

# Committee Agenda



City of  
Westminster



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

Title: **Health & Wellbeing Board**

Meeting Date: **Thursday 26th January, 2023**

Time: **4.00 pm**

Venue: **Paddington Arts, Pyramid Room, 32 Woodfield Rd, London W9 2BE**

Councillor Nafsika Butler-Thalassis	Cabinet Member for Adult Social Care, Public Health and Voluntary Sector, WCC
Councillor Sarah Addenbrooke	Lead Member for Adult Social Care, Public Health and Voluntary Sector, RBKC
Councillor Tim Mitchell	Minority Group, WCC
Bernie Flaherty	Bi-Borough Executive Director of Adult Social Care
Sarah Newman	Bi-Borough Executive Director of Children's Services
Anna Raleigh	Bi-Borough Director of Public Health
Judith Davey	Healthwatch Westminster
Steve Inett	Healthwatch Westminster
James Benson	NHS London
Andrew Steedman	NHS NWL
Jackie Rosenberg	One Westminster
Angela Spencer	KCSC
Lena Choudary-Salter	VCS
Representative (TBC)	Acute and Community Providers
Representative (TBC)	
Andrew Steeden	Primary Care – Clinical and
Jan Maniera	Medical Directors



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

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**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, Maria Burton, Portfolio Advisor.**

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

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

## **AGENDA**

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

#### **1. WELCOME AND MEMBERSHIP**

To report any changes to the Membership of the meeting.

#### **2. DECLARATIONS OF INTEREST**

To receive declarations by Members and Officers of the existence and nature of any pecuniary interests or any other significant interest in matters on this agenda.

#### **3. MINUTES AND MATTERS ARISING**

**(Pages 5 - 10)**

I) To agree the Minutes of the meeting held on 24 November 2022.

II) To note progress in actions arising.

#### **4. HEALTH AND WELLBEING BOARD TERMS OF REFERENCE**

**(Pages 11 - 14)**

To agree the Health and Wellbeing Board's Terms of Reference.

### **PART A**

#### **5. MENTAL HEALTH SESSION**

**(Pages 15 - 18)**

### **PART B**

#### **6. HEALTH AND WELLBEING BOARD STRATEGY**

**(Pages 19 - 22)**

Rachel Soni, Director of Health Partnerships

#### **7. SAFEGUARDING ADULTS EXECUTIVE BOARD ANNUAL REPORT**

**(Pages 23 - 62)**

Louise Butler, Head of Safeguarding and Workforce Development

#### **8. SUICIDE SAFER COMMUNITIES COMMITMENT**

**(Pages 63 - 68)**

Jeffrey Lake, Deputy Director of Public Health

**9. UPDATE ON WINTER FUND 22/23 S75 (DEED OF VARIATION)**

Rachel Soni, Director of Health Partnerships

(Pages 69 - 82)

**10. PUBLIC HEALTH ANNUAL REPORT**

Anna Raleigh, Director of Public Health

(Pages 83 -  
118)

**11. AOB**

**12. CLOSE OF MEETING**

The next meeting will be held on 30 March 2023.

**Stuart Love**  
**Westminster City Council Chief Executive**

**Maxine Holdsworth**  
**Royal Borough of Kensington and Chelsea Chief Executive**

**18 January 2023**



**CITY OF WESTMINSTER**

## **MINUTES**

### **Health & Wellbeing Board**

#### **MINUTES OF PROCEEDINGS**

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 24th November, 2022**, Kensington Queensmill, Barlby Road, London W10 6BH.

#### **Present:**

Councillor Sarah Addenbrooke (RBKC Chair - Lead Member for Adult Social Care and Public Health)

Councillor Nafsika Butler-Thalassis (WCC Chair– Cabinet Member for Adult Social Care, Public Health and Voluntary Sector)

Anna Raleigh (Bi-borough Director of Public Health)

Andrew Steeden (Primary Care – Clinical & Medical Directors)

Jan Maniera (Primary Care – Clinical & Medical Directors)

Janet Cree (in attendance for James Benson – NHS London)

Jackie Rosenberg (One Westminster)

Angela Spencer (KCSC)

#### **Other officer and councillor attendees:**

Councillor Catherine Faulks (RBKC – Lead Member for Family and Children's Services)

Councillor Tim Mitchell (WCC – Minority Group)

Grant Aitken (Head of Health Partnerships)

Rachel Soni (Director of Health Partnerships)

Seth Mills (Head of Service)

Moira Ugoji (Director of Communities)

Henry Leak (NHS CCG)

Cameron Hill (NHS NWL)

Helen Dunford (NHS NWL)

Tara Mulholland (CNWL)

Jessica Dawson (Strategic Advisor)

Rachel Dickenson (User Engagement and Policy Manager)

Aaron Hardy (Principal Policy Officer)

Bernie Brady (Communications Officer)

Emma Taylor (Governance Officer and Clerk to the committee)

## **1 INTRODUCTION AND WELCOME TO THE MEETING**

- 1.1** Councillor Sarah Addenbrooke welcomed everyone to the meeting, the first Health and Well Being Board (HWBB) held in a community setting. She thanked the head teacher, staff and students at Kensington Queensmill School for hosting the launch of the autism strategy and the HWBB.
- 1.2** Cllr Addenbrooke introduced the school and gave a summary of the specialist facility and the wider work of the school and the trust with students, families and carers which provides support and encouragement to the wider community.
- 1.3** The meeting is to be run in two parts – The Launch of the Autism Strategy and a tour of the school, followed by the formal Health and Wellbeing Board meeting.

## **5 AUTISM STRATEGY LAUNCH**

- 5.1** Cllr Addenbrooke introduced and gave an overview of the Autism strategy, which had been developed over the last 12 months and was finalised earlier in the year with the foreword from the previous co-chair Cllr Cem Kemahli. Cllr Addenbrooke was proud to formally launch the strategy and show it as part of the overall outcomes that want to be achieved with residents in the wider context of health and wellbeing, alongside the Health and Wellbeing (HWB) strategy.
- 5.2** Bernie Flaherty, Bi-Borough Director of Adult Social Care and Public Health for the Royal Borough of Kensington and Chelsea and Deputy Chief Executive of Westminster City Council was invited to introduce the autism strategy launch.
- 5.3** Bernie Flaherty and Rachel Dickenson, the Bi-Borough engagement lead introduced the item to the Board and wider attendees by recognising the strategy was a further part of the all-age strategy for autism and was designed alongside and with over 200 autistic residents across the two boroughs.
- 5.4** The Strategy sets significant goals, which aimed to improve the lives of residents living within the two boroughs.
- 5.5** Rachel Dickenson was grateful for all involved with the strategy and hoped the launch of the strategy would make a real difference to Autistic adults across both boroughs.
- 5.6** As part of the launch the board heard from a service user and carer regarding their lived experience of autism and the importance of the strategy and for the need for the community and providers to continue to work together and recognise the strengths and opportunities of a more inclusive and understanding community. The strengths of people with autism are wide and with the right environment and support then people can maintain their independence in our communities.

- 5.7** The chair thanked the guests for their contribution and passion shown in the discussion. The challenge for the Health and Wellbeing Board (HWBB) is to recognise that it has a role to provide the leadership across our partners and in our communities to address the challenges and to have a positive impact on the lives of all our residents.
- 5.8** Cllr Addenbrooke introduced Freddie Adu, the Head Teacher from Kensington Queensmill School and invited HWB members and attendees for a tour of the school

## **FORMAL HEALTH AND WELLBEING BOARD MEETING**

### **2 MEMBERSHIP**

- 2.1** Apologies for absence were received from Councillor Lucy Knight, Anne Sheridan, Doug Goldring, James Benson, Simon Hope, Dr Butler, Lizzy Bovill, Lena Choudary-Salter, Phillipa Johnson, Kristie Black, Bob Klaber and Gary Davies.

### **3 DECLARATIONS OF INTEREST**

- 3.1** There were no declarations of interest.

### **4 MINUTES OF THE PREVIOUS MEETING**

#### **RESOLVED:**

- 4.1** That the minutes of the Kensington & Chelsea and Westminster Health & Wellbeing Board meeting held on 15 September 2022 be agreed as a correct record of proceedings.

### **6 HEALTH AND WELLBEING STRATEGY WORKSHOP**

- 6.1** Cllr Addenbrooke welcomed the Health and Wellbeing Board (HWBB) members and the wider audience to the formal part of the HWBB and restated the role of the HWBB to be more visible by holding meetings in our communities and providing the opportunity to talk about our challenges within the context of the places we live and work.
- 6.2** The focus of this section was to understand the work and structure of the Health and Wellbeing (HWB) strategy, provide members and attendees with a context to the policy development work and to seek members comments on three areas:
- Are there areas of engagement that have been missed?
  - How the strategy will look
  - Understand the next phase of work to finalise the document for wider consultation with residents.

- 6.3 Cllr Butler-Thalassis (co-chair) stated the strategy was developing well following the work of the board and wider attendees on 15th September where links were made with the Joint Strategic Needs Assessment and the draft ambitions. Comments have been included and incorporated with more community insight through the summer inequalities programme; and pulling out key messages and themes from other strategies, plans and engagement activities that have been undertaken.
- 6.4 This is the next iterative stage of the strategy to be launched in 2023/24 and welcomed further input into the structure, content, direction and overall priorities and outcomes. Cllr Butler-Thalassis welcomed the strong community voice in its design and delivery and wanted to see this as the new “way of doing business”.
- 6.5 Cllr Addenbrooke introduced a short video on the Community Champions, which set the standard for how we engage, empower and enable our residents.
- 6.6 Rachel Soni, Bi-Borough Director of Health Partnerships was introduced and asked to introduce the strategy. She sought insight and involvement, stressing the need for the whole HWBB to “own” and account for the strategy.
- 6.7 Rachel Soni and Anna Raleigh, Bi-Borough Director of Public Health presented the item. They explained that engagement had been good and stated the importance to translate this feedback into an effective, inclusive and relevant strategy that became the key policy tool that holds us to account. Rachel welcomed everyone to break into small discussion groups to reflect on the mock-up of the strategy. An on-line interactive version of the strategy is planned to bring the document to life and support accessibility. The document would be autism friendly. People were then invited to send comments directly to Rachel ([rsoni@westminster.gov.uk](mailto:rsoni@westminster.gov.uk)). These would be presented back to the HWBB on 26th January and would be used to inform the development of the strategy.

A number of initial comments were fed back to the HWBB, including:

- Where does power and accountability of the strategy sit?
- The strategy must be resident led and be evidence based.
- Better explanation of where the actions in the strategy have come from and what exactly do they mean for residents is needed.
- An emphasis on inclusion, such as the Voluntary and Community sector (VCS) as well as more emphasis on Domestic Abuse and Violence, perhaps as a case study, is recommended.
- The present cost of living crisis is having a significant impact on the lives of residents and many people are facing daily challenges. The role of the VCS and wider community partners needs to be recognised and understood to support the ambitions in the strategy
- Bringing the document to life with videos and QR codes would be helpful.
- Ensure use of language is understood by all.

Rachel Soni thanked everyone for their valuable feedback and explained that she would be appreciative of further feedback via email or telephone or happy to attend in person wherever needed. She explained that she would work to make it clearer that Bi-Borough Place Based Partnership is where accountability would sit.

**7 ANY OTHER BUSINESS**

**7.1** No other business was discussed

Cllr Addenbrooke thanked everyone for attending and restated that the HWB strategy will become our point of reference and purpose. It will provide us all with a document that allows us to hold ourselves and others to account. The next HWB meeting will be hosted in Westminster and will again be in a community setting and will be themed around mental health. It will be held on Thursday 26<sup>th</sup> January at 4pm.

The Meeting ended at 6.15 pm

**CHAIR:** \_\_\_\_\_

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

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## JOINT HEALTH AND WELLBEING BOARD

Final draft – 11/01/23

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### 1.0 Vision of the Board

- 1.1 The Royal Borough of Kensington & Chelsea and the City of Westminster (the Bi-Borough) Health and Wellbeing Board will provide strong and effective leadership across the Local Authorities, Voluntary Sector and NHS partners by setting a clear direction, across traditional boundaries, to deliver change and fresh thinking to improve the health and wellbeing of all Bi-Borough residents and tackle health inequalities.
- 1.2 The Board will recognise that one size does not fill all and will ensure that services are designed to reflect the changing needs of the individuals and communities they serve and are easy to access. The Board will be accountable to those they serve through elected Members and will act as a champion for the voice of those who live, work and visit Kensington & Chelsea and Westminster.
- 1.3 The broad vision for the Board is that it will:
- **Promote** integrated health and social care, where this makes sense and improves outcomes, to deliver greater outcomes for people.
  - **Agree** strategic key issues for the joint board in line with the Bi-Borough Health and Wellbeing Strategy. The joint board will push progress against these priorities further and faster, ensuring 'silo working' and conflict are removed. *Organisational boundaries should not be a hindrance to developing effective solutions.*
  - **Demonstrate** clear leadership, championing the work and aims of the Board, and act as the key link between their own organisation or department and the Board, ensuring consistency and effective communications.
  - **Deliver** plans with local, regional and national partners, encouraging the most appropriate way of tackling issues and addressing need by ensuring the voice of local people are at the centre of decisions and plans.

### 2.0 Responsibilities

- 2.1 The Board has the following responsibilities:
- 1) To provide **strategic leadership** in developing the vision for health and wellbeing in the Royal Borough of Kensington & Chelsea and the City of Westminster as well as mobilising, co-ordinating and ensuring health and social care decisions are based on clear evidence for improving outcomes.
  - 2) To commit to the **coordination and sharing of resources** from its membership, and from others, to deliver against the agreed priorities and the Board's key issues.

- 3) To oversee the **delivery** of the shared Joint Health and Wellbeing Strategy (JHWS) priorities, ensuring that health and social care, as well as the wider determinants, can better address the needs of the local population.
- 4) To drive the Place Based Partnership and hold it **accountable** for delivering the ambitions of the Health and Wellbeing Strategy by committing to the mobilisation, coordination and sharing resources from its membership
- 5) To oversee the production and use of a programme of Joint Strategic Needs Assessments (JSNA) and ensure that the needs of the local population are properly assessed and captured. The JSNA should aim to map assets as well as needs for local areas and become embedded across the commissioning process of all systems. To also oversee the production and maintenance of the Pharmaceutical Needs Assessment.
- 6) To promote and encourage integrated working across the areas impacting the wider determinants of health, including alignment between organisation and departmental plans and strategies to tackle health inequalities, including ensuring local peoples voices are heard and reflected.
- 7) To play an active role in the North West London Integrated Care Board and Integrated Care Partnership to ensure our local communities needs are being reflected, heard and addressed to support the successful delivery of the Place health and wellbeing strategy.

### **3.0 Membership**

- 3.1 To ensure the joint HWB achieves its vision there will be a “core executive membership” who, having engaged with the wider membership / attendees, through the joint HWB meetings, will have voting rights. These will include:

#### Local Authority

- The Cabinet Member or Lead Member responsible for Adult Social Care and Public Health from each Local Authority
- The Bi-Borough Executive Director of Adult Social Care
- The Bi-Borough Executive Director of Children’s Service
- The Bi-Borough Director of Public Health

#### Voluntary and Community Sector

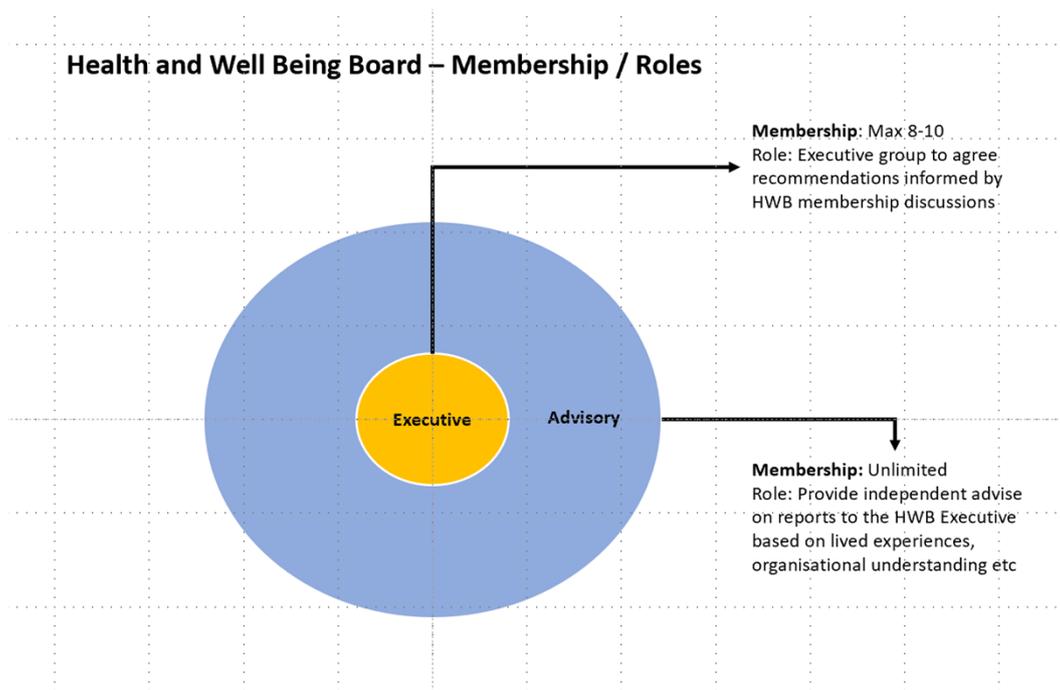
- A representative of the Local Healthwatch(s)
- Two representatives from RBKC voluntary and community sector (VCS)
- Two representatives from Westminster VCS

#### NHS

- The Place Based Partnership Director
- Two representatives from Primary Care – Clinical & Medical Directors

- 3.2 Board Members may appoint deputies to attend and vote on their behalf. Meetings of the Board will be alternately chaired by each Local Authority’s Cabinet Member or Lead Member for Adult Social Care and Public Health.

- 3.3 Central to the Joint Health and Wellbeing Board is the ambition to work in a format that allows greater engagement and understanding with and of our communities. Where other bodies are accountable for delivery or scrutiny of services and decisions, the Health and Wellbeing Board will not duplicate work. This will mean the joint HWB becomes a collaborative body that challenges and brings organisations together to address the HWB strategy priorities.
- 3.4 Attendance and participation at meetings will not be restricted to the voting members of the board and will be driven by the need to work with communities and partners to improve the health and wellbeing of local people and tackle health inequalities. For example, to ensure there is a focus and wider understanding of how we need to work collaboratively across the whole public service, members of the other committees, can have standing invites, as outlined in 3.5.



3.5 The following attendees are also seen as critical to the delivery of the joint Health and Well Being Board vision and discharging its responsibilities

- Lead Member for Family and Children’s Services
- Lead Members with papers relevant to portfolio
- Director from Chelwest and Imperial
- Representative from community health providers – CLCH and CNWL
- Residents
- Voluntary Sector partners
- Local business
- Scrutiny and Committee Members
- Subject Matter Experts to provide advise
- Metropolitan Police
- London Fire Service

- Local Authority Directors of Housing
- Local Authority Directors of Communities
- Public Health Consultants
- RBKC opposition spokesperson for Adult Social Care and Public Health
- Westminster opposition spokesperson for Adult Social Care and Public Health

#### **4.0 Format**

- The Board shall meet up to six times each municipal year and will be held in a setting that allows for the engagement with local people and organisations.
- The quorum for meetings shall be 50% of those with voting membership, including at least one the Chair or co Chair, a LA officer representative from the borough, two NHS core members and one Voluntary Sector member.
- Decisions shall be made based on consensus wherever this is possible. Where a consensus is not possible then decisions will be made based on a show of hands of voting members.
- Health and Wellbeing Board meetings will be conducted in line with the standard Access to Information rules that apply to all Council committees and therefore, unless exemptions apply which allow for business to be conducted in private, will be held in public.

**END**



## WCC & RBKC Health & Wellbeing Board

<b>Date:</b>	26 <sup>th</sup> January 2023
<b>Classification:</b>	General Release
<b>Title:</b>	Mental Health Workshop
<b>Report of:</b>	Adult Social Care and Health
<b>Wards Involved:</b>	All
<b>Report Author and Contact Details:</b>	Ann Sheridan ann.sheridan@nhs.net David Bello dbello@westminster.gov.uk

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### Executive Summary

Mental Health is a clear priority for the council and residents but there are challenges in meeting and supporting needs. The cost of living crisis facing our communities has exacerbated this situation hitting the poorer and more disadvantaged the hardest. 1 in 4 people report that they experience emotional anxiety and **one-fifth** of days lost from work in Britain can be attributed to mental health impacting economic recovery.

We need to fundamentally rethink the way we work with our communities to address the causes of poor mental health, prevent serious mental illness and promote positive mental health and resilience. This will be achieved through the promotion of better emotional and mental health support and early intervention in schools and communities as young people transition into adulthood. By investing and promoting access to activities that promote wellbeing, volunteering, and stronger social contact, we believe we can have a positive impact on the lives of residents.

This paper is a summary of what our residents have said and provides the context for the HWBB session to highlight how people are being supported to look after their mental wellbeing at every stage of life.

**What we know of our communities and what are residents saying?**

We know there is growing demand for services, increasing complexity of need and inequities in access across both local authorities based on information from our “Borough Stories” and from other data sources such as NHS Digital - Mental Health Services Monthly Statistics, ONS personal wellbeing estimates, Annual Population Survey 2021/22 and through the latest data for GP diagnosed mental health for 2022. For example:

#### Kensington and Chelsea - Children

- 1 in 10 **children** have mental health needs with 1,987 5-19 year olds having a mental, behavioural or emotional health disorder
- About 1,000 children are in contact with mental health services

#### Kensington and Chelsea – Adults

- 1 in 4 adults report feeling anxious and 1 in 12 have a GP diagnosis of depression; this is more common among those living in more deprived areas.

#### Westminster - Children

- 1 in 10 children have mental health needs and 4,268 5-19 year olds have a mental, behavioural or emotional health disorder.
- About 1,000 children are in contact with mental health services.

#### Westminster – Adults

- Over 1 in 4 adults report feeling anxious and 1 in 13 have a GP diagnosis of depression; this is more common among those living in more deprived areas.

Demand for Talking Therapies services has increased 8% across North West London following the pandemic. Across both local authorities there has been an increase in GP activity for mental health needs with the most common reasons being depression, anxiety, autism and Attention Deficit Hyperactivity Disorder. However, those from a Chinese, Indian, 'Other Asian' and 'Other White' ethnic background are significantly less likely to be diagnosed with a mental health condition.

Through engagement so far on the Health and Wellbeing strategy, work with partners, and engagement with resident groups we are hearing consistent messages. Although these conversations are ongoing and will shape how the public sector works with communities, we have heard some clear themes:

- *As an older man living by myself, I will feel supported if we get more free community events to bring people together as many have been isolated during COVID-19.*
- *We need more community-based health initiatives, family events, mental health support groups, social exercise clubs and pet friendly events.*
- *The community around me is very special to me. As an old lady living alone, when my local support services check in on me and take time to listen, I get the feeling that 'somebody cares for me', and that is very special.*

- *It will be great to have a trusted community professional that will be able to offer a tailored personalised health and wellbeing plan, as well as access to live health information at fingertips.*
- *More accessible community information on what's available, more should be happening at community centres for people's health and wellbeing. More walk-in advice centres with multi-lingual support*

## **Health and Well Being Strategy and Mental Health Strategic Plan**

Across the bi-borough, mental health has been identified as a priority and through work with residents and partners there is a commitment to rethink how we can best meet local population needs. We are facing multiple challenges and services are having to respond to changes in the way people access services. For example, we continue to see a steady increase in the number of people approaching mental health services for support and we need to respond to rising demand.

There is a need to think creatively together around how we ensure quality and timely mental health care for everyone who needs it, and tackle inequalities in access, experience and outcomes. Within a context of wider changes across the Integrated Care Partnership and in line with national policy and frameworks such as the NHS Long Term Plan, we need to work together to respond to identified challenges ensuring that the full mental health and wellbeing pathway delivers the best for service users and carers.

The HWB strategy and the mental health strategic plan will outline actions to support the increasing needs of our communities, but are being delivered in isolation. Through the market stalls we will be exploring some of these areas and welcome HWB views on these areas and others, including:

1. How to strengthen links with GPs that will help prevent deterioration so people have access to the right type of interventions and support when needed
2. How to be more proactive in the identification and support to individuals with multiple co-morbidities who don't meet secondary care thresholds through coordinated community response
3. How to develop and implement a more integrated Older Adult pathway model across the bi-borough, including the needs of those with dementia.
4. How to ensure rehab and placements are closer to home and delivered as part of an improved local pathway of care
5. Working with supported housing to release capacity locally so people remain close to home.

The Bi-borough are currently in the process of developing Mental Health Plan (MHP) that will focus on areas where services could be further strengthened to enhance the wellbeing of our residents.

The MHP sets out a clear direction of travel to support and promote good mental health, provide early intervention to prevent serious mental illness, provide the right response when a person needs specialist help and support, as well as outlining how the system will work to implement these changes. It proposes six pillars and draft

outcomes to bring about improvement to mental health services for local people. Please note that these proposals are yet to be formally signed off with all the key mental health stakeholders and may be further enhanced in due course.

The proposed six pillars are:

1. Clear and accessible information, advice, and guidance
2. Early intervention and prevention of mental health needs
3. Enabling people to live independent and healthy lives
4. Coordination between partners
5. Service users with high needs
6. Improving pathways, reducing waiting time and providing the right support

## **Market Stalls**

The market stalls will cover four areas to highlight the need for multi-disciplinary working across partners to address the wider social determinants of health to support residents with positive mental health and prevent suicide. The stalls include:

- **Employment** – opportunity to discuss with local employment leads the work being undertaken to support people into employment
- **Wellbeing, Leisure and VCS** – reinforce the role of the voluntary and community sector (VCS) to support people in the community. This will include understanding some of the work with VCS organisations and the pathways for people.
- **Housing / Homelessness** – this table will highlight the work of Changing Futures programme and the need for wider public sector reform to support people's positive mental health
- **Suicide Safer Communities** – how people are supported and the work with police and other partners to support people in crisis as well as supporting people to feel safe to reduce social isolation

Following the market stalls key issues will be captured and presented back to the HWB in the March meeting and fed into the HWB strategy.

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## **Recommendations**

1. To note the report

**END**



City of Westminster



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

## Westminster Health & Wellbeing Board

## RBKC Health & Wellbeing Board

**Date:**

26 January 2023

**Classification:**

**General Release**

**Title:**

Health and Wellbeing Strategy

**Report of:**

Rachel Soni – Bi-Borough Director of  
Health Partnerships

Anna Raleigh – Bi-Borough Director of  
Public Health

**Wards Involved:**

All

**Report Author and**

Grant Aitken, Head of Health Partnerships

**Contact Details:**

[Grant.aitken@rbkc.gov.uk](mailto:Grant.aitken@rbkc.gov.uk)

### 1. Executive Summary

- 1.1 On 24 November 2022 a presentation and discussion was held on the development of the of the Joint Health and Wellbeing Strategy (HWS). This briefing summarises the discussion and feedback received from the Health and Wellbeing Board meeting and outlines the next steps.
- 1.2 The report is for noting and to encourage Health and Wellbeing Board (HWB) members to continue to contribute and feedback on the development of the HWS.

### 2. Key Matters for the Board

- 2.1 The HWS is a 10-year strategy with a vision “...to reduce health inequalities across our boroughs so everyone has the opportunities and life chances to live their lives to the fullest, healthily and happily. This means we will focus our efforts on supporting people who are

*affected by avoidable, unfair and systematic causes of health inequalities, by helping them to make the connections that matters to them in their communities”.*

- 2.2 This vision is underpinned by four outcomes, or the things’ that will be different for people if we achieve our vision. Residents will:
- live longer and in a way that allows them to fulfil their lives
  - have their mental wellbeing seen as important as their physical health
  - live in communities that are healthy, safe and with good quality schools, housing and environment
  - have access to good quality and fairer services that meets their need

### **3. Health and Wellbeing Strategy Development Feedback**

- 3.1 The venue of the November meeting, Kensington Queensmill school, was well-received with significant praises to the specialist support that the facility provides for children with autism and other specific learning difficulties. By hosting the HWB in the community, as opposed to Kensington Town Hall / Westminster City Hall, a variety of different partners/guests attended, allowing for a broader insight.
- 3.2 The format of the event presented the Autism Strategy Launch and Tour of School, followed by the formal board with a Health and Wellbeing Strategy development workshop. This structure facilitated discussion and enabled attendees to see and form links between the good practice occurring across the two boroughs and the strategy. Bringing the all-age approach through by linking in the Children and Young People’s Plan is positive and the strategy will ensure our ambitions cover the life course of our residents.
- 3.3 The involvement of residents in the development process of the strategy was appreciated, with support for the surveys and workshops that had been completed. There was a feeling that the discussion was genuinely person centred and community based. There does however still need to be more work to bring together the all-age elements and to start seeing the interconnectivity across the life course.
- 3.4 Developing interactive elements of the workshop were seen as positive and as a way to bring the “feel” of the strategy to life. The further inclusion of these elements is encouraged and recommended for the online interactive strategy document.
- 3.5 The evidence-base of the HWS was recognised and seen as a positive, especially with the wider engagement and bringing forward what people tell us. We need to ensure the HWS links the engagement and residents’ comments with the ambitions and agreed actions. This includes working with wider resident and service user groups, such as the Local Account Group to develop the ambition statements and the wider look and feel of the strategy. The Local Account Group presence was helpful and offer of future co-production on the strategy accepted.
- 3.6 There is a need to strengthen the local nature of the strategy though use of local images and maps. Also, to ensure there are a good range of case studies showing how the HWS ambitions are being and will be delivered, for example disability, domestic violence and resident case studies. This can include strengthening the wider quotes from the engagement and ensuring the VCS and resident stakeholders, e.g., Local Account Group could be within the foreword.

- 3.7 The leadership of the plan was recognised, with HWB members having a clear role. However, there is a need to further outline the place-based partnerships, its accountability for delivery to the HWB through the evolved partnership arrangements.
- 3.8 The HWS vision is ambitious and needs the whole of the public sector to work with and for communities to deliver its vision. To make the HWS accessible there is a need to bring it to life through a visual and to show how new models of care will be influenced by the strategy. When the final document is produced it will be important to include the community champions video to reinforce the community leadership element. Additionally, throughout the web version there is an ambition to make it more interactive. For example, when people “click” on a case study they are asked questions, so the HWS is continually collecting information and insight. Certain incentives to answer questions such as a free swim session could also be included.
- 3.9 There was recognition of the role of the HWB in owning and being accountable for the delivery of the strategy but also how other partners are involved and “own” elements of the strategy. This needs to be strengthened to reinforce how the strategy has been developed with people and communities.
- 3.10 Ensuring the final HWS is accessible through appropriate font and colours and in an Easy Read format.

#### **4. Next steps**

- 3.1 The next iteration to be presented to the HWB will be a consultative HWS for agreement. This is being developed through the following activities:
- A finalised outcomes framework to ensure this links to what people have said our ambitions should be and how we track progress of the delivery of the strategy.
  - 10 ambition workshops are being held with a small group of subject matters experts, residents, service users and people with lived experiences on each of the areas. This will allow the HWS to have its ambition statement wording tested to ensure relevance, agreeing the key metrics to measure the ambition, and agree the case studies. The case studies can be used to demonstrate how the strategy will be delivered and to showcase good practice.
  - Illustrator led workshops to support the visualisation of the wider HWS and its role in addressing health inequalities, including building on the strengths to demonstrate the wider diversity of the boroughs whilst also showing the local focus of delivery through local images etc.
  - Draft HWS consultation document to be sent to HWB members in February 2023 for comment
  - Formal consultation to start in March 2023 for 8 weeks
  - Final HWS to be agreed by HWB in summer meeting.

#### **5. Legal Implications**

- 5.1 Health and Wellbeing Boards are required to prepare a Joint Strategic Needs Assessment (JSNA) under s116A of the Local Government and Public Involvement in Health Act 2007. Work is presently underway and the evidence collated will inform the drafting of the HWB strategy.

