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City of Westminster

Committee Agenda

Title:	**Family and People Services Policy and Scrutiny Committee**
Meeting Date:	**Monday 3rd December, 2018**
Time:	**7.00 pm**
Venue:	**Room 3.1, 3rd Floor, 5 Strand, London, WC2 5HR**
Members:	**Councillors:** Jonathan Glanz (Chairman) Nafsika Butler-Thalassis Maggie Carman Lorraine Dean Peter Freeman Peter FreemanJonathan Glanz Patricia McAllister Emily Payne Selina Short

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. 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, Tristan Fieldsend, Senior Committee and Governance Officer.

Tel: 020 7641 2341; Email: tfieldsend@westminster.gov.uk
Corporate Website: www.westminster.gov.uk

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 Head of Committee and Governance Services in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. MEMBERSHIP

To note any changes to the membership.

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, in addition to the standing declarations previously made.

3. MINUTES **(Pages 5 - 10)**

To approve the minutes of the meeting held on 15 October 2018.

4. CABINET MEMBER UPDATE

To receive an update on current and forthcoming issues within the portfolio of the Cabinet Member for Family Services and Public Health.

5. SOHO SQUARE - LIVINGCARE REPORT **(Pages 11 - 26)**

To note the details of LivingCare London's response to the findings of the Care Quality Commission's (CQC) inspection of Soho Square Surgery.

6. SAFEGUARDING BOARD **(Pages 27 - 66)**

The Board to note fifth Annual Report of the Safeguarding Adult Executive Board (SAEB).

7. DIRECT PAYMENTS/PERSONAL BUDGET **(Pages 67 - 82)**

The Board to receive detailed information on personal budgets and direct payments processes used in Westminster.

8. COMMITTEE WORK PROGRAMME AND ACTION TRACKER **(Pages 83 - 94)**

To consider the Committee's Work Programme for the 2019-20 municipal year, and to note progress in the Committee's Action Tracker.

9. REPORTS OF ANY URGENCY SAFEGUARDING ISSUES

Verbal Update (if any).

10. ANY OTHER BUSINESS

To consider any other business which the Chairman considers urgent.

Stuart Love
Chief Executive
23 November 2018

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CITY OF WESTMINSTER

MINUTES

Family and People Services Policy & Scrutiny Committee

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Family and People Services Policy & Scrutiny Committee** held on **Monday 15 October 2018** in Rooms 3.6 and 3.7, 3rd Floor, 5 Strand, London WC2 5HR

Members Present: Councillors Jonathan Glanz (Chairman), Nafsika Butler-Thalassis, Maggie Carman, Lorraine Dean, Peter Freeman, Patricia McAllister, Emily Payne and Selina Short

Also present: Councillor Heather Acton.

1. MEMBERSHIP

1.1 There were no changes to the membership.

2. DECLARATIONS OF INTEREST

2.1 Councillor Butler-Thalassis declared that in respect of Item 4 she had a child who received speech and language therapy.

3. MINUTES

RESOLVED:

3.1 That the Minutes of the Family and People Services Policy and Scrutiny Committee meeting held on 18 June 2018 be approved, subject to the following revision:

Policy and Scrutiny Portfolio Overview

Minute 4.2: That the paragraph be amended to read: "…rates of sexually transmitted diseases recorded throughout Westminster had reduced…"

4. CABINET MEMBER UPDATE

4.1 Councillor Heather Acton (Cabinet Member for Family Services and Public Health), provided a briefing on key issues within her portfolio. The Committee also heard from Bernie Flaherty (Bi-Borough Executive Director for Adult Social Care and Health), Melissa Caslake (Bi-Borough Executive Director of Childrens Services), Chris Greenway (Bi-Borough Director of Integrated Commissioning) and Miranda Gittos (Director of Family Services).

4.2 The Committee was interested to learn about progress concerning the Central London CCG's proposals in procuring a Multi-Speciality Community Provider (MCP) and how this would affect any joint commissioning plans. Councillor Acton explained that discussions were ongoing between the CCG and providers as concerns had been raised at the Health and Wellbeing Board regarding the proposed approach. These discussions were still ongoing and it was hoped the proposed formation of a joint Health & Wellbeing Board with the Royal Borough of Kensington and Chelsea would help in exploring future options with two CCGs.

4.3 Members noted that the current provision of the Meals on Wheels service within the borough was being assessed. Different methods of delivering the service were being explored in order to make it more effective, not only in delivering food but also in helping combat loneliness amongst users.

4.4 The Committee requested further information on what training was provided to staff who operated the Council's mini-bus service for children with special educational needs. The Committee was assured that under the new contract arrangements all staff received mandatory training, which was conducted on a regular basis. The Committee requested a briefing note providing an update on the new contract arrangements for the transport service and the results of the contract monitoring undertaken.

4.5 The Committee also discussed the e-system for sexually transmitted diseases, the work activities of Thrive Tribe and the future of the Memory Café. Councillor Acton also expressed her thanks to Cllr Flight for all her efforts in helping organise the recent successful Silver Sunday event.

5. UPDATE FROM HEALTHWATCH WESTMINSTER

5.1 Carena Rogers (Programme Manager, Healthwatch) updated the Committee on recent work undertaken by Healthwatch in Westminster.

5.2 The Committee was interested to learn what methods of data sampling were used by Healthwatch. It was informed that various methodologies were utilised depending on the service being reviewed and the work being undertaken. Approaches were adapted to ensure there was a representative sample of

service users with different approaches utilised including one-to-one sessions and discussion groups.

5.3 An area of concern raised by Healthwatch related to the personal budget and direct payment systems used in Westminster. Personal budgets were an important part of ensuring service users received the personalised care they required to support their wellbeing and independence. Healthwatch was currently of the opinion that the personal budget system was not providing the support that mental health day opportunities service users in Westminster required. Following questions from the Committee, it was advised that Healthwatch had been in contact with Central and London North West London NHS Trust to try to resolve the issues however, problems still persisted with people trying to access the support they required. The Committee agreed that the issues concerning personal budgets were a cause for concern and requested that the topic be placed on its work programme for future investigation.

6. CARE HOME IMPROVEMENT PROGRAMME (CHIP) – OLDER PEOPLE'S NURSING AND RESIDENTIAL HOMES

6.1 Kevin Gormley (Category Manager – Residential and Nursing Care Block Contracts) and Sophie Waters (Supplier Relationship Manager – Adult Social Care Commissioning, Innovation and Insight) provided the Committee with an update on the status of the Care Home Improvement Programme (CHIP). It was explained that following concerns raised over care home provision within Westminster, Adult Social Care and Health had set a strategic target to improve all care home CQC quality ratings in Westminster to 'Good' or 'Better'. Two independent organisations identified as specialists in supporting care home improvement were jointly commissioned to deliver a two-phase programme over an 18-month period. The organisation, My Home Life, developed the skills and capability of the Registered Managers and their Deputies within a care home. Whilst the second organisation, Ladder to the Moon, worked with the whole staff team to create a creative and innovative working environment to enhance the quality of life for care home residents and the quality of working life for staff.

6.2 Fran Sexton and Jude Sweeting (Ladder to the Moon) were invited to join the meeting and provided the Committee with an overview of the nature of the programme, the work they had undertaken and what Phase 2 of the programme would focus on.

6.3 In response to a question the Committee was informed that the progress of the programme would be measured through various methods. Key Performance Indicators (KPIs) would be used and in terms of staff engagement, it would be expected that levels of staff sickness would decrease along with improved staff retention rates. As for residents, individual wellbeing was not measured due to resource issues but a more overall holistic approach was taken. Resident

satisfaction surveys were also distributed twice a year, which proved useful over a longer period of time in measuring resident wellbeing.

6.4 The Committee was interested to learn about the care plans in place for those residents receiving respite care. Members noted that all residents would have a thorough pre-admission assessment when entering a care home. The care plans for residents receiving respite care would be lighter; however, they would capture all the residents' essential needs. The Committee was pleased to note that in terms of medication every resident received a robust care plan.

6.5 The Committee noted that levels of staff turnover at Westminster's care homes was quite high and queried if this would have any long-term effects on the programme. Members were informed that the low salaries of care home workers and the cost of commuting into central London were all barriers to staff retention. However, efforts to ensure there was senior leadership buy-in into the programme and that cultural changes were embedded at each level of the organisation were being promoted to ensure its long-term effectiveness. KPIs would also be used to measure the programmes outcomes in conjunction with the residents' surveys and through contract monitoring. The Committee requested benchmarking information comparing the ratings of Westminster's care homes with those of other London boroughs.

6.6 The Committee acknowledged the significant efforts which had been made in delivering the Care Home Improvement Plan. It was pleased to note the various initiatives undertaken to improve the quality of life for residents and the quality of work life for employees. As the programme was due to finish in June 2019 however, concern was expressed over ensuring its long-term effectiveness. The Sub-Committee therefore requested that it receive a future update on the progress of the programme along with the outcome of the Integrated Better Care Fund funding settlement once known.

