEN DOING?

## HOW WE KNOW WE ARE MAKING A DIFFERENCE

### YOU SAID:

My recovery is important.

### WE DID:

#### Board member organisations tackle domestic abuse and provide support services

Joint working protocols were established between the Violence Against Women and Girls Group; The Local Safeguarding Children's Board; and the Safeguarding Adult Executive Board. The Partnership is driven by seven strategic priorities which include ongoing communication, prevention and awareness-raising activities, creating a menu of options for survivors and their children and continuing to strengthen the coordinated community response. The success of the Partnership's work is evident through the range of referrals to the Angelou Partnership and to the Multi-Agency-Risk Assessment Conferences. The partnership is focused on ensuring there is preventative, immediate and long term support for survivors and their children. They have recently launched a new service, 'Meeting Survivors Where They Are,' which provides support for survivors with the most complex needs or experiencing multiple disadvantages.

**"The Angelou Partnership saved my life as I wouldn't have been able to go on without the support I received."**

Survivor

### Case Study - Pam

Pam\* disclosed to hospital staff that she had been in an abusive relationship with a much older man since she was 15 years old. A safeguarding meeting was held and attended by Pam who was supported by a family friend. She was able to report the sexual assault to the police and was allocated a specialist officer who helped her to give a video interview. Over the course of a year, intensive support was provided by the team as Pam found it very difficult to leave this abusive relationship, and remained at risk of sexual, physical and psychological abuse.

Due to the extensive support from services Pam has been able to leave her long term relationship with the abusive ex-partner, is living alone, has stable mental health and has returned to work. She continues to access counselling at the Haven and is also considering re-training for a change of career.

### Championing Responses to Domestic Abuse

Chelsea and Westminster and West Middlesex NHS Trust have 100 trained Domestic Abuse Links who work across the Trust in a variety of roles and who champion responses to domestic abuse. The Trust charity is funding a Domestic Abuse coordinator who will provide training, development and support across all sites.

### Board Member Organisations Working Together

The West London Mental Health Trust is working closely with Standing Together to develop a network of Domestic Abuse Leads across the organisation. Standing Together supports organisations, including the Police, criminal justice partners, social services, healthcare workers and charities to identify and respond effectively together to domestic abuse.

*Standing Together and West London Mental Health NHS Trust*

\* Not his real name.

# WHAT HAS THE BOARD BEEN DOING?

## SAFEGUARDING IN ACTION

### A Learning Culture



The West London Mental Health Trust have developed a 'Think Incident Think Safeguarding' bespoke training for all teams, supporting staff awareness of Safeguarding Adult Practice.

*West London Mental Health NHS Trust*

### Assisting residents to stay 'Safe at Home'



Age UK Kensington & Chelsea assists residents who are aged 55 and over to maintain their independence, making the tasks of daily living a bit easier. The aim of the 'Safe at Home' service is to reduce the risk of falls in the home, reduce the risk of harm from other hazards in the home, improve health, wellbeing and peace of mind by ensuring that the home environment is safe for the resident.

*Community Engagement Manager,  
Age UK Kensington & Chelsea*

### Respecting the right to make unwise or risky decisions

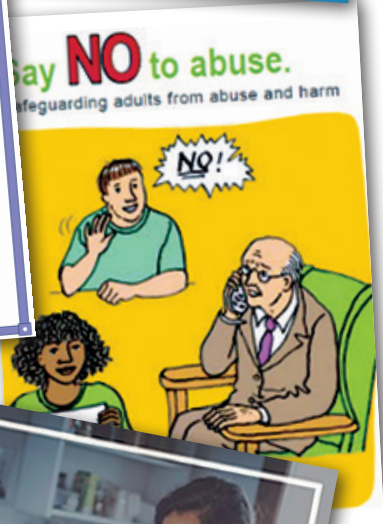
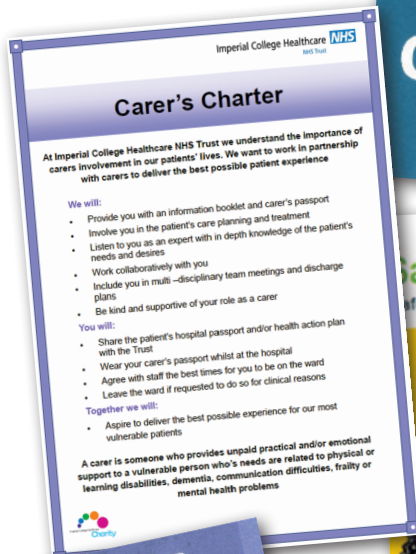