## **6. Financial Implications**

6.1 There are no financial implications arising as a result of this report.

## **7. Carbon Impact**

7.1 The Health and Wellbeing strategy would aim to proactively support the climate action plan.

**If you have any queries about this Report or wish to inspect any of the background papers please contact:**

Grant Aitken, Head of Health Partnerships, Royal Borough of Kensington and Chelsea and Westminster City Council

**Email:** [grant.aitken@rbkc.gov.uk](mailto:grant.aitken@rbkc.gov.uk)

## Health and Wellbeing Board

<b>Date:</b>	<b>26 January 2023</b>
<b>Classification:</b>	<b>General Release – For information only</b>
<b>Title:</b>	Annual Report 2021/22
<b>Report of:</b>	Safeguarding Adults Executive Board
<b>Wards Involved:</b>	All
<b>Policy Context:</b>	The Care Act 2014
<b>Financial Summary:</b>	N/A
<b>Report Author and Contact Details:</b>	Louise Butler: Head of Safeguarding and Workforce Development Email: <a href="mailto:lbutler@westminster.gov.uk">lbutler@westminster.gov.uk</a>  Trish McMahon: Business Manager, SAEB <a href="mailto:Patricia.mcmahon@rbkc.gov.uk">Patricia.mcmahon@rbkc.gov.uk</a>

### 1. Executive Summary

- 1.1 This is the 2021/22 Annual Report of the Safeguarding Adult Executive Board (SAEB). The multi-agency Board provides leadership of adult safeguarding across the Bi- borough. 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. The responsibilities of the SAEB are detailed in Schedule 2 of the Care Act 2014<sup>1</sup>, and include the requirement to report on how members are progressing the SAEB's strategic priorities. These priorities are informed by the learning from Safeguarding Enquiries (Section 42), and Safeguarding Adults Reviews (Section 44) of deaths and serious harm.
- 1.2 The report seeks to show how the SAEB and member agencies have addressed these priorities during 2021/22 and provides an overview of the work of the Board and its subgroups. The focus this year has been about

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<sup>1</sup> <http://www.legislation.gov.uk/ukpga/2014/23/schedule/2/enacted>

learning from how the pandemic has affected our safeguarding work and what we have done about this. The Annual Report falls into 4 main chapters in which the partnership achievements for 2021-2022 are described.

- 1 **Safeguarding Ambassadors:** A unique group of individuals from prominent service user groups passionate about preventing abuse and neglect. They raise awareness of safeguarding and empower people to be confident in responding to abuse and neglect.
- 2 **Making Safeguarding Personal:** The SAEB ensure that the core principles of Making Safeguarding Personal are threaded throughout our strategy and all our activities and events. We listen and collaborate with service users by experience to ensure the voices of our communities are heard and that adults are being supported and encouraged to make their own decisions on how to keep themselves safe.
- 3 **Communities Keeping themselves Safe:** The SAEB continue to build community resilience and Safeguarding prosperity within our communities. This year we have addressed barriers in raising safeguarding awareness, creating an inclusive and diverse safeguarding culture with 'seldom heard from' community groups.
- 4 **Listening Leading and Learning:** As a partnership we have continued to look at information about local safeguarding activity to inform our priorities. We consider recommendations and lessons learned from both national and local Safeguarding Adult Reviews to understand what needs to change.

1.3 Highlights from each of the 4 key areas found in the report include:

- **Page 15: Maria's Report:** The Community Engagement Prevention Agenda: we continue to hear the voice of our Safeguarding Ambassadors who bring safeguarding risks to the attention of the Board, and we support them by responding to the needs of our communities.
- **Page 17: Glenda** shared her story about her journey from Service User to Safeguarding Ambassador and to becoming a voice to influence safeguarding for London. This video is scheduled to be shared at various local and National Events during Safeguarding Awareness week 2022.
- **Page 18: The London Voices Group:** Bi-borough Ambassadors with lived experience of Safeguarding have provided safeguarding leadership and invaluable contributions to safeguarding governance and practice across London.
- **Page 20-21: Commissioning of the Safe at Home Project:** working closely with seldom heard from diverse groups in the communities of the Bi-Borough we have co-produced and delivered Safeguarding Awareness 'Train the Trainer' training to the Black Minority Ethnic Health Forum throughout 2021/22. This programme was the first of its kind both regionally and countrywide to 'hard to reach' language and religious faith groups across the Bi-borough
- **Pages 25 - 27: Working together across Adults and Children's services to support Afghan evacuees.** Children's and Adults partnership agencies

provided additional services alongside assistance for refugees into existing health and social care services across the Bi-Borough.

- **Pages 30: Launch of the Blue Light Project and Ian's story**, a video that tells Ian's story - a homeless man who had someone who really cared about him.
- **Pages 39:** What the data is telling us about our safeguarding outcomes.
- **Page 44:** Our Safeguarding Ambassadors launched a **Cybercrime video** to mark Safeguarding Adults Week 2021, which was both a national and local success.
- **Pages 47 - 48: Focus on self-neglect and hoarding.** This year we reviewed our local hoarding strategies and are holding an event in 2022 to support Practitioners to be vigilant in identifying and responding effectively to self-neglect and hoarding
- **Pages 53 – 66 Safeguarding Adult Reviews:** This section demonstrates the ways in which professionals and agencies across the Bi-borough have worked together to embed national and local learning, highlighting key learning and extensive work that has taken place across the partnership throughout 2021/2022 in response to reviews.
- **Pages 67 – 68: Our Strategic Plan 2022-2025** sets out how the Board will work towards achieving its ambitions for safeguarding adults in the Bi-Borough and has four key priorities to ensure that, wherever possible, safeguarding responsibilities are delivered in a way that creates safeguarding prosperity within our communities and continues to have 'Making Safeguarding Personal' (MSP) at the heart of everything we do.

## 2. Key Matters for the Board

- 2.1 The Health and Wellbeing Board (HWB) is requested to consider the Annual Report 2021/22 of the Safeguarding Adults Executive Board (SAEB), with particular regard to the arrangements that have been put in place to meet the requirements of the Care Act 2014, from 1<sup>st</sup> April 2015

## 3. Background

- 3.1 In January 2015, the Protocol to set out governance arrangements between the Health and Wellbeing Boards and the Safeguarding Adults Executive Board (SAEB) was agreed.
- 3.2 The anticipated benefits of this protocol were:
- a) Ensuring safeguarding is “everyone’s business” and is reflected in the adult social care, health and public health agenda;*
  - b) Any safeguarding issues, or opportunities for the HWB to use its strategic influence over commissioning, are communicated to the HWB by the SAEB;*
  - c) Equally, if the HWBB have concerns about safeguarding issues affecting health outcomes, these are effectively communicated back to the SAEB for consideration;*
  - d) Cross-Board partnership working embeds safeguarding across the health and wellbeing sector*

#### **4. Need**

- 4.1 The Safeguarding Adults Reviews section of the report highlights the ways in which professionals and agencies across the Bi-borough have worked together to embed national and local learning, highlighting key learning and extensive work that has taken place across the partnership throughout 2021/2022 in response to reviews. This demonstrates how much can be achieved by working together to tackle issues that may make communities unhealthy or unsafe. 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. Recommendations**

- 5.1 It is recommended that the Board accept the 2021/22 Annual Report of the SAEB, and in particular notes and lends support to the strategic priorities that are informing the work of the SAEB during 2022 - 25. (See pages 67 - 68).

**Background papers:** Protocol to set out governance arrangements between the Health and Wellbeing Boards and the Safeguarding Adults Board 14 January 2015

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

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# Safeguarding Adults Executive Board

# ANNUAL REPORT

Communities keeping  
themselves safe



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA



Safeguarding Adults  
Executive Board

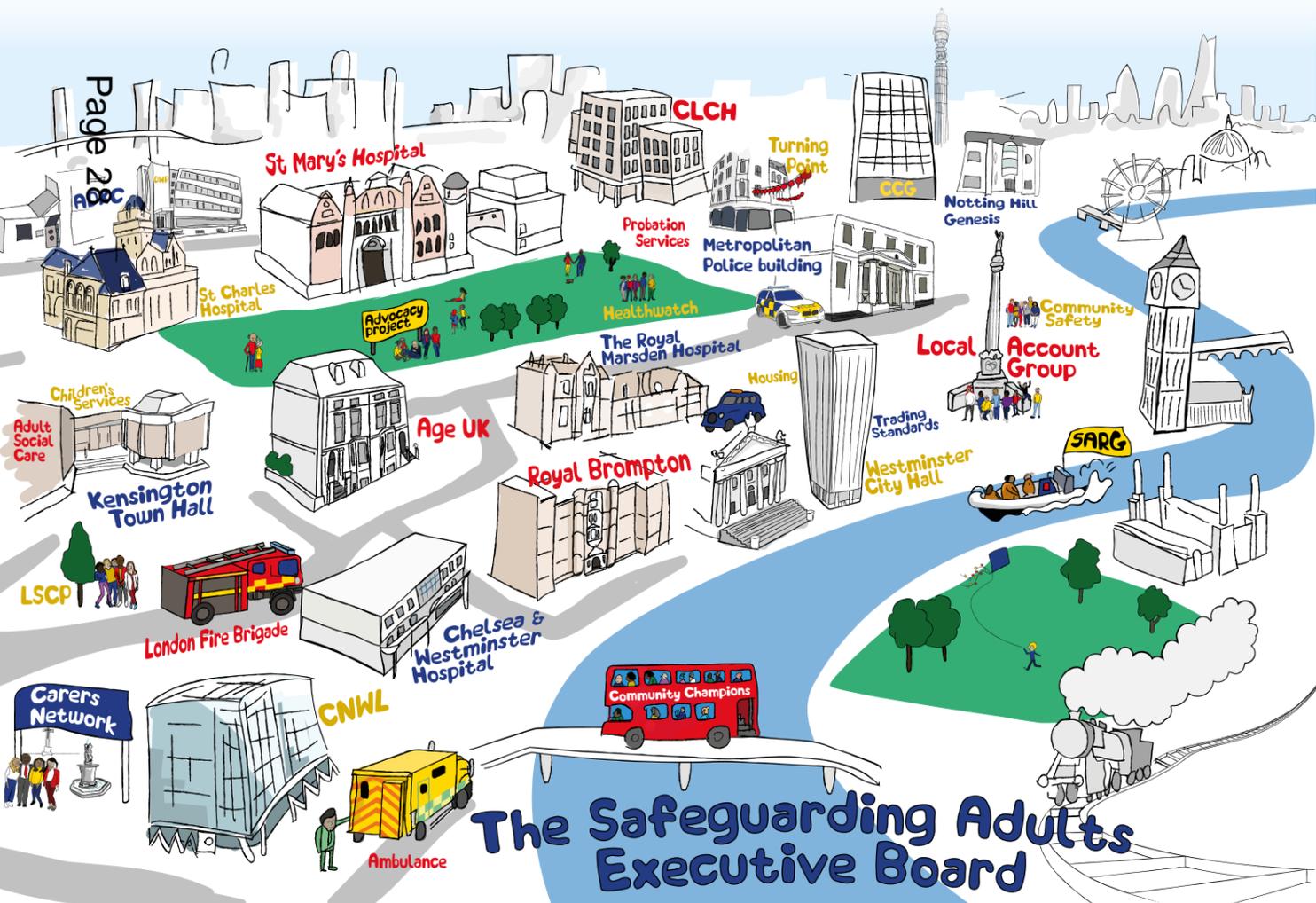
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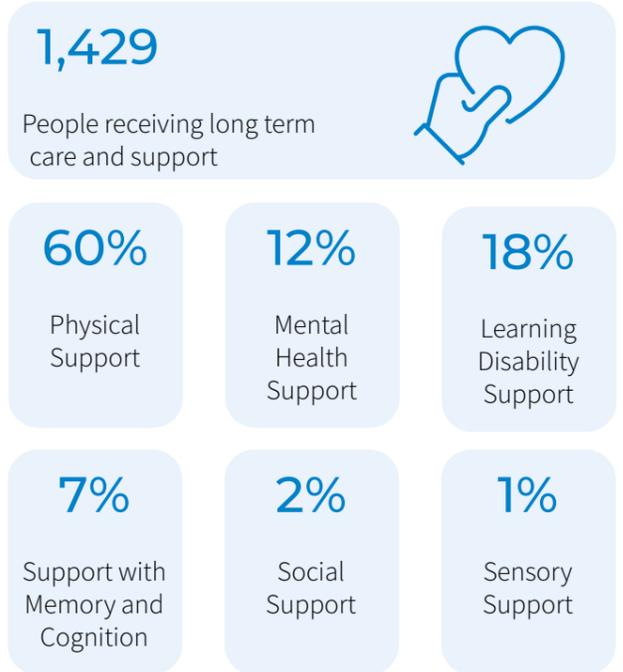
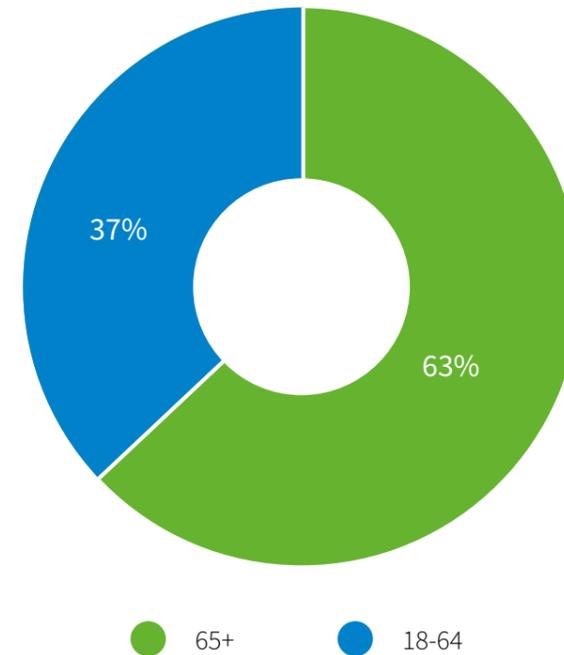
City of Westminster

# The context of our two boroughs is important as it provides information about the community our service users live in

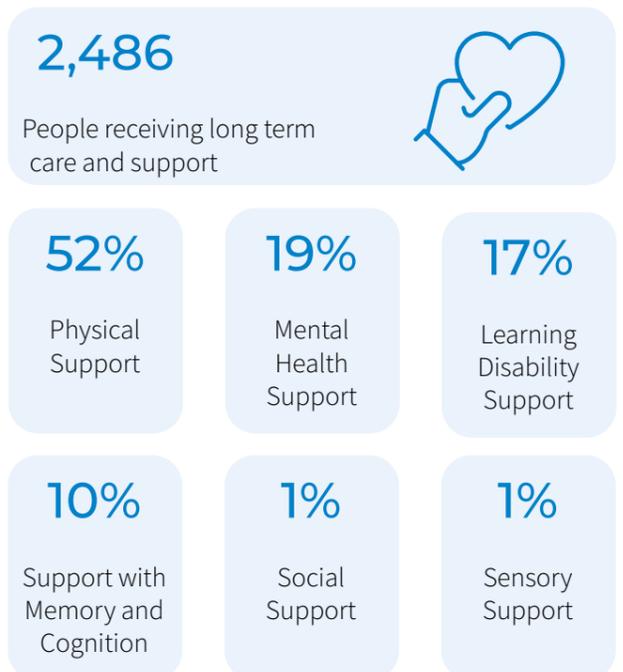
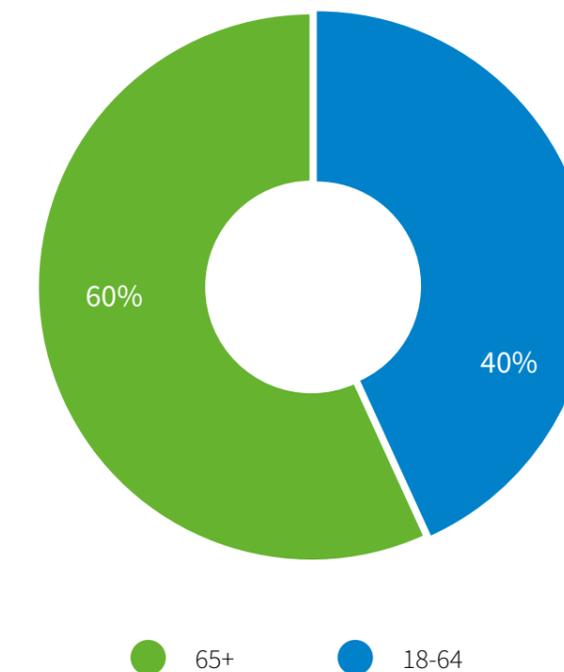
Every local area is unique from the north of the boroughs to the south. They have their own cultures and challenges. This data helps us to understand the landscape in which we work with communities and our safeguarding ambassadors to manage risk and collaborate in keeping people safe.



## Royal Borough of Kensington and Chelsea – Adult Social Care insight data 2021-22



## Westminster City Council – Adult Social Care insight data 2021-2022



## Foreword

1. Aileen Buckton, Independent Chair
2. Who is the Safeguarding Executive Board responsible to?

## Introduction to Annual Report

3. Who is the Annual Safeguarding Executive Board report for?
4. What is Safeguarding?
5. Executive Summary
6. What the SAEB worked on 2021-22

## Safeguarding Ambassadors

7. Maria's report for the year
8. Ambassador profile on Fay and Glenda
9. London Voices

## Communities keeping themselves safe

10. Staying Safe project
11. Working together across Adults and Children's services to support
12. Afghan evacuees
13. National Safeguarding awareness week and other events
14. Resources promoted to keep communities informed
15. Community engagement sessions
16. Health Watch report on 'mystery shopping' exercise

## Making Safeguarding Personal

17. What the data is telling us about our outcomes
18. Focus on the work of the Board on Financial abuse
19. Financial abuse and the Elderly – Age UK
20. Case study and learning briefing from Client Affairs
21. Focus on self neglect and hoarding
22. Carers Network 'Making Safeguarding Personal'

## Leading, listening and learning

23. Key achievements
24. SAR referrals in 2021-2022
25. 7 mins briefing on telecare and fire safety
26. "Annie" and reasonable adjustments
27. Learning disabilities Annual health checks, Safe and wellbeing reviews & LeDeR
28. Joan's legacy
29. The Safeguarding executive 3-year plan

True or false?

The SAEB membership consists of the statutory agencies, namely the Local Authority, Police and the NHS...

False!

The SAEB membership which brings together a range of skills from agencies who are experienced in working with vulnerable adults. This includes core membership from the Local Authority, Police and Health but also community and voluntary sector services. The SAEB has a vibrant representation from service users to ensure that the voice of adults and carers who use safeguarding services are represented.

# Foreword



I have great pleasure in presenting the annual report for the Bi-Borough Safeguarding Adults Executive Board (SAEB), covering the period from March 2021 to April 2022.

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**T**he SAEB brings together statutory and voluntary organisations from across both boroughs, elected members and local residents who work together to support local communities to keep themselves safe, and to safeguard adults who are experiencing or at risk of abuse and neglect. This annual report outlines the objectives that the board set for the year 21/22 and highlights some of the key achievements.

In the foreword to last year's report, I wrote about both the safeguarding challenges and opportunities created by the Covid-19 pandemic. This report for 2021 – 22 reflects the ongoing commitment and hard work of our Board members to evaluate the impact of Covid-19 on safeguarding activity and identify new concerns and challenges which they responded to.

I would like to pay tribute to the innovative and collaborative ways in which the Bi-borough services worked through the stresses and demands of the pandemic whilst still keeping safeguarding at the forefront. This set a legacy of ensuring that our services find new ways of working together to adapt and respond to new challenges.

A real challenge for any Safeguarding Adults Board is to make safeguarding services accessible to all and this was particularly challenging during the period

of the pandemic. This is not just about overcoming language, ethnicity and disability barriers but understanding differences in cultural perceptions of abuse and neglect and the role of statutory agencies in safeguarding people. The Bi-Borough benefits from being an area which is culturally and ethnically diverse, but the board has to ensure that we listen to all resident communities. The Board has been delighted to have supported the Staying Safe Project. The project worked with many of our community organisations whose voices are seldom heard with the aim of breaking down barriers that can make it difficult for communities to reach out for help. The messages from these community groups are clear – we must listen to their experience of safeguarding and ensure this informs local services.

I would also like to highlight the fantastic work of our Safeguarding Ambassadors and the Local Account Group who, despite the pandemic, played a key role in linking the Board to local residents to highlighting what the safeguarding issues are for them and empowering people to take action to raise concerns when needed.

We have continued to prioritise our own partnership learning and the need to make practice changes when either nationally or locally we hear of those who faced abuse or harm. The reviews of their very tragic circumstances must inform and shape how we

improve our work, and we must remain open to the challenge they bring. It is perhaps the best legacy that we can provide for these residents and their families. The report outlines our actions from Kate and Annie's reviews as documented in last year's report. We have also completed a Safeguarding Adult Review, SAR, for Joan, which will be published in 2022. We are grateful to Joan's family for their contributions and honest insights into this review and that they have been willing to support the learning that we will provide.

This annual report contains many examples of excellent partnership working and I would like to thank Board members for their continued support and engagement, which crucially makes a real difference to those who rely on our shared safeguarding system. My thanks too to both councils for their continued role in supporting the board's work.

Looking back and reflecting on a year's work has of course helped shaped our thinking and practice for this current year 22/23. There are many changes taking place across all of our partner organisations, but our priority remains to keep safeguarding as a central and key focus for us all.

**AILEEN BUCKTON**

Chair Bi-Borough Safeguarding  
Adults Executive Board

## Did you know?

**Schedule 2.2 of The Care Act states ‘Members of Safeguarding Adult Boards are expected to support the board in its work but no formula has been established for the total budget a SAB might need, nor the contributions to be expected from each member.’**

Financial Contributions and thanks goes to

- the North West London Collaboration of Integrated Care Board (NWL ICB) contribution of £20,500 per borough, per year
- the Mayor’s Office for Policing and Crime who provide an annual contribution of £5,000 to each borough for the local safeguarding adult board
- also, for the sixth year running, The London Fire Brigade has contributed £500 per borough

The money is a welcome contribution to the costs of commissioning Statutory Safeguarding Adult Reviews as well as on-going costs of raising awareness of Adult Safeguarding in our communities through events and promotional materials.

## Introduction

### What it means to abuse someone

Abuse means treating someone with violence, disrespect, cruelty, harm or force.

### What is Safeguarding?

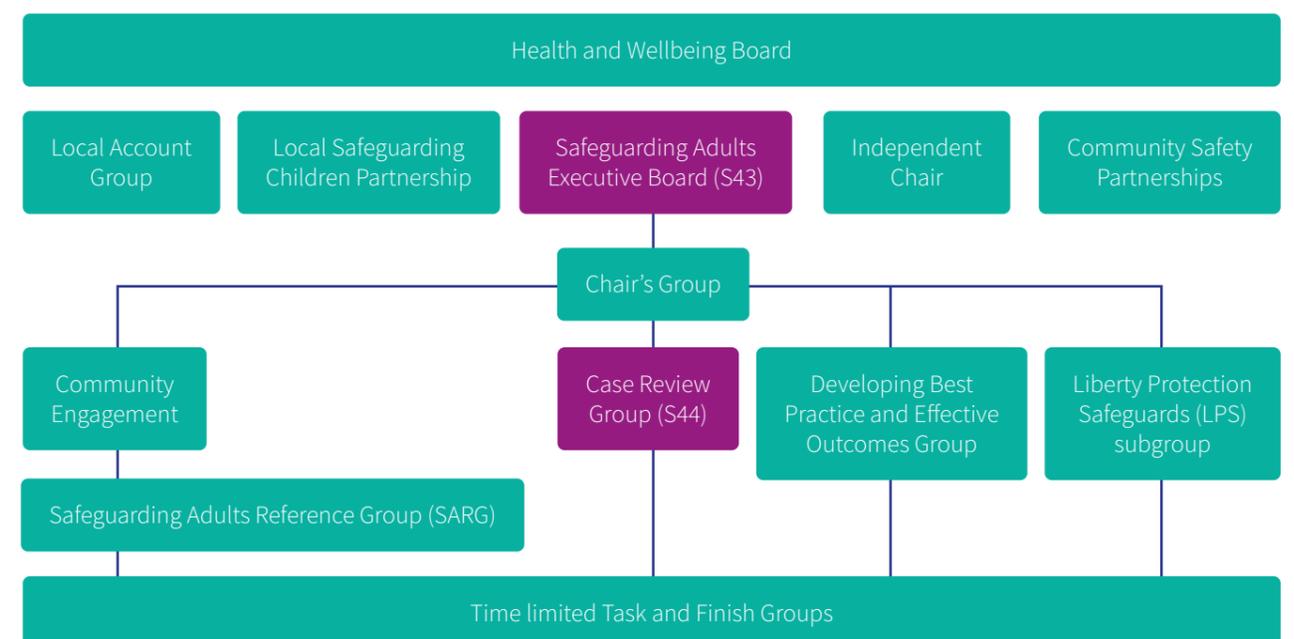
It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adults wellbeing is promoted. Safeguarding practice recognises that people have unique interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

### What is the Safeguarding Executive Board responsible for?

This Safeguarding Executive 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 Kensington and Chelsea and Westminster.

The Bi-Borough Safeguarding Adults Executive Board is a partnership of organisations working together to prevent abuse and neglect, and when someone experiences abuse or neglect, responds in a way that supports their choices and promotes their well-being. The Board Structure and its workstreams for 2021-2022 is in the diagram below and demonstrates the effective links we have with other boards, partnerships and the Local Account Group.

## Safeguarding Adults Executive Board and workstreams 2022/23



True or false?

## The SAEB and all of its subgroups held a total of 33 meetings over 2021 – 22.

True!

The board meets four times a year and is supported by a range of subgroups which carry out the work ensuring that the priorities set out in our Strategic Plan are delivered. Each subgroup has a work plan which details the areas of focus for the financial year and is regularly updated with specific actions and timescales. These subgroups ensure that the work of the Board really makes a difference to local safeguarding practice, and to the outcomes of adults and their carers.

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**Our Board Vision** is based on the rights of people to live a life free from harm where communities

- have a culture that does not tolerate abuse
- work together to prevent abuse
- know what to do if when abuse happens

### Our Values and behaviours

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 by 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 two boroughs.

The Boards main objective is to ensure that local safeguarding arrangements and partner organisations act to help and protect people aged 18 and over in the area who:

- have needs for care and support; and
- are experiencing, or at risk of, abuse or neglect; and
- as a result of their care and support needs are unable to protect themselves from either the risk of or experience of abuse or neglect regardless of if the council are funding care or not.

### Who is the Safeguarding Executive Board Annual Report 2021-2022 for?

Annual Report is for the people who live and work in the Royal Borough of Kensington and Chelsea and Westminster. The report describes what we have done to help prevent safeguarding in our communities, why we have done it and what the results were. It also describes how we spend our budget and what difference we have made to adults at risk.

## Executive Summary

The SAEB focus this year has been about learning from how the pandemic has effected our safeguarding work and what we have done about this. The Annual Report falls into 4 main chapters in which the partnership achievements for 2021-2022 are described.

### Safeguarding Ambassadors



- passionate about preventing abuse and neglect
- leaders in promoting and sharing safeguarding knowledge
- convey safeguarding risks and bring real-life stories and concerns to the attention of the Board
- co-produce all community events, activities and products

### Making Safeguarding Personal



- using data better to help inform partnership responses to safeguarding referrals
- understanding which abuse types are the most prevalent and doing something about it
- knowing our residents and who is at most risk
- placing partnership responses at the heart of the problem

### Communities keeping themselves safe



- culturally competent safeguarding
- raising awareness of safeguarding
- close working with the voluntary sector
- listening and collaborating with service users

### Leading, Listening and Learning



- a partnership which is open to new ideas and a willingness to learn from mistakes
- a partnership which wants to get better at preventing abuse and neglect
- a partnership which is transparent and accountable to each other and to its residents
- a partnership that listens and hears what it is being told by families

# What the SAEB worked on in 2021-2022

## Safeguarding Ambassadors

Safeguarding Ambassadors are the Boards Super Heroes. They are a unique group of individual's from prominent service user groups passionate about preventing abuse and neglect. They lead, promote and share their safeguarding knowledge by listening to and supporting residents. This diverse group are often the first point-of-contact when residents want to seek safeguarding advice and they play a lead role in bringing safeguarding risks to the attention of the Board.



## Communities keeping themselves safe

- culturally competent safeguarding
- raising awareness of safeguarding
- close working with the voluntary sector
- listening and collaborating with service users



### Diversity and Inclusion: Staying Safe – In partnership with the Advocacy Project and the Black, Minority, Ethnic Health Forum

Safeguarding Awareness Programme successfully rolled out across the communities of the Bi-Borough, to include translation services and co-designed events for 'hard to reach' communities who now feel more confident and better supported in raising safeguarding concerns. This has both Increased engagement and greater awareness of barriers and accessibility issues that hard to reach communities have in raising safeguarding concerns.

### National Safeguarding Awareness Week (NSAW) 'Creating Safer Cultures'

Our Safeguarding Ambassadors launched a Cybercrime video to mark Safeguarding Awareness Week, which had 76 public views during launch week. They also led on a session to co-produce our Community Engagement Prevention Agenda to be rolled out during 2022/2023 across all **Community Engagement member organisations**.

Safeguarding Activities were scheduled throughout the week which included a suite of online resources to help develop community awareness, keep residents safe and informed on the work of the board in the communities of the Bi-Borough.

## Making Safeguarding Personal

- using data better to help inform partnership responses to safeguarding referrals
- understanding which abuse types are the most prevalent and doing something about it
- knowing our residents and who is at most risk
- placing partnership responses at the heart of the solution



## Strategic Hoarding Operational Group

- operational management of hoarding
- multiagency data review completed to better understand the current position and influence the decisions of the group
- prevention and early intervention processes embedded across housing sector
- raising awareness and prevention. Practitioner event in planning for November 2022

**Increased service users involvement in SAEB activity:** The Community Engagement Group and Safeguarding Ambassadors are working with Community Safety teams to champion the work already being completed on cuckooing and with the **Hate Crime Partnership**; work continues to promote partnership working across the Bi-Borough with local resident groups, voluntary organisations, and the police.

**Transitional Safeguarding:** We have continued to work together with childrens services to influence better understanding of safeguarding for 16-25 year olds.

**London Safeguarding Voices Group:** Safeguarding Ambassadors with lived experience of Safeguarding and have joined the new regional group. They have led discussions at regional conferences and supported the group by sharing and demonstrating their advance knowledge of co-production and Making Safeguarding Personal.

## Leading, Listening and Learning

- a partnership which is open to new ideas and a willingness to learn from mistakes
- a partnership which wants to get better at preventing abuse and neglect
- a partnership which is transparent and accountable to each other and to its residents
- a partnership that listens and hears what it is being told by families



**In response to a report on the conclusion of the Norfolk Safeguarding Adult Review of Carston Hospital the SAEB set up a task and finish group** to review the national recommendations and learning. This included implementation and review of Annual Health checks: embedding local improvements in pathways for service users with a learning disability.

**Learning from Safeguarding Adult Reviews (SARs)** The partnership completed 2 SARs and subsequent action plans for local service improvements. 1 thematic SAR has been commissioned on fatal fire.

**Organisational memory:** This has remained a key priority for the SAEB throughout 21/22. We have continued to disseminate learning from national and local SARs relevant to our partnership and community groups. Local action plans reviewed and implemented in response to all 7-minute briefings.

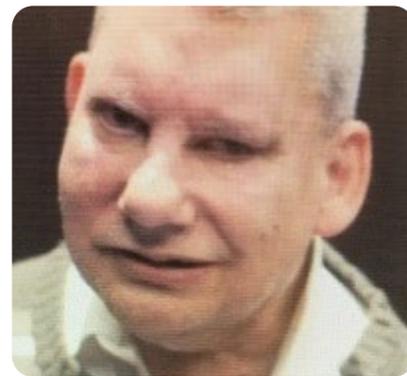
**LSCP and SAEB Joint meeting to review support to Afghan Families:** Joint Action Plan across Children's and Adults in place to bolster support to all refugees and families. The plan includes partnership agencies providing additional services alongside assistance for refugees into existing health and social care services across the Bi-Borough.

**Liberty Protection Safeguards:** The LPS subgroup are overseeing the awareness, promotion and application of the new LPS standards across the Bi-Borough. Providing assurance to the Safeguarding Adults Board that partners are ensuring and promoting LPS awareness, and appropriate application in practice through workforce planning and training.

# Safeguarding Ambassadors

**S**afeguarding Ambassadors are the Boards super heroes! We are grateful for their expertise in understanding what makes their communities safe and we support them as they grow from strength to strength in playing a lead role across all our areas of work. They are the key link between our service users and the Board. They inform the Board what is worrying them and tell the Board what they want to do about it.

The first section of the Annual Report offers a profile of the work of our Safeguarding Ambassadors. What they have been doing throughout the year with communities and the fantastic recognition they had this year by representing the SAEB as part of the London Voices work sponsored by Adult Directors of Adult Social Care.



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## Maria Stoeva – Chair of the Safeguarding Adults Reference Group



**H**ello everyone, my name is Maria Stoeva, and I am the Chair of the Safeguarding Adults Reference Group. Our work is to raise awareness of safeguarding and empower our communities to be confident in responding to abuse and neglect.

