



Health and Wellbeing Board

Date: FRIDAY, 20 FEBRUARY 2015
Time: 11.30 am
Venue: COMMITTEE ROOMS, WEST WING. GUILDHALL.

Members: Revd Dr Martin Dudley (Chairman)
Deputy Joyce Nash (Deputy Chairman)
Ade Adetosoye
Deputy Billy Dove
Jon Averbs
Dr Penny Bevan
Superintendent Norma Collicott
Glyn Kyle
Vivienne Littlechild
Dr Gary Marlowe
Simon Murrells
Gareth Moore
Jeremy Simons

Co-opted Members: Paul Haigh
Neil Roberts

Enquiries: Natasha Dogra tel.no.: 020 7332 1434
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Lunch will be served in the Guildhall Club at 1pm.

NB: Part of this meeting could be the subject of audio or video recording.

**John Barradell
Town Clerk and Chief Executive**

AGENDA

Part 1 - Public Reports

1. **APOLOGIES OF ABSENCE**
2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **MINUTES**
To agree the minutes of the previous meeting.

For Decision
(Pages 1 - 6)
4. **ADULT SAFEGUARDING ANNUAL REPORT**
Report of the Director of Community and Children's Services

For Information
(Pages 7 - 78)
5. **CHILDREN'S SAFEGUARDING ANNUAL REPORT**
Report of the Director of Community and Children's Services.

For Information
(Pages 79 - 144)
6. **CCG COMMISSIONING INTENTIONS**
Report of the Director of Community and Children's Services.

For Information
(Pages 145 - 162)
7. **GP CONTRACT CHANGES AND OUT OF AREA REGISTRATIONS**
Report of the Director of Community and Children's Services.

For Information
(Pages 163 - 166)
8. **CITY OF LONDON RESPONSE TO LONDON HEALTH COMMISSION (BETTER HEALTH FOR LONDON REPORT)**
Report of the Director of Community and Children's Services.

For Decision
(Pages 167 - 172)

9. **PHARMACEUTICAL NEEDS ASSESSMENT UPDATE**
Report of the Director of Community and Children’s Services.
- For Decision**
(Pages 173 - 180)
10. **SAFER CITY PARTNERSHIP UPDATE**
Report of the Assistant Director – Safer City Partnership, Town Clerks.
- For Information**
(Pages 181 - 184)
11. **HEALTHWATCH UPDATE**
Report of the Chair of Healthwatch.
- For Information**
(Pages 185 - 192)
12. **HEALTH AND WELLBEING UPDATE REPORT**
Report of the Director of Community and Children’s Services.
- For Information**
(Pages 193 - 202)
13. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
14. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
15. **EXCLUSION OF PUBLIC**
MOTION - That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act.

For Decision

Part 2 - Non Public Reports

16. **NON PUBLIC MINUTES**
To agree the minutes of the previous meeting.
- For Decision**
(Pages 203 - 204)
17. **PUBLIC HEALTH COMMISSIONING INTENTIONS**
Report of the Director of Community and Children’s Services.
- For Decision**
(Pages 205 - 216)

18. **SOCIAL CARE COMMISSIONING INTENTIONS**
Report of the Director of Community and Children's Services.

For Information
(Pages 217 - 226)

19. **GOVERNANCE ARRANGEMENTS FOR ADULT WELLBEING PARTNERSHIP
AND CHILDREN'S EXECUTIVE BOARD**
Report of the Director of Community and Children's Services.

For Decision
(Pages 227 - 232)

20. **NON PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE
BOARD**

21. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND
WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC
ARE EXCLUDED**

HEALTH AND WELLBEING BOARD

Friday, 28 November 2014

Minutes of the meeting of the Health and Wellbeing Board held at Guildhall on Friday, 28 November 2014 at 11.00 am

Present

Members:

Revd Dr Martin Dudley (Chairman)
Deputy Joyce Nash (Deputy Chairman)
Ade Adetosoye
Deputy Billy Dove
Jon Averbs
Superintendent Norma Collicott
Glyn Kyle
Vivienne Littlechild
Dr Gary Marlowe
Simon Murrells
Jeremy Simons

In Attendance

Deputy Michael Welbank
Dr Yvonne Doyle

Officers:

Natasha Dogra	Town Clerk's Department
Laura Donegani	Town Clerk's Department
Deborah Cluett	Comptrollers and City Solicitors
Neal Hounsell	Community and Children's Services Department
Chris Pelham	Community and Children's Services Department
Jacquie Campbell	Community and Children's Services Department
Lorna Corbin	Community and Children's Services Department
Dr Nicole Klynman	Community and Children's Services Department
Simon Cribbens	Community and Children's Services Department
Sarah Thomas	Community and Children's Services Department
Derek Read	Department of the Built Environment
Doug Wilkinson	Department of the Built Environment
Ruth Calderwood	Markets and Consumer Protection

1. APOLOGIES OF ABSENCE

Apologies had been received from Gareth Moore, Dr Penny Bevan, Paul Haigh and Neil Roberts.

2. DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA

The Chairman declared that he was a Liveryman of the Worshipful Company of Hackney Carriage Drivers. Mr Glyn Kyle declared that he was a Board Member of London Travel Watch.

3. **MINUTES**

Resolved: That the minutes of the previous meeting be agreed as an accurate record.

4. **LONDON HEALTH COMMISSION REPORT: BETTER HEALTH FOR LONDON**

Members welcomed Yvonne Doyle, London Regional Director for Public Health England who informed Members that the London Health Commission's aspirations for London were:

1. Give all London's children a healthy, happy start to life.
2. Get London fitter with better food, more exercise and healthier living.
3. Make work a healthy place to be in London.
4. Help Londoners to kick unhealthy habits.
5. Care for the most mentally ill in London so they live longer, healthier lives
6. Enable Londoners to do more to look after themselves.
7. Ensure that every Londoner is able to see a GP when they need to and at a time that suits them.
8. Create the best health and care services of any world city, throughout London and on every day.
9. Fully engage and involve Londoners in the future health of their city.
10. Put London at the centre of the global revolution in digital health.

The report had been very well received by the London Assembly at a recent meeting with very positive comments regarding the report and its implications for London. Members were informed that in comparison to Paris and New York, London was leading the way in improving air quality. Members agreed that this was very promising, and that more work must now be done to improve other areas such as obesity. Members noted that New York had the ability to locally increase tax levels on certain fast foods, which is not possible in London. Discussions ensued regarding the importance of the provision of nutritious schools meals for children.

Members noted that Health and Wellbeing Boards in England must take a responsible and robust approach to implement the recommendations of the report. Officers agreed to action recommendation 8 regarding encouraging members of the public to walk more. Officers agreed that the onus must be placed on Local Authorities and schools to tackle issues such as health and wellbeing.

Members of the Board agreed that while the provision of digital 'apps' was useful for children and young people, the older generations still appreciated talking about their health and wellbeing rather than using technology.

The Chairman of the Board thanked Dr Yvonne Doyle for a useful presentation and for attending the meeting. A report will be brought to the next meeting of the Health and Wellbeing Board outlining which recommendations the City Of London Corporation intends to take forward, with initial plans for doing so.

5. **EBOLA VIRUS DISEASE - MEMBERS' BRIEFING**

Members were informed that the Ebola virus disease (EBV), previously known as Ebola haemorrhagic fever, was a rare but severe disease which is caused by Ebola virus. It can result in uncontrolled bleeding, causing damage to the patient's vital organs. The virus was initially transmitted to people from wild animals and spreads in the human population through human-to-human transmission through contact with blood and body fluids.

Officers informed Members that the overall risk to the general UK population continued to be low. The virus is only transmitted by direct contact with the blood or body fluids (such as blood, saliva or vomit) of an infected person. There were no cases identified in the UK at present so there is no risk of contracting the disease in the UK.

Officers informed Members that while the risk levels of an Ebola outbreak in England were very low the chances of contracting swine flu were slightly higher due to the disease being contracted by droplets such as sweat and spit.

6. **WORKPLACE HEALTH CENTRE**

Members noted that tobacco control, substance misuse and health checks were already being provided for workers at a number of diverse locations in the City, but to bring them together with other preventative services such as stress counselling, physiotherapy, inoculations, minor injuries and sexual health services in a single, well publicised location was an opportunity to deliver a wider range of services more efficiently and effectively.

Resolved: That Members noted the project proposal and agreed the next steps:

1. Conduct space planning, cost assessment and a building survey to clarify the potential of the mezzanine as a workplace health centre and to enable a viability appraisal to be undertaken.
2. Take the proposal to the next stage (report to Gateway 3/4 – Options Appraisal) including consideration of the proposal alongside a commercial redevelopment option.

7. **DRAFT CITY OF LONDON AIR QUALITY STRATEGY 2015 - 2020**

Members noted that an Air Quality Strategy in 2011 and the strategy, approved by the Port Health and Environmental Services Committee in March 2011, expired in 2015.

A draft air quality strategy for 2015 through to 2020 had been produced and was appended to this report. It contained 59 actions grouped into 10 key policy areas for improving air quality and reducing the impact of air pollution on public health. Members agreed that the World Health Organisation levels should be included in all graphs and charts in the consultation to allow comparisons to be drawn.

Members informed Officers that the Policy had started prior to the Health and Wellbeing Board's existence and therefore required revision to ensure the

Board was properly referenced and that the Director of Public Health was included in all relevant consultations.

Resolved: That Members approved the draft air quality strategy for consultation until 31 January 2105.

8. **CITY OF LONDON DEMENTIA STRATEGY UPDATE**

Members noted that the Dementia Strategy responded locally to the Prime Minister's 'Dementia Challenge' by establishing a City-specific approach to caring for our residents whilst tapping into the rich diversity of our community. The aim of the strategy was to provide a responsive, high quality, personalised dementia service meeting the needs of residents of the City of London.

It was underpinned by 10 strategic objectives which form the basis of our Action Plan:

- Improve public and professional awareness of dementia and reduce stigma
- Improve early diagnosis and treatment of dementia
- Increase access to a range of flexible day, home based and residential respite options
- Develop services that support people to maximise their independence
- Improve the skills and competencies of the workforce
- Improved access to support and advice following diagnosis for people with dementia and their carers
- Reduce avoidable hospital and care home admissions and decrease hospital length of stay
- Improve the quality of dementia care in care homes and hospitals
- Improve end of life care for people with dementia
- Ensure that services meet the needs of people from vulnerable groups.

9. **UPDATE REPORT**

Members noted the overview of key updates on the below subjects:

Local updates

- Royal Society of Public Health Award
- London Healthy Workplace Charter
- Reading Well Books on Prescription
- Thames Strategy
- Environmental enhancement strategies
- JSNA City Supplement: Communication and dissemination plan.

Policy updates

- Public health
- Health and social care services
- Voluntary sector
- Obesity and physical activity
- Mental health
- Dementia
- Children and young people
- Older people.

Members raised concerns regarding a recent increase in the number of people suffering from dementia being targeted by scams. Officers agreed that the number of cases had risen recently and that the Adult Safeguarding Sub Committee would be investigating this at their subsequent meetings.

Members thanked Mr Simons for attending the Royal Society of Public Health Awards to collect an award of the three year RSPH Health and Wellbeing Award for Business Healthy Programme on behalf of the City of London Corporation. Members agreed that this achievement should be included in the Court of Common Council Prizes report. The Town Clerk agreed to action this.

10. HEALTHWATCH REPORT

Members noted that on 15 October Healthwatch City of London partnered with the City of London Social Care team to run an event for the Notice the Signs campaign – designed to encourage City residents and organisations to work together to keep children and adults safe. There were 30 attendees who met together for an informal afternoon discussions on noticing the potential signs of safeguarding issues. Attendees were able to spend time with social workers from both the children’s and adults’ team and were given the opportunity to ask questions and discuss any concerns following the presentations and case studies presented.

The incoming Chair Glyn Kyle was introduced to Members. Glyn Kyle would be replacing Sam Mauger as the representative for Healthwatch City of London at the Health and Wellbeing board meetings. Members placed on record their gratitude to Sam for all of her work both at Board meetings and development days and thanked her for all of her input.

Members noted that Healthwatch City of London had been in discussions with Barts Health NHS Trust to assist in communicating their work on the centralised appointments system for all outpatient bookings across their hospital sites and services. This was expected to take around four to six months to implement fully and we will keep residents updated on the progress of this in future newsletters.

11. ITEMS PLACED ON THE HIGHWAY (STREETS AND PAVEMENTS)

Members noted that the report considered the adoption of a policy to enable the safe management of footpaths and the street environment in a proportionate manner.

The comments received from Members following a recent report relating to “A” boards indicated that the issues being experienced on the City’s streets were wider than just “A” boards. One of the issues was around the management of dealing with a variety of different items placed on the highway, including inappropriately parked cycles, newspaper and leaflet stalls and tables and chairs as well as “A” boards.

The Assistant Director of Street Scene and Strategy advised that comments received from Members following a recent report indicated the issues being

experienced on the City's streets were wider than just 'A' Boards, which was agreed with by Members of this Committee. Members noted that small businesses required better signage in their area to advertise their location to customers, which would prevent the need for them to deploy 'A' Boards on the walkway at their entrance.

In relation to the City of London Footway Guidance, a Member noted that the requirement for a minimum of 2 metres of unobstructed width was still too narrow for busy City streets. The Assistant Director of Street Scene and Strategy advised that this distance was a requirement for the narrowest point but the Guidance note could be reviewed.

12. QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD

There were no questions.

13. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

There was no urgent business.

14. EXCLUSION OF PUBLIC

MOTION - That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act.

15. NON PUBLIC MINUTES

Resolved: That the minutes were agreed as an accurate record.

16. BI-ANNUAL PERFORMANCE REPORT OF THE HEALTH AND WELLBEING BOARD

Members received the report of the Director of Community and Children's Services.

17. NON PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD

There were no questions.

18. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED

There was no urgent business.

The meeting ended at 1.00 pm

Chairman

Committee(s):	Date(s):
Community and Children’s Services Safeguarding Sub Committee	19.02.15
Health and Wellbeing Board	20.02.15
Safer City Partnership	03.03.15
Community and Children Services Grand Committee	19.04.15
Subject: The Safeguarding Adults Annual Report for 2013/14 City and Hackney Safeguarding Adults Board.	Public
Report of: Director of Community and Children’s Services	For Information

Summary

This report provides background information on the work of the City and Hackney Safeguarding Adults Board (CHSAB) - as set out in the CHSAB Annual Report 2013/14.

The Annual Report is attached as an appendix and provides detail on progress against the 2013/14 priorities, key developments during the year, activity data and 2014/15 priorities.

The report also provides background information regarding the governance and membership of the Adult Safeguarding Board.

The report highlights that Safeguarding Adult Boards will be placed on the same statutory footing as Children Safeguarding Boards as a result of the Care Act 2014, and as such Health and Wellbeing Boards will need to have regard for the adult safeguarding arrangements in their area.

Recommendation

The report is for information only.

Main Report

Background

1. Adult Safeguarding is governed by national statutory guidance, “No secrets” (DOH 2000), which places the lead responsibility for coordinating safeguarding adults work with the local authority.

2. In 2010, the City of London became a strategic partner alongside Hackney through the formation of the City and Hackney Safeguarding Adult Board (CHSAB), with the aim of enhancing governance arrangements, scrutiny and best practice across the two localities. The CHSAB is currently a non-statutory, multi-agency partnership that meets on a quarterly basis and is represented by a range of agencies from the statutory and voluntary sectors.

The Board is made up of the following partners;

- NHS North East London Cluster (NELC) general medical and mental health care,
- East London Foundation Trust (ELFT),
- Barts Health
- Homerton University Hospital (HUH)
- Hackney Adult Social Care
- CoL Adult Social Care
- The Care Quality Commission (CQC),
- Metropolitan Police Service
- City of London Police
- City of London London Fire Brigade,
- Hackney Fire Brigade
- Older Peoples Reference Group

3. Preventing abuse and neglect of adults at risk, and taking appropriate action where it occurs, is the core business of the CHSAB. From April 2015 the work of all Safeguarding Adult Boards will be placed on a statutory footing as a result of the Care Act 2014.
4. The work of the board includes oversight of multi-agency City and Hackney safeguarding adults policies and procedures for protecting vulnerable adults – ensuring they take into account statutory requirements, national guidance and London regional policies.
5. The CHSAB monitors incidents of abuse and neglect, reviews trends and acts where appropriate to improve services and support to vulnerable adults. It regularly evaluates how agencies and providers safeguard vulnerable adults via analysis of the quality assurance and scrutiny systems across partner agencies.
6. The CHSAB has the authority to commission Serious Case Reviews, as well as management reviews where opportunities for multi-agency learning may arise.
7. It maintains a programme of training and development on safeguarding vulnerable adults for staff across agencies in the statutory, independent provider and voluntary sectors.
8. The CHSAB also seeks to raise public awareness of safeguarding and engages the wider community in helping to prevent abuse and neglect, and to report where they have concerns.

9. The City Of London has its own Safeguarding Adults Sub Committee that meets on a bi-monthly basis and reports on its work to the City of London Adult Wellbeing Partnership and the CHSAB.
10. *Safeguarding Adults: A national framework of standards for good practice outcomes in adult protection work* (ADASS 2006) recommended that Adult Safeguarding Boards produce an annual report highlighting activity and achievements against agreed business plan objectives. The *City and Hackney Safeguarding Adults Report 2013/14* is attached as an appendix.

Current Position

11. The Annual Report 2013/14 highlights the key developments that took place in the year including the Care Act receiving Royal Assent in May 2014, publication of the House of Lords post legislative scrutiny report of the Mental Capacity Act 2005, details of the Deprivation of Liberty supreme court judgement, Making Safeguarding Personal programme, changes in the Care Quality Commission and responses to Winterbourne Review.
12. The report highlights the progress made against the following 2013/14 priorities;
 - Public awareness raising
 - Developing performance management and quality assurance across agencies working with adults-at-risk in the City and Hackney
 - Personalising adult safeguarding
 - Involving service users
 - Getting the Governance arrangements right.
13. In respect of City of London specific activity, the report highlights that Adult Social Care (ASC) currently know of 250 people referred and living in the community, both in the City and placed outside.
14. All alerts and referrals of safeguarding are managed through the Adult Social Care team. An alert may be a result of a disclosure, an incident, or other signs or indicators. A referral is when an alert (following a decision made by the Team Manager) is accepted to be a safeguarding issue and is managed through the safeguarding process. Adult Safeguarding is an integral part of the whole team approach, with two social workers being trained as Safeguarding Adults Managers (SAMs) as well as the Team Manager. There is a designated social worker who carries out care home reviews as a direct response to the Winterbourne Review.
15. The number of Safeguarding Alerts received from April 2013 to March 2014 was 28. Fourteen were within the City of London and 14 were outside the City in placements. There has been an increase in alerts raised in the year: in

comparison there were 20 alerts raised in 2012/13, with six alerts regarding residents placed outside the City.

16. People placed by the ASC team outside the City and who are subject to safeguarding, are not counted for Department of Health reporting purposes by the placing authority, as they take the lead when a safeguarding action takes place within their local authority.
17. Of the 14 City of London alerts, seven were progressed to referral with a strategy meeting and protection plan. The seven other alerts were diverted from the formal safeguarding process, but support and care was provided in all cases.
18. Of the seven cases progressed to referral, less than five were substantiated, and were categorised as psychological, emotional and financial abuse and/or neglect.
19. Appendix 2 of the Annual Report highlights the specific achievements of the City of London during the year including the ongoing implementation of the dementia strategy action plan; joint working with London Fire Brigade; raising awareness activity and the completion of self assessment review.
20. The report highlights the priority areas for the City of London in 2014/15 include;
 - To continue to develop effective partnerships with key agencies such as CCGs, CQC, Police, Housing and Advocacy, particularly with the focus of the Care Act 2014.
 - To continue to develop a high level of safeguarding competence in the ASC workforce and with partners.
 - To evaluate the improvement plan and undertake a review of our safeguarding practices
 - To raise awareness of Adult Safeguarding to City of London residents, through the campaign launch, Notice the Signs, in September 2014, in order that communities and organisations know how to respond effectively when they suspect that an adult is at risk of abuse.
 - To ensure that in the City of London we are actively identifying and preventing the circumstances where abuse occurs and promote the welfare and interests of adults at risk.

Corporate & Strategic Implications:

21. The Care Act 2014 has placed Safeguarding Adult Boards on a statutory footing from April 2015. It will now be a statutory requirement to produce an Annual Report which should be shared with the Safeguarding Adult Board and the Health and Wellbeing Board.

Financial Implications:

22. There are no financial implications.

Conclusion:

23. The report has provided a summary of the main findings from the City and Hackney Adults Board Annual Report 2013/14.

Appendices:

24. The Safeguarding Adults Annual Report for 2013/2014, City and Hackney Safeguarding Adults Board

Background Papers:

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**City and Hackney Safeguarding Adults Board
Annual Report 2013/14**



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Foreword by the Chair of the Safeguarding Adults Board

I am pleased to introduce this fifth annual report of the City and Hackney Safeguarding Adults Board (CHSAB). The report provides an insight to our adult safeguarding work, addresses current local and national challenges and highlights the progress made in the City and Hackney over 2013/14.

We have strong partnerships locally and innovative processes to identify and safeguard adults at risk. Our work over the last year has set the foundation for a high quality partnership to meet the safeguarding requirements arising from the implementation of the Care Act and the report reflects the commitment of Board members and their organisations to work collaboratively towards our common vision:

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

The quality of health and social care services has continued to be a subject of national concern over the last year. Nationally the number of people in England who have a health problem requiring health and social care is increasing with a growing likelihood of more people with complex needs requiring a combination of social and health care services. This national picture is reflected in the developing demography of City and Hackney.

The themes addressed within this year's annual report include: the developing framework of joined up working with local partners; providing a personalised, responsive, quality service which listens to and meets the needs of our diverse service users in promoting their independence and safety; and ensuring that service users are able to identify, report and understand how to manage the associated risks if they are being abused.

Here is an account of last year's work. We would welcome your feedback on last year's work and any suggestions for what the Board should be doing in future. Please pass on any comments to the Safeguarding teams in your local authority (see the appendices for their contact details).

Fran Pearson
Independent Chair

Introduction

High quality adult safeguarding systems are in place in the City and Hackney. Under the stewardship of the City and Hackney Safeguarding Adults Board, these systems and services continue to protect adults at risk from abuse and harm and support community safety.

The term 'safeguarding' is used to mean both specialist services where harm or abuse has, or is suspected to have, occurred, and other activity designed to promote the wellbeing and safeguard the rights of adults. In its broadest sense safeguarding is everybody's business: the public, volunteers and professionals. It covers a wide range of activities and actions taken by a large number of people, not least by people in the community.

This annual report describes the current arrangements for ensuring the safety of "adults at risk" in the borough and provides an assessment of the key developments in local multi-agency adult safeguarding systems in 2013/2014 along with a statistical analysis of the casework activity and reports from individual agencies.

The Board has followed current government guidance in considering an adult at risk to be someone aged 18 years or over "who is or may be in need of community care services by reason of mental or other disability, age or illness: and who is or maybe unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation" (DOH, No Secrets, 2000). The Board notes however that implementing the Care Act (see below) may have an impact on the numbers of people for whom safeguarding enquiries will be necessary. This will be analysed in next year's annual report.

2 Developments in National and Local Policy in 2013/14

2.1 The Care Act 2014

The Care Act which received Royal Assent in May 2014 sets out the statutory framework for adult safeguarding. Central to the Care Act is the concept of wellbeing, which means we have a duty to consider the physical, mental and emotional wellbeing of people needing care. This is underpinned by an emphasis on prevention. The Care Act brings in stronger regulatory powers, including prosecution where necessary, and the Chief Inspector of Social Care will be able to hold providers of care to account when they provide poor care.

The Care Act sets out the requirements for the establishment and functioning of Safeguarding Adults Boards. The specific duties of the Board will include:

- To agree and keep under review multi-agency safeguarding adults policies and procedures for the protection of adults-at-risk, taking into account statutory requirements, national guidance and London regional policies.
- To maintain an Annual Business Plan setting out priorities for preventing and addressing abuse of adults-at-risk, and to produce and disseminate an Annual Report.
- To monitor incidents of abuse and neglect, review trends and take action where appropriate to improve services and support to adults-at-risk.
- To regularly evaluate how agencies and providers are performing in relation to safeguarding adults, operating rigorous quality assurance and scrutiny systems across partner agencies.
- To agree a Safeguarding Adults Review Protocol and review and learn from situations where safeguarding arrangements may not have been adequate.

We responded to consultation on the regulations and statutory guidance which was published in October 2014 and our business plan will be ready for implementation when the Care Act takes effect in April 2015.

2.2 Mental Capacity Act 2005: House of Lords post-legislative scrutiny report

In March 2014 the House of Lords Select Committee on the Mental Capacity Act published its post-legislative scrutiny report. The Committee concluded that so far the potential of the Act to bring about real change in the support and protection of people who struggle to make their own decisions had not been realised.

The main findings of the Report are as follows:

- The ethos of the Mental Capacity Act is widely welcomed but it has not been adequately implemented due to lack of “ownership” by a dedicated independent oversight body;
- Too much decision-making in health and social care is still motivated by paternalism and risk-aversion rather than the principles of the Act;
- There is a lack of adequate information for all stakeholders – individuals, family members, professionals – leading to confusion over rights, roles, and responsibilities;
- The Deprivation of Liberty Safeguards are not working and need to be replaced;

- The Court of Protection needs more resources and should place more emphasis on mediation prior to court action.

In its response to the report the Government acknowledged many of the concerns raised by the House of Lords. The Government has set up a Mental Capacity Advisory Board and will seek to work with partners such as NHS England, ADASS and CQC to implement the Act more effectively. The Government has also asked the Law Commission to review the operation of the Deprivation of Liberty Safeguards (see below) and will provide more resources to the Court of Protection.

2.3 Deprivation of Liberty – the “Cheshire West” Supreme Court Decision

- In March 2014, a Supreme Court judgement known as the “Cheshire West” decision changed the criteria for assessing whether a person lacking mental capacity is being "deprived of their liberty" in a care home, hospital or other care setting. The judgment overturned a number of previous rulings from the Court of Appeal which had progressively restricted the application of the Deprivation of Liberty Safeguards (DoLS).
- The judgement has led to a significant increase in the number of capacity assessments for people with cognitive impairments who are held to require formal authorisation of "deprivation of liberty", either under: a) the deprivation of liberty safeguards (DoLS) (for hospital patients and care home residents), b) through the Court of Protection (for people in supported living schemes and some other community-based arrangements).
- The judgement introduced an “acid test” to identify deprivation of liberty in cases where a person is deemed to lack the capacity to give valid consent to their care arrangements. There are two key questions in the test: (1) is the person subject to continuous supervision and control, and (2) is the person free to leave?
- If the answer to both questions is “yes”, then the person would now be considered to be deprived of his/her liberty and in need of the protection of an appropriate legal framework. Under previous case law deprivation of liberty was deemed to occur only when there were aggravating factors such as the person or their family objecting, high levels of restraint etc.
- This means that more people in care homes, hospitals, independent supported living schemes, mental health hospitals and institutions require assessments in order to consider whether they are being “deprived of liberty” and whether this is in their best interests. This has already seen significant financial and operational implications for the local authority overseeing the process and for service providers.

- The “Cheshire West” judgment was handed down at the very end of the year under report and had minimal impact on DoLS in City and Hackney in 2013-2014. It is already clear however that the situation for 2014-2015 will be very different. Full details will be given in next year’s report.

2.4 Making Safeguarding Personal

- Making Safeguarding Personal is a sector led initiative in adult safeguarding. It has arisen in response to findings from peer challenges, the response to the ‘No Secrets’ consultation and other engagement with councils and their partners. It aims to develop outcomes-focused, person-centred adult safeguarding practice and a range of responses to support people to improve or resolve their circumstances. This should result in safeguarding being done with, and not to, people. This is in keeping with the focus on individual well-being promoted by the Care Act.
- City and Hackney are both committed to implementing Making Safeguarding Personal. The authorities’ work to implement the Care Act will draw on the principles and resources of the MSP programme to ensure that staff have the skills and expertise to engage with service users and support them to achieve their preferred outcomes wherever possible.

2.5 Changes in the Care Quality Commission (CQC)

- In the past year, the CQC have made significant changes to the way they inspect and regulate health and social care services to make sure services provide people with safe, effective, compassionate and high-quality care, and to encourage them to make improvements.
- CQC’s Strategy for 2013 -16 outlines the changes that apply to many services regulated by the Commission.
- During 2013 – 14, national teams have been introduced to inspect NHS hospitals and mental Health Trusts.

2.6 Response to Winterbourne View

- In December 2012, the Department of Health published “Transforming Care: A National Response to Winterbourne View Hospital, Department of Health Final Report. This report made a number of recommendations aimed at strengthening accountability and corporate responsibility for the quality of care and defined actions for the Department of Health, CQC, secure services, including prisons, the police, LGA, Healthwatch, as well as health and social care services.
- The Department of Health Report was followed by the launch of the “Winterbourne View Concordat and the Interagency Programme of Action”. Locally, a working group was convened to ensure that the national targets

applicable to local health and social care agencies were met. This included commissioning and provider staff from Hackney Council, Homerton University Hospital Staff who are part of the Learning Disabilities Integrated Team, North East London Commissioning Support Unit, East London Foundation Trust.

- The targets were:
 - a) All individuals placed in in-patient units to be reviewed by June 2013 and any users placed in hospital inappropriately to be moved to community-based support as quickly as possible, and no later than June 2014.
 - b) Each area to have a joint plan in place by April 2014 to ensure high quality care and support services for all people with learning disabilities, autism and mental health conditions or 'challenging' behaviour, in line with best practice.

3 Safeguarding arrangements in the City & Hackney

3.1 What is the City & Hackney Safeguarding Adults Board?

The City and Hackney Safeguarding Adults Board (CHSAB) is a non-statutory multi-agency partnership that has a remit to protect adults-at-risk from abuse, neglect and significant harm. The Board seeks to bring about positive outcomes for adults-at-risk who live within the area of the City of London and the London Borough of Hackney, or who live outside the borough as a result of a placement made by the City of London, Hackney Council, North East London NHS Cluster or the East London Foundation Trust.

The Board has membership from a wide-range of partners including: City and Hackney Local Authorities, Health Services, Police, Probation, Fire Service and local community and voluntary sector organisations.

The Board co-ordinates the activities of each agency represented on the Board for the purposes of safeguarding adults in the City and Hackney. It also ensures the effectiveness of what is done by each person or agency that contributes to safeguarding adults in the area.

Our preparations for the implementation of the Care Act have gathered momentum over the last year and are reported later in this report. The core membership of the Board already includes all agencies required by the Act. The specific duties of the Board arising from the Act are set out in more detail in the previous section.

3.2 Community Safety: MAPPA and MARAC

The Home Office defines community safety as:

“An aspect of quality of life in which people, individually and collectively, are protected as far as possible from hazards or threats that result from the criminal or anti-social behaviour of others and are equipped or helped to cope with those they do experience.”

City and Hackney Safeguarding Adults Board have identified crime and fear of crime and antisocial behaviour as a key concern.

Safeguarding partners support the Community Safety Partnership in addressing issues of concern to reduce crime and antisocial behaviour in the borough.

Key areas of work include:

- Co-ordinated action to tackle antisocial behaviour through the joint Council and police Community Antisocial Behaviour Action Panels (ASBAP).
- Co-ordinated action to address domestic abuse, sexual violence and exploitation (MARAC) including victims of domestic violence, to keep them safe in their homes and reduce burglary.
- Work to reduce reoffending through the Multi Agency Public Protection Arrangements (MAPPA) and Integrated Offender management Scheme (IOM).
- Support for the process of analysis of crime and antisocial behaviour to direct the partnership’s strategic and operational responses to tackling crime and antisocial behaviour.
- Media and advertising activity on behalf of the partnership to keep residents and visitors informed and advised on how to stay safe

The **Multi Agency Risk Assessment Conference (MARAC)** is part of a coordinated community response to domestic abuse, which aims to:

- Share information to increase the safety, health and wellbeing of victims/survivors – adults and their children.
- Determine whether the alleged perpetrator poses a significant risk to any particular individual or to the general community.
- Construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm
- Reduce repeat victimisation
- Improve agency accountability: and
- Improve support for staff involved in high- risk domestic abuse cases

Multi Agency Public Protection Arrangements (MAPPA) are a statutory set of arrangements which bring together the police, probation and prison services to support the assessment and management of risks posed by the most serious offenders in order to protect the public and reduce the serious re-offending behaviour of violent and sexual offenders. Other agencies that deal with offenders, including local authority housing departments, social services and youth offending teams are under a 'duty to cooperate' with the MAPPA .

The aim of MAPPA is to ensure that risk management plans drawn up for the most serious offenders benefit from the information, skills and resources provided by the individual agencies being co-ordinated through MAPPA.

There are four key elements:

1. Identifying offenders to be supervised under MAPPA
2. Sharing information about offenders
3. Assessing the risks posed by offenders
4. Managing the risk posed by individual offenders

Case example Mrs W: How safe do service users feel in Hackney? (based on service user survey)

The following case relates to Mrs W, a 77 year old woman who had brought up her grandson A, since he had been a baby. A, has a mental health diagnosis and had developed drug and alcohol misuse issues which had resulted in him verbally, financially and emotionally abusing his grandmother. Police had been called and a restraining order had been placed on A as a consequence of a number of incidents that had happened in the home.

A breached this restraining order and subsequently was detained in custody and later placed in a hospital under Section 37 of the Mental Health Act with a restraining order as there were concerns about public safety and levels of risk. A safeguarding adult referral was raised and a multi-disciplinary meeting was held within the MARAC forum. Here protective actions were undertaken to safeguard the client both in the long and short term.

These included:

- Ongoing support from her Independent Domestic Violence Advocate from the NIA project (a service that supports women assessed as being at high risk from domestic violence).
- Input from the Police via use of special measures, involving increasing security measures at the client's home.
- Liaison with mental health services to ensure that there was a high level of communication across services, with all putting Mrs W's wellbeing at the centre of work undertaken.
- Ongoing liaison with Housing across boroughs and within voluntary and statutory sectors to ensure that Mrs W. was prioritised for reallocation of tenancy.

Mrs W self-defined rehousing as her main priority. She advised that she was fearful of returning to her home and had been spending her time with her daughter in another local authority.

This multi-disciplinary approach resulted in a third local authority agreeing to a reciprocal arrangement with Mrs W's Housing Association in Hackney. Communication with Mrs. W re any ongoing plans in connection to her grandson was also arranged-ensuring that she was informed of any discharge planning and fully involved in accessing specialist advice and support from both safeguarding and domestic abuse services.

4 Developments against the 2013-14 priorities

The overarching aim of the CHSAB is to achieve positive outcomes for adults at risk and their carers through prevention and intervention. All of the Board's priorities contribute to both the prevention of abuse and neglect and to effective intervention where allegations of abuse and neglect are made. The critical areas for development for the Safeguarding Adults system in Hackney over the last year were:

- To further improve our processes to identify and address substandard health and social care services;
- To build on our work to understand better the views and wishes of our service users and carers to improve practice and inform service development.
- To cement strategic arrangements with the new Health and Wellbeing Board and local Clinical Commissioning Group.

As well as maintaining core operational effectiveness, the CHSAB agreed to continue to address five core areas on which it focussed its work over the year 2013-2014:

- Public awareness raising
- Developing performance management and quality assurance across agencies working with adults-at-risk in the City and Hackney
- Personalising adult safeguarding
- Involving service users
- Getting the Governance arrangements right.

4.1 Public awareness raising

- We have continued our work to raise awareness of adult safeguarding amongst members of the public and professionals. Yearly planned events have included, for example, the Big Do (for people with Learning Difficulties), Older Persons Reference Group, and World Mental Health Day as events for service users, carers and professionals.
- Our safeguarding publicity material has been reviewed with leaflets and pamphlets being widely available for the public.
- During 2013-14 there were **4,027** hits on the Safeguarding Adults section of the Hackney council website. Although this is significantly fewer than last year (**7,541**) it is very close to the number of hits on the child protection page for 2013-2014 (**4,189**). These figures will be kept under review in the year ahead

- In 2013/14 Hackney Council provided 24 training events free of charge which were attended by 487 individuals or organisations working with or representing adults at risk and their carers. 340 people attended from service provider organisations and 147 from the council.
- 64 GPs attended two safeguarding sessions and 20 Metropolitan Police staff attended an event to support their training needs.
- We will help run more partnership training events for Hackney GPs and health professionals in 2014-15.
- Our ongoing work to raise awareness within the community about abuse and neglect of adults at risk aims to reduce the number of adults whose suffering may go unreported. In 2014/15 we plan to have Safeguarding Awareness campaigns in both the City of London and Hackney.

4.2 Developing performance management and quality assurance across agencies working with adults-at-risk in the City and Hackney

- We continue to seek improvements in the quality and integration of intelligence about standards of care, and in the robustness of responses to poor quality. The Council has reviewed all its placements for service users with learning disabilities to meet its obligations under the Post-Winterbourne Improvement Plan. There is also a new internal protocol for rapid responses to concerns about providers. This is to ensure co-ordinated and proportionate action is taken by officers within the Safeguarding Adults Team, Adult Social Care and Learning Disability services, and Contracts and Commissioning teams.
- This year we reviewed 25 care homes to check on the quality of care provided. 14 were scheduled visits and 11 were in response to concerns. Reports on these providers were made to our Quality Assurance and Safeguarding Board to review progress and consider recommendations for service improvement.
- Of the 11 providers where there were concerns, 7 were outside Hackney. Joint monitoring visits took place with the Contract Monitoring and Safeguarding teams of 6 other local authorities. Action plans were put in place by the host authorities but were monitored by the Contract Monitoring team in Hackney to ensure that residents were safe and to maintain focus on improvement of standards at the homes.
- In our work with partners to strengthen safeguarding processes across the borough, we developed a joint protocol with local mental health services to

make certain their responses to safeguarding concerns are proportionate. We advised Homerton University Hospital NHS Foundation Trust on safeguarding cases and application of the Mental Capacity Act.

- Hackney Council commissioned an independent review of its safeguarding practice between October and December 2013. There were positive findings around the strategic development of the Board and around many aspects of safeguarding practice. Areas which were found to require improvement, included more consideration of the views of the adult at risk, and clearer and more detailed case recording.