7. COMMITTEE WORK PROGRAMME AND ACTION TRACKER

7.1 Aaron Hardy (Policy and Scrutiny Manager) presented the Committee's Work Programme and Action Tracker.

7.2 The Committee agreed that the next meeting on 3 December 2018 would focus on:

- Safeguarding Adults Board Annual Report;
- Soho Square Surgery; and
- Personal Budgets and Direct Payment Systems in Westminster.

7.3 The Committee agreed to establish a task group focusing on 'Young People's Mental Health and Technology'. The task group would be led by Cllr Payne with Cllrs Glanz, Short, Butler-Thalassis and McAllister available to provide support.

7.4 The Committee also expressed an interest in continuing a previous investigation it conducted into the work carried out by the Community Independence Service. It was suggested that this work could commence from Easter 2019.

RESOLVED:

1) That the draft Work Programme be approved;

2) The Action Tracker be noted; and

3) That a task group led by Cllr Payne be established focusing on 'Young People's Mental Health and Technology'.

8. REPORTS OF ANY URGENT SAFEGUARDING ISSUES

8.1 The Chairman advised there was nothing to report.

9. ANY OTHER BUSINESS

9.1 The Committee requested that a briefing session be organised for Members focusing on the topic of commissioning.

The Meeting ended at 8:10pm.

CHAIRMAN: _____ DATE: _____

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Family and People Services Policy and Scrutiny Committee

Date:	Monday 3rd December 2018
Classification:	General Release
Title:	Soho Square General Practice
Report of:	LivingCare London
Cabinet Member Portfolio	Family Services and Public Health
Wards Involved:	West End
Policy Context:	Healthier and greener city
Report Author	Tania Terblanche, Operations Director

1. Executive Summary

This report details LivingCare London's response to the findings of the Care Quality Commission's (CQC) inspection of Soho Square Surgery.

2. Key Matters for the Committee's Consideration

- Does the committee have any comments on LivingCare's response to the CQC's findings

3. Background

The CQC carried out an announced comprehensive inspection at Soho Square General Practice on 10 May 2018. The practice was selected as part of the CQC's inspection programme in response to concerning information received, partly as a result of the meeting of the Adults and Health policy and Scrutiny Committee in April 2018.

The practice was rated as inadequate overall. The key questions were rated as:

- Are services safe? – Inadequate
- Are services effective? – Requires Improvement
- Are services caring? – Requires Improvement

- Are services responsive? – Requires Improvement
- Are services well-led? - Inadequate

At the inspection the CQC found:

- There was no innovation or service development and improvement was not a priority among staff and leaders.
- There was no clinical oversight of the largely locum clinical staff.
- Staff could not demonstrate effective cleaning of some clinical equipment.
- Staff did not always follow practice policy when there was a break in the vaccine cold chain.
- Feedback from the patient participation group (PPG) stated that the practice did not listen to patients views and continuity of care was poor due to the high use of locums.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

The areas where the CQC told the provider it must make improvements as they are in breach of regulations were:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure care and treatment is provided in a safe way to patients.
- Ensure there is leadership capacity and clinical oversight in the practice.

The service was placed special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, the CQC will take action in line with its enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

Special measures will give people who use the service the reassurance that the care they get should improve

If you have any queries about this Report or wish to inspect any of the Background Papers please contact the Report Author.

APPENDICES:

Appendix A – LivingCare presentation

BACKGROUND PAPERS
None

SOHO SQUARE GENERAL PRACTICE, LIVINGCARE LONDON

BY TANIA TERBLANCHE, OPERATIONS DIRECTOR

LIVINGCARE LONDON STRATEGY

- The strategy is about the set of activities that create value.
- Value is created through complying with the compliance of CCG contracts that had been secured.
- In addition compliance with CQC regulatory compliance provides a licence to operate.
- Compliance provide good patient care.

WHERE ARE WE

- Inadequate CQC rating & Notices relating to Regulation 12, Safe care and treatment & Regulation 17, Good Governance
- The CQC rating is affecting services provided by the Practice
- Practice non compliant with CCG contract
  - Due to inadequate CQC rating
  - Contractual compliance to meet KPI's GP appointments

Patient impacted due to services being suspended by Partnership in Practice (PIP) service including: diabetic checks, ECGs, Spirometry, Mental Health Reviews and Phlebotomy

WHAT ACTIONS HAVE BEEN TAKEN

ACTION	Regulator/Contractor	Outcome
GP Appointment Review	CCG contract requirement shortfall (KPI requirements by 72 appointments pw per 1000 patients on weighted list)	Done
Appointment template change to offer more appointments	CCG contract compliance	Done
Appointment Access to GPs	CCG contract	Done
Patient Access to Practice through increased administration	CCG/CQC	Done however access review ongoing
Relationship Building with key stakeholders	Chinese Community; SOHO Square Patients; CCGs	Implemented and ongoing progress being made
Patient Recalls	Child Immunisation/ Smears CCG KPI	Recalls now in place - Ongoing
Salaried GP appointments	CQC requirement	Two salaried GPs appointed (including Lead role) Ongoing

SOHO PRACTICE

GOVERNANCE – PRIORITY

1. CQC Rating chance
2. Lead GP appointment with Medical Director support
3. GP – Patient appointment access increase

CHANGES AT PRACTICE

- GP Locums: Dr Boyd and Dr Sanghera decided not to apply for salaried roles
- GP Locum – Dr Chen (Chinese Doctor)
- ANP - Roslyn Baa
- Practice Nurse - Ann Kigongo
- Loraine Dunne – HCA taking on position close to home

WHAT HAVE WE DONE?

- Increased GP Appointments every week
- Walk in appointments each day 6 per GP session on day
- Increased in administration to answer phones/support appointments

RELATIONSHIPS BUILDING

i. Registered Patients
ii. Chinese Community
iii. CCG contractors
iv. CQC – INSPECTORS
v. HEALTHWATCH representatives
vi. NHS ENGLAND
vii. SURGERY PATIENT GROUPS (PPG'S)
viii. NHS Properties

RECRUITMENT

The right people doing the right jobs with accountability

1. Fill vacancies with permanent roles
2. Management of Locum Doctors to ensure KPI's/QOF achieved
3. High calibre ANPs, Practice Nurses along with HCA's

FINANCE FOCUS

1. Current weighted list size 4395 – growth focus
2. Employed vs Locum GPs
3. KPI achievement linked to GPs /Nursing staff/Admin staff compliance
4. Improved Purchasing process
5. CCG contractual requirements, linked to KPI payments/clawback

NEXT STAGE

NEXT STAGE

- Improved communication from Practice to key stakeholders
- PPG member engagement in improving communication and engagement
- Encourage Patient registration at Practice
- Support required by all stakeholders to improve Practice reputation
- Engagement with Chinese Community Centre – what do they want us to do?
- CQC rating change
- CCG contract compliance
- Working closely with Central London Healthcare to ensure Practice maximise locality opportunities

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Family and People Services Policy and Scrutiny Committee

Date:	3rd December 2018
Classification:	General Release
Title:	2017/18 Annual Report
Report of:	Safeguarding Adults Executive Board
Cabinet Member Portfolio	Cabinet Member for Family Services and Public Health
Wards Involved:	All
Policy Context:	For information only
Report Author and Contact Details:	Patricia McMahon (Business Manager – SAEB) Patricia.McMahon@rbkc.gov.uk

1. Executive Summary

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 2nd 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.

2. Key Matters for the Committee's Consideration

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

3. Financial Implications

None

4. Legal Implications

4.1 The Care Act 2014 states the Board must publish a report of what it has completed during the year to achieve its objectives, including findings of the reviews arranged by it, under Section 44 of the Act.

4.2 The SAEB must lead adult safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies. This will require the SAEB to develop and actively promote a culture with its members, partners and the local community that recognises the values and principles contained in **'Making Safeguarding Personal'**. It should also concern itself with a range of issues which can contribute to the wellbeing of its community and the prevention of abuse and neglect, such as:

- The safety of people who use services in local health settings, including mental health.
- The safety of adults with care and support needs living in social housing.
- Effective interventions with adults who self-neglect, for whatever reason
- The quality of local care and support services.
- The effectiveness of prisons in safeguarding offenders.
- Making connections between adult safeguarding and domestic abuse.

5. Background

5.1 This 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).

5.2 The Safeguarding Adults Board has 3 core duties. It must:

- Develop and publish a strategic plan, setting out how they will meet their objectives and how their member and partner agencies will contribute.
- Publish an Annual Report detailing how effective their work has been.
- Commission Safeguarding Adult Reviews (SAR's) for any cases which meet the criteria for these.

5.3 The learning from Safeguarding Adults Reviews and Safeguarding enquiries this year has demonstrated how much can be achieved by working together to tackle issues that may make communities unhealthy or unsafe, and from learning lessons and making changes where these are indicated. The SAEB actively promotes a learning culture and members are transparent, engaged, and accountable to one another, leading to better outcomes for people in need of care and support.