### Areas we identified and solutions implemented:

#### 1 Local shops overcharging people by providing food on 'tick'

Bethan Featherby from Trading Standards hosted an informative session about pricing practices and how we can report these matters. The group have co-produced a 'Pricing Practices Guidance' which we have shared with our communities.

#### 2 Loan Shark training

A very insightful session was delivered by the Illegal Money Lending Team to our group so that we can keep our communities informed and can support each other to stay safe from loan sharks. This risk has become very real due to the economic crisis and we will continue to promote awareness and work to create local campaigns and initiatives and host webinars to warn residents about the dangers of loan sharks.

#### 3 Hate Crime

We have been working with the Community Safety Partnership who have delivered hate crime training to our Group. We have raised awareness to all members of our Community Engagement Group which includes volunteers from 18 member organisations. We are very passionate about Hate Crime, as many of our group members have lived experience of this type of abuse. We co-produced the 7-minute briefing so that we can further raise awareness of this important topic.

Please contact us to join our mailing list and to receive invitations to future events and important updates on the work that we do at [makingsafeguardingpersonal@rbkc.gov.uk](mailto:makingsafeguardingpersonal@rbkc.gov.uk)

Best wishes

**MARIA STOEVA**

## 7 Minute Briefing: Hate Crime

### 1 Hate Crime incidents

Hate Crime incidents hurt and can be very frightening for the person subjected to them. They directly strike at who a person is, their community and their way of life and can be committed against a person or a property. People have often suffered abuse and hostility all their lives, just because of who they are. Incidents and crimes that are targeted at a person because of hostility or prejudice towards their disability, race/ethnicity, religion/belief, sexual orientation or transgender identity are classified as hate incidents or crimes. This briefing is here to remind you of our responsibility to the victims of hate incidents/crimes so that we can make people safe and help them feel safe. Hate incidents and crimes are being committed every day across all force areas and yet research tells us that over 60% are never reported to the Police.

### 2 What is a Hate Crime?

Any criminal offence, which is perceived by the victim or any other person, as being aggravated or motivated by prejudice or hostility.

Hate Crime is defined as; Any hate incident, which constitutes a criminal offence, perceived by the victim or any other person, as being aggravated or motivated by prejudice or hostility. In both cases this can be before, at the time or after the event.

### 3 Our duty

It is essential that we all understand that whilst the nature of the hate incident may not grade high on the criminal framework of offences, victims of hate incidents or crimes have often experienced this hostility and behaviours for long periods and contacting the police is a significant step for them due to fears of recrimination and them not being taken seriously.

Hate Incidents and Crimes if not dealt with appropriately have the potential to rapidly escalate for both for the victim and the community and could cause severe damage to public confidence.

### 4 Public Trust and confidence

Growing public trust and confidence in reporting hate crime is important. By raising awareness we hope that this will lead to better community engagement with the police and community safety partners.

### 5 Did you Know?

There were over 25,800 reported Hate Crimes in London last year.

### 6 Ways to report

Positive action to make the behaviour stop and provide victim are and support are vital. There are various ways to report hate crimes and incidents. In an emergency always call 999. For all other reports please call 101.

### 7 REPORT IT

Take all reports of hate incidents and crimes seriously. The victim impact will be significant even though the incident may appear minor. It doesn't only have to be the victim that reports Hate Crimes/ Incidents. If YOU witness it YOU can report it too. DON'T – assume it is someone else's problem. We ALL have a responsibility to fight Hate Crime.

## Fay Sandler, Safeguarding Ambassador, Local Account Group Member



### Fay Sandler talks about her volunteer roles and her passion for helping others.

I've always had a passion for helping others and I love the idea of being considered a dependable person. I enjoy when others come to me to talk about the hardship they are experiencing and being able to provide them with feedback or helpful advice.

To do this I learned that you need to have the characteristics of a people person. You must be patient, outgoing and friendly. I allow myself to be comfortable when speaking with our communities. The Local Account Group and Safeguarding Adults Reference group all have a passion for helping others. We all really inspire each other to give others the help, support and guidance when facing difficulties. We represent to the best

of our ability, not only our personal perspective, but incorporating the views regarding issues and provision of services that impact upon our diverse communities and we continue to convey our important message that 'Safeguarding is everybody's business'

## Glenda Joseph, Safeguarding Ambassador

This year Glenda shared her story about her journey from Service User to Safeguarding Ambassador and to becoming a voice to influence safeguarding for London. Her video is honest, heartfelt and very inspirational – please click below to watch the video.



LONDON SAFEGUARDING VOICES

'Our Voices Together Are Stronger'

The London Safeguarding Adult Board want to ensure people with lived experience of Safeguarding are at the heart of governance and practice across London.

“The London Safeguarding Voices group (LSV) is a pleasure to co-ordinate, due to the LSV members dedication, commitment, and honesty in their ability to share their lived experiences of safeguarding, in a safe environment.”

Hen Wright, London Safeguarding Voices Lead

We are excited about co-planning and co-producing the LSAB Conference in November with LondonADASS. We are planning a safeguarding session for the conference on Fire Safety, with the London Fire Brigade.

Our aim is to have all London Boroughs represented in our group and we would welcome new members with lived experience of safeguarding. Afterall, the success of the LSV group is because of the incredible members. For further information or if you have any questions regarding the LSV please contact Hen Wright ([helena@healthwatchkingston.org.uk](mailto:helena@healthwatchkingston.org.uk)).



We have two members from the Bi-Borough. Glenda and Michael who are quite simply amazing, and we are very lucky to have them! Their contribution to the group is huge, not only in their ideas, but also in their general kindness and support to all. Their dedication to making safeguarding better clearly shows in their willingness to attend all meetings and actively take part in our LSV projects.

Glenda has been invaluable in participating in the London Borough of Barking and Dagenham Peer Review in May, as an expert by experience. She also presented the work of the LSV at the Chief Social Worker 'Revisiting Safeguarding Guidance' launch event, to 100+ delegates not only in London, but nationally.

Michael is influential on us keeping things simple and easy to understand as 'safeguarding is everyone's business', not just for professionals. Michael suggested the group has Basic Adult Safeguarding training, which was delivered by one of our more experienced members. Both Glenda and Michael starred in our animated film.

# Communities keeping themselves safe



This year the SAEB continued to focus on better understanding different and changing patterns of abuse and harm in our communities. The Covid-19 pandemic continued to disrupt our lives, and global events – such as the Afghan evacuee crisis – made us re-think our role in early intervention and prevention of harm.

- culturally competent safeguarding
- raising awareness of safeguarding
- close working with the voluntary sector
- listening and collaborating with service users by experience



**MILES LANHAM**  
Assistant Director,  
Housing Management

OCTAVIA



**RITU GUHA**  
User Involvement  
Project Manager



The SAEB wanted to build on the work in 2020-2021 in which we collaborated with other council departments and our wider partnership to help in raising awareness in particular of low level mental health and creating a safeguarding culture which is inclusive and diverse.

The Community Engagement Group is a sub-group of the board and is co-chaired by Miles Lanham Assistant Director of Housing Management and Ritu Guha, User Involvement Project Manager at the Advocacy Project.

The SAEB is delighted to have supported this year's community projects which have addressed both the barriers and opportunities in raising safeguarding awareness, by creating an inclusive and diverse safeguarding culture.

The Staying Safe project is an innovative piece of work in which seldom heard communities talk about what keeping safe means to them. The sections also describes work with Afghan evacuees in which a strong focus on what works

to ensure early intervention and prevention of safeguarding is a key component. The section ends with community events and engagement sessions which our Safeguarding Ambassadors requested to ensure they are up to date with key areas of interest.

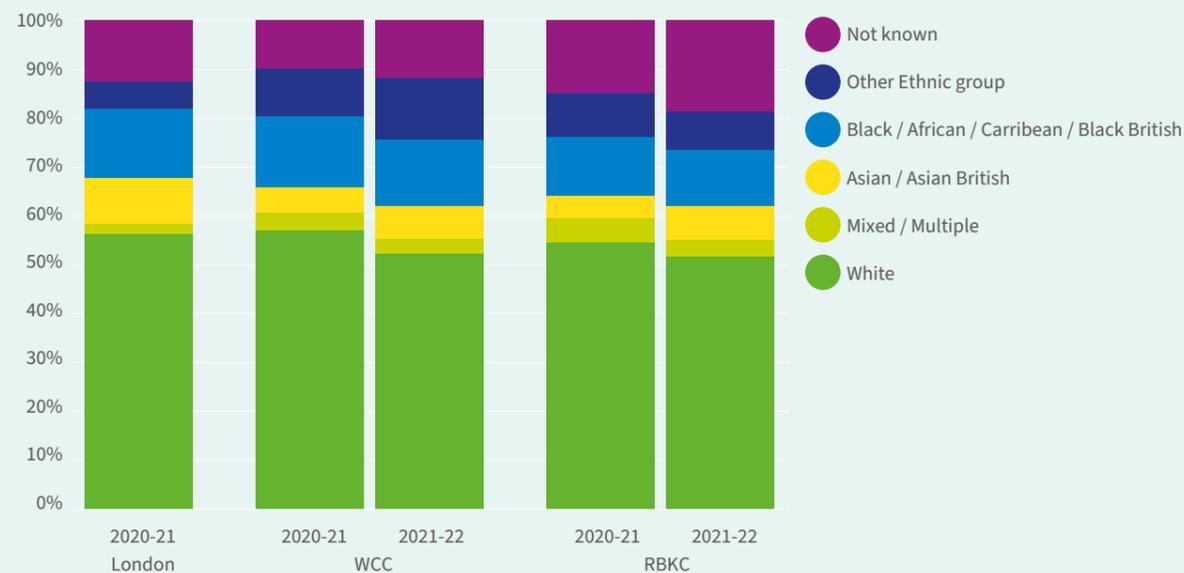
## Staying safe project

We commissioned the Advocacy Project to design and deliver a Safeguarding Awareness 'Train the Trainer' Programme to the Black Minority Ethnic Forum Health Forum throughout 2021/22. This programme was the first of its kind both regionally and countrywide, as it will be translated and delivered by bi-lingual leaders of 14 'hard to reach' language and religious faith groups across Kensington and Chelsea and Westminster and will include delivery

of training in Arabic, Sudanese, Moroccan, Kurdish, Bangladeshi, Eritrean, and Somali. Its main objective is twofold: to raise awareness of abuse and neglect and referrals into the council; to understand the barriers to making a referral into the council.

The following table shows the Safeguarding referrals in the year by ethnic origin of adults at risk.

Ethnic origin of individual adults at risk involved in S42 enquiries (S42 enquiries commencing in the year)



“This innovative, exiting project that The Advocacy Project was commissioned by the Safeguarding Adults Executive Board to deliver has meant working closely with seldom heard from diverse groups in the communities of the Bi-Borough to co-produce Safeguarding Training for them, with them!”

**RITUSHREE GUHA**  
User Involvement Project Manager

The make-up of the adults at risk in terms of ethnic origin in Kensington and Chelsea and Westminster is similar to that for last year and for London as a whole. Findings suggest that the Black and Ethnic communities in the Bi-Borough prefer not to make safeguarding referrals.

### Culturally competent safeguarding training

The “Staying Safe” project was commissioned by the Safeguarding Adults Executive Board in October 2021 to engage with and deliver safeguarding training to up to 14 community groups in Westminster and Kensington and Chelsea serving some of the most deprived and seldom heard communities. This project has aimed at identifying challenges faced by diverse communities in accessing Safeguarding services and to empower these communities by delivering tailored Safeguarding training. The project was split into two phases engagement and training.

**Diverse Community organisations are telling us about the barriers they experience raising a safeguarding concern to the local authority.**

“Social services don’t understand the culture and faith of the person of concern in their process of decision-making. They must make decisions within this context.”

“Communities work together and don’t like it when concerns are raised with the authorities. The person who raises the concern gets questioned by their community for doing so.”

QUOTE FROM PARTICIPANT

## Engagement phase

Organisations working with diverse communities were approached to participate in the project with support from the BME Health Forum. In the engagement phase, we met the organisations through focus groups and discussion sessions to gather qualitative feedback on Safeguarding practices.

### Key findings

- the word 'safeguarding' is not easy to translate in many languages
- lack of knowledge of Safeguarding Adults in comparison to Children
- different cultural perspective on 'safety' and 'abuse'

It's taboo to talk about personal issues in many cultures resulting in hidden abuse.

The feedback informed us of the gaps in knowledge on Safeguarding amongst the communities. This helped us shape the Safeguarding training content. An interactive and culturally competent training was co-produced and delivered to the identified groups.

### Number of countries represented



BME Health Forum advised us on the primary groups in the two boroughs:

- Westminster – Arabic-speakers (mainly Sudanese and Moroccan), Kurds and Bangladeshi communities
- Kensington and Chelsea – Moroccan, Eritrean and Somali communities

## Case Study

### Fear of authority and reluctance to raise concerns

**M**ariam has mental health issues and lives with her teenage son. Occasionally Mariam goes missing. On one occasion Mariam went missing for more than 5 days. Her son was extremely concerned and called a third sector organisation that works with those from his community, knowing that they were an organisation his mother trusted.

On calling the organisation – Mariam's son was advised to call the police immediately to seek support and assistance in locating Mariam. Mariam's son was worried about police getting involved in his life and about the backlash from the community should they find out he had contacted the police. The manager in the third sector organisation

offered support to the son and explained the need to prioritise his mother's safety.

Mariam's son called the police, and the police took action immediately. Mariam was found and returned home safely.

After the matter was resolved, some members of the community raised concerns as to why the police were informed instead of them. However, the organisation was able to sensitively address the issue with the community by highlighting the significance of getting help at the right time.

### Barriers:

- fear of authority
- taboo to discuss personal issues with professionals
- lack of awareness on the support available
- lack of trust

## Training Phase

### Types of abuse

The different types of abuse most frequently encountered by the organisations we engaged with were:

- financial abuse related in particular to benefits
- racial and religious incidents related to Hate Crime

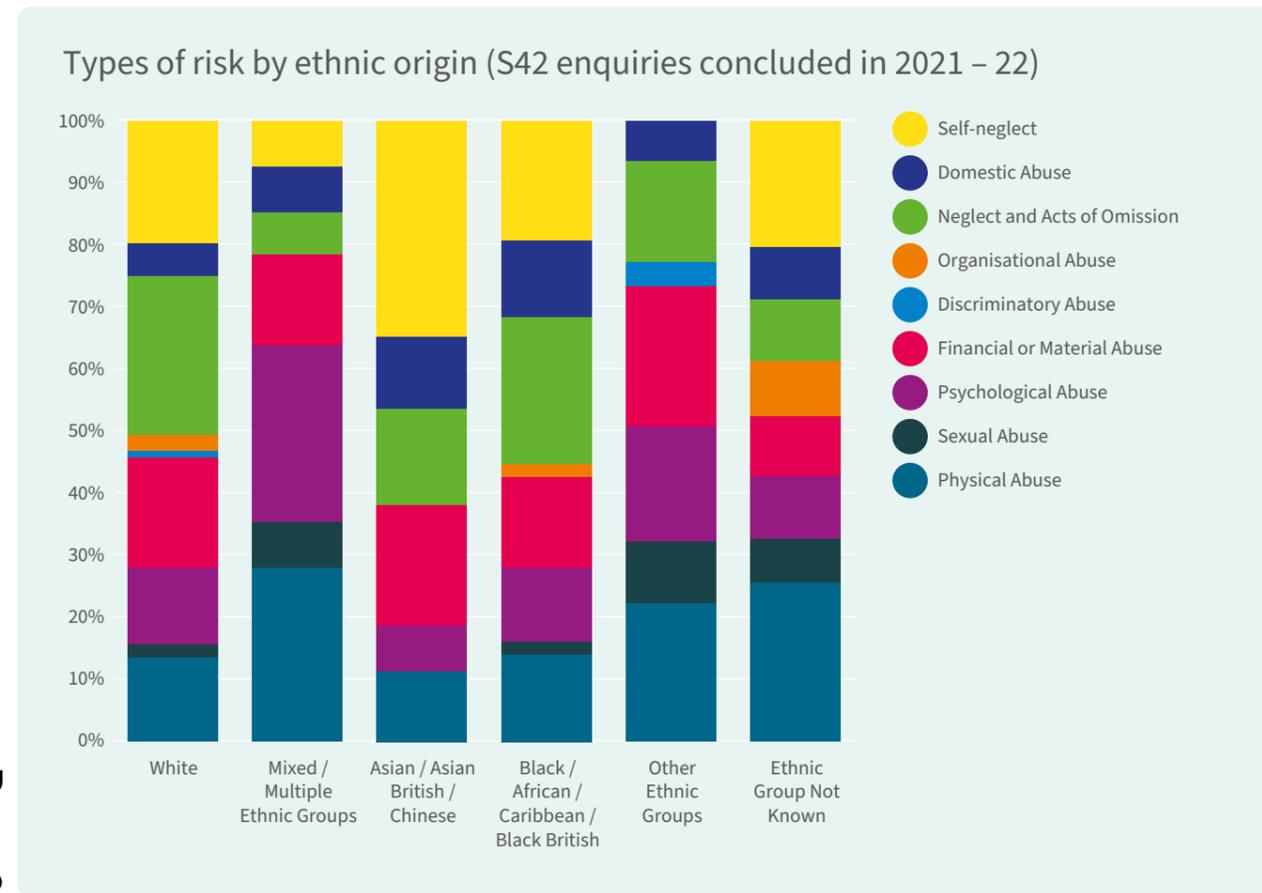
### Types of additional issues raised

**Mental Health:** Many people experience mental health needs (post-traumatic stress disorder, schizophrenia, etc.). Some have had no prior diagnosis before arriving in the UK. Accessing services is very challenging in a new country.

**LGBTQ:** Talking about sexual orientation is considered a taboo in many cultures we engaged with. One organisation reported getting a high number of LGBTQ referrals as those individuals don't want to seek support directly within their own communities. While these are not primarily safeguarding concerns these are individuals who live in fear and are vulnerable to discrimination and abuse.

**Homelessness:** Homeless people (without leave to remain) are exploited in various ways on the streets.

## Types of Risk by Ethnic Origin – Kensington and Chelsea 2021-2022



## Barriers identified by organisations

- fear of authority and how the systems work
- poor experience of using social services in the past
- limited understanding of the legislation and statutory obligations
- lack of awareness of services on how to address cultural issues
- organisations unanimously reported that there wasn't enough information on Safeguarding available in different languages
- access to interpretation services not consistent. Sometimes professionals assume that a family member or a friend can do the interpretations during a meeting. However, that might not always be appropriate
- some residents find it hard to disclose abuse due to fear that others in the community will find out about their personal circumstances
- concerns around breaking trust and overriding consent when passing on the information to Safeguarding teams especially if disclosure has been made in confidence

## The SAEB has listened to suggestions from the organisations involved on how to improve services and is committed to:

- regular refresher training for organisations to keep up to date with information and clarify any information
- an accessible website where Safeguarding information is available in a variety of languages if requested and where regular social events and workshops are advertised
- helpline to guide people through the safeguarding process (exploring information on language line)
- training/ workshops for residents to learn about abuse and how to seek help. Training should cover basic information on relevant legislations and can be delivered in various languages

## Case Study

### Cultural barriers to asking for support

**F**arha lives with her husband and speaks limited English. Farha's husband regularly abuses her physically and psychologically. Farha feels isolated as she has nobody that she can trust to talk to.

After gathering her courage after an incident at home, Farha calls the council's Housing team. She doesn't get through straight away and is put on a waiting list. Farha continues to live with fear.

After several weeks of waiting she receives a call from the Housing team but as she was with her husband she curtly refused support on the phone. After ending the call Farha panicked

as she had been waiting for this opportunity for months. The third sector organisation she was in contact with stepped in to support her to re-establish contact with the Housing team and she has now been safely re-housed.

### Barriers:

- **waiting period**
- **language barrier**
- **lack of cultural understanding,**
- **fear of authority**
- **unsure of how the system works**
- **isolation**



Local Safeguarding Children Partnership  
Kensington and Chelsea | Westminster



Safeguarding Adults Executive Board

## Working Together across Adults and Children's Services to support Afghan Families

In 2022 the LSCP and SAEB held an extraordinary meeting to review support to Afghan Families who had been housed in the Bi-Borough after the Kabul airlift in August and September 2021. A joint Action Plan across Children's and Adults included all partnership agencies providing additional services alongside assistance for refugees into existing health and social care services across the Bi-Borough.

### Work started to:

- support new arrivals into accommodation
- pursue education
- integrate into local communities
- provide and review interpretation services
- provide 'Safety Week' workshops
- review mental health and wellbeing approaches, post-natal health checks and support in place for long-term health conditions



## Community and Maternity Champions

**O**ur Community and Maternity Champions are resident volunteers on hand to help and support those most at risk.

Community Champions come from the diverse communities they serve, bringing local people and services together to promote health and wellbeing and deliver:

The Maternity champions project in Westminster were asked to work with the Afghan refugees who were staying at a bridging hotel within the borough, there were a lot of pregnant women and families with young babies that needed support. Although most of the families had been registered with GPs and midwives they did not

understand how the healthcare system works in the U.K. We decided to start with what are the most important things they should know and most importantly come up with some activities to foster bonding between parents and babies during this difficult time in their lives.

We arranged various sessions to include a midwife to come and give a talk on what to expect from antenatal appointments and what giving birth at the hospital would involve. We organised antenatal classes to be delivered within the hotel by a midwife that spoke their language.

Another session was delivered by a GP and Public Health Medicine Specialist Registrar who



specialises in vaccinations. During this session it was explained what the current schedule was for routine childhood vaccinations as well as the covid vaccine during the pre and postnatal period. The GP gave advice about accessing GP services and what to expect at appointments for adults and children.

We promoted the use of voluntary mental health services in the community and also explained different domestic abuse services if anyone should need them. Building the relationships with these families was important we had the same volunteers attending every week and the women saw them as people they could trust. Community living well came and gave a talk on perinatal wellbeing, understanding more about mental health during pregnancy and after birth: coping with anxiety and spotting post-natal depression. We asked them to provide a list of support services that worked nationally as the families were just starting to be rehoused/ relocated.

Sometimes we just listened to these families stories of life back home and the

worries for the futures giving by providing them with a safe space to do this.

We made one of the sessions interactive by bringing cooked foods for them and the children to try and was able to show them the correct textures needed for different age groups. This was flagged up by staff working at the hotel as they had seen parents giving inappropriate foods to babies.

For the remainder of the sessions we worked with a partner organisation called creative futures that specialise on using music and arts to support children's learning. They provided us with an early years specialist music practitioner to deliver singing sessions for parents and babies. We had a small team of maternity champions supporting these sessions by modelling the songs and actions and also providing a non-judgemental listening ear for any concerns parents may have. Although some of our champions spoke some of the common languages and we were provided with an interpreter, having one to one private conversations was difficult.

# Events

## National Safeguarding Adults Week (NSAW) 2021 November 15th – 19th

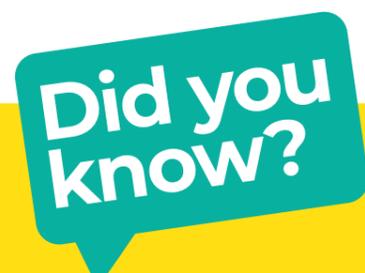


The theme for the week was Creating Safer Cultures. Promoting safer cultures is about how organisations and individuals can take steps to minimise harm occurring in the first instance, whilst simultaneously ensuring correct policies and procedures are in place so that safeguarding concerns that are raised, are recognised and responded to effectively.

Our Safeguarding Ambassadors led on the design on all activities for this annual highlight in which they launched a **Top Tips on Cybercrime video** to mark Safeguarding Awareness Week.



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In 2021-2022 the Office of National Statistics showed that at least 55% of all crime in England and Wales involves a computer

## Events that took place during the week



### How to keep yourself mentally healthy Monday 15 November, 4pm to 5pm

It is important to look after your mental health as during this pandemic it can be easy to fall into bad habits, neglecting already established healthy routines. Staying mentally healthy supports your mind and body, making you better equipped to deal with the difficulties posed by the coronavirus pandemic.

Central and North West London NHS Foundation Trust Chief Psychologist, Dr Ryan Kemp talked live to the communities and staff across the Bi-Borough on how to keep yourself mentally healthy and how to help and support others.



### Leading, listening and learning Tuesday 16 November, 3pm to 5pm

Our communities should feel confident about how to respond to, report and refer safeguarding concerns. It is really important that we as a partnership take the time to listen and learn from what is being shared by our Safeguarding Ambassadors and support them to continue to play a lead role to help others to raise concerns and bring risks to the attention of the safeguarding board.

The stories from this closed session informed our Community Engagement Prevention Agenda.



### Introduction to digital safeguarding Wednesday 17 November

The Ann Craft Trust shared best practice in relation to how to create safer cultures online.

[Read more about digital safeguarding](#)



### Community Champions annual conference Thursday 18 November

Louise Butler, Head of Service for Safeguarding and Workforce Development hosted a workshop at the Community Champions 9th annual conference on how to create safer cultures.

[Find out more about Community Champions and what they do.](#)



## Community safety hate crime prevention and awareness training

Friday 19 November, 1pm to 2pm

Lorna Platt, RBKC Community Safety Team hosted this training session which covered What Hate Crime is, how you can report it and support that is available across Kensington, Chelsea and Westminster. Guest Speakers included Victim Support and Action Disability Kensington and Chelsea. As requested by our Safeguarding Ambassadors a hate crime 7-minute briefing was created as a preventative tool to help to raise awareness of this important topic

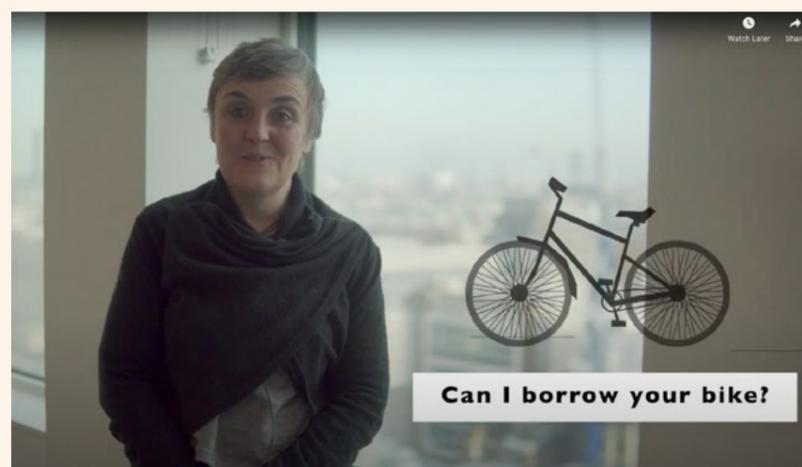


## Launch of Blue Light Project (Changing Futures Programme)

December 2021

Aileen Buckton on behalf of the Safeguarding Adults Executive Board sponsored the launch of the Blue Light Project. The project is Alcohol Change UK's national initiative to develop alternative approaches and care pathways for change resistant drinkers in Westminster. The approach challenges the common belief 'there's nothing you can do if someone doesn't want to change' and it's a 'lifestyle choice'. The Blue Light project is using positive strategies to support this group and its approach is that while someone may not change completely, they can be helped to reduce harm and manage the risk they pose to themselves and others. By making the a Board sponsored project Kensington and Chelsea can also benefit from the learning for its change resistant drinkers.

This short video about Ian's story was shared at the event. This story is not a safeguarding adult review but rather a story about a homeless man who had someone who really cared about him. A supportive friend, who worked tirelessly with professionals to ensure that his capacity issues were recognised and reviewed to ensure he was supported medically and not just discharged back onto the streets.



## Online suite of resources

Throughout the year we send out safeguarding bulletins which advertise key bits of information to keep our communities informed of the work of the SAEB.



### Fire safety training

This free e-learning course produced by the London Fire Brigade is for everyone that provide care and support to others in the community.

Access the training [HERE](#)

Also view our short film [Safeguarding Ambassadors on Fire Safety](#) (risks and general safety tips)



### Friends against scams online learning

Anyone can learn about the different types of scams and how to spot and support a victim. With increased knowledge and awareness, people can make scams part of everyday conversation with their family, friends and neighbours. You can turn your knowledge into action and spread the word, protect others and take a stand against scams.

Take the online learning course



### How to stay safe online

Download the digital safeguarding resource pack from Ann Craft Trust.

Find out more about cyber bullying.



### Using social media safely

Social media is a great way to stay in touch with family, friends and keep up to date on the latest news.

However, it's important to know how to manage the security and privacy settings on your accounts. Find out more about how to use Social Media safely



### Thrive

Thrive is a London mental health campaign. The website has great information and resources of outcomes from London engagement sessions: [About – Thrive LDN: Thrive LDN](#)



### Suicide prevention

Suicide prevention is one of the strands of Thrive's work:

- Suicide Prevention - Thrive LDN: Thrive LDN
- Core activities Archive - Thrive LDN: Thrive LDN
- Zero Suicide LDN - Thrive LDN: Thrive LDN
- ZSA Resources: Zero Suicide Alliance

Suicide prevention was the theme for World Mental Health Day October 2021. The key message was 'Creating Hope Through Action'. Our Ambassadors were keen that we included in our online resource pack information focussed on suicide prevention and for those affected by suicide.



### Digital mental wellbeing

This excellent resource "The good thinking" site provides access to digital mental wellbeing resources free to Londoners [Good Thinking](#).

Watch these videos produced by our Safeguarding Ambassadors to help you stay safe at home. Includes information and advice on mail scams, phone scams and doorstep scams.

- [Safe at Home – Doorstep Scams](#)
- [Safe at Home – Mail Scams](#)
- [Safe at Home – Phone Scams](#)

# Jeffrey Lake, Deputy Director, Public Health reports on 'how the Covid Pandemic Exacerbated many of the Risk Factors associated with Suicide'



The Covid pandemic exacerbated many of the risk factors associated with suicide including relationship breakdown and bereavement, social isolation and difficulties with work and money.

Through communication with police and care services we have maintained robust surveillance of possible suicides and analysis of these events to identify any lessons for prevention and any potential for emerging trends.

Encouragingly, national data suggests that suicide rates actually declined during the pandemic and whilst local data is not yet available to confidently assess the local position (which is reported in 3 year rolling averages due to relatively low numbers at local level) we have not seen any evidence to suggest an increase. With cost of living concerns we will maintain particular vigilance.

Local partnership working across the NHS, educational settings, statutory and voluntary sector partners is very strong with regular input from national charities such as Samaritans and MIND as well as local networks. We have also been able to work with partners from other parts of the country recognised as examples of best practice. Every Life Matters, a VCS organisation that led on the creation of suicide safer in Cumbria, have hosted workshops to build local capacity and will be providing a further training offer in the Autumn.

## Community Engagement Sessions



This year the Community Engagement group wanted to know more about

- fire risk
- modern slavery
- safeguarding and care homes
- mystery shopping

## London Fire Brigade Community Risk Management Events



Engaging with YOU • Protecting YOU • Learning from YOU • Representing YOU

The London Fire Brigade held a series of community events with our Safeguarding Ambassadors and voluntary groups. Focused workshops took place to hear what the communities had to say about their fire safety needs and to create a shared vision.

The findings will inform the LFB regional strategy.

Following the workshops and throughout 2021/22 London Fire Brigade provided across the Bi-Borough:

- 1,171 Home Fire Safety Visits
- 24 Hard of hearing alarms



“We want our proposals for change to be informed by communities, especially those who are seldom heard.”

**DARREN TULLEY**  
Borough Commander of Kensington and Chelsea



## Raising Awareness of Modern Slavery

**M**odern Slavery affects millions of people worldwide and thousands of people are being exploited in the UK. By recognising the indicators of modern slavery and understanding how to respond, you can support some of the most vulnerable people in our community and help prevent this crime from happening.

Across the Bi-Borough in 2022 there have been 228 people trained to recognise and respond to modern slavery. Training was also delivered to our Community Engagement Group who found the information useful to take back to their organisations so they had a better awareness of how to raise a concern.

**True or false?**

### Slavery is a thing of the past

**False!**

No, it is not. Slavery has ancient roots in history, but modern slavery still exists today. The Modern Slavery Act 2015 outlines the umbrella term of modern slavery, covering human trafficking, slavery, servitude and forced or compulsory labour. When someone experiences modern slavery, they are forced into a situation where they may have to work or provide services through the use of threats, coercion, violence or deception. There are many ways people are exploited through modern slavery, for example it may be working in a car wash, being forced to commit crimes for others or providing domestic services in a private home. People who experience modern slavery can be people brought from countries across the world or British nationals.

**Did you know?**

Westminster, Kensington and Chelsea work together with the charity Stop the Traffik to gather anonymous data about modern slavery occurring across the Bi-Borough. Modern slavery is largely a hidden crime and understanding the true scale of the issue is challenging.