The recommendations of the review were as follows:

- Clear recording of risk assessment and analysis which has been discussed with the adult at risk wherever possible;
- Clear recording of the adult at risk's views, wishes and desired outcomes;
- More consideration of carers' needs and how they can be supported;
- Advocacy support for adults at risk to be considered more frequently;
- Clear evidence of follow-up of protection plans by managers;

In response to the review an improvement plan was undertaken that sought to support further positive service development, and strengthen areas of practice, locating our citizen's health and well-being at the forefront of our interventions.

- Over the last year the Board has strengthened relationships with other strategic bodies. The City and Hackney Safeguarding Adults Board has formal links with:
 - The Community Safety Partnership
 - The Safeguarding Children's Board at strategic and operational levels. The Corporate Director for Health and Community Services is a member of the Safeguarding Children's Board. A senior practitioner from the Safeguarding Adults team now attends the operational forum of the Safeguarding Children's Board.
 - Health and Well Being Boards
 - The Multi Agency Public Protection Panel (MAPPA) (part of the Crime Reduction Partnership System organised through Police and Probation).
 - The Multi- Agency Risk Assessment Conference (MARAC)
 - Care Quality Commission (CQC)

At an operational level the Safeguarding Adults team has also worked with partner agencies to support the following:

- Co-ordination of strategic work to address domestic violence in Hackney.
- Overarching quality assurance of adult safeguarding arrangements at NHS organisations in the City and Hackney.

- City & Hackney Clinical Commissioning Group (CCG)
- East London NHS Foundation Trust
- Homerton University Hospital
- Quality assurance of adult safeguarding arrangements with Met. Police
- Quality assurance of adult safeguarding arrangements with London Fire Brigade

4.3 Personalisation

- Personalisation is about enabling people to lead the lives that they choose and achieve the outcomes that they want in ways that best suit them. A person-centred approach was embedded in our training programme in line with the person centred model of safeguarding described in the London multi-agency procedures.
- The London multi-agency policy and procedures to safeguard adults from abuse provide a framework that places the views and wishes of adults at risk at the centre of safeguarding work. Over the last year we have ensured professional supervision, by application of standardised agenda.
- Our staff have measured performance in terms of outcomes, rather than outputs of safeguarding work. We have participated in, and learned from, national work to develop best practice in adult safeguarding. This is described in our work involving service users (see section 4.4 below).
- An interview schedule has been developed to capture service users' views of the safeguarding process and staff are expected to use this where appropriate. In addition, the Council is contributing to a national pilot study to develop a safeguarding outcomes measure. The research project started in May 2014 and is led by the Health & Social Care Information Centre (HSCIC) and the Social Care Workforce Research Unit at Kings College, London. To demonstrate how we are making social care more personalised and focused on the best outcomes for the people we help, we will carry out 20 face to face interviews and undertake a project with service users to hear their views on standards for safeguarding.

Development of a person-centred approach to safeguarding continues to be a priority as the local authorities need to comply with the Care Act and fulfil their commitments to Making Safeguarding Personal.

Case example Mrs S: Making safeguarding personal



Mrs S is an 83 year old woman who lives in a residential care home in Hackney. Mrs S needed help to wash, eat, drink, use the toilet and take her medication. Her daughter raised a safeguarding alert because she felt nursing staff were neglecting her mother. Although Mrs S was placed in the home by another health authority, it was Hackney Council's responsibility to investigate her daughter's concerns. We assigned Mrs S a social worker and held a meeting where we put together a robust protection plan. Mrs S was allocated her own worker who sat with her during mealtimes to make sure she ate and drank. We also asked the home to provide evidence that this was happening. Her GP agreed to keep a close eye on Mrs S and support any plans to help with her nutrition. The nursing home created a social stimulation plan to try to improve Mrs S's mood and desire to eat and drink. We also supported the nursing home to improve the way they communicated with the family. We contacted the daughter some time later who told us she felt her mum was safer now and that she had felt properly listened to and consulted through the safeguarding process.

4.4 Involving Service Users

- Building on a pilot project which was undertaken in 2012 /13, we have taken the feedback given and incorporated this into our operational practice to ensure outcomes for service users are discussed as quickly as possible.
- We held an event with local mental health service users to improve communication with service users and their awareness of safeguarding in partnership with local police.
- We met our target of interviewing service users post safeguarding to find how well it worked for them. Service users provided feedback that they were happy with the speed of the safeguarding intervention and the way their safety was protected. We plan to build on this by taking part in a national pilot which endorses standards for us to meet in meeting the personal needs of our service users.
- The independent review has challenged the Board to review models of engagement. The Board continued to improve systems for gaining service user input at a strategic level. We have:
 - Taken account of the views of service users and their carers and see them as key partners in safeguarding strategic planning. As a result of the small pilot project and service user involvement events such as Working Together Group (mental health service user forum) we have introduced service users being interviewed following a safeguarding intervention and we are working towards specific user-led standards for adults at risk procedures.
 - Developed the role of CHSAB members with user and carer groups so that they can feed in any issues pertaining to adult safeguarding to their discussions and to ensure that the views of these groups are heard at the CHSAB.
- We plan to form a Task and Finish Group to underpin a review of models of service user involvement within the Board's governance framework.
- With wide-reaching changes to health and social care systems in the UK taking place at present, it will be vitally important to ensure that arrangements for the governance of adult safeguarding work in the City and Hackney are flexible and robust. An away day of the Board in early 2013 began this work and we continue to review these arrangements during 2014. (see also 4.5)

We have:

- developed the relationship between the City & Hackney Clinical Commissioning Group and CHSAB and ensure that matters of adult safeguarding have a high profile. An identified adults at risk lead is in post at the CCG to strengthen and develop strategy for safeguarding adults.
- developed the relationship between children's and adults' services at Hackney council and the City of London to ensure that work with vulnerable families is of a high quality. A programme of training is already in place which is supplemented by local shadowing arrangements, where staff join colleagues to familiarise themselves with practice. These arrangements support continuous professional development and improve communication and understanding of each other's roles;
- developed the relationship with the Health and Wellbeing Boards in the two authorities in order to be influential

4.5 Getting the governance arrangements right

- The Board recognised that a review of its governance and constitution was needed, both to meet the planned requirements of the new legislation placing safeguarding adults on a statutory footing, as well as to maintain high quality services.
- The review of CHSAB constitution was led by the Independent Chair and agreed the need for new governance arrangements supporting the Board. The review noted the benefit of aligning governance arrangements with the Children's Safeguarding Board which has been a long-standing statutory function and develop a more symmetrical model of governance for children's and adults' arrangements.
- The governance model is set out in appendix 1.2. There will be sub-groups for Quality Assurance, Serious Case Review, Training and Development, City Of London, and Communication and Engagement. The core business of these groups will be: prevention, linking up lessons learned from incidents with our training programme, increasing public awareness, promoting the health and wellbeing of our residents, with the overall aim of increasing independence and ensuring that proportionate action is taken to safeguard our vulnerable residents.
- In addition an Executive Board has been created which includes senior managers of key agencies to oversee the Board's strategy. We anticipate the Executive Board will improve communication and strengthen partner

accountability. Members of the Executive Board will chair the sub groups and provide performance reports to the Executive Board.

- We have undertaken a self–assessment audit of the Board utilising the NHS England audit tool. The outcomes of this assessment will be used by the Board to identify improvement needs and prioritise its work for 2014-2015.

5 Safeguarding Data and Analysis for the City of London and Hackney

City of London

5.1 City of London Adult Social Care Team

- With a small reablement team of 2 officers and an occupational therapist, the social work team establishment is 4 FTE's and one part time substance misuse worker. Two of the social workers are Approved Mental Health Practitioners. All social workers hold fully generic caseloads which average up to 25 cases, and are expected to undertake a full part in the daily duty rota as well as for the AMHPs, run a mental health duty service and work with the Hackney AMHPS once per month as part of their duty rota.

5.2 City of London Safeguarding Alerts and Referrals

- Adult Social Care (ASC) currently knows of 250 people referred and living in the community, both in the City and placed outside.
- All alerts and referrals of safeguarding are managed through the Adult Social Care team. An alert may be a result of a disclosure, an incident, or other signs or indicators. A referral is when an alert (following a decision made by the Team Manager) is accepted to be a safeguarding issue and is managed through the safeguarding process. Adult Safeguarding is an integral part of the whole team approach, with two social workers being trained as Safeguarding Adult's Managers (SAM's) as well as the Team Manager. There is a designated social worker who carries out care home reviews as a direct response to the Winterbourne review.

5.3 City of London Analysis of Adult Safeguarding

- The number of Safeguarding Alerts received from April 2013 to March 2014 was 28. 14 were within the City of London and 14 were outside the City in placements. There has been an increase in alerts raised this year, in

comparison there were 20 alerts raised in 2012-2013, with 6 alerts regarding residents placed outside the City.

- People placed by the ASC team outside the City and who are subject to safeguarding, are not counted for DH reporting purposes by the placing authority as they take the lead when a safeguarding action takes place within their local authority.
- Of the 14 City of London alerts, 7 were progressed to referral with a strategy meeting and protection plan. The 7 other alerts were diverted from the formal safeguarding process but support and care was provided in all cases.
- Of the 7 cases progressed to referral, 3 were substantiated, 1 was partially substantiated, 1 was unsubstantiated, 1 investigation was ceased at the service user's request, and investigation 1 remained on-going at the time of this report's completion.
- The 7 cases are categorised as follows:

Types of abuse.

- 2 psychological / emotional
- 1 financial
- 4 neglect and acts of omission

Gender

- 3 men
- 4 women

Ethnicity

- 7 white UK

Person alleged to have caused harm (PACH)

- 4 were known to service user
- 3 were unknown to the service user

Service user group

- 6 physical disabilities
- 1 mental health (Dementia)

Within the City of London, alerts have been raised concerning informal carers, privately arranged care, one hospital discharge and people not known to the service users. One case involved a commissioned provider.

5.4 Role of Hackney Safeguarding Adults Team

The Safeguarding Adults Team acts as the single point of entry for all safeguarding concerns. The Team determines whether the adult at risk is known to social services or health services and asks the appropriate department to investigate. Each investigation is led by a trained Safeguarding Adults Manager (SAM).

The SAM identifies all those who can help to protect the adult at risk or help with the investigation. These may be family members, service providers, health professionals, the police or Hackney Client Financial Affairs Team.

An initial risk assessment is completed to determine what response is needed. If further action is required then a strategy meeting will take place chaired by the SAM. This will confirm the protection plan for the adult at risk and identify who will carry out the investigation. Further meetings will be arranged to confirm the outcome of the investigation and to review the protection plan. The person and their carer/family will be supported to be involved as much as possible.

Sometimes the person causing harm is also an adult at risk of abuse. In such cases the safeguarding process will consider whether they need their own protection plan to help them avoid facing any allegations in the future.

The desired outcome from review of our post safeguarding interviews is to feel safer and have a better quality of life. If the person cannot make their own decisions about their care then they may need to be protected in their best interests.

Types of protection include:

- Increased monitoring –e.g. more frequent reviews, more contacts with staff
- Enabling the adult at risk to stay away from the person causing harm
- Better management of the finances of the adult at risk
- Application to the Court of Protection (a court that makes decisions based on best interests where there are disputes over serious decisions regarding a person's welfare)

Whenever possible the person causing harm should be held to account. This can be done through criminal and /or civil law, or by the employer.

5.5 Safeguarding Adults Activity in Hackney 2013-2014

- During 2013-14 LBH Hackney received 713 safeguarding alerts, 41 (6%) more than in 2012-13. This is an average of 59 alerts a month. The increase can be attributed to a number of factors including: more people being aware of possible harm are willing to report it; communications and training programmes to raise awareness of safeguarding issues having more impact.
- A safeguarding alert is triggered when a contact is made suspecting abuse may be occurring. Not all alerts lead to a formal safeguarding investigation. Last year Hackney Safeguarding Team formally investigated 37.6% (268) of the 713 new alerts received. The remainder were reviewed and did not warrant a formal investigation.
- Some adults at risk will have more than one safeguarding alert raised in a year. The 713 safeguarding alerts were received for 601 people. 511 adults at risk had only one alert raised in 2013/14. **112 (16 %)** of the year's alerts were on behalf of 90 adults at risk who had already had an alert raised in the year.

		Number of Adults at risk we received an alert for 2013/14	Additional Alerts following the first per adult at risk	Total Alerts 2013/14
Total number of Alerts for the Adult at risk during 2013/14	One alert	511	0	511
	Two alerts	73	73	146
	Three alerts	13	26	39
	Four alerts	3	9	12
	Five alerts	1	4	5
		601	112	713

- It is likely that the multiple alerts were reporting the same incidents of abuse and this is a good indication of the wide range of agencies that have knowledge of the local safeguarding procedures.

- Of the 112 *repeat* alerts, 32 (29%) went on to receive a safeguarding investigation, and of these 32 investigations there were 14 cases where abuse was substantiated or partially substantiated.
- Financial abuse is the most common type of abuse, though cases of neglect are on the increase in Hackney. Most incidents (104) took place in the person's own home while 24 happened in care homes.

The graph below shows how the number of safeguarding alerts has continued to rise in recent years.

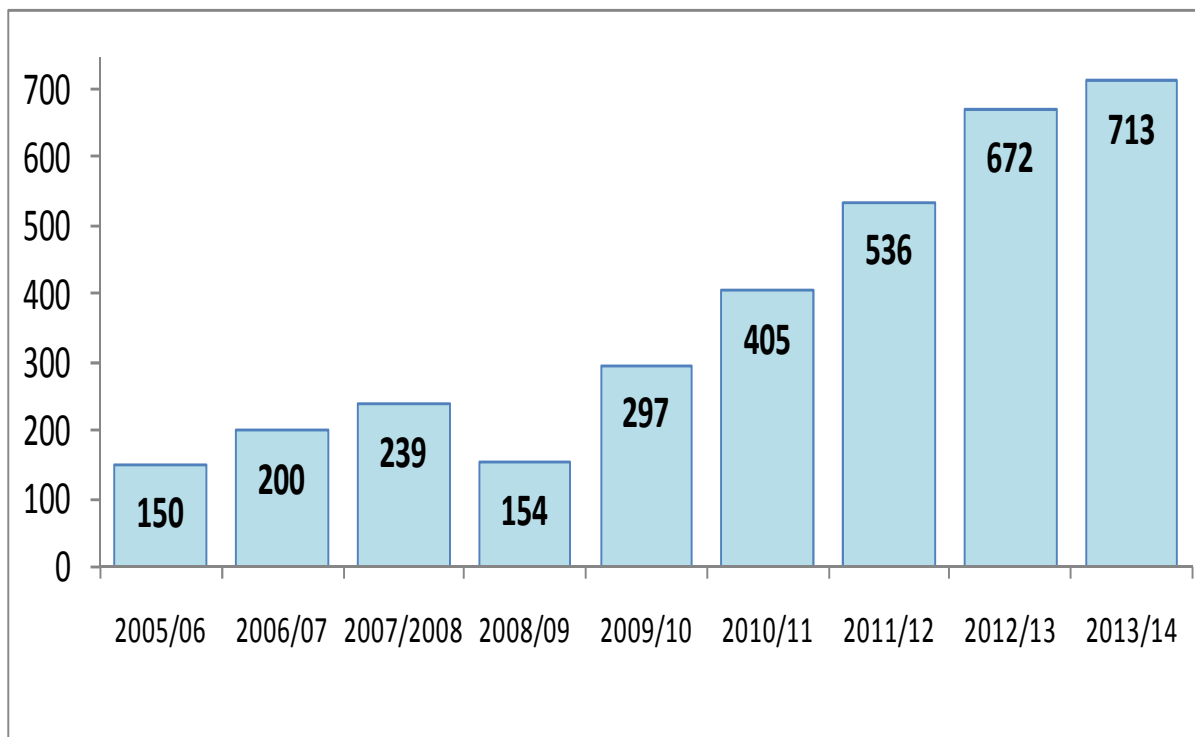
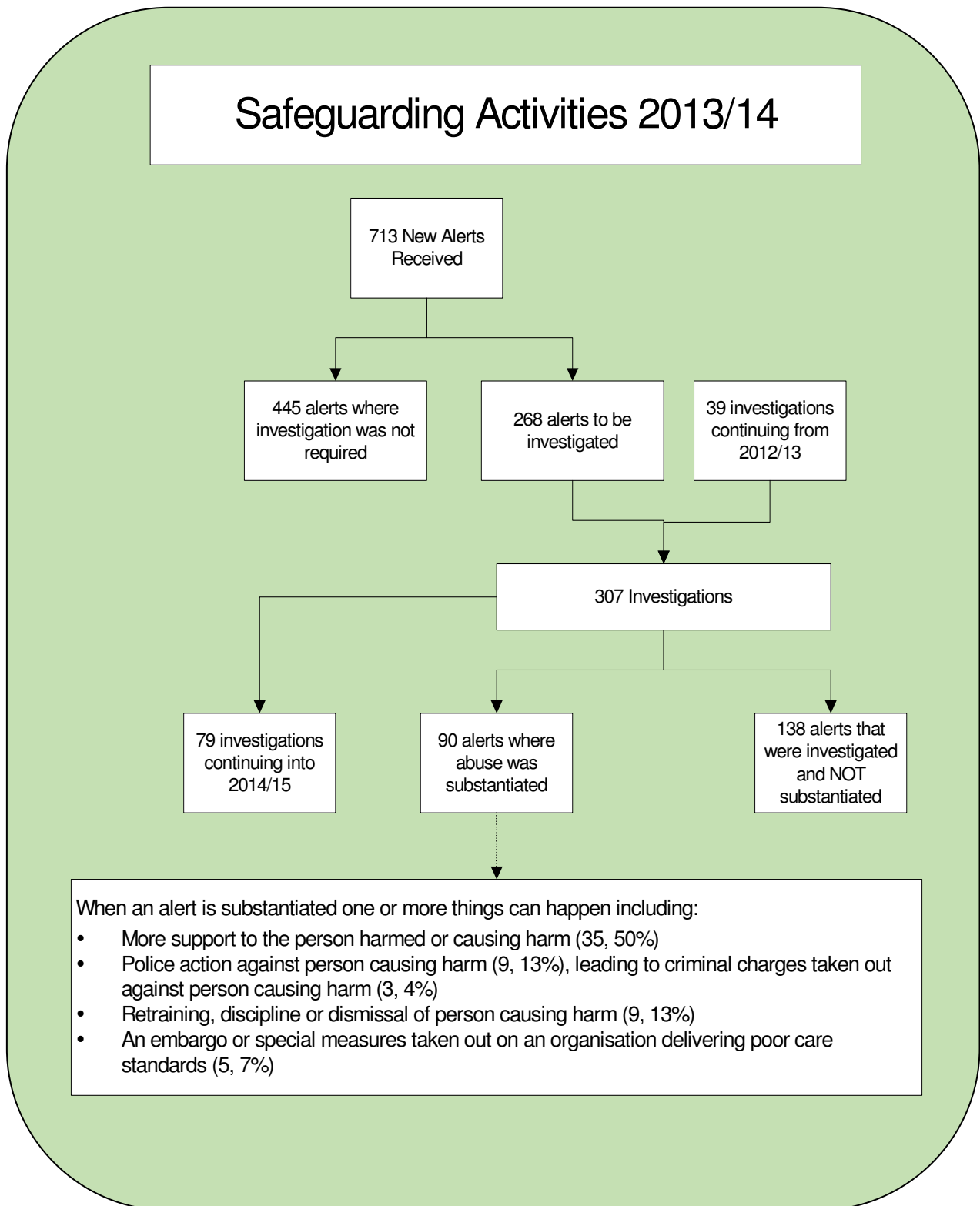


Figure 1: No of safeguarding alerts per year

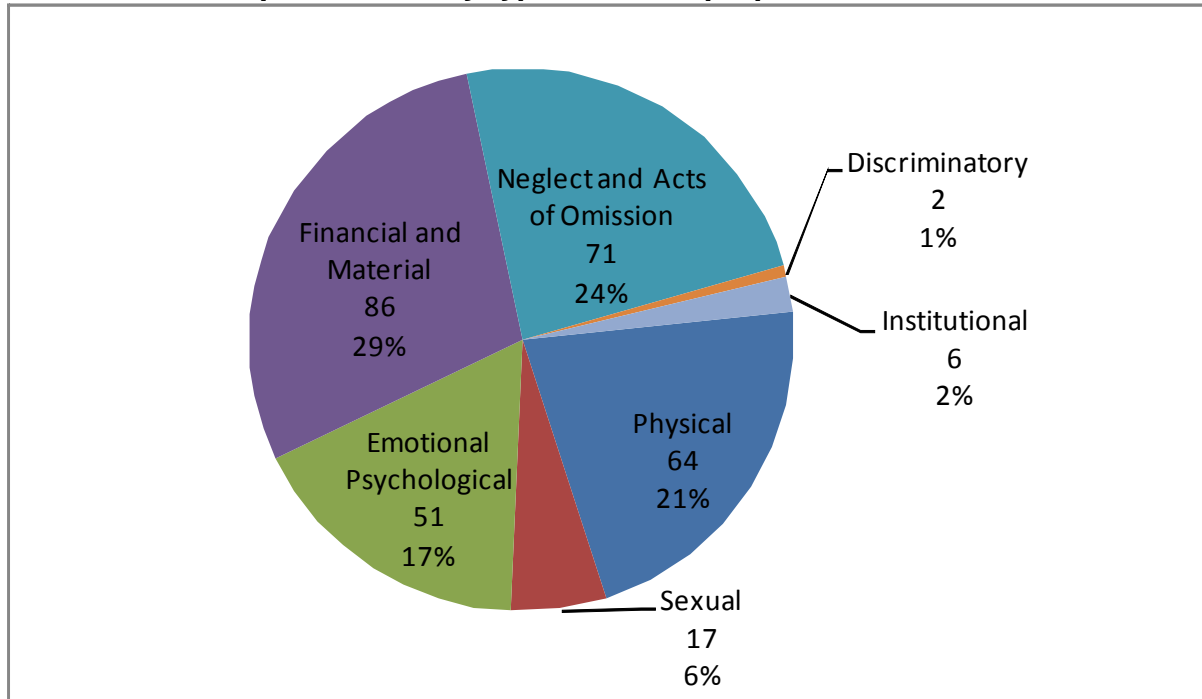
The diagram below shows how we responded to the alerts we received.



Types of abuse

- Financial abuse remains the most prevalent type of abuse in Hackney interventions (29%), but there has been a reduction in prevalence since last year. 2013/14 has seen an increase in abuse by Neglect and Acts of Omission (from 18% last year to 24% in 2013/14).

Figure 2: Alerts accepted for investigation and action under safeguarding adults procedures by type of abuse perpetrated.

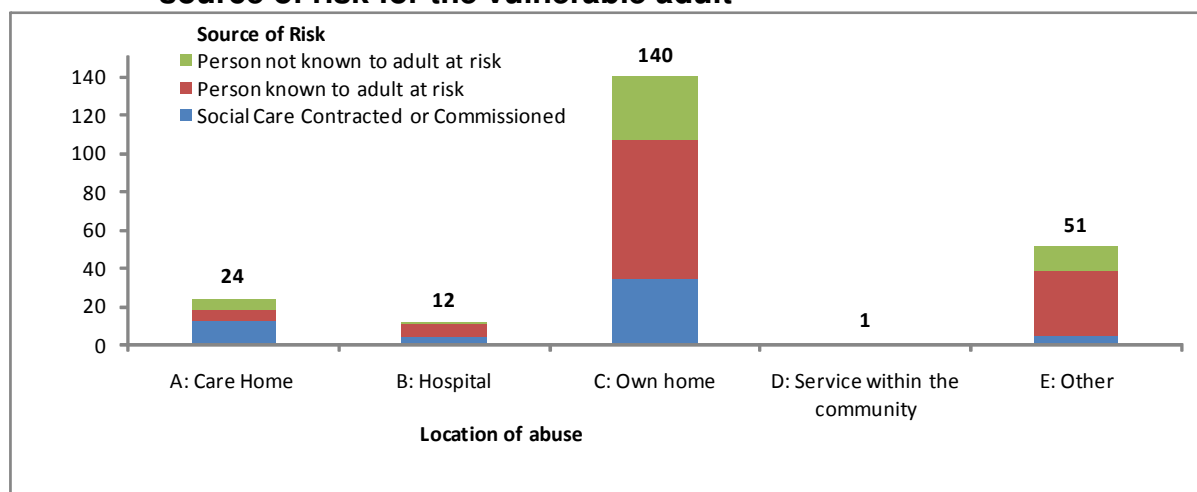


Source: SAR 2013/14¹.

NB: There can be more than one type of abuse identified for a single case, 68 cases investigated in 2013/14 had multiple types of abuse investigated.

¹ The Safeguarding Adults Return (SAR) is an annual statutory data return for Local Authorities. The SAR addresses various aspects of safeguarding, with particular regard to the details of the victim, the alleged perpetrator and the alleged offence. It strengthens the information held nationally and locally on the incidence of abuse, supporting local authorities to reduce incidents of abuse and neglect, and to respond appropriately when incidents occur.

Figure 3: Completed safeguarding investigations by location of abuse and source of risk for the vulnerable adult



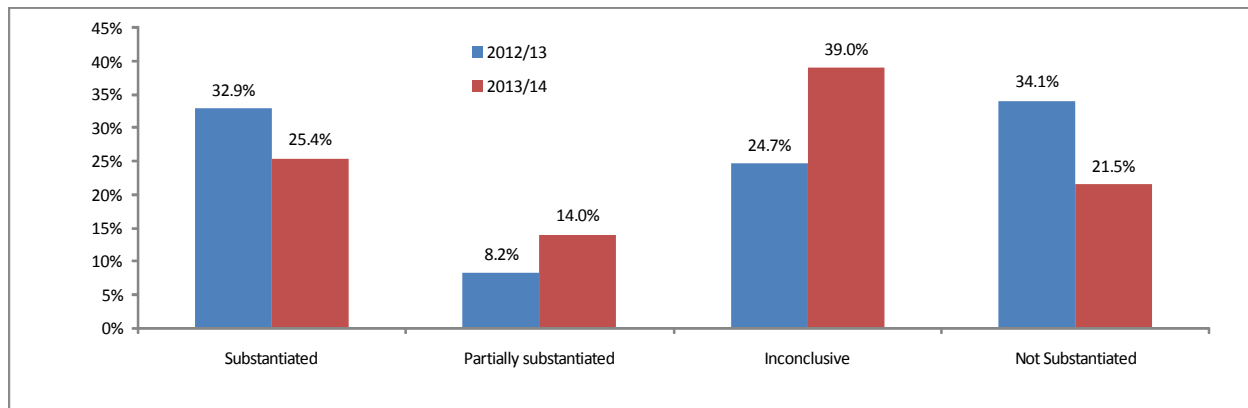
- The high percentage of abuse of vulnerable adults by people they know is confirmed again this year in our analysis of the 228 completed safeguarding cases. 52% of investigations found the source of risk to be known to the adult at risk. 61% of investigations also found that the location of abuse was the victim's own home. The prevalence of domestic abuse by family members is consistent with previous analysis.

Location of abuse	Source of Risk			Total
	Social Care Contracted or Commissioned	Person known to adult at risk	Person not known to adult at risk	
A: Care Home	13	5	6	24
B: Hospital	4	7	1	12
C: Own home	34	73	33	140
D: Service within the community	1			1
E: Other	5	34	12	51
Total	57	119	52	228

Source: SAR 2013/14

Investigation Outcomes

Figure 4: Outcomes of completed safeguarding investigations, 2012/13 and 2013/14.

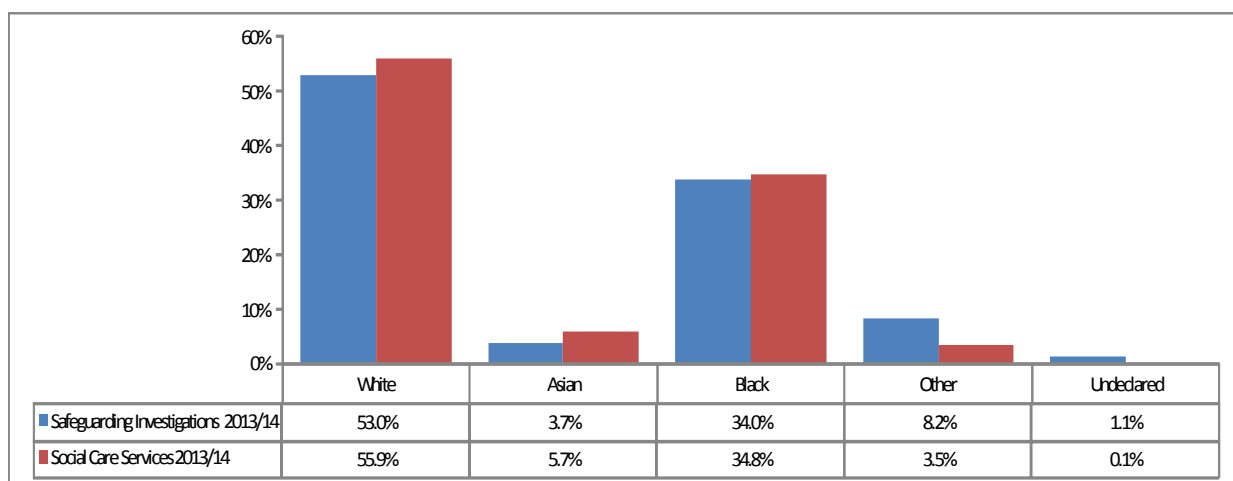


Source: SAR 2013/14

Compared to last year there has been a drop in cases where the abuse was substantiated following safeguarding investigations, but an increase where it has been partially substantiated. This may indicate more thorough recording of outcomes and more comprehensive investigations. There are more cases where the outcome is inconclusive rather than not substantiated compared to last year, which may also indicate more complex investigations. These variations, while notable, are not cause for concern and there is a close correlation between the two years of data.

Ethnicity of adults-at-risk

Figure 5: Comparison of the ethnic profile of accepted safeguarding cases with the ethnic profile of Service Users receiving Adult Social Care Services 2013/14.



Source: SAR 2013/14.

- There is a strong correlation between the ethnic profile of alerts for adults at risk and the profile of our care population for several years. Further analysis will be required for Hackney as the Department of Health ethnicity requirements for the SAR are minimal and do not account for the ethnic diversity in the borough.

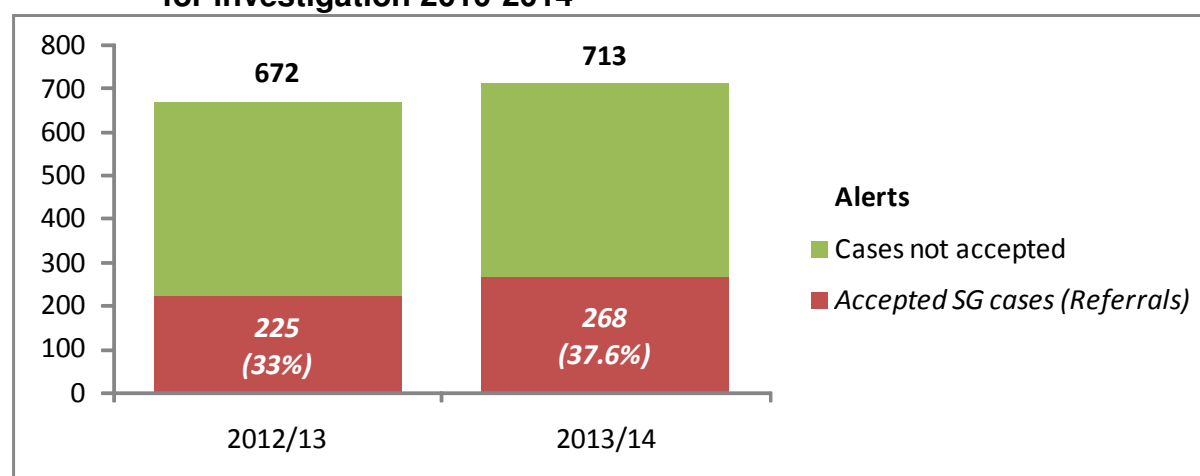
Gender of adults at risk

- Females have a slightly higher proportion of safeguarding alerts at 51%. This is a consistent pattern.

Proportion of safeguarding alerts that required investigation and action under safeguarding adults policies and procedures

- The proportion of alerts that became accepted safeguarding cases has slightly increased since last year from 33% to 37.6%.

Figure 6: Analysis of Safeguarding alerts and proportion of cases accepted for investigation 2010-2014

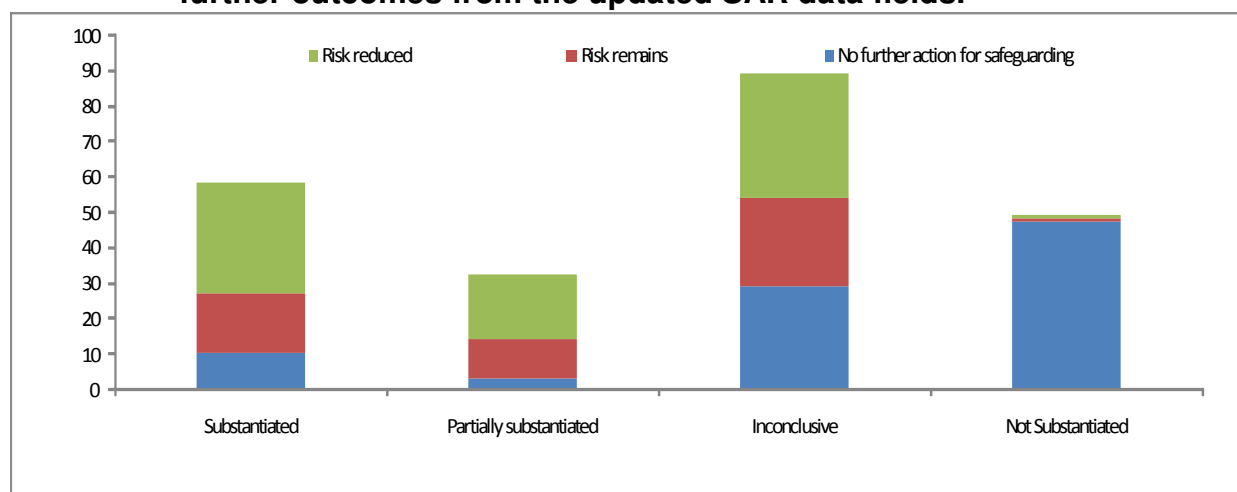


Source: SAR 2013/14

Actions taken to safeguard adults-at-risk

- The SAR was amended for 2013/14. Further analysis is possible but should not affect the outturns for the statutory return. The following analysis can now be made from the amended SAR collection.

Figure 7: Outcomes of completed safeguarding investigations 2013/14 with further outcomes from the updated SAR data fields.



Source: SAR 2013/14

- We do not record any outcomes with the SAR outcome “Risk Removed”, as it is not possible to remove risk completely. However no further action for safeguarding is shown here, usually when cases are passed back to care management in LBH.

Safeguarding alerts by client group for the last three years

- The number of alerts from adults at risk with substance misuse issues has dropped down to the levels recorded for 2011/12. The number of adults at risk with learning disabilities has increased 20%. Alerts from older people with mental health problems have increased 65%, but this is most likely due to improved recording of mental health issues for older people at risk.

Figure 8: Safeguarding alerts 2011-2014 by client group and age.

Age Range	Service User Category	Alerts 2011/12	Alerts 2012/13	Alerts 2013/14	% difference 2012/13 to 2013/14
18 - 64	Physical Disabilities	92	124	121	-2%
	Mental Health	102	132	141	7%
	Learning Disabilities	85	84	106	26%
	Substance Misuse	18	48	12	-75%
18-64 Total		297	388	380	-2%
65 +	Older People	176	222	226	2%
	Older People with Mental Health Problems	63	62	107	73%
65 + Total		239	284	333	17%
Total		536	672	713	6%

Source: SAR 2013/1

5.6 Deprivation of Liberties Safeguards Activity Data 2013-2014

- Caring for people with complex needs and cognitive impairment sometimes requires restriction of their freedom in their best interests. A high level of restriction can amount to a deprivation of their liberty under Article 5 of the European Convention on Human Rights. Such a deprivation can only take place if it is properly authorised in accordance with the 2009 amendments to the Mental Capacity Act.

The Safeguarding Adults team is Hackney's "supervisory body", responsible for giving authorisations for deprivation of liberty when the relevant criteria are met. Applications may be made by care homes or hospitals, or family members and friends may contact the supervisory body to express concerns over possible deprivation of liberty.

The supervisory body aims to promote a human rights based and person-centred approach while ensuring that service users are not exposed to unacceptable risks. The team also appoints Independent Mental Capacity Advocates (IMCAs) to support people through the assessment process and sometimes when the authorisation is in place, if they do not have any family or friends who can take on this role.

- In 2013 - 2014 there were 23 applications for DoLS authorisations of which 13 were approved.
- As discussed earlier, in March 2014, the Supreme Court reviewed the definition of deprivation of liberty to make it more inclusive, which is leading to a substantial increase in Dols activity. In the period April – October 2014 173 applications have already been received and around 300 are expected in total. This has led to increased demand for best interests assessors (BIAs), training for care management and service providers, and increased pressure on administrative services.
- The DoLS team in Hackney is keeping the situation under review to identify innovative ways of using resources more effectively. This will be discussed in full in next year's report.

5.7 Developments for 2014/15

The table below sets out what LBH Hackney did to protect adults in 2013-14 and what we plan to do in 2014-15.