5.4 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.

5.5 The report also seeks to demonstrate how the learning from safeguarding enquiries and reviews conducted during the year led, to changes that benefit the safety, health, and wellbeing of local residents. This is particularly where the learning shows there is room for agencies to work more effectively together to prevent abuse or neglect

6. Financial Summary:

6.1 Annual contributions from SAEB members to support the function of the board include:

Mayor's Office for Policing and Crime **£15,000.00** (£5,000.00 per borough)
CCG Collaborative **£60,000.00** (£20,000 per borough)
London Fire Brigade **£1,500.00** (£500.00 per borough)

If you have any queries about this Report or wish to inspect any of the Background Papers please contact Report Author:
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SAFEGUARDING ADULTS EXECUTIVE BOARD

ANNUAL REPORT 2017/18

mistreated?
bullied?
hit?
neglected?
hurt?
ited?
silenced?

COURAGE
COMPASSION
ACCOUNTABILITY

METROPOLITAN POLICE
TOTAL POLICING

NHS

h&f
hammersmith & fulham

THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

City of Westminster

SAFEGUARDING ADULTS EXECUTIVE BOARD

ANNUAL REPORT 2017/18

CONTENTS

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.

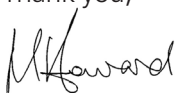
The Board continues to promote the concept of Making Safeguarding Personal- 'no decision about me without me'. As in previous years, the report contains case studies which show the application of this principle and highlight the difference that a person- centred safeguarding intervention makes to the 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,



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 Boards 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.

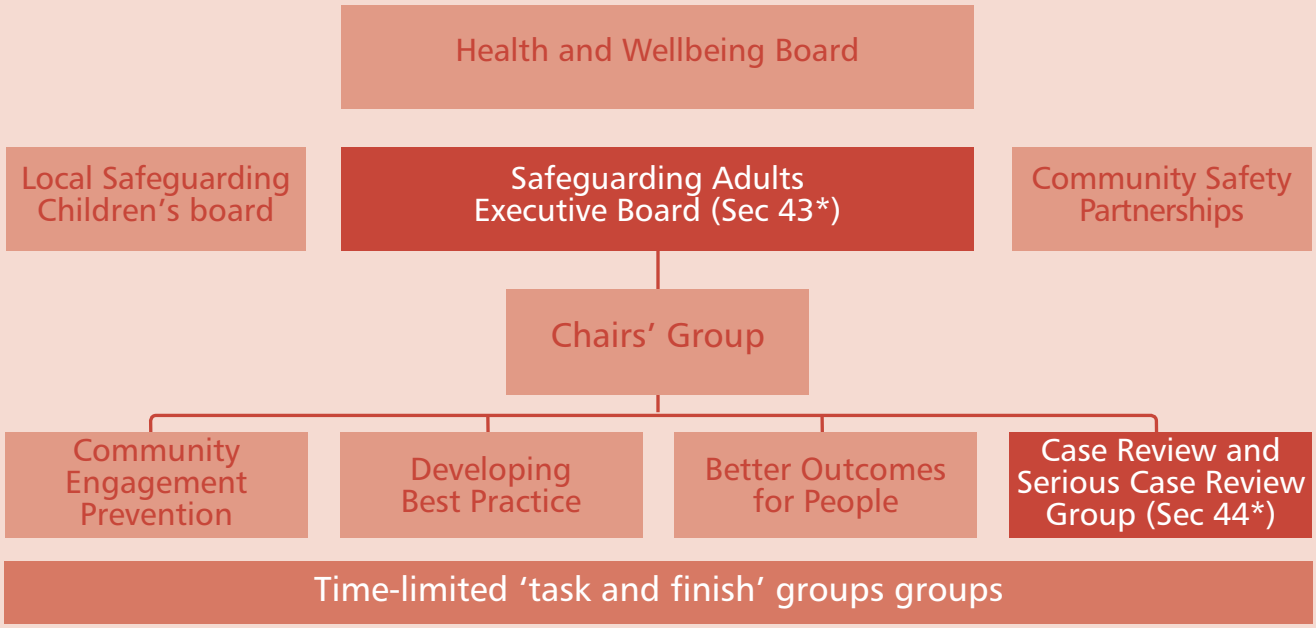
The North West London Collaboration of Clinical Commissioning Groups (NWL CCGs)

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?

The Safeguarding Adults Executive Board and workstreams



* **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 Boards 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 "

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:

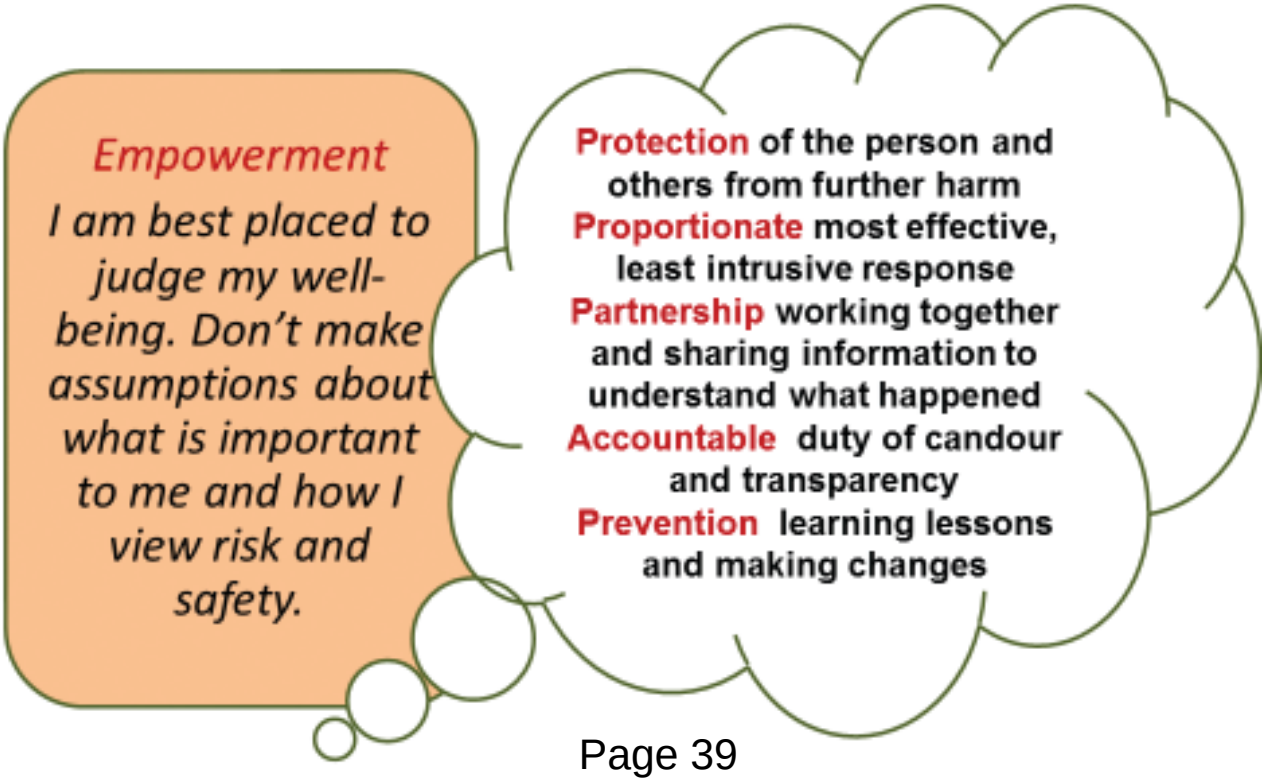
- The person or person's representative was asked about their desired outcomes
- If desired outcomes had been expressed, whether these were met

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



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 was 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 say's,

"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.

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.

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.

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 women 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."

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.