In 2017 we have had a number of cases where we have worked with customers to reduce hoarding and improve their living conditions. This work has meant we have not had to seek possession of their property and instead we support them to maintain their home. We have also embedded learning and awareness amongst staff using case studies provided by the Safeguarding Adults Executive Board to explore the complex issues surrounding self-neglect, capacity and the right to make unwise or risky decisions.

*Head of Safeguarding  
Notting Hill Genesis*



# WHAT HAS THE BOARD BEEN DOING?



## The Carer's Charter



Imperial College Healthcare NHS Trust understand the importance of carers involvement in our patients lives and we work in partnership with carers. In 2017 we revised our approach and guidance in relation to supporting carers of people with dementia and other vulnerabilities. We recognise the benefits of having carers actively involved in the care and of people with complex needs as they usually know the patient better than hospital staff. Their input can make the experience less distressing for the patient and help to facilitate care and treatment. The Trust introduced a carer's charter that outlines how we will work with carers to support vulnerable patients. Carers are also issued with special "carers passports" which enable them to get access out of normal visiting hours.

*Deputy Director, Patient Experience,  
Imperial College Healthcare NHS Trust*

## The Metropolitan Police are making safeguarding their highest priority within the new Basic Command Unit structure

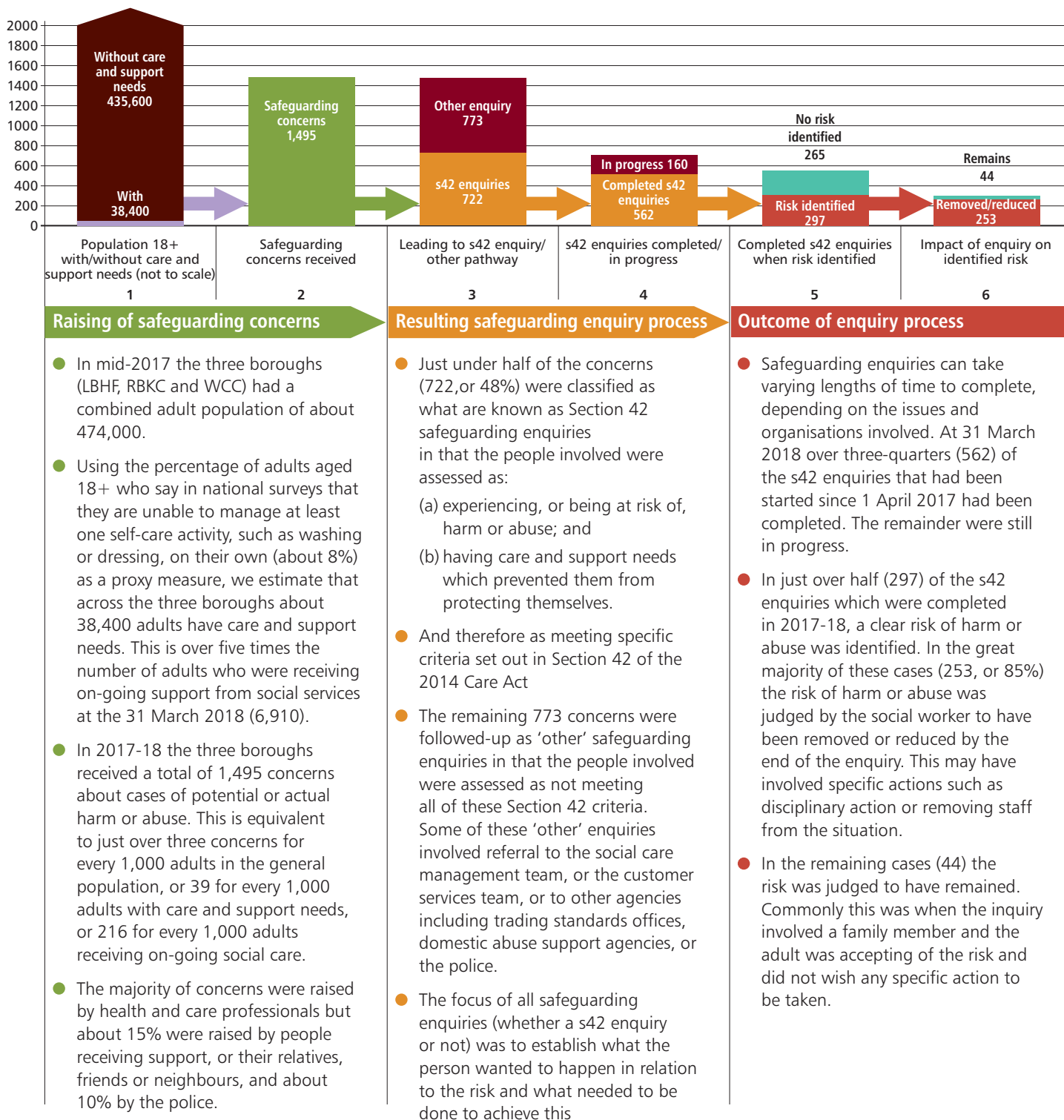


The Metropolitan Police Service are changing the way they help safeguard vulnerable people by investing more resources in preventing and investigating domestic abuse, sexual offences and all other types of abuse within the new Basic Command Unit Structure. Locally this will result in the policing units of Hammersmith and Fulham, Kensington and Chelsea and Westminster boroughs amalgamating to form 'Central West Basic Command Units' led by BCU Commander Rob Jones. Having an all-encompassing safeguarding function locally will mean the Police can work in a more holistic approach putting vulnerable people at the centre of our policing response in conjunction with our partners. Safeguarding is Everyone's Business!

*Safeguarding Lead,  
Tri-Borough Metropolitan Police Service*

# WHAT ARE THE NUMBERS TELLING US?

**Chart 1**  
The safeguarding journey, from raising of safeguarding concern to outcome of safeguarding enquiry

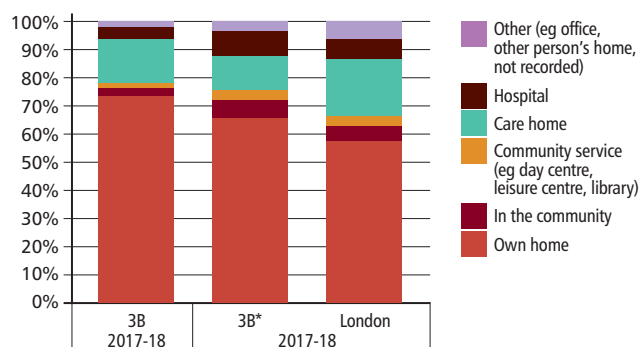


# WHAT ARE THE NUMBERS TELLING US?

## A COMPARISON WITH 2016-17- FOR s42 ENQUIRIES COMPLETED IN THE YEAR

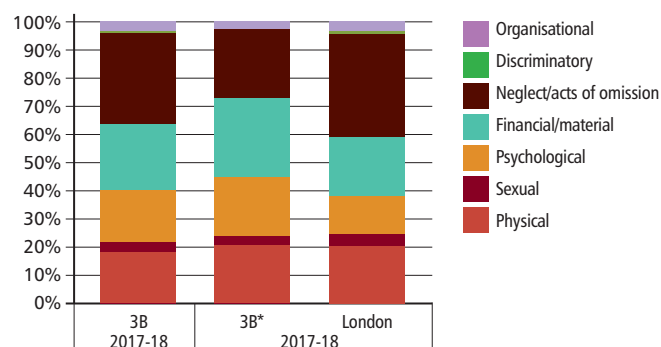
\* Care needs to be taken when drawing comparisons with 3B data for 2016-17 as a new safeguarding pathway was introduced part way through this year.