What we said we would do	Examples of what we did and what we plan to do
Monitor care homes to make sure they improve care and communication with residents and families	<p>In 2013-14 we:</p> <ul style="list-style-type: none"> • Carried out 24 investigations into safeguarding concerns in care homes • Checked 25 care homes to see how well they listened to residents and relatives and met clients' needs. <p>In 2014-15 we:</p> <ul style="list-style-type: none"> • Will make sure that we monitor every care home in Hackney in which Hackney residents are placed ; • Will gain intelligence on homes within Hackney where no Hackney residents are currently placed and liaise with CQC regarding any concerns; • Will also work with other local authorities where Hackney service users live.
Make sure home care agencies continue to receive safeguarding awareness training and monitor home care	<p>In 2013-14:</p> <ul style="list-style-type: none"> • 487 staff from Hackney Council and service providers attended our safeguarding training programme at 24 training events • We closely monitored six home care agencies in Hackney where there were concerns over standards of care. We worked with the organisations and CQC to improve the quality of care. <p>In 2014-15 we will:</p> <ul style="list-style-type: none"> • Publish a safeguarding awareness pack for people who pay for their home care with a direct payment. The pack will also be useful for people who fund their own care.
Interview 10 people (3%) who undergo safeguarding to find out how well it worked for them	<p>In 2013-14 we:</p> <ul style="list-style-type: none"> • Identified 10 people to interview, five declined, one was too unwell to take part. Four people who agreed to be interviewed said they were happy with the speed of the safeguarding intervention and the steps taken to protect their safety <p>In 2014-15 we:</p> <ul style="list-style-type: none"> • Will take part in a Department of Health pilot study on how we are making social care more personalised. • Will carry out 20 face to face interview with adults at risk in 2014

Arrange enhanced training for staff who undertake safeguarding investigations	<p>In 2013-14 we:</p> <ul style="list-style-type: none"> Developed a training programme for staff that included legal training for lead safeguarding investigators <p>In 2014-15 we:</p> <ul style="list-style-type: none"> Will run more training events to help staff to listen better to clients' views and wishes during investigations
Extend safeguarding training to GPs, practice nurses and emergency services	<p>In 2013-14:</p> <ul style="list-style-type: none"> 64 GPs and practice nurses attended safeguarding training sessions 20 police staff attended specifically tailored training <p>In 2014-15:</p> <ul style="list-style-type: none"> We will run more training events for Hackney GPs and health professionals.
Make sure the views and wishes of people with support and their families are properly taken into account	<p>In 2013-14:</p> <ul style="list-style-type: none"> An independent review of our safeguarding service gave positive feedback on a number of areas of practice. The review also recommended we strengthen our person centred approach to adults at risk. We will work on this during 2014-15. <p>In 2014-15:</p> <ul style="list-style-type: none"> We will develop quality standards which take into account the views of people who have undergone safeguarding, their families and their carers
Work with partners to strengthen safeguarding processes across the borough	<p>In 2013-14 we:</p> <ul style="list-style-type: none"> Advised Homerton University Hospital on safeguarding cases and how to apply the Mental Capacity Act (MCA) when people without capacity need medical treatment or surgery for serious conditions Reviewed 700 MERLIN reports on vulnerable adults who had come to the attention of the local police to make sure they got the most appropriate help Launched a quarterly Safeguarding Adults Newsletter to provide updates on good practice, case law, and training opportunities <p>In 2014-15 we:</p> <ul style="list-style-type: none"> Continue to work closely with partners to ensure our processes are robust
Raise public awareness of so people in the wider	<p>In 2013-14 we:</p> <ul style="list-style-type: none"> Reviewed our publicity material and made it widely available to the public

<p>community know how to recognise and report abuse</p>	<ul style="list-style-type: none"> • Promoted safeguarding awareness at local events including • Hackney Carnival • World Mental Health Day Partnership • Working Together Group – for mental health service users • An information sharing event with local advocacy services <p>In 2014-15 we will:</p> <ul style="list-style-type: none"> • Run a safeguarding awareness campaign to continue to help diverse communities in Hackney to understand how safeguarding adults can support them.
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6 Priorities of the CHSAB 2014/2015

The critical areas for development for the Safeguarding Adults system in Hackney over the coming year include:

- Improving further our processes to identify and address poor quality health and social care services.
- Building on our work to understand better the views and wishes of our service users to inform service development.
- Embedding our improvement plan to implement the recommendations of the independent review undertaken in 2013.
- Cementing strategic arrangements with the Health and Wellbeing Boards City & Hackney Clinical Commissioning Group and Community Safety Partnerships
- Developing the identified sub groups of CHSAB governance framework for CHSAB
- Continuing our preparations for implementation of the Care Act.

7 Key Contacts

Everyone has the right to live free from abuse and neglect. If someone is harming you, or you suspect someone is at risk of harm, you can tell the police, a social worker, a nurse or someone you trust.

For Hackney:

You can contact Hackney Council's safeguarding adults team directly on:

Tel: **020 8356 5782** Outside office hours tel: **020 8356 2300**

Email: adultprotection@hackney.gov.uk

or visit our Safeguarding Adults pages on the council website

<http://www.hackney.gov.uk/safeguarding-vulnerable-adults.htm#who>

For City of London:

You can contact the City of London's Adult Social Care Team directly on:

Tel: 0207 332 1224 Outside office hours Tel: 020 8356 2300

Email: social.services@cityoflondon.gov.uk

or visit our Safeguarding Adults pages on the website

<http://www.cityoflondon.gov.uk/services/adult-social-care/Pages/safeguarding-adults.aspx>

Useful web links

Pan-London policy on safeguarding adults from abuse:

<http://www.hackney.gov.uk/Assets/Documents/scie-report-2011.pdf>

Action on Elder Abuse:

<http://www.elderabuse.org.uk/>

Appendix 1: Safeguarding arrangements in the City & Hackney

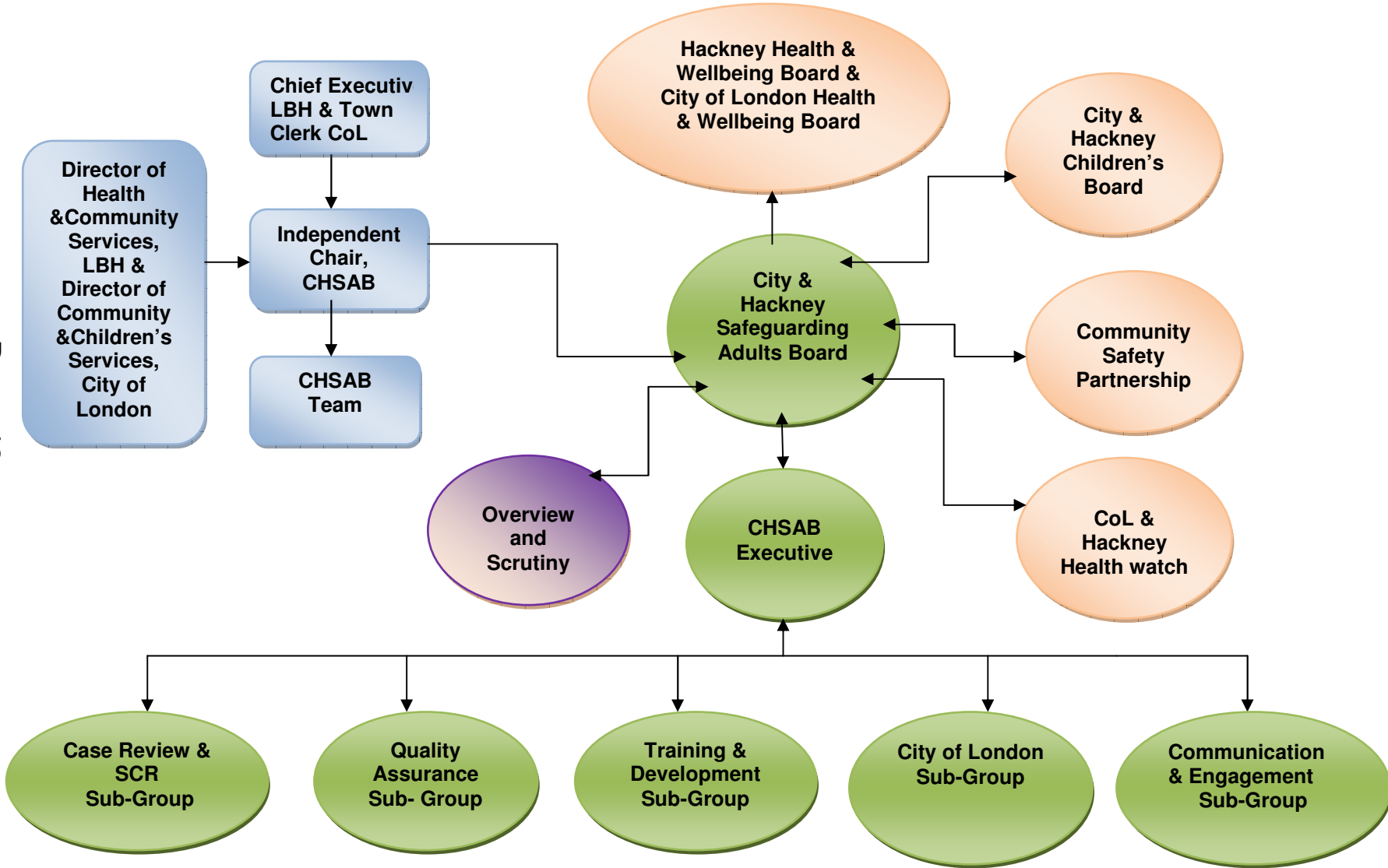
1.1 Membership City and Hackney Safeguarding Adults Board 2013-14

	Agency	Role
1.	City and Hackney Safeguarding Adults Board	Independent Chair
2.	London Borough of Hackney	Lead Member
3.	City of London	Lead Member
4.	London Borough of Hackney	Corporate Director of Health and Community Services
5.	City of London	Deputy Director of Adult and Community Services
6.	London Fire Brigade, Hackney	Borough Commander
7.	Homerton NHS Foundation	Chief Nurse & Director of Governance
8.	Homerton NHS Foundation	Head of Adult Safeguarding
9.	East London Foundation Trust	Deputy Borough Director
10.	East London Foundation Trust	Associate Director Safeguarding Adults and Domestic Abuse
11.	City & Hackney Clinical Commissioning Group	Adult Safeguarding Lead
12.	Hackney Council for Voluntary Services	Chair of Hackney Carers Centre
13.	City of London	Head of Community Services
14.	Older People's Reference Group	Chair
15.	Advocacy Service	VoiceAbility
16.	London Borough of Hackney	Assistant Director Adult Social Care
17.		
18.	Hackney Borough Command (Met. Police)	Public Protection lead
19.	London Borough of Hackney	Head of Safer Communities
20.	London Borough of Hackney	Head of Housing Needs
21.	London Borough of Hackney	Head of safeguarding Adults Service

The Board met six times during 2013-14, with an Independent Chair. Sub-groups of the Board were reviewed at a board development day,

City & Hackney Safeguarding Adult Board Governance

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Appendix 2: Reports from individual agencies

2.1 The City of London Safeguarding Adults Report 2013/14

Overview

This Annual Safeguarding Adults report details what has been achieved in the City of London Adult Social Care Service during 2013/14 and Safeguarding Adults arrangements have become embedded over the last year in relation to our core strategic aims and values.

The City has a resident population of 7,400, found in densely populated pockets of the square mile. The resident population, of 4,400 households, has grown slowly over the last decade, but is projected to grow more rapidly to reach 9,190 by 2021. In addition to those who live permanently in the City, there are also 1,400 people who have a second home in the square mile. Average household size in the City is the lowest of all the local authorities in England and Wales with 56 per cent of households comprising one person.

Growth in the City's population in the next decade is expected to be most rapid among those aged 65 and over. Life expectancy in the City is very high, but an increase in the aging population is likely to bring with it an increase in age related health difficulties such as reduced mobility, dementia and social isolation, as well as the need for additional support and care. With increased vulnerability, as a consequence, safeguarding will also become an increased risk factor.

The City's population is predominantly white (79 per cent) with the second largest ethnic group being Asian (13 per cent) – a group that include Indian, Bangladeshi and Chinese populations, which has grown over the past decade. The size of the Black population is smaller in comparison to both the London wide population and that of England and Wales.

Meeting the escalating demand for social care services is acknowledged as one of the greatest challenges the department will face in the next three years. We have an aging population and more vulnerable adults potentially needing support and assistance to maintain their independence and dignity. We have high numbers of older adults living on their own and at risk of social isolation. The City has the sixth highest number of rough sleepers. This group is intensely vulnerable to chronic alcohol and drugs use as well as acute mental health, which present major risk factors.

We will continue to fulfil our duties to safeguard those who are most vulnerable whilst targeting the resources we have to ensure we achieve maximum value for money.

Safeguarding Arrangements

The Community and Children's Services (CCS) Departmental Business Plan 2014-17 states "that we have a wide remit to provide safeguarding, care and support to the residential population of the City of London".

The Adult Social Care (ASC) service also has a duty to ensure that those people placed outside the City of London, in care homes and supported living settings, are also safeguarded through collaborative working arrangements with relevant host authorities.

As part of the CCS strategic aims, Adult Social Care is required to report the number of Adult Safeguarding Alerts within the City and those outside on a quarterly basis. In terms of governance arrangements, the safeguarding adults agenda is placed alongside safeguarding children in respect of the work of the Member led Safeguarding Sub-committee (a Sub-Committee of the Community and Children Services Grand Committee), which last year replaced the corporate parenting task group. This has ensured that Members of the Court of Common Council are now presented with quantitative and qualitative evidence in respect of the arrangements to safeguard adults in the City of London. Furthermore, an elected member of the Court of Common Council and Member of the Safeguarding Sub-Committee is also now a member of the City and Hackney Safeguarding Adult Board.

At officer level, the City of London Safeguarding Adults Subcommittee has been confirmed as a Sub-Committee of the City and Hackney Safeguarding Adult Board and is chaired by the Assistant Director for People Services.

During the year, ASC has continued to build on partnership arrangements across the health landscape to support improved information sharing, processes and interventions that seek to be person centred, in the right place and at the right time. This work has drawn on the need to develop integration plans in respect of the Better Care Fund which in turn has also been concerned with the business of safeguarding, through seeking to forge more substantial collaboration and referral pathways for early intervention and prevention.

As such, we have sought to establish greater links and integration with health across the main routes for hospital discharge with 2 Acute Trusts, Bart's Health and UCLH, together with seeking to build partnerships with primary health across 3 Tower Hamlets GP practices, 1 in Islington and continuing to work closely with the 1 City and Hackney CCG GP practice within the square mile. ASC have a designated social worker whose role is to work with all GP practices where City of London residents are registered to ensure consistency and continuity of care and support is maintained, which has a direct correlation with safeguarding and the early intervention and prevention model that the City has adopted.

Achievements

- *Dementia Strategy*

The work around the Dementia strategy has centred on the work with the Alzheimer's Society and Skills for Care together with the ASC Dementia champion in seeking to make the City more dementia friendly. Since the start of the strategy implementation there has been a rise in the numbers of safeguarding alerts that relate to people with a dementia diagnosis (3 in total.)

As greater understanding on behalf of partners, such as Police and Housing officers has increased, greater community intelligence has been raised regarding potential adults at risk who are experiencing cognitive impairment due to Dementia. Multidisciplinary protection plans have been formulated to ensure the persons safety and importantly their ability to remain in their own home.

One elderly woman was referred by housing and community police officers who had reported that persons had broken into this woman's home. It transpired that this woman was living with Dementia and she had become acutely unwell experiencing periods of delirium and a delusional state. This case is an example of a safeguarding alert being received but not being pursued via the safeguarding route, but support and ongoing care being offered in a collaborative manner though ASC, CPN and Psychiatrist. This woman was successfully treated in the community and remains in her own home.

- *Prevention and keeping people safe- partnership working*

ASC has continued to work closely with the London Fire Brigade over 2013/14. 86 ASC service users were identified as being most vulnerable and at risk of harm as a result of fire. The process is well underway with heat and smoke detectors being installed through the telecare offer, as well as fire safety ashtrays being issued where appropriate. The Supported Assessment Questionnaire, under the Keeping Safe section, now contains a check question, to ask whether the social worker has considered fire safety as part of the assessment.

Adult Social Care continues to work with partner agencies to strengthen arrangements for community safety, such as working closely with the Multi Agency Risk Assessment Conference (MARAC) and the Multi Agency Public Protection Arrangements (MAPPA). There has been consistent engagement and attendance at these fora throughout the year.

Regular meetings are held with housing estate and community policing and ASC staff to discuss vulnerable residents, and possible referral to ASC as well as possible adults at risk of abuse. Monthly meetings are chaired by ASC to discuss concerns regarding the mental health of rough sleepers, with Police, ELFT CPN, Broadway and the Rough Sleepers Service.

- *Safeguarding Awareness Raising*

In March 2014 Safeguarding was added to the City of London Corporate strategic risk register. A Corporate safeguarding policy was also produced to act as a source of reference and understanding throughout the Corporation.

In addition to this, and as part of the DCSS transformation agenda, there has been the development of a Safeguarding Awareness Raising campaign, called Notice the Signs.

The Campaign is targeted at two distinct audiences:

- City of London Employees (including members and partner agencies)
- City of London residents.

The primary aims of the campaign are:

- To improve general knowledge, understanding and awareness of the City of London's role in safeguarding adults and children at risk
- To ensure that City of London staff understand their responsibilities and roles in safeguarding
- To raise awareness among City of London residents of what constitutes abuse and what is an Adult at Risk. To provide them with information and advice to ensure that they know what to do and who to call if they wish to discuss concerns and raise an alert.

The safeguarding campaign to residents will be launched in September –December 2014. The campaign has been approved by all City of London's Safeguarding Committee's together with the City and Hackney Safeguarding Board.

- *Learning and Development*

Last year as part of the Winterbourne review and stocktake, ASC worked on a best practice model to emphasise quality reviews of all residential placements for all service users, not just those with a Learning Disability. ASC have 13 Service Users with a Learning Disability. 7 live within the City and receive support within their own homes and 6 are in placements outside the City. ASC continue to have funding responsibility for those placed outside the City, and review each person every 6 months. None of the adults the City work with currently would meet the criteria of an adult with challenging behaviour and complex Learning Disabilities, as was the case for those Adults who resided at Winterbourne View, which was a health funded assessment unit.

ASC used best practice principles to redefine our Statutory Review process for all adults in a care home settings, regardless of their Learning or Physical Disability, Mental Health or Age, and revised our review template to have a more focused and personalised support plan, that looked in more depth at medication and possible over use of anti-psychotics. New outcomes for the review were set out as follows; the social worker will always seek to meet the key worker, home GP or home nurse to discuss medical needs; to always invite family members and document relatives' views as well as the service user's wishes and feelings where ever possible; to assess capacity at each review.

City review documentation and established workforce practices did already lend themselves to this personalised approach to Care Home Reviews, but Winterbourne tightened up the importance of sound professional social work reports with an emphasis on reading medical notes and meeting as part of the multi-disciplinary team when holding the review, and making the home more accountable for its actions. The main area that the ASC service have formalised is to raise the status of the review and designate a qualified social worker who has Care Home Reviews as her specialist area. Another important outcome has been awareness in the need to

carry out unannounced visits to placements where our service users are living. This challenges providers to maintain high standards and transparency at all times, especially when service users do not have any frequent visits from relatives. The Winterbourne Stocktake messages and lessons learnt have been demonstrated through the above practice within Adult Social Care.

Adult Social Care has continued through contract monitoring and review, to maintain awareness with commissioned services regarding safeguarding. This has been incorporated into all meetings with Toynbee 50+, CSV shopping and befriender service, City Carers Advice and Information, together with Age UK Camden who run the Memory Lane Café.

Any Alerts involving domiciliary care providers are reported to the Commissioning team who would attend strategy meetings where necessary. Commissioning is currently working on a review of all contracts to insure they comply with safeguarding and mental capacity requirements.

In November 2013 an independent quality assurance review of safeguarding adults arrangements was conducted over a period of 3 days. The review was undertaken by an independent freelance consultant who specialises in the field of safeguarding adults. The review was jointly commissioned by both City and Hackney, although specific reviews took place in each authority. It was agreed upon at the outset that judgements would be measured according to the “outstanding” matrix as defined by CQC and SCIE .3 cases were independently chosen by the reviewer and analysed against an audit tool.

The overall headline findings were as follows:

- Of the 3 cases examined, one was found to be excellent, one very good and one satisfactory overall.
- Recording was very good in 1 case and satisfactory in 2 cases
- Knowledgeable and competent management of safeguarding work in place
- General adherence to the London Policies and Procedures
- Quality of protection planning is good
- Follow-through on protection plans is evident
- Personalisation / Prevention is evident
- Engagement of other agencies is evident
- Outcome, closure and review stages evident.
- Positive development of the strategic joint city and hackney safeguarding board
- Development required around publicity and public awareness of safeguarding needed through information systems via website and information literature.

An improvement plan has been drafted to support implementation of development areas which will be reviewed by the Safeguarding Adults Board subcommittee and progress reported back to Member led subcommittee. The same independent reviewer will carry out a further review in 2014 to assess quality of implementation of the findings as well broaden scope to look in more detail at the safeguarding system in the City.

- *Adult Safeguarding Self-Assessment*

Following a City and Hackney Safeguarding Adult Board development day in February 2014, it was agreed that the board would adopt the new Safeguarding Adults at Risk Audit Tool, as part of the Safeguarding Adults assurance process to strengthen inter agency working and processes. The tool was developed by NHS England in conjunction with the Safeguarding Boards Network.

The self-assessment process identified that the City of London adult social care service meets 18 of the 22 requirement's, with 4 assessed as requiring additional action. No reds were identified. Review of the findings will be driven through the Quality Assurance sub group.

- *The Voice of the User*

In working to prevent abuse and to keep people safe, it is essential to have the "voice of the user" to understand what makes people feel unsafe, what is it that makes them feel vulnerable and what interventions they need to address this. During 2013/14 the Adults Advisory Group (AAG), which has representation on the Adult Safeguarding Sub-Committee, has been kept informed and consulted on a number of policy and practice issues. The AAG is chaired by a Member of the Court of Common Council and is represented by service users and residents from across the City. It is hoped that there will also be service user representation on the City and Hackney safeguarding board in 2014 alongside the development of various focused subcommittees to look at specific safeguarding matters in more detail, such as quality assurance and qualitative safeguarding outcomes and user feedback.

Making safeguarding personal has been a key theme for ASC and we have devised a simple outcomes data collection model which asks people after the safeguarding process how safe they now feel on a scale of 1-10. This is a new workflow devised through the social care electronic recording system Framework I, and we anticipate reporting on this outcome of this feedback survey following an intervention for the next Annual report.

New Developments

- *Deprivation of Liberty Safeguards*

There has been one DOLS authorisation over the period.

A Supreme Court Ruling in March 2014, has redefined how a Deprivation of Liberty must be viewed under the auspices of the Mental Capacity Act , and this in turn has meant that the number of people we currently support in care homes and also now in supported living are being reviewed by a Best Interests Assessor. ASC currently accommodate 33 people in supported living and 32 people in a care home. There is a potential that due to those service users lack of capacity, the City may have to safeguard them further via a DOLS authorisation, as well as apply to the Court of

Protection. Progress on the implementation of the response plan will be reported in the next Annual Report.

Future developments

- To continue to develop effective partnerships with key agencies such as CCGs, CQC, Police, Housing and Advocacy, particularly with the focus of the Care Act 2014.
- To continue to develop a high level of safeguarding competence in the ASC workforce and with partners.
- To evaluate the improvement plan and undertake a review of our safeguarding practices
- To raise awareness of Adult Safeguarding to City of London residents, through the campaign launch, Notice the Signs, in September 2014, in order that communities and organisations know how to respond effectively when they suspect that an adult is at risk of abuse.
- To ensure that in the City of London we are actively identifying and preventing the circumstances where abuse occurs and promote the welfare and interests of adults at risk.

2.2 Metropolitan Police Service

Overview

The Metropolitan Police Service (MPS) has a duty to work in partnership to protect the most vulnerable persons in society. Like many other public authorities, the police are frequently the first point of contact for a vulnerable person in crisis. Officers need to be able to recognise risk and identify early intervention opportunities to support and protect.

The MPS is committed to the protection and safeguarding of all adults at risk and is a partner to the pan London multi-agency safeguarding adult procedures. Operational toolkits are currently under review and new instructions for the risk assessment and research of potential safeguarding adult incidents are due for publication. Pan London Proposals for the Protection of Vulnerable Persons are currently being considered by the MPS Management Board.

Any allegations of crime involving a vulnerable adult where abuse, neglect or ill treatment is alleged will be managed by experienced investigators within the Community Safety Unit. These officers have received enhanced training to reduce the impact of the investigation upon the victim by the use of special measures and intermediaries.

An intermediary is somebody who can help a vulnerable witness understand questions they are asked and can communicate the witnesses' response. They help witnesses at each stage of the Criminal Justice process, from police investigations and interviews, through pre-trial preparation and at court. Intermediaries perform an

important function, helping the most vulnerable members of our society gain equal access to justice.

The MPS has a corporate management structure with rank specific areas of responsibility. All staff have access to legal services for any complex legal advice required for Adult Safeguarding cases. Staff are supported by operational instructions that inform them of their responsibilities under the Mental Capacity Act and they have Strategic Support Units to provide operational support and advice as required on safeguarding and mental health issues.

Safeguarding Activity

During this reporting period, MPS Hackney recorded 15 allegations of crime involving a vulnerable adult. It is anticipated, this will increase as employees and society become more aware of safeguarding responsibilities. A number of allegations are still under investigation, but 2 resulted in positive case disposals. In the case of a carer being verbally abused, the suspect was warned under the Protection from Harassment Act 1997.

The police conducted a parallel investigation in partnership with the Care Quality Commission and NHS Trust during another more complex allegation. This is still progressing through the criminal courts, but resulted in a member of staff being charged with willful neglect of a person without capacity, under section 44 Mental Capacity Act 2005.

Adult Safeguarding has significantly changed over the last few years across London. Historically, London boroughs were operating to different policies and procedures with little structure for recording and referrals. The creation of the MPS Safeguarding Adults policy in 2012 was the first step towards a pan London procedure, supported by the NHS and Adult Social Care.

In April 2013 the MPS began to record encounters with vulnerable adults (persons over the age of 18) who came to the attention of police. Whether as a victim, witness, suspect or member of the public, these encounters are now recorded on the MERLIN system as an Adult Coming to Notice (ACN), where:

a) there is a concern of vulnerability in one or more of the following aspects:

1. Physical
2. Emotional/Psychological
3. Sexual
4. Acts of Omission / Neglect
5. Financial

and

b) there is a risk of harm to that person or another person.

The MPS also record all Section 135 and 136 Mental Health Act incidents on ACNs (Sec 135/6 reports are for record only). Non Section 135/6 reports will be reviewed and researched by the Multi-Agency Safeguarding Hub (MASH) to identify risk and cases which require a referral to an appropriate agency for intervention. Except during weekends, this process must be undertaken within 24 hours, supervision is a mandatory part of the process before reports are closed by the MASH Supervisor.

It is imperative that police officers ask the person coming to notice for consent to share their personal details with partner agencies. Without consent the MPS should not share this information.

Police officers and staff are not medical professionals; it is unrealistic to expect them to be able to identify all forms of mental illness. Therefore officers are being trained to identify those that are vulnerable and which referral pathways they can use. The number of ACN reports received by Hackney MASH fluctuates. Reporting levels are circa 5-10 ACN each day; however, as was seen when the MPS first began recording CTN (Child Coming to Notice) on MERLIN, numbers will increase in line with staff awareness.

Training

Historically, MPS staff have not received mandatory Adult Safeguarding training, it used to feature as part of other hate crime training e.g. Domestic Abuse. Since January 2014, all frontline staff receive mandatory training on the 'Vulnerability Assessment Framework'. This is currently being rolled out across the MPS and will therefore be measurable for compliance.

Case example JM: Merlin report received on 13.4.14 advised

"Officers opinion is that this subject is vulnerable, due to his inability to communicate or defend himself should there be unwanted visitors or an intruder. The house has bars on all windows, but multiple persons are entering the premises as carers, who may also bring along unknown others. The rest of the house is full of his recently deceased mother's possessions, which his next of kin believes is being searched."

As this client (J.M) was known to Adult Social Care, the allocated Social worker arranged for a Safeguarding Adult strategy meeting, in which the above allegations were investigated and protective measures put in place. These included:

- Further Police investigation
- Ongoing service delivery investigation of service provider by Contracts Team
- Safeguarding Adult fuller investigation
- Review of clients care needs and suitability of current accommodation
- Fire safety referral
- Referral to bereavement services re the recent demise of J.M's mother

Client was supported to remain within the property with a reconfigured care package as this was what he stated was important to him.

Social worker continues to monitor and review support, working with client, his family and other voluntary, statutory and health services in ensuring that client receives a joined up service.

The Safeguarding Adult Team was also able to interview JM as part of the work being undertaken in conjunction with the Health and Social Care Information Centre (HSIC). Here a Safeguarding Adults pilot study is being completed, in a bid to make safeguarding more personalised. J.M was able to advise that he was able to understand all the information given to him when people were trying to help him stay safe and as a result of protective measures he felt quite a bit safer.

2.3 London Fire Brigade

Overview

The London Fire Brigade has two detailed policies around safeguarding (one each for adults and children). Operational staff and other staff groups who may come into contact with vulnerable people are aware of the actions to be taken. The issue will be reported to the Officer of the day (OOD) within 4 or 24 hours depending on urgency. The OOD will inform the duty Deputy Assistant Commissioner (DAC) who will assess the situation against set criteria and make a decision whether or not to make a safeguarding referral to the local Social Care Department or to treat as a welfare referral.

The London Fire Brigade has a strong commitment to safeguarding both adults at risk and children. The appointed lead officer for safeguarding is the deputy head of community safety, who has responsibility to 'champion' safeguarding throughout the organisation. The lead officer is supported by members of the central community safety team in discharging this function. All new staff are made aware of their responsibilities to safeguard adults at risk and children and promote well being. Staff utilise internal safeguarding procedures for managing referrals to local authorities in a consistent and robust manner.

Each London Fire Brigade (LFB) Borough Commander sits on their local SAB and the LFB is also represented at the strategic level London Safeguarding Adults Network meeting.

The organisation's commitment to inter-agency working can be found in strategy documents such as the London Safety Plan – Fifth version, endorsed earlier this year by the London Fire and Emergency Planning Authority, the body responsible for governing the LFB.

Safeguarding activity

LFB personnel in Hackney made one safeguarding and three adult welfare referrals between April 2013 and March 2014. Officers refer to the appropriate agency through safeguarding protocol where evidence suggests this is necessary and make welfare referrals where appropriate. London Fire Brigade have made a number of referrals throughout the year in accordance with Brigade policy which defines a safeguarding referral as a situation where a person is being abused, as opposed to a welfare referral which is generated when a serious risk is identified to a person's welfare. Of these one has been referred through the urgent safeguarding referral process. The remainder have been treated as welfare referrals and referred to appropriate services and agencies within the borough.

Training

Although no formal training is carried out for operational LFB staff, the two policies related to Safeguarding will be covered annually during lecture periods. Members of staff within our Community Safety department that work specifically with children and young people receive bespoke safeguarding training.

Copies of the policies are also available to staff at all times to inform their decision making if they are in a situation with a potential safeguarding issue.

Key developments for 2014/15

London Fire Brigade will continue to build links with partner organisations in the borough to raise awareness of the risks to adults from fire. We will build on work to highlight the increased fire risk for people with mental health problems, the dangers of hoarding and to promote the provision of arson proof letter boxes and fire retardant bedding. LFB will support partners by providing advice in relation to fire safety in the home and by promoting domestic sprinklers for those deemed to be at very high risk from fire.

Both safeguarding policies (Adults at Risk and Safeguarding Children) are currently under review by the central community safety team. Work is underway to update data transfer methods and compile a centrally held safeguarding referral database which will identify safeguarding trends pan London and those who have been previously referred. When the policy review has been completed an appropriate training input for all staff at all levels will be rolled out across the service.

2.4 Homerton University Hospital NHS Foundation Trust

Overview

This report provides an overview of activities aimed at safeguarding vulnerable adults during the period 1st April 2013 to 31st March 2014. It contains an update on the work planned to strengthen the Trust's systems and processes which are important in improving quality of our work to safeguard vulnerable adults.

The profile and awareness of the importance of safeguarding vulnerable adults has increased, particularly in the wake of poor care revealed by covert filming in care facilities and the publication, in February 2013, of the Francis report into the failings at Mid Staffordshire NHS Foundation Trust. This report should be viewed in the wider context of action in Homerton and in response to the Francis Report. In addition, there has been recognition that the statutory framework for safeguarding vulnerable adults has lagged behind that for safeguarding children.

The Care Quality Commission (CQC) the regulator for health and social care in England, assesses whether hospitals, care homes and all other care services provide people with safe, effective, compassionate and high-quality care. The CQC makes judgements using criteria set out in the Essential Standards of Quality and Safety. Safeguarding (Outcome 7: Safeguarding people who use services from abuse) is one of the 16 Essential Standards most closely related to the quality of patient care. CQC inspections of the services provided by Homerton and their involvement in the safeguarding processes led by London Borough of Hackney (LBH) and the City of London also provide assurance of the quality of Homerton's safeguarding functions.

This report highlights activities and achievements against the main indicators or headings used in safeguarding adults self-assessment frameworks². The main priorities for improvements during 2014/2015 are summarised at the end of each section.

Safeguarding Activity

A: Leadership, strategy, governance, organisational culture

In January 2014, Homerton published its organisational strategy called 'Achieving Together: working towards 2020'. This strategy sets out the priorities, goals and values of the organisation and was developed through broad based consultation with patient representatives, staff, external partners and other stakeholders. Homerton's mission is:

Safe, compassionate, effective care provided to our communities with a transparent, open approach.

The mission and strategy are underpinned by a set of four core values each of which is relevant to safeguarding adults

- Safe
- Personal
- Respectful
- Responsibility

The work on developing the vision and values at Homerton took place during 2013 and helps to inform the work specifically focused on safeguarding.

i. Developing shared safeguarding principles

A shared view of safeguarding principles was developed through a joint workshop held in October 2013 which brought staff involved in safeguarding children and adults together. These principles have been used to inform the safeguarding adults workplan 2014/2015.

Safeguarding principles

- A whole family approach
- Provide high quality services which deliver evidence based practice that is built on and connected to the Homerton's values
- The safety of our patients and clients is everyone's responsibility
- Effective and appropriate training for all. This is underpinned by life-long learning, learning from incidents and training models that demonstrably improve competence and confidence.
- Effective multi-agency working and information sharing
- Listening to the voice of the child or vulnerable adult
- A focus on awareness of safeguarding and prevention

ii. Changes in the safeguarding adults team

Homerton's leadership for safeguarding adults underwent major changes during 2013/2014. The Chief Nurse and Director of Governance is the executive lead for safeguarding and changed in July 2013 with the appointment of Sheila Adam.

The Head of Safeguarding Adults changed hands in 2013. Unfortunately this meant the post was vacant for a total of seven months during 2013/2014. The Lead Nurse for Vulnerable Adults left Homerton in March 2014 and the scoping of this role is a priority for 2014/2015. Throughout 2013/2014 there was regular contact between safeguarding staff and staff providing clinical services. Contingency arrangements were also put in place to support clinical staff particularly with complex safeguarding adults cases. The Safeguarding Adults Committee met four times monitoring the safeguarding adults workplan and helping to shape the changes in policies and procedures as well as the safeguarding priorities.

iii. Meeting CQC standards

In the inspection carried out to assess Homerton's community based services in December 2013 and January 2014, CQC found that Homerton met Essential Standard Outcome 7: Safeguarding people who use services from abuse.

CQC inspectors found that:

- People who used the service told us they felt safe with staff. One person using the service told us, *"I feel safe here as I have always had the same midwife, which means I can connect with them."*
- The Trust had policies and procedures for safeguarding vulnerable adults and children, as well as a whistle blowing policy for staff.
- The staff we spoke with demonstrated a good understanding of safeguarding issues and knew how to respond. We asked some members of staff how they would respond to safeguarding scenarios and they provided safe and appropriate answers.
- The Trust's training records showed that staff had attended safeguarding training, as well as training about mental capacity, consent to care and deprivation of liberty. Staff told us that senior staff spoke with them about safeguarding as part of their regular individual and group supervision meetings

In February 2014, CQC under the Chief Inspector of Hospitals examined and rated the care provided at Homerton University Hospital. The inspection team included doctors, nurses, and hospital managers, trained members of the public, CQC

inspectors and analysts. The inspection team carried out an announced inspection visit in early February.

They examined the care provided in A&E, medical care (including older people's care), surgery, intensive/critical care, maternity, children's care, end of life care and outpatients.

Inspectors also visited the hospital unannounced as part of the inspection, held focus groups with staff, and held a public listening event. The report which CQC published in April 2014, was based on a combination of their findings, information from CQC's Intelligent Monitoring system, and information provided by patients, the public and other organisations.

CQC rated whether services were:

- Safe
- Effective
- Caring
- Responsive
- Well-led

Using a four point scale of 'outstanding', 'good', 'requires improvement', 'inadequate'. The table below is a summary of the ratings for each of the eight services inspected as well as for the hospital overall.

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Outstanding	Not rated	Outstanding	Outstanding	Outstanding	Outstanding
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Good	Good	Good
Intensive /Critical care	Good	Good	Good	Good	Good	Good
Maternity & Family planning	Good	Good	Good	Good	Good	Good
Children & young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Requires improvement	Good	Good
Out-patients	Good	Not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Homerton is required to take action on three compliance actions set out below. The first two actions are related to the 'requires improvement' rating for the 'Is care safe?' domain:

1. The Trust must take appropriate steps to ensure that at all times there are sufficient members of suitably qualified, skilled and experienced staff employed on the medical wards.
2. The Trust must ensure that patients are protected against the risks of unsafe or inappropriate care and treatment by means of accurate record keeping, which should include appropriate information and documents in relation to the care and treatment planned and provided to each patient.
3. The Trust must ensure patients and/or their relatives are involved in 'do not attempt cardiopulmonary resuscitation' (DNAR CPR) decisions and ensure these are adequately documented.

A comprehensive action plan has been formulated and is being monitored via the Quality and Patient Safety Board and the Trust Management Board.

Priorities for action 2014/2015:

Leadership, strategy, governance and regulatory standards

- Staffing: ensure there is a full complement of dedicated safeguarding adult staff and build a network of safeguarding champions who will provide peer support and act as a source of expertise within services.
- Governance via overarching safeguarding committee which will meet bi-monthly. Adult safeguarding group will also meet bi monthly to examine adult specific issues.
- Representation and participation in CHSAB and North and East London network
- Culture – Duty of candour indicators
- Audit of the timeliness and quality of Notifications to CQC under Health and Social Care Act 2008, Regulation 18 including 'allegations of abuse'.
- Preparation for Fundamental Standards Regulation 13 safeguarding (which becomes law from April 2015).

B: Responsibilities towards adults at risk are clear for all staff and for commissioned services

Many of the key policies and processes that support staff in recognising and responding to adults at risk were revised during 2013/2014. Examples include:

- *Safeguarding vulnerable adults policies and procedures, 2013*. This simplified the reporting of incidents and aligned it to the seven steps in the Pan-London process.
- *Patients Subject To The Mental Health Act (May 2013)*. This policy was developed to help ensure that the Trust meets its legal responsibilities in relation to the Mental Health Act 1983 and appropriately protects the rights of patients detained under the Mental Health Act within the Trust.
- *Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) policy, July 2013*. This policy provides guidance on the local policies, practice and procedures that should be followed by Trust staff when working with individuals who have difficulty decision-making. It is intended to ensure that all staff act in accordance with the relevant legal framework.