SPOT IT STOP IT

METROPOLITAN POLICE
TOTAL POLICING

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"

IN PARTNERSHIP WITH

scie social care institute for excellence

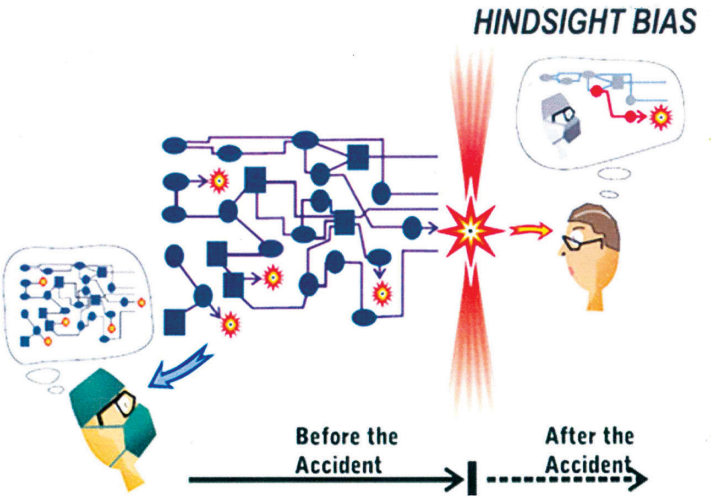
A systems approach

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 tended blaming 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 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

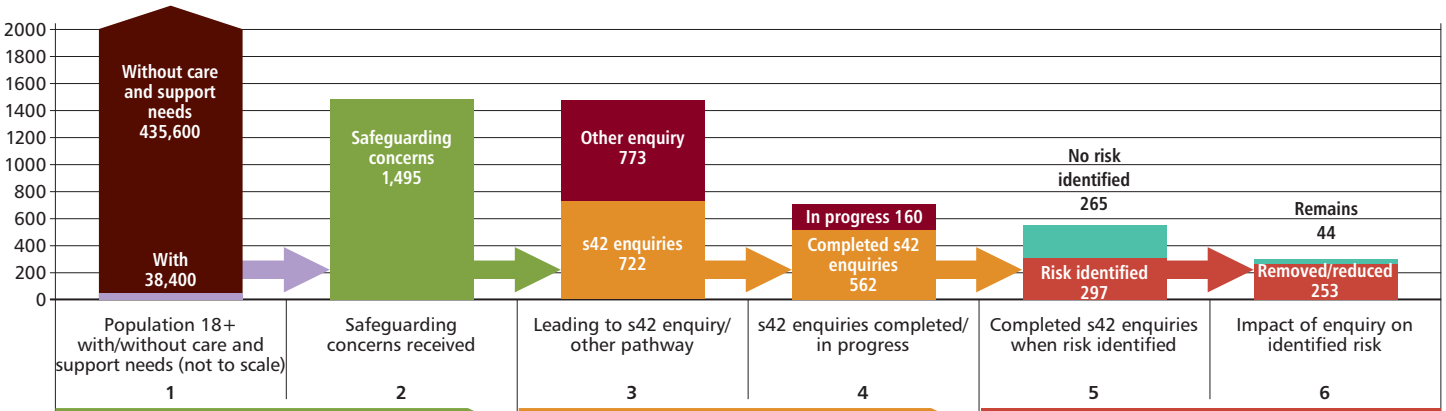
The Metropolitan Police Service are changing the way they help safeguard vulnerable people by investing more resources in preventing and investigating domestic abuse, sexual offences and all other types of abuse within the new Basic Command Unit Structure. Locally this will result in the policing units 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



Raising of safeguarding concerns

- In mid-2017 the three boroughs (LBHF, RBKC and WCC) had a combined adult population of about 474,000.
- Using the percentage of adults aged 18+ who say in national surveys that they are unable to manage at least one self-care activity, such as washing or dressing, on their own (about 8%) as a proxy measure, we estimate that across the three boroughs about 38,400 adults have care and support needs. This is over five times the number of adults who were receiving on-going support from social services at the 31 March 2018 (6,910).
- In 2017-18 the three boroughs received a total of 1,495 concerns about cases of potential or actual harm or abuse. This is equivalent to just over three concerns for every 1,000 adults in the general population, or 39 for every 1,000 adults with care and support needs, or 216 for every 1,000 adults receiving on-going social care.
- The majority of concerns were raised by health and care professionals but about 15% were raised by people receiving support, or their relatives, friends or neighbours, and about 10% by the police.

Resulting safeguarding enquiry process

- Just under half of the concerns (722,or 48%) were classified as what are known as Section 42 safeguarding enquiries in that the people involved were assessed as:
  - (a) experiencing, or being at risk of, harm or abuse; and
  - (b) having care and support needs which prevented them from protecting themselves.
- And therefore as meeting specific criteria set out in Section 42 of the 2014 Care Act
- The remaining 773 concerns were followed-up as 'other' safeguarding enquiries in that the people involved were assessed as not meeting all of these Section 42 criteria. Some of these 'other' enquiries involved referral to the social care management team, or the customer services team, or to other agencies including trading standards offices, domestic abuse support agencies, or the police.
- The focus of all safeguarding enquiries (whether a s42 enquiry or not) was to establish what the person wanted to happen in relation to the risk and what needed to be done to achieve this

Outcome of enquiry process

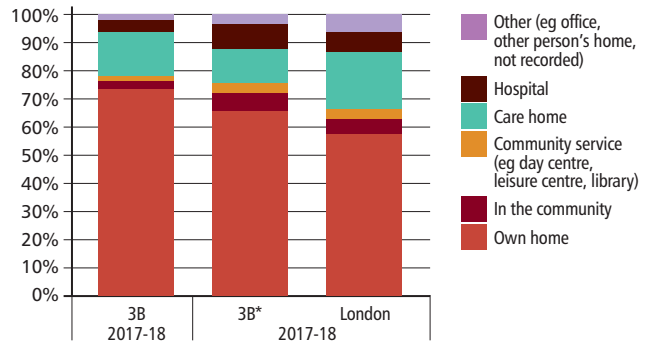
- Safeguarding enquiries can take varying lengths of time to complete, depending on the issues and organisations involved. At 31 March 2018 over three-quarters (562) of the s42 enquiries that had been started since 1 April 2017 had been completed. The remainder were still in progress.
- In just over half (297) of the s42 enquiries which were completed in 2017-18, a clear risk of harm or abuse was identified. In the great majority of these cases (253, or 85%) the risk of harm or abuse was judged by the social worker to have been removed or reduced by the end of the enquiry. This may have involved specific actions such as disciplinary action or removing staff from the situation.
- In the remaining cases (44) the risk was judged to have remained. Commonly this was when the inquiry involved a family member and the adult was accepting of the risk and did not wish any specific action to be taken.

WHAT ARE THE NUMBERS TELLING US?

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

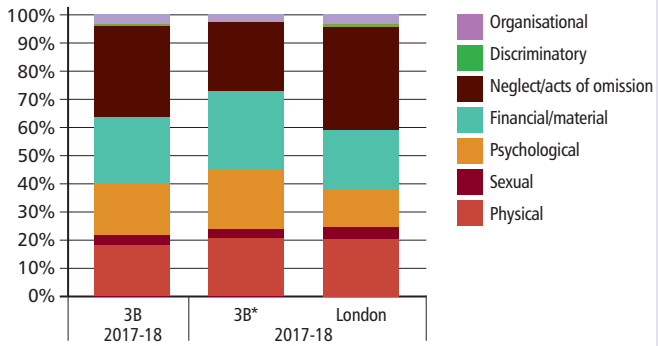
* Care needs to be taken when drawing comparisons with 3B data for 2016-17 as a new safeguarding pathway was introduced part way through this year.

Chart 2
Where the alleged harm or abuse occurred



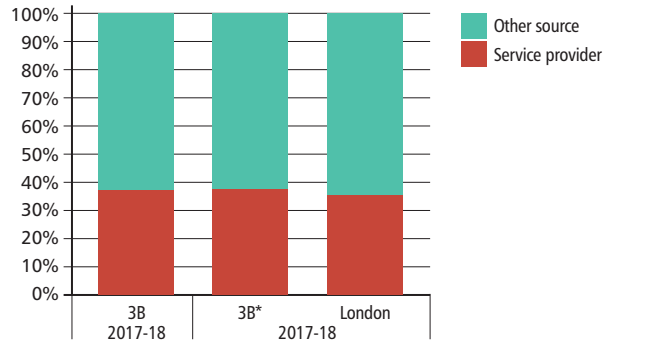
Compared with London as a whole, a higher percentage of s42 enquires in 3B related to abuse in people's own homes, while a lower percentage related to care homes.

Chart 3
Types of harm or abuse alleged



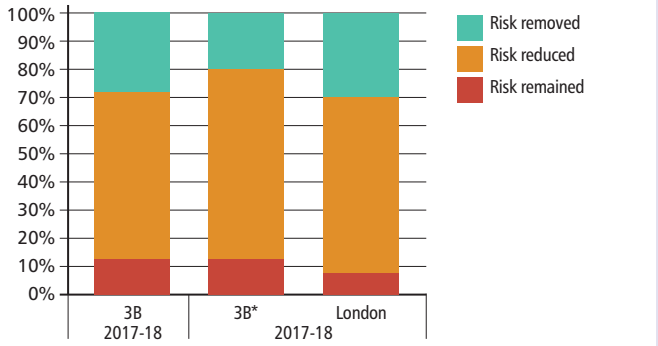
The frequency with which different types of abuse were reported in 3B in 2017-18 was similar to London in 2016-17 but proportionately fewer s42 enquiries involved instances of neglect. These nearly always involved care providers.