In 2021 the Bi-Borough released its first modern slavery strategy: 'Ending Modern Slavery; Our Strategy for a Co-ordinated Community Response 2021-2026'. The strategy outlines how all partners and residents can work together to:

- prevent exploitation
- identify victims
- support victims
- bring exploiters to justice

No one agency can end modern slavery alone and every organisation and individual must play their part.

## Case Study

### Hasana's story

Hasana began a romantic relationship with a man she met online. She accepted his offer of marriage and he arranged for her to come to the UK and live with him. It quickly became clear that he never intended to marry her, and she was forced into domestic servitude. She was physically, verbally and sexually abused by him and his children. After years of abuse, Hasana called the police after the perpetrator threatened to kill her. She was removed from the property and the perpetrator was arrested. Finding herself homeless, Hasana attended The Passage where she was identified as a victim of domestic servitude and referred to the Modern Slavery Team. She was placed in emergency accommodation and assisted to regularize her immigration status. Through the multi-agency

Case Conference (MACC) process in partnership with Westminster City Council, Hasana was referred to the National Referral Mechanism (NRM). As London was a high-risk area for her, the MACC attendees requested emergency accommodation under the Modern Slavery Victim Care Contract (MSVCC) and she was moved to a safehouse the following day. Hasana is now in a safe place with plenty of support. She is assisting the police with their investigation and a non-molestation order has been placed against the perpetrator. She is hoping to start working soon and wants to transfer her qualifications to the UK.

# Community Engagement with care and support providers

- residential and nursing care homes
- supported and extra-care housing
- domiciliary home care
- community outreach and mental health support
- day care
- other specialist services, such as employment support

Managers of these services have an important role to play in ensuring that their staff are suitably trained and supported to understand safeguarding policy and procedures and be able to identify and respond effectively where abuse or neglect takes place. A series of community Focus Group meetings to hear views from services on their experiences of safeguarding in the Bi-Borough were attended by 69 managers across a range of service which helped us to get a clear picture of the strengths and challenges faced in these services. It was decided as part of these conversations that a separate series of sessions was needed for service users and their families which will take place in 2022 – 2023.

## What our regulated provider services told us:

“We need to have a clearer understanding of what types of safeguarding concerns lead to enquiries and to receive more consistent feedback from the Local Authority when a safeguarding referral is raised.”

“We need greater links with the SAEB to ensure that the voice of the service and its service users are represented.”

## What the SAEB will do :

- have a provider representative at the SAEB
- set up a provider forum which specialises in safeguarding
- review the National Pressure Ulcer protocol and local systems collaboratively with our providers and health colleagues to ensure the service user / patient is at the centre of the communication journey between hospitals and the community

## Next steps

Better engagement with the Local Authority i.e. forums, meetings, feedback

Strategic input – SAEB representative

Guidance i.e. clear referral/escalation process, handbooks etc.

Training programme for managers – use learning needs



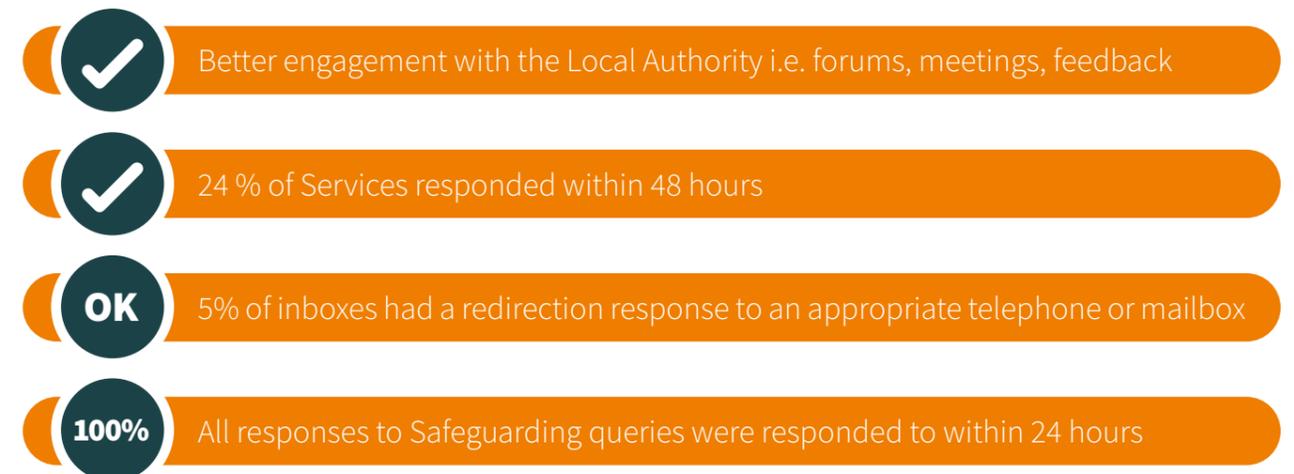
In February 2022 Healthwatch completed a mystery shopping exercise to determine whether, when residents contacted council front door services with general queries, that the responses were both adequate and helpful.

Healthwatch reviewed virtual information and pathways into the local authorities of Kensington, Chelsea and Westminster and identified 15 touchpoints for online mystery shopping across a range of services and departments that included

- adult social care
- safeguarding
- environmental Health
- waste services
- safeguarding Teams

The project commenced in December 2021 with planning and testing training sessions to ensure that the residents completing the shopping were trained and confident to undertake the calls and send forward enquires virtually. Training consisted of a series of co-produced scenarios and an understanding of barriers to be included.

## Key findings



The findings were reported to the SAEB in March 2022 and discussion took place that positive responses were demonstrated across all departments and included staff not usually involved in safeguarding.

“Customer Service Staff were professional and supportive and followed up to ensure I had all the information I needed to refer into social services.”

QUOTE FROM A MYSTERY SHOPPER

# Making Safeguarding Personal



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Having conversations with people about what they want to get out of the safeguarding enquiry continues to be a golden thread throughout the work of the partnership.

This section looks at some of the data the SAEB collects and what we do with it to inform our work. There is a special section on financial abuse which continues to be the highest referral abuse type in both boroughs as well as nationally. But first we discuss outcomes.

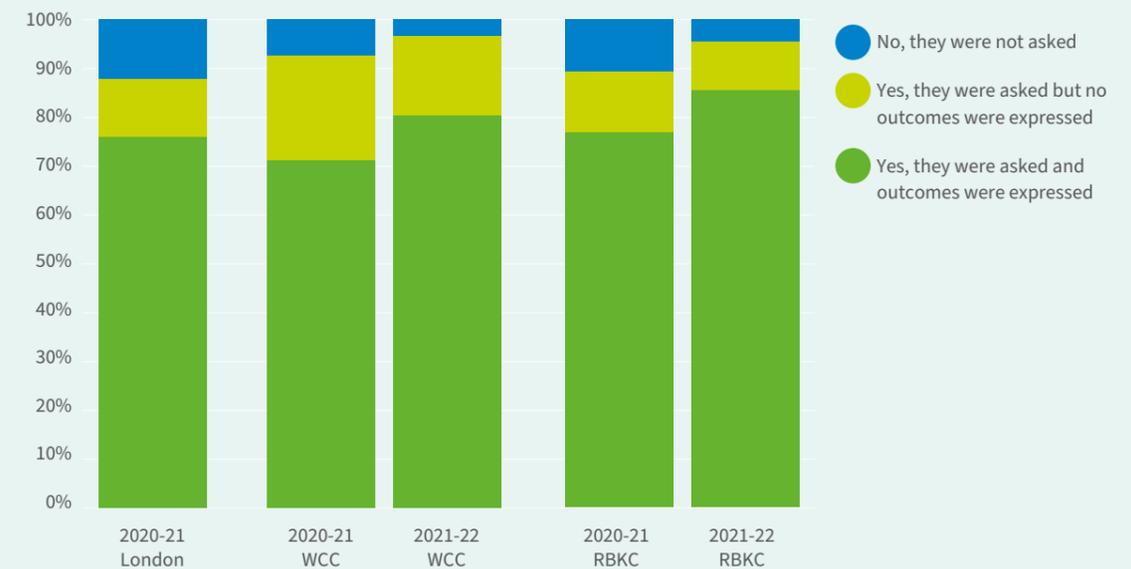
- using data better to inform partnership responses to safeguarding referrals
- understanding which abuse types are the most prevalent and doing something about it
- knowing our residents and who is most at risk
- placing partnership resources at the heart of the problem

## Our outcomes

We are delighted that year on year we can demonstrate improvements to our safeguarding outcomes. We can demonstrate that the adult or their representative involved in the safeguarding enquiry have been asked about what their desired outcomes were and, if they were asked, whether these were achieved

In Kensington and Chelsea in 2021-22 the adult at risk or their representative was asked what their desired outcomes were to the safeguarding incident. This year a higher proportion of people were asked 95% compared with 89% in 2020-21. Thanks goes to the work of front line staff in K&C who made a great impact in focusing on what people want to get out of their safeguarding enquiry and making this happen.

Whether the adult at risk or their representative was asked what their desired outcomes were (S42 enquiries concluded in the year)



Where the adult at risk, or their representative, was asked what their desired outcomes were and they expressed an outcome, in the great majority of cases (over 95%) these outcomes were judged to have been fully or partially achieved. We know that when an outcome may be partially achieved this could be referring to a person known to the adult who has caused harm and that the person is wanted to be supported to minimise the risk of harm occurring again because the adult at risk has expressed this wish as an outcome.

In Westminster in 2021-22 the adult at risk or their representative was asked what their desired outcomes were in a higher proportion of concluded S42 enquiries,

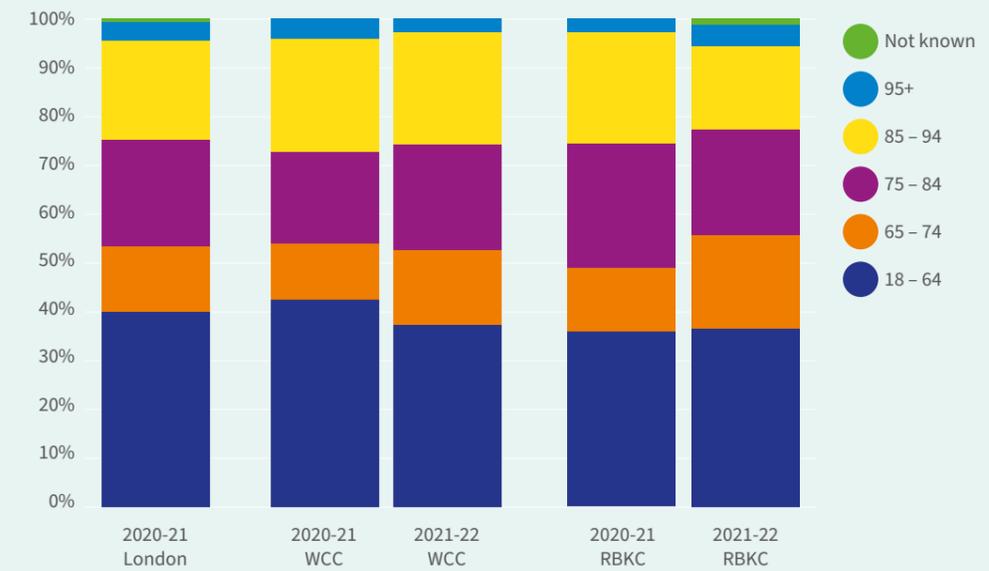
Where the adult at risk, or their representative, was asked what their desired outcomes were and they expressed an outcome, in the great majority of cases (over 95%) these outcomes were judged to have been fully or partially achieved. A big thank you to front line staff in Westminster for making this happen and ensuring that the adult at risk is placed at the centre of the safeguarding enquiry.



Where the adult at risk, or their representative, was asked what their desired outcomes were and they expressed an outcome, in the great majority of cases (over 95%) these outcomes were judged to have been fully or partially achieved.

## The age of our adults at risk

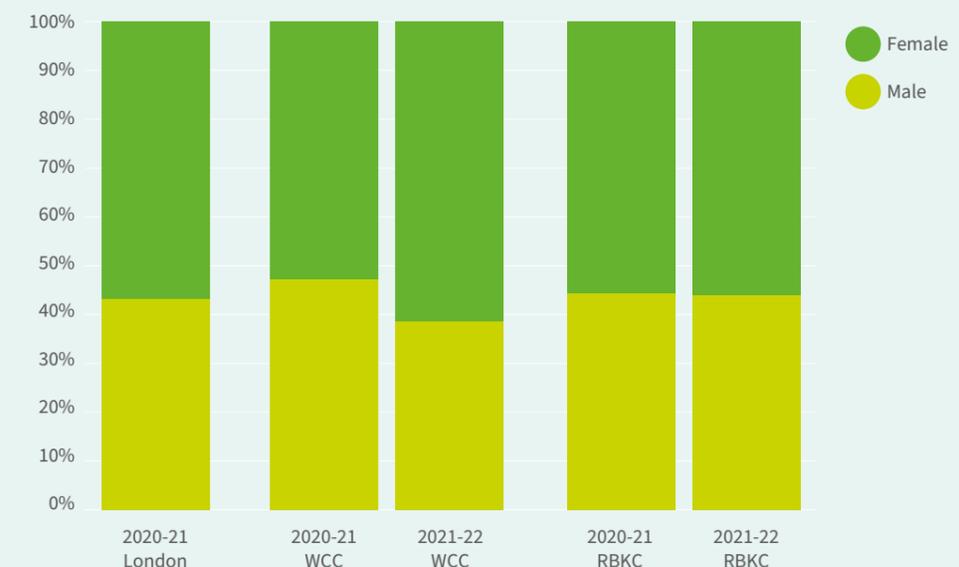
Age groups of individual adults at risk involved in S42 enquiries (S42 enquiries concluded in the year)



In both boroughs the age profile of individual adults at risk involved in S42 enquiries is similar to the profile for the previous year and to London as a whole. Across the board about 60% of adults at risk are aged 65+. Knowing this allows us to focus our attention on elder abuse incidents particular in our regulated services and to ensure we have safe systems in place to ensure a strong focus on early intervention and prevention.

## The gender of our adults at risk

Gender of individual adults at risk involved in S42 enquiries (S42 enquiries commencing in the year)



As for age of adults at risk the gender split is similar to that for last year and to London as a whole. In K&C and WCC and London as a whole about 55% of adults at risk are female. If we combine the age of our adults at risk with the gender we know that more female adults at risk over the age of 65 will be effected by a safeguarding incident than our male adults at risk of the same age. This is a national indicator as well as a local one. This allows us to place emphasis upon gender specific abuse such as Domestic Abuse to ensure we are proportionate in where we place our focus for project work.

## Types of risk alleged with focus on Financial Abuse and Hoarding and Self neglect

The frequency with which different types of abuse were alleged is broadly in line with London as a whole. This data on abuse type has helped us to prioritise our work locally in 2 specific areas :

1. Continued focus on financial abuse and has been given additional attention throughout the Covid Pandemic with national coverage around fraud associated with vaccination passports and boosters. It was felt by the SAEB that we continue to place emphasis on this abuse type with the growing concerns related to the economic crisis and impact upon vulnerable people and susceptibility to scams such as money lending.
2. To better understand how to work with Hoarding and Self Neglect cases. In both K&C and WCC there tended to be proportionally fewer S42 enquiries involving neglect and acts of omission, compared with London. However compared with WCC, K&C had proportionately more S42 enquiries which involved self-neglect. Many of these enquiries also involved hoarding.

Types of risk alleged (S42 enquiries concluded in the year)



## Focus on Financial Abuse

### Insights into financial abuse Kensington and Chelsea

**200** safeguarding referrals received. **54%** of concerns received were regarded as a crime or potential crime. Of these **71%** were raised with the police (although many came from the police). A large proportion of concerns **16.5%** are for people that were previously not known to Adult Social Care. The biggest proportion of concerns received were for people with physical support needs at **43%**.

#### Who sent in these concerns?

The majority of concerns were sent in by health and social care staff and police making up to **75%** of referrals.

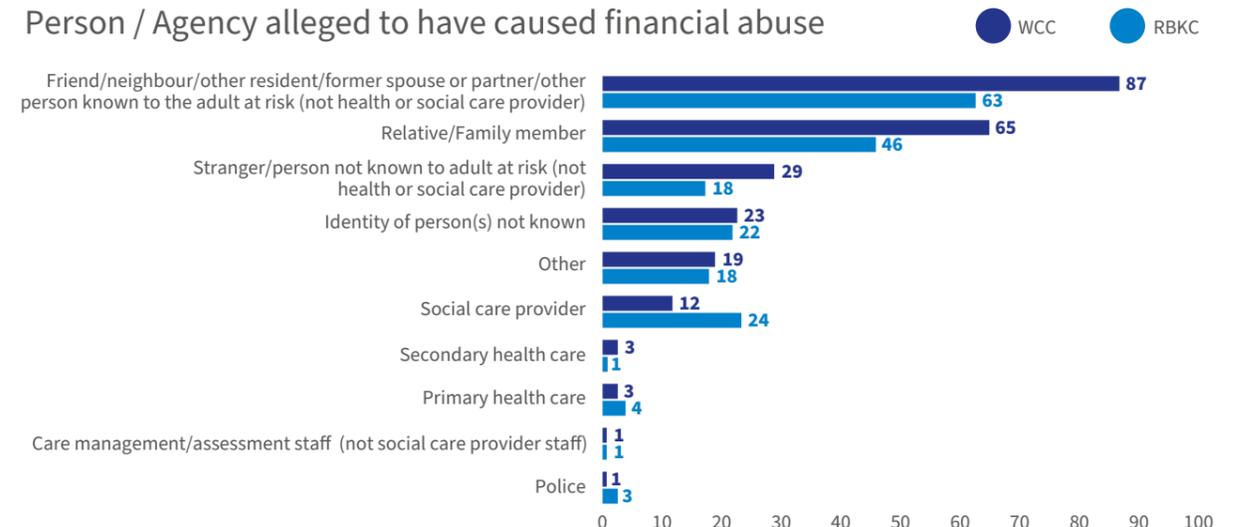
### Insights into financial abuse in Westminster

**243** safeguarding referrals received. **46%** of concerns received were regarded as a crime or potential crime. And of these **70%** were raised with the police (although many came from the police!). The biggest proportion of concerns received were for people with a physical disability with support needs at **39.5%** with mental health support needs at **29.8%**. **19.3%** of people were not known previously to Adult Social Care.

#### Who sent in these concerns?

The majority of concerns were sent in by health and social care staff and police making up to **69%** of referrals.

### Person / Agency alleged to have caused financial abuse



## What did we do with this data

Throughout 2021-2022 our Safeguarding Ambassadors continued to witness and share stories about Financial Abuse happening in their communities. Stories of scams related to Covid Vaccinations has brought additional risks to our elderly residents.

We invited the Central Specialist Crime and Cybercrime Team to help us to learn how to raise awareness and inform us of 'how to Stay Safe from COVID19 scams'.

The video has been shared with our community engagement group and members of the SAEB. We continue to share the top 10 tips which our safeguarding ambassadors Michael and Shiv describe so well. I hope you enjoy the video and please share these important messages.



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“People are still falling for scams. They are still opening their door and letting people in, they are receiving emails, texts and having their personal information stolen. We want to do more to help people who are vulnerable to stay informed and that is why we have put together a Top Tips on Cybercrime video. We want to protect our loved ones and continue to raise awareness of prevention tactics as criminals continue to target the most vulnerable members of our communities.”

**QUOTE FROM OUR SAFEGUARDING AMBASSADORS GROUP MEETING IN OCTOBER 2021**



## Tasio Capello, Head of Community Engagement Age UK Kensington and Chelsea, reports on why Financial Abuse of the Elderly is still a Growing Problem in the UK

Incidences of financial abuse perpetrated against elderly people are on the increase according to investigations carried out by Age UK, which performs a wide range of research into helping improve the lives of elderly people in the UK. The most recently carried out review suggests older people are at greater risk of financial exploitation than previously thought.

Age UK's findings established that approximately 130,000 people over the age of 65 in Britain have been the victims of financial abuse. While anyone can find themselves subject to such abuse, it is acknowledged that older people are at particular risk given that many are seen to have substantial savings and are considered to be more vulnerable than younger people.

If your partner, family member, carer or anybody else is mismanaging your financial affairs, then this is financial abuse. Always remember you are not alone. There are places to go for help and support and things you can do.

Please remember – Everyone has the right to make independent financial decisions.

# Learning Briefing: Financial Abuse and the Bi-Borough Client Affairs Team



The Bi-Borough Client Affairs Specialist Team shared that one of the worst cases of financial abuse in 2021/22 was an 89-year-old vulnerable resident who had no known family and who was exploited in his own home by several people. They gained access to his bank account and had withdrawn virtually all his money.

## Multiagency working to protect Jim

Adult Social Care acted swiftly when alerted by the Police. A safeguarding was raised and when it was established that the resident did not have capacity to make decisions about how to manage his finances, a referral was made to our Client Affairs Team. The Client Affairs Team step in when there is no suitable person to represent the person such as family member or friend. After making immediate arrangements for all bank accounts to be frozen the team then made an application to the Court of Protection and they were appointed deputy to manage the residents financial affairs. Client Affairs discovered that exploitation had taken place over 5 years from 2016 – 2021 and they were able to reclaim more than £140,000 which was repaid to the resident, in recompense for the fraudulent transactions.

**Financial Abuse** can take many forms and will include the obvious – theft and fraud – but also behaviour that is harder to identify such as coercion, the misuse of a power of attorney or even predatory marriage.

Section 42(3) of the Care Act 2014 defines financial abuse as including:

- a. having money or other property stolen,
- b. being defrauded,
- c. being put under pressure in relation to money or other property, and;
- d. having money or other property misused

**The Mental Capacity Act** is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care, treatment or financial affairs. It applies to people aged 16 and over. It is important if you are asking someone to make a financial decision that you are confident they have the mental capacity to do so. Remember capacity is both time and decision specific. A person can have mental capacity to make some decisions but not others.

**The impact of financial abuse** should never be underestimated as it can be as significant as any other type of abuse. Any financial or material loss have the potential to have a significant impact on the adult at risk and can leave people feeling very vulnerable. It can cause a person who previously did not have any care or support needs, to deteriorate to a level that requires intervention and in need of support and services from Adult Social Care.

**If you are worried that you or someone you know is suffering abuse or neglect, please contact the relevant Local Authority or police.**

**Kensington and Chelsea** T: 020 7361 3013 | E: socialservices@rbkc.gov.uk  
**Westminster**: T: 020 7641 2176 | E: adultsocialcare@westminster.gov.uk

Or contact Crimestoppers confidentially and anonymously on 0800 555 111



# Focus on Hoarding and Self neglect



**Doug Goldring, Director of Housing Management, reports on the activity of the Hoarding and Self Neglect Group**

In 2020/2021 the SAEB agreed that the data was telling us to review our hoarding strategy as there was an increase in cases and that responding to individuals with hoarding behaviours must be a multi-agency priority.

## What is Hoarding?

Hoarding is the persistent difficulty discarding or parting with possessions, regardless of their actual value. For those who hoard, the quantity of their collected items sets them apart from other people. Commonly hoarded items may be newspapers, magazines, paper and plastic bags, cardboard boxes, photographs, household supplies, food, and clothing. Hoarding can also be due to compulsive buying as some people struggle with never passing up a bargain or free items, or the compulsive need for unique items, which may not appear to others as unique.

## Hoarding Symptoms and Behaviours can include:

- inability to throw away possessions
- severe anxiety when attempting to discard items
- great difficulty categorizing or organizing possessions
- indecision about what to keep or where to put things
- distress, such as feeling overwhelmed or embarrassed by possessions
- suspicion of other people touching items
- obsessive thoughts and actions: fear of running out of an item or of needing it in the future; checking the trash for accidentally discarded objects
- functional impairments, including loss of living space, social isolation, family or marital discord, financial difficulties, health hazards

## The VISION in the Bi-Borough:

For all professionals to be supported to recognise and respond to individuals who hoard and become expert in person centred responses that are sensitive and proportionate to each individual.

## What we did

### Step 1: Data Sharing

We commenced by sharing local multiagency data to gain the best possible actionable insights into what is needed. It was clear there have been common challenges. Data was shared on the basis of risk where no protocol exists, we established that while not all cases were known to every agency there was good coverage across partnership organisations and evidence of some great work taking place.

### Step 2: What the data revealed

Borough	2020/21 no. H&SN Cases	2021/22 no. H&SN Cases
WCC	26	87 (not all cases were known to ASC)
K&C	64	108 (not all cases were known to ASC)

### Step 3: Progress so far in 2021/22

1. Data sharing Aide Memoire developed for staff across the partnership
2. 'Pilot on Prevention' launched with a direct focus on supporting people within their homes
3. Governance processes set up to ensure operational monitoring of all work underway
4. Formal data sharing protocol agreement implemented between Housing and Adult Social Care
5. Fire Brigade joint working embedded across all front-line Teams

### Step 4: Reflection and Planning for 2022/23

#### Reflections

- prevention is managed differently in each individual organisation
- people/organisations are able to raise awareness and this happens in practice
- the person's wishes are respected and they are supported in having their voice heard but we need to do more to ensure this happens
- services are working more collaboratively with people who hoard and each other

## Planning

#### Holding a professionals event in November 2022 to:

Review local protocols with a focus on prevention at a partnership level.

Sharing best practice and raising awareness that include:

- de-cluttering
- advocacy
- support for residents facing eviction
- environmental Health awareness and support for residents

## Three examples of good outcomes from recent multi-agency work.

#### Case Study 1:

TW, 63 years of age, hoarding issues for over 20 years, category level 10 clutter rating. Services could not successfully engage with TW. Tenancy Support officer worked intensively for over a year and this was in conjunction with legal action being taken before the 3-bed house was decluttered. TW moved onto smaller accommodation and teams are monitoring this.

#### Case Study 2:

CK, 74 years of age, severe mobility impairment, severe hoarding. CK could not receive the care she needed due to the state of CK's home. Staff worked on the ground with CK for 3 days to declutter and clean. CK is now receiving the care they needed (carers and nurses visiting daily) and lives in more hygienic environment.

#### Case Study 3:

DA, history of hoarding and non-engagement, collected wood materials in their home. Surveyors report raised concerns on the integrity of the structure of the building due to the weight of the wood being stored in DA's home. Support officer had to work to build relationship and clearance took place over 5 days. Property is now safe and so is the building.



## Carers Network

### Making Safeguarding Personal for Carers

Caring is more than just a job. It's more than going for the prescriptions; it's more than doing the shopping or helping the person you care for dress. It's a commitment to someone you love. It's supporting their emotional and physical needs and helping them retain their pride and dignity.

Safeguarding Adults Reviews have raised the issues about carers needs. Key learning includes that Carers should be asked about their own needs and offered a carers assessment where this is required and that all services should make efforts to ensure that carers are kept informed

of key updates in relation to safeguarding the people they are caring for. As a core member of the Community Engagement Group we are committed to raising awareness of safeguarding. In 2022 we collaboratively created this 7-minute briefing to help raise awareness amongst our membership of over 5,300 unpaid carers.



**SONIA BENITEZ**  
Head of Services

# 7 Minute Briefing:

## Carers and Safeguarding

### 1 Who is a carer?

A carer is anyone who cares, unpaid, for a friend or family member. Sometimes they can care for more than one person. The people they support may be affected by disability, physical or mental ill health, frailty or substance misuse. Anyone can become a carer at any point in their life. In the UK today 1 in 8 adults are carers this equates to 6.5 million people; it is believed that this number increased over the lockdown period to 13.6 million people. Therefore increasing numbers of us have caring roles to a greater or lesser extent in our personal lives. Recognising that this is an everyday experience for many people is an important reminder that 'carers are not to be stereotyped. Carers are from a diverse range of backgrounds. Carers may be parents, daughters, sons, partners, neighbours and friends. Carers may be adults or children and patients and service users – and at risk themselves.

### 2 The impact of caring

Many carers have reported to suffering negative impacts from caring:

- social
- financial
- physical and psychological
- wellbeing
- employment and education
- identifying and supporting carers matter: making caring and carers visible and making support services inclusive

### 3 The Care Act 2014

Recognised the important role that carers play in relation to safeguarding. Carers can witness abuse, experience intentional or unintentional harm from the person they are providing care to or can intentionally or unintentionally harm or neglect the person they support.

### 4 Carers and Safeguarding:

Making Safeguarding Personal is central to supporting safeguarding for both carers and the person they care for. When reviewing a safeguarding situation it is important that ensure the safety and wellbeing of both the person and their carer. Early interventions can, in particular, make a big difference in preventing situations escalating or abuse and neglect occurring. Examples that require a safeguarding response involving a carer include:

- the carer witnessing or disclosing the existence of abuse or neglect
- when supporting those they care for, experiencing deliberate or unintended harm from them
- neglect and poor practice in care settings such as a care home or hospital or in relation to care services at home
- deliberate or accidental harm or neglect to the person they are caring for

### 5 Learning from regional Safeguarding Adults Reviews

Safeguarding Adults Reviews that have raised the issues about carers needs. Key learning that has been highlighted includes:

- carers, whether formal or informal, should be asked about their own needs and offered a carers assessment where this is required
- all services should make efforts to ensure that carers are kept informed of key updates in relation to the people they are caring for

The Think Family approach should be adopted when working with individuals around their safeguarding needs. This means that whole of the family dynamic and wider family needs should be considered when engaging with service users.

### 6 Key Tips: Things that you can do to further support carers include:

1. Ask questions and check whether someone is a carer or has caring responsibilities
2. Familiarise yourself with support that is available to carers and services that they can be signposted to
3. Remember that people with care and support needs, such as learning disabilities, can also be carers. Do not make assumptions about who may or may not be a carer
4. If you are concerned that about a carer's ability to cope or are worried that they may be experiencing abuse or neglect you can make a referral to safeguarding adults or children's

### 7 Support available in Kensington, Chelsea and Westminster:

**Carers network** exists to reach and empower every unpaid carer in the Bi-Borough. We do this by helping carers lead healthy fulfilling lives, with a range of practical, personal and financial support suited to their needs.

Our Opening times are Monday – Friday from 9am – 5pm. Please call us on **020 8960 3033** or send us an email on: [info@carers-network.org.uk](mailto:info@carers-network.org.uk). More details can be found on our [website](#)

# Leading, Listening and Learning



The SAEB is a learning organisation and is committed to developing what this looks like across the partnership when things go wrong but also celebrating good practice.

The Safeguarding Adults Case Review Group is the subgroup of the SAEB which considers referrals for a Safeguarding Adults Review (SAR), maintains oversight of any reviews in progress and drives forward recommendations from reviews to ensure we strive for continuous improvement and organisational change. Thanks goes to the Catherine and Trish the co-chairs of this group and their continuing enthusiasm and support to chairing and supporting learning across the partnership.

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- a partnership which is open to new ideas and a willingness to learn from mistakes
- a partnership which wants to get better at preventing abuse and neglect
- a partnership which is transparent and accountable to each other and to its residents
- a partnership that listens and hears what it is being told by families



**CATHERINE KNIGHTS**  
 Director of Quality Central and North West London NHS Foundation Trust  
 Co-Chair of the Safeguarding Adults Case Review Group



**TRISH STEWART**  
 Associate Director of Safeguarding Central London Community Healthcare NHS Trust  
 Co-Chair of the Safeguarding Adults Case Review Group

## Safeguarding Adults Reviews in the Bi-Borough

Section 44 of the Care Act 2014 sets out that Safeguarding Adults Boards have a duty to undertake SARs where an adult with care and support needs dies or experiences serious harm as a result of abuse or neglect, and there is concern that partner agencies could have worked together more effectively to protect the adult.

The purpose of a SAR is set out in the SAR Protocol and Guidance and is to look at the ways professionals and agencies work together to determine what might have been done differently that could have prevented harm and death. It is not an enquiry into how the person died, nor is it to apportion blame but to learn from such situations and to ensure that learning is applied to future cases to reduce the likelihood of harm occurring again.

True or false?

**Primary responsibility for carrying out safeguarding enquiries in any area lies with the NHS.**

False!

The Care Act 2014 places a duty on the Local Authority to lead and coordinate safeguarding enquiries for concerns that involve:

- an adult with needs for care and support
- is experiencing, or is at risk of, abuse or neglect, and;
- is unable to protect themselves from that abuse or neglect because of their care and support needs.

Any enquiry should involve partnership working across agencies who are involved in supporting and working with the adult.