Priorities for action 2014/2015:

Policies and practice informed by legal frameworks and enquiry recommendations

- Review the safeguarding policies in light of changes in the legal framework underpinning safeguarding e.g. Care Act 2014 and the Cheshire West and Surrey County Council judgements.
- Develop a system for communicating relevant updates from case law, Court of Protection rulings and European Court of Human Rights judgements.
- Review the commissioned and contracted services requirements to demonstrate that the MCA is complied with in conjunction with safeguarding children.

Revise the recommendations for action developed following the enquiry into the activities of Saville in NHS organisations.

C: Organisation's approach to workforce issues reflects a commitment to safeguarding and promoting the wellbeing of adults at risk

Homerton is committed to carrying out robust and safe recruitment procedures and practices. Assurance that these procedures are followed is provided by the monthly performance reports within each of the service divisions.

There is good evidence that the more engaged staff members are, the better the outcomes for patients and the organisation generally. The Trust encourages staff to participate in the annual national NHS staff survey and the quarterly staff 'Friends and Family Test'³. The NHS staff survey 2013 showed that Homerton was in the top

³ The staff Friends and Family Test is a confidential survey administered by The Picker Institute. The survey asks two questions and answers range from 'extremely likely' to 'extremely unlikely'

- How likely are you to recommend "your trust" to friends and family if they needed care or treatment?
- How likely are you to recommend "your trust" to friends and family as a place to work?

20% of trusts for staff who were highly engaged in their work, in their team, and in the Trust. Homerton is also in the top 20% of trusts providing opportunities for staff personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.

Fostering an open transparent approach is central to the Trust’s mission and is particularly important in encouraging and enabling staff to report any safeguarding adults concerns. Homerton has signed up to the Nursing Times ‘Speak out safely’ campaign which encourages any staff member with a genuine patient safety concern to raise this within the organisation at the earliest opportunity.

Training on the key principles of safeguarding adults is part of the statutory and mandatory training delivered at the induction of all new members of staff. Safeguarding adults is also part of the annual mandatory update which was delivered to all staff via a training booklet in 2013/2014. The table below shows that the average percentage of staff trained at level 1 in 2013-2014 was 95.59%. These figures are reported to the Trust Board each month as part of the report on the quality of services provided.

Safeguarding Adults Level 1 Mandatory Training Completed (%)

Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014
95.99	94.36	93.22	90.55	91.63	91.16	98	99.97	99.97	99.94	96.60	95.69

Safeguarding adults level 2 training is provided as a mixture of bespoke courses and mandatory clinical updates in for example the maternity service. Safeguarding adults level 3 training: focused on staff undertaking an investigation when a safeguarding alert has been raised. The table below shows the level of the uptake of training as of May 2014.

Safeguarding Adults training level	Number of staff requiring Safeguarding Adults training at specified level	Number of staff completing training	% of staff trained
Level 2	784	754	96.17%
Level 3	37	36	97.30%

Whilst the uptake of training at all levels is excellent, it is unclear whether the training models in place during 2013/2014 enabled all the right staff to feel confident and competent to recognise safeguarding adults concerns and take the appropriate action. Analysis of a proportion of incidents reported as safeguarding adults concerns during 2013/2014 highlighted the complexity of many of the issues surrounding adult safeguarding in diverse and deprived communities in Hackney and

parts of the City. The priorities for 2014/2015 are summarised in the box below and have been shaped partly by this analysis.

Priorities for action 2014/2015:

Developing a competent and confident workforce in adult safeguarding informed by staff and patient feedback

- Develop a comprehensive safeguarding adults training plan to include competencies at each level of training by job role, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training, Best Interest Assessor training, Safeguarding Alert Management and safeguarding adults investigation
- Develop methodology for assessing safeguarding adults competencies pre and post training.
- Develop a programme of Prevent training and awareness
- Ensure analysis of staff and patient feedback from 'rounding' style visits, complaints, incidents and PALS enquiries relevant to safeguarding adults is used in training programmes and service improvement

Develop a process for providing feedback to staff who report adult safeguarding concerns

D: Effective inter-agency working to safeguard and promote the wellbeing of adults at risk

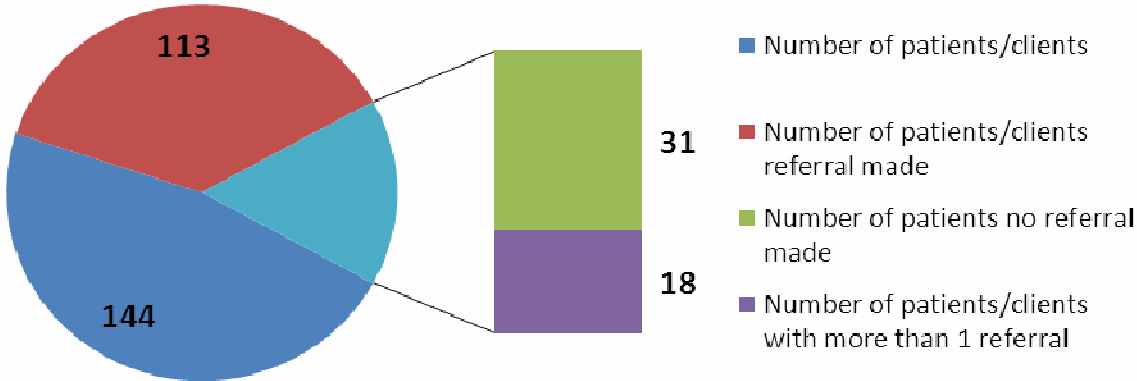
Homerton has been an active participant in multi-agency safeguarding adults meetings such as the North East and Central London Safeguarding Network and the City and Hackney Safeguarding Adults Board (CHSAB).

The Trust executive lead for safeguarding is a member of the CHSAB Executive and has disseminated findings and action from the CHSAB. Trust staff have completed safeguarding adult referrals in line with the Pan-London guidance and have participated in strategy meetings and case conferences. However, the Trust recognises that there were gaps in the consistency and timeliness with which safeguarding adults referrals were submitted and the systems for capturing the lessons and outcomes from these referrals needs to be strengthened.

As noted above, Homerton's process for reporting referrals and incidents regarding safeguarding adults was revised in autumn 2013 following a consultation exercise undertaken with staff by Head of Adult Safeguarding. The process was simplified to mirror the seven step Pan-London guidance. Homerton staff were required to report all safeguarding related incidents on the central Datix incident reporting system.

Whilst there is an 'adult protection' category that staff may use when reporting incidents, categorisation of incidents can vary according to the type of safeguarding incident. Some staff use the 'Category' box to indicate the type of abuse witnessed e.g. violence, harassment etc. The charts below were derived from analysis of a sample of incidents reported between March 2013 and April 2014. All the incidents including in this analysis were categorised as 'adult protection' related.

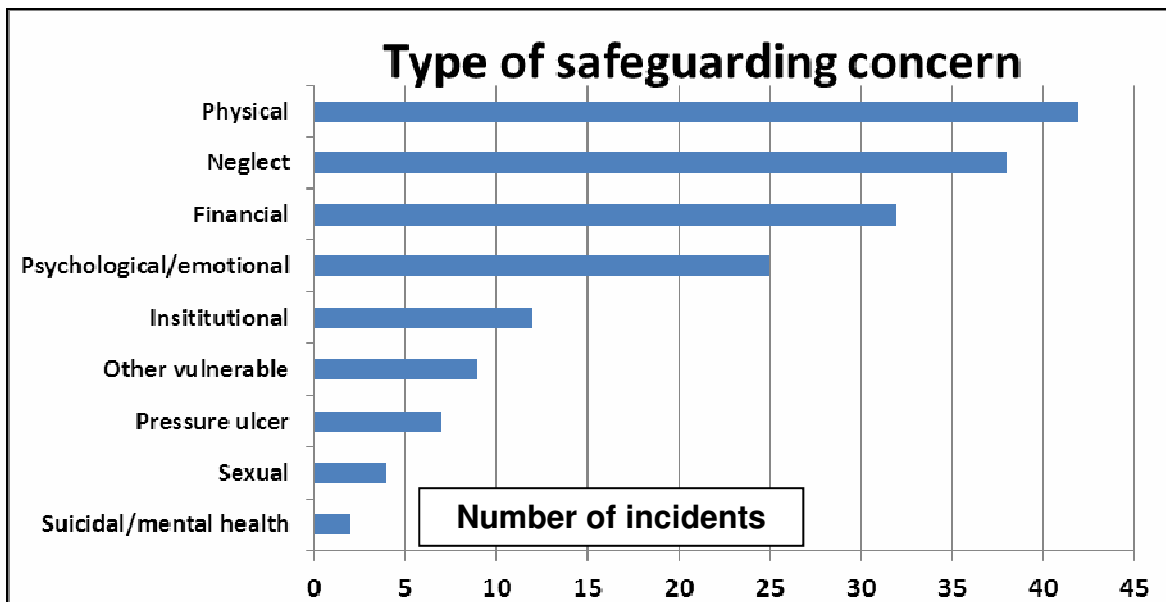
Analysis of incidents reported under the category 'adult protection' during March 2013 to April 2014



162 incidents were reported as adult protection and these involved 144 patients. 18 patients had more than one incident report (mainly 2 reports, though one patient had 3 reports). A patient may have more than one incident on the same ward, or more usually when they have moved ward or service e.g. moved from Graham ward to Mary Seacole Nursing Home.

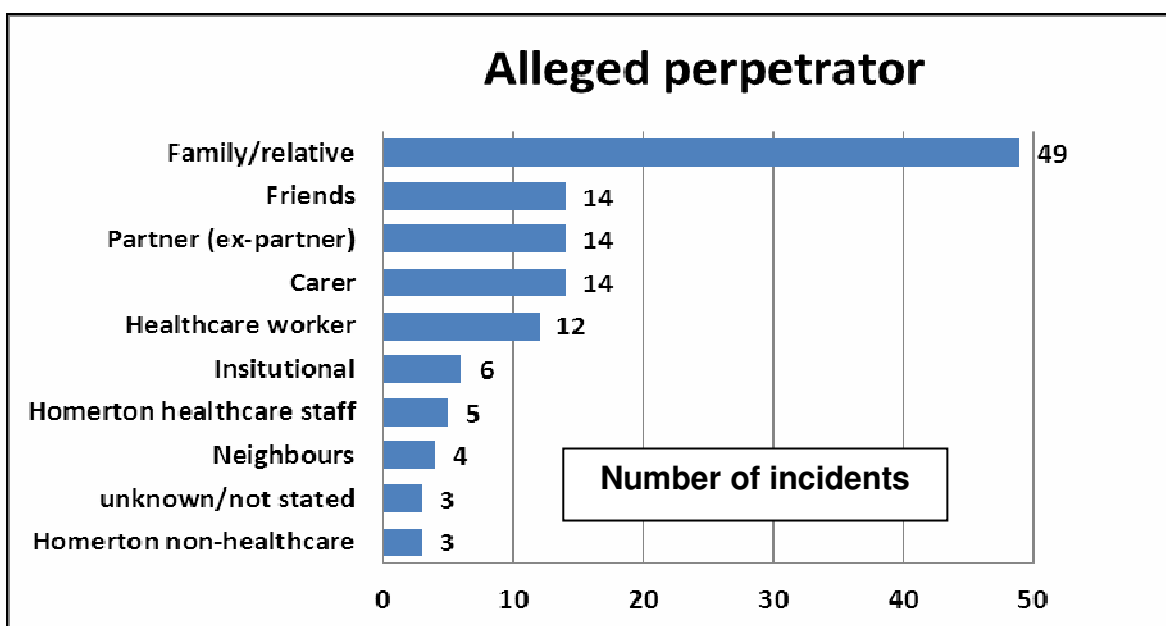
31 patients out of the 144 patients did not have a safeguarding referral. This is consistent with the fact that not every adult safeguarding incident meets the threshold for a referral. Analysis of the incidents where a safeguarding referral was not made showed that staff used the adult protection category to signal that the patient would need particular attention or arrangements for discharge planning for example. In addition, there were a small number of cases involving pregnant women or women with children at risk so the safeguarding approach taken was via safeguarding children processes. Most, but not all safeguarding referrals were made to LBH. Referrals were also made to the London Boroughs of Islington, Newham, Tower Hamlets and Waltham Forest.

The 162 incidents were examined to see the types of abuse noted and the alleged perpetrator of the abuse.



Please note that an incident may involve more than one type of safeguarding concern, for example financial abuse together with psychological/emotional abuse. The pressure ulcers category includes ulcers (grade 3 and 4) acquired in the community (mainly in nursing homes). There have been 5 grade 3 ulcers attributed to Homerton between January and March 2014. A task group to examine and take action on pressure ulcers was set up during 2013, led by a divisional Head of Nursing for acute services.

The chart overleaf shows a categorisation of the 'alleged perpetrator' involved in the adult protection incidents. It is striking that some of the 'alleged perpetrators' are themselves vulnerable due to 'hidden harms' such as substance misuse or mental health problems.



Please note that the category 'Homerton healthcare staff' includes staff working as 'agency' staff at Homerton. The 'Homerton non-healthcare staff' include staff providing services to Homerton as part of a contracted service. The 'Carer' category includes 'informal' caring arrangements as well as staff in nursing homes. The 'Institutional' category denotes where an organisation's systems have been implicated in the incident e.g. failed discharge planning.

The safeguarding team will use this analysis in a variety of ways during 2014/2015, including improving the Datix incident reporting system and in developing case studies used in safeguarding adult training and competency assessments.

Priorities for action 2014/2015:

Improving adult safeguarding processes and outcomes through learning from incidents and referrals

- Review and develop the Datix reporting system by devising a bespoke section for 'Safeguarding'. This will support triggers for safeguarding action such as DoLS applications, capacity assessments, safeguarding referrals and CQC notifications. An improved system will also underpin more timely and accurate analysis of adult safeguarding incidents and referrals.
- Devise a system to capture all safeguarding referrals consistently. The system will support the objective of analysing the appropriateness and quality of referrals and the outcomes, including the learning from each referral.

(These improvements will feed into the priority to improve the competence and confidence of the workforce in acting on adult safeguarding issues).

E: Addressing issues of diversity

F: People who use services are informed about safeguarding adults and empowered within the organisation's responses to it

A key member of the adult safeguarding team, the lead nurse for vulnerable adults, pioneered and led the work undertaken at Homerton on the equality objectives. In particular, she led participation in the MIND/Rethink 'Time to Change' campaign to tackle stigma and discrimination by changing attitudes and behaviour towards mental health problems. The adult safeguarding team is committed to continuing this participation in the wider work on Equality and Diversity.

'Respectful' and 'Personal' are two of the four core Homerton values and involve: 'providing services that meet the diverse needs of our communities' and 'actively listening to and involving patients and service users in decisions about their care';

Homerton provides information to adults at risk and their families about safeguarding adults in written and pictorial formats

Priorities for action 2014/2015:

Using the Homerton values 'personal' and 'respectful' to improve adult safeguarding practice

- Improve data capture on issues of diversity to enable analysis of incidents and referrals against the protected characteristics in the Equality Act 2010
- Revise and refresh Homerton's participation in joint working with East London NHS Foundation Trust to ensure that the physical/medical health needs of mental health patients are met effectively and well managed. This work will also involve collaboration with the Homerton Psychological Medicine service.
- Develop a plan to improve joint working between adult safeguarding and experts (including patient and service users) in Learning Disability, Dementia and End of Life care.

Develop a plan to capture information and views of the experience of patients and service users involved in adult safeguarding.

2.5 East London NHS Foundation Trust

Overview

The Trust continues to ensure that safeguarding adults concerns maintain a high profile across all its services. This includes a continued active role in the work of the London Borough of Hackney Safeguarding Adults Board. The Locality Director or Associate Director for Safeguarding Adults regularly attends the meetings and ensures all requests are actioned.

Key developments for 2014/15

The Safeguarding Adults Self Assessment Framework report, devised by NHS England, was adopted in **Tower Hamlets** for all partner organisations to complete.

The Report was to be RAG rated according to the following guidelines.

GREEN rating – the organisation meets the requirement consistently across the organisation.

AMBER rating – the requirement is met in part; there may be pockets of excellence and areas for improvement.

RED rating - the organisation does not meet this requirement.

The Trust assessed itself to have 20 Green and 4 Amber ratings, with no identified Red ratings. The four Amber ratings, outlined below, will be added to the Trust Annual Report Workplan with the aim of achieving Green rating for all 24 standards by the end of 2014/15.

- B3 All services demonstrate compliance with the Mental Capacity Act
- C2 Supervision policy and practice routinely address staff safeguarding responsibilities
- F3 Provision of written information and guidance by the Trust for Adults at Risk within the services and their involved family members
- F4 Feedback is sought from adults at risk, who have been the subject of safeguarding support and/or investigation, about their experience of the outcome.

Safeguarding activity/incidents

There have been no Serious Case Reviews or Domestic Homicide Reviews involving Trust service users during this year.

Training

The Trust has consistently achieved over 80% compliance for staff across all Trust services attending Safeguarding adults training at Level 1. It is anticipated for next year that the Trust will be able to report on Level 2 course for staff with designated roles in implementing procedures.

2.6 City and Hackney Clinical Commissioning Group

Overview

NHS City and Hackney Clinical Commissioning Group (CCG) is a newer NHS organisation. CCGs are led by GPs, allowing them to be better placed to assess, understand and meet the health needs of their patients, ensuring effective and accessible healthcare for all. City and Hackney CCG is made up of 44 GP practices. The CCG is responsible for:

- Understanding the health needs of the population
- Facilitating the design and redesign of services
- Buying services
- Measuring the impact of services and how well they are provided.

City and Hackney CCG is committed to commissioning patient care that is high-quality, effective and safe. As a major commissioner of local health services, the CCG recognises its responsibilities to ensure that the organisations it commissions have effective safeguarding systems in place and that these systems are monitored appropriately. The Chair of the CCG Board has overarching responsibility for all Safeguarding across the CCG and there is a local GP Clinical Lead for Adult Safeguarding.

Safeguarding Activity

Safeguarding Adults has been a high priority for the CCG during 2013-14 and achievements during the year have included:

- Publication of the CCG's Safeguarding Adults Policy – comprehensively outlining provider organisations responsibilities around Adult Safeguarding
- Providing training in primary care for GPs and nurses on Safeguarding Adults, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS).
- Securing extra funding from NHS England to allow for more resources around training in MCA) and DOLS – this money will be used during 2014-15 to fund further training in primary care for both clinician and non-clinical staff members, the London Borough of Hackney and the Safeguarding Adults Board itself.
- Being fully engaged with the local Safeguarding Adults Board and Health and Wellbeing boards.
- Working closely with partners in the Safeguarding Adults Board to help prepare for the Care Act introduction in April 2015.
- 24 safeguarding alerts were made from Primary Health staff between March 2013 and April 2014. 14 of these alerts were then fully investigated under the LBH safeguarding procedure. Of the 14 investigations 2 were substantiated, 3 partially substantiated, 4 not substantiated and 5 inconclusive.

The CCG is looking forwards to continuing working with partners during 2014-15 to prepare for the statutory changes coming into effect with the introduction of the Care Bill in 2015.

2.7 Care Quality Commission (CQC)

Overview

CQC is a committed member of CHSAB and supports the Board's strategy for prevention and gives advice and support in adults at risk cases as required. CQC has developed a safeguarding protocol for its staff in February 2013 which describes their role in safeguarding children and adults. The underpinning priorities are:

- focus on quality and act swiftly to eliminate poor quality care;
- making sure that care is centred on people's needs and protect their rights.

Our local CQC regional manager attends the Board promoting CQC's role, sharing regulatory information and contributing to partnership working. CQC made one direct safeguarding alert referrals in 2013/14. The CQC, has adopted a five pillar question system of review which includes: is the service safe, effective, caring, well led and responsive to peoples needs.

2.8 Barts Health

Overview

This section details the work that has been undertaken at Barts Health to ensure that the people in our care, who are at risk of abuse or neglect are protected and to provide assurance that we are compliant with the Care Quality Commission (CQC), essential standards for Safeguarding Adults.

It includes

- An update on the team
- A summary of key work undertaken in the last year
- An outline of work planned for 2014 – 2015

Staff and Team Developments

This year has been a time of transition and development for the Safeguarding team. We have now fully recruited to the team which is made up of a lead post Head of Safeguarding Adults; a Safeguarding Co-ordinator, a Lead Nurse for Learning Disabilities and an appointment made to lead in mental health, the Mental Capacity Act; Deprivation of Liberty Safeguards and the PREVENT Strategy. The team also has a designated administrator.

The learning disabilities post is a new post, developed in response to feedback from carers regarding the need to improve the support offered to people with learning disabilities who are admitted to hospital.

The appointment of a lead for MHA/MCA/DoLS occurred before the Cheshire West judgment but will support the new and increased workload deriving from that judgment as well as the Trust-wide training needs that follow from it. Since the appointment, the Trust's MHA arrangements have been consolidated, through the

agreement of an SLA for MHA administration with each of our partner MH Trusts. The post holder also has responsibility for leading a work stream relating to the use of restraint in clinical settings.

Training

As planned we have improved the staff training compliance this year.

Overall training compliance figures for Barts Health are

Level 1 96%

Level 2 93%

Training compliance across the hospital sites is set out below

Level	WXH	NUH	RLH	SBH	LCH	MEH
1	94%	94%	94%	97%	98%	97%
2	92%	94%	90%	95%	95%	96%

The statutory training has been supplemented with bespoke training provided to the nursing preceptorship programme, sessions for student nurses and to clinical teams in trauma, accident and emergency and cardiac services.

Key achievements 2013 – 2014

- **Developing effective information systems**

A safeguarding adults' tracker database has been developed to support the safeguarding work. The database provides regular information to Trust Directors and a point of reference for the safeguarding team to ensure timely progress of investigations. The database will enable thematic analysis of safeguarding concerns raised by Borough, hospital and ward so that trends can be identified, concerns addressed and training needs met.

Partnership Working

- With other partners, Barts Health has adopted the Safeguarding Adults at Risk Audit to be monitored by NHS England. The audit will enable us to identify and share good practice as well as identify priorities for improvement and inform our annual work plan.
- The membership of the internal committees that support the safeguarding agenda at the Trust has been extended to include the Borough Safeguarding Service Managers and Commissioners in order to improve communication and facilitate greater partnership working.
- The policies and processes in place that will support compliance with the mental capacity act and deprivation of liberty safeguards are being developed.

Safeguarding activity

The total number of safeguarding alerts raised last year was 126. These are broken down by service in the table below. The highest number of alerts was raised in our

Emergency Care and Acute Medicine Group. This is the largest service group in the Trust and incorporates stroke, older people's services and accident and emergency.

Clinical Academic Group	Number of Safeguarding Alerts Raised
Cardiovascular	3
Community Health Services	2
Chief Operating Officer	1
Clinical Support Services	6
Emergency Care/Acute Medicine	106
Nursing Quality Governance	1
Surgery	7

CQC Inspection and Safeguarding

The Care Quality Commission undertook an extensive inspection of services across Barts health throughout November 2013. One key recommendation of high importance to the safeguarding agenda is that the Trust should improve in how it listens to staff and responds to their concerns. The key actions are to:

- Reaffirm that bullying and harassment has no place in the organisation
- Provide an anonymous web based tool for staff to use to contact a director personally for help, advice or to raise concerns.
- Extend the staff partnership forum to improve engagement and hear staff views from across the Trust.
- Commission independent research to investigate and understand staff experiences in the workplace.
- Promote a safety culture in particular the visibility of managers. This includes the appointment of Hospital Director, Hospital Matron and medical equivalent working in alignment with CAG leads; re launch first Friday with greater involvement of executives in the work of clinical areas and increased executive visibility on all sites at the weekends.

Plans for 2014 - 2015

- Training for the PREVENT initiative will be commenced in the Emergency Departments. The safeguarding children team will be involved in the organisational assessment process for PREVENT to ensure an integrated approach.
- The Statutory training books are to be developed further to include information about human trafficking, Female Genital Mutilation and more detailed information about learning disabilities and the PREVENT agenda.
- The procedures in place to ensure timely and effective multi-agency working with the 3 main Boroughs are being clarified to ensure that expectations and timeframes are understood and met.

Plans for 2014 – 2015 cont'd

- Work priorities will be clarified and agreed following a review of the evidence available to support achievement of the standards outlined in the Safeguarding Adults Audit Tool.
- To increase the involvement of clinical services in the integrated safeguarding assurance committee to receive regular assurance reports from them.
- To agree a sector wide pressure ulcer reporting pathway in relation to safeguarding, through the CCGs and Borough safeguarding teams.
- To agree an internal standard operating procedure for contributing to Serious Case and Domestic Homicide Reviews.
- To further develop the internal safeguarding tracker to enable more detailed data capture and analysis.

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Committee(s):	Dated:
Community and Children Services Safeguarding Sub Committee	19.02.15
Health and Wellbeing Board	20.02.15
Safer City Partnership	03.03.15
Community and Children Services Grand Committee	17.04.15
Subject: The Safeguarding Children Annual Report 2013/14; City and Hackney Safeguarding Children Board	Public
Report of: Director of Community and Children's Services	For Information

Summary

This report gives an overview of the City of London Safeguarding Children arrangements for 2013/14 as reflected in the City and Hackney Safeguarding Children Board (CHSCB) Annual report 2013/14. The Annual Report provides detailed coverage of the work undertaken by partners and the CHSCB to ensure robust safeguarding arrangements are in place, as required by *Working Together to Safeguard Children* statutory guidance. The Annual Report is attached to this report as an Appendix.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. As part of the Children Act 2004, all local authorities were required to establish Local Safeguarding Children Boards to further improve safeguards for children. The Local Safeguarding Children Board is the key statutory partnership which agrees how the relevant organisations in each local area will work together to safeguard and promote the welfare of children, and for ensuring the effectiveness of what they do.

2. The role of each Board is to:
 - engage in activities that safeguard all children and to ensure that children are growing up in circumstances consistent with safe and effective care;
 - lead and co-ordinate proactive work that aims to target particular groups;
 - lead and co-ordinate arrangements for responsive work to protect children who are suffering, or likely to suffer, significant harm.

3. The CHSCB is required to produce an annual report. The annual report for 2013/14 is set out differently to that of previous years and is attached as an appendix. The CHSCB wanted this transparent assessment of the performance and effectiveness of local services to be read as widely as possible and with that in mind, the format has been designed to be accessible and easy to understand. Where further detail is available, this is “hyper-linked” or referenced and can be requested directly from the CHSCB. The report is divided into several sections:

The context for safeguarding in both Hackney and the City:

These sections include demographic information and consider the performance, trends and themes in respect particular vulnerable groups of children and young people.

The Board - governance and accountability arrangements for the CHSCB:

This section provides information about the structures in place that support the CHSCB to do its work effectively.

Progress made in the City and Hackney during 2013/14:

These sections outline the multi-agency developments that have taken place to improve safeguarding and include accounts of the engagement that has taken place with children, young people, families and communities.

Learning and Improvement:

This section highlights what the lessons that the CHSCB has identified through its Learning and Improvement Framework and the actions taken to improve safeguarding practice as a result.

Training:

This section details the activity with regards to multi-agency training delivered by the CHSCB and single agency training delivered by partners.

Communication:

This section covers the priorities for improved communication by the CHSCB.

Next Year:

This section sets out the priorities for 2014/15 and the key messages from the Independent Chair of the CHSCB to key people involved in the safeguarding children and young people.

4. In line with statutory requirements and best practice, the Independent Chair of the CHSCB has formally sent a copy to the following:
 - The Chairman of Policy and Resources of the City of London Corporation
 - Town Clerk of the City of London Corporation
 - The Chair of the City Health and Wellbeing Board
 - The Mayor of Hackney Council
 - The Chief Executive of Hackney Council
 - The Chair of the Hackney Health and Wellbeing Board
 - The Mayor's Office for Policing and Crime
 - The Independent Chair of the City and Hackney Safeguarding Adults Board (CHSAB)
 - The Chair of Hackney's Community Safety Partnership / The Chair of the 'Safer City Partnership'
 - The report will be shared for discussion with key groups of young people through Hackney's Youth Parliament and City Gateway.

Current Position

5. The Annual Report 2013/14 provides information for City and Hackney as part of a single report but does separate detail information relevant and specific to each area. The report highlights the following 'snapshot' information for the City of London:
 - 898 children live in the City of London
 - 12% of the population
 - 21% living in low income families
 - successful inspections highlighting outstanding safeguarding arrangements including City Gateway, the City Police response to Domestic Violence, Sir John Cass School, Sir John Cass Child and Family Centre and the 2013 Fostering Inspection
 - all schools inspected as good or outstanding
 - 15 new cases resulting in early multi-agency help being provided to children, young people and their families
 - 2,635 visits to the Cass Child and Family Centre April to August 2013. Of these, 42 were related to targeted family support
 - 51 contacts made with Childrens Social Care (CSC) about children and young people in 2013/14
 - 20 referrals accepted by CSC (an increase of four from 2012/13)

- 17 assessments were undertaken by CSC during 2013/14 (one more than 12/13)
 - seven of these were child protection investigations
 - five initial child protection conferences held during 2013/14
 - seven children were made subject to child protection plans in 2013/14
 - 11 children were looked after by the City of London in 2013/14
 - four allegations raised about professionals working with children in the City
 - 39 staff from the City of London received safeguarding training in 2013/14.
6. Section 2 of the report sets out in detail City specific information including demographics, child protection and assessment activity levels, Child Sexual Exploitation(CSE) information, Looked After Children information, private fostering arrangements and children with disabilities information.
 7. Section 3 provides a detailed summary of the governance arrangements and the relationships between the CHSCB and the key strategic Boards in City and Hackney.
 8. Section 5 details the progress made during the year. The report highlights the progress made in respect of the early help offer, CSE, Domestic Violence, the work of the Local Authority Designated Officer (in respect of allegations against professionals) and the engagement of children and young people.
 9. The report goes on to highlight learning and development activity, communications work and priorities for 2014/15.
 10. The report has built upon previous year's Annual Report submissions and highlighted in further detail than before the wide ranging safeguarding activity that takes place in the City of London.

Corporate & Strategic Implications

11. The CHSCB is a statutory partnership, however, the Board supports the work of the Children's Executive Board and will also report on the safeguarding activity to the City of London Health and Wellbeing Board.

Financial Implications

12. The City makes a financial contribution towards the management and running costs of the CHCSB, but there are no financial implications arising from this 'for information' report.

Conclusion

13. The report provides an overview of the detailed Annual Report (appended). City of London safeguarding activities, whilst significantly smaller in size compared to Hackney, are given significant coverage in the Annual Report, reflecting the excellent work carried out by local partners to safeguarding children in the square mile.

Appendices

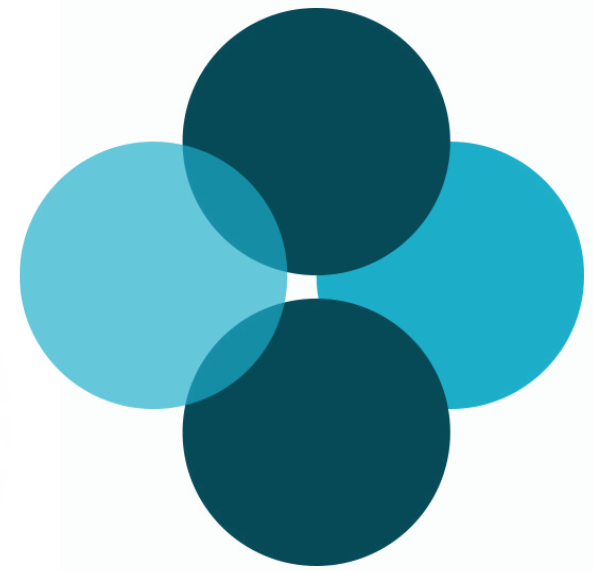
The City of London Safeguarding Children Report

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City & Hackney

Safeguarding Children Board

Annual Report

2013/14



Foreword by the Independent Chair

In the City and Hackney Safeguarding Children Board we work together to help make our children and young people safer. The partnership the board represents is made up of government agencies, voluntary sector bodies and individuals, each with a different role or function but all collaborating to ensure our work is effective, coordinated and focused on what really matters; safeguarding the young and vulnerable.

Following my first full year as independent chair I continue to be impressed by board members and in particular the dedication of their frontline staff. These key public facing teams are made up of ordinary people who often do extraordinary things, sometimes in the most difficult of circumstances. This annual report reflects the results of their hard work, professional dedication and the difference they have made in the lives of children and young people. Reading the report will help you understand the work partners do, the success they have achieved and the context of the continuing challenges they face.

Challenge is not just to be found in the complex nature of the work partners do, but in the context within which it is delivered. During the last year the economic downturn, reorganisation in the public sector and welfare reforms, have often placed professionals and those who depend on them under increased pressure. However even in these difficult times, board members continue to improve their understanding of and support towards tackling neglect and maltreatment, domestic violence and other abusive relationships, not least child sexual exploitation. We are also firmly focused on early help, engaging hard to reach communities and supporting community inspired initiatives to eradicate female genital mutilation.

Engagement with and through the community is key. The board could not do the work it does without the active participation and support of the voluntary sector and I wish to formally recognise and thank Hackney Council for Voluntary Services and City Gateway for all they do to ensure voices are heard and specialist services delivered. In the past year we have also recruited three lay members. Critically each lives in and is from the communities we serve. They are well placed to ask the right questions and to provide the constructive challenge we need to stay on track.

Our aim is to ensure that children are seen, heard and helped, so listening to their voices is an absolute priority. I've recently been able to engage directly with them in a range of forums; their candour, challenge and willingness to engage has been inspiring and I plan to meet many more children, young people, parents and carers over the coming year.

Please read this review, it will help you understand the work done and what has been achieved. Use it to ask questions and hold us to account later on for those things we say we will do next year. Board partners work to protect children and young people so when things go wrong, or things could have been done better, we are all keen to know why, learn lessons and drive any improvements that are needed.

What people seldom see however, is the fact that most often things go well. In most cases partners and their staff do get it right and successfully help the families and children who need their support. In my opinion we don't celebrate that routine success enough, so I want to take this opportunity as the independent chair to thank them for all they do and the difference they continue to make in so many lives.

Jim Gamble
Independent Chair





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About the Annual Report

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The CHSCB annual report for 2013/14 is set out differently to that of previous years. We want this transparent assessment of the performance and effectiveness of local services to be read as widely as possible and with that in mind, the format has been designed to be accessible and easy to understand.

Pages 8-21 set the context for safeguarding in both Hackney and the City. These sections include demographic information and consider performance, trends and themes in respect of particular vulnerable groups of children and young people.

Pages 22-26 set out the governance and accountability arrangements for the CHSCB. It provides information about the structures in place that support the CHSCB to do its work effectively.

Pages 27-42 set out the progress made in the City and Hackney during 2013/14. These sections outline the multi-agency developments that have taken place to improve safeguarding and include accounts of the engagement that has taken place with children, young people, families and communities.

Pages 43-47 highlights the lessons that the CHSCB has identified through its Learning & Improvement Framework and the actions taken to improve safeguarding practice as a result.

Pages 48-50 describes the activity with regards to multi-agency training delivered by the CHSCB and single agency training delivered by partners.

Pages 51-52 cover the priorities for improved communication by the CHSCB.

Pages 53-57 set out the priorities for 2014/15 and the key messages from the Independent Chair of the CHSCB to key people involved in the safeguarding children and young people.

In line with statutory requirements and best practice, the Independent Chair of the CHSCB has formally sent a copy to the following:

- The Chairman of The Policy and Resources Committee, City of London Corporation.
- Town Clerk of the City of London Corporation
- The Chair of the City Health and Wellbeing Board
- The Mayor of Hackney Council
- The Chief Executive of Hackney Council
- The Chair of the Hackney Health and Wellbeing Board
- The Mayor's Office for Policing and Crime
- The Independent Chair of the City and Hackney Safeguarding Adults Board (CHSAB)

- The Chair of Hackney's Community Safety Partnership / The Chair of the 'Safer City Partnership'
- The report will be shared for discussion with key groups of young people through Hackney's Youth Parliament and City Gateway.

CREDITS

With thanks to: Gary Manhine, Sean Pollock and Hannah Paul for use of their photographs throughout this document.