Chart 4
Source of risk or harm or abuse



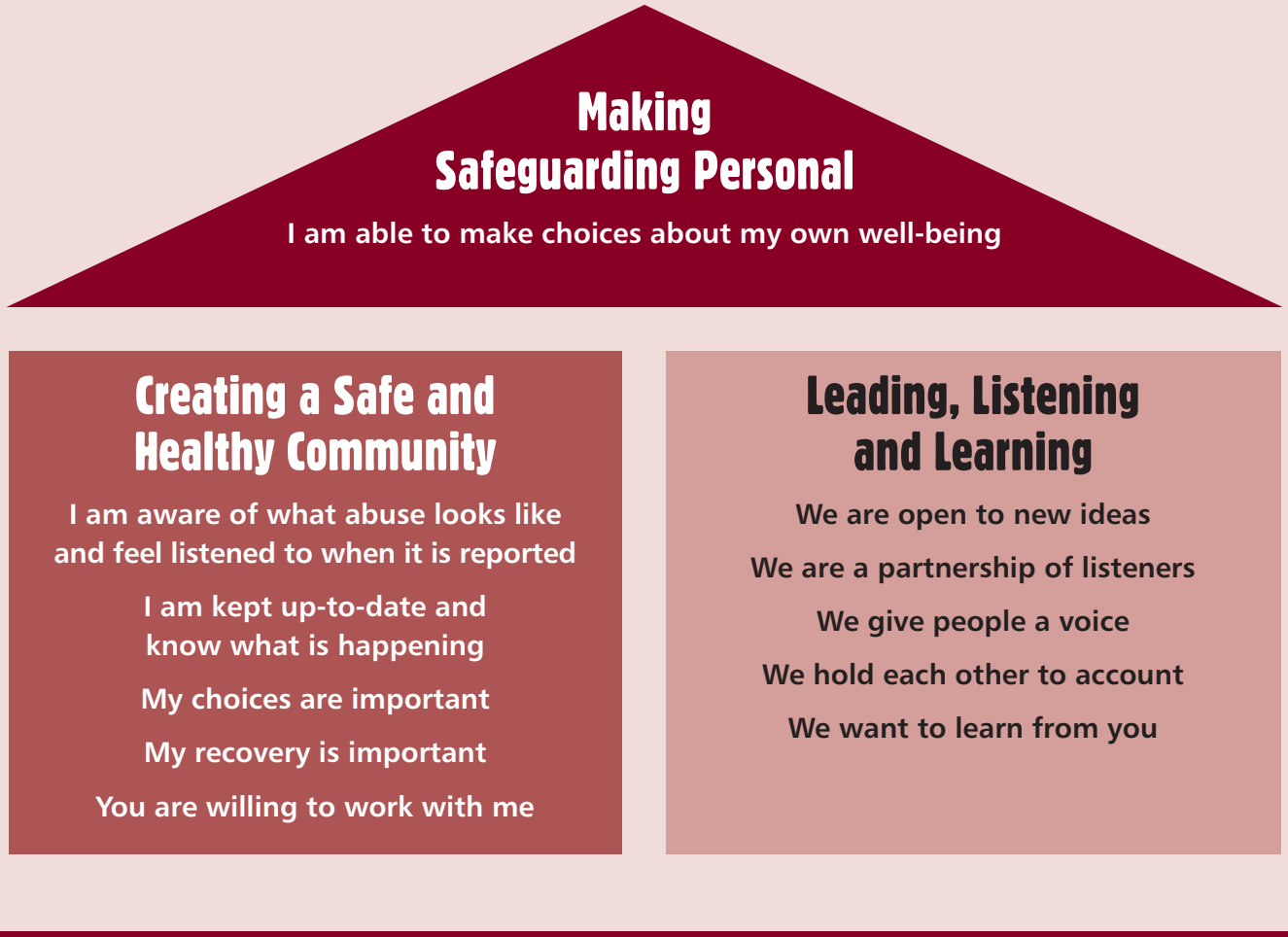
In about four out ten s42 enquiries the source of risk was a service provider, consistent with the pattern for London as a whole in 2016-17. Where the source of risk was not a service provider, in the majority of cases the person causing harm or abuse was known to the adult at risk.

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



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**	This is a 'near miss' case involving a person who was discharged from hospital. Using information gathered from the safeguarding enquiry, the review highlighted: • staff lacked confidence and knowledge on how to refer to the Deprivation of Liberty Team • staff had not properly assessed the risk of domestic abuse/violence. • a lack of domestic abuse awareness and support available. 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..
2	**13 June 2017**	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.
3	**13 September 2017**	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. 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.

APPENDIX

	Date case to SACRG	Emerging themes from Safeguarding Adults Reviews
4	**25 January 2018**	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. 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.
5	**25 January 2018**	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&E attenders.
6	**12 March 2018**	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.

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

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h&f hammersmith & fulham

THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

City of Westminster

City of Westminster

Family and People Services Policy and Scrutiny Committee

Date:	Monday 3rd December 2018
Classification:	General Release
Title:	Personalisation and Direct Payments for people with mental health support needs
Report of:	Chris Greenway,
Cabinet Member Portfolio	Family Services and Public Health
Wards Involved:	All
Policy Context:	Caring and fairer city
Report Author and Contact Details:	**Sharon Grant x 5092** **sgrant2@westminster.gov.uk**

1. Executive Summary

1.1 This paper will provide a response to Healthwatch's request that the Family and People Services Policy and Scrutiny Committee undertakes an investigation into the personal budget and direct payment system in Westminster for people with a mental health support need.

Following this request Scrutiny has requested detailed information on personal budgets and direct payments processes used in Westminster and for an overview of the development of the Adult Social Care Personalisation strategy.

2. Key Matters for the Committee's Consideration

This paper asks that the committee consider that the following points have been sufficiently responded to:

- Is the committee clear about personal budgets and direct payments?
- Is the committee clear about how personal budgets and direct payments are administered in Westminster?
- Does the committee have any questions with regards the key areas of development in the Personalisation strategy?

3. Background

3.1 Adult Social Care commissioning received an Freedom Of Information (FOI) request on 12 June 2018 with regards the Westminster day opportunities and support services – see appendix 1 for a copy of the FOI. The FOI specifically asked for clarification on the following points:

Safe Spaces: Clarification on the purpose of the Safe Spaces[1] and information on plans to ensure that people were not left without day provision or support.

Support when experiencing mental ill health: Information on the number of former Recovery Support Service (RSS) clients who do not have an allocated Care Co-ordinator or lead mental health professional; and how Westminster Council intends to work with Central and North West London NHS Foundation Trust (CNWL) to support former RSS clients.

RSS was a day service for people with mental health support needs. It consisted of two building based services and offered arts and crafts, woodwork activities and safe spaces. The service closed at the end of April 2017. Former service users were assessed and offered personal budgets to help them attend activities of their choice to support their mental wellbeing. In the main, this has been successful with service users able to access a range of different services.

Personal budgets: issues were related to three cases a) not being able to change activities, b) non-payment through the personal budget system to activity providers, c) a lost direct payment card

A response to the FOI was provided in July 2018 and no further requests for information were made, see appendix 2 for a copy of the response. In addition, to ensure that matters were resolved several follow up meetings were held with effected service users and professionals including the lead director for CNWL around specific cases; the team leader for direct payments with regards the direct payments card issue and the Head of Personalisation with regards the direction of travel around personalisation. Feedback from Healthwatch to Adults' commissioning at the time of writing this report is that things are working more positively. In addition, Healthwatch are part of the steering group overseeing Kensington and Chelsea's day opportunities remodel, and are involved with the Personalisation Collaborative group which was established to facilitate greater working with users and providers.

3.2 At the Family and People Services Policy and Scrutiny Committee in October 2018 Healthwatch informed the Committee that they are still of the view that the current system is not providing the support needed to facilitate access to day opportunities for service users with mental health support needs. To illustrate this the paper referenced the three cases used in July's FOI. No new evidence was provided.

The Head of Personalisation spoke with Healthwatch (19 November 2018) around this matter. Healthwatch confirmed that the case studies set out in October's report are for illustrative purposes only and the issues have been addressed. Therefore, the remainder of this paper will set out current processes with regards to personal budgets and direct payments, and an overview of the Personalisation strategy

3.3 **Personal budgets and direct payments**

A personal budget is an agreed amount of money that is allocated to a person by the council following an assessment of that person's care and support needs. A direct payment is one way of receiving a personal budget, but there are other ways too:

1. **A managed account:** the local authority manages a persons' personal budget in line with their wishes as agreed in the care plan. They look after the money, make arrangements for a person's care and support, and pay fees out of the personal budget.

[1] Safe Spaces are supportive peer groups that can help people improve their **mental health** and wellbeing

2. **An account managed by a third party:** This is similar to a managed account, except a third party, manages a person's personal budget. This can be a support / care service provider or a provider who is completely independent of delivering care / support. These arrangements are often referred to as 'Individual Service Funds' or ISFs.

3. **Direct payments**: The person is given the personal budget money to spend themselves in meeting their care and support needs, in line with their care plan, in the way that suits them best. This is via a pre-paid card (like a debit card but with the money pre-loaded onto it) or can be put into a specially set up bank account.