**Chart 2**  
Where the alleged harm or abuse occurred



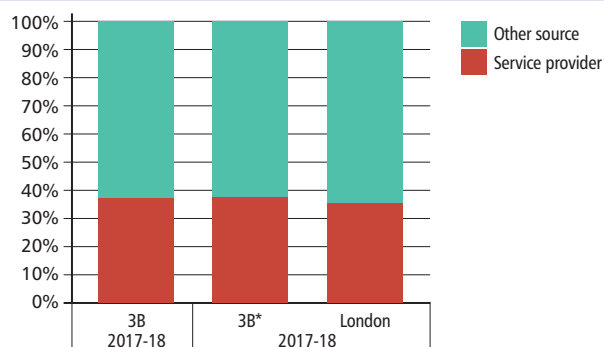
Compared with London as a whole, a higher percentage of s42 enquires in 3B related to abuse in people's own homes, while a lower percentage related to care homes.

**Chart 3**  
Types of harm or abuse alleged



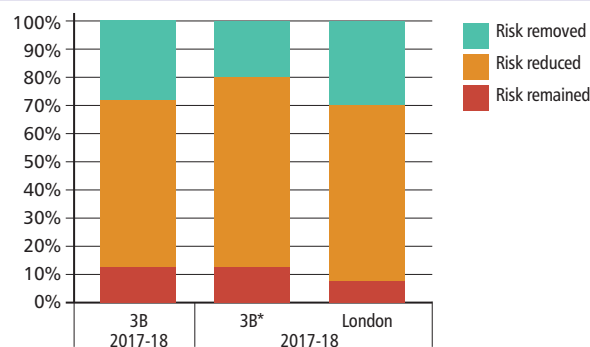
The frequency with which different types of abuse were reported in 3B in 2017-18 was similar to London in 2016-17 but proportionately fewer s42 enquiries involved instances of neglect. These nearly always involved care providers.

**Chart 4**  
Source of risk or harm or abuse



In about four out ten s42 enquiries the source of risk was a service provider, consistent with the pattern for London as a whole in 2016-17. Where the source of risk was not a service provider, in the majority of cases the person causing harm or abuse was known to the adult at risk.

**Chart 5**  
Whether, where a risk of abuse was identified, the risk had been reduced or removed at the end of the enquiry



The frequency with which different types of abuse were reported in 3B in 2017-18 was similar to London in 2016-17 but proportionately fewer s42 enquiries involved instances of neglect. These nearly always involved care providers.

# WHAT THE BOARD WILL BE WORKING ON IN 2018/19

## Making Safeguarding Personal

I am able to make choices about my own well-being

### Creating a Safe and Healthy Community

I am aware of what abuse looks like and feel listened to when it is reported

I am kept up-to-date and know what is happening

My choices are important

My recovery is important

You are willing to work with me

### Leading, Listening and Learning

We are open to new ideas

We are a partnership of listeners

We give people a voice

We hold each other to account

We want to learn from you

Establishing and developing 'Making Safeguarding Personal' as a core objective of both Safeguarding Adults Boards will continue.

**Mike Howard**  
**Independent Chair**

# JARGON BUSTER

**There is a lot of safeguarding jargon in health and social care and we are committed to busting it. This is Our Safeguarding Jargon Buster using plain English definitions of the most commonly used words and phrases in this annual report.**

## Abuse

**Harm that is caused by anyone who has power over another person**, which may include family members, friends, unpaid carers and health or social care workers. It can take various forms, including physical harm or neglect, and verbal, emotional or sexual abuse. Adults at risk can also be the victim of financial abuse from people they trust. Abuse may be carried out by individuals or by the organisation that employs them.

## Accountability

**When a person or organisation is responsible for ensuring that things happen**, and is expected to explain what happened and why.

## Adult at risk

**An adult who is in need of extra support because of their age, disability, or physical or mental ill-health, and who may be unable to protect themselves from harm, neglect or exploitation.**

## Advocacy

**Help to enable you to get the care and support you need that is independent of your local council.** An advocate can help you express your needs and wishes, and weigh up and take decisions about the options available to you. They can help you find services, make sure correct procedures are followed and challenge decisions made by councils or other organisations.