Glossary of Terms

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ABH	Actual Bodily Harm	HCVS	Hackney Council for Voluntary Service
BME	Black and Minority Ethnic	HLT	Hackney Learning Trust
CAF	Common Assessment Framework	HUHFT	Homerton University Hospital Foundation Trust
CAFCASS	Children and Family Court Advisory and Support Service	LA	Local Authority
CAIT	Child Abuse Investigation Team	LAC	Looked After Child / Children
CAMHS	Child and Adolescent Mental Health Services	LADO	Local Authority Designated Officer
CCG	Clinical Commissioning Group	LSCB	Local Safeguarding Children Board
CDOP	Child Death Overview Panel	MAP	Multi Agency Panel
CHSAB	City and Hackney Safeguarding Adults Board	MAPPA	Multi Agency Public Protection Arrangements
CHSCB	City and Hackney Safeguarding Children Board	MARAC	Multi Agency Risk Assessment Conference
CHYPS	City and Hackney Young People's Service	MASE	Multi Agency Sexual Exploitation
CPA	Community Partnership Advisor	MAT	Multi Agency Team
CPP	Child Protection Plan	MPM	Management Planning Meeting
CRIS	Crime Reporting Information System	NHS	National Health Service
CSC	Children's Social Care	NSPCC	National Society for the Prevention of Cruelty to Children
CSE	Child Sexual Exploitation	OFSTED	Office for Standards in Education, Children's Services and Skills
CPPP	Children and Young People's Partnership Panel	PPU	Public Protection Unit
DBS	Disclosure and Barring Service	PSHE	Personal, Social and Health Education
DfE	Department for Education	PSP	Pupil Support Plans
DVIP	Domestic Violence Intervention Project	SCR	Serious Case Review
EIP	Early Intervention and Prevention	SDVC	Specialist Domestic Violence Court
ELFT	East London Foundation Trust	SEND	Special Educational Needs and Disability
ESOL	English for Speakers of Other Languages	SLT	Senior Leadership Team
FGM	Female Genital Mutilation	SRE	Sex and Relationship Education
FJR	Family Justice Review	TRA	Tenant Resident Association
FRT	First Response Team	UASC	Unaccompanied Asylum Seeking Children
GLA	Greater London Authority		
GP	General Practitioner		



City & Hackney Safeguarding Snapshot 2013/14



Hackney safeguarding snapshot 2013/14



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44% of children living in poverty



Approximately
32%
of children & young
people in receipt of
free school meals

Safeguarding & Looked After Children
Inspection – **Good** in 2012

Pilot multi-agency inspection of child
protection arrangements – **Outstanding** in
2013

40%
of schools
graded
outstanding
by Ofsted for
behaviour &
safety



372 new early help cases of children
under 6 identified and services provided

342 new early help cases for children &
young people over 6 years of age identified
& services provided

101 children & young people
proactively identified as being at risk of
Child Sexual Exploitation and services
provided

679 incidents of children & young
people going missing



of children & young people in Secondary
Schools, including Academies, were
classed as persistently absent (>15% of
sessions missed) (a reduction from 5.6% in
2012/13)

391 domestic
violence notifications
made to the police
where children and
young people were
in the household



410 individual cases managed by
Hackney Council's domestic abuse team
included children in the household

Domestic violence & abuse crime is up by
26% in Hackney compared to 17%
average for London Boroughs

2769 referrals to
Hackney Children's
Social Care



2246 assessments completed by
Hackney Children's Social Care

405 child protection investigations

220 Children subject to a Child
Protection Plan as of March 2014.

1915 open Children in Need
cases as of March 2014

326 children & young people looked
after as of March 2014

129 allegations against staff working
with children and young people

16 Private Fostering arrangements as of
March 2014

1000 referrals to Child & Adolescent
Mental Health Services/ Approximately
700 children & young people receiving help
from CAMHS at any given time

97% of relevant staff at Homerton
University Hospital Foundation Trust have
received mandatory level 1 training, 84 %
level 2 training, 82% level 3, 100% level 4





The City safeguarding snapshot 2013/14



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898 children live in the City
12% of the total population

21% living in low income families



The successful inspections highlighting **outstanding** safeguarding arrangements including City Gateway, The City Police response to Domestic Violence, Sir John Cass School, Sir John Cass Children Centre and the 2013 Fostering Inspection



All schools inspected as **good** or **outstanding**

15 new cases resulting in early multi-agency help being provided to children, young people & their families

2,635 visits to the Cass Child & Family Centre April to August 2013. Of these, 42 were related to targeted family support

51 contacts made with Children's Social Care about children and young people in 2013/14

20 referrals accepted by Children's Social Care





Safeguarding Context in the London Borough of Hackney



Some children are at more risk of being abused and/or neglected due to them being particularly vulnerable.

The categories and themes set out in this section do not cover all the factors influencing the risk to children and young people within the London Borough of Hackney. The focus is on key local vulnerabilities and related themes, about which the CHSCB needs to have heightened scrutiny in terms of effective multi-agency practice to protect children and young people.

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HACKNEY DEMOGRAPHICS

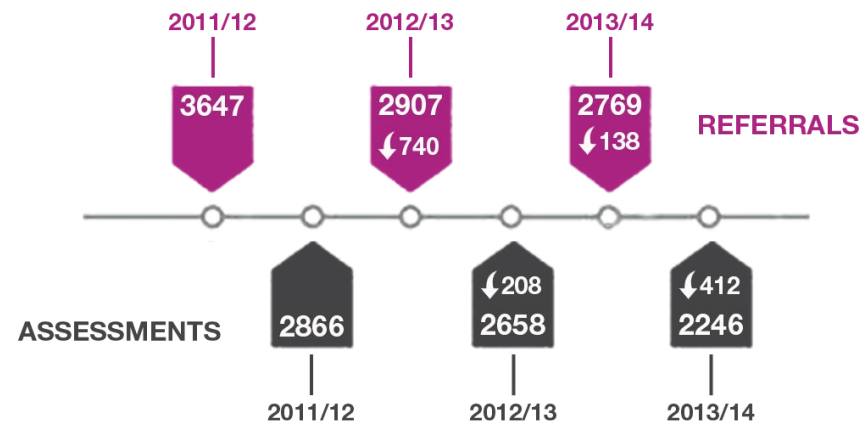
The London Borough of Hackney is an inner city London borough. There are approximately 62,000 children and young people under the age of 20 years, representing 25% of the total population. Of these, 19,000 are aged under five years. Over 70% of children and young people aged 0-19 living in Hackney belong to black or other minority ethnic backgrounds.



It is a richly diverse community with significant numbers of Asian, Black African, Black Caribbean, Black British, Turkish, Kurdish and Charedi Jewish children. There are over 180 languages spoken in the borough. Hackney is ranked the second most deprived borough in England and it is estimated that 44% of children and young people in Hackney are living in poverty, with around 32% eligible for and in receipt of free school meals.

CONTACTS, REFERRALS & ASSESSMENTS

In 2013/14, Hackney Children's Social Care (CSC) received an average of 210 contacts per week regarding a range of issues concerning the welfare of children and young people. This is a reduction from the previous two years, although greater than the average weekly contacts made in 2010/11 (182). The significant initial increase after 2010/11 was partially due to recording changes including information requests from other local authorities being classified as 'contacts'. Refining these processes along with an increased local knowledge of the [Hackney Child Wellbeing Framework](#) are both considered to be potential contributors to the decrease in the number of contacts made over the last year.





Of the 10,942 contacts received in 2013/14, 2769 resulted in a referral being accepted by Hackney CSC, a small decrease from 2907 in 2012/13. A total of 2246 statutory social work assessments were completed in 2013/14 in comparison to 2658 in 2012/13 and 2866 in 2011/12.

Local Authorities undertake assessments of the needs of individual children to determine what services to provide and what action to take. The full set of statutory assessments under the **Children Act 1989** include:

ASSESSMENTS OF CHILDREN AND YOUNG PEOPLE IN NEED:

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a

child who is disabled. In these cases, assessments by a social worker are carried out under **section 17** of the Children Act 1989. Children in need may be assessed under section 17 of the Children Act 1989, in relation to their special educational needs, disabilities, or as a carer, or because they have committed a crime. The process for assessment should also be used for children whose parents are in prison and for asylum seeking children. When assessing children in need and providing services, specialist assessments may be required and, where possible, should be coordinated so that the child and family experience a coherent process and a single plan of action.

CHILD PROTECTION ENQUIRIES:

Concerns about maltreatment may be the reason for a referral to local authority children's social care or concerns may arise during the course of providing

services to the child and family. In these circumstances, local authority children's social care must initiate enquiries to find out what is happening to the child and whether protective action is required. Local authorities, with the help of other organisations as appropriate, also have a duty to make enquiries under **section 47** of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare. There may be a need for immediate protection whilst the assessment is carried out.

Some children in need may require accommodation because there is no one who has parental responsibility for them, or because they are alone or abandoned. Under **section 20** of the Children Act 1989, the local authority has a duty to accommodate such children in need in their area. Following an application under **section 31A**, where a child is the subject of a care order, the local authority, as a corporate parent, must assess the child's needs and draw up a care plan which sets out the services which will be provided to meet the child's identified needs

The reductions in the numbers of referrals and assessments set out above may indicate that partner agencies are becoming more familiar with the Hackney Child Wellbeing model; with pathways for accessing early support and signposting being more effective. Whilst these

performance measures can be seen to reflect the known strengths of the early help arrangements in Hackney, work will be undertaken by the CHSCB over 2014/15 to seek further reassurance about the effectiveness of this help and its correlation in reducing demand for statutory social work intervention.

The number of child protection enquiries in Hackney also decreased from 994 in 2012/13 to 405 in 2013/14. Child protection enquiries are initiated to decide whether and what type of action is required to safeguard and promote the welfare of a child or young person who is suspected of, or likely to be, suffering significant harm. This reduction was in line with a targeted strategy by Hackney CSC to reduce child protection enquiries following analysis of the high rate reported in 2012/13.

Over the past year, Hackney CSC adjusted their approach to ensure, as far as possible, that families experienced the least intrusive level of intervention, with referrals being dealt with through Children in Need assessments wherever possible. Given the overall reduction in assessment activity and the rate for child protection enquiries now reporting below that of statistical neighbours and the national average, this is also an area that will be subject to ongoing monitoring by the CHSCB.





CHILDREN ON CHILD PROTECTION PLANS

Following a child protection enquiry, where concerns of significant harm are substantiated and the child is judged to be suffering, or likely to suffer, significant harm, social workers and their managers should convene an Initial Child Protection Conference (ICPC). An ICPC brings together family members (and children / young people where appropriate) with supporters, advocates and professionals to analyse information and plan how best to safeguard and promote the welfare of the child / young person. If the ICPC considers that the child / young person is at a continuing risk of significant harm, they will be made the subject of a Child Protection Plan (CPP).

Since 2011 there has been a steady increasing trend in the number of children and young people subject to a CPP in Hackney. As of March 2014, there were 220 CPPs, a slight reduction from 225 in March 2013. The rate of CPPs in Hackney on 31 March 2014 was 37.9 children per 10,000. This was broadly in line with statistical neighbours (41 per 10,000 children) and the national average (42.1 per 10,000 children).

Children subject to a Child Protection Plan (31st March):



The number of children subject to a CPP for a second or subsequent time decreased from 17.1% in 2012/13 to 14.1% in 2013/14 and is now in line with the national average. There has been an increase in the percentage of children on a CPP for between 12 months and 2 years from 8% in 2011/12 to 32% in 2013/14. This indicator is likely to correlate to the reduction in repeat child protection plans, with more children receiving multi-agency help and protection through a CPP for longer periods, rather than being removed from a CPP too early. The length of time children are subject to a CPP will continue to be monitored closely.

Targeted work has taken place to reduce the number of children on CPPs under multiple categories, leading to a reduction from 42% in 2012/13 to 5% in 2013/14. As a result, there is now a clearer picture of the primary reason a child is subject to a plan. This has given the picture of 46% of CPPs being under the sole category of Neglect, 32% for Emotional Abuse, 12% for Physical Abuse and 5% for Sexual Abuse.

CHILDREN AND YOUNG PEOPLE AT RISK OF SEXUAL EXPLOITATION

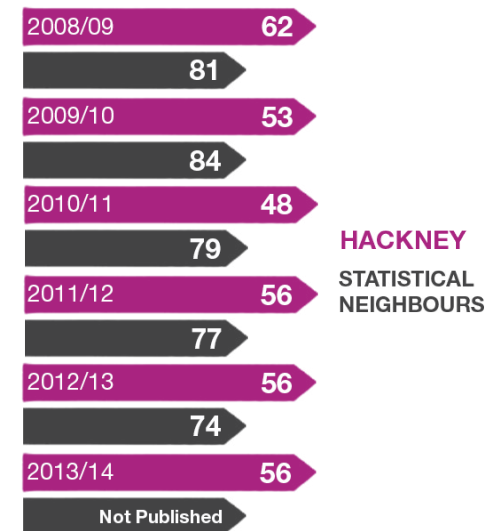
Multi-agency work to identify and protect children and young people who may be at risk of Child Sexual Exploitation (CSE) across the London Borough of Hackney continues. This multi-agency work is coordinated by the CHSCB CSE Steering Group comprising all key partners, including those from the City of London. In January 2013, a multi-agency Operational

Group was developed to monitor individual cases in Hackney. The function of this group has been to ensure that individual young people identified as being at risk of CSE are receiving an appropriate level of response and to identify themes and issues that may help improve how partner agencies work together to tackle this abuse. In March 2014, this group was officially transformed into a MASE (Multi Agency Sexual Exploitation) forum, in line with the implementation of the [Pan-London CSE Operating Protocol](#) by the Metropolitan Police.

Locally, we continue to learn and improve our multi-agency response to this abuse; developing a more sophisticated understanding of the link with abusive relationships; how young boys and girls grow up with skewed attitudes towards sex and how the influence of poor parenting through domestic violence and neglect can exacerbate risk factors. The London Borough of Hackney's initial problem profile identified 101 children and young people at risk of CSE in 2013/14. All of these children are being monitored through the MASE meetings. Child Sexual Exploitation was identified as a priority for the CHSCB for 2013/14 and the achievements made in tackling CSE across both the City and Hackney are set out in more depth later in this report.

LOOKED AFTER CHILDREN

A child or young person who is "looked after" is in the care of the local authority. They can be placed in care voluntarily by parents struggling to cope, they can be unaccompanied asylum seeking children or young people or in other circumstances, CSC will have intervened because the child or young person was at risk of significant harm. As at 31st March 2014, Hackney was responsible for looking after 326 children and young people, an increase of 21% compared to the same time in 2011 (270). Rate per 10,000 children shown below:



Hackney continues to have a lower rate of children in care than statistical neighbours (other local authorities with similar profiles) and this rate has remained constant since 2011/12 at 56 children per 10,000.



New admissions into care have shown a year on year increase in the over 16 age group between 2011 and 2013, both in actual numbers, and as a percentage of the overall cohort of children starting to be looked after. This is attributable to the acceptance of young people with housing needs as being 'looked after' and the correlation with an increase in the use of Section 20 (Children Act 1989) accommodation. There has also been a recent trend in unaccompanied asylum seeking males aged over 17 years presenting for services.

LOOKED AFTER CHILDREN (OUT-OF-BOROUGH PLACEMENTS)

When a decision is made by a Local Authority (LA) to place a looked after child outside of the LA area, high priority must be given to the child's needs. During 2013/14, Hackney Children and Young People's Services have led work to identify the support provided to this group of looked after children across multi-agency partners and to resolve any common issues, for example around accessing mental health support for young people placed in other areas. This work has included reviewing the recommendations made by Ofsted in their thematic report on children placed at a distance from their home authority, and using these to strengthen the support that is provide to this group of looked after children.

At the end of March 2014, 77 (24%) of looked after children were placed in Hackney. 94 (29%) young people were placed in a neighbouring local authority (Waltham Forest, Newham, Haringey, Islington, Tower Hamlets or City) and 155 (47%) were placed in a non-neighbouring local authority ('at a distance' according to the new government definition). 201 of the 249 (81%) of the looked after children in placements outside of Hackney were placed in other London local authorities (neighbouring and non- neighbouring boroughs). 48 children were placed outside of London and this includes 28 children placed in Essex, Kent and Thurrock. Only 34 young people were placed over 20 miles from where they used to live in Hackney.

CHILDREN SUBJECT OF CARE PROCEEDINGS

The Government implemented the *Family Justice Review (FJR)* in an attempt to significantly reduce delay in care proceedings concerning children and young people considered to be at serious risk of significant harm. As a result of the FJR, the expectation is that all care proceedings should be completed within 26 weeks. In exceptional circumstances, cases can be extended for a further 8 weeks.

- Since 5th August 2013, the duration of court proceedings in Hackney now averages 30 weeks. This is a significant reduction from

an average of 44 weeks in the first two quarters of 2013/14.

- The improvement in timeliness reflects more effective pre-proceedings work with high quality social work statements and case analysis helping Courts make their decisions more swiftly. Close and effective working between The Children and Family Court Advisory and Support Service (CAFCASS) (judged Good by Ofsted in early 2014) and Hackney Children's Social Care is also a strong factor in the improving picture in this area.
- Since August 2013, pre-proceedings agreements and assessments were initiated in 33 cases in Hackney.
- Care proceedings were issued in 13 cases (20 of the 33 cases did not go to court as a result of intervention and improvements made by parents).

BABIES

Research and experience tell us that very young babies are extremely vulnerable and that work carried out in the antenatal period to assess risk and plan intervention is essential to minimise future harm. At the Homerton University Hospital, weekly maternity psychosocial meetings are held to oversee unborn (or very newly born) infants of vulnerable parents or parents to be. These multi-agency discussions act as a "safety net" to ensure that clear

multi-agency plans are in place for babies and that these plans are understood and communicated to the relevant agencies.

At any one time, there are between 45-50 cases being considered by the maternity psychosocial meetings. Each week an average of 20 cases are considered with those due most imminently being prioritised.

A significant majority are either under the care of Children's Social Care in either Hackney or the City or other boroughs where the infant is booked for delivery at the Homerton. The parents of the children have a range of vulnerabilities including poor mental health, young parents, parents with learning disabilities, parents with drug or alcohol misuse, women experiencing domestic violence and women with partners who are convicted of offences against children.

The most common issues over 2013-14 have been domestic violence, complex mental health issues and complex maternal substance and alcohol issues. Maternal learning disability has also been a feature.



DOMESTIC VIOLENCE AND ABUSE

Across all 32 London boroughs, domestic crime is up by 17% from 12/13 to 13/14. Hackney is showing a 26% increase. This may relate to an increase in confidence on reporting of domestic crime and a definition change in ABH offences. It is also likely that the definition change of domestic violence crime to include those offences reported by those aged 16-18yrs has contributed to the increase. Regardless, the increase remains a serious concern to the CHSCB. Of the 919 individual cases managed by the Council's domestic abuse team during 2013/14, 410 cases included children in the household. Domestic Violence was identified as a priority for the CHSCB over 2013/14 and further details regarding progress are set out later in this report.

PRIVATE FOSTERING

A child under the age of 16 (under 18, if disabled) who is cared for and provided with accommodation by someone other than a parent, person with parental responsibility or a close relative for 28 days or more is privately fostered. As at the end of March 2014 there were 16 children being cared for in private fostering arrangements in Hackney. This is a slight increase from the figure of 12 in March 2013. Of the 16, 14 were new arrangements that began in 2013/14. The majority of these children (8 of 14) were born in Africa. Hackney continues to have a low rate of notifications about private fostering arrangements compared with statistical neighbours, particularly in the context of the high numbers of children and young people living in Hackney. Plans

have been put in place for a renewed awareness raising campaign with professionals and specific communities in Hackney over 2014/15.

YOUNG CARERS

Young carers are children and young people under 18 who provide regular or ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances. A young carer becomes vulnerable when the level of care giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her emotional or physical well-being or educational achievement and life chances'. ***Hackney Council's Young Carers Project*** currently works with 138 young carers. The Hackney Young Carers Strategy has recently been reviewed and the implementation of a multi-agency delivery plan will ensure ongoing focus and the meeting of need for this particular vulnerable group.

CHILDREN WITH DISABILITIES

The Disabled Children Service in Hackney is working with 174 children and young people. The Disabled Children Service manages low level safeguarding concerns although where there are increased concerns or it becomes evident that a parent is unable to safeguard their child from harm, the First Response Team (FRT) in Hackney CSC will investigate the concerns. The Disabled Children's Service remains involved throughout.

YOUTH OFFENDING

The young people who are involved with Youth Justice in Hackney often have complex needs requiring significant support both in and out of custody.

- Young Hackney has continued to see the number of young people they work with decrease from previous years.
- At the end of March 2014 they had worked with 196 young people through pre-court disposals (youth caution and youth conditional cautions) and community orders compared to 228 at the end of March 2013.
- The number of young people in custody on remand or sentence has also dropped from 82 in 2012/13 to 58 in 2013/14.
- The overall decline in numbers involved in formal youth justice is consistent with a national reduction in the number of young people formally entering the Criminal Justice System.
- For Hackney in 2013/14, 84 new entrants were recorded compared to 98 the previous year.

CHILDREN'S MENTAL HEALTH

The Child and Adolescent Mental Health Services (CAMHS) in City and Hackney are provided by Homerton University NHS Foundation Trust (First Steps and the CAMHS disability team, a joint service with the ELFT CAMHS); Clinicians employed by London Borough of Hackney's children's

social care and the Specialist Service is provided by the East London NHS Foundation Trust (ELFT). ELFT CAMHS provides the specialist (tier 3) community based service, the CAMHS provision within the Young Hackney Service and a service for adolescents with more complex mental health needs, for example, first onset psychosis and complex eating disorders. East London NHS Foundation Trust also provides the inpatient service (tier 4) and the out of hours service for City and Hackney.

The ELFT CAMH service receives approximately 1,000 referrals a year, and has a caseload of approximately 700 cases at any one time. The level of referrals to specialist CAMHS has been consistent for the last few years. Waiting times for young people to be seen by specialist CAMHS is within 5 weeks (100%). This is well below the national average and the other East London boroughs. Emergencies are seen within 24 hours and urgent appointments seen within 2 weeks. The number of young people presenting in A&E having self-harmed has reduced over the last few years but there has been an increase in the number of non-emergency self-harm referrals.

For 2013/14 the total number of young people receiving inpatient care remained consistent at 38 cases. This was consistent with the previous year's total admissions. This group are supported by the Adolescent Team who provide an assertive outreach, home treatment model of intervention in

order to prevent young people from being admitted to inpatient (Tier 4) services and provide the support for them to be treated at home.

The CAMH services are working closely with schools and other agencies including other CAMHS providers to look at how Tier 1 and 2 services can provide an early intervention service for young people who self-harm. Following the recent national research study into family therapy intervention, which the ELFT CAMHS took part in, the service is rolling out the learning from the national research pilot. It is hoped this will provide a more appropriate treatment pathway for this group of young people and their families.

In 2013/14, in partnership with senior managers in children's social care, specialist CAMHS have established a safeguarding supervision and consultation group in order to ensure senior staff have additional enhanced supervision in terms of safeguarding children.





Safeguarding Context in the City Of London

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The focus is on key local vulnerabilities and related themes, about which the CHSCB needs to have heightened scrutiny in terms of effective multi-agency practice to protect children and young people.

Some children are at more risk of being abused and/or neglected due to them being particularly vulnerable. The categories and themes set out in this section do not cover all the factors influencing the risk to children and young people within the City of London.

CITY DEMOGRAPHICS

The City of London has a small population, which is projected to grow slowly in the coming decades. The current population estimate is 7,604 of which 898 are children and young people aged 0 to 19.

Of the total number of children and young people, 604 are aged 0-9 years old and 294 are aged 10-19 years old. The City's residents are predominantly white and speak English as their main language, although 43% of the children and young people are recorded as coming from Black and Ethnic Minority (BME) backgrounds. 21% of children living in the City are in low-income households. 22.3% of primary school children are eligible for and claiming free school meals.

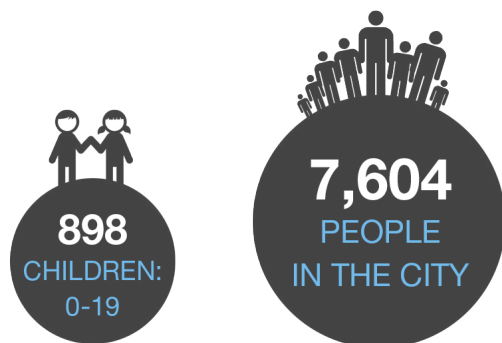
CONTACTS, REFERRALS AND ASSESSMENTS

Children's Social Care (CSC) record all contacts made to them concerning children and young people. These contacts progress to referrals if the needs of the children or young people suggest the involvement of Children's Social Care (CSC) is required. CSC will then make a decision as to whether an assessment is required or not. Local Authorities undertake

assessments of the needs of individual children to determine what services to provide and what action to take. The full set of statutory assessments under the [Children Act 1989](#) include:

- Assessments of children and young people in need: A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled. In these cases, assessments by a social worker are carried out under [section 17](#) of the Children Act 1989. Children in need may be assessed under section 17 of the Children Act 1989, in relation to their special educational needs, disabilities, or as a carer, or because they have committed a crime. The process for assessment should also be used for children whose parents are in prison and for asylum seeking children. When assessing children in need and providing services, specialist assessments may be required and, where possible, should be coordinated so that the child and family experience a coherent process and a single plan of action.
- Child Protection Enquiries: Concerns about maltreatment may be the reason for a referral to local authority children's social care or concerns may arise during the course of providing services to the child and family. In these circumstances, local authority children's social care must initiate enquiries to find out what is happening to the child and whether protective action is required. Local authorities, with the help of other

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organisations as appropriate, also have a duty to make enquiries under [section 47](#) of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare. There may be a need for immediate protection whilst the assessment is carried out.

- Some children in need may require accommodation because there is no one who has parental responsibility for them, or because they are alone or abandoned. Under [section 20](#) of the Children Act 1989, the local authority has a duty to accommodate such children in need in their area. Following an application under [section 31A](#), where a child is the subject of a care order, the local authority, as a corporate parent, must assess the child's needs and draw up a care plan which sets out the services which will be provided to meet the child's identified needs.

In 2013/14:

CSC RECEIVED A TOTAL OF 51 CONTACTS

- 20 contacts met the threshold for a referral
- The largest group of referrals originated from the police.

OF THE 31 CONTACTS THAT DID NOT ESCALATE TO A REFERRAL:

- 11 were passed to the Early Intervention Service
- 9 were referred onto services in the subject/s home borough
- 7 were for information, advice or guidance only
- 1 was an immediate referral to another internal service
- 1 was a notification of a missing child and
- 2 were recorded as requiring No Further Action.

OF THE 20 REFERRALS ACCEPTED BY CSC:

- 16 resulted in an assessment
- 5 of these were child protection enquiries (Section 47 enquiries under the Children Act 1989)
- 3 referrals ended with no further action being taken by Children's Social Care and
- 1 was stepped down to the Early Intervention Services.

OF THE 16 ASSESSMENTS (INCLUDING THE CHILD PROTECTION ENQUIRIES):

- 5 resulted in further social work input as Children in Need

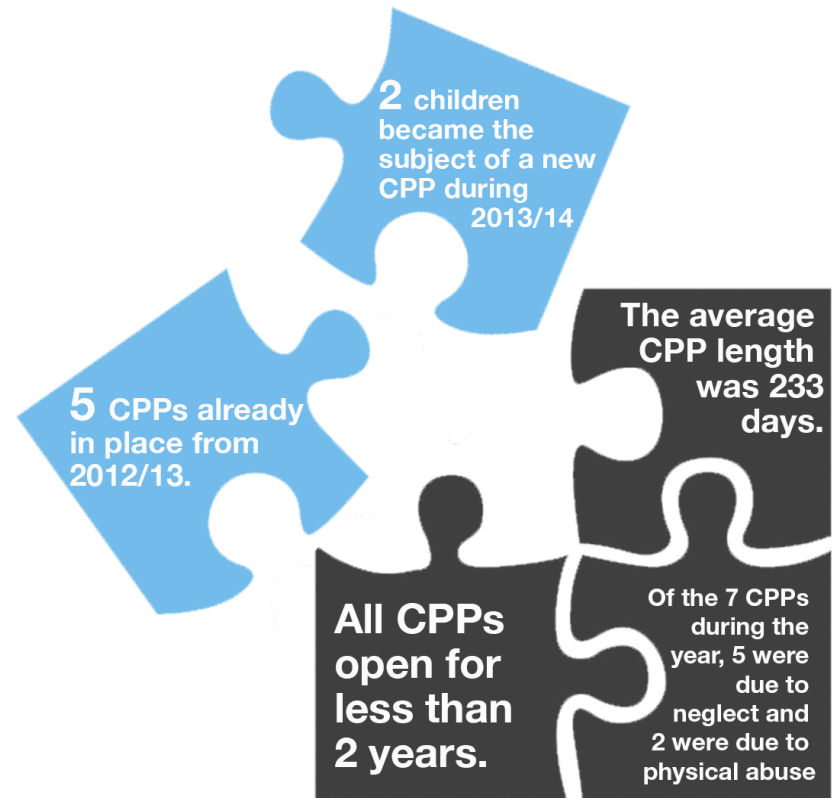
- 3 case was closed with no further action
- 3 cases resulted in an Initial Child Protection Conference
- 3 cases were stepped down to early help
- 2 resulted in the children becoming looked after.

CHILDREN ON CHILD PROTECTION PLANS

Following a child protection enquiry, where concerns of significant harm are substantiated and the child is judged to be suffering, or likely to suffer, significant

harm, social workers and their managers should convene an Initial Child Protection Conference (ICPC). An ICPC brings together family members (and children / young people where appropriate) with supporters, advocates and professionals to analyse information and plan how best to safeguard and promote the welfare of the child / young person. If the ICPC considers that the child / young person is at a continuing risk of significant harm, they will be made the subject of a Child Protection Plan (CPP).

Children who have a CPP are considered





to be in need of protection from either neglect, physical, sexual or emotional abuse; or a combination of one or more of these. The CPP details the main areas of concern, what action will be taken to reduce those concerns and by whom, and how professionals, the family and the child or young person (where appropriate) will know when progress is being made. The City of London continued to have consistently low numbers of CPPs.

CHILDREN AND YOUNG PEOPLE AT RISK OF SEXUAL EXPLOITATION

Multi-agency work to identify children and young people who may be at risk of Child Sexual Exploitation (CSE) across the City of London continues. This multi-agency work is coordinated by the CHSCB CSE Steering Group comprising all key partners.

No child sexual exploitation involving a child has been identified in the City, but partners are clear about the multi-agency response required. During 2013/14, the City Police undertook an awareness raising campaign with local businesses and hoteliers to heighten the understanding and profile of CSE across this sector. Further details of the progress by the City in respect of CSE are set out later in this report.

LOOKED AFTER CHILDREN

A child or young person who is “looked after” is in the care of the local authority. They can be placed in care voluntarily by parents struggling to cope, they can be unaccompanied asylum seeking children or young people or in other circumstances, CSC will have intervened because the child or young person was at risk of significant harm.

During 2013/14 a total of 11 children and young people were looked after by the City of London. A summary of activity is set out as follows:

- 3 children and young people were accommodated under continuing Full Care Orders;
- 8 children and young people were accommodated under Single Period of Care of whom 6 were unaccompanied asylum seeking children (UASC) and 2 were emergency accommodations of local children.
- None of the children and young people already looked after at 1 April 2013 left care during the year.
- The range of periods in care for those children and young people still looked after at 31 March 2014 was 465 to 1945 days
- 2 UASC who turned 17 years old during 2013/14 transitioned from foster placements to semi-independent living.
- No other looked after child moved

placement during the year (beyond short term holiday respite).

- All looked after children were placed within 12 miles/ 19.5 kilometres of the City.
- All looked after children received at least an annual medical and annual dental assessment during the year.
- In February 2014, the City of London appointed a Virtual Head Teacher to monitor and support LAC education.

PRIVATE FOSTERING

A child under the age of 16 (under 18, if disabled) who is cared for and provided with accommodation by someone other than a parent, person with parental responsibility or a close relative for 28 days or more is privately fostered.

Young carers are children and young people under 18 who provide regular or ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances. A young carer becomes vulnerable when the level of care giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her emotional or physical well-being or educational achievement and life chances’

There were no children subject to private fostering arrangements or identified as young carers in the City of London

during 2013/14. Improving awareness of private fostering will form part of a wider communications campaign in the City during 2014 – *“Notice the Signs”* – with related publicity information regarding private fostering also being reviewed.

CHILDREN WITH DISABILITIES

There were fewer than 10 children and young people with disabilities known to the City of London in 2013. The City’s Special Educational Needs and Disability (SEND) Strategy 2013–17 describes the City’s strategy for children and young people aged 0 to 25 with SEND. A disability register is also currently under review.



The Board



WHAT IS THE CHSCB?

The CHSCB is the key statutory body overseeing safeguarding children arrangements across the City of London and the London Borough of Hackney. It comprises senior leaders from a range of different organisations and has two basic objectives defined within the Children Act 2004; to co-ordinate the safeguarding work of agencies and to ensure that this work is effective.

The CHSCB is governed by the statutory guidance in [Working Together to](#)

[Safeguard Children 2013](#) and the Local Safeguarding Children Board (LSCB) Regulations 2006. The CHSCB regularly self assesses its performance through reference to a risk register. In 2014/15, a comprehensive self-assessment process is scheduled as part of the CHSCB business planning process for 2015/16.

KEY ROLES

The Independent Chair

The Independent Chair of the CHSCB is Jim Gamble. Supported by a Senior Professional Advisor, a Board Manager and a Board team, the Independent Chair is tasked with ensuring the Board fulfils its statutory objectives and functions. Key to this is the facilitation of a working culture of transparency, challenge and improvement across all partners

with regards to their safeguarding arrangements.

From April 2013, the Independent Chair became directly accountable to both the Chief Executive of the London Borough of Hackney and the Town Clerk of the City of London. The Director of Community and Children's Services for the City and the Director of Children's Services for Hackney both continue to work closely with the Independent Chair on safeguarding challenges.

The City of London Corporation and Hackney Council

Both local authorities are responsible for establishing an LSCB in their area and ensuring that it is run effectively. The City of London and Hackney Council have agreed to the operation of a dual-borough LSCB given the range of individual organisations covering both areas.

The ultimate responsibility for the effectiveness of the CHSCB rests with the political leaders of both the City of London and Hackney Council. The Chief Executive of Hackney and the Town Clerk in the City are accountable to these roles. The Lead Members for Children's Services in both areas are Councillors elected locally. Lead Members have

the responsibility for making sure their respective local authority fulfils its legal responsibilities to safeguard children and young people. The Lead Members contribute to the CHSCB as participating observers and are not part of the decision-making process.

Partner Agencies

All partner agencies across the City of London and the London Borough of Hackney are committed to ensuring the effective operation of CHSCB. This is supported by the CHSCB Constitution that defines the fundamental principles through which the CHSCB is governed. Members of the Board hold a strategic role within an organisation are able to speak for their organisation with authority, commit their organisation on policy and practice matters and hold their organisation to account.

Designated Professionals

Health commissioners should have a Designated Doctor and Nurse to take a strategic, professional lead on all aspects of the health service contribution to safeguarding children across the local area. Designated professionals are a vital source of professional advice on safeguarding children matters to partner agencies and the CHSCB.

KEY RELATIONSHIPS

There is a clear expectation that LSCBs are highly influential strategic arrangements that directly influence and improve performance in the care and protection of children. There is also a clear expectation that this is achieved through robust arrangements with key strategic bodies across the partnership. In 2013/14, governance of the CHSCB was further strengthened through the development of clear protocols with the City & Hackney Safeguarding Adults Board (CHSAB) and the respective Health and Wellbeing Boards and Community Safety Partnerships across both the City of London and Hackney. These protocols set out the interface across these forums to ensure clarity of strategic alignment and management of risk. From the CHSCB's perspective, this helps ensure that the voice of children and young people and their need for safeguarding is kept firmly on the agenda in terms of multi-agency work involving vulnerable adults, health and wellbeing and the local response to crime.













BOARD MEMBERSHIP












The Board met three times during the 2013/14 and had a membership made up of representatives from all statutory partners and others concerned with safeguarding children.

- Hackney Children's Social Care
- The City of London Community & Children's Services
- The Metropolitan Police Service - Child Abuse Investigation Team (CAIT)
- The City of London Police
- The Metropolitan Police Service - Hackney Borough
- The Metropolitan Police Service - Hackney Learning Trust
- London Probation Service
- Children and Family Court Advisory and Support Service
- Hackney Council for Voluntary Services
- Homerton University Hospital NHS Foundation Trust
- City & Hackney Clinical Commissioning Group + Named GP
- Public Health
- NHS England
- East London NHS Foundation Trust
- Young Hackney
- Hackney Health & Community Service (Adults)
- Schools
- Lead Members in the City & Hackney

BOARD ATTENDANCE

The Board, the CHSCB Executive, Sub-Committees and Steering Groups continue to experience good attendance with representation across Board partners, lay members, the voluntary sector and the involvement of other agencies and groups. A list of current Board Members is set out at the back of this report. The attendance rates by agency for 2013/14 are set out below. The  represents how many seats there are per organisation.

- Independent Chair  100% attendance
- Hackney Children's Social Care  100% attendance
- The City of London - Community & Children's Services  100% attendance
- The Metropolitan Police Service CAIT  100% attendance
- The City of London Police  66.7% attendance
- The Metropolitan Police Service - Hackney Borough  100% attendance
- Hackney Learning Trust  100% attendance
- London Probation Service  33.3% attendance
- CAFCASS  66.7% attendance

- Hackney Council for Voluntary Services  66.7% attendance
- Homerton University Hospital NHS Foundation Trust  100% attendance
- City and Hackney Clinical Commissioning Group  100% attendance
- Public Health  100% attendance
- NHS England  50% attendance
- East London NHS Foundation Trust  100% attendance
- Young Hackney  66.7% attendance
- Hackney Health and Community Services (Adults)  33.3% attendance
- Executive Head School Representative  66.7% attendance
- Lead Member for Children and Young People (Hackney)  33.3% attendance
- Lead Member for Children and Young People (City of London)  50% attendance

BOARD STRUCTURE

During 2013/14, the main Board was supported by a range of sub-committees and task groups that enable it to do its work. The structure of the board, key accountabilities and relationships is illustrated on the next page.



City & Hackney Safeguarding Children Board (CHSCB)

Chair: Independent Chair : 4 meetings per year



LONDON BOROUGH OF HACKNEY CHIEF EXECUTIVE & THE CITY OF LONDON TOWN CLERK

Accountable for the effectiveness of the CHSCB
Responsible for appointing or removing the CHSCB Chair
Holds the CHSCB Chair to account for the effectiveness of the CHSCB

CHSCB EXECUTIVE GROUP

Chair: Independent Chair
6 meetings per year

LEAD MEMBERS

Hold Children's Services to account



DIRECTOR OF CHILDREN'S SERVICES (HACKNEY) & DIRECTOR OF COMMUNITIES & CHILDREN'S SERVICES (CITY OF LONDON)

Responsible within the local authority for improving outcomes for children, local authority children's social care functions and local cooperation arrangements for children's services

SERIOUS CASE REVIEW SUB

CITY OF LONDON SUB

QUALITY ASSURANCE SUB

TRAINING & DEVELOPMENT SUB

CHILD DEATH OVERVIEW PANEL

CHSCB WORKING GROUPS & OPERATIONAL FORUM

STRATEGIC LINKS TO

Hackney Health & Wellbeing Board
Hackney Community Safety Partnership
City and Hackney Safeguarding Adult's Board
Children's Services Scrutiny Panel
Safer City Partnership
City of London Health & Wellbeing Board
City of London Safeguarding Sub Committee



Objectives

To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding & protecting the welfare of children in the area.
To hold partners to account for ensuring the effectiveness of what is done by each person or body for that purpose.