3.2 Process: how to access services and change activities

3.2.1 Personal budgets and direct payments are administered via Adult Social Care with regards to non-mental health needs, or for residents with a mental health support needs are administered via our Health Care Trust (CNWL) who deliver our Community Mental Health Teams service (CMHT) in Westminster.

Where a service user's needs are being identified for the first time they will require a full Care Act assessment. If they are an existing user, who already has a package of care / support in place, they will require a review of needs. The process is seven steps which are described below and appended as a flow diagram - see appendix 3.

1. A referral will begin to identify if a person is eligible and screen what their needs are

2. If eligible and in need an assessment will be completed by the social worker / care coordinator in this instance. They will also check to see if the person is under section 117 which relates to aftercare. NOTE - after-care' means the help a person gets when they leave hospital. Section 117 after-care is free to that individual. If this is not the case the person will have a financial assessment to identify their contributions

3. The indicative budget is generated which gives a rough idea of the level of funding that will be allocated to an individual, in their personal budget, to meet their eligible needs.

4. A Care Coordinator and service user meet and discuss financial contribution if the person is not section 117, universal services, and existing block-contracted services. These are then subtracted from the indicative personal budget and the care and support plan is drafted with the remainder of the indicative personal budget.

5. The final personal budget is generated.

6. The practitioner will finalise the support plan and speak to the user about how they would like to receive the personal budget. See 3.3 above for options to receive.

7. Information – services and the support plan are input into Mosaic or JADE (service user case management systems) and the user starts to access services.

Although the process is smooth, things can always be improved. The case referred to in the Healthwatch report was experiencing difficulties with her care coordinator (which is a service delivered by CNWL) keeping appointments for review and budget sign off. CNWL have had difficulties with recruiting staff, however, they are committed to supporting the Personalisation programme and on working with us to unpick and improve on processes. In addition, the Personalisation team is developing the measures below to offer improvements and safeguards against issues such as this reoccurring.

- Training has been developed for social workers, care coordinators, providers and service users around:
  - Direct Payments; and
  - Personalisation
- A personalisation steering group has been established, which includes the attendance of senior CMHT staff. This group will look to develop a set of measures to review the effectiveness of the training and access and review pathways
- Standard Operating Processes (guidance for social workers) have been rewritten to enable them to deliver an improved service with regards direct payments and support planning.

3.3 Strategy development

An adult social care Personalisation strategy is being developed in partnership with stakeholders including internal staff, service users and providers. The skeleton draft has been completed and circulated for feedback. Further work to finish the document will take place over the next quarter with the strategy moving to sign off process by April 2019.

Key sections in the strategy and a progress update are summarised below.

3.3.1 Market Shaping

This is where the local authority works closely with providers of care and support services to ensure that there are enough providers, offering sufficient choice in the type of care and support available and that providers are running viable businesses

Work is taking place to develop clear market shaping plans to increase the number and variety of suppliers for service users to purchase provision from using their personal budgets. Work is focussed on addressing identified gaps based on data and feedback from residents who have said there are gaps around the number of personal assistants, and in the number of providers offering niche activities. As a result, work is orientated towards developing the 'micro provider market[2]' – so smaller providers who can deliver bespoke opportunities to service users that are typically more attuned to their needs, and to developing a 'pool' of personal assistants that can help with a wide range of tasks including care and therapeutic activities.

We have:

- Completed 50% of market analysis – mapping services, locations, pricing, risks, uniqueness and identifying gaps in provision
- Started provider engagement events to understand what support they would need from the council to deliver services in a more personalised way and to attract new market entrants
- Talked to different councils to identify best practice
- Developed a needs assessment.

Over the next quarter, we will:

- Draft a market shaping section of the strategy based on the findings from the analysis and what help we will offer to the market. This will be published online so it can be updated in 'real time'
- Work with service users to identify and build in access requirements to the market
- Work with specialist organisations to build the micro market.

[2] A micro provider is a provider that employs five or less staff including the owner

3.3.2. Digitalisation

The Personalisation team is leading on the development of a new digital platform in order to modernise the way we deliver social care to residents. The vision includes an innovative, inclusive way of working with stakeholders, making full use of digital technology which will encompass a range of tools including a service user web portal, e-marketplace and self-service. Residents have told us they want information and advice, to undertake self-assessments, request services/products, and interact with their personal data, using the device of their choice.

Additionally, digital developments will utilise business intelligence data and predictive analytics technologies in order to work in a more effective and preventative way, as well as increasing the efficiency of our staff by offering a more strategic approach to social care, managing demand and increasing resident's control.

We have:

- Completed soft market testing with potential suppliers
- Drafted a commissioning and procurement approach.

Over the next quarter, we will:

- Host a digital visioning day on 26 November to start formalising our approach and to share our requirements with providers. There has been an exceptional level of interest in working with the Bi-Borough with global companies, such as IBM, Hitachi and Microsoft, expressing a keen interest to work with Bi-Borough
- Deliver a procurement exercise in the New Year to select our preferred provider following which a new digital platform build will commence.

3.3.5 Training and development

Feedback from practitioners and residents suggests that the workforce needs Personalisation development to help staff to work from a more 'asset-based' perspective, so looking at a person's own capabilities to maximise independence.

The strategy includes a training offer for staff, providers and service users to start in December. It is focussed on two core areas and will be delivered by external organisations. The areas are:

- Direct Payments: the legalities and how to offer them to people
- Personalisation: This will be delivered by the Social Care Institute for Excellence (SCIE) lead for personalisation. Learners will gain an understanding of personalisation and will be able to recognise that individuals with control and choice when accessing support, funding and care are more likely to report better outcomes.

3.3.6 Increasing collaborative working opportunities

Collaborative working with all stakeholders (provider, service users and social care and health) is key to driving Personalisation. A collaborative working group with local providers and service users to help develop the strategy has been setup and will take forward the key actions / work.

The group meets monthly and so far have:

- Developed a tiered approach to collaborative working to provide clarity around how we can work together and to manage involvement opportunities so that they are meaningful
- Co-designed the market shaping work and the workforce development programme.

3. 3.7 Information advice and guidance

Residents and staff have asked that information, advice and guidance to be refreshed so that people have the right tools to be able to make informed choices about their health and social care and help people to take more control over their lives. This will help rebalance investment and interventions to keep people well and living in the community for longer. A review of information, advice and guidance will take place in the New Year.

3.3.7 Increasing the range of financial products for residents to offer greater choice in how they deploy their personal budgets

Staff and service users have asked for the range of financial products and support available to them to use personal budgets as direct payments to be increased. Such support could include assistance in managing payments and payroll related matters where a person has decided to take a personal budget and to directly employ their carer as part of a person support package. Support will enable people to exercise more choice and control and will help us to increase the number of residents in receipt of a direct payment by providing the right support and the right products[3]. We have targets attached to the number of people on direct payments and this will help the upward trajectory towards this.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact Sharon Grant x5092 sgrant2@westminster.gov.uk

APPENDICES:

Appendix 1: FOI request HealthWatch

Appendix 2: Response from ASC to HealthWatch

Appendix 3: Direct Payments Process

BACKGROUND PAPERS

None

healthwatch
Central West London

12th June 2018

Re: Mental Health Day Opportunities in Westminster

Dear

As a local Healthwatch our role is to ensure that local people are actively involved in shaping the health and care services that they use, and that they have a say on decisions about what health and care services are available for them. We also ensure that people have access to information about health and care services in clear, easy to understand, and correct formats so that they are aware of what services are available for them in their local areas.

We are writing to request an update on the changes made to mental health day opportunities in Westminster following the closure of the Recovery and Support Services (RSS) in April 2017.

Please include information on:

- any follow up communication or engagement with former RSS clients on what support or activities are available for them
- monitoring of availability of, and access to, community activities in Westminster
- evaluation of outcomes for mental wellbeing undertaken with former RSS clients in Westminster.

In addition, Healthwatch Central West London has recently been contacted by previous users of the RSS in Westminster. They outlined a number of concerns that they had about the current support available to them. We set out their concerns below, with further requests for information and comment from the Council.

Safe Spaces

Following the closure of the RSS in April 2017, Westminster Council committed to ensure that everyone from RSS would have access to at least one drop in, in the form of Safe Spaces – one in the north at the Beethoven Centre, and one in the

south at the Abbey Community Centre. These have been run by SHP. Service users report that the Safe Spaces were supportive and useful; SHP staff were able and efficient and service users felt comfortable discussing their personal issues with them. The Safe Spaces were a valuable resource for previous clients of the RSS.

However, some service users have reported to Healthwatch that since November 2017 they have no longer got the support they need through the Safe Spaces. They never know which SHP staff will be there and so have not built up strong relationships. They do not feel that the staff have the skills necessary to provide support when needed.

In addition to this change, they are concerned and upset that even the use of the Safe Spaces will be withdrawn from them at the end of June 2018. They were informed about this by letter from SHP – dated 29th May 2018.