**This year our Key achievements are highlighted below**

- the SACRG developed an action plan to respond to the recommendations within the National Analysis of SARs to benchmark the SAEB's position and identify areas for improvement.
- the above work informed the development of our new SAR Protocol and Guidance, which links to the SAR Quality Markers, launched by the Social Care Institute for Excellence (SCIE) in April 2022 and provides a clearer framework to help govern and inform our approach to carrying out SARs.
- we have used our learning from SAR Joan (which is outlined on the next page) to inform our approach to engaging better with families and to ensuring the voice of the adult and their significant others are central to our reviews. This is involved producing a new Guide for Families and Carers involved in SARs.
- we have established a network of SAR Champions across the partnership who will help support sharing and embedding learning from our reviews. We will utilise our SAR Champions to support the implementation of a SAR learning and development programme. We will be carrying out regular 'Lunch and Learn' multi-agency sessions to help raise awareness of SARs and ensure our focus on sharing learning is central to the work we do.
- we set up a task and finish group to look at the learning from a SAR published by Norfolk SAB in September 2021. The review explored the learning in relation to the deaths of three young adults Joanna, Jon and Ben, who all had learning disabilities and had been patients at a long-stay hospital for adults with mental health needs. The group sought assurance from services across the Bi-Borough that effective arrangements are in place to support adults with mental health needs that are placed in mental health facilities out of the area.

**SAR referrals in 2021-22**

The SACRG considered one new SAR notification and made decisions in respect of five referrals. A range of issues were presented in these referrals including:

- domestic abuse within same sex relationships
- the challenges for maintaining consistency of services when working with people who move across different boroughs
- management of pressure ulcers between hospital and community settings
- frequent readmissions to hospital
- a high number of deaths from fires within people's own homes and risks in relation to smoking

One was deemed to meet the mandatory criteria for a SAR and another to meet the discretionary criteria. Both of these cases related to fire deaths and will be taken forward as a thematic review during 2022-23.



**Care Act 2014**

**Learning from Fatal Fires**

Our annual report for 2020-21 highlighted the work that LFB undertook in partnership with SAEB agencies to respond to the learning identified from the five cases that were referred into the SACRG that year via the fatal fire pathway. The fatal fire pathway is a process in which the LFB notify the SACRG of any fatality from a fire that has taken place in the Bi-Borough and consideration is given as to whether the criteria for a SAR are met and what actions may be required to support multi-agency learning.

Given the additional fatal fire notifications received in 2021-22, and the decision to progress two of these referrals as SARs, the board has commissioned a thematic review which will review the specific involvement of agencies in the two cases, as well as evaluating how the learning from all the fatal fire cases in 2020-21 has been embedded and consider if there are any remaining gaps or barriers which may hinder practitioners in responding to fire risks.

The findings and learning from this thematic review will be reported in next year's annual report.

**7 Minute Briefing: Telecare and Fire Safety**

**1 Background**

Telecare is way of providing support and assistance when required by using equipment which is monitored at a distance by an organisation. Devices such as smoke alarms, fall detectors and pull cords alert the responsible organisation that a vulnerable person needs urgent assistance. When installed and operated in accordance to the relevant British Standards telecare can improve a resident's likelihood to survive a fire.

**3 Why it matters:**

A significant proportion of people who die in accidental dwelling fires in London had telecare in place, but it was not linked to smoke detection, or operated in accordance with the relevant British Standards,

Recurring issues include:

- fire detection not linked to a monitored telecare system
- over-reliance on pendants, where fire detection would be more appropriate

**2 The role of telecare during fires:**

- early detection of fire in the room of origin
- alerting the resident to escape or raise the alarm (if possible)
- alerting the onsite staff to take appropriate actions
- reduction of delays in summoning the fire brigade due to the automatic fire alarms
- provision of an emergency line of communication, which can facilitate vital fire survival Guidance during a fire

**4 More people are expected to receive care at home**

In the years to come the demand for adult domiciliary care is projected to steadily increase to high levels, largely due to the England's ageing population.

The Dept of Health and Social Care (DHSC) predicts that 57% more adults aged 65 and over in England will require care in 2038 compared to 2018. According to the National Audit Office there were 814,000 adults in England receiving domiciliary care in March 2020.

The NHS Long Term Plan states that people will be increasingly cared for in their own homes with the option for their physiology to be effortlessly monitored by a wearable device. This means that the 1.7million people who receive telecare in the UK is likely to rise.

## 5 Fire Risk assessment:

The use of telecare must be considered in your fire risk assessment to ensure that all reasonably practicable steps are taken to reduce the risk of a fire and its likelihood of occurring.

**British Standards:** The following British Standards must be complied with to ensure that residents have a reduced probability of dying in a fire:

- BS 9518:2021 Processing of alarm signals by an alarm receiving centre
- BS 5839 Part 6 2019 Fire Detection and Fire Alarm Systems for Buildings
- BS 8604-1:2019 Social alarm systems Design, installation and maintenance of social alarm systems in specialized grouped living environments

## 6 What to do:

The following recommendations were issued by coroner Fiona Wilcox following the death of Elizabeth Griffin:

1. All users of telecare systems should have some form of fire detection linked to FAMOs.
2. Contractual requirement, for new and existing clients to have linked fire detection. In the same way such providers insist on the provision of keys to access client's home.
3. Telecare system operators should apply the call handling protocol in British Standards.
4. Telecare Providers should base staff training for appropriate response on British Standards.
5. Training on what smoke alarms sound like in the background of a call to a client.
6. It should be recorded which clients do not have linked detection. The response in life critical situations should be based on this knowledge.

## 7 Questions to consider:

1. Would the resident benefit from receiving telecare? For example do they have reduced mobility or mental health issues that could impair their ability to react to a fire appropriately or effectively?
2. If they have existing smoke alarms, are they linked to the telecare system?
3. Are telecare systems installed, monitored and maintained in accordance with the British Standards?

## Learning Lessons and Achieving Change from Safeguarding Adults Reviews

Work has continued to take forward the learning from SARs Annie and Kate which were reported on in our last annual report 2020-21. It is important to understand that once a SAR has been completed the work is only just beginning on co-ordinating the improvement plan and evaluating the results.

### “Annie”

Excellent progress has also been made over the past year in responding to the learning from SAR Annie a lady with a learning disability who died from late detection of cancer.

- work by the North-West London Integrated Care Board (NWL ICB) to improve the pathways and processes for annual health checks for adults with learning disabilities. A review of reasonable adjustments across community and acute sectors has taken place particularly in relation to high areas of risk for adults with learning disabilities, including bowel cancer, coronary heart disease and epilepsy.
- the purple pathways system created by Imperial College Healthcare NHS Trust to help patients with learning disabilities or autism to experience the best journey through their hospitals, has been expanded to GPs, outpatients and pre-operative assessment services. Awareness training has also been rolled out to staff across the Trust.
- improved communication pathways have been developed across health and community learning disability services, including joint meetings to discuss referrals. Further work is planned to look at options to enable specific areas of information held across health and social care systems to be shared where this would be of benefit to safeguarding and risk management.

### “Kate”

The SAR on Kate highlighted the important role practitioners and managers in housing services play in identifying and raising safeguarding concerns. Housing colleagues are leading on work to review the various forums to discuss high risk cases and to bring together key stakeholders across statutory, voluntary and Registered Providers to ensure more effective information sharing and joint risk assessment where safeguarding risks are identified.

The learning from SAR Kate has also led to the development of a quick reference checklist to support practitioners around best practice considerations when they encounter challenges in making contact and / or gaining access when visiting adults at risk who do not choose to engage with services.

We would like to thank our partners from Imperial College Healthcare Trust NHS in contributing to this years Annual Report with this interesting article on the learning that is influencing the organisation to look for system solutions for people with a learning disability and or autism.

# NHS Long Term Plan

As part of the long term plan 2019, the NHS provided specific commitment to working together as a system to improve the health outcomes of people with a learning disability, autism or both to lead longer, happier and healthier lives. Some of the learning that is influencing Imperial College Healthcare NHS Trust to system solutions for people with a learning disability and or autism

The need to increase awareness of the needs of people with a learning disability and autism and ensure reasonable adjustments are made within all health services to enable equitable access.

Better patient experience was observed where learning disability Liaison Nurses were available to ensure well designed, person centred and coordinated care, reasonable adjustments and support for families throughout a patient's hospital journey.

Annual health checks and robust health action plans contributed to good quality care. As the most common cause of death is respiratory conditions, take up of flu and COVID-19 vaccines is vital.

Late detection of cancer due to low take-up of screening or no health action plan for this.

There were concerns around the lack of detection of a change in a person's condition. This was especially noticeable during the first wave of the pandemic. This learning highlighted the need for testing and awareness raising amongst families and staff working in supported living and care home settings. Clinical Leads and liaison to including check-in visits.

Diagnostic overshadowing when symptoms arising from physical or mental health problems are misattributed to an individual's learning disability, leading to delayed diagnosis and treatment. This is compounded by lack of organisational alignment (including different systems/processes) within health and cross health and social care.

The end-of-life pathways should keep the needs and wishes of the person and family at the heart of decisions.

In some cases, the mental capacity act was not followed. Training has been provided but this needs to be ongoing.

## Jargon buster

### Reasonable adjustments

This arises in situations which place a disabled person at a substantial disadvantage compared with people who are not disabled. The provider or employer needs to adjust the situation such as providing easy access to a building or easy read guidance.

### Reasonable adjustments for a Colonoscopy

- admit patient one day or two days before procedure
- carer to accompany/ remain with patient
- complete bowel prep on the ward, administered or supervised by hospital staff
- first on list for procedure to minimise 'conscious' wait for food / drink

At the outset of the pandemic, there were concerns about do not attempt cardiopulmonary resuscitation ((DNACPR) decisions being made on the basis of the presence of learning disability and / or autism alone. This outlines the importance of well-designed, person centred and co-ordinated care with clear lines of accountability.

## Reasonable adjustments to improve access to services for people with learning disabilities and autism



North West London Integrated Care Board which shares with us local insights into the work currently underway around Annual Health Checks and Health and Wellbeing Reviews for a people with a learning disability and autism.

Peter Beard, Delivery Manager, Learning disabilities, autism and carers, North West London Integrated Care Board shares important local insights on Annual Health Checks, Health and Wellbeing Reviews and LeDeR, the NHS service improvement programme for people with a learning disability and autistic people.

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## Annual Health Checks 2021-22

Annual health checks are important because people with learning disabilities experience barriers in access to health services, greater health inequalities and poorer outcomes.

Over the last four years we have worked to improve the rate of annual health checks delivered to people with learning disabilities.

We have achieved this through:

- working with primary care leads in our local area to monitor performance on a practice and primary care network level
- connecting our local learning disability nursing teams to primary care networks
- training of GP practices on a rolling programme

### Central London

401 health checks completed from 546 on GP register this equates to 73% completion rate which is just below the target for 2021/22 but above the target set for 2020-21 which was at 67% but took into account the challenges with carrying out health checks during the Covid Pandemic.

### West London

536 health checks completed from 709 on GP register this equates to 76% completion rate which exceeds the target for 2021/22. The graph on the right identifies the improvement in health check delivery over the last four years. We have also worked in partnership with the North West London Diabetes team and The Advocacy Project to design and produce accessible information on the Know Diabetes website. This will enable people with learning disabilities to access information to prevent and manage type 2 Diabetes.

The graph to the right identifies the improvement in health check delivery over the last four years:

AHC performance 2018 – 2022



### Next steps:

- we are strengthening links with primary care to continue improvements in the performance rate, as well as ongoing training program agreed with CLCH as part of an offer of support to primary care.
- our new training programme has been developed in partnership with CLCH and the broader primary care system and feedback from GP practices has been positive. This is due to launch in September 2022.
- we have worked with local learning disabilities teams on quantifying and clarifying their offer of support to practices within a broader health facilitation role.

## Safe and Wellbeing reviews

### Background

The National Safe and Wellbeing Review Programme was identified as part of the NHSE response to a recent SAR that was undertaken to learn from the safety and wellbeing of all people with a learning disability and autistic people who were in a mental health hospital or inpatient setting.

In terms of Safe and Wellbeing reviews, we conducted reviews for those who were in in-patient hospital receiving assessment and treatment.

Our findings confirmed that they were receiving good care with clear plans for discharge. In addition to safe and wellbeing reviews we have carried out eight weekly visits and six-monthly care and treatment reviews for those eligible within Hospital inpatient settings as standard.

### Next steps:

- continue to sustain service quality through Quality Assurance visits with an enhanced approach through the appointment of a Complex Placements Senior Delivery Manager.
- continue with eight weekly face to face visits to all people in mental health inpatient services.
- regular reporting to the North West London ICB surgery.

## LeDeR – learning from lives and deaths

### Background

The NHS Long Term Plan made a commitment to continue LeDeR and to improve the health and well being of people with a learning disability .

We use the findings of LeDeR reviews to make changes to services locally to help prevent people dying from things which could be treated and prevented. North West London CCG produce an annual report which describes action from learning.

Each LeDeR review gives us information about the life and death of the person. From all the information we look at what we can do locally to positively reduce health inequalities.

### Learning and implementation

We have learnt from themes that have been identified in SAR's and have seen a significant reduction in these themes over the last year:

- application of Deprivation of Liberty Safeguards
- issues relating to carers assessments
- long term condition management
- lack of access to specialist services

- access to GP records
- medication issues
- lack of face to face contact
- lack of annual health checks

### Next steps:

- plan to improve the process between the LeDeR process and safeguarding to ensure they are robustly aligned.
- local focus and strategy group to support reviews and implementation of operational and strategic action plans.

## Joan's Legacy

### Key Findings and Recommendations from the Safeguarding Adults Review

Sharing learning from SARs is a key priority of the Safeguarding Adults Executive Board (SAEB) and ensures that lessons in relation to safeguarding adults support best practice and encourages a culture of continuous improvement.

All staff and managers are encouraged to discuss this briefing and the key learning and reflection points to ensure that the learning outcomes are used to consolidate best practice and support improvements in practice where required.

### Safeguarding Adults Reviews or SARs

are commissioned under Section 44 of the Care Act 2014 in circumstances in which an adult has died or sustained serious harm as a result of abuse or neglect, and there are lessons to be learnt around how agencies worked together to safeguard the adult.

The aim of a SAR is to carry out a review to determine what agencies involved could have done differently that could have prevented the harm or death from taking place. The aim is not to apportion blame, but to promote effective learning and improvement actions.

The SAEB commissioned an Independent Reviewer to conduct a Lessons Learnt Review. The review examined events from 30 December 2018 to Joan's death in October 2019.

The review analysed agencies involvement via chronologies and the reviewer also led a facilitated event with practitioners and managers. Joan's family were also involved in the review and met with the Independent Reviewer as well as members of the SAR Panel.



Joan with her great grand-daughters

Joan passed away at the age of 88 after experiencing a significant and rapid decline in her health over the last year of her life. Joan was admitted to hospital five times, in the last 10 months of her life, and there were concerns about discharge arrangements and the care and support services set up to meet her needs, as well as frequent re-admissions to hospital. Joan lived with dementia and became very physically frail in the last year of life, leading to her no longer being able to mobilise independently and developing pressure ulcers.

As part of the review, Joan's family were able to offer powerful insights regarding their experiences. They want Joan's legacy to be that the learning from this case, means that other adults in similar circumstances should not face the same shortfalls in care and support.

The SAEB would like to thank Joan's family for their valuable contributions and open honest reflections of their own experiences and of Joan's care.

## Key findings and learning outcomes



### Communication and coordination between agencies and family members

The review identified an overriding theme of inconsistent communication between agencies involved as well as with Joan and her family. This led to poorly coordinated hospital discharges, delays in the provision of care services, contradictory information being given to family members and their concerns not being addressed in timely or effective ways. There was no clear lead agency and the large number of different agencies involved caused confusion around different roles and responsibilities. There was a lack of formal multi-agency meetings both in relation to planning hospital discharges as well as reviewing the care Joan received at home, as well as a lack of effective partnership working with Joan's family who knew her needs well and what was important to her.

In addition, the review found that there were missed opportunities to consider the concerns raised via safeguarding procedures. Only one safeguarding enquiry was instigated in August 2019 in relation to Joan being admitted to hospital with pressure ulcers but there were delays in this enquiry being taken forward and a lack of management oversight.



### Mental capacity curiosity by professionals

There was little recorded evidence of Joan's wishes and feelings within records across the organisations. Documentation frequently referred to 'best interests' decisions being made, but without decision-specific mental capacity assessments being completed.



### Involving families in SARs and complaints

Joan's family were strong advocates acting on her behalf but struggled to make her voice heard. Their frustrations were often perceived by professionals that they were being difficult and aggressive. The family found that their concerns about the poor quality of care were not satisfactorily addressed until they escalated matters through the complaints and Local Government Ombudsman processes.

The family have provided feedback that they found some aspects of the SAR process challenging, in relation being informed about the SAR taking place 2 years following Joan's death via letter, when their preference would have been for an initial conversation to discuss the purpose of the review.



### Reasonable adjustments and person-centred care

During Joan's hospital admissions she was often deemed by professionals to be unresponsive and uncommunicative, and they advised her family members that at times she was not eating. However, practitioners did not take into account the reasonable adjustments Joan needed to be able to engage with them. She was visually impaired and hard of hearing but often left without access to her glasses or hearing aids which meant that she could not understand what people were saying and communicate with them.

## Recommendations

### Learn

Develop a partnership process to ensure that learning from SARs is disseminated effectively throughout organisations and that multi-agency learning is prioritised and tested in day-to-day practice. Ensure the adult and families are central to the process.

### Raise Awareness

Build on recent developments around reviewing the national protocol of pressure ulcers. Ensure SAEB partners lead on raising awareness and working on clearer pathways across care home and statutory health sector.

### Quality Assurance

Introduce a programme of multi-disciplinary audits of safeguarding practice and decision making to compliment the SAEB Assurance and Performance Framework.

### Review

Review the operational model of My Care My Way in the Royal Borough of Kensington and Chelsea.

### Coordinate

Develop mechanisms to ensure a more coordinated approach across acute hospital trusts and Adult Social Care to ensure effective case management.

## What we are doing to respond to the learning:

- Adult Social Care has led on an audit of hospital discharge pathways and joint working across health and social care. The findings will be used to strengthen the Discharge to Assess (D2A) arrangements, including establishing multi-agency hospital hubs.
- a Training Needs Analysis with regulated provider services highlighted the need for greater awareness of the pressure ulcer protocol. In response to this bespoke training sessions will be delivered later in 2022.
- the SAEB will undertake a multi-agency audit to look at how well the Mental Capacity Act is being used in practice.
- the new SAR Protocol and Guidance has been launched by the SAEB in June 2022 and the board will deliver a series of 'Lunch and Learn' sessions to partners to help raise awareness of the process.
- a new SAR Guide for Families and Carers has been produced.
- the review highlighted important learning around how we work with families both within day-to-day practice as well as in SARs. The board is working with Joan's family for dialogue around how they may wish to support sharing the learning from this review.

## Key Points for Learning and Reflection

- do you have an established process for deciding who needs to be involved in multi-agency meetings and plans, and how do you ensure all relevant agencies are involved in discharge / care and support planning? How do you ensure that agreed actions are monitored and followed up?
- how have you overcome challenges to good multi-agency working? For example, how do you take responsibility for effective information sharing and communication?
- do you feel you have the skills to explore and understand families who are expressing frustration and dissatisfaction? Are you able to hold 'difficult conversations' with confidence?
- are you aware of the Department of Health and Social Care's (DHSC) Safeguarding Adults Protocol for Pressure Ulcers, and how to use its Safeguarding Decision Guide Assessment?
- how do you ensure you adopt a person-centred approach consider all reasonable adjustments are met when working with adults with care and support needs?
- are you confident in applying the Mental Capacity Act in practice?

## Safeguarding Executive Board Strategy 2022-2025

Our Strategic Plan 2022-2025 sets out how the Board will work towards achieving its ambitions for safeguarding adults in the Bi-Borough and has four key priorities to ensure that, wherever possible, safeguarding responsibilities are delivered in a way that creates safeguarding prosperity within our communities and continues to have 'Making Safeguarding Personal' (MSP) at the heart of everything we do.



### Making Safeguarding Personal

Service user engagement

Ensuring that adults are being supported and encouraged to make their own decisions on how to keep themselves safe.

Sharing experiences and best practice through collaborative and bespoke safeguarding training and community events.

Collaborating with our Safeguarding Ambassador to ensure their voices are heard in the communities and London wide.

#### Making safeguarding everybody's business

- improve awareness of safeguarding across all communities
- culturally competent safeguarding and support
- close working with the voluntary sector
- listening and collaborating with service users by experience



### Communities keeping themselves safe

Community Engagement Group

Working together with our communities to prevent harm and abuse and improve awareness of safeguarding to ensure they are informed, confident and supported in raising safeguarding concerns.

Continuing to create an inclusive and diverse safeguarding culture that learns from the information we have collected about what is most important to specific community groups in raising awareness and providing tailored Learning Programmes and support.

#### Communication and Involvement and Prevention and Early Intervention

- building Community resilience and developing strategies that reduce the risk of abuse, as well as seeking assurance from partners
- knowing our residents and who is at most risk
- placing partnership responses at the heart of the problem

# Big thank you to the members of the Safeguarding Executive Board



## Leading, Listening, Learning

Safeguarding Adults Case Review Group

Providing high quality Learning and Development opportunities to the partnership and working together to provide leadership ambition for change.

The SAEB Learning Programme and network of SAR Champions is extended across the wider partnership, housing and voluntary sectors to support, share and embed learning.

### Sharing learning to prevent harm and abuse

- a partnership which is open to new ideas and a willingness to learn from mistakes
- a partnership which wants to get better at preventing abuse and neglect
- a partnership which is transparent and accountable to each other and to its residents
- a partnership that listens and hears what it is being told by families



## Quality and Performance

Developing Best Practice and Effective Outcomes Group

Making sure safeguarding arrangements for adults at risk work effectively and support organisations to continually improve practice.

Ensuring our safeguarding systems are improving and we are learning and getting better through use of digital technology to get our messages across.

### Learning through Development of best Practice and using data better to help inform partnership responses to safeguarding referrals

- shared safeguarding goals and wellbeing responsibilities partnership wide that seek assurance across all safeguarding agendas
- understanding what the most prevalent abuse types are and doing something about it
- making sure safeguarding arrangements for adults with care and support needs work effectively and we have people by experience working alongside us informing our learning

- The Bi-Borough Executive Director of Adult Social Care and Health
- Children's Services (Local Authority)
- The Chief Nurse and Director of Quality, Caldicott Guardian, NHS North West London Integrated Care Board (NWL ICB)
- Community Safety (Local Authority)
- Basic Command Unit Commander of Central West, Chief Superintendent, Metropolitan Police
- Lead Portfolio Holder (Local Councillors)
- London Fire Brigade
- Housing (Local Authority)
- Imperial College Healthcare NHS Trust
- Genesis Notting Hill Housing
- Chelsea and Westminster Hospital Foundation NHS Trust
- Trading Standards (Local Authority)
- The Royal Marsden NHS Foundation Trust
- Public Health
- Central London Community Healthcare Trust
- Royal Brompton and Harefield HNS Foundation Trust
- Central North West London NHS Foundation Trust
- Healthwatch
- Community Rehabilitation Company (CRC)
- Adult Social Care (Local Authority)
- National London Probation Service
- Safeguarding Ambassadors  
The Local Account Group  
The Safeguarding Adults Reference Group



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

**Don't ignore it. Report it.**

Kensington and Chelsea  
 T 020 7361 3013  
 E [socialservices@rbkc.gov.uk](mailto:socialservices@rbkc.gov.uk)

Westminster  
 T 020 7641 2176  
 E [adultsocialcare@westminster.gov.uk](mailto:adultsocialcare@westminster.gov.uk)



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

## Westminster Health & Wellbeing Board

## RBKC Health & Wellbeing Board

<b>Date:</b>	26 January 2023
<b>Classification:</b>	<b>General Release</b>
<b>Title:</b>	Suicide Safer Communities – Commitment/Event
<b>Report of:</b>	Director of Public Health
<b>Policy Context:</b>	Mental Health
<b>Wards Involved:</b>	All
<b>Report Author and Contact Details:</b>	Jeff Lake Deputy Director of Public Health. <a href="mailto:jlake@westminster.gov.uk">jlake@westminster.gov.uk</a> Safia Khokhar Senior Public Health Strategist. <a href="mailto:skhokhar@westminster.gov.uk">skhokhar@westminster.gov.uk</a>

### 1. Executive Summary

- 1.1. This report provides an update to the Health and Wellbeing Board (HWB) on Suicide Prevention and seeks members support of a Suicide Safer Communities Initiative. A market stall will be available during the Board meeting to allow members to families themselves with the initiative and raise any queries or suggestions for its development.
- 1.2. The launch of a Suicide Safer Communities was a key recommendation of the Professor Louis Appleby's report on suicides in North Kensington which concluded that whilst suicide rates had not increased following the Grenfell Tower tragedy, there was a community concern that required response. The COVID-19 pandemic and the cost-of-living crisis have prompted similar concerns nationally and locally and the development of a Suicide Safer Communities initiative across both boroughs has been agreed as a priority action within the 2022/23 suicide prevention action plan developed by the Suicide Prevention Partnership Board.

### 1.3. Suicide Safer Community

Suicide Safer Community is a model developed in Canada by [Living Works](#). This model is a ground up approach to changing public attitudes about suicide through identifying a critical need for suicide prevention skills in workplaces and communities.

This model has been used in some areas through campaigns like [Stop Suicide Pledge](#) in Cambridgeshire and in the Mid and North Powys region called [The Suicide Prevention Pledge](#). Both pledges were developed in collaboration between statutory services, MIND, and other voluntary sector partners to build a suicide safer community.

Campaigns in these areas have promoted a community commitment through raising awareness of suicide, providing training, breaking down stigma associated with speaking out, and providing help and support of those who have suicide ideation.

## 2. **Key Matters for the Board**

### 2.1 Sign up to the Suicide Safer Communities Commitment.

Public Health presents this paper to the **Health and Wellbeing Board** to secure members commitment to a Suicide Safer Communities initiative and their support in promoting suicide prevention.

Suicide prevention training has been available local frontline and community-based staff through Every Life Matters, a Cumbrian voluntary sector organisation which is a national example of best practice. Community engagement has been undertaken to target seldom heard and high-risk groups, to ensure that the training offer meets their needs and to identify any required developments as we look for local providers to take this on in the future.

In 2023/2024 a larger suicide prevention training offer will be procured locally to support the Suicide Safer Communities initiative by building capacity within frontline services and community organisations. In addition, a digital platform for suicide prevention will be developed where statutory and voluntary sector partners, businesses and residents will be able to access suicide prevention resources and training opportunities and where they will be able to add their support. By summer 2023 a promotional event will be held to share all components of the Suicide Safer Communities commitment (training and web platform) with a wider range of stakeholders and partners including local community and business leaders.

## 3. **Overview**

### 3.1 The 2022/2023 Suicide Prevention Action Plan includes the aims to:

1. To develop ***Safer Suicide Communities commitment***.
2. To provide a ***suicide prevention and awareness training offer*** to the RBKC and WCC local communities, voluntary sector, variety of settings and front-line services.

**The Health and Wellbeing Board is being asked to endorse this initiative and promote suicide prevention resources and training opportunities as these are expanded in coming months.**

### 3.2 Objectives

- Securing senior leadership commitment to the Suicide Safer Communities initiative within RBKC and WCC through the Health and Wellbeing Board.
- To deliver a targeted suicide prevention training programme that meets the needs of RBKC and WCC’s diverse communities.
- Up-skill communities and service providers to identify individuals at risk of suicide and respond appropriately – relevant measures will include increasing the number of people trained in suicide alertness and the impact/risk of self-harm; and the proportion of trained individuals who have improved knowledge, skills and confidence in identifying individuals at risk.
- Deliver an event to celebrate and promote the Safer Suicide Communities commitment amongst community and business leaders and residents.
- To explore, through community engagement and co-production the development of a web platform which signposts people to relevant training, services and resources.
- The commitment, training and promotional event will be supported by a dedicated communications and engagement plan.

### 3.3 Suicide Safer Communities Offer

Anyone can be at risk of suicide, with some groups at higher risk than others. Through this commitment and training, we are looking to provide enhanced support for our most vulnerable service users and residents in RBKC and WCC.

The following table summarises the components of the initiative:

<b>What</b>	<b>Who</b>	<b>How</b>
<b><i>Commitment</i></b>	Voluntary and Statutory Sectors, Organisational and Individuals	Aims to: <ul style="list-style-type: none"> <li>• Secure political and senior leads support across voluntary and statutory sectors, including emergency services and community leader support</li> <li>• Development of a web platform to explain the commitment to Suicide Safer Communities, be a source of resources/information and allow others to add their support.</li> </ul>

<b>Training</b>	Voluntary and Statutory Sectors. Priority for those who work with high-risk groups.	<b>The training</b> aims to support voluntary and statutory sector professionals, and business and community members to increase levels of knowledge, skills and confidence to address suicide ideation and self-harm; reduce stigma and foster positive attitudes to seeking help and improving participants' understanding of mental health and resilience.
<b>Event</b>	Voluntary Sector, Statutory Sector, Community Leaders and Senior Partners.	<b>The event</b> aims to bring partners and stakeholders together to secure wider awareness and support amongst local community and business leaders and residents.

#### 4. Legal Implications

- 4.1 These services fall within 'Social and Other Specific Services' in Schedule 3 of The Public Contracts Regulations 2015 ("the PCR"). The value of the contract is below the relevant threshold (£663,540) for Schedule 3 services; therefore, procurement of the Service is not subject to the full requirements for the call of a competition in accordance with Section 7 of Chapter 3 of the PCR. The procurement will instead follow the Council's own non-statutory, internal Procurement Code ("the Code") in its Constitution requires all contracts that exceed £100,000 but below the thresholds under the PCR to be competed with a minimum of 3 suppliers invited to quote. This requirement will be satisfied by carrying out an open tender process.

#### 5. Financial Implications

- 5.1 The Suicide Safer Communities project will include procurement of a training offer, development of the web-based platform and a promotional event once these resources are available.
- 5.2 £150,000 has been allocated from the public health grant to fund the programme across RBKC and WCC for a period of five years (£30k x 5).

#### 6. Risks and Mitigation

Risk	Mitigation
<ul style="list-style-type: none"> <li>The promotional event has a low take up of the commitment from voluntary sector organisations, senior and community leaders.</li> </ul>	<ul style="list-style-type: none"> <li>Sufficient planning of the event ahead of time.</li> <li>Secured sign off by the Health and Wellbeing Board ahead of time.</li> <li>Ensuring the commitment supports the needs of their communities and is accessible.</li> <li>Invitation of wider statutory, voluntary and faith sector as well as business leaders.</li> </ul>

<ul style="list-style-type: none"> <li>• Web based platform not meeting the needs of the communities.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with communities, voluntary sector organisations and engagement teams to co-produce and develop the web platform.</li> <li>• Work with local mental health provider and RBKC and WCC digital teams to develop this platform.</li> </ul>
<ul style="list-style-type: none"> <li>• Failing to identify a local training provider to engage with communities.</li> </ul>	<ul style="list-style-type: none"> <li>• Engage with local mental health voluntary sector partners with experience of training.</li> <li>• Ensuring through the commissioning and procurement process that the providers are meeting specifications and have experience in delivering the outcomes of the training and commitment.</li> <li>• Monthly progress meetings and reviews of delivery to meet outcomes.</li> </ul>
<ul style="list-style-type: none"> <li>• Campaign not reaching those in need.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensuring that the community engagement sessions are being delivered to those who a</li> <li>• re seldom heard and using Community Engagement teams and forums to contribute to the engagement sessions.</li> </ul>
<ul style="list-style-type: none"> <li>• Training offers not meeting the needs of the communities they are targeting.</li> </ul>	<ul style="list-style-type: none"> <li>• Using the community engagement sessions to review and amend training to be delivered to specific cohorts to meet their needs.</li> <li>• Meeting specific cohort leads in advance of training to speak about training delivery needs and special requirements. Then review training delivery to meet their needs.</li> <li>• Using the <a href="#">Kirk Patrick Model</a> to review training.</li> </ul>
<ul style="list-style-type: none"> <li>• Lack of take up of training and awareness of the commitment from voluntary, statutory, communities and frontline services.</li> </ul>	<ul style="list-style-type: none"> <li>• Advertise a training offer on different media platforms to help with promotion of the training and the Suicide Safer Communities commitment information/resources.</li> <li>• Develop a communications and engagement strategy to ensure that all statutory and voluntary sector services have access to the training and the Suicide Safer Communities commitment information/resources.</li> </ul>

**7. Carbon Impact**

7.1 The Suicide Safer Communities Commitment will aim to proactively support the climate action plan by using online delivery and local providers where possible.