## Autonomy

**Having control and choice over your life** and the freedom to decide what happens to you. Even when you need a lot of care and support, you should still be able to make your own choices and should be treated with dignity.

## Best interests decision

**Other people should act in your 'best interests' if you are unable to make a particular decision for yourself** (for example, about your health or your finances). The law does not define what 'best interests' might be, but gives a list of things that the people around you must consider when they are deciding what is best for you. These include your wishes, feelings and beliefs, the views of your close family and friends on what you would want, and all your personal circumstances.

## Carer

**A person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled and could not manage without this help.** This is distinct from a care worker, who is paid to support people.

## Challenging behaviour

**Challenging behaviour may cause harm to the person or to those around them, and may make it difficult for them to go out and about.** It may include aggression, self-injury or disruptive or destructive behaviour. It is often caused by a person's difficulty in communicating what they need - perhaps because of a learning disability, autism, dementia or a mental health problem. People whose behaviour is a threat to their own wellbeing or to others need the right support. They may be referred by their GP to a specialist behavioural team. The specialist team will work on understanding the causes of the behaviour and finding solutions. This is sometimes known as positive behaviour support.

## Deprivation of liberty safeguards

**Legal protection for people in hospitals or care homes who are unable to make decisions about their own care and support, property or finances.** People with mental health conditions, including dementia, may not be allowed to make decisions for themselves, if this is deemed to be in their best interests. The safeguards exist to make sure that people do not lose the right to make their own decisions for the wrong reasons.

# JARGON BUSTER

## Dignity

**Being worthy of respect as a human being and being treated as if you matter.** You should be treated with dignity by everyone involved in your care and support. If dignity is not part of the care and support you receive, you may feel uncomfortable, embarrassed and unable to make decisions for yourself. Dignity applies equally to everyone, regardless of whether they have capacity.

## European Convention on Human Rights (ECHR)

**Formally the Convention for the Protection of Human Rights and Fundamental Freedoms, the ECHR is an international treaty to protect human rights and political freedoms in Europe.**

## Human trafficking

**When someone is dishonest to you about the job you are interested in** and you travel to a place and find out that you have been lied to. But you have paid money to get there and find out you now need to pay this money back before you are allowed to leave.

## Making Safeguarding Personal (MSP)

**It means that you are asked what you want to do about the incident of abuse and how you may be supported in making yourself safe.** It helps you to take control and it gives you choice.

## Mental Capacity Act 2005

**A law that is designed to protect people who are unable to make decisions about their own care and support, property or finances,** because of a mental health condition, learning disability, brain injury or illness. 'Mental capacity' is the ability to make decisions for yourself. The law says that people may lose the right to make decisions if this is in their best interests.

## Near miss

**Something that is not supposed to happen and is prevented before harm is caused.**

## Outcomes

**In social care, an 'outcome' refers to an aim or objective you would like to achieve** or need to happen - for example, continuing to live in your own home, or being able to go out and about. You should be able to say which outcomes are the most important to you, and receive support to achieve them.

## Pressure ulcer

**Pressure ulcers, also known as pressure sores, bedsores and decubitus ulcers, are localized damage to the skin** and/or underlying tissue that usually occur over a bony prominence as a result of pressure, or pressure in combination with shear and/or friction.

## Prevention

**Any action that prevents or delays the need for you to receive care and support,** by keeping you well and enabling you to remain independent

## Proportionality

**Doing what is needed, without intruding into people's lives any further than is necessary to meet their needs or keep them safe.** It is an important principle in the Care Act 2014.

## Root cause analysis

**Root cause analysis is a method of problem solving used for identifying the root causes of faults or problems.** A factor is considered a root cause if removal thereof from the problem-fault-sequence prevents the final undesirable outcome from recurring; whereas a causal factor is one that affects an event's outcome, but is not a root cause. Though removing a causal factor can benefit an outcome, it does not prevent its recurrence with certainty.