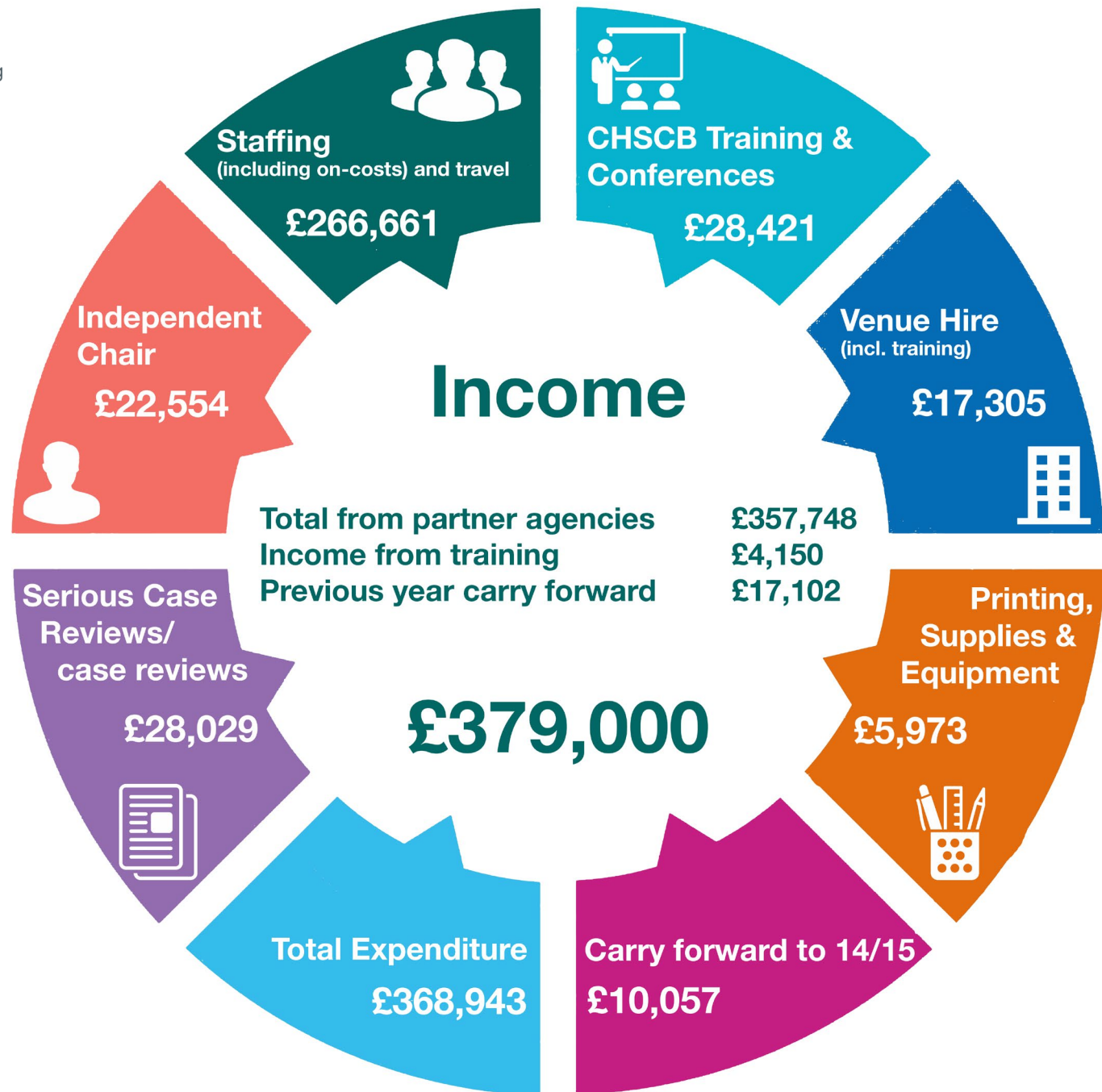


FINANCIAL ARRANGEMENTS

Partner agencies continued to contribute to the CHSCB's budget for 2013/14, in addition to providing a variety of resources, such as staff time and free venues for training. Contributions from partners for 2013/14 totalled £379,935 with Hackney Council contributing a significant 69% of the total agency funding.

Charges for non-attendance at training events provided an income of £4,150. An under-spend of £17,102 was carried forward from the previous financial year making the total income available to the board £379,000. This income ensured that the overall cost of running the CHSCB, including the commissioning of one serious case review and one internal review were met.

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Progress in Hackney

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EARLY HELP

Early help services across Hackney are delivered by the council's Young Hackney division, Hackney Learning Trust and a range of partners, including 74 schools, a network of 21 children centres delivering a range of services and working closely with schools, GPs and health colleagues as well as other local service providers, including the community and voluntary sector.

In 2013, the pilot joint inspection of multi-agency arrangements for the protection of children judged the overall effectiveness as outstanding. The inspection cited that "children and young people in Hackney have access to and benefit from an extremely wide range of early help services which are sharply focused on meeting the diverse needs of local communities."

The inspection further identified that "children supported through early help services have their needs identified in good quality action plans, which are implemented effectively". Multi-agency early help was described overall as "making a distinct difference helping to build resilience in families, safely reducing risks for children and preventing children and young people entering the child protection system unnecessarily"

The framework supporting early help in Hackney has remained consistent since this inspection. The range of early help services available to children, young people and their families are set out within the [Hackney Resource Guide](#) that was

refreshed during 2013/14.

The Partnership Triage has operated since 2009 to act as a single point of contact and research for notifications coming from the Police Public Protection Desk. Since then, its role has expanded to undertake checks on families where there are concerns at the level defined as Partnership / Partnership Plus in the Hackney Wellbeing Framework. The Partnership Triage Unit has continued to provide proportionate, relevant and accurate information to help practitioners assess and respond to need. Its role includes creating intelligence packages for MARAC meetings considering high risk domestic violence in addition to engaging in research involving children and young people involved in gang activity. During 2013/14, the Partnership triage received 4986 notifications. Evidencing the effectiveness of the police in identifying risk early, the vast majority of notifications continue to be made from this source.

The existing range of multi-agency panels that coordinate the delivery of early help services to children and their families in Hackney have also continued to operate over 2013/14.

Multi-Agency Team (MAT) meetings occur fortnightly in each of the 6 strategic Children's Centres in Hackney. Chaired by a qualified social worker employed by Hackney Learning Trust, MAT meetings focus on children under 6 years of age and their families who require coordinated

packages of support. MAT's are attended by a range of professionals who work with children at the Early Years Foundation Stage including midwives, health visitors, Children's Centre family support teams, speech and language therapists and First Steps. During 2013/14, 373 children were referred for support via the MAT meetings. A range of quality assurance activity scrutinizes the effectiveness of the MAT process and outcomes for children and young people.

Multi-Agency Panel (MAP) meetings occur once per term in each school. Chaired and led by the school, MAPs focus on school and individual pupils who require additional support. MAPs

are attended by a range of professionals. As part of Hackney's Common Support Framework, Pupil Support Plans (PSPs) are used as CAF-compliant assessments. The CHSCB has identified a need to improve oversight of this particular part of the early help system and will be progressing actions in line with the 2014/15 business plan.

The Children & Young People's Partnership Panel (CYPPP) meets weekly, borough-wide. The CYPPP focuses on the most complex and difficult cases where children and families require or are receiving coordinated packages of support. The CYPPP is attended by senior professionals in Children's Social





Care, Child and Adolescent Mental Health Services, Police, Housing Services, Hackney Learning Trust and the Drug and Alcohol Action Team. During 2013/14, 342 children and young people were referred to the CYPPP to determine the most appropriate, multi-agency support required to prevent the escalation of needs and/or risk.

In the period of June 2013 to March 2014, 18 cases of vulnerable adolescents were audited with a specific focus on judging whether identified risks at the outset of intervention had reduced or otherwise. 11 out of 18 cases audited demonstrated a reduction in risk, with those young people identified with less severe needs showing the greatest progress. Whilst a small sample, this has reinforced the impact and effectiveness of multi-agency early help arrangements in Hackney.

Health professionals have continued to ensure the provision of early help services, including counselling, parenting support and perinatal mental health services. Other health led forums supporting early help over 2013/14 have included paediatric psychosocial meetings at Homerton University Hospital and LINK meetings between GPs, health visitors and midwives.

Hackney Council for Voluntary Services (HCVS) also provided support and training to the voluntary and community sector (VCS), helping create a better understanding about the refreshed Hackney Child Wellbeing Model. HCVS

report that “VCS organisations better understand their role in early identification and early intervention, particularly for families with multiple needs”

Whilst acknowledging the identified strengths of the arrangements in Hackney, the learning arising from one case review, analysis of data and the feedback from the Schools Safeguarding Audit requires the CHSCB to seek further reassurance about the continued effectiveness of early help. This is set out as a priority in the 2014/15 business plan.

CHILD SEXUAL EXPLOITATION

The Child Sexual Exploitation (CSE) working group has existed since June 2011 to coordinate and oversee both the strategic and operational response to this abuse of children and young people. Progress over 2013/14 includes:

- In January 2013, a multi-agency Operational Group was developed to monitor individual cases.
- The function of this group was to ensure that young people identified as being at risk of CSE were being safeguarded and to identify themes and issues from these cases that may require strategic action by partners.
- In March 2014, the Operational Group officially transformed into the MASE (Multi Agency Sexual Exploitation) forum, in line with the implementation of the Metropolitan Police operating protocol on CSE.

This has strengthened the police involvement in the forum and that of partner agencies.

- In January 2014 a High Risk Case Discussion Forum was also established to consider the needs and profiles of some of the most vulnerable young people in the Borough.
- This forum enabled in depth discussion of 15 looked after young people, or those on the edge of care, that are persistently going missing, are known to be highly vulnerable to or involved in sexual exploitation and have proved particularly challenging for professionals to engage with or stabilise.
- The pilot joint inspection of multi-agency arrangements for the protection of children undertaken in March 2013 identified that ‘There are many good examples of effective partnership working to tackle child sexual exploitation with practice embedded across the partnership, but this work is not yet underpinned by an overarching strategy so everyone knows what the partnership is trying to achieve’.
- Over 2013/14, the CHSCB engaged the services of an academic leader in the field of CSE, to lead this work alongside the CSE Working Group.
- The agreed approach to developing the strategy was to base it securely in an understanding of local patterns of CSE, an understanding

of the needs of young people that have been identified as being at risk and of local service delivery models.

- The delivery of training and awareness raising amongst professionals and the wider community;
- Innovative work being undertaken in schools to promote healthy relationships through sex and relationship education; targeted early intervention group work in schools with both young men and young women;
- Mapping of resources to ensure that these are responsive to identified needs and promoting strong inter-agency working.
- Work is currently being undertaken to develop the borough’s forward strategy building on the strong professional engagement and commitment that is already in place.

Local support for children and young people at risk of CSE is delivered via Children and Young People’s Services or through specialist provision offered by Nia and the Safer London Foundation. Where there are significant levels of concern, multi-agency plans are put in place on a case-by-case basis to ensure the needs of vulnerable young people and risk are managed in a timely and consistent manner.



During 2013/14, Hackney also developed a local problem profile in respect of CSE.

- There is no single profile of CSE activity in Hackney.
- The most common type of

exploitation involves young women being exploited by male peers or those slightly older than them.

- Unlike some areas that have attracted a lot of press attention, there is currently no identified pattern of targeted and organised abuse by groups of adult men,

although there have been some investigations involving more than one exploitative adult and a number of young women identified as potential victims.

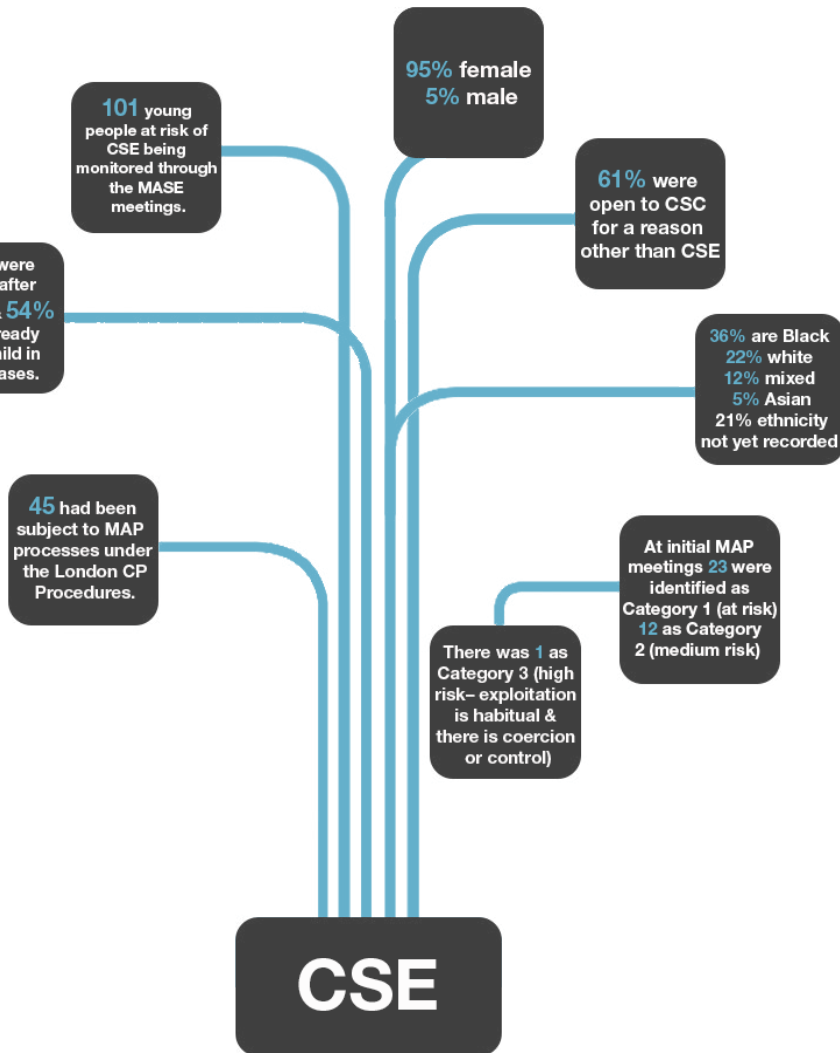
- Although there is evidence of gang involvement in relation to some young people, in most instances where this is the case, this is not the only form of exploitation and, as yet, there are no patterns emerging in relation to specific gangs.
- There is a mixed picture in terms of where young people are being exploited with evidence that some young people are being exploited in other London boroughs and, on some occasions in other towns and cities.
- Whilst the use of social media is a feature in some cases, this has rarely emerged as a method of perpetrators targeting young people.
- It is more often used as a method of keeping in touch once contact has been made. In most cases initial contacts appear to be through associates, peers and friendship groups or opportunistic meetings whilst young people are out in the community.
- A consistent feature has been that the vast majority of young people identified as being of concern by professionals do not perceive themselves to be at risk, believing that they are 'in control' and

consenting to sexual activities.

- Within the cohort of young people that have been considered at the High Risk forum there are two significant themes emerging: current or past Youth Justice interventions.
- Most have been identified as having had poor school attendance and engagement since primary school.

The overall progress by the partnership in responding to CSE is positive. There is well established and coordinated multi-agency work with young people identified as being at risk. There is a functioning MASE, with members retaining a good understanding of the local profile and local responses. Areas identified by the CHSCB for development include:

- Strategies to ensure that relevant and proportionate information about the local profile and professional responses is disseminated to those that need it.
- A significant amount of training has taken place within the children's workforce. However, some professionals and groups who may be well placed to identify vulnerable young people, particularly those working at a community level, have not yet received training and awareness raising.
- There are gaps in identification and





- support for vulnerable young men
- Streamlining current referral pathways to ensure that these are consistent and well understood.
- Coordinated, forensic analysis needed across services to target resources more effectively.

In terms of prevention and early help, a range of activity has been undertaken over 2013/14 including a comprehensive mapping of Personal, Social and Health Education (PSHE) delivery on Sex and Relationship Education (SRE) has been completed for all secondary schools in Hackney. Schools have been supported and provided with funding to deliver these programmes. There also continues to be a broad range of early support services within the borough working with young people that

could potentially be vulnerable to CSE, including Young Hackney, voluntary groups and sexual health services. There is a range of schools-based early intervention group work available in some schools, provided through the voluntary sector.

Areas identified by the CHSCB for development of the prevention and early help of CSE include:

- Whole school approaches towards consent, gender equality and healthy relationships.
- Mainstreaming of shared values and approaches towards identifying vulnerabilities, tackling harmful attitudes, building resilience and healthy relationships across all agencies providing early support

services.

- Programmes to raise awareness and provide support to parents and communities to mobilise and build resilience. Delivering more targeted work with boys and young men on gender identity, equality, relationships and respect.

Additional issues identified by the CHSCB include:

- Increasing the capacity of the Borough police to collect evidence and manage responses to cases that do not meet the remit of the CSE teams recently established.
- Strategically develop of a wider range of disruption options.
- Develop a plan for best use of voluntary sector capacity to ensure

an effective balance between individual case work and outreach activities, targeted at vulnerable groups where exploitation may not yet have been identified.

DOMESTIC VIOLENCE AND ABUSE

A strategic safeguarding model for domestic violence is in place across Hackney, with a protocol between the CHSCB, the Community Safety Partnership, the Health and Wellbeing Board and the City and Hackney Safeguarding Adult Board. During 2014/15, the Community Safety Partnership will be undertaking a review of the configuration of partnership services for domestic abuse, in order to reduce domestic abuse; better manage the risk to victims; and to track perpetrators more effectively. Progress over 2013/14 includes:

- Operational improvements to the MARAC (multi-agency risk assessment case conference), which manages the risk to victims of domestic abuse.
- MARAC now meets on a weekly basis, an improvement from meeting on a three weekly basis although this has presented some challenges for some agencies to ensure regular attendance. Triage arrangements are in place. Systems and processes have all been revised, through combined work of the key partners.





- Additional funding was secured and a dedicated probation officer began work with the Council's domestic abuse support team and the police community safety unit, providing better risk management and faster information sharing.
- An external expert agreed to provide professional advice to help develop a family justice type model of domestic abuse intervention, and a focus on perpetrator tracking.
- The Domestic Violence Intervention Project (DVIP) has been co-located with Hackney CSC to enhance the identification of risk factors associated with domestic violence. Over the past two years, The DVIP has completed 43 risk assessments on adult perpetrators and engaged 30 men in perpetrator programmes. The service has attended home visits with social workers to undertake risk assessments on 21 women and have engaged 45 women in support. The service provided 214 case consultations to social workers and provided 8 days of direct training to staff.
- Evaluation of the impact of the service demonstrates improved social work responses to engage perpetrators and support victims, a reduction in repeat domestic violence incidences, more timely decision making and earlier access to support and preventative measures. All these factors have contributed to the overall effectiveness of safety planning and positive outcomes for children and young people.
- The Specialist Domestic Violence Court (SDVC) is a joint initiative between Hackney Council and the London Borough of Tower Hamlets. A SDVC sits two days a week, with a specially trained judiciary and wrap-around support for victims/witnesses. It is a partnership approach to domestic abuse by the police, prosecutors, court staff, probation, local authorities and specialist support services for victims. Agencies share information to identify and risk-assess cases, support victims and their families and bring offenders to justice. It has resulted in an increase in prosecutions and convictions, and victim satisfaction rates are also improving. Just over half of the cases going to the specialist court are Hackney cases.
- The GLA's East London Rape Crisis Centre continues to provide support and counselling for those raped or sexually abused and who are reporting historically. (there are 4 Rape Crisis Centre hubs across London and Hackney is part of the East London hub)
- Domestic abuse is a criterion that has been selected locally as part of the Troubled Families project.

CHILDREN MISSING FROM HOME AND CARE

Partner agencies continue to work closely to ensure that children who go missing from home or care are provided with the most appropriate safeguarding response, whether through statutory or non-statutory intervention. In 2013/14:



Roles and responsibilities of partner agencies are outlined in the CHSCB multi agency missing children protocol. The protocol is currently under review following the publication of the revised Department for Education statutory guidance on '[Children who run away or go missing from home or care](#)' published in 2014. There is an increased emphasis on key areas such as information sharing and the role of an 'independent' person to conduct return interviews for children that go missing from home and care.

In order to comply with the latter requirement, over 2013/14, Hackney Learning Trust has developed the post of a 'Missing Children Social Worker'. This post will hold responsibility for

conducting return interviews with Hackney children that have returned from a missing episode. Work is also underway to develop a stronger profile of children that go missing in Hackney through the Missing Children Forum. This multi-agency group has continued to review a number of high risk cases to ensure robust safeguarding action is in place and identify relevant learning to develop practice and help inform future service planning.

FEMALE GENITAL MUTILATION (FGM)

The work of the CHSCB during 2013/14 focused on working closely with Public Health to identify gaps within the system, develop a FGM action plan and set up a steering group involving partners in health, education, children social care, police and voluntary sector organisations. Work has also involved engaging communities. In March 2014, a consultation event was arranged with a group of 20 Somali women who provided suggestions on the best approach to address the issue. Feedback from the event included;

- Opportunities need to be provided for women to gain meaningful work and access to English for Speakers of Other Languages (ESOL) classes.
- FGM is not the only problem affecting the Somali community. FGM is often connected to other issues affecting the community.



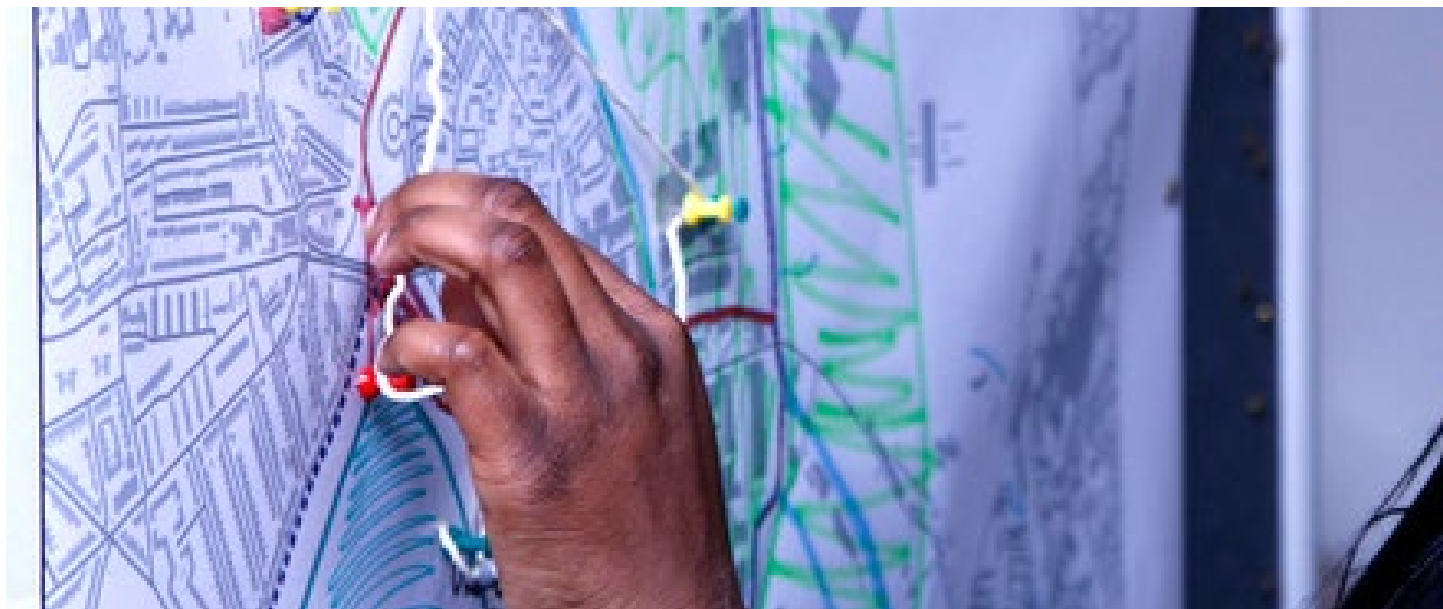
- Safe spaces need to be available where women can meet and support each other.
- Any work should include the men and religious leaders.

The CHSCB intends to include these recommendations in the overall FGM work plan for 2014/15, host a community conference, produce an online survey and create a community steering group (involving survivors, advocates and faith leaders) to be chaired by the Independent Chair of the CHSCB. FGM now features in the [Hackney Wellbeing Framework](#)

(a threshold tool) and a local protocol has been developed regarding the operational response to FGM by Hackney CSC which will be implemented in 2014. Local challenges to this issue primarily relate to the identification and reporting by the health agencies most likely to meet women who have been subject to FGM. Over 2014/15, the CHSCB intend to strengthen the strategic response to this issue. Priorities include progressing necessary revisions to the initial action plan and underpinning this with a coherent FGM strategy.

HARMFUL PRACTICES WORKING GROUP

During 2013/14, Local Authorities linked to a serious case were involved in a joint review of their progress against the implementation of the [National Action Plan](#) to tackle abuse linked



to faith or belief which was published by the Department of Education in 2012. The review acknowledged the strategic leadership taken by the CHSCB and the positive work focused on empowering practitioners and engaging with communities. Areas identified for further work which will be taken forward by the CHSCB over 2014/15 included listening the voice of the child, disseminating the learning from a related case review, engaging with seldom heard communities and continued engagement with faith leaders.

PREVENTING RADICALISATION

As part of [Hackney's Prevent programme](#), "Channel" is the local multi-agency approach to protect people at risk from radicalisation.

Channel uses existing collaboration between statutory partners and the local community to identify individuals at risk of being drawn into terrorism; assess the nature and extent of that risk; and develop the most appropriate support plan for the individuals concerned. Channel is about safeguarding children and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from the risk they face before illegality occurs. Channel began as a Home Office pilot back in 2007 in two police forces; prior to the Prevent strategy being fully developed. It expanded again in 2008 and again in 2009 and now operates across England and Wales. In the London Borough of Hackney, there were 5 referrals made from April 2013

to March 2014. Four related to adults and one of the cases involved a young person. Multi-agency priorities include:

- Continue to raise the level of understanding by staff in key services so that they can recognise when someone may be vulnerable to being radicalised and can respond appropriately.
- Establish internal review points between key services and other professionals to set out the process for assessment of people identified to be at risk.
- Raise community awareness of Prevent issues and increasing confidence in the local approach locally.
- Increase partner organisations confidence in delivering Prevent



within their organisations by ensuring that the approach to Prevent in Hackney is consistent across the partnership.

COMMUNITY PARTNERSHIP ADVISOR (CPA) CONSULTANCY

The CPA provides a consultancy and support service to staff across the City of London and Hackney, as well as training to staff working on issues related child trafficking, so called ‘honour’ based violence, forced marriage, female genital mutilation and children abused through faith, faith belief or culture. Given the uniqueness of the role, the expertise of the CPA has been called upon by other local authorities.

During this financial year the CPA provided support and consultancy in 61 cases. All of these cases derived from Hackney.

- The support provided by the CPA included advice to staff and joint home visits and office interviews with parents and children.
- Most of the cases involved staff seeking to understand how the family’s religious and cultural background influenced the actions and how knowledge of this could be grounded in their work with the family.
- In 10 cases staff required support in relation to spirit possession and witchcraft. In 8 of the case it was the worker’s first experience of

working on such cases and the initial challenge involved gaining an understanding of the issue.

- In 3 cases the assessment was undertaken jointly with the social worker and this involved interviewing the parent.
- There were 5 trafficking cases, all of which involved adults or children from the African continent.
- There were 6 cases involving the Orthodox Jewish (OJ) families.
- Staff also requested support in identifying culturally specific community organisations that could provide support for families. This suggests that there is a need for these services to play a more integral role in providing early help and support to families.



“The CPA has always been willing to meet service users jointly with members of the

unit and bring ideas to discussions about their beliefs and cultural rules. During discussions the CPA has remained child focussed, often concentrating on the impact these beliefs and practices are likely to have on the child(ren) in the family and has been able to provide evidence based understanding about these risks as well as highlighting areas of particular concern.”

PARENTAL MENTAL HEALTH

Managers and practitioners from Adult Mental Health Services and Children’s Social Care have continued to develop closer working relationships in Hackney and have again refined the [Joint Working Protocol](#) during 2013/14. The protocol clarifies the nature of collaborative working, risk assessments and parallel planning regarding children who have a parent with mental health problems. Practitioners from each agency have continued to spend time in each other’s agency to provide information, discuss cases and assist in problem-solving.

TIMESCALE DISPENSATION

In March 2011, Hackney CSC received approval to trial a single assessment process with no fixed completion timescales and flexibility on the timing of the first core group meeting following a Child Protection Conference. CSC has been piloting these approaches for nearly three years. On 20 May 2013 Hackney CSC received [additional approval by the Department for Education \(DfE\)](#) to trial flexibility around the timing of the initial child protection conference. Progress over 2013/14 has been communicated to the DfE. Hackney CSC report that both internal and external evaluations have shown a positive impact on the quality of practice as a result of these flexibilities with practitioners demonstrating increased professional skill and confidence.

The DfE commissioned the [Child Wellbeing Centre](#) to research three of the six pilot authorities in early 2014. Findings showed that whilst assessments in Hackney ordinarily took longer to complete when compared to the other six pilot sites (median 43 days), 89% were judged as good, compared to just 33% and 0% of the two other local authority areas researched.



“In Hackney a cluster of factors (including organisational conditions, management ethos,

resources and the unit or ‘Hackney Model’) appeared to have facilitated a more noticeable shift away from practice driven by timescales and opened up opportunities for more direct work to affect change during the assessment process, when this was deemed to be in the best interests of children and families.”

ELECTIVE HOME EDUCATION

During 2013/14, the safeguarding arrangements for children educated at home were strengthened through the implementation of a joint protocol between Hackney Learning Trust and Hackney Children’s Social Care. This protocol defines the response when families refuse engagement and the wellbeing of the child needs to be established. During 2013/14:



- 146 children were identified as being educated at home by Hackney Learning Trust
- 6 cases required the application of the joint protocol.
- All 6 cases resulted in improved engagement with the family and assurance that the children were safe and well cared for.

THE PAUSE PROJECT

The Pause project is an intensive programme that addresses the needs of women who have had multiple children permanently removed through care proceedings and are likely to have more children removed unless their circumstances significantly change. This innovative approach is early help at its farthest extreme.

The project currently has 17 women engaged.

- To date there have been no pregnancies for any Pause client and the overwhelming majority of clients who initially came on to the project have remained engaged.
- Pause practitioners have provided intensive, individualised support to clients around a variety of needs but most commonly support has centred on women's substance misuse issues, mental health needs, housing and their experience of domestic violence.
- Practitioners have assisted 10 out of 17 women in accessing some type of education or training, 12 around contact with their children and 8 with some type of health and wellbeing provision (i.e. self defence, personal training).
- In addition, the majority of the women have been able to improve and reflect upon their ability to

develop and maintain a meaningful and productive relationship with a professional as many Pause clients have struggled with their engagement with services in the past.

LOCAL AUTHORITY DESIGNATED OFFICER (LADO)

All LSCBs have responsibility for ensuring that there are effective procedures in place for investigating allegations against people who work with children. The LADO should be informed of all such allegations and provide advice and guidance to ensure individual cases are resolved as quickly as possible. A dedicated LADO post was introduced into Hackney in May 2013 as part of the support team attached to the CHSCB. This unique governance arrangement is considered to have created improved consistency

and independence; whilst helping establish strong relationships of trust across key professionals. Key trends in LADO activity are set out below:

- 129 contacts were made with the LADO in 2013/14. This is a 30% increase from 99 in 12/13 and 94 in 2011/13. This upward trend is encouraging and reflects a system improving in its ability to identify and refer issues of concern involving professionals.
- 52 allegations were made against teachers and teaching staff (increasing from 42 in 2012/13 although the overall proportion remained static at 41% of the total contacts). This reflects a sustained level of awareness across the school community regarding their responsibilities in this area and the close working that has taken place





- between the LADO and Hackney Learning Trust (HLT).
- A reduction in allegations made against foster carers was noted over 2013/14 compared to the previous year (from 17% to 6%).
- Allegations against early years' workers increased significantly from 9% to 18%. This increase also reflects the close working relationship between the Early Years and Families Service and the LADO; with a focus on awareness raising amongst this professional group in 2013/14.
- A majority of the reported concerns involved physical abuse of children. With a 48% rise from last year (58) to 86 cases this year. 21 (16%) referrals related to possible sexual abuse/ sexual harassment.
- 20 (15%) referrals related to behaviour that may question the individual's suitability to work with children.
- 2 (2%) Referrals were in relation to emotional abuse.
- 46 referrals (36%) resulted in at least one Management Planning Meeting (MPM) being held. Advice was offered on the other cases ranging from referral onto another process, i.e. Standards of care, or internal investigation due to conduct issues, and in some cases referrals were made directly to Ofsted due to the nature of the concerns.

- In over half of the cases subject to MPM, the allegations were substantiated.
- Three cases were referred to the DBS and six people dismissed from their posts.

The LADO has also been engaged in a variety of other work projects, including setting up a dedicated safer workforce steering group and participating in the development of peer audits across the London LADO network. In 2012/13, a priority for the LADO was to improve the facility for recording with the introduction of the new system by Hackney Children's Social Care. This was only partly achieved in 2013/14 due to IT difficulties. Further details are available in the LADO Annual Report 2013/14.

HEARING FROM CHILDREN, YOUNG PEOPLE AND PARENTS/ CARERS

The CHSCB has identified a need to implement improved engagement opportunities with children and young people. During 2014/15, there will be a specific focus on the direct engagement by the Independent Chair as well as developing a systematic way in which the CHSCB can test out the experiences of children and young people who are considered particularly vulnerable.

The CHSCB has, however, ensured through its governance of the case reviews undertaken that the voices of

the children and young people have been heard directly through their active engagement in these processes. Some of the messages from children and young people have reinforced the need for professionals to ensure they get the simple things right. Children and young people spoke of the need for professionals to turn up on time, show respect and talk to them. Failing to do this will not build relationships of trust; crucial to effect positive change for children and young people.

Hearing the views of parents about issues impacting on their ability to provide good enough parenting has also continued through 2013/14. The CHSCB remains committed to working in partnership with nine primary schools and children centres to offer parents an open and safe setting to discuss their

difficulties and strengths.

The work with parents during 2013/14 involved themed sessions on their role in safeguarding children and was delivered by the Community Partnership Adviser (CPA). The parents were provided with training on safeguarding children including private fostering, cultural practices and parenting, domestic violence, forced marriage, child trafficking, abuse linked to faith and belief and other harmful practices. A specific session was delivered on child sexual exploitation. Advice on where to seek support and early help was also provided.

These sessions also offered an opportunity for the CHSCB to hear the views of parents on the main issues they believe are affecting families in





the borough. The main three concerns parents raised included domestic violence, gangs and support for single parents. Further focused work by the CPA has been planned with the parents to provide support and training on the concerns they raised.

HEARING FROM THE COMMUNITY

During 2013/14, the CHSCB led on a seminar regarding the perception of mental health within Black and Minority Ethnic communities in partnership with an organisation, led by a local imam offering support to the Muslim community in Hackney. Twenty-five participants attended and the seminar involved presentations by the imam, pastor, the Police, City and Hackney Mind and the CPA. Over 2014/15, the CHSCB will progress the action points arising from this seminar with local faith leaders to help them understand how to work with families where mental health exists.

- The need for religious leaders to be trained in how to recognise mental health issues and where to seek ongoing advice and support.
- An educational outreach programme being available to community members; helping parents to understand the impact of parental mental health on children and how to recognise and support children who may have mental health issues.

- The need for a campaign targeting hard to reach and seldom heard groups to increase their understanding for mental health issues.

ENGAGING THE ORTHODOX JEWISH COMMUNITY IN HACKNEY

The Interlink Foundation delivers child protection training for voluntary groups and schools within the Jewish Orthodox community. The CHSCB funds the delivery of a proportion of these in conjunction with Haringey LSCB. Training content is regularly reviewed with Interlink to ensure that safeguarding guidance and local contact and process information is up to date and clear. Intelligence from Interlink about the demand for training is encouraging – where previously the need for it has had to a degree to be ‘sold’ to the community, groups are now beginning to seek it out proactively.



“I will now be able to know which kind of things to observe and what to report and record.” –Interlink

evaluation report

HEARING FROM FRONT-LINE STAFF

Engagement with front-line staff also continued with members of the CHSCB Executive sustaining the front-line visits programme set up in 2012. Sixteen

different operational meetings and/or events were held across the partnership in order to give senior managers a direct and realistic view of practice on the ground, the challenges faced by practitioners and a snapshot perception of effectiveness. This programme has continued to help provide assurance to the CHSCB with regards to the quality of safeguarding practice. The CHSCB has identified a requirement to improve practice observations within the City of London. Some examples of the observations are set out below:



“The CAIT Sergeant reported excellent relationships with Hackney’s CSC”.



“Step up and down processes in Access & Assessment worked well. New recording

system has introduced some issues but these are being worked through. Very positive, articulate and knowledgeable managers of a challenging service area. Very positive about the systems, processes and interface with the multi-agency network.”



“Exemplary demonstration of collaborative working across education, social services, health and other bodies in the Children and Young People’s Partnership Panel”



“Each agency was represented (Child Protection Conference)... ...a failure to attend by the school nurse was addressed later with the Head of Nursing.”



“There was good evidence of working across borough boundaries (Psychosocial Maternity meeting). There was good evidence that the MAT (early help) structure through children’s centres is well understood, used and participated in.”



“Extensive and impressive work (Fostering & Adoption Panel) had been done on the match of children to new families. This was a very detailed piece of work and of a high quality.”



“I understand GPs cannot attend (MARAC) but given some of the issues discussed a form could be designed to collect information from primary care; this could also help raise issues related to domestic violence in primary care.”



“The Rapid Response Meeting (held for unexpected child deaths) was typified by significant cross sector ‘professional curiosity’ and constructive challenge. It was disappointing that the GP was not present.”



Progress in the City

EARLY HELP

A new Early Intervention and Prevention (EIP) Service was implemented in the City of London during 2013/14. There has been significant work and strong leadership applied by the City of London Corporation in developing its early help response with partners following a “strengths based learning review” in early 2014 identifying this as a gap. The Department of Community and Children’s Services has also been working closely with City residents as well as colleagues from City of London community policing, health, education and the voluntary sector to gain a better

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Understanding of what the needs of communities are. Through a partnership approach, the aim is to ensure that the right services are available and accessible at an early stage, therefore reducing and, where possible, preventing the involvement of statutory services.

The City has a number of clear strengths in terms of early help provision:

- Universal services (such as Stay and Play at the Libraries) are well attended and have strong links with outreach and family support services via Cass Child and Family Centre.
- The size of the City offers the possibility of ‘knowing’ families across the authority and therefore being easily able to identify need and identify support at an early stage.