**If you have any queries about this Report or wish to inspect any of the background papers please contact:**

Jeff Lake Deputy Director of Public Health or Safia Khokhar Senior Public Health Strategist

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## WCC & RBKC Health & Wellbeing Board

<b>Date:</b>	<b>26<sup>th</sup> January 2023</b>
<b>Classification:</b>	<b>General Release</b>
<b>Title:</b>	Better Care Fund 22/23 S75 (Deed of Variation)
<b>Report of:</b>	Adult Social Care and Health
<b>Wards Involved:</b>	All
<b>Report Author and Contact Details:</b>	Rachel Soni rsoni@westminster.gov.uk

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### 1.0 Executive Summary

- 1.1 The BCF national condition of grant is that a signed Section 75 agreement is in place for the relevant financial year. If these conditions are not met, NHS England is able to direct to the relevant Integrated Care Board (ICB), in our Health and Wellbeing Board area as to the use of the funding.
- 1.2 The Adult Social Care Discharge fund was released in November 2022, the Government allocated £500m to support discharges from hospitals through the Adult Social Care Discharge fund. Funding was allocated direct to local authorities and also the ICB with management of the funding to be through the Better Care Fund Section 75.
- 1.3 The Section 75 agreement gives powers to local authorities and clinical commissioning groups (now ICB's) to establish and maintain pooled funds from which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions.

### 2.0 BACKGROUND

- 2.1 The 2021/22 S75 is signed on behalf of the local authority, by the Executive Director for Adult Social Care and Health and by health by the NWL ICB Chief Executive. As the terms and conditions are similar, there is now a requirement

to satisfy the new Adult Social Care discharge funding through a new schedule 8. It has been agreed with the NHS that a Deed of Variation to the 2021/22 Section 75 will be completed.

2.2 The Section 75 agreement provides clarity about the responsibilities of both Parties, prevents ambiguity and provides a reference point for problem-solving in the event of potential disputes arising. If agreed by the Parties, the Section 75 agreement will provide the legal basis and flexibility for the pooling of resources in support of our overall integration plans. This will enable the strategic and more efficient commissioning of locally tailored health and social care services, leading to improvements in the way care and support is provided, as well as delivering better outcomes for residents and patients. It also enables the Parties to comply with the national Better Care Fund requirements. If this decision is not agreed, then there would be no legal agreement in place for these arrangements.

2.3 The Section75 (Deed of Variation) covers three schedules and are all covered by the Section75. These are summarised in the appendix 1 and 2 finance section and cover:

- Better Care Fund Plan (schedule 2) – covering Better Care Fund, improved Better Care Fund and Disabilities Facilities Grant
- Non Better Care Fund Schemes (Schedule 7) – there are schemes funded by health and commissioned / delivered by the local authority
- National ASC Discharge Fund (Schedule 8).

### 3.0 LEGAL IMPLICATIONS

3.1 National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2006 provide that local authorities and NHS bodies (including the CCG now ICB) can enter into a partnership agreement to manage and maintain pooled funds. Legal advice has been provided on the development of the new Section 75 agreement and a draft of the agreement has been prepared. The ICB have also sought their own independent legal advice on the agreement.

### 4. FINANCIAL IMPLICATIONS

4.1. The Joint Health and Wellbeing Board agreed the BCF plan on the 15<sup>th</sup> September 2022 and following consultation with the HWB chair and co-chair agreed for the ASC Discharge Funding allocation. The split and total of the plans as covered in the Deed of Variation, covering Westminster and RBKC is shown in the table below. Appendix 1 and 2 provide a more detailed breakdown.

BCF Pooled Funding	Westminster City Council	Kensington & Chelsea
	22/23	22/23
Minimum NHS Contribution	23,308,180	14,844,071
Additional NHS Contribution	-	20,915
Additional LA Contribution	387,754	66,232

Improved Better Care Funding	17,649,014	7,661,937
Disability Facility Grant -2022/23	1,729,201	959,824
<b>BCF Total allocation (schedule 2)</b>	<b>43,074,149</b>	<b>23,552,979</b>
<b>Non BCF (schedule 7)</b>	<b>4,910,096</b>	<b>2,340,706</b>
<b>ASC Discharge Funding – LA Allocation</b>	<b>1,102,633</b>	<b>722,338</b>
<b>ASC Discharge Funding – NWL ICB</b>	<b>1,000,000</b>	<b>1,000,000</b>

## 5. HUMAN RESOURCES IMPLICATIONS

5.1. None

## 6. EQUALITIES IMPLICATIONS

6.1. The individual schemes are designed to deliver a reduction in health inequalities within the Borough. This is done through the Borough's and NWL ICB's joint priorities:

- High quality care in the community, preventing unnecessary hospital admissions, and ensuring timely discharges
- Joint work on Mental Health Supported Accommodation and Homelessness
- Advocacy, Carers Services, Advice and Guidance and Prevention
- Aligning the Boroughs and CCG BCF with wider strategic plans
- Use of the iBCF, Winter Pressures, Disabled Facilities Grant funding as enablers to BCF Plans are aimed at improving residents Health and wellbeing

6.2 All the schemes are designed to enhance the quality of care and are seen to have positive implications for all.

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### Recommendations

1. That the Chair/s, on behalf of the Health & Wellbeing Board, delegates the sign-off of the Section 75 agreement for the Better Care Fund 2022/23 to the Executive Director of ASC & Public Health
  2. That the Health and Wellbeing Board recognises the inclusion of the Adult Social Care Discharge fund in the BCF 22/23.
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**END**

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## Appendix 1: Westminster

**Table 1 – Schedule 2 Overall BCF Contribution**

Running Balances	Expenditure
DFG	£1,729,201
Minimum NHS Contribution	£23,308,180
iBCF	£17,649,014
Additional LA Contribution	£387,754
Additional NHS Contribution	£0
<b>Total</b>	<b>£43,074,149</b>

**Table 2 – Out of Hospital and Adult Social Care Contributions**

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£6,636,245	£9,114,136	£0
Adult Social Care services spend from the minimum ICB allocations	£9,840,094	£9,895,812	£0

**Table 3 – Detailed BCF Schemes**

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Area of Spend	Commissioner	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	MH Supported Accommodation Clusters	Provision of Mental Health supported accommodation cluster services model through 4 providers across 24 premises with 263 bed spaces The services supports people with Serious Mental Illness subject to S117 aftercare and Care Act responsibilities to: maintain compliance with medication; manage and improve their mental and physical health; maintain a tenancy and move-on to independent living; reduce presentation of ASB and substance misuse in the community; manage their economic wellbeing and engage with education, training, employment and volunteering; and develop social networks.	Residential Placements	Supported accommodation	Mental Health	LA	Charity / Voluntary Sector	Minimum NHS Contribution	£1,257,000	Existing
1	MH Supported Accommodation Clusters	Provision of Mental Health supported accommodation cluster services model through 4 providers across 24 premises with 263 bed spaces The services supports people with Serious Mental Illness subject to S117 aftercare and Care Act responsibilities to: maintain compliance with medication; manage and improve their mental and physical health; maintain a tenancy and move-on to independent living; reduce presentation of ASB and substance misuse in the community; manage their economic wellbeing and engage with education, training, employment and volunteering; and develop social networks.	Housing Related Schemes		Mental Health	LA	Charity / Voluntary Sector	Minimum NHS Contribution	£600,000	Existing
1	MH Supported Accommodation Clusters	Provision of Mental Health supported accommodation cluster services model through 4 providers across 24 premises with 263 bed spaces The services supports people with Serious Mental Illness subject to S117 aftercare and Care Act responsibilities to: maintain compliance with medication; manage and improve their mental and physical health; maintain a tenancy and move-on to independent living; reduce presentation of ASB and substance misuse in the community; manage their economic wellbeing and engage with education, training, employment and volunteering; and develop social networks.	Housing Related Schemes		Mental Health	LA	Charity / Voluntary Sector	Minimum NHS Contribution	£84,211	Existing
2	Hospital Services (7 Days)	The aim of the 7-day service is to supports the continuous discharge of residents from 3B hospital sites WCC/RBKC and LBHF and meets the requirements under D2A. It supports earlier involvement of ASC in discharge planning.	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning	Other	LA	Local Authority	Minimum NHS Contribution	£327,947	Existing
3	Community Equipment Services	To support earlier hospital discharge Enable residents to remain in home safely To support admissions avoidance by preventing accidents that occur in the community To prevent functional deterioration To maximise independence and choice so residents remain at home through rehabilitation and re-ablement	Assistive Technologies and Equipment	Community based equipment	Social Care	LA	Local Authority	Minimum NHS Contribution	£1,487,285	Existing
3	Community Equipment Services	To support earlier hospital discharge Enable residents to remain in home safely To support admissions avoidance by preventing accidents that occur in the community To prevent functional deterioration To maximise independence and choice so residents remain at home through rehabilitation and re-ablement	Assistive Technologies and Equipment	Community based equipment	Social Care	LA	Local Authority	Minimum NHS Contribution	£744,918	Existing
4	Homecare package cost	To ensure that the needs of the adult social care eligible population continue to be met. To ensure that hospital discharges are safe and efficiently followed up in the community as required. To ensure that funding for adult social care is maintained and robust during the period when increased demographic demands have been experienced by councils. To enable continued effective services during the pandemic To meet increasing costs of home care in relation to staff salary pressures and increased complexity of clients. To meet increased demand from the homeless and temporary accommodation sectors, and avoid admission for this group.	Home Care or Domiciliary Care	Domiciliary care packages	Social Care	LA	Local Authority	Minimum NHS Contribution	£4,425,818	Existing

4	MH Placements (including ISH) Placements	This funding is for the Westminster residents who had lived in the ISH but when this closed down the CCG agreed to fund their alternative placements .	Residential Placements	Care home	Mental Health	LA	Private Sector	Minimum NHS Contribution	£128,696	Existing
4	No Recourse To Public Funds Placements S117	Provision of mental health supported accommodation to people with NRPF under s117 of the Mental Health Act	Community Based Schemes	Integrated neighbourhood services	Mental Health	LA	Local Authority	Minimum NHS Contribution	£492,285	Existing
4	Mental Health Day Service Personal Budgets	MH Dayservice person Budget to improved well being , reduction in social isolation , prevention of deterioration in mental and physical health and avoidance of readmission into psychiatric hospital	Community Based Schemes	Integrated neighbourhood services	Mental Health	LA	Local Authority	Minimum NHS Contribution	£489,296	Existing
5	Carers Support with Memory & Recognition	To ensure unpaid and informal carers are assessed and offered the support services that best meet their needs to enable them to continue to support the person they are caring for whilst maintaining their own health and wellbeing.	Carers Services	Other	Social Care	LA	Local Authority	Minimum NHS Contribution	£127,855	Existing
5	Westminster Flexicare MIND	Flexicare is a befriending service delivered by MIND. Service users are matched to a volunteer befriender. This service is provided for Care Act eligible residents or as part of after care under s117 Mental Health Act.	Carers Services	Other	Mental Health	LA	Local Authority	Minimum NHS Contribution	£117,868	Existing
5	Carers Personal Budget	To support carers to maintain their role. To enable carers to provide the best possible care to their loved ones. To support carers to maintain their health and wellbeing To enable carers to have a break from the role, rest and recuperate.	Carers Services	Other	Social Care	LA	Local Authority	Minimum NHS Contribution	£600,700	Existing
6	Community Independence Service	Reablement is an integrated Health and adult social care service delivered in collaboration with NHS partners, CNWL under the umbrella body of Community Independence Service (CIS). CIS comprises of Rapid response, Home first, rehabilitation and Reablement pathways. As such the Reablement service is funded by the BCF on a permanent basis in order to deliver this essential front-line service to residents in the BiBorough by maintaining a whole systems approach and reducing pressures on NHS services both primary care and acute hospital admissions).  Reablement is the WCC is delivered via an outsourced spot arrange of providers. In the RBKC the reablement provider element is made up of an inhouse service which is supplemented by an external spot arrangement in case of limited capacity. Both Reablement services are made up of a multi-disciplinary workforce (Occupational Therapy /Care managers, social workers, independent living assessors, team managers and Business support officers)	Reablement in a persons own home	Reablement service accepting community and discharge referrals	Social Care	LA	Local Authority	Minimum NHS Contribution	£1,552,363	Existing
7	Carer's Hub and network	To ensure unpaid and informal carers are assessed and offered the support services that best meet their needs to enable them to continue to support the person they are caring for whilst maintaining their own health and wellbeing.	Care Act Implementation Related Duties	Carer advice and support	Social Care	LA	Charity / Voluntary Sector	Minimum NHS Contribution	£410,228	Existing
7	Advocacy	The advocacy services ensure the statutory requirements of the Care Act and Mental Health Act are met. At any point, judgement is required whether: person has substantial difficulty in being involved, and that there is an absence of an appropriate individual to support them. IMHA supports people detained under the MH Act for longer than 72hours and those in the community under the MH Act. IMCA has statutory criteria for formal IMCA involvement at the care planning stage of a health or social care process.	Care Act Implementation Related Duties	Carer advice and support	Mental Health	LA	Charity / Voluntary Sector	Minimum NHS Contribution	£335,824	Existing
7	Information and advice	The advocacy services ensure the statutory requirements of the Care Act and Mental Health Act are met. At any point, judgement is required whether: person has substantial difficulty in being involved, and that there is an absence of an appropriate individual to support them. IMHA supports people detained under the MH Act for longer than 72hours and those in the community under the MH Act. IMCA has statutory criteria for formal IMCA involvement at the care planning stage of a health or social care process.	Care Act Implementation Related Duties	Carer advice and support	Social Care	LA	Charity / Voluntary Sector	Minimum NHS Contribution	£76,312	Existing
7	Information and advice	The advocacy services ensure the statutory requirements of the Care Act and Mental Health Act are met. At any point, judgement is required whether: person has substantial difficulty in being involved, and that there is an absence of an appropriate individual to support them. IMHA supports people detained under the MH Act for longer than 72hours and those in the community under the MH Act. IMCA has statutory criteria for formal IMCA involvement at the care planning stage of a health or social care process.	Care Act Implementation Related Duties	Carer advice and support	Social Care	LA	Charity / Voluntary Sector	Minimum NHS Contribution	£93,276	Existing
8	Safeguarding	Section 43 Schedule 2 of the Care Act 2014 outlines local authorities' responsibilities to set up a Safeguarding Adults Board (SAB). To support SAEB in addressing barriers to effective safeguarding that may exist .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'.	Care Act Implementation Related Duties	Safeguarding	Social Care	LA	Local Authority	Minimum NHS Contribution	£20,500	Existing
9	Safeguarding	Section 43 Schedule 2 of the Care Act 2014 outlines local authorities' responsibilities to set up a Safeguarding Adults Board (SAB). To support SAEB in addressing barriers to effective safeguarding that may exist .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'.	Care Act Implementation Related Duties	Safeguarding	Social Care	LA	Local Authority	Minimum NHS Contribution	£356,557	Existing
10	Joint Homeless Team	JHT provides a multi disciplinary mental health specific service to homeless people and rough sleepers in the borough. Provision of statutory functions under the Care Act, Mental Health Act and housing legislation	Community Based Schemes	Other	Mental Health	LA	Local Authority	Minimum NHS Contribution	£293,638	Existing
11	Homeless Health	The CLCH HHT provides outreach to the streets and in-reach into local day centres and offers services that are accessible and delivered at the point of need to a population who find it difficult to access mainstream services. Additionally, homeless populations have a much higher concentration of need when compared with the general population including significant health related issues and thus the work of the HHT maximizes opportunity for engagement thereby reducing the likelihood of deterioration in health and future presentation at A&E and NEL hospital admissions	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Community Health	CCG	NHS Community Provider	Minimum NHS Contribution	£598,395	Existing

12	ICB Community Independence Service	The CIS contributes to local integration plans by: •Reducing the number of unplanned attendances at acute hospitals, particularly by older adults •Enabling discharges from hospital – both discharge to assess and community rehab pathways •Co-location between rehabilitative and re-abling homecare services	Reablement in a persons own home	Reablement service accepting community and discharge referrals	Community Health	CCG	NHS Community Provider	Minimum NHS Contribution	£2,477,039	Existing
13	Community Neuro Rehab Beds	The service supports patients who have complex neurological rehabilitation needs, requiring specialist rehabilitation, but these can be met by a local specialist (Level 2) service. This includes patients with moderate to severe physical, cognitive, communicative disabilities and/or challenging behaviours. Reduces delay in the Transfer of Care	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)	Community Health	CCG	NHS Community Provider	Minimum NHS Contribution	£996,977	Existing
14	Community Matrons - CLCH	The service provides specialist domiciliary nursing support to temporarily or permanently housebound people to support episodic or long term health care needs	Integrated Care Planning and Navigation	Care navigation and planning	Community Health	CCG	NHS Community Provider	Minimum NHS Contribution	£1,102,841	New
14	Intermediate care Beds (Alexandra Ward) – CLCH	The service provides specialist domiciliary nursing support to temporarily or permanently housebound people to support episodic or long term health care needs	Integrated Care Planning and Navigation	Care navigation and planning	Community Health	CCG	NHS Community Provider	Minimum NHS Contribution	£568,209	New
14	Intermediate care Beds (Athlone Ward) – CLCH	The service provides specialist domiciliary nursing support to temporarily or permanently housebound people to support episodic or long term health care needs	Integrated Care Planning and Navigation	Care navigation and planning	Community Health	CCG	NHS Community Provider	Minimum NHS Contribution	£1,600,870	New
15	District Nursing - CLCH	The service provides specialist domiciliary nursing support to temporarily or permanently housebound people to support episodic or long term health care needs	Integrated Care Planning and Navigation	Care navigation and planning	Community Health	CCG	NHS Community Provider	Minimum NHS Contribution	£1,769,805	New
16	Disability Facility Grant	Provides Housing major adaptations and works with residents to support their independence by providing DFG's in accordance with our grant policy. The grant policy has been specifically tailored to meet the needs of our local residents and provides funding not only for adaptations, but heating, insulation and fire protection.	DFG Related Schemes	Adaptations, including statutory DFG grants	Other	LA	Local Authority	DFG	£1,400,000	Existing
16	Disability Facility Grant	Provides Housing major adaptations and works with residents to support their independence by providing DFG's in accordance with our grant policy. The grant policy has been specifically tailored to meet the needs of our local residents and provides funding not only for adaptations, but heating, insulation and fire protection.	DFG Related Schemes	Discretionary use of DFG - including small adaptations	Other	LA	Local Authority	DFG	£200,000	Existing
16	Disability Facility Grant	Provides Housing major adaptations and works with residents to support their independence by providing DFG's in accordance with our grant policy. The grant policy has been specifically tailored to meet the needs of our local residents and provides funding not only for adaptations, but heating, insulation and fire protection.	DFG Related Schemes	Handyperson services	Other	LA	Local Authority	DFG	£129,201	Existing
16	Disability Facility Grant	Provides Housing major adaptations and works with residents to support their independence by providing DFG's in accordance with our grant policy. The grant policy has been specifically tailored to meet the needs of our local residents and provides funding not only for adaptations, but heating, insulation and fire protection.	DFG Related Schemes	Adaptations, including statutory DFG grants	Other	LA	Local Authority	Additional LA Contribution	£200,000	Existing
16	Disability Facility Grant	Provides Housing major adaptations and works with residents to support their independence by providing DFG's in accordance with our grant policy. The grant policy has been specifically tailored to meet the needs of our local residents and provides funding not only for adaptations, but heating, insulation and fire protection.	DFG Related Schemes	Discretionary use of DFG - including small adaptations	Other	LA	Local Authority	Additional LA Contribution	£100,000	Existing
16	Disability Facility Grant	Provides Housing major adaptations and works with residents to support their independence by providing DFG's in accordance with our grant policy. The grant policy has been specifically tailored to meet the needs of our local residents and provides funding not only for adaptations, but heating, insulation and fire protection.	DFG Related Schemes	Handyperson services	Other	LA	Local Authority	Additional LA Contribution	£87,754	Existing
17	IBCF - Meeting Adult Social care needs	Improving Social Care, Health and wellbeing, stabilising the Social Care provider Market and preventing avoidable stays in hospitals.	Care Act Implementation Related Duties	Safeguarding	Social Care	LA	Local Authority	IBCF	£1,098,414	Existing
17	IBCF - reducing pressures on the NHS, including seasonal winter pressures	Improving Social Care, Health and wellbeing, stabilising the Social Care provider Market and preventing avoidable stays in hospitals.	Other		Mental Health	LA	Local Authority	IBCF	£100,000	Existing
17	IBCF - supporting people to be discharge from hospital	Improving Social Care, Health and wellbeing, stabilising the Social Care provider Market and preventing avoidable stays in hospitals.	Enablers for Integration	Integrated models of provision	Social Care	LA	Local Authority	IBCF	£1,436,888	Existing
17	IBCF - ensuring that the social care provider market is supported	Improving Social Care, Health and wellbeing, stabilising the Social Care provider Market and preventing avoidable stays in hospitals.	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge	Social Care	LA	Local Authority	IBCF	£364,146	Existing
17	IBCF - ensuring that the social care provider market is supported	Improving Social Care, Health and wellbeing, stabilising the Social Care provider Market and preventing avoidable stays in hospitals.	Home Care or Domiciliary Care	Domiciliary care packages	Social Care	LA	Local Authority	IBCF	£12,970,439	Existing
17	IBCF - ensuring that the social care provider market is supported	Improving Social Care, Health and wellbeing, stabilising the Social Care provider Market and preventing avoidable stays in hospitals.	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)	Social Care	LA	Local Authority	IBCF	£1,589,127	Existing
17	IBCF - ensuring that the social care provider market is supported	Improving Social Care, Health and wellbeing, stabilising the Social Care provider Market and preventing avoidable stays in hospitals.	Reablement in a persons own home	Reablement to support discharge step down (Discharge to Assess pathway 1)	Social Care	LA	Local Authority	IBCF	£90,000	Existing
4	Homecare package cost	To ensure that the needs of the adult social care eligible population continue to be met. To ensure that hospital discharges are safe and efficiently followed up in the community as required. To ensure that funding for adult social care is maintained and robust during the period when increased demographic demands have been experienced by councils. To enable continued effective services during the pandemic To meet increasing costs of home care in relation to staff salary pressures and increased complexity of clients. To meet increased demand from the homeless and temporary accommodation sectors, and avoid admission for this group.	Home Care or Domiciliary Care	Domiciliary care packages	Mental Health	LA	Local Authority	Minimum NHS Contribution	£171,467	Existing
<b>Grand Total</b>									<b>£43,074,149</b>	

**Table 4: SCHEDULE 7 NON-BCF SERVICES**

WCC Non BCF Schemes		2022 - 2023	
Primary Support Reason/Client Group	Description	Total Funding 22/23	Comment
Physical Support	Forrester Court - Placements	878,367	WCC Lead Commissioning - Fixed (inflationary uplift) - Block Contract - 100% Health
Support with Memory & Cognition	Support with Memory & Cognition (S117)	97,215	WCC Lead Commissioning - activity driven costs - client packages - costs split 50-50 with Health - This is Just Health's Costs
Learning Disabilities	Joint Funded Continuing Health Care Placements	50,616	WCC Lead Commissioning - activity driven costs - client packages - %Split between Health and LA agreed package by package
LD Placements	Section 117 Placements	1,033,407	WCC Lead Commissioning - activity driven costs - client packages - costs split 50-50 with Health. This is just Health's Costs
LD Community Based Packages	Day Opps - Recharges for Novated CHC Clients where WCC is Provider	37,529	WCC Lead Commissioning - activity driven costs - 100% Health as relate to CHC Clients
Mental Health	S117 Joint Funded Placements	2,685,150	WCC Lead Commissioning - activity driven costs - client packages - costs split 50-50 with Health - This is Just Health's Costs
Mental Health	S117 Joint Funded Placements (supported Living)	127,812	WCC Lead Commissioning - activity driven costs - client packages - costs split 50-50 with Health - This is Just Health's Costs
<b>Total</b>		<b>4,910,096</b>	

**Table 5: ASC Discharge fund**

Scheme ID	Scheme Name	Brief Description of Scheme (including impact on reducing delayed discharges).	Scheme Type	Sub Types	Estimated number of	Setting	Planned Expenditure		Planned Expenditure (£)
							Spend Area	Source of Funding	
1	Assistive Technologies and Equipment	Support people being discharged with required equipment, including preventing admission.	Assistive Technologies and Equipment	Community based equipment	20		Social Care	Local authority grant	£130,000
2	Market Quality	Increasing available step down beds	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	5		Social Care	ICB allocation	£120,000
3	Home Care/Direct Payments	Increasing available hours to support discharge	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge.	88		Social Care	ICB allocation	£798,026
4	Residential/Nursing Placements	Additional beds through spot providers to support discharge	Residential Placements	Care home	10		Social Care	Local authority grant	£228,927
5	Bed Based Intermediate Care Services	Provision of additional block purchased beds	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	10		Social Care	Local authority grant	£280,000
6	Increase hours worked by existing workforce	Employment of temporary ASC staffing to support assessments in the community	Increase hours worked by existing workforce	Overtime for existing staff.		Home care	Social Care	Local authority grant	£100,000
7	Improve retention of existing workforce	Provision of additional hours to manage increased demand over holiday periods	Improve retention of existing workforce	Incentive payments		Home care	Social Care	Local authority grant	£25,000
8	Additional or redeployed capacity from current care	Support wider care market through increase in available hours	Additional or redeployed capacity from current care workers	Costs of agency staff		Home care	Social Care	Local authority grant	£100,000
9	Local recruitment initiatives	Support wider care market	Local recruitment initiatives			Both	Social Care	Local authority	£30,000
10	Other	Brokerage / Handyperson	Other			Both	Social Care	ICB allocation	£81,974
11	Administration	To cover the costs of administering this funding.	Administration				Social Care	Local authority	£11,026
12	Home Care/Direct Payments	Increasing available hours to support discharge	Home Care or Domiciliary Care	Domiciliary care to support hospital	22		Social Care	Local authority grant	£197,680
<b>TOTAL</b>									<b>£2,102,633</b>

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## Appendix 2: RBKC

### Table 1 – Schedule 2 Overall BCF Contribution

Running Balances	Expenditure	Balance
DFG	£959,824	£0
Minimum NHS Contribution	£14,844,071	£0
iBCF	£7,661,937	£0
Additional LA Contribution	£66,232	£0
Additional NHS Contribution	£20,915	£0
<b>Total</b>	<b>£23,552,979</b>	<b>£0</b>

### Table 2 – Out of Hospital and Adult Social Care Contributions

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£4,205,939	£5,981,482	£0
Adult Social Care services spend from the minimum ICB allocations	£6,271,705	£6,493,770	£0

### Table 3 – Detailed BCF Schemes

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Area of Spend	Commissioner	Provider	Source of Funding	Expenditure (£)	New/ Exist
1	MH Supported Accommodation Clusters	Provision of Mental Health supported accommodation cluster services model through 4 providers across 24 premises with 263 bed spaces Supports people with Serious Mental Illness subject to S117 aftercare and Care Act responsibilities	Residential Placements	Supported accommodation	Mental Health	LA	Charity / Voluntary Sector	Minimum NHS Contribution	£1,782,213	Existing
2	Hospital Services	The aim of the 7-day service is to support the continuous discharge of residents from 38 hospital sites WCC/RBKC and LBHF and meets the requirements under D2A. It supports earlier involvement of ASC in discharge planning	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning	Other	LA	Local Authority	Minimum NHS Contribution	£326,723	Existing
3	Information and Advice	To provide hospital avoidance services aimed at reducing unplanned presentations, admissions or readmissions to acute care facilities. Ensuring that D2A community reviews/ interim residential placements are reviewed in a timely way	Care Act Implementation Related Duties	Carer advice and support	Social Care	LA	Local Authority	Minimum NHS Contribution	£297,139	Existing
4	Community Equipment Services	Enable residents to remain in home safely To support admissions avoidance by preventing accidents that occur in the community To prevent functional deterioration To maximise independence and choice so residents remain at home through rehabilitation and re-ablement To provide timely access to services by operating 24 hours a day and supports seven day working.	Assistive Technologies and Equipment	Community based equipment	Social Care	LA	Local Authority	Minimum NHS Contribution	£1,222,117	Existing
5	Homecare	Commissioned Homecare services	Home Care or Domiciliary Care	Domiciliary care packages	Social Care	LA	Local Authority	Minimum NHS Contribution	£3,617,969	Existing
6	Personal/Carer's budget	To support carers to maintain their role. To enable carers to provide the best possible care to their loved ones. To support carers to maintain their health and wellbeing To enable carers to have a break from the role, rest and recuperate.	Carers Services	Respite services	Social Care	LA	Charity / Voluntary Sector	Minimum NHS Contribution	£352,403	Existing
7	Community Independence Service	Reablement is an integrated Health and adult social care service delivered in collaboration with NHS partners, CNWL under the umbrella body of Community Independence Service (CIS). CIS comprises of Rapid response, Home first, rehabilitation and Reablement pathways. As such the Reablement service is funded by the BCF on a permanent basis in order to deliver this essential front-line service to residents in the BCBorough by maintaining a whole systems approach and reducing pressures on NHS services both primary care and acute hospital admissions).  In the RBKC the reablement provider element is made up of an inhouse service which is supplemented by an external spot arrangement in case of limited capacity. Both Reablement services are made up of a multi-disciplinary workforce (Occupational Therapy /Care managers, social workers, independent living assessors, team managers and Business support	Reablement in a persons own home	Preventing admissions to acute setting	Social Care	LA	Local Authority	Minimum NHS Contribution	£756,019	Existing
8	Care -Act - Carers advocacy and Network	The advocacy services ensure the statutory requirements of the Care Act and Mental Health Act are met. At any point, judgement is required whether: person has substantial difficulty in being involved, and that there is an absence of an appropriate individual to support them. IMHA supports people detained under the MH Act for longer than 72hours and those in the community under the MH Act. IMCA has statutory criteria for formal IMCA involvement at the care planning stage of a health or social care process.	Care Act Implementation Related Duties	Carer advice and support	Social Care	LA	Charity / Voluntary Sector	Minimum NHS Contribution	£85,085	Existing

9	Care -Act - Safeguarding	Section 43 Schedule 2 of the Care Act 2014 outlines local authorities' responsibilities to set up a Safeguarding Adults Board (SAB). To support SAEB in addressing barriers to effective safeguarding that may exist .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'.	Care Act Implementation Related Duties	Other	Social Care	LA	Local Authority	Minimum NHS Contribution	£163,038	Existing
10	RBKC Joint Homeless Team	The HT provides outreach to the streets and in-reach into local day centres and offers services that are accessible and delivered at the point of need to a population who find it difficult to access mainstream services. Additionally, homeless populations have a much higher concentration of need when compared with the general population including significant health related issues and thus the work of the HHT maximizes opportunity for engagement thereby reducing the likelihood of deterioration in health and future presentation at A&E and NEL hospital admissions.	Community Based Schemes	Other	Mental Health	LA	Local Authority	Minimum NHS Contribution	£259,883	Existing
11	Community Independence Services(CNWL)	The CIS contributes to local integration plans by: •Reducing the number of unplanned attendances at acute hospitals, particularly by older adults •Enabling discharges from hospital – both discharge to assess and community rehab pathways •Co-location between rehabilitative and re-abling homecare services	Reablement in a persons own home	Reablement service accepting community and discharge referrals	Community Health	CCG	NHS Community Provider	Minimum NHS Contribution	£3,314,904	Existing
12	Intermediate care Beds (Alexandra Ward) – CLCH	The service provides bed-based support for people needing interim intermediate care provision and who cannot be cared for in their normal place of residence	Integrated Care Planning and Navigation	Care navigation and planning	Community Health	CCG	NHS Community Provider	Minimum NHS Contribution	£1,710,964	New
13	Intermediate care Beds (Athlone Ward) – CLCH	The service provides bed-based support for people needing interim intermediate care provision and who cannot be cared for in their normal place of residence	Integrated Care Planning and Navigation	Care navigation and planning	Community Health	CCG	NHS Community Provider	Minimum NHS Contribution	£955,614	New
14	IBCF - Meeting Adult Social care needs	Improving Social Care, Health and wellbeing, stabilising the Social Care provider Market and preventing avoidable stays in hospitals.	Care Act Implementation Related Duties	Safeguarding	Social Care	LA	Local Authority	IBCF	£630,298	Existing
14	IBCF - reducing pressures on the NHS, including seasonal winter pressures	Improving Social Care, Health and wellbeing, stabilising the Social Care provider Market and preventing avoidable stays in hospitals.	Enablers for Integration	Integrated models of provision	Social Care	LA	Local Authority	IBCF	£89,667	Existing
14	IBCF - supporting people to be discharge from hospital	Improving Social Care, Health and wellbeing, stabilising the Social Care provider Market and preventing avoidable stays in hospitals.	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge	Social Care	LA	Local Authority	IBCF	£180,785	Existing
14	IBCF - ensuring that the social care provider market is supported	Improving Social Care, Health and wellbeing, stabilising the Social Care provider Market and preventing avoidable stays in hospitals.	Home Care or Domiciliary Care	Domiciliary care packages	Social Care	LA	Local Authority	IBCF	£6,348,390	Existing
14	IBCF - ensuring that the social care provider market is supported	Improving Social Care, Health and wellbeing, stabilising the Social Care provider Market and preventing avoidable stays in hospitals.	Housing Related Schemes		Social Care	LA	Local Authority	IBCF	£30,000	Existing
14	IBCF - ensuring that the social care provider market is supported	Improving Social Care, Health and wellbeing, stabilising the Social Care provider Market and preventing avoidable stays in hospitals.	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)	Social Care	LA	Local Authority	IBCF	£275,797	Existing
14	IBCF - ensuring that the social care provider market is supported	Improving Social Care, Health and wellbeing, stabilising the Social Care provider Market and preventing avoidable stays in hospitals.	Reablement in a persons own home	Preventing admissions to acute setting	Social Care	LA	Local Authority	IBCF	£107,000	Existing
15	Disability Facility Grant	Provides Housing major adaptations and works with residents to support their independence by providing DFG's in accordance with our grant policy. The grant policy has been specifically tailored to meet the needs of our local residents and provides funding not only for adaptations, but heating, insulation and fire protection.	DFG Related Schemes	Adaptations, including statutory DFG grants	Other	LA	Local Authority	DFG	£859,824	Existing
15	Disability Facility Grant	Provides Housing major adaptations and works with residents to support their independence by providing DFG's in accordance with our grant policy. The grant policy has been specifically tailored to meet the needs of our local residents and provides funding not only for adaptations, but heating, insulation and fire protection.	DFG Related Schemes	Discretionary use of DFG - including small adaptations	Other	LA	Local Authority	DFG	£100,000	Existing
15	Disability Facility Grant ( Can breakdown into Adatation, Handy person, Grant if requires)	Provides Housing major adaptations and works with residents to support their independence by providing DFG's in accordance with our grant policy. The grant policy has been specifically tailored to meet the needs of our local residents and provides funding not only for adaptations, but heating, insulation and fire protection.	DFG Related Schemes	Adaptations, including statutory DFG grants	Other	LA	Local Authority	Additional LA Contribution	£66,232	Existing
9	Care -Act - Safeguarding	Section 43 Schedule 2 of the Care Act 2014 outlines local authorities' responsibilities to set up a Safeguarding Adults Board (SAB). To support SAEB in addressing barriers to effective safeguarding that may exist .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'.	Care Act Implementation Related Duties	Other	Social Care	LA	Local Authority	Additional NHS Contribution	£20,915	Existing
<b>Grand Total</b>									<b>£23,552,979</b>	