# APPENDIX

## Cases Accepted for discussion by the Safeguarding Adults Review Group in 2017-18: Emerging Themes and Changes Made

	Date case to SACRG	Emerging themes from Safeguarding Adults Reviews
1	11 April 2017	<p>This is a 'near miss' case involving a person who was discharged from hospital. Using information gathered from the safeguarding enquiry, the review highlighted:</p> <ul style="list-style-type: none"> <li>● staff lacked confidence and knowledge on how to refer to the Deprivation of Liberty Team</li> <li>● staff had not properly assessed the risk of domestic abuse/violence.</li> <li>● a lack of domestic abuse awareness and support available.</li> </ul> <p>The case was discussed with all staff to raise awareness of these issues and to instil future confidence in making necessary referrals. A full report was distributed to Group members who noted the learning undertaken by the relevant agencies..</p>
2	13 June 2017	<p>A case concerning a woman who was admitted to an appropriate care setting under a Mental Health Act order due to her violent behaviour. She was physically fit and refused all support offered by staff so was discharged the next day. Four days later she was admitted to hospital after reporting hallucinations, saying that she felt unsafe and lonely. A few days later she died from a heart attack. The death of this woman was investigated using a Root Cause Analysis (RCA) as this case did not meet the criteria for a full safeguarding adult review. The analysis revealed the need for crisis and contingency planning for all discharges from inpatient and recovery wards. This is now in place together with a new female Psychiatric Intensive Care Unit pathway which opened earlier this year.</p>
3	13 September 2017	<p>A case concerning a woman with care and support needs who was at risk of harm, consistently refused any offers of medical help over a long period. She refused to admit nurses and care staff to her home. Her primary carer also had care and support but also refused to allow any engagement, despite the individual concerned being unable at times to make decisions for themselves.</p> <p>This case highlighted the consequences of unwise decision making over time. The Group shared this learning with Mental Capacity Act Training Leads to seek assurances that training and 'toolkits' are in place to equip staff with the necessary skills to cope with such situations and to ensure that escalation pathways are embedded within all policy and procedures across Board member organisations.</p>

# APPENDIX

	Date case to SACRG	Emerging themes from Safeguarding Adults Reviews
4	25 January 2018	<p>A case concerning a woman with learning disabilities who, over a number of years, had suffered from family violence and coercive, controlling behaviour. Family members made it very difficult to speak for herself. Whilst the case had been reported, there was a lack of consistent engagement from safeguarding agencies. Ultimately, she went missing on numerous occasions in 2017 due to her unhappiness at home.</p> <p>This case highlighted that someone with learning difficulties who is experiencing domestic abuse may find it harder to protect themselves, access sources of help, or remove themselves from the abusive situation. This person was socially isolated because of their learning difficulties and had no opportunity to see health or social care professionals without their abusers being present. This prevented professionals from understanding and assessing the risk to the person. This person now lives on her own in a supported environment with regular visits from her mother.</p>
5	25 January 2018	<p>This case concerns a person with a learning disability who was discharged from hospital after initial treatment for a broken arm with sheltered housing staff being given the responsibility for further ongoing treatment. However, the arm did not properly heal and the person is now on the waiting list for an operation. Hospital staff over-estimated the ability of residential staff to care for a serious injury and the review raised concerns regarding communication with Learning Disability patients. This prompted training across the Hospital Trust and the Learning Disability and Autism policy was ratified which includes the 'Purple Pathway' for Learning Disability inpatients, outpatients and A&amp;E attenders.</p>
6	12 March 2018	<p>In this case relatives felt that internal systems and service provision may have contributed to the death of a family member who was admitted to hospital from a care home with six pressure ulcers. This person was transferred a number of times between interim beds in a residential care home and hospital in a deteriorating condition. Various safeguarding enquiries were open at different stages of this person's journey. This review illustrated the value of working with the family to identify further themes. A Root Cause Analysis (RCA) identified a lack of multi-disciplinary information sharing which contributed to a poor care plan with the family not being aware of the condition of the pressure areas. However, the safeguarding enquiry concluded that the person was not a victim of neglect and that good practice was being applied within care homes who were adhering to the Pressure Ulcer Protocol.</p>



**mistreated?**  
**bullied?**  
**hit?**  
**neglected?**  
**hurt?**  
**exploited?**  
**silenced?**

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