This new development is affecting people's mental wellbeing. People have been getting progressively anxious. They now feel that everything is being taken away from them. People have reported having sleepless nights; resorting to self-medication with alcohol; and anxiety. People are angry, upset and fearful for the future.

SHP have informed us that the Safe Spaces were only intended to be a temporary offer and were offered in addition to the transition service set up to support people to find suitable day provision to maintain their mental wellbeing. If this was the case, then it was not communicated clearly to service users.

All previous RSS clients were allocated a Transition Support Worker from SHP for three months. This was a navigator model and this worked well for the three months it was available for. Service users were informed that they would have reviews at six months and 12 months. These follow up reviews have not happened, and some previous RSS clients still do not have regular day opportunities in place. Once the Safe Spaces are no longer available to them they will have no provision.

Healthwatch therefore requests:

- Clarification on the purpose of the Safe Spaces and length of time they were commissioned for
- An assessment of the impact on the mental wellbeing of former RSS clients resulting from the withdrawal of Safe Spaces
- A plan for ensuring that no one is left without any day provision or support

We have written separately to SHP, stating that the length of notice given to former RSS clients about the withdrawal of Safe Spaces from them does not provide enough time for alternatives to be put in place and asking that they consider how they can ease the withdrawal of the service.

Support when experiencing mental ill health

Westminster Commissioners explained to service users in co-design workshops in February and March 2017, that there was an expectation that RSS clients would be allocated a CNWL Care Coordinator or would have a lead mental health professional whilst they had an ongoing secondary care need within the new model for mental health day provision. The service users we spoke to have informed us that this has not been the case. They believe that CNWL are having difficulty recruiting to this role and retaining staff in post. This means that not everyone has a mental health lead professional.

The only route to access mental health support for previous RSS clients without a lead mental health professional is through the duty mental health system within Community Mental Health Teams (CMHTs). We heard about difficulties in getting an appointment with CMHTs, or of having to go to the offices wait for hours. In addition, they are often seen by someone who does not know their history and they then have to explain their situation again - not easy when experiencing worsening mental health conditions.

Healthwatch therefore requests:

- Information on the number of former RSS clients who do not have an allocated Care Co-ordinator or lead mental health professional
- An indication of how Westminster Council intend to work with CNWL to both fill the gaps and provide support for former RSS clients in the interim

Personal budgets

The model for mental health day provision in Westminster relies on clients having access to Personal Budgets and being able to purchase their own activities to support their mental wellbeing outcomes agreed at assessment. However, the previous RSS clients we spoke to raised a number of issues with this system that means that people are not always able to access the support they need. The issues raised are about the administration of Personal Budgets:

The case of not being able to change activities

Lucinda (not her real name) had a Fair Access to Services (FACS) assessment arranged by her transition worker from SHP. A Personal Budget was allocated to her and she chose to spend it on an activity offered by SMART. In June 2017 her three month transition period with SHP came to an end.

A few months later Lucinda decided that she no longer wanted to do the activity offered by SMART and chose to do a craft workshop elsewhere. She contacted SMART to let them know that she would be stopping with them. She arranged the new craft activity at the new centre and waited to hear about her Personal Budget. Two months later someone rang her to say that she will need a new financial assessment. In November 2017 she had the new assessment and then heard nothing.

In January 2018, someone from CNWL rang to say they would chase the admin department to get this sorted. Numerous communications with the CNWL worker followed either by phone or in person and each time she was told that the admin team were still on the case. In April 2018 she was informed that admin have still been paying SMART even though she has not been attending their activity for about nine months and she had informed them of this via an email to the administrator. Two months later she was then told she would need to undergo a new FACS and financial assessment as so much time had now elapsed. To date she is now waiting for the outcome of these assessments.

As a consequence of all this, Lucinda who suffers from severe anxiety disorder has very much struggled with her mental health wellbeing. The way that Personal Budgets are currently set up did not give her the flexibility to seamlessly move from one activity to another. Westminster Council have been paying for a service that has not been used and in doing so, has not supported Lucinda to access the activity of her choice.

The case of non-payment through the Personal Budget system to activity providers

Small businesses and community centres were encouraged by Westminster Council during market shaping activities to develop activities that could support people's mental wellbeing, in particular for former clients of RSS.

One example of this is Art4Space. They offered a mosaic group in Stockwell and six former RSS clients attend this. In the first six months there were long delays to pay the company the activity fees through the Personal Budget system. Clients became worried that workshop would be cancelled. The lead mental health worker of one of the clients followed up on this and payment went through for all six clients.

However, a new contract with Art4Space was arranged in January 2018. The same six people from the RSS signed up. This time three of their Personal Budgets were paid to the company, the other three are still waiting for their payments to go through six months later. Invoices have been sent by Art4Space 11 times in six months.

The model of mental health day opportunities in Westminster relies on the Personal Budget system working for both clients and providers. This example demonstrates that currently this is not the case. The delays in the system causes unnecessary anxiety for service users and risks the stability of the companies or providers offering the activities.

The case of the lost Direct Payment card

An SHP client who has both mental health and physical health conditions had a pre-payment card, which he lost. There was no easy way for him to report the situation. His card was subsequently used by someone else to pay for things that

he did not use. Meanwhile, the health providers who provide his personal care were asking for payment for support for help with washing and dressing etc but he had no access to money.

The lack of information about how to report a lost direct payment card and then a lack of ease in reporting this situation has caused distress and anxiety for the service user

In the light of these examples about Personal Budgets, Healthwatch requests:

- A response to each example that sets out what Westminster Council intends to do to rectify and simplify the Personal Budget system

Community activities and support when mental health is deteriorating

The former RSS clients also raised concerns about whether the staff working in community providers and small businesses had the knowledge and skills to support people whose mental health was deteriorating. We add to this, a concern about whether community providers and small businesses have access to support and assistance when needed.

Therefore, Healthwatch requests:

- Information on the type of support currently available to community providers or small businesses to ensure that they are able to offer safe and supportive activities for people with ongoing mental health conditions.
- Westminster Council considers providing Mental Health First Aid training free to community level providers and small businesses offering activities for mental health service users
- Westminster Council considers offering regular supervision groups and access to telephone support for community level providers or small businesses offering services for mental health service users

We look forwarding to receiving your responses to our concerns and questions.

Yours Sincerely,

Carena Rogers

Programme Manager

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Mental Health Customer Journey

Start

1. Referral including Screening

Eligible?

No

Information & Advice

End

Note - *Section 117which entitle people to free aftercare

Yes

No

Change?

Yes

2. Assessment of a person's needs & eligibility
Financial Assessment undertaken if the person is not Section 117 – see note *

8. 6 Month Review unless Change of Need

3. Indicative Budget generated

7. Information input into MOSAIC & JADE
Authorisation from Social Work Manager
Review Scheduled
Users starts services

4. Support Planning Looking at Universal Services, existing Commissioned Services these are then subtracted for the indicative budget

5.Personal Budget Generated

6. Support Plan Finalised Personal Budget Discussed & Agreed (Direct Payment, Council Managed)

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Family and People Services Policy & Scrutiny Committee

Date:	15th October 2018
Classification:	General Release
Title:	**2018/19 Work Programme and Action Tracker**
Report of:	Director of Policy, Performance & Communications
Cabinet Member Portfolio	Cabinet Member for Family Services and Public Health
Wards Involved:	All
Policy Context:	All
Report Author and Contact Details:	**Aaron Hardy x 2894** **Ahardy1@westminster.gov.uk**

1. Executive Summary

1. This report presents the current version of the work programme for 2018/19 and also provides an update on the action tracker.

2. Key Matters for the Committee's Consideration

2.1 The Committee is asked to:

- Review and approve the draft list of suggested items (appendix 1) and prioritise where required
- Note the action tracker (appendix 2)
- Note the revised terms of reference for the North West London Joint Health Overview and Scrutiny Committee and confirm Councillor Lorraine Dean as the nominee for voting member (appendix 3)

3. Changes to the work programme following the last meeting

3.1 The work programme has been amended into account the committee's comments its previous meeting.

4. North West London Joint Health Overview and Scrutiny Committee

4.1 The next meeting of the North West London Joint Health Overview and Scrutiny Committee (JHOSC) will be held on 4th December 2018. The agenda will include:

- Health based places of safety in North West London
- Update on the proposed reconfiguration of acute hospitals (soc 1) and the compliance with reconfiguration test
- Integrated care systems and its application in North West London, the joint committee of CCGs
- Winter Plans
- Consultation on the Royal Brompton Hospital move

4.2 At its meeting on 18th September 2018, the JHOSC discussed its terms of reference. Following this discussion, and because of a number of differences in the member authorities' governance arrangements, a number of minor changes have been made to the terms of reference (appendix 3).