**Table 4: SCHEDULE 7 NON-BCF SERVICES**

<b>Primary Support Reason/Client Group</b>	<b>Description</b>	<b>2022/23</b>
Learning Disabilities.	Continuing Care - Residential/Nursing	126,746
Learning Disabilities	Continuing Care - Supported Accom/Extra Care Shelter 2 x funded beds in - Lancaster Road; Southwood House;	61,256
Learning Disabilities	Continuing Care - Community Services - Home Care/direct Payments and Day Care	58,459
Learning Disabilities	Kingsbridge Road is bedded unit for crisis and planned respite.	153,020
Mental Health	Many Hands - MIND The service provides an integrated range of employment skills development services with the overall aim of promoting recovery, social inclusion and reduced dependence on mental health services.	101,538
Mental Health	Residential, nursing and Supported Living This covers a total of 6 projects. 5 high support projects supporting adults with a range of complex needs, including forensic, for people with severe and enduring mental health needs. All referrals be that through Hospitals, residential etc are agreed through the Mental Health Placement Panel	1,457,870
Mental Health	Support Costs Contribution to Commissioning function for MH	24,069
Older People	MH Capacity Act - Contribution to Lead Practitioner costs, contract monitoring best interest assessments Contribution to contract monitoring IMCA contract, Best Interest assessments, advising staff on range of issues on MCA and DOL	20,915
Older People	Older People with dementia (OPwD) outreach - Age Concern	57,000
Physical Disabilities	Support Costs for the administration of ICES	7,320
Safeguarding	Contribution towards Safeguarding and DOLS function	41,830
Housing	Contribution to Medical Post - Housing Needs	9,412
Carers Hub	A hub service providing advice and information, support groups, carers assessments, grants and events.	50,000
Reablement	Complex - Social Worker	51,000
Reablement	Assistive Technology – Telecare and Telehealth development	40,000
<b>Total</b>		<b>2,340,706</b>

**Table 5: ASC Discharge fund**

Scheme ID	Scheme Name	Brief Description of Scheme (including impact on reducing delayed discharges).	Scheme Type	Sub Types	Estimated number of packages	Setting	Planned Expenditure		
							Spend Area	Source of Funding	Planned Expenditure (£)
1	Assistive Technologies and Equipment	Support people being discharged with required equipment, including preventing admission	Assistive Technologies and Equipment	Community based equipment	8		Social Care	Local authority grant	£100,000
2	Home Care/Direct Payments	Increasing available hours to support discharge	Home Care or Domiciliary Care	Domiciliary care to support hospital. Care home	46		Social Care	ICB allocation	£415,000
3	Residential/Nursing Placements	Additional beds through spot providers to support discharge	Residential Placements		11		Social Care	Local authority grant	£241,115
4	Bed Based Intermediate Care Services	Provision of additional block purchased beds	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	9		Social Care	Local authority grant	£204,000
5	Increase hours worked by existing workforce	Employment of temporary ASC staffing to support assessments in the community	Increase hours worked by existing workforce	Overtime for existing staff.		Home care	Social Care	Local authority grant	£60,000
6	Improve retention of existing workforce	Provision of additional hours to manage increased demand over holiday periods	Improve retention of existing workforce	Incentive payments		Home care	Social Care	Local authority grant	£25,000
7	Additional or redeployed capacity from current care workers	Support wider care market through increase in available hours	Additional or redeployed capacity from current care	Costs of agency staff		Home care	Social Care	Local authority grant	£50,000
8	Local recruitment initiatives	Support wider care market	Local recruitment initiatives			Both	Social Care	Local authority	£15,000
9	Other	Brokerage / Handyperson to support discharges	Other			Both	Social Care	ICB allocation	£67,777
10	Administration	To cover the costs of administering this funding.	Administration				Social Care	Local authority grant	£7,223
11	Residential/Nursing Placements	Additional beds through spot providers to support discharge	Residential Placements	Care home	18		Social Care	ICB allocation	£397,223
12	Market Quality	Additional Step Down Beds	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	5		Social Care	ICB allocation	£120,000
<b>TOTAL</b>									<b>£1,722,338</b>



City of Westminster



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

## Westminster Health & Wellbeing Board

## RBKC Health & Wellbeing Board

<b>Date:</b>	26 <sup>th</sup> January 2023
<b>Classification:</b>	<b>General Release</b>
<b>Title:</b>	Making Health Everyone's Business: Annual Public Health Report 2022
<b>Report of:</b>	Anna Raleigh, Director of Public Health
<b>Policy Context:</b>	The Director of Public Health has a statutory requirement to produce an independent report about the health of local communities
<b>Wards Involved:</b>	All
<b>Report Author and Contact Details:</b>	Colin Brodie, Public Health Knowledge Manager cbrodie@westminster.gov.uk

### 1. Executive Summary

- 1.1 There is a statutory requirement that the Director of Public Health prepares an independent annual report on the health of the local population, and for the Council to publish the report.
- 1.2 This year's annual report focusses on taking a whole systems approach to improving the health and wellbeing of our residents and communities, and reducing health inequalities.
- 1.3 The report is a statement of intent to embed health and wellbeing in everything that we do, and to make health everyone's business. It is a call to action to work together to address the health challenges that our residents face and build the foundations to support them to live longer, healthier lives.

### 2. Key Matters for the Board

- 2.1 The Health and Wellbeing Board are asked to endorse and advocate the whole systems approach to improving the health and wellbeing of residents as set out in this year's annual public health report.

### **3. Background**

3.1 The three key headlines of the report are:

- Our focus: Using data and community insight we will drive forward health improvements, focussing our resources proportionate to need
- Our commitment: We will work with our communities to ensure our actions are jointly designed and agreed with them to make the healthy choice the easy choice.
- Our approach: We will take a holistic approach when working with individuals, communities and partners to develop joined up solutions that meet the needs of our residents.

3.2 The report is a statement of intent to embed health and wellbeing in everything that we do, and to make health everyone's business. It is a call to action to work together to address the health challenges that our residents face and build the foundations to support them to live longer, healthier lives.

3.3 The report outlines the principles of a whole systems approach and uses obesity as a case study to describe what a whole system approach looks like in practice. This highlights examples of local best practice at an Individual, Community and Place based level.

3.4 To support strategic alignment, and resident voice initial drafts were shared with colleagues across both Councils and with strategy colleagues, as well as local Community Champions projects. Contributions for the case studies have been sought and received from colleagues and partners across the two boroughs.

### **4. Legal Implications**

4.1 The Director of Public Health for a local authority must prepare an annual report on the health of the people in the area of the local authority Section (Section 31 (5) of the Health and Social Care Act, 2012). The Council has a duty to publish the report (Section 31 (6) of the Health and Social Care Act, 2012)

### **5. Financial Implications**

4.2 There are no financial implications arising directly from this report. Any future financial implications identified as a result of the report will be presented to the appropriate Board(s) and governance channels in a separate report.

### **Appendices**

Appendix 1 – Annual Public Health Report 2022 – Westminster

Appendix 2 – Annual Public Health Report 2022 – Kensington and Chelsea

**If you have any queries about this Report or wish to inspect any of the background papers please contact:**

Colin Brodie, Public Health Knowledge Manager

[cbrodie@westminster.gov.uk](mailto:cbrodie@westminster.gov.uk)

# Making Health Everyone's Business

Annual Report of the Director  
of Public Health 2022



City of Westminster

# Foreword

I am delighted to write a few words of introduction to this year's annual public health report.

The health and wellbeing of all our residents is a priority for the Council, and in this report, our new Director of Public Health, Anna Raleigh, sets out her vision for a whole system approach to improving health and wellbeing and reducing health inequalities.

The COVID-19 pandemic has highlighted the health inequalities that exist within our borough. These disparities in health are shaped by the environment in which we are born, live, work and age and so to reduce this inequality we must address these wider determinants of health, such as education, housing, employment and the environment. This is not easy to achieve, but it is not impossible either - reducing inequalities in health is one of the most challenging public health problems and it requires a system-wide and community response to tackle it and make a positive difference.

We need to work together with residents to make this happen. This report sets out the importance and benefits of working together to take a whole system approach. It describes how we must work collaboratively with residents, and in partnership with colleagues across the Council, the NHS, local businesses and employers, community and voluntary organisations, to ensure that people living in our borough are able to lead healthier, happier lives. We all have a role to play in making this happen, in making health "everyone's business".

The report also helpfully shows us what this holistic approach looks like in practice, through a case study focussing on obesity. This highlights some of the fantastic activities that are already taking place in local services, and in our communities, workplaces and schools to create an environment which makes the healthy choice the easy choice, and encourages people to be active and to eat well.

I hope that this report encourages colleagues to build on this excellent work and to consider how they can work in collaboration with other teams, partners and residents to improve the health and wellbeing of all of our residents.



**Cllr Butler-Thalassis**

**Cabinet Member for Adult Social Care, Public Health and Voluntary Sector and Lead Member SEN and Learning Disabilities Champion**

# Introduction

For my first annual report I have focused on how we need to harness the skills and resources of key partners and local communities, and work more closely together to improve the health and wellbeing of our residents.

The COVID-19 pandemic showed, like never before, the benefits of effective collaboration between the Council, the NHS and our communities. I want that approach to improving health and wellbeing and addressing health inequalities to become commonplace.

Many of the health and wellbeing issues that our residents face are challenging and complex. This complexity needs to be matched with solutions that consider the individual, our communities and the place they live, work and play. Only then will we be able to bring about effective behaviour change and make the healthy choice the easier choice.

No single organisation can solve complex challenges in isolation. It's time to make health and wellbeing "everyone's business"; our Council, its partners and the wider community.



**Anna Raleigh**

**Director of Public Health for the City of Westminster and the Royal Borough of Kensington and Chelsea**





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# Guiding principles

These solutions must be grounded in six commitments:



**Taking an evidence-based approach**



**Utilising all opportunities to integrate to make every contact count**



**Focussing on prevention and addressing the wider determinants of health**



**Working in partnership to make best use of shared resources**



**Equitably targeting those with the greatest needs**



**Involving our communities**

# Our focus

## Using data and community insight we will drive forward health improvements, focusing our resources proportionate to need

The Council has a responsibility to improve and protect the health and wellbeing of our local residents and communities. This starts with having a good understanding of their needs.

### How our health is influenced

Our health is influenced by a range of factors: genetics, individual behaviours, the environment, availability of healthcare and social factors. These are often referred to as the wider or social determinants of health, and include education, housing, employment and climate.

### The local picture

Westminster is home to 263,765 residents, 40 percent from a Black, Asian or other non-White ethnic background. 30 percent of residents do not have English as their main language.

Life expectancy in the city overall is high, with the average man living to 85 years and the average woman living to 87 years. These averages disguise the variation in how long and how well residents live across Westminster.

The more deprived an area you live in, the more likely you are to be impacted by poor health. Queen's Park, Harrow Road, Church Street and Westbourne have some of the most deprived neighbourhoods in the country.

As well as health inequalities between different areas in the city, we see different health outcomes among residents from different ethnic backgrounds, with those from a Black, Asian and Other minority groups more likely to have diabetes, be overweight, impacted by mental health and suffer from hypertension.

### Call to action

By developing a borough story, outlining our collective understanding of local need we can identify priorities for action and ensure that initiatives and services are delivered in a way that is proportionate to the needs of our communities.



Men can expect to live

**18 years**

longer in Knightsbridge and Belgravia ward than in Westbourne



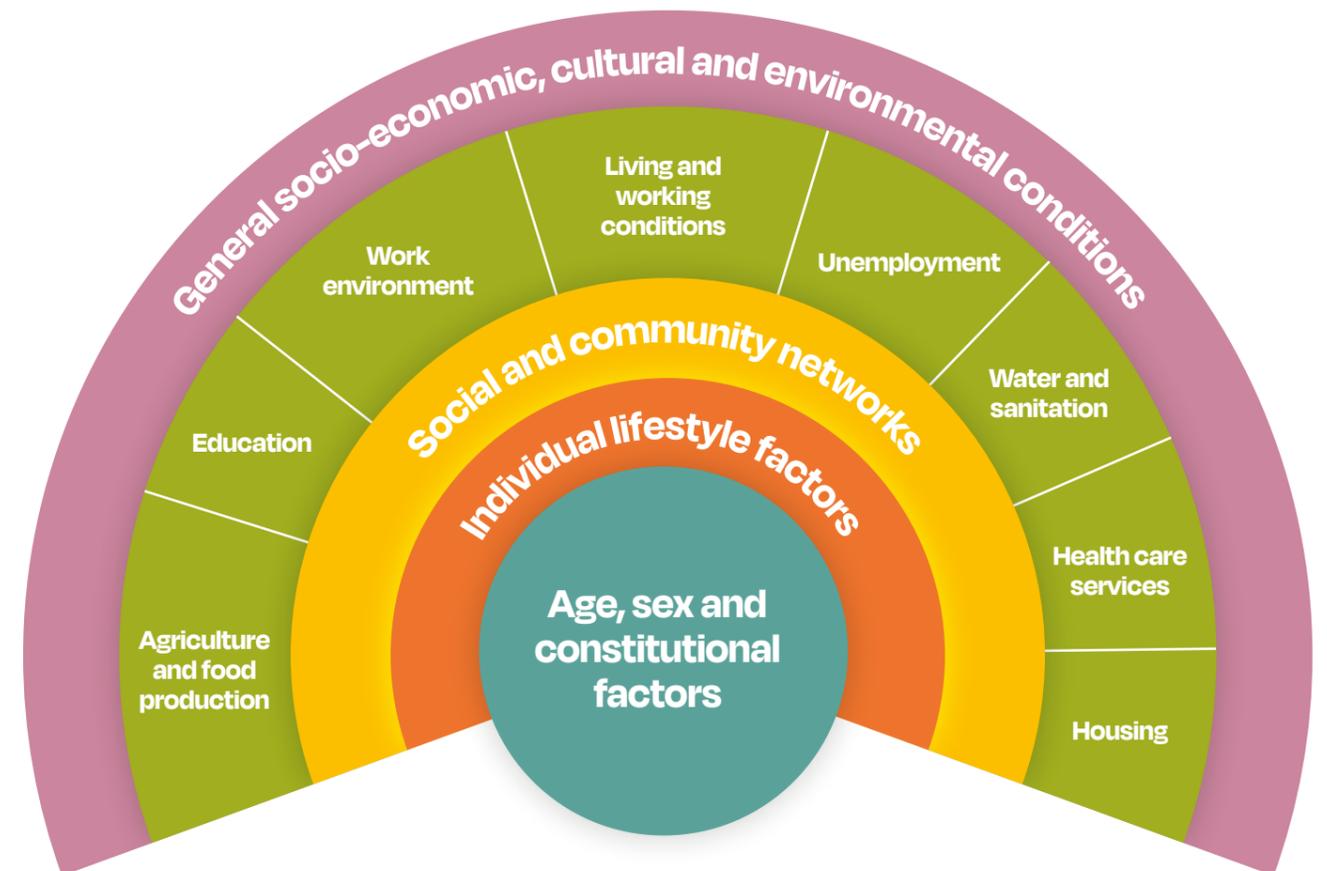
Women in Knightsbridge and Belgravia ward live

**9 years**

longer than those in Westbourne

"There is still a huge divide between rich and poor in my area"

Westbourne resident



# Working together to address local needs



**One in four**  
children live in poverty



**A third**  
of five year olds have decayed teeth



Among the lowest uptake of screening and immunisations in London



Over **two in five** adults are overweight or obese



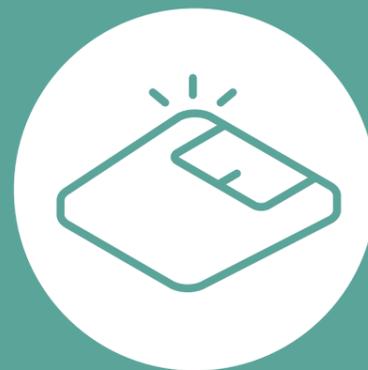
**Two in seven**  
older residents need help with self-care



**One third** of residents aged 65 and over live alone



Over **one in three** children have not received two doses of MMR



**Two in five** children are overweight by age 11



**One in 14** live with Dementia



**One in five** adults are physically inactive



**One in 10** children are estimated to have a mental health disorder



**1,601** people are supported in homelessness accommodation



**One in six** adults smoke



Over **one in four** residents report high levels of anxiety



Nearly **one in three** residents have a long-term condition

# Our commitment

## We will work with our communities to ensure our actions are jointly designed and agreed with them to make the healthy choice the easy choice

Page 90 We will ask residents about their health and wellbeing, to ensure solutions and decisions are based on a clear understanding of their needs and what is important to them.

### How Public Health has delivered this in practice

Our communities are vitally important. The insight our residents provide, and the resources they offer, are key for improving health.

For over ten years, our Community Champions projects and Maternity Champions projects have worked on our housing estates to improve the health and wellbeing of their friends, neighbours and wider community. They have been integral to engaging with and enabling our residents, whilst creating a social movement for health from the ground up.

Over the last two years, engagement with residents around COVID-19 and vaccines has been a key priority. During the pandemic we launched health champions: volunteers who communicate up-to-date health messages to be shared with their often-extensive networks.

Their insights and questions are shared with Council teams, with answers and feedback given from relevant parties. This circular flow of information is invaluable, encouraging further engagement from the community and a rich source of local sentiment to inform action.

Investing further in our communities, we have launched a Community Health and Wellbeing Worker initiative at Churchill Gardens. Community Health and Wellbeing Workers are healthcare professionals who largely live in the community they serve. Based in local GP practices, they aim to enable residents to make more informed choices around their health and wellbeing; improve their connection to their communities and access to services; prevent the worsening of existing or developing illness and increase the uptake of screenings, vaccinations and health checks.

### Call to action

We need to adopt a more collaborative cross-department and organisational approach to how we work with our communities. We will ensure decisions are based on a clear understanding of the needs of our communities and what is important to them. Understanding this is critical to informing our responses to health and wellbeing threats facing our residents, such as infectious diseases, our refugee response, and the cost of living crisis.

“It’s a real sense of community. People do still say hello. I know most of the people who live on my street.”  
Queen’s Park resident

“The best part about this job are the success stories we get to witness and be a part of. We have so many case studies of problematic situations which residents have been in and we’ve helped to solve these, with the help of all organisations we work with.”

Community Health and Wellbeing Worker



# Our approach

**We will be holistic in our approach, when working with colleagues, communities and individuals to develop solutions**

Page 91 Working together, focussing on collaboration and integration, we will consider how we work with individuals, our communities, and across Westminster’s population to improve health and wellbeing and address inequalities.

**What will be different**

All interactions our residents have, with Council officers, health colleagues, faith and community based services, and with each other, provide an opportunity to promote health and wellbeing.

Working with residents, and across Council departments and organisations, we can combine our skills and resources to develop solutions which prevent, reduce and delay ill health.

These solutions, designed with our communities, will take a holistic view considering how we can make healthy choices, easy choices by considering the individual, the wider community, as well as the place they live, work and play.

**Call to action**

Health is more than the provision of health services. To improve health and wellbeing, and address health inequalities, health needs to be everyone’s business.

We must work more closely together to place health and wellbeing needs at the core of everything we do.

## What are Individual, Community and Place level solutions?

**Individual level** solutions are interventions delivered at a 1:1 level e.g. support to manage weight or exercise.

Solutions delivered at a **community level** focus on how we compare what others are doing to change individual behaviours and develop positive social norms through bringing people together.

**Place level** solutions are interventions within the environment which make the healthy choice the easier choice for people e.g. walking or cycling to school in comparison to driving.

## Conclusion

**Everyone has a role to play in enabling residents to be healthy and live well for longer.**

This report is my call to action to work together to address the health challenges that our residents face and build the foundations to support them to live longer, healthier lives.

In the next part of the report, I give an example of how we have started this journey in practice by tackling obesity.





# Case Study: Working together to tackle obesity

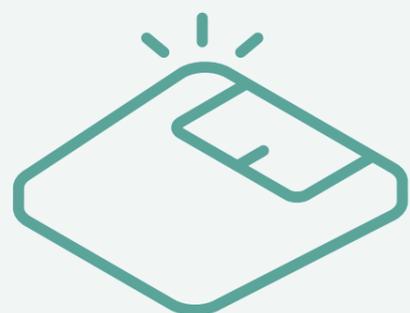
## Why is tackling obesity important?

Obesity is a complex issue with many causes, and far-reaching implications for long-term health and wellbeing. It's associated with reduced life expectancy, can impact on our mental health and wellbeing and is a risk factor for a range of chronic diseases.

Obesity is also an inequalities issue, with obesity in children and adults being associated with deprivation and ethnicity.

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## What is the local picture?



**45 percent**

of residents self-report being overweight or obese



**1 in 5**

reception aged school children are overweight

**increasing to 2 in 5**

children by the time they reach the last year of primary school



## View from a resident of Queen's Park

"Queen's Park is a lovely place to live, with lovely people from different backgrounds coming together. It has a lovely park where people come together, with a playground and a place to walk dogs. However, there are issues with gangs and drugs. Financial problems attract young people to gangs and there are not enough police.

The local leisure centre is expensive and people can't afford to go. They have women only swimming sessions but you cannot take children. There are also no women only gym sessions. Community organisations run activity sessions locally but they stop as funding stops and it's expensive to hire venues.

The Community Champions run a community café once a month - it offers free healthy food to residents and brings people together. PDT (Paddington Development Trust) offers a great employment support service. It helps people find work or set up their own business and gives advice on benefits".

# Case Study

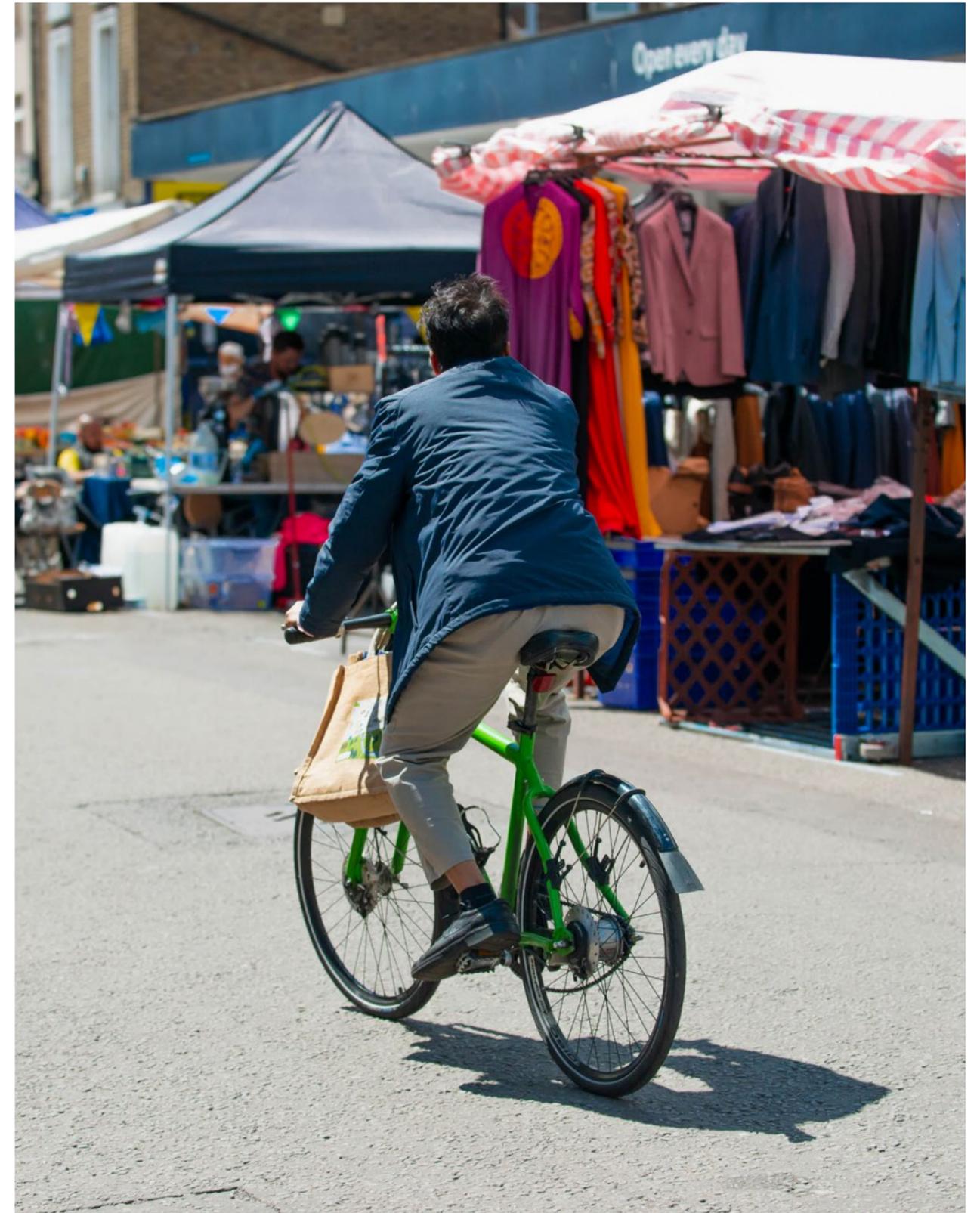
## What are the benefits of working together on obesity?

The drivers of obesity include the affordability and access to healthy foods, motivation and confidence to access local group activities, access to environments that make walking easy and free space for children to play.

The solutions closely align with other important Council priorities including tackling oral health, the climate emergency and air quality.

There are clear benefits for the physical and mental health and wellbeing of our residents. Aside from tackling obesity, encouraging people to be more active and eat well has numerous benefits for physical and mental health and wellbeing.

Working together on obesity helps to address inequalities in health, and improve health outcomes for those communities disproportionately impacted by obesity.



## Case Study

# What does working together to promote healthy weight look like?

Page 95



## Interventions at a one-to-one level

### Healthy weight conversations alongside easy to access tailored services

Health and care professionals are in a unique position to talk to patients about reaching and maintaining a healthy weight to prevent ill health. Research shows that a well-planned, very brief conversation with a trusted professional can increase the chances of a successful weight loss attempt.

Examples of local initiatives include:

- **Change4Life Westminster** supports children, young people and families and aims to make it easier for children and young people to eat well and be active.
- The **One You service** provides free support to residents to make simple lifestyle changes to achieve a longer, healthier and happier life.
- **The Diabetes REWIND Programme** (Reducing Weight with Intensive Dietary Support) supports patients to lead a healthier lifestyle, reduce diabetes medicines and even achieve diabetes remission.
- The **Westminster Physical Activity Referral Scheme** introduces individuals referred by their GP or healthcare professional to the benefits of physical activity and behaviour change techniques to improve their health and wellbeing.



### View from a One You Service User

"Really can't thank you enough for the impromptu one to one session on Wednesday - having my situation mirrored back to me was brilliant and the questions made me realise things about my weight loss (or lack of) and situation that I hadn't recognised (or dared to recognise) before! Very insightful, helpful and uplifting. Your help with my back situation/pain was also very much appreciated - I felt we resolved

more and I understood more having spoken with you for a short while than I ever have speaking with the consultant!! I am very grateful for the stretches - again it's like a revelation. I don't think I had realised just how much pain I am in on a day to day basis and the relief you can get from the right exercises/stretchers - Thank you!!"

# Case Study

## How we compare what others are doing to change individual behaviours and develop positive social norms through bringing people together

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### Promoting healthy, social activities in community and outdoor spaces.

Working together with residents we can understand what activities are needed to promote healthy weight, and what works for them. We know that proximity and accessibility of green spaces affects residents' overall levels of physical activity.

Examples of local initiatives include:

- **Change4Life Neighbourhood Projects** in Westbourne and Churchill aim to address health inequalities and gaps in service provision.
- **Play Streets** are when a permanent designation allows children and families to play in streets at a specified time, giving them priority over traffic. Westminster's first permanent Play Street was launched in August 2019 between Luton Street and Fisherton Street. In summer 2021 five residential streets continued to deliver activity on their semi-permanent Play Street.
- The **Community Champions** are neighbourhood-based volunteers engaged in shaping and improving health and wellbeing in their local community. In 2020-21 the projects operating from Mozart, Westbourne, Church Street, Churchill Gardens and Tachbrook and Harrow Road reached over 5,000 unique individuals each quarter.
- **Maternity Champions** are a trained team of local people who volunteer to provide support for expectant and new parents through pregnancy, childbirth and the transition into parenthood.
- The **Sport for Confidence programme** places Occupational Therapists within leisure centres to support residents to overcome barriers to becoming active.



## Case Study

### Creating the capability, opportunity and motivation to be active and eat well

Being active as part of a daily routine and eating a healthy diet not only help residents reach and maintain a healthy weight, but are good overall for both our physical and mental health and wellbeing. However, the healthy choice is not always the easy choice, and we need to ensure that everyone has the opportunity to adopt a healthy lifestyle.

Examples of local initiatives include:

- **Change4Life grants** enable local community led projects to deliver physical activity and healthy eating initiatives to benefit local families most at risk of poor health outcomes. In 2021/2022, 30 grants have been awarded.
- **Change4Life Training** is available to staff working with children, young people and families in Westminster. It aims to support staff to create happy and healthy settings in which children and young people can live, learn and play and offers bespoke training for staff working with children with special educational needs.
- **Making Every Contact Count training** is available to anyone working with residents. It enables participants to spot opportunities to talk to people about their wellbeing and to support and empower people to make positive changes.



### Westbourne Community Gardening

In April 2021 the Westbourne Community Champions started a Community Gardening project focused on two raised beds and four allotment plots in Westbourne. From the start it attracted a lot of residents without a lot of promotion. Each session is led by a gardener from Hammersmith Community Gardens Association. In the summer two trips to encourage families to learn how to grow their own fruit and vegetables with their children took place.

The Community Gardening project has had a lot of positive outcomes for the community. Residents have had regular supplies of free fresh vegetables, the project engaged lots of new members of the local community and more men than previously. The participants also fed into designs for the local area and two became Champions themselves.

# Case Study

## Interventions within the environment to make the healthy choice the easier choice for people

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 <p><b>Individual</b></p> <ul style="list-style-type: none"> <li>Healthy weight conversations alongside easy to access tailored services</li> </ul>	 <p><b>Community</b></p> <ul style="list-style-type: none"> <li>Promoting healthy activities in community and outdoor spaces</li> <li>Creating the capability, opportunity and motivation to be active and eat well</li> </ul>	 <p><b>Place</b></p> <ul style="list-style-type: none"> <li>Creating walkable/cycle friendly neighbourhoods to increase active travel</li> <li>Healthy food environment</li> <li>Creating financial resilience and healthy workplaces</li> <li>Healthy schools</li> </ul>
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### Creating walkable/cycle friendly neighbourhoods to increase active travel

Residents that live in highly walkable neighbourhoods are more likely to be active and have lower body weights.