- Good partner relationships already exist and there is good evidence of joint working between social care (adults and children), police, health, housing, substance misuse and the education and early years’ service.
- There is a well-established ‘raising awareness’ programme which focuses on work with the Bengali community. This has been running in partnership with the Police and local Child & Family Centre. The programme has so far covered forced marriages, honour based violence, female genital mutilation, domestic abuse, substance misuse, child sexual exploitation and extremist behaviour. Feedback from the community has been very encouraging and topics of discussion are now led by the community.

In terms of progress against the implementation of the new EIP Service:

- There has been an increase in referrals, which have mainly come from the children’s centres and health professionals.
- The step-down process is working well. Families known to statutory services are introduced to the EIP service, who continue to support the child and their family.
- There appears to be a high number of domestic abuse referrals, which have come from a number of sources.
- Pre-CAF and integrated working





training has been delivered to the health visiting and community policing teams with positive feedback.

- There is evidence of increased workflow through the EIP service as new referrals have been received and a number of cases have been closed.
- The EIP coordinator is now providing case supervision to family support workers at the Child and Family Centre and now has access to the centre's information recording system.

The EIP Service initiative can evidence improvement and early help provision that has led to a marked decrease in the number of children or young people open to the City's statutory social work service.

- During quarters one and two, the average monthly Child in Need caseload (not including looked after children and child protection) was 13.
- During quarters three and four, following the introduction of the Early Intervention Service, this monthly average dropped to 8.33.
- The Early Intervention Service had an average caseload of 13.5 as of 31 March 2014.

This data points to the effective and improving ability of the City of London to engage early with children and young people, avoiding the need for

a statutory response from CSC. The City does, however, recognise the low numbers it is dealing with and in 2014, a communications campaign will be launched to professionals and the community to heighten awareness of concerns for both children and vulnerable adults.

Engagement from the partnership has been positive with the development of the early intervention and prevention offer building on the successes identified in the Safeguarding and Looked after Children Inspection March 2012. Work is currently underway to develop a new City specific threshold document, a new resources document and an Early Intervention and Prevention Strategy. These will be in place autumn 2014.

CHILD SEXUAL EXPLOITATION

The Child Sexual Exploitation (CSE) working group of the CHSCB includes representation from the City of London. Whilst no children have been identified in the City as being at risk of CSE, there is a strong leadership focus on ensuring that partners are well positioned to respond. Agencies in the City are not complacent and are aware of the need to remain vigilant on this issue of abuse.

- Locally, the City of London Police has established and published a protocol for identifying, recording and investigating child sexual exploitation. This includes guidance

on multi-agency working and referral pathways, prevention, intervention and disruption strategies.

- In addition it includes guidance on assessing and managing risk. This protocol has been circulated throughout the force and is easily accessible via the force intranet page, along with a list of useful contacts.
- Five force wide awareness days were held during 2013/14, where officers, police staff and partner agencies met to raise awareness of child sexual exploitation, clarify what to look out for and how to identify and manage risks. The day also included a production by a theatre group, *Alter Ego*. The sessions received very good feedback and in order to ensure all frontline officers had received training, 'mop up' training sessions were held, utilising a PowerPoint presentation to cover the definitions, risk and intervention/prevention strategies and Q&A sessions.
- In addition, members of the Public Protection Unit (PPU) attended joint training days with the Metropolitan Police to increase awareness, skills and discuss working practices. The City of London Force Action Plan has been completed and implemented and a CSE reference library is maintained within PPU for practitioners to access relevant

documents should they require.

- CSE awareness days were presented to local schools and presentation packs were circulated to CHSCB partners containing presentations, posters and relevant information.
- The PPU continue to monitor reports that may pertain to CSE as they come in to the force, ensuring these reports have been appropriately flagged. Where necessary, appropriate safeguarding measures have been taken and referrals made (often to outside forces).
- PPU supervisors have continued to feedback to police officers to ensure CSE incidents are recorded correctly.
- The City Police have also led on an awareness raising campaign with local businesses.

DOMESTIC VIOLENCE AND ABUSE

The response to domestic violence in the City of London remains a strategic priority and is primarily driven through the Safer City Partnership and the Domestic Abuse Forum involving key partner agencies. This forum has commissioned a review of the partnership's awareness, understanding and response to domestic violence which will report in 2014/15. Progress made during 2013/14 includes:



- A review of the City's MARAC arrangements was completed resulting in revised operating protocols to support effective multi agency working.
- The City of London Police funded the secondment of a Victim Coordinator, from Victim Support. This role forms part of the Public Protection Team and have been engaging with the community and

professionals to raise awareness of domestic violence, support the prevention agenda and ensure timely and effective victim support responses are in place when incidents of domestic violence occur.

- The Police, via Safer City Partnership, have trained hotels in the City to identify possible signs of domestic abuse. A toolkit is being

- produced to develop this work further in 2014/15.
- Learning and awareness events are timetabled in 2014 including a Safer City Partnership Conference for businesses in the Square Mile and a joint seminar, as part of the Knowledge Transfer Programme run by the City of London with Goldsmiths University.

FEMALE GENITAL MUTILATION (FGM)

Whilst the population profile is not suggestive of a significant prevalence of FGM, the City of London and local partners continue to be engaged in the development of the strategic and operational response as part of the CHSCB. Learning derived from the engagement work in Hackney and the progress made in developing the



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response with partners will significantly influence a City specific approach to the identification and management of FGM scheduled to be implemented over 2014/15.

LOCAL AUTHORITY DESIGNATED OFFICER (LADO)

All LSCBs have responsibility for ensuring that there are effective procedures in place for investigating allegations against people who work with children. The LADO should be informed of all such allegations and provide advice and guidance to ensure individual cases are resolved as quickly as possible. The LADO role in the City is integrated with the CSC Service Manager.

There were four referrals to the City LADO in 2013/14 reflecting the same picture to the previous year.

- The referrals concerned school and nursery staff.
- Three of the LADO referrals resulted in a child protection investigation and one resulted in no further action.
- No notifications were required to the Disclosure and Barring Service.

HEARING FROM CHILDREN, YOUNG PEOPLE AND PARENTS/ CARERS

City Gateway, a commissioned provider, has been working closely with young people in the City of London since April 2013. A defined engagement strategy

will be launched in 2014 with a clear focus on safeguarding issues. During the year, City Gateway has invested time in getting to know a range of young people, build trust and engage with them to understand their perspective on key development issues affecting their lives.

Specific sessions have been held focusing on issues of drug use and the normalisation of cannabis in many of the schools that the City young people attend. Two sets of 3 -6 weeks sessions were set up with the City Drug and Alcohol Team, where young people were able to ask questions about the long-term effects of drugs, as well as gain clarity about the legality of different substances. This was followed up in working with a number of the girls around relationships and sexual health. The main focus of this work was identifying the values they looked for in relationships.

Young people have also engaged through writing and performing drama's and role plays about the different approaches their parents have to discipline within their households, specifically looking at ethnic differences around issues such as smacking children, and access to the internet and SMART phones. This work ended with the young people identifying what positive encouragement looked like, and offering each other feedback and encouragement within the youth

work setting. Young people have set priorities for the next 12 months as smoking and healthy eating during Ramadan, relationships for young men and bullying.

HEARING FROM THE COMMUNITY

The City of London Bangladeshi community although small in size, experiences the same issues as Bangladeshi communities in neighbouring boroughs. A concerted effort was placed by the CHSCB in engaging with this community. This prompted the need to adopt an approach involving partners from the police, children social care and community organisations aimed at raising awareness within the community on a raft of issues.

A series of planned events focusing on raising awareness on Prevent, 'honour' based violence, forced marriage, domestic violence, private fostering and cultural practices and parenting was organised. The CPA is part of a multi-agency team and at the first event delivered a presentation on 'honour' based violence, private fostering and cultural practises and parenting. The event was attended by 40 community members and the outcome of the session was to raise awareness of these issues along with providing information on where to seek support within the community.

HEARING FROM FRONT-LINE STAFF

The CHSCB programme predominantly involved practice observations of services in Hackney during 2013/14. During 2014/15, the CHSCB Executive programme of front-line visits will ensure City services are equally considered. There are similar examples of excellent practice in the City and opportunities for agencies in Hackney to observe and learn from the unique partnership arrangements that exist.

During 2013/14, the Independent Chair of the CHSCB participated in direct observation and engagement with social work and police staff. The Chair observed the flexibility of social work staff and their clear professional curiosity when discussing the downward trend in the receipt of domestic violence referrals from the Police. This resulted in the social work staff meeting with the Police that day to undertake a joint exercise of reviewing the notification from the previous days. From this exercise, one case was identified that was felt to meet the threshold for a social work assessment and this was escalated for immediate action.



Learning & Improvement

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In 2013/14, the CHSCB revised and improved its **Learning & Improvement Framework** that defines how the CHSCB identifies lessons for improving safeguarding practice and how such lessons are disseminated, embedded and evaluated. The following sets out the details of the lessons identified through reviews of practice, auditing and the analysis of performance data.

SERIOUS CASE AND CASE REVIEWS

Serious Case Reviews (SCRs) are undertaken to learn lessons and improve the way in which local professionals and organisations work together to safeguard and promote the welfare of children. The CHSCB must always undertake a SCR when the following criteria are met under Regulation 5 of the 2006 LSCB Regulations.

- (a) abuse or neglect of a child is known or suspected; and
- (b) either — (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

The CHSCB also undertakes smaller scale multi-agency case reviews for cases where the criteria for a SCR has not been met. In 2013/14, the CHSCB agreed to afford these reviews similar status to SCRs in terms of their importance as a source of learning and improvement. During 2013/14:

- The CHSCB SCR Sub Committee met five times.
- Of the cases considered by the SCR Sub-Committee, one resulted in a SCR and two multi-agency

case reviews were commissioned.

- All three of these cases involved children resident in Hackney.
- The SCR and case reviews will be published in 2014/15.
- A broad summary of the themes that can be detailed at this stage are set out below.



CHILDREN NEED TO BE SEEN, HEARD AND HELPED

Safeguarding is everyone's responsibility. Even if you aren't working with children and young people every day, you will meet them, you will be entering households where children are living and you will see them in the communities that you work and live in. You have a responsibility to make sure that you think about them as well. Whatever you are doing, always ask yourself the question "should I be worried about a child" and if you are, speak with your line manager and follow the simple guidance set out in the document **"What to do if you are worried about a child."**

As well as making sure children are being thought about, nothing can replace the importance of seeing children in the context of where and with whom they live to check they are ok. If there is a concern about a child, someone in the professional network needs to see the child in their home environment. This is

non-negotiable. Furthermore, if professionals are going to take time to hear what children are saying and put themselves in the child's shoes to think about what their life might truly be like; this won't be achieved by not crossing the threshold of the child's home. Be curious about children, see them, hear them and work with the family and other professionals to help them.



ESCALATION OF CONCERNS

Safeguarding is everyone's responsibility and front-line staff need confidence in talking with each other about decisions that have been made, discussing any concerns regarding those decisions and where there isn't agreement; escalating those concerns as appropriate. Remember, equally important is the culture of how we work; and it is vital that front-line staff are encouraged to remain professionally curious and to raise issues where they feel that their concerns for children and young people aren't being addressed. The CHSCB has issued a simple escalation policy that can be found **here**.



NEGLECT

Neglect is an area of growing concern for local communities. How public agencies respond to



cases of neglect is based on an approach that seeks to measure how neglect impacts on a child(ren) and if the impact is such that some form of intervention is necessary. To ensure we can understand the complex issues of neglect, the CHSCB is proposing a focused period of learning; leading to the production of new cross-agency guidelines on how to respond to this area. Key to this work will be addressing the following questions:

- Are professionals confident in recognising what constitutes neglect?
Do professionals routinely and effectively use the past history of families to inform current decision making.
Do professionals and services focus on the presenting issues in families and not see beyond these to other vulnerable family members? Do all professionals “think family”?
- In relation to working with chronic neglect, are agencies getting the balance between short term and long term work right?

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INFORMATION SHARING

Good information sharing is vital when

professionals are worried about people and want to help them. Numerous Serious Case Reviews show that both children and adults

are seriously harmed or die when professionals don't share information. The legal jargon can often complicate what front-line staff need to do and as such, the CHSCB is issuing the simple mandate.... If you care...share!

Professionals should always seek agreement to share information when it is right to do so and where this does not place a child or adult at risk. However, if there is no agreement, or if information is seen as “third-party”, this should NEVER be used as an excuse for not sharing information, holding a professional's meeting or having a conversation with a fellow professional when there are good reasons to be worried about a child or adult's safety or their wellbeing. If you are worried about someone, you are allowed to talk with other professionals without fearing you are doing something wrong. You aren't. Talking to each other and sharing information when trying to protect people from actual or likely harm or to prevent a crime is lawful and in the substantial public interest. Further details and guidance on information sharing can be found [here](#).

THE CHILD DEATH OVERVIEW PANEL

The Child Death Overview Panel (CDOP) undertakes a systematic review of all child deaths across the City of London and Hackney and recommends ways to

improve child safety and welfare. The CDOP enables the CHSCB to carry out its statutory functions relating to child deaths. In 2013/14, there were:

- Twenty-six deaths of children and young people who were normally resident in Hackney.
- Thirteen deaths were classified as unexpected
- The rate of infant mortality (deaths of children under the age of 1) increased from 5 in 2012/13 to 5.5 per 1000 live births in 2013/14.
- The rate of deaths of children and young people aged 1-17 decreased from a rate of 22.6 per 100,000 in 2012/13 to 16.3 in 2013/14. Whilst a decrease, this figure remains above the national average for this year (12.5 per 100,000)
- There were no deaths of children or young people resident in the City of London.

During 2013-14, nine of the deaths were in children aged 10-18 years. This is a further increase in deaths in this age group from four in 2012/13 and two in 2011/12. Though the causes of death were different in many of the cases, this is a worrying trend and the CDOP continue to investigate to attempt to identify any underlying causes or risk factors. The focus in the forthcoming year will particularly be on reviewing self-inflicted deaths by asphyxiation with emerging patterns among teenagers. It will also consider possible contribution from ‘the choking game’, which has become popularised amongst young people.

Clear factors that could help prevent child deaths in the future were identified in only four of the twenty-six cases reviewed during 2013/14 (15%). Despite this, recommendations arising





from both the CDOP and the rapid response group have directly impacted on improving the wellbeing and safety of children and young people during 2013-14. Some examples are set out below with a full account provided in the [CDOP Annual Report 2013/14](#).

- The development of a robust rota system for attending medical emergencies in unregistered patients
- The introduction of a system in the London Ambulance Service to improve response times following delayed response
- Continued implementation of the universal vitamin D supplementation to pregnant women and children under 4 years old through the “A Healthy Start for All” programme through community pharmacies.
- Awareness raising of safe sleeping messages continues to be a priority for the CDOP and all children’s centres in Hackney were contacted to ensure access to material had been provided.

SCHOOLS SAFEGUARDING AUDIT

In January 2013, the CHSCB initiated an audit programme of schools aimed at establishing the compliance with their duties under section 175 of the Education Act 2002 (Section 157 for independent schools). The CHSCB engaged 61 Maintained schools, 7 Academies, 2 Free schools, 4 Community special schools, 43

Registered and 19 Unregistered independent schools.

Response rates varied. A full list of those schools who responded and those who did not is available from the CHSCB on request. The Independent Chair has written to those Head teachers failing to return the audit asking for its completion and outlining the statutory responsibilities with regards to safeguarding children. Self-assessed findings indicate that the significant majority of school settings are conscious and committed to safeguarding children and young people and are confident they can demonstrate good compliance with their statutory duties. Learning from this exercise has identified:

- The need to raise awareness of the Hackney Wellbeing Framework across school settings and
- Further highlight the revised minimum standards on safer recruitment.

The CHSCB will oversee the performance of the schools in responding to the actions arising from this audit. A full audit of statutory partners under Section 11 of the Children Act 2004 was conducted in early 2011, with a follow up in early 2012. The next full audit is scheduled across June and July 2014.

SAFER RECRUITMENT AUDIT

Audit findings reported to the CHSCB in April 2013 indicated that there was general variation in compliance with safer recruitment practice across organisations in Hackney. Compliance with safer recruitment practices generally correlated with size of the organisation – the larger the organisation the more likely the evidence of good practice; ordinarily due to a dedicated HR department. Smaller organisations had more variation in practice, although were able to demonstrate a good level of compliance with safer recruitment policies and practice. The audit evidenced that organisations were ready and willing to comply with safer recruitment practice. Organisations were unsure, however, of requirements and needed clarity on issues such as DBS checks in the light of national policy change. The following actions were undertaken by the CHSCB as a result:

- The production of a ‘minimum standards’ protocol, signed off by the CHSCB in January 2014, clarified and standardised good practice across City and Hackney. The guidance was disseminated to partner agencies, made available on the CHSCB website and is used as a resource in the CHSCB Group C training ‘Safer Recruitment’.
- A ‘best practice’ position statement was also produced concerning DBS checks.

SINGLE AGENCY AUDITING

Partner agencies of the CHSCB continue to operate a variety of single agency quality assurance frameworks to maintain oversight of the safeguarding work of their particular agency. These are subject to oversight by the CHSCB and add valuable learning on how safeguarding practice can be improved, as well as providing reassurance to the CHSCB that partners are comprehensively scrutinising safeguarding activity in their individual agencies. Some examples are detailed below:



Hackney Learning Trust

undertakes / facilitates auditing of early help cases and those underpinned by the Common Assessment Framework (approximately 20% of cases every 6-12 months). Changes arising from the findings of this auditing and the supporting quality assurance activity include:

- Development of a MAT and CYPP “step-up / step-down’ protocol
- Development of a joint CSC / Education protocol clarifying arrangements for effective working



Hackney Homes

audited approximately 500 Anti-Social behaviour cases with 18 staff providing feedback. Examples of what changed as a result include: A review initiated of all procedures with a focus on early intervention and referral pathways.



Safeguarding training planned over 2014/15 for all officers who visit families in their homes.



Probation

The London Probation Trust audited 28 Hackney cases during 2013/14 as part of an internal quality assurance programme.

East London

NHS Foundation Trust

East London NHS Foundation Trust (ELFT)

During 2013/14, a number of case audits were undertaken regarding the risk and care of children in South Hackney Community Mental Health Team and the Therapeutic Community Outreach Service. Together with other quality assurance activity, this has led to work to revise the overall programme to strengthen the focus on children and young people, in addition to the provision of training.

Homerton University Hospital

NHS Foundation Trust

Homerton University Hospital NHS

Trust audited 72 cases in maternity, 577 in health visiting, 525 in school nursing and 12 in "CHYPS" Plus. Examples of what changed as a result of this activity during 2013/14;

- There is improved documentation regarding sensitive information (i.e. domestic violence and whether pregnant women are seen alone).
- A monthly audit is undertaken of the number of fathers involved in the initial assessment and new birth visit.
- A HUHFT domestic violence policy is being developed with more staff awareness raising sessions planned.



Hackney Children's Social

Care operate a comprehensive quality assurance programme including auditing, engagement with practitioners, hearing from children and young people, family feedback and external scrutiny and review. During 2013/14, Hackney Children's Social Care undertook 206 case audits, 4 management case review days and an annual analysis of family feedback. Findings relevant to safeguarding illustrated:

- Good quality multi-agency involvement in the majority of cases audited.
- Feedback being provided consistently to referrers.
- The child's voice being clearly recorded and young people being actively involved in planning and decisions.

Some inconsistency in recording was identified, which in part, related to the implementation of a new IT system.



Young Hackney

audited 304 cases during 2013/14, with The Partnership

Triage reviewing around 25% of cases "handed-off" to other agencies (some 18000 documents per annum). The impact of this activity includes:

- Partnership Triage 'hand-offs' now include combined case chronologies to assist decision making.
- Guidance on safe planning and safeguarding during external trips / visits was updated and re-issued.



The City of London Children & Families

Service audited 35 full cases. 46 cases were also audited to review the

application of thresholds at "the front door"; 17 cases were subject to audit as part of a strengths based review in early 2014. A number of cases were subject to a deep dive process; with learning also being identified through a review of one stage 2 complaints process and observations of front-line practice by senior managers. The City of London identified that:

- Children and young people known to the Children and Families team are being safeguarded effectively.
- Children and young peoples' views are listened to by their social worker and visible in recordings and assessments.

- The clear majority of children and young people in the City are receiving a high level of support and are achieving good outcomes.
- Recording issues and the quality of Independent Reviews were highlighted as areas for improvement and this has resulted in swift action by the City of London.

DATA ANALYSIS

In 2013/14, the CHSCB further developed its multi-agency dataset model. Whilst this remains subject to continual review and improvement by the Quality Assurance Sub Committee, the dataset framework provides a more coherent set of proxy indicators that can be used to scrutinise and prompt questions about the multi-agency safeguarding performance across all partners of the CHSCB. There have been significant challenges for the CHSCB in establishing the full dataset over 2013/14. This has been related to the dataset model, the timeliness of submissions and technical difficulties for some partners to fully comply with the requests for data.

The CHSCB recognises that this impacts on its ability to have full oversight of the safeguarding system and is committed to rectifying these issues. As such, this item has been escalated as an issue on the CHSCB risk register to allow for ongoing monitoring by the Board.



Training & Development



The Training & Development Sub-Committee met five times in 2013/14 and has continued to oversee the implementation and evaluation of a robust multi-agency training programme delivered on behalf of the CHSCB. This programme helps support partner agencies meet their responsibilities to ensure staff receive safeguarding training. During 2013/14, the CHSCB also agreed a review of training options and produced a revised ***Training Strategy for 2014/15***. In addition to providing an unswerving focus on safeguarding practice, the CHSCB's training programme offers the opportunity for practitioners to network, to learn from each other and to strengthen their understanding about working together, professional challenge and the diverse contexts afforded by the people living in the City and Hackney.

Training was well attended and received positively by those attending.

- A total of 52 training courses held / 9 lunchtime seminars.
- 1,232 professionals attended / attendance rates similar to 2012/13 (1241) .
- 66 Housing staff trained by the CPA. This training was also extended to include Tenant Resident Associations (TRAs).
- 4 lunchtime seminars were delivered to CSC staff on child trafficking, forced marriage and 'honour' based violence, female genital mutilation and abuse linked to faith, belief and culture. Each

session provided an opportunity for staff to discuss current cases. This is an ongoing piece of work that is set to continue into the next financial year.

- 4 safeguarding surgeries delivered by the CPA at Hackney Council for the Voluntary Sector (HCVS) events. These surgeries were aimed at helping new organisations to develop and implement safeguarding policies and providing safeguarding training to new and existing groups.
- 11 Voluntary Sector organisations received bespoke safeguarding training from the CPA.
- 2 independent schools received targeted training from the CPA.
- 2 bespoke safeguarding children training sessions and bespoke training on abuse linked to faith and belief delivered in the City of London.

Increased or sustained attendance was seen from the Voluntary and Community Sector, Young Hackney, Schools, The City of London, GPs and Probation. These increases were helped through the ongoing work of partners in raising awareness of training opportunities and better targeting of communications. The increase of school staff was due to the scaling back of school training provision by Hackney Learning Trust. Decreases were seen from Hackney CSC, although the attendance of 158 staff over 2013/14 is still high and not considered significant given the proportion

of staff attending and the stability of this workforce. The London Metropolitan Police, Hackney Learning Trust, Health and Community Services and Housing representation at core training was also noted to have dropped over 2013/14. Whilst acknowledging that organisations will have access to single agency training and that operational pressures can affect the release of staff, low attendance by any agency will remain a concern for the CHSCB. Where attendance has been of concern, this has been addressed directly by the Independent Chair and the Chair of the Training & Development Sub-Committee with the agencies involved.

ADDITIONAL SAFEGUARDING TRAINING ACROSS THE CITY & HACKNEY

Numerous single agency training and development programmes further supported the focus on safeguarding children over 2013/14. These included:

- A Safeguarding Community Programme co-ordinated by Hackney Council for Voluntary Services enabled over 300 sessional workers; parents and volunteers to better understand safeguarding in the context of their work and community.
- There were 2298 attendants at safeguarding training delivered by Hackney Learning Trust's Safeguarding in Education Team.
- The annual uptake for mandatory safeguarding training for Homerton

University Hospital staff in 2013/14 was all above target – (97% for level 1 training, 84% for level 2, 82% for level 3 and 100% for level 4).

- Hackney Children's Social Care delivered 178 courses with the attendance total equalling 1595
- A robust training programme regarding Child Sexual Exploitation was delivered to all partners led by the City Police;
- Early intervention training in the City led by Children and Families including a focus on Solihull training across the partnership.
- The launch of the Knowledge Transfer Programme in the City, including the initiation of a 3-year research programme into the implementation and impact of the Solihull approach.
- Joint safeguarding training between the Police and Hackney CSC was held as part of the Police 2 week induction.
- Police training delivered in relation to 'Every Child Matters' and the completion of Merlin and CRIS reports concerning children.

EVALUATING THE IMPACT OF TRAINING

Working Together 2013 requires that Local Safeguarding Children Board's (LSCBs) monitor and evaluate the effectiveness of training, including multi-agency training, for all professionals in the area. A new evaluation framework was developed in 2013/14 involving self-evaluations, auditing and targeted interviews. This will progress over 2014/15 although the CHSCB recognize that further work is required to better understand what difference training is making on frontline practice. A selection of participant feedback is set out below:



"A really useful and incredibly vital piece of training run by professionals who do this every day."

Young women's experience of sexual violence and exploitation in the context of group and gang offending



"I will be more curious, more challenging of my values and take nothing for granted."

Lunchtime Seminar - Understanding Child Sexual Exploitation (CSE) – Findings from the recent Torbay Serious Case Review



"I thought the course addressed the two issues: exploitation and gang violence

really well. I feel well equipped and that I have increased knowledge."

Working with sexually exploited young women: Tools for Practitioners



"Will have a meeting with SLT and management. Will feed back to them and

make some necessary changes to recruitment policy."

Safer Recruitment



"I feel better equipped to understand the levels of ongoing discrimination that the communities face."

Cultural Awareness Workshop



"I have some cases open currently that I feel I will be able to work on more effectively because of this training particularly in regards to spiritual and cultural beliefs."

Working with cultural and economic diversity in safeguarding children

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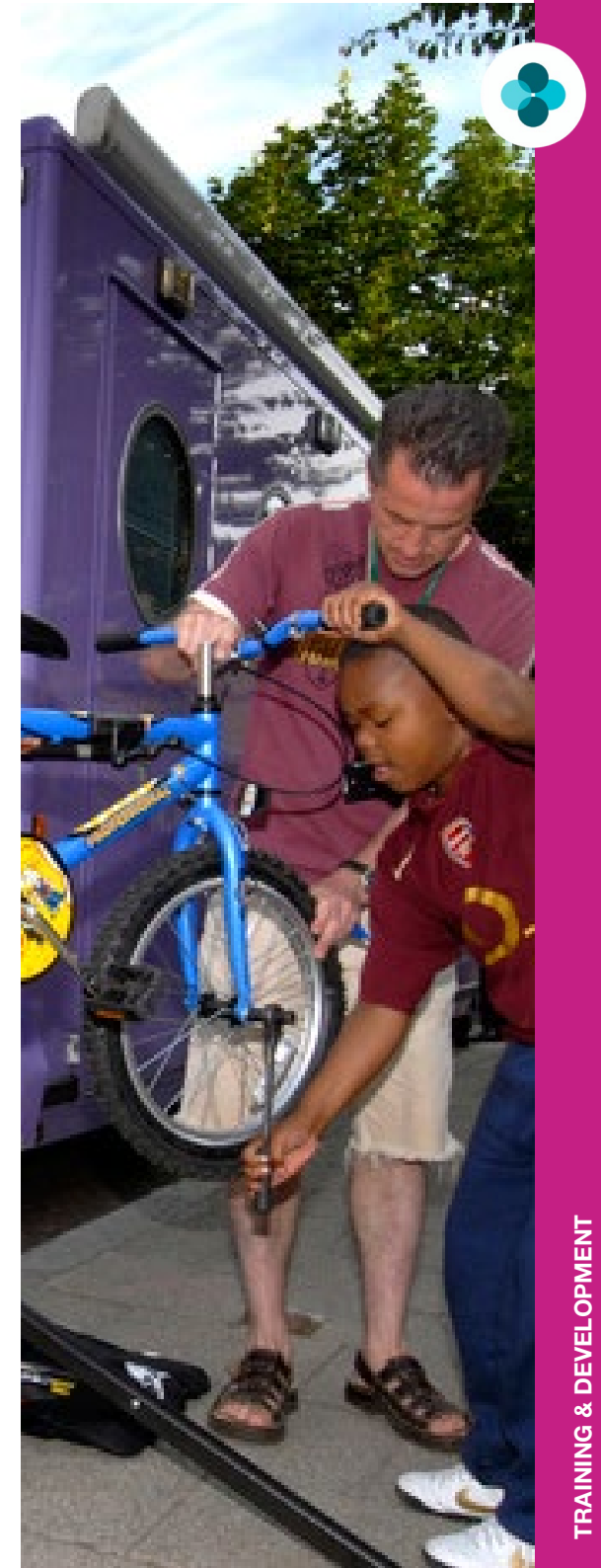
"An essential course. Absolutely inspiring. Promoting curiosity and professional and personal resilience."

Risk assessment, analysis and decision-making evaluation form – June 2013



"I thought this was a very well designed and informative course that made me further critically reflect on the issues."

Impact of neglect and emotional abuse on the development of children and young people evaluation form – November 2014





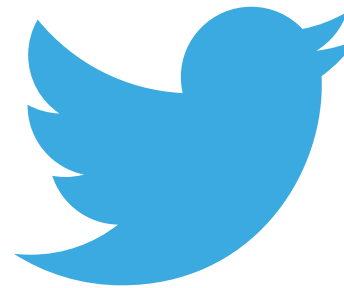
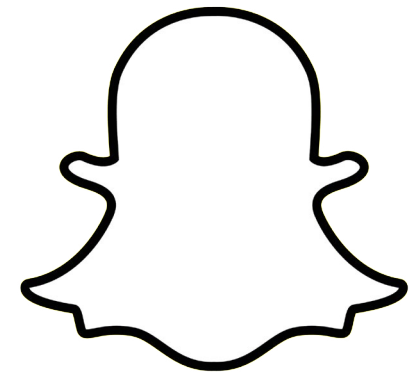
Communication

In 2013/14, the CHSCB continued to disseminate key safeguarding messages and news via its newsletter and the CHSCB website. Hits on the CHSCB website increased 16.5% over the year from 30,945 to 36,054 unique page views having experienced a drop over the previous 12 months. This is encouraging and there is tangible evidence of the increases relating to the publication of key learning with access to information on training remaining important.

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There has been a 129.17% increase over the course of 2013-14 of staff viewing information on Serious Case Reviews. Unique pages views of this section jumped from a monthly average of 79 views across April – September 2013 to 257 views per month across October to March 2014. This shift in page views can be seen starting in the week in which the CHSCB hosted the lunchtime seminar ‘Understanding Child Sexual Exploitation (CSE) – Findings from the recent Torbay Serious Case Review (February 2013)’. The CHSCB has developed plans to improve its current communication strategy.

The following areas have been identified for improvement and will be implemented over the course of 2014/15:

- Creating a defined Communications and Engagement Sub group
- Designing and launching a new CHSCB website
- Implementing the use of social media and other technology to help communication with and from the Board
- Improving opportunities for engagement by the CHSCB with children, young people and families and
- Improving feedback from professionals.





Priorities for next year & beyond

The immediate priorities for the CHSCB are set out in the refreshed ***business plan for 2014-15***. The intention is for this plan to provide a bridge for the CHSCB for the next 12 months. A more robust process of partnership engagement across the City and Hackney will be used in developing the business plan for 2015 onwards.

Over 2014/15, the Board will continue to strengthen its governance arrangements between CHSCB members and other partnership boards and ensure that it provides a more effective challenge to the safeguarding system across the City and Hackney. Underpinning all of our priorities, the CHSCB will evidence more direct engagement with children, young people and families and ensure a robust communications and engagement strategy is in place to support this.

COMMUNICATION & ENGAGEMENT

Improving communication and engagement helps the CHSCB to understand the experiences of children, young people, families, staff and communities. This directly influences service planning and improvements in practice.

THE QUALITY OF PRACTICE AND SERVICE DELIVERY

Early Help
Neglect
Domestic Violence
Child Sexual Exploitation and;
Child abuse linked to faith, belief or harmful practices

LEARNING & IMPROVEMENT

For the CHSCB to ensure lessons are identified, disseminated, embedded and that they lead to improvements in the quality of safeguarding practice and service delivery.





What you need to know

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CHILDREN AND YOUNG PEOPLE

- Nothing is more important than making sure you are safe and well cared for.
- As adults, sometimes we think we always know best...we don't..... and that's why your voice is so important.
- This is about you and we want to know more about how you think children and young people can be better protected.
- We want to talk to you more often and we want to know the best way to do this.....please help.
- If you are worried about your own safety or that of a friend, speak to a professional you trust or speak to ChildLine on 0800 1111

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PARENTS AND CARERS

- Public agencies are there to support you and prevent any problems you are having getting worse...Don't be afraid to ask for help.
- Tell us what works and what doesn't when professionals are trying to help you and your children.
- Make sure you know about the best way to protect your child and take time to understand some of the risks they can face.

- You'll never get ahead of your child when it comes to understanding social media and IT – but make yourself aware of the risks that children and young people can face.

THE COMMUNITY

- You are in the best place to look out for children and young people and to raise the alarm if something is going wrong for them.
- We all share responsibility for protecting children. Don't turn a blind eye. If you see something, say something.
- If you live in Hackney, call the First Response Team on 0208 3565500
- If you live in the City, call the Children & Families Team on 020 7332 1224 / 3621
- You can also call the NSPCC Child Protection helpline on 0808 800 5000



FRONT-LINE STAFF AND VOLUNTEERS WORKING WITH CHILDREN OR ADULTS

- Make children and young people are seen, heard and helped... whatever your role.

- Your professional judgement is what ultimately makes a difference and you must invest in developing the knowledge, skills and experiences needed to effectively safeguard children and young people. Attend all training required for your role.
- Be familiar with, and use when necessary, the Hackney Wellbeing Framework and/ or The City of London Early Intervention Framework to ensure an appropriate response to safeguarding children and young people.
- Understand the importance of talking with colleagues and don't be afraid to share information. If in doubt, speak to your manager.
- Escalate your concerns if you do not believe a child or young person is being safeguarded. This is non-negotiable.
- Use your representative on the CHSCB to make sure that your voice and that of the children and young people you work with are heard.
- If your work is mainly with adults, make sure you consider the needs of any children if those adults are parents.

LOCAL POLITICIANS

- You are leaders in your local area. Do not underestimate the importance of your role in advocating for the most vulnerable

children and making sure everyone takes their safeguarding responsibilities seriously.

- Councillors Antoinette Bramble (Hackney) and Dhruv Patel (The City of London) are the lead members for Children's Services and have a key role in children's safeguarding – so does every other councillor.
- You can be the eyes and ears of vulnerable children and families... Keep the protection of children at the front of your mind.

CHIEF EXECUTIVES AND DIRECTORS

- You set the tone for the culture of your organisation and your leadership is vital if children and young people are to be safeguarded.
- Understand the capability and capacity of your front-line services to protect children and young people - make sure both are robust
- Ensure your workforce attend relevant CHSCB training courses and learning events.
- Ensure your agency contributes to the work of CHSCB and give this the highest priority. Be Section 11 compliant.
- Advise the CHSCB of any organisational restructures and how these might affect your capacity to safeguard children and young people.



THE POLICE

- Robustly pursue offenders and disrupt their attempts to abuse children.
- Ensure officers and police staff have the opportunity to train with their colleagues in partner agencies.
- Ensure that the voices of all child victims are heard, particularly in relation to listening to evidence where children disclose abuse.
- Ensure a strong focus on MAPPA and MARAC arrangements.

HEAD TEACHERS AND GOVERNORS OF SCHOOLS

- Ensure that your school / academy / educational establishment is compliant with 'keeping children safe in education' (DfE, 2014) which outlines the processes which all schools, in the maintained, non-maintained or independent sector, must follow to safeguard their pupils.
- You see children more than any other profession and develop some of the most meaningful relationships with them.

- Keep engaged with the safeguarding process and continue to identify children who need early help and protection.

CLINICAL COMMISSIONING GROUPS

- CCGs in the health service have a key role in scrutinising the governance and planning across a range of organisations. You are required to discharge your safeguarding duties effectively and ensure that services are commissioned for the most vulnerable children.

THE LOCAL MEDIA

- Working in safeguarding children is a tough job.
- Communicating the message that safeguarding is everyone's responsibility is crucial to the CHSCB and you can help do this positively.
- Hundreds of children and young people are effectively safeguarded every year across the City and Hackney.

This is news.





The City & Hackney Safeguarding Children Board



Independent Chair

Jim Gamble



CHSCB Team

Rory McCallum

Senior Professional Advisor

Angela Bent

Board Manager

Sandra Reid

Business and Performance Manager

Janet Lamb

Local Authority Designated Officer

Leethen Bartholomew

Community Partnership Advisor

Muna Rahman

Training & Development Co-ordinator

Andrew Merkley

Board Co-ordinator



Participant Observers

Cllr Antoinette Bramble

Lead Member for Children's Services, London Borough Hackney

Cllr Dhruv Patel

Lead Member for Children's Services, City of London Corporation



Board Members

Shirley Green

Lay member

Prof. Sally Glen

Lay member

Michelle Leather

Lay member

Zafer Yilkan

Senior Service Manager, CAFCASS

Keith Paterson

Detective Chief Inspector, Child Abuse Investigation Team

Clinton Blackburn

Detective Inspector, City of London Police

Ade Adetosoye

Director of Community and Children's Services, City of London Corporation

Chris Pelham

Assistant Director People, Community and Children's Services, City of London Corporation

Jonathan Warren

Director of Nursing, East London NHS Foundation Trust

Sarah Wilson

Director for Specialist Services, East London NHS Foundation Trust

Kim Wright

Corporate Director, Hackney Health & Community Services

Simon Laurence

Borough Commander, The Metropolitan Police

Barry Loader

Detective Chief Inspector, The Metropolitan Police

Alan Wood

Corporate Director, Hackney Children and Young People's Services

Sheila Durr

Assistant Director, Hackney Children and Young People's Services

Sarah Wright

Head of Safeguarding and Learning, Hackney Children's Social Care

Kristine Wellington

Head of Safeguarding, Children & Families, Hackney Council for Voluntary Services

Charlotte Graves

Chief Executive, Hackney Homes

Tricia Okoruwa

Education Director and Head of The Hackney Learning Trust

Penny Bevan

Director of Public Health, Hackney Public Health

Kay Brown

Assistant Director, Hackney Revenues and Benefits

Linda Neimantas

Senior Manager, Community Rehabilitation Company

Ruth Hallgarten

Named GP for Child Protection, NHS City and Hackney Clinical Commissioning Group

Clare Highton

CCG Chair, NHS City and Hackney Clinical Commissioning Group

Dr Nick Lessof

Designated Doctor, NHS City and Hackney Clinical Commissioning Group

Mary Lee

Designated Nurse, NHS City and Hackney Clinical Commissioning Group

Dawn Jarvis

Programme Director for Children and Maternity Programme Boards

Vanessa Lodge

Director of Nursing, North Central and East London, NHS England

Janice Thomas

Executive Headteacher, Sebright Primary School

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Committee(s)	Dated:
Health and Wellbeing Board	20 th February 2015
Subject: CCG Commissioning Intentions 2015/16	Public
Report of: Chief Officer, CCG	For Information

Summary

The attached presentation provides an overview of the City and Hackney Clinical Commissioning Group's (CCG) commissioning intentions for 2015/16.