5. Imperial College Healthcare NHS Trust

5.2 On 30th October 2018, the Chairman of this Committee, Councillor Glanz, met with Professor Tim Orchard, Chief Executive of Imperial College Healthcare NHS Trust to discuss a number of issues facing the trust, including:

- Trust Property
  - Sir Robert Naylor is to undertake a review of the Trust property, including properties owned by the charity, and will report in the New Year.
- Winter planning
  - The trust has received £5 million from NHS improvement to fund 50 additional beds over the winter. The trust anticipates the number of additional beds required to be 100 to 120.
- Demographics
  - With no more physical space currently available, the trust is looking at process change in order to deal with increased demand due to population growth etc.
- HIV service
  - It is proposed that the inpatient service be moved in its entirety to Chelsea and Westminster, which has the Centre of Excellence, but it would be a joint facility with Saint Mary's consultants part of the team and the on-call rota.
- Brompton Hospital
  - The trust is concerned about the domino effect on Paediatric Services generally if the proposed Paediatric Cardiac Surgery relocation goes ahead.

If you have any queries about this Report or wish to inspect any of the Background Papers please Aaron Hardy

ahardy1@westminster.gov.uk

APPENDICES:

Appendix 1- Suggested Work Programme
Appendix 2- Action Tracker

Appendix 3 – North West London Joint Health Overview and Scrutiny Committee Terms of Reference

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Family and People Services Policy and Scrutiny Committee 2018/19 Work Programme

ROUND ONE 18 JUNE 2018		
Agenda Item	**Reasons & objective for item**	**Represented by**
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Heather Acton – Cabinet Member for Family Services and Public Health

ROUND TWO 15 OCTOBER 2018		
Agenda Item	**Reasons & objective for item**	**Represented by**
Cabinet Member Q&A	To receive an update	Councillor Heather Acton – Cabinet Member for Family Services and Public Health
Care Home Improvement Programme	Review the purpose an effectiveness of the care home improvement programme. What does it do, what impact has it had, how has the programme affected service users, are there are any ways that the programme could improve?	Bernie Flaherty - Bi-Borough Executive Director of Adult Social Care

ROUND THREE 3 DECEMBER 2018		
Agenda Item	**Reasons & objective for item**	**Represented by**
Cabinet Member Q&A	To receive an update.	Councillor Heather Acton – Cabinet Member for Family Services and Public Health
Safeguarding Adults Board Annual Report	To review the annual report of the SAB	
Soho Square Surgery	To review the progress towards addressing points raised by the CQC report into Soho Square Surgery and the lessons learnt from the practice.	Central London CCG/LivingCare

Direct Payments/Personal Budgets	To review the council's approach to the administration of direct payments and personalisation.	Chris Greenway, Bi-Borough Director of Integrated Commissioning

ROUND FOUR 4 FEBRUARY 2019		
Agenda Item	**Reasons & objective for item**	**Represented by**
Cabinet Member Q&A	To receive an update.	Councillor Heather Acton – Cabinet Member for Family Services and Public Health
Childhood obesity	To review action taken to address childhood obesity in Westminster	
Local Children's Safeguarding Board	Annual report	
Annual looked after children and care leavers	Annual report	

ROUND FIVE 1 APRIL 2019		
Agenda Item	**Reasons & objective for item**	**Represented by**
Cabinet Member Q&A	To receive an update.	Councillor Heather Acton – Cabinet Member for Family Services and Public Health
Sexual Health in Westminster		

UNALLOCATED ITEMS		
Agenda Item	**Reasons & objective for item**	**Represented by**
Technology in care		
Female genital mutilation	Update on FGM project.	
Preparedness for SEND inspection	To review the council's readiness for SEND inspections. What will Ofsted be looking for? Can we learn anything from other inspections that have already taken	

	place? What kind of preparations are the council doing?	
Child sexual exploitation	Update on the project focusing on perpetrators of CSE being run in partnership with Community Safety, Barnardo's and 7 other London local authorities.	
Support for young carers	What support does the council offer to young carers? Can we do more to help them and those they care for?	
Green paper on social care	To understand the impact on Westminster and inform future priorities	
Out of area placements in mental health services	The Government has set a target of ending out-of-area mental health care by 2020/21 but last year almost 6,000 patients in England were sent elsewhere - a rise of almost 40% in two years. How is this affecting Westminster residents, what are the reasons behind this, how we can we improve this and achieve the government's target?	
Support for addicts	Review support for addicts in Westminster. How has the removal of the ring-fenced drug and alcohol budget affected services and outcomes in Westminster? Nationally, interventions have fallen, budgets have fallen by 15%, drug-related deaths are at a record high and hospitals receive over 1m alcohol and drug related admissions a year. Possible focus on services aimed at rough sleepers.	Bi-Borough Director of Public Health

TASK GROUPS		
Subject	**Reasons & objective**	**Type**
Adolescent mental health in the 21st Century	A review of the effect of technology on the mental health of young people.	Task Group

Community Independence Service	Update on the CIS report published in 2017.	Single member study led by Councillor McAllister

Family and People Services Policy and Scrutiny Committee Action Tracker

ROUND TWO 15 OCTOBER 2018		
Agenda Item	Action	Update
Item 4: Cabinet Member Update	Include updates on the e-based system for STIs in future cabinet member updates	In progress
	Contact Central London CCG about the discontinuation of the 'different voices' service.	Completed
	Provide a briefing note on new contract for passenger transport	Completed
Item 5: Westminster HealthWatch Update	Include direct payments/personal budgets on the committee's work programme	Completed
Item 6: Care Home Improvement Programme (CHIP) - Older People's Nursing and Residential Homes	Share reply about young woman at Forrester court with the committee	Completed
	Provide benchmarking briefing on care home ratings	Completed
	Organise briefing session on commissioning for the committee	In Progress
	Provide the committee with an update on the IBCF funding settlement once it's known.	In Progress

ROUND ONE 18 JUNE 2018		
Agenda Item	Action	Update
Item 3: Minutes	The Committee to receive a leaflet distributed by the CCG to GP Practices regarding new protocols around repeat prescriptions.	In progress
Item 4: Policy and Scrutiny Portfolio Overview	A briefing to be provided on unaccompanied asylum-seeking children within Westminster. To include	Completed

	information on how age assessments are undertaken.	
	Information to be circulated to the Committee providing updated details on the day services safe space provision provided at the Beethoven Centre.	In progress
Item 5: 2018/19 Work Programme	A list of NHS acronyms relating to the work of the Committee to be circulated to Members.	Completed

NORTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Membership

One nominated voting member from each Council participating in the North West London Joint Health Overview and Scrutiny Committee plus one alternate member who can vote in the voting member's absence. In addition, one non-voting co-opted member of the London Borough of Richmond. The committee will require at least six voting members in attendance to be quorate.

Chair and Vice Chair

The North West London Joint Health Overview and Scrutiny Committee will elect its own chair and vice chair. Elections will take place on an annual basis each May, or as soon as practical thereafter, such as to allow for any annual changes to the committee's membership.

Terms of Reference

1. To scrutinise the 'Shaping a Healthier Future' reconfiguration of health services in North West London and the Sustainability and Transformation Plan for North West London; in particular the implementation plans and actions by the North West London Collaboration of Clinical Commissioning Groups ('NWL CCGs') and its Joint Committee, focusing on aspects affecting the whole of North West London.

2. To review and scrutinise decisions made or actions taken by NWL CCGs and/or other NHS service providers, in relation to the 'Shaping a Healthier Future' reconfiguration and the Sustainability and Transformation Plan for North West London, where appropriate.

3. To make recommendations to NWL CCGs, NHS England, or any other appropriate outside body in relation to the 'Shaping a Healthier Future' plans for North West London and the Sustainability and Transformation Plan for North West London; and to monitor the outcomes of these recommendations where appropriate.

4. To require the provision of information from, and attendance before the committee by, any such person or organisation under a statutory duty to comply with the scrutiny function of health services in North West London.

The stated purpose of the North West London Joint Health Overview and Scrutiny Committee is to consider issues arising as a result of the Shaping a Healthier Future reconfiguration of health services and the Sustainability and Transformation Plan for North West London, taking a wider view across North West London than might normally be taken by individual Local Authorities. Individual local authority members of the North West London Joint Health Overview and Scrutiny Committee will continue their own scrutiny of health services in, or affecting, their individual areas (including those under 'Shaping a Healthier Future' and the Sustainability and Transformation Plan for North West London).

Participation in the Joint Health Overview and Scrutiny Committee will not preclude any scrutiny or right of response by individual boroughs. In particular, and for the sake of clarity, this joint committee is not appointed for and nor does it have delegated to it any of the functions or powers of the local authorities, either individually or jointly, under Section 23

of the local authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Duration

The Joint Health Overview and Scrutiny Committee will continue until all participating authorities decide otherwise. This does not preclude individual authorities from leaving the Committee beforehand. The Committee will keep under review whether it has fulfilled its remit and any recommendation of the Committee will be reported to a Full Council meeting of each participating authority.