Examples of local initiatives include:

- ActiveStreets** opens up residential streets across Westminster for play, creating space for physical activity right on your doorstep and increasing the number of people who know their neighbours.

- School streets** create timed road closures during drop off and pick up times. They are a well-established way of encouraging more school children to walk, cycle and scoot to and from school and make the street safer, cleaner and more pleasant for residents and others. Westminster has one permanent school street and ten trial school streets.
- Free cycle training** is available to anyone who lives, works or studies in the borough, with an aspiration to ensure there is a more targeted approach to under-represented groups.

### Healthy food environment

Access to and the availability of healthy food is an important factor for promoting healthy weight. However, it can often be challenging for many people to eat healthily which can make it harder to maintain a healthy lifestyle. Nationally we know that some of our most deprived areas have five times more fast food outlets compared to the most affluent areas.

Examples of local initiatives include:

- The City Plan 2019-40 highlights our commitment to ensuring no new **fast-food outlets** are opened less than 200m outside of a primary or secondary school.
- The **Change4Life Westbourne Neighbourhood project** delivered Come Cook With Us cookery sessions for families in October half term and for parents of ethnic minority groups (between October and March) to promote healthy eating, cooking skills and culturally diverse recipes.
- Since 2015, Hammersmith Community Gardens Association has been assisting residents on **Fisherton Street Estate** with growing their own fruit and vegetables. There are 20 growing boxes in total and over 46 different varieties of fruit and vegetables have been grown there over the years.



### Lisson Green Allotments:

The Church Street Regeneration Programme secured funding from the Council's Open Spaces Greener Places Fund to revitalise the pocket parks on the Lisson Green Estate in Church Street ward.

Part of the parks are dedicated to two allotment sites and a herb garden. In July 2021 the Hammersmith Community Gardens Association started planting workshops which take place every Thursday between 4 and 6pm in the Lisson Green, Cottesloe Allotments & the Herb Garden for residents.

At these workshops HCGA hand out free plants, compost, and supported gardening with allotment owners and residents.



# Case Study

## Creating financial resilience and healthy workplaces

Employers have an opportunity to create a healthy work environment in both formal workplaces and in work from home situations. It is not only about the physical work space but the practical and emotional support needed for employees to remain healthy and prevent obesity.

Examples of local initiatives include:

- The **Westminster Employment Service** provides an employment service for residents that have difficulty finding and staying in work, with a focus on helping

residents who have barriers to work. The team provides friendly and professional one-to-one information, advice and guidance and works with local employers to support local recruitment and address skills shortages.

- Mainly targeted at children and young people on free school meals, the **Holiday Activity Fund** programme supports local organisations to deliver enriching and fun activities to provide healthy food and nutritional education during Easter, Summer and Christmas holidays.

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## Case study: Holiday Activity Fund



What did Westminster offer at Easter 2022?



participants eligible for Free School Meals



**62%** of attendees were of primary school age



**38%** of attendees were of secondary school age



not eligible for Free School Meals

**219** attendees went to SEND specific provision but other providers had children and young people with SEND in attendance

### Offers

- Sports provision
- Community club provision
- Arts, crafts and play provision
- Family provision
- Education provision
- SEND provision

## Case Study

### Healthy schools

Schools and other educational settings have an important role to play in reinforcing messages that lead to better health. This includes planning a challenging and well sequenced curriculum which helps children and young people learn about the body, provides ample opportunity to do physical activity, and teaching skills like cooking and dancing.

Examples of local initiatives include:

**Air Quality and Climate Change audits** are being undertaken at schools to identify measures which could reduce exposure to air pollution and work towards achieving the Council's net carbon zero targets.

The **Healthy Schools Programme** supports schools to develop an emotional and physical wellbeing approach that brings together the whole school. 51 schools are registered and schools not registered are still able to access many of the benefits.

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### Gateway Academy, Gold Healthy School Awards

Gateway Academy chose to focus on physical activity for their Healthy Schools Award, in response to the introduction of a new PE assessment tool.

The aim was to improve performance in physical activity across the school including fitness, stamina and hand-eye coordination.

The school looked to ensure improvements were made for all pupils including pupil premium and vulnerable children. The school saw an increase in skills around throwing, catching, jumping and running, with many children achieving Gold, as measured through their PE assessments, as a result of implementing the following activities:

- Training for staff including lunchtime supervisors.
- List of local junior sports clubs (with Active Westminster Mark) was shared with families.
- Skipping ropes and hula hoops purchased to increase physical activity levels at breaktimes.
- Reviewing After School clubs to ensure specific groups of pupils can access these.
- Innovative ideas for activities that can be run in small spaces at home were shared during periods of lockdown.



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# Making Health Everyone's Business

The Annual Report of the Director  
of Public Health 2022



Health Wellbeing Collaboration



Page

# Foreword

It gives me great pleasure to introduce this year's annual public health report focused on working together in taking a whole system approach to health and wellbeing. The health and wellbeing of all residents in Kensington and Chelsea is a priority for the Council, and we need to work together in collaboration with our communities to tackle existing and future threats to the health of our residents and reduce health inequalities.

The challenges to health and wellbeing faced by our residents have been exacerbated by impacts of the Grenfell Tragedy, the Covid-19 pandemic, and more recently, the cost-of-living crisis. It is crucial that we adopt a Health in all Policies approach, ensuring that health and wellbeing is at the heart of decision-making within the Council and amongst its partners.

In her first annual report for Kensington and Chelsea, our new Director of Public Health, Anna Raleigh, sets out the importance and benefits of taking such an approach, and demonstrates how we can work together both across the Council and with our external partners such as in the Health and Voluntary and Community Sectors to ensure that people living in our borough are able to lead healthier, happier lives.

I wholeheartedly support this approach and we all have a role to play in making this happen. The report helpfully shows us what this holistic approach looks like in practice, through a case study focussing on obesity. This highlights all the wonderful work that is already taking place in local services, and in our communities, workplaces and schools to create an environment which makes the healthy choice the easy choice, and encourages people to be active and to eat well.

But we can do more, and I hope that this report encourages colleagues to build on this excellent work and to consider how they can work in collaboration with other teams, partners and residents to improve the health and wellbeing of all residents in Kensington and Chelsea.



**Cllr Sarah Addenbrooke**  
**Lead Member for Adult Social Care and Public Health**  
Kensington and Chelsea Council

# Introduction

For my first annual report I have focused on how we need to harness the skills and resources of key partners and local communities, and work more closely together to improve the health and wellbeing of our residents.

The Covid-19 pandemic showed, like never before, the benefits of effective collaboration between the Council, the NHS and our communities. I want that approach to improving health and wellbeing and addressing health inequalities to become commonplace.

Many of the health and wellbeing issues that our residents face are challenging and complex. This complexity needs to be matched with solutions that consider the individual, our communities and the place they live, work and play. Only then will we be able to bring about effective behaviour change and make the healthy choice the easier choice.

These solutions must be grounded in six guiding principles:

- Taking an **evidence-based approach**
- Utilising all opportunities to **integrate** to make every contact count
- Focussing on **prevention** and addressing the wider determinants of health
- Working in **partnership** to make best use of shared resources
- **Equitably** targeting those with the greatest needs
- **Involving** our communities



No single organisation can solve complex challenges in isolation. It's time to make health and wellbeing "everyone's business"; our Council, its partners and the wider community.

**Anna Raleigh**  
**Director of Public Health**  
for the City of Westminster and the Royal Borough of Kensington and Chelsea



**CHART**  
**1**

# Our focus

## Using data and community insight we will drive forward health improvements, focussing our resources proportionate to need.

The Council has a responsibility to improve and protect the health and wellbeing of our residents and communities. This starts with having a good understanding of their needs. Following the Grenfell Tower tragedy, we have made important changes to our culture and the way that we work with residents, and are committed to achieving better outcomes for all those who live in, work in, and visit Kensington and Chelsea.

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### How our health is influenced

Our health is influenced by a range of factors: genetics, individual behaviours, the environment, availability of healthcare and social factors. These are often referred to as the wider or social determinants of health, and include education, housing, employment and climate.

### The local picture

Kensington and Chelsea is home to 153,000 residents, 31 per cent from a black, Asian or other non-white ethnic background. 20.9 per cent of residents don't have English as their first language.

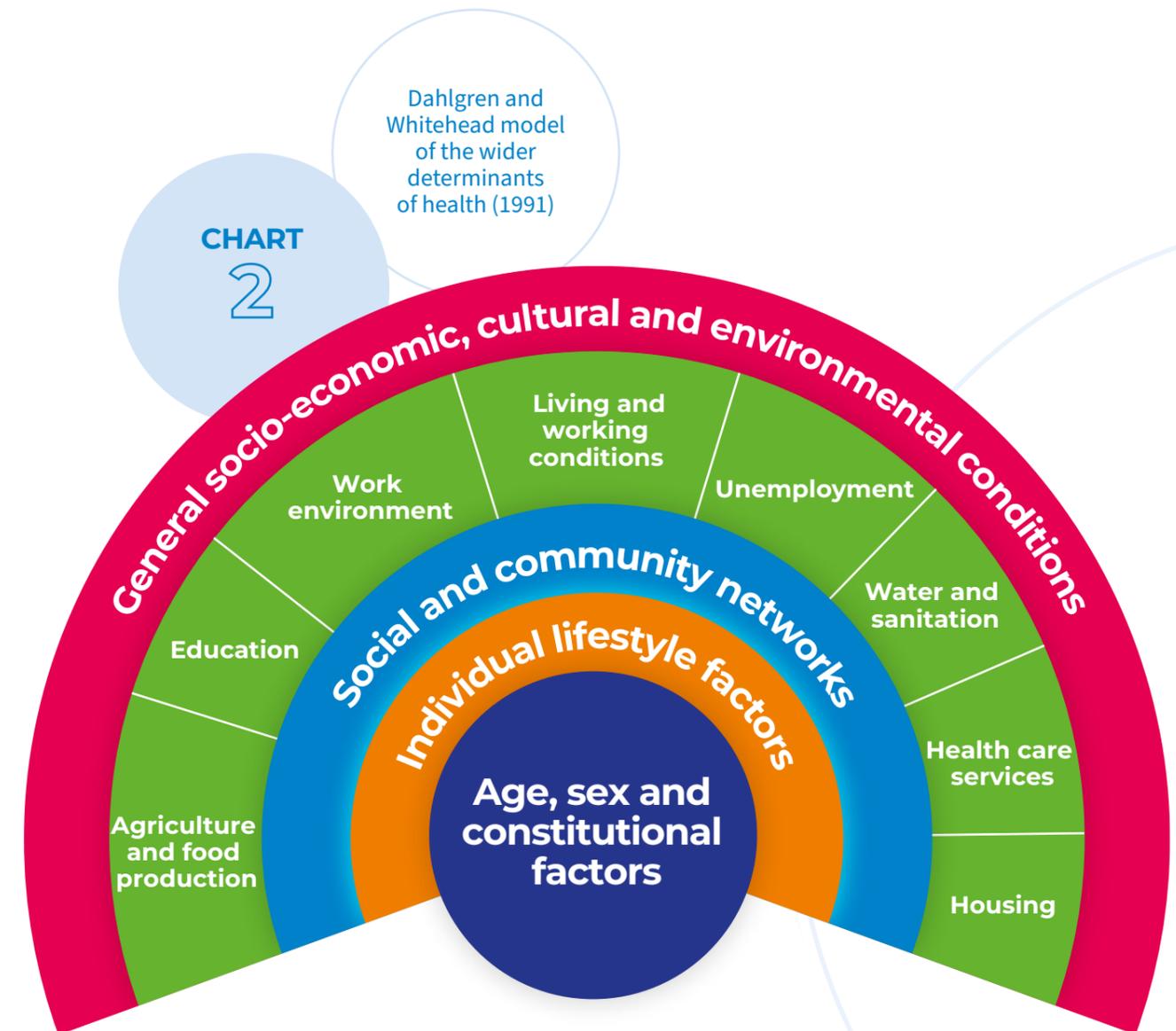
Life expectancy in our borough overall is high with the average man living to 84 years and the average woman living to 87 years. These averages disguise the variation in how long and how well residents live across Kensington and Chelsea.

The more deprived an area you live in, the more likely you are to be impacted by poor health. Dalgarno, Notting Dale, Golborne, Colville and Chelsea Riverside have some of the most deprived neighbourhoods in the country.

Women in Holland ward live **15 years** longer than those in Notting Dale.

Men can expect to live **18 years** longer in Courtfield ward than in Notting Dale





As well as health inequalities between different areas in the borough, we see variation in health outcomes among residents from different ethnic backgrounds. Residents from a Black, Asian or other ethnic minority background are more likely to have diabetes, be overweight, impacted by mental health and suffer from hypertension.



**Responsibility Improvements Community**

# Working together to address local need

## Action plan

By developing a borough story, outlining our collective understanding of local need we can identify priorities for action and ensure that initiatives and services are delivered in a way that is proportionate to the needs of our communities.



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\*RBKC has very few street homeless



**21%**  
of children live in poverty



**1 in 3**  
children have not received two doses of MMR



nearly **25%**  
of five-year-olds have decayed teeth



**1 in 3**  
children are overweight by age 11



over **2 in 5**  
adults are overweight or obese



**3 in 10**  
residents have a long-term condition



over **1 in 4** adults reported high anxiety scores, higher than the London average



**1 in 10**  
children are estimated to have a mental health condition



Among the **lowest** uptake of screening and immunisations in London



**2 in 7**  
older residents need help with self-care



nearly **25%**  
of residents aged 65 and over live alone



**1 in 14**  
older residents live with dementia



**1 in 5**  
adults are physically inactive



**638\***  
people supported in homelessness accommodation. 25,700 households living in social housing



**lower**  
unemployment rate than London with rates varying by area

# Our commitment

## We will work with our communities to ensure our actions are jointly designed and agreed with them to make the healthy choice the easy choice.

We will ask residents about their health and wellbeing, to ensure solutions and decisions are based on a clear understanding of their needs and what is important to them.

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### How Public Health has delivered this in practice

Our communities are vitally important. The insight our residents provide, and the resources they offer, are key for improving health.

For over 10 years, our Community Champions projects, and Maternity Champions projects, have worked on our housing estates to improve the health and wellbeing of their friends, neighbours and wider community. They have been integral to engaging with and enabling our residents, whilst creating a social movement for health from the ground up.

Over the last two years, engagement with residents around Covid-19 and vaccines has been a key priority. During the pandemic we launched health champions, volunteers who communicate up-to-date health messages to be shared with their often-extensive networks. Their insights and questions are shared with Council teams, with answers and feedback given from relevant parties.

This circular flow of information is invaluable, encouraging further engagement from the community and a rich source of local sentiment to inform action.

Investing further in our communities, we are now launching a Community Health and Wellbeing Worker initiative at Golborne and Worlds End. Community Health and Wellbeing Workers are healthcare professionals who largely live in the community they serve. Based in local GP practices, they aim to enable residents to make more informed choices around their health and wellbeing; improve their connection to their communities and access to services; prevent the worsening of existing or developing illness and increase the uptake of screenings, vaccinations and health checks.



“I don’t feel lonely anymore – these sessions (Earl’s Court Community Champions Breakfast Club) are the highlight of my week because I now feel part of a community.”

**Earl’s Court resident**

“The community around me is very special to me. As an old lady living alone, when my local support services check in on me and take time to listen, I get the feeling that ‘somebody cares for me’, and that is very special.”

**Notting Dale resident**



“I have had significant distrust about the vaccine and had bought into various misinformation outlets and channels. After attending the coffee mornings with the vaccine champions, my attitude towards the vaccine has definitely shifted. I will speak with my GP with the view to eventually taking their vaccine as I am now worried about their personal health and the health of their family.”

**North Kensington resident**

# Our approach

**We will take a holistic approach when working with colleagues, communities and individuals to develop solutions.**

Working together, focussing on collaboration and integration, we will consider how we work with individuals, our communities, and across Kensington and Chelsea's population to improve health and wellbeing and address inequalities.

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### What are Individual, Community and Place level solutions?

**Individual level solutions** are interventions delivered at a one-to-one level e.g., support to manage weight or exercise.

**Community level solutions** focus on how we compare what others are doing to change behaviours and develop positive social norms through bringing people together.

**Place level solutions** are interventions within the environment which make the healthy choice the easier choice for people e.g., walking or cycling to school in comparison to driving.

### What will be different

All interactions our residents have, with Council officers, health colleagues, faith and community based services, and with each other, provide an opportunity to promote health and wellbeing.

Working with residents, and across Council departments and organisations, we can combine our skills and resources to develop solutions which prevent, reduce and delay ill health.

These solutions, designed with our communities, will take a holistic view, and aim to make healthy choices, easy choices for residents and will consider the individual, the wider community, as well as the place they live, work and play.





## Our health

Health is more than the provision of health services. To improve health and wellbeing, and address health inequalities, health needs to be everyone's business. We must work more closely together to place health and wellbeing needs at the core of everything we do.



## ➔ Conclusion

Everyone has a role to play in enabling residents to be healthy and live well for longer.

This report is my call to action to work together to address the health challenges that our residents face and build the foundations to support them to live longer, healthier lives.

In the next part of the report, I give an example of how we have started this journey in practice by tackling obesity.

# Case study: Working together to tackle obesity

## Why is tackling obesity important?

Obesity is a complex issue with many causes, and far-reaching implications for long-term health and wellbeing. It is associated with reduced life expectancy, can impact on our mental health and wellbeing and is a risk factor for a range of chronic diseases.

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Obesity is also an inequalities issue, with obesity in children and adults being associated with deprivation and ethnicity.

## What are the benefits of working together on obesity?

The drivers of obesity include the affordability and access to healthy foods, motivation and confidence to access local group activities, access to environments that make walking easy and free space for children to play.

The solutions closely align with other important Council priorities including tackling oral health, the climate emergency and air quality.

There are clear benefits for the physical and mental health and wellbeing of our residents. Aside from tackling obesity, encouraging people to be more active and eat well has numerous benefits for physical and mental health and wellbeing.

Working together on obesity helps to address inequalities in health, and improve health outcomes for those communities disproportionately impacted by obesity.



“...there are some challenges. The absence of green areas. In the absence of private gardens, to access any kind of open spaces, we have to go all the way to Westfield Park or Kensington Park.

Although some local amenities exist, there is not enough information about them and women are discouraged from attending because it is usually male dominated.

There are many ethnic minorities living in the estate and some native foods have been identified as not entirely healthy.

Although in the middle of a very affluent area of London, Worlds End Estate houses some of the most deprived residents of RBKC. With more availability and cheaper cost of junk food, the residents have raised that eating healthy is a luxury they cannot afford.

There is also the issue of living in the middle of the city with its traffic, fumes and sedentary lifestyle.”

**View from a resident of World's End Estate**

## What is the local picture?

**1 in 5**  
reception aged school children are overweight



increasing to  
**1 in 3**  
by the time they reach the last year of primary school

over  
**2 in 5**  
adult residents are overweight or obese



# Interventions

Level Type

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## Interventions at a one-to-one level.

### Healthy weight conversations alongside easy to access tailored services.

Health and care professionals are in a unique position to talk to patients about reaching and maintaining a healthy weight to prevent ill health. Research shows that a well-planned very brief conversation with a trusted professional can increase the chances of a successful weight loss attempt.

#### Examples of local initiatives include:

- **Change4Life Kensington and Chelsea** supports children, young people and families and aims to make it easier for children and young people to eat well and be active.
- **One You Kensington and Chelsea** provides free support to residents to make simple lifestyle changes to achieve a longer, healthier and happier life.
- **Diabetes REWIND Programme** (Reducing Weight with Intensive Dietary Support) supports patients to lead a healthier lifestyle, reduce diabetes medicines and even achieve diabetes remission.
- Central London Community Healthcare NHS Trust provides a **specialist weight management service** to local residents providing one to one clinics, specialist workshops, and exercise classes.





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# How we compare what others are doing to change individual behaviours and develop positive social norms through bringing people together.

## Promoting healthy activities in community and outdoor spaces.

Working together with residents we can understand what activities are needed to promote healthy weight, and what works for them. We know that proximity and accessibility of green spaces affects residents' overall levels of physical activity.

Examples of local initiatives include:

- **Community Champions** are neighbourhood-based volunteers engaged in shaping and improving health and wellbeing in their local community. In 2020-21, the projects operating from Dalgarno, Notting Dale, Golborne, Chelsea and World's End, Cremorne Estate and Earls Court reached almost 4,000 unique individuals each quarter.
- **Change4Life Neighbourhood Projects** in Dalgarno, Notting Dale, Chelsea Riverside and Colville aim to address health inequalities and gaps in service provision.



## The Dalgarno Neighbourhood Project – Change4Life

**Feel Good Wednesdays** have been implemented to address low levels of physical activity and address feelings of social isolation during Covid-19 among mums with young children. Weekly Zumba sessions with a creche and breakfast together with workshops on healthy eating, nutrition, being active with your family, oral health and mindfulness were offered:

- Mums had the opportunity to be physically active, have fun and socialise while their children were in creche.
- The creche reduced mums' anxiety about leaving their babies with staff, supporting the process of taking children to nursery.



## Community

- ✓ Promoting healthy activities in community and outdoor spaces
- ✓ Creating the capability, opportunity and motivation to be active and eat well

**“My daughter attended forest school today and had such a wonderful time learning and hunting for bugs.”**

– Parent of a participant of the Horniman’s Adventure Playground (Active Nature Project)



Level Type

## Creating the capability, opportunity and motivation to be active and eat well

Being active as part of a daily routine and eating a healthy diet not only help residents reach and maintain a healthy weight, but are good overall for both our physical and mental health and wellbeing. However, the healthy choice is not always the easy choice, and we need to ensure that everyone has the opportunity to adopt a healthy lifestyle.

Examples of local initiatives include:

- Every resident is entitled to a free **Pay and Play membership** card which entitles them to discounts of up to 50 per cent in Council leisure centres. 5,347 residents have these cards.
- **Change4Life Training** is available to staff working with children, young people and families in Kensington and Chelsea. It aims to support staff to create happy and healthy settings in which children and young people can live, learn and play and bespoke training for staff working with children with special educational needs.
- **Making Every Contact Count training** is available to anyone working with residents. It enables participants to spot opportunities to talk to people about their wellbeing and to support and empower people to make positive changes.
- **Change4Life grants** enable local community led projects to deliver physical activity and healthy eating initiatives to benefit local families most at risk of poor health outcomes. In 2021/2022, 23 grants have been awarded. **Project example: Horniman’s Adventure Playground – Active Nature Project**  
128 children aged 5 to 16-year-olds living in and around North Kensington engaged with workshops where they planted herbs and plants from seeds and took them home to nurture. They cleaned the pond and the garden and learned how flower beds and gardening tools were used.  
Children enjoyed using their imagination in free play: digging holes, searching for bugs, snails, frogs, newts and worms, looking out for our regular robins and squirrels or having a pink petal snow or leaf fight.

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## Place

- ✓ Creating walkable/cycle friendly neighbourhoods to increase active travel
- ✓ Healthy food environment
- ✓ Creating financial resilience and healthy workplaces
- ✓ Healthy schools



Level Type

## Interventions within the environment to make the healthy choice the easier choice for people

### Creating walkable/cycle friendly neighbourhoods to increase active travel.

Residents that live in highly walkable neighbourhoods are more likely to be active and have lower body weights.

Examples of local initiatives include:

- **School streets** create timed road closures during drop off and pick up times. They are a well-established way of helping more school children to walk, cycle and scoot to school and make the street safer, cleaner and more pleasant for residents and others. There are currently nine school streets in Kensington and Chelsea.
- **All Ability Cycle Club** runs in Little Wormwood Scrubs on a weekly basis and is designed for people with disabilities to enjoy cycling on a range of adapted bikes.
- **Free cycle training** is available to all adults who live, work or study in Kensington and Chelsea, with an aspiration to ensure this is targeted to underrepresented groups. Cyclist instructor training is also available to staff in schools to support them to arrange their own cycle training.
- **Walking maps** are developed to encourage residents and visitors to explore Kensington and Chelsea on foot.

## Healthy food environment.

Access to and the availability of healthy food is important to promoting healthy weight. However, it can often be challenging for many people to eat healthily which can make it harder to maintain a healthy lifestyle. Nationally, we know that the most deprived areas have five times more fast food outlets compared to the most affluent areas.

Examples of local initiatives include:

- There are currently 70 **community kitchen gardens** with over 1,000 residents involved in the scheme. Access to being able to grow fruit and vegetables means understanding where food comes from and how to use it in your diet. It builds a sense of achievement, reduces social isolation, grows community cohesion and is beneficial for physical and mental health and wellbeing. St Charles gardening groups include the Grenfell Recovery Service, One Community Mental Health, Equal People and Grenfell Children's Gardening. Other groups using one of the sixteen allocated plots are Open Age and Age UK.
- The **Healthy Catering Commitment** is a London wide programme which recognises businesses that offer healthy options in the food sold in their premises. Locally, we focus working with businesses in wards with the highest rates of deprivation and childhood obesity. To date, 80 businesses across Kensington and Chelsea have signed up.



**Recognition  
Growth  
Environment**

**Level Type**

**Place**

- ✓ Creating walkable/cycle friendly neighbourhoods to increase active travel
- ✓ Healthy food environment
- ✓ Creating financial resilience and healthy workplaces
- ✓ Healthy schools

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## Creating financial resilience and healthy workplaces.

Employers have an opportunity to create a healthy work environment in both formal workplaces and where staff work from home. It is not only about the physical workspace but the practical and emotional support needed for employees to remain healthy and prevent obesity.

Examples of local initiatives include:

- The **Housing and Employment Service** offers specialised and friendly one-to-one support and advice to help residents into work or training, access welfare benefits, support debt issues, and general income maximisation.
- Mainly targeted at children and young people on free school meals, the **Holiday Activity Fund** supports local organisations to deliver enriching and fun activities to provide healthy food and nutritional education during Easter, Summer and Christmas holidays.

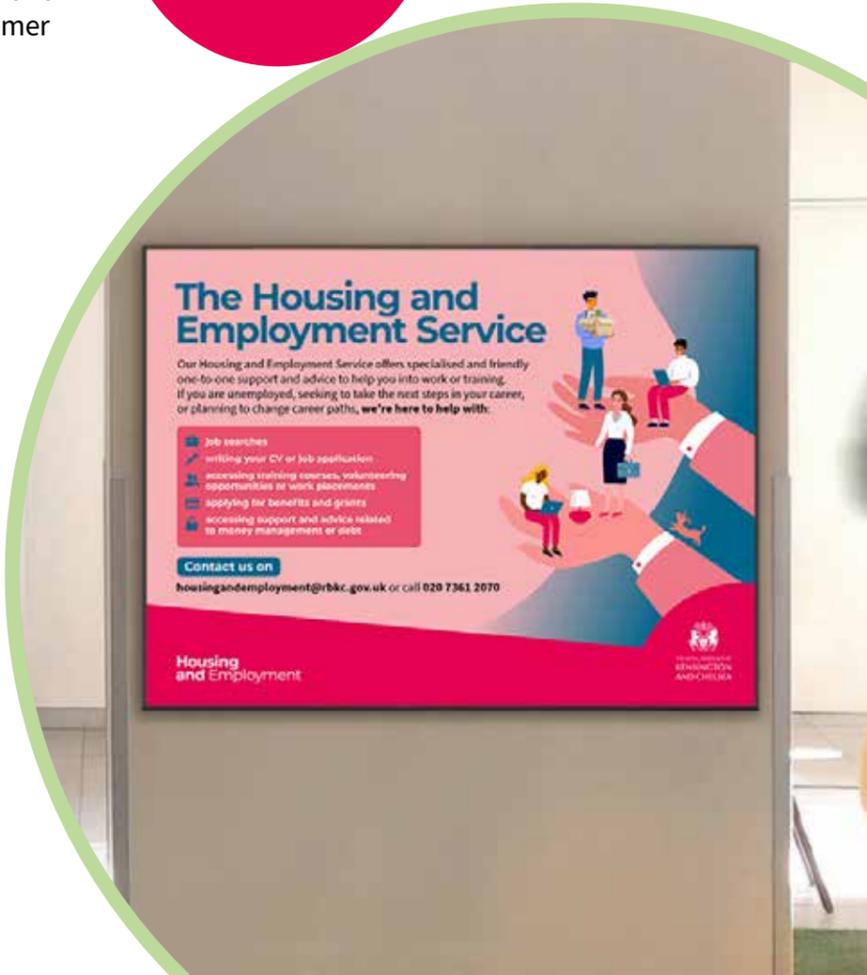


**Activities  
Resilience  
Training**

**Level Type**

**Place**

- ✓ Creating walkable/cycle friendly neighbourhoods to increase active travel
- ✓ Healthy food environment
- ✓ Creating financial resilience and healthy workplaces
- ✓ Healthy schools





## Case study: Holiday Activity Fund

What did RBKC offer at Easter 2022?



**20** Providers delivered holiday activities at Easter

**1,488** Total places offered

**£66,759** Total spend

**1250**  
total participants

**49%**

participants eligible for free school meals

**72%** of attendees were of primary school age

**25%** of attendees were secondary school age

**51%**

not eligible for free school meals

**353** attendees went to SEND specific provision but other providers had children and young people with SEND in attendance

### Offers

- Sports provision
- Community club provision
- Arts, crafts and play provision
- Family provision
- Education provision
- SEND provision

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SEND = special educational needs and disabilities

## Healthy schools.

Schools and other educational settings have an important role to play in reinforcing messages that lead to better health. This includes planning a challenging and well sequenced curriculum which helps children and young people learn about the body, provides ample opportunity to do physical activity, and teaches skills like cooking and dancing.

Local examples:

- **Air Quality and Climate Change audits** are being undertaken at schools to identify measures which could reduce exposure to air pollution and work towards achieving the Council's net carbon zero targets.
- The **Healthy Schools Programme** supports schools to develop an emotional and physical wellbeing approach that brings together the whole school. 35 schools are registered and schools not registered are still able to access many of the benefits.



### Place

- ✓ Creating walkable/cycle friendly neighbourhoods to increase active travel
- ✓ Healthy food environment
- ✓ Creating financial resilience and healthy workplaces
- ✓ Healthy schools

## Spotlight on best practice

### Bevington Primary School – Silver Healthy Schools Awards

Following a pupil survey and an audit of packed lunches, Bevington Primary School chose to focus on healthy eating to address pupils' gaps in knowledge around health eating choices and opportunities to grow and cook food. The focus is on improving participation in growing, cooking and eating healthy foods both within and outside school.

The school is currently implementing a number of activities to achieve these improvements including training for staff, healthy eating workshops for families and two portions of vegetables for all children at lunchtime.



## Appendix – Infographic Data Sources

Indicator	Source	Timeframe	Age Range
21% of children live in poverty	End Child Poverty	2020/21	0 to 15 yrs
One in three children have not received two doses of MMR	Cover of Vaccination Evaluated Rapidly (COVER) data collected by OHID. Available from NHS Digital	2020/21	5 yrs
Nearly a quarter of 5 year olds have decayed teeth	Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children (Latest 2019)	2018/19	5 yrs
One in three children are overweight by age 11	NHS Digital, National Child Measurement Programme	2017/18 – 2019/20 (3 Year)	9 to 11 yrs (School Year 6)
One in 10 children are estimated to have a mental health condition	Mental Health of Children and Young People Survey	2020	5 to 19 yrs
3 in 10 residents have a long-term condition	WSIC	2022	16+
Over 1 in 4 adults reported high anxiety scores, higher than the London average	APS data published by ONS	2020/21	16+
Over 2 in 5 adults are overweight or obese	Active Lives Adult Survey, Sport England	2020/21	18+
Among the lowest uptake of screening and immunisations in London	NHS Digital (National Health Application and Infrastructure Services – NHAIS)/Office for Health Improvement and Disparities	2020/21	
2 in 7 older residents need help with self-care	POPPI, ONS Long-term subnational population projections	2020	65+
Nearly a quarter of residents aged 65 and over live alone	Nomis	2022	65+
One in 14 live with Dementia	POPPI, ONS Long-term subnational population projections	2020	65+
1 in 5 adults are physically inactive	Active Lives Adult Survey, Sport England	2019/20	16+
RBKC has very few street homeless but 638 in supported accommodation. 25,700 households living in social housing	RBKC Supported Housing data	2021/2022	
Unemployment rate is lower than London with rates varying by area	Nomis	2021/22	16+

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