The CCG's five key ambitions are:

- Increase life expectancy
- Quality of life
- Quick recovery
- Good experience of care
- Patient safety

The CCG commission services in line with the following key objectives:

- Keep our health economy productive and efficient
- Maintaining referral rates, eliminating steps in the pathway which don't deliver patient benefit
- Reducing unnecessary emergency hospital activity
- Empower and support our patients to be in control of their health and decisions about their health
- Address concerns and feedback from our patients, members and stakeholders
- Align our work with Public Health commissioned services
- Prevention and wellbeing can impact on premature mortality and outcomes as much as what the CCG commissions
- Ensure parity of esteem between mental and physical health and focus on the mental health needs of our patients
- Ensure that primary care has the skills and capacity to remain the first point of contact and handle the work arising from our plans
- Align services across providers to deliver improved clinical quality and outcomes and joined up clinical behaviours
- Ensure safe and effective 7 day services which deliver patient satisfaction
- Improve our performance against CCG outcomes and NHS Constitution rights
- Decide what to do about non recurrently funded schemes which end in 2016
- Pass the "Think like a taxpayer, act like a patient" test – is it a good use of public money and how will it benefit our patients?

A full report outlining the CCG's commissioning intentions in detail is available here: <http://bit.ly/1zbthpb>, or on request from sarah.thomas@cityoflondon.gov.uk.

Recommendation(s)

Members are asked to:

- Note the report.

Appendices

- Appendix 1 – CCG Commissioning Intentions 2015/16 (presentation)

Paul Haigh
Chief Officer, City and Hackney CCG
E: paul.haigh@nhs.net

OUR OBJECTIVES

- Keep our health economy productive and efficient
 - Maintaining referral rates, eliminating steps in the pathway which don't deliver patient benefit
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5 DOMAINS AND AMBITIONS

Increase life expectancy

Reduce premature mortality – incl those with MH problems
Reduce health inequalities

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Poor on public health outcomes, and premature mortality

Quality of life

Improve for those with LTC and MH

Poor patient feedback around support and empowerment

Quick recovery

Reduce emergency admissions & improve community services

Above average emergency admissions

Good experience of care

Increase patient satisfaction

Not great patient feedback – acute and primary care

Patient safety

Reduce avoidable deaths in care and improve safety

Good but issues around some services.



OUTLOOK FOR THE NEXT 5 YEARS

OUR PLANS

September 2014

SUMMARY

1

Our vision for the City and Hackney health economy is:

- Patients in control of their health and wellbeing;
- A joined-up system which is safe, affordable, of high quality, easy to access, saves patients' time and improves patient experience;
- Everyone working together to reduce health inequalities and premature mortality and improve patient outcomes;
- Getting the best outcomes for every £ we invest through an equitable balance between good preventative services, strong primary and community services and effective hospital and mental health services which are wrapped around patient needs;
- Services working efficiently and effectively together to deliver patient and clinical outcomes and providers in financial balance.

2

BIG THEMES:

Reduce premature mortality

Manage demand

Develop primary care and community services

Safe high-quality hospital services

Address mental health needs

3

PLANS:

Focusing on cardiovascular & respiratory diseases, people with mental health problems and people with cancer, commission our providers to deliver:

- Earlier diagnosis and treatment;
- Social prescribing and integrated preventative services;
- Patients supported and empowered to embrace lifestyle changes which will impact on their health.

- Use the Better Care Fund to ensure services and providers are working in unison to deliver patients' care plans and the system-wide metrics we have set;
- Commission better support and quality of life for people with long term conditions and mental health problems;
- Ensure practices have the capacity & time to support & care for people in the community given the increasing demands they are facing.

- Commission the GP Confederation to deliver population coverage, uniform high quality standards & outcomes in primary care;
- Commission One Hackney providers including the voluntary sector to join up their services & work more closely with practices and patients & explore whether an Accountable Care Organisation would be a robust future delivery model;
- Ensure patients see primary care as their first port of call in and out of hours;
- Maintain our demand management & audit work with Homerton to align clinical behaviours.
- Work with our partners to develop an integrated offer for early years which supports everyone to get the best possible start in life.

Support Homerton Hospital to deliver:

- Strong 7 day DGH services, meeting fair, benchmarked performance standards and achieving good outcomes;
- Services aligned to patient pathways across primary care & specialist services, ensuring minimal impact on local DGH services, patient access and outcomes from redesigned service models;
- Improved patient experience, satisfaction and information & join up our IT systems.

- Commission access to fast professional care and support to maintain recovery and independence;
- Support primary care development and education to deliver more community based provision and parity of esteem.

4

Overseen by:

- Our CCG Board & 2 HWBBs debating & making decisions which affect City & Hackney transparently & in public;
- Our Programme Boards working with patients & clinicians to affect change on the ground in line with our constitution;
- Closer collaboration with Public Health commissioners in the Local Authorities;
- Our providers working in unison under "One Hackney" aligning individual organisational and service responsibilities to deliver shared outcomes;
- Our clinical senate generating ideas & debating & influencing clinical behaviours;
- Co-commissioning with NHSE & other CCGs;
- Organisation leaders meeting & working together for the good of City & Hackney.

5

Measured by:

- User, clinical & process outcomes for each service, contributing to & delivering system outcomes;
- KPIs across aligned contracts & tracking system-wide changes in activity & spend;
- Financial balance maintained & all providers remain viable & without significant performance concerns. ¹

INTRODUCTION

- We are setting out the clinical ambitions we have to improve things for our patients in City & Hackney.
- We are not a financially challenged health economy and so we don't need to develop heroic plans to balance our books.
- We face the same challenges though as everywhere else in the NHS with the prospect of little financial growth and possible changes in the future to how much money we receive for health services for our patients. The CCG is lucky to have sufficient financial headroom to make strategic investment to improve services and quality and test out whether what we are commissioning is really making a difference on the ground. This is a unique and highly privileged position which means we need to focus relentlessly with our patients, clinicians and stakeholders on where we need to improve things, how to do so, and ensure that we “think like a patient but act like a taxpayer”.
- We continue to liaise with other CCGs in North East London to ensure that we can understand the impact of any service changes that they are proposing for either our patients or on the Homerton Hospital.
- Having listened to our patients and our practices, looked at how we and our providers benchmark against elsewhere we have agreed 5 big themes that we want to tackle together.

BIG THEMES

Our plans fall into 5 areas

- Reducing premature mortality
- Managing demand
- Developing primary and community services
- Ensuring safe high quality hospital services
- Addressing mental health needs

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The following pages outline:

- Why we need to address each of these

- What we are going to do

REDUCING PREMATURE MORTALITY

WHY?

- We have worse premature mortality than London and the rest of England:
- CVD mortality rate locally is 89 deaths per 100,000 compared to 66 across England and cancer mortality rate is 142 deaths per 100,000 compared to 122 nationally.
- Life expectancy in males is 1.5 years lower in C&H than in England (with 4.4 years gap between the most and the least deprived in C&H).
- People with mental health problems die 20 years before the comparative population;
- Our patients have told us they want more support, help and education to manage their conditions;
- 62% of people locally feel supported to manage their LTC compared to 65% nationally and this has improved over the last year;
- We are in the top fifth for most measures of clinically effective management of LTC in London.

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WHAT?

- We've heard from our patients that they want to be in control of their health and decisions about their health - so we are using our Innovation Fund to commission a range of new services suggested by our patients, including more peer support, education, advocacy and information and we have exciting plans to work with clinicians at Homerton to improve patient information and decision aids;
- We are working hard on parity of esteem – supporting our practices and providers to treat the whole person and address their physical health needs, not just their mental health problem.
- We have invested over £2m in a comprehensive programme to commission our GP practices via the Confederation to identify and diagnose patients at risk of diabetes, cardiovascular, respiratory or liver diseases and to initiate treatment and management;
- We have also commissioned our practices to offer an extended consultation on initial diagnosis and training our practice staff in improved consultation & care planning skills;
- We are commissioning a greater focus at Homerton Hospital on supporting and managing people with Long Term Conditions to join their work up with what our practices are doing – hospital staff reviewing care plans when people are in hospital, improving communication about changes to care plans, and linking up patients with community education and support
- We have invested a further £600k to extend our social prescribing scheme with the voluntary sector so that more GPs can refer patients to healthy living and wellbeing interventions in the community and our patients have better knowledge of the support available to them;
- The biggest impact on premature mortality will come from tackling poverty, increasing exercise and from reducing obesity, alcohol use and smoking. We are working with our Local Authority Public Health commissioners to join up plans to ensure that together we can have the biggest impact;
- We are working with our GPs to support earlier cancer diagnosis and access the range of advice and diagnostic services we commission – although the biggest impact on cancer mortality will be from the Local Authority's work on stop smoking and encouraging patients with symptoms to contact their GP.

MANAGING DEMAND

WHY?

We have increased our focus on emergency activity as we want people to be cared for safely at home wherever possible and the new Better Care Fund gives an added impetus to this.

We appear to perform relatively well compared to London and the rest of England on the number of emergency admissions per 1000 people (on average 1750 emergency admissions per month). 20% of these admissions are in the over 75s and our rate of emergency admissions in the over 75s per 1000 people is greater than across London. Whilst we are ambitious to make improvements we don't believe there is scope to safely reduce these by more than about 2%.

Although this initiative won't save us significant amounts of money we believe it will make a difference for our patients in the quality of care and services they receive and in minimising unnecessary hospital stays.

WHAT?

We are very conscious that demand to see GPs has doubled in the last fifteen years and we need to support practices to manage this alongside the increasing workload from more services and care outside hospital.

Our main strategy is to ensure that practices have the capacity – both time and manpower – to care for people in the community and to offer a rapid response and consultation service when needed and that they are supported by a range of community services working together to help them

- We are investing nearly £4m in practice based integrated care which commissions our practices to develop care plans with our vulnerable and at risk patients, put these in place and undertake regular proactive home visits. This also funds more staff at Homerton, the Local Authority and in our other community and voluntary sector providers to ensure that they can wrap their staff and services around what our GPs are doing to ensure that strong clinically-led multidisciplinary teams are delivering the care plans set by our patients;
- We expect our plan to improve the quality of services in the community, reduce hospital emergency bed days, delayed discharges and readmissions & support more people to die in their own home if that is their wish;
- Our newly commissioned reablement and intermediate care service is starting which is a joint service between Homerton and social care and is aimed at providing one point of access and a rapid response to care for people safely in their homes

And we already have a wide range of commissioned services which are all focused on helping people to be cared for in their home environment. These will become the focus of our Better Care Fund. Our clinicians believe these new services will improve the quality of care for our patients but we are cautious about setting an ambitious target of how much hospital based activity they might save due to the limited evidence base for this.

In association with our fellow commissioners of adult social care in our two Local Authorities we will use the Better Care Fund to support our providers to work together really effectively to care for as many people as possible in the community in line with their care plans, improve the hospital discharge experience and reduce any delays, and support more people to die outside a hospital setting if that is what they want

Whilst the Better Care Fund has a national focus on adults, locally we are also looking at emergency admissions for children to Homerton and have commissioned an expansion to the children's community nursing team to support more children and their parents in the community and support earlier discharge. We also want to develop a programme with Homerton to look at whether their community services for children could do more to avoid hospital admissions and manage more children at home. Over the next year we will have a particular focus on asthma and on supporting our practices to identify children at risk so that they can put in place the necessary support and care plans.

OUR URGENT CARE SYSTEM

WHY?

As well as our work on emergency admissions we are maintaining our focus on the wider urgent care system for our patients, recognising that at the moment our A&E attendance rate is 10% higher than across London.

We are fortunate that locally the Homerton delivers really strong A&E performance for sick people but we need to ensure we have a good wider urgent care system both in and out of hours which meets the needs of our patients and that our patients see primary care as their first point of contact for all non-emergency issues both in and out of hours.

WHAT?

Last year we commissioned our new out of hours GP service from a new local GP led social enterprise - CHUHSE - and already have seen 38% more people use the service. Over the next year:

- We will be investing in our practices to extend their opening hours to improve GP access for our patients in an attempt to discourage people from using A&E as their first port of call
- We have also commissioned a new £600k service in conjunction with our GP Confederation and the London Ambulance Service called Paradoc which ensures a GP and paramedic can respond to an urgent call, visit the individual and ensure that there is support and care available to keep them at home and avoid having to go to hospital. So far it has seen over 500 cases and only 14% of these ended up going to A&E;
- We have invested in an Observational Medical Unit at Homerton A&E to quickly treat patients referred by GPs with certain conditions and we are also commissioning a range of consultant advice lines and urgent clinics coupled with rapid access diagnostics so GPs can get a quick diagnosis and start treatment fast;
- All our practices work with Homerton and other partners to develop care plans with patients who frequently attend A&E;
- We are commissioning Homerton to help people who are using A&E and don't have a GP to register with a local GP and have extended this service to Hackney Service Centre to encourage more local people to register with our GPs;
- We are commissioning Homerton to identify people attending A&E with mental health problems & develop care plans for them;
- We have commissioned our GP out of hours provider to have community nurses working alongside them to provide more holistic care for our patients overnight and at weekends;
- We are working with Homerton, London Ambulance Service and our GP Confederation to improve how information is shared about our patients' care plans and ensure that emergency services follow these;
- We are investing in more services to make hospital discharge smoother & in more community services for people who are at the last stages of life;
- Our Urgent Care Programme Board is working with Homerton and our practices to think about how we could redesign the current Primary Urgent Care Centre (PUCC) service to better meet the urgent care needs of our patients

Now we have such a wide range of services in place our priorities are to make sure the services work together to address patient needs and link up with primary care, that patients can articulate what they want their care plans to look like and that we are supporting clinical behaviour which results in care for as many people as possible in the community.

DELIVERING PRIMARY & COMMUNITY SERVICES

WHY?

Many people believe that the current model of primary care needs to change and adapt to better meet the needs of people in the 21st century.

Locally we are fortunate to have a good range of well performing practices that have been commissioned to offer a range of extended services to support our patients and take forward our plans and they are now working together as a Confederation.

However we aren't complacent.

Our patients told us that they wanted a GP out of hours service they knew about and had confidence in - we addressed this and now have a new service run by local GPs.

Our patients are telling us that they are struggling in some cases to get access to primary care and are going to A&E to seek help, even when their practice is open and that there are differences between what different practices offer.

WHAT?

Our 43 member practices have formed a GP Confederation which is a GP-led not for profit umbrella organisation, providing help and support to practices with the delivery of services and giving other local providers one organisation to talk to who can represent practices as we try to ensure the integration of local services. We now contract for additional services from our member practices via the GP Confederation – this means we just have one contract with one organisation that is responsible for supporting practices to ensure uniform high quality standards and outcomes and ensure population coverage – ie so that all our patients can access the services we are commissioning from primary care irrespective of which practice they are registered with.

We are already commissioning the following new services from primary care:

- Extended opening hours in response to patient feedback;
- Duty doctor service to respond to urgent requests for support from patients and other providers;
- Identification of vulnerable older people, development and agreement of care plans, proactive home visiting service;
- Identification and early diagnosis of people at risk of coronary heart disease, respiratory disease and diabetes;
- Access to support, advice and education for everyone with a long term condition and longer initial & care plan review consultations;
- Proactively reviewing & managing people with mental health problems;
- Seeing each woman during her pregnancy and after delivery to ensure that her needs are being met;
- Focusing on proactively reviewing all children with long term conditions and ensuring that care plans are in place with a specific focus on the management of asthma and ensuring support is available to children and their families;
- Ensuring high quality prescribing practice.

To complement this and ensure integrated pathways and provision we hope we will be allowed to take formal responsibility for co-commissioning primary care with NHSE via our Health & Wellbeing Boards.

Our GPs have also worked really hard over the last six years with consultants at Homerton Hospital to improve care for our patients, eliminate waste and make care as seamless as possible. We have low out patient referral rates and we will be maintaining this focus through our clinical leadership work with Homerton, our Planned Care Board and our consortia by developing more pathways, eliminating steps in the patient pathway which don't deliver patient benefit and improving access to diagnostic investigations. Our 6 commissioning Consortia are the bedrock for how our GPs work together to discuss & develop primary care clinical behaviour & deliver education & support.

Our local providers across the NHS and voluntary sector (including the GP Confederation) have also come together under the "One Hackney" umbrella to join up their services, work more closely with our practices and take collective responsibility for delivering specific outcomes. We are keen to explore with them whether this could develop into an Accountable Care Organisation to better coordinate care for our patients.

We are starting some work with our partners over the next few months to develop an integrated service offer for vulnerable parents & children to ensure that we can identify their needs, wrap services around them to address their needs and get them the best possible start in life. Whilst we have spent a lot of time focusing on the needs of our elderly population we now need to address the needs of our growing young population.

SAFE HIGH QUALITY HOSPITAL SERVICES

WHY?

We want to make sure that the experience of our patients when they have to go into hospital is first class and that services are safe and of high quality.

Most of our patients use Homerton Hospital and we are fortunate that it is efficient with good standards and outcomes.

Patients have told us that they would like to see better join up between hospital services and primary care and a reduction in waste in hospital - wasted appointments where there isn't the information available to treat them, duplicate tests, poor communications. These issues seem to be more of a problem at non-local hospitals – particularly Barts Health where our GPs are also concerned about the delivery of some services.

People are broadly complimentary about the services at the Homerton but feel that they have more to do around addressing feedback from patients and staff attitudes.

WHAT?

We will continue to work with Homerton to ensure that it stays a high performing organisation and that it can meet any new quality or performance standards which are introduced and can meet the challenges of ensuring great services seven days a week.

The six main areas of work for us over the next year are:

- Supporting the work which Homerton is doing to improve patient experience in some areas - particularly care of the elderly and post natal care - and linking up with the views of our patient and public involvement groups, Healthwatch, our GPs and other stakeholders to ensure that concerns are being addressed and patient satisfaction and empowerment is core to how Homerton - and other providers - design and deliver their services;
- Ensuring hospital services abide by NICE standards and participate in national audits. We are also very active in supporting local joint clinical audits of our clinical pathways & clinical behaviour;
- Making sure that we are working with clinicians at the Homerton to monitor, investigate and learn the lessons from complaints, incidents, outbreaks of infection and any avoidable deaths;
- Working with our colleague CCGs to understand the implications of emerging models of specialist care commissioned by NHSE. We want to ensure that we have integrated pathways from presentation in primary care to hospital treatment and need to make sure that the NHSE reviews of specialist service provision across London do not worsen access, outcomes or quality for our patients nor destabilise any local services and pathways;.
- Ensuring that we continue to have strong local pathways for people with cardiac and cancer diseases which link in with the new specialist centres being developed at Barts Health and UCLH;
- Understanding the plans of our fellow CCGs to improve the quality of services across Barts Health and the implications of any changes for both City and Hackney patients and for the Homerton.

ADDRESSING MENTAL HEALTH NEEDS

WHY?

Our population have high mental health needs:

- 50% of all women and 25% of all men are affected by depression at some point in their lives;
- 4-5% of people have a diagnosable personality disorder;
- People with schizophrenia are likely to die 15-25 years earlier than others;
- Dementia affects 5% of all over 65s and 10-20% of the over 80s.

We spend more money on mental health services than elsewhere in England and so we need to ensure that every £ is really addressing the mental health needs of our patients and really improving outcomes.

WHAT?

- We have commissioned a new service at Homerton to ensure a rapid assessment of people with mental health problems in the hospital wards and in A&E and to help support safe and rapid discharge;
- As part of our work on parity of esteem, we have also transferred the management of some patients with mental health problems to primary care. Our clinicians have now agreed to take a further step - discharging more patients over the next twelve months and reinvesting the savings in an extended primary care mental health service to help manage patients in the community;
- We are commissioning our practices to ensure they have the skills, capacity & time to provide the support that people with mental health problems need in the community;
- We are working with our Local Authority Public Health commissioners to align the health and wellbeing and prevention services they commission with our CCG plans;
- We are investing in community provision for dementia sufferers and their carers and are commissioning all our providers to increase the rate of diagnosis of dementia and ensure that advice and support is available to people diagnosed and their carers;
- We are investing in a training programme for community staff to recognise the symptoms of psychosis in order to enable swifter referrals;
- We will make sure that every patient with mental health problems has a recovery plan which has an introduction to benefits and employment support;
- We are continuing to commission shorter waiting times for psychological therapy assessment and treatment services and will commission an extended range of interventions.
- We have recently published a Joint Framework for CAMHS services to improve outcomes and promote early interventions;
- We are commissioning an extended mental health service to meet the needs of patients admitted to Homerton with mental health problems and those who attend A&E.
- We are expanding the popular service we commission with the Tavistock & Portman to support people with unexplained medical symptoms & complex medical problems which have underlying mental health issues.

RESPONDING TO OTHER THINGS WE HAVE BEEN TOLD

WHY?

Our patient and public involvement groups who work with our practices and with our Programme Boards are an incredibly rich source of useful and powerful information about what we need to change and why.

We also spend a lot of time listening to the views of our 43 GP practices - they are in direct contact with our patients every day, work with local services and have a great understanding of what's actually happening "on the ground".

WHAT?

So we are making lots of other changes - which don't fit neatly into the other headings but are just as important if we are to meet our vision of making a difference for our patients.

We are:

- Developing a new pathway for the antenatal care of vulnerable women and working with fellow commissioners and partners to develop an improved offer for our 0-5 year olds.
- Improving the way that wound dressings for our patients are provided and managed in the community and developing a new service for lymphoedema. We think there is a lot of waste and duplication in the current dressings service which isn't as responsive to the needs of our patients as it ought to be;
- Commissioning a better spread and availability of diagnostic tests for patients in the community - blood tests, spirometry, ECG and anticoagulation amongst others;
- Commissioning a new community based service to test people for glaucoma and monitor the results which should result in fewer trips to hospital for check ups;
- Improving the way that people with pain and those needing joint surgery are cared for and treated - we think we could really streamline the pathway and better join up services so our patients don't need as many trips to hospital, provide much better information to our patients, and improve overall quality and satisfaction;

FINANCIAL STRATEGY

- Our plan maintains our 2013/14 £27.2m roll forward as headroom through the next 5 years;
- We will use our strategic investment reserves and internal resources non-recurrently to invest in change where it will deliver patient benefit for City & Hackney; these reserves also maintain our recurrent headroom against risk;
- All investment proposals are considered by our Prioritisation and Investment Sub-Committee using a prioritisation framework;
- Where evaluation shows that our new investment has delivered the improvements we expect and is sustainable, we will fund the services recurrently;
- Our plan supports the continued viability of our main providers Homerton, ELFT, CHUHSE and GP Confederation;
- We base all our decisions on evidence base and benchmarks, in line with our constitution, and our plans are grounded in clinical reality and making a difference on the ground and are all clinically led & supported – therefore we have not made heroic assumptions and our QIPP plans are cautious and deliverable;
- Our plan allows for headroom to cover downside risks such as funding formula change, demographic change and activity risk and we are full members of a risk share agreement with other East London CCGs – Waltham Forest, Newham and Tower Hamlets;
- We will continue to lobby with our partners for a fairer funding formula that reflects deprivation and meets the needs of an inner urban population.

Financial Summary of SPG plan

Revenue Resource Limit

£ 000	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Recurrent	347,625	352,977	364,918	371,250	377,362	383,578
Non-Recurrent	10,266	27,232	27,200	27,000	27,000	27,300
Total	357,891	380,209	392,118	398,250	404,363	410,878

Programme Expenditure

Acute	175,006	181,273	179,253	183,096	187,726	192,280
Mental Health	48,166	48,428	48,269	49,934	51,160	52,367
Community	37,141	37,295	37,672	38,842	39,829	40,800
Continuing Care	10,564	10,697	10,998	11,391	11,680	11,965
Primary Care	36,361	41,850	43,088	44,502	45,885	47,312
Other Programme	16,983	23,732	36,112	33,584	30,600	28,364
Total Programme Costs	324,221	343,275	355,392	361,350	366,880	373,088

Running Costs	6,540	5,920	5,926	5,943	5,959	5,974
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Contingency	-	3,814	3,800	3,957	4,224	4,416
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Total Costs	330,761	353,009	365,118	371,250	377,063	383,478
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£ 000	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Surplus/(Deficit) - cumulative	27,130	27,200	27,000	27,000	27,300	27,400
Surplus/(Deficit) %	7.6%	7.2%	6.9%	6.8%	6.8%	6.7%
Net QIPP	-	5,426	6,803	2,000	2,000	2,000

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Committee(s)	Dated:
Health and Wellbeing Board	20 February 2015
Subject: Out of area GP registrations: update	Public
Report of: Director of Community and Children’s Services	For Information

Summary

This paper provides a summary of the report from NHS England, *Out of Area GP Registrations from 5 January 2015: Update for City of London Health and Wellbeing Board* (presentation attached as an appendix). This outlines the changes to GP contracts from January 2015. As a result of these changes, GP practices who choose to will be able to accept registrations from patients who are not resident in their practice area (“out of area patients”). At present, no local GP practices have opted to participate in the scheme. However, some have opted to provide an “enhanced service”, which means that if City residents choose to register with a GP elsewhere, they will be able to go to local practices for emergency appointments or have a home visit when they are unable to travel to the GP practice they are registered with. There are currently no plans for non-City residents to be able to register with local GPs. However, this remains an ongoing issue for the Health and Wellbeing Board, as a large number of people work in the City, but live elsewhere and could benefit from being able to access health services in the City.

Recommendation

Members are asked to:

- Note the appendix to this report from NHS England, *Out of Area GP Registrations from 5 January 2015: Update for City of London Health and Wellbeing Board (presentation)*.

Main Report

Background

1. Changes to GP contract came into effect from 5th January 2015, and include the option for GP practices to register patients from outside of their practice area, if they wish to participate in the scheme.
2. The Board initially received a report on this change from NHS England at the 30th September 2015 Health and Wellbeing Board meeting. However, they were informed that the implementation date had been delayed from October 2014 to January 2015. At the meeting, Members noted that the City of London

had a very high daytime population (mainly City workers) compared to a small resident population, meaning that demand from out of area patients to register with a GP in the City could potentially be very high and it was unlikely that the single local GP practice could meet this demand in its current state. It could also be difficult to predict demand.

3. Members also questioned the legal challenge which GPs may face if they did not endorse the contract, and it was agreed that NHS England would update the Board again to provide clarification on legal issues following the implementation of the contract changes in January.

Current Position

4. All GP practices will be free to register patients from outside their practice area (referred to as 'out of area patients'), without any obligation on the practice to provide home visits or out of hours services when the patient is at home i.e. away from and unable to attend their registered practice. It is voluntary for GP practices to participate.
5. In these circumstances NHS England will be responsible for ensuring out of area patients can continue to access primary medical services when they are at home and unable to attend appointments in their registered practice area.
6. NHS England area teams have put in place arrangements to secure in-hours primary medical care services for out of area patients who live in their area. These will provide access to a home visit when clinically needed, or more likely, when an out of area patient is too unwell to be expected to travel to their registered practice area, but could travel to a local provider for a consultation with a GP or other healthcare practitioner.
7. It remains difficult to quantify the scope and extent of demand for these services.
8. Some local GP practices, including the Neaman Practice, have opted to provide an "enhanced service", which means that if City residents choose to register with a GP elsewhere, they will be able to go to local practices for emergency appointments or have a home visit when they are unable to travel to the GP practice they are registered with.
9. There are currently no plans for non-City residents to be able to register with local GPs. However, this remains an ongoing issue for the Health and Wellbeing Board, as a large number of people work in the City, but live elsewhere and could benefit from being able to access health services in the City. This issue is being addressed in part through plans for the proposed Workplace Health Centre.

Proposals

10. This report does not include any proposals, although the Board may wish to request to be kept informed of any developments in this area and the likely impact on access to healthcare services for both City residents and workers.

Conclusion

11. Members are asked to note the presentation from NHS England, *Out of Area GP Registrations from 5 January 2015: Update for City of London Health and Wellbeing Board*.

Appendices

- Appendix 1 - *Out of Area GP Registrations from 5 January 2015: Update for City of London Health and Wellbeing Board (presentation)*

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Agenda Item 8

Committee(s)	Dated:
Health and Wellbeing Board	20 th February 2015
Subject: City of London response to London Health Commission	Public
Report of: Director of Community and Children's Services	For Decision

Summary

- At the 28th November 2014 meeting of the Health and Wellbeing Board (HWB), Members received a presentation from Dr Yvonne Doyle, London Regional Director for Public Health England, regarding the Better Health for London report from the London Health Commission.
- The report is a “call to action” for London and proposes measures to combat the public health threats posed by tobacco, alcohol, obesity, lack of exercise and pollution, as well as a raft of recommendations around the provision of health services in London, to make London a healthier place.
- Officers were requested to review the report's recommendations and present a paper to the next meeting of the Board, suggesting the recommendations that it would be most appropriate for the City of London's Health and Wellbeing Board to champion.

Recommendation(s)

Members are asked to:

- Approve the formation of an officer working group to further explore a number of the recommendations from the Better Health for London report, selected because they closely reflect the HWB's strategic priorities. The working group will identify how these recommendations can be implemented in the City and report back to the HWB in six months.
- Approve the suggested recommendations for the City to lead on:
 1. Smoke free parks and open spaces
 2. Encouraging more Londoners to walk 10,000 steps a day and supporting employers to incentivise their employees to walk to work
 3. Promotion of workplace health initiatives
 4. Local health promotion day ('Imagine Healthy London Day')
 5. Additional GP services

Main Report

Background

1. At the 28th November 2014 meeting of the Health and Wellbeing Board, Members received a presentation from Dr Yvonne Doyle, London Regional Director for Public Health England, regarding the Better Health for London report from the London Health Commission. Members discussed the implications for the City of London and how the report can shape the work of the Health and Wellbeing Board. Officers were requested to review the report's recommendations and present a paper to the next meeting of the Board, suggesting the recommendations that it would be most appropriate for the City of London's Health and Wellbeing Board to champion. This will allow the HWB to lead some major public health and health service changes in the City and make a tangible impact on the health and wellbeing of our resident and working populations.
2. The Mayor of London set up the London Health Commission in September 2013 to review the health of the capital, from the provision of services to what Londoners themselves can do to help make London a healthier city. The report proposes measures to combat the public health threats posed by tobacco, alcohol, obesity, lack of exercise and pollution, as well as a raft of recommendations around the provision of health services in London. The London Health Commission's aspirations for London are as follows:
 1. Give all London's children a healthy, happy start to life.
 2. Get London fitter with better food, more exercise and healthier living.
 3. Make work a healthy place to be in London.
 4. Help Londoners to kick unhealthy habits.
 5. Care for the most mentally ill in London so they live longer, healthier lives
 6. Enable Londoners to do more to look after themselves.
 7. Ensure that every Londoner is able to see a GP when they need to and at a time that suits them.
 8. Create the best health and care services of any world city, throughout London and on every day.
 9. Fully engage and involve Londoners in the future health of their city.
 10. Put London at the centre of the global revolution in digital health.
3. The Better Health for London report includes a set of 64 recommendations for health providers, including NHS and local authorities. The full report can be accessed at: <http://www.londonhealthcommission.org.uk/better-health-for-london/>

Current Position

4. Members are requested to consider championing the following recommendations from the Better Health for London report:

Recommendation from Better Health for London report	Rationale – why should the City of London HWB champion this initiative?
<p><u>Recommendation 2:</u> The Mayor, Royal Parks, City of London and London boroughs should use their respective powers to make more public spaces smoke free, including Trafalgar Square, Parliament Square, and parks and green spaces.</p>	<p>Smoke free open spaces could be achieved through our local bylaw powers. There is already some recognition of the value of smoke free open spaces in the City, as demonstrated through the smoke free children’s playgrounds pilot, whereby voluntary no smoking codes have been implemented within children’s playgrounds, for a trial period of six months, in four areas in the City.</p> <p>Making the City’s open spaces smoke free will mean setting a better example for children, fewer opportunities for smokers to smoke, less litter and more green and pleasant places for people to come together for better health. Smoking has been identified as a key health issue for both the City’s resident and worker populations.</p>
<p><u>Recommendation 7:</u> The Mayor should invest 20% of his TfL advertising budget to encourage more Londoners to walk 10,000 steps a day, and TfL should change signage to encourage people to walk up stairs and escalators.</p>	<p>The City of London has a higher concentration of workers than any other area in London, therefore it is important that the City takes a lead on issues relating to workplace health and public health concerns for employees. Over 360,000 people commute into the City every day, and there is much more that can be done to encourage them to increase their exercise levels through easy methods such as walking to work, or taking more steps each day.</p>
<p><u>Recommendation 8:</u> The NHS, Public Health England, and TfL should work together to create a platform to enable employers to incentivise their employees to walk to work through the Oyster or a contactless scheme.</p>	<p>A key strand of our public health work is Business Healthy, a programme which engages with City businesses to promote workplace health and wellbeing. We could use this initiative to promote these schemes. The City of London Corporation also seeks to lead by example, as is demonstrated by our commitment to the health and wellbeing of our own employees. We could consider implementing a reward scheme for our own staff to incentivise them to walk to work (or part of the way to work), or run challenges to increase the steps taken each day.</p>
<p><u>Recommendation 9:</u> The Mayor should encourage all employers to promote the health of Londoners through workplace health initiatives. The NHS should lead the way by introducing wellbeing</p>	<p>The City of London has developed the Business Healthy programme, and we plan to extend this work by engaging with more City employers and increasing the range of resources we can offer to ensure that more local businesses are offering workplace health and wellbeing programmes to their employees. This is an area we are already</p>

<p>programmes, including having a mental health first aider for every NHS organisation.</p>	<p>championing, and we should continue to build on the success of Business Healthy, share our learning with other areas and support pan-London schemes such as the GLA's Healthy Workplace Charter.</p>
<p><u>Recommendation 10:</u> London boroughs, the GLA and the NHS should work together to organise an annual Mayor's 'Imagine Healthy London' Day in London's parks, centred on an 'All-Borough Sports Festival' with health professionals offering health checks, and exercise and healthy eating workshops.</p>	<p>The City of London is keen to support local sporting, exercise and health initiatives. For instance the routes of 2012 Olympic marathons, the 2014 Tour de France, the annual London marathon and various road races pass through the City, including the Great City Race which is an inter-company competition. Similar inter-company sporting leagues exist throughout the City. Sports development activities aimed at residents are provided by Fusion and include health walks, exercise on referral and sports programmes for young people. The City should support the proposed 'Imagine Healthy London' Day to encourage increased levels of physical activity and better awareness of healthy lifestyles. The City could also host its own 'Healthy City Day', linked with the wider pan-London day, or in partnership with the Mayor's City of London Festival in the summer.</p>
<p><u>Recommendation 26:</u> NHS England and CCGs should put in place arrangements to allow existing or new providers to set up new GP services in areas of persistent poor provision in London.</p>	<p>The City of London HWB is aware of a need for additional GP services in the City, particularly access to medical care for City workers who are not resident in the area and therefore not registered with a local GP. The HWB could seek to better understand the demand for GP and medical services in the City, map the gaps and consider options for the provision of future services, particularly in relation to the proposed Workplace Health Centre.</p>

Proposals

- Members are asked to approve the formation of an officer working group to further explore the recommendations outlined above and identify how they can be implemented in the City, to report back to the HWB in six months. This will require partnership working with other organisations, such as the Greater London Authority and Transport for London, voluntary organisations and City businesses, as well as the HWB exerting influence over the decision-making process at the City of London Corporation in areas such as Parks and Open Spaces.

Corporate & Strategic Implications

- The recommendations listed above have been selected because they reflect the priorities of the HWB, as outlined in the Joint Health and Wellbeing Strategy.

Implications

7. The recommendations will require sign off from other committees. In the case of smoke free parks a new bylaw will also be required. Any decisions with legal or financial implications will therefore be put to the HWB prior to implementation.

Conclusion

8. Members are asked to approve the formation of an officer working group to further explore a number of the recommendations from the Better Health for London report, selected because they closely reflect the HWB's strategic priorities. The working group will identify how these recommendations can be implemented in the City and report back to the HWB in six months.
9. The suggested recommendations for the City to lead on are as follows:
 - Smoke free parks and open spaces
 - Encouraging more Londoners to walk 10,000 steps a day and supporting employers to incentivise their employees to walk to work
 - Promotion of workplace health initiatives
 - Local health promotion day, including sports ('Imagine Healthy London Day')
 - Additional GP services

Appendices

- None

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Committee(s)	Dated:
Health and Wellbeing Board	20 th February 2015
Subject: Pharmaceutical Needs Assessment update	Public
Report of: Director of Community and Children's Services	For Decision

Summary

The Health and Wellbeing Board has a statutory obligation to produce a Pharmaceutical Needs Assessment (PNA) by 1 April 2015. The PNA contains information about local need, current community pharmacy services and gaps in provision. The PNA will be used by NHS England to commission future pharmacy services in the area. The information contained in the PNA will also inform the commissioning plans of City of London Corporation, LB Hackney and City & Hackney CCG.

A summary of the key findings for the City are included as an appendix. Current pharmacy provision meets the current and projected future needs of the resident and working populations. However there is some scope for improvement, particularly by extending access to repeat dispensing services and increasing public health provision through pharmacies for both City residents and workers.

Recommendation

Members are asked to:

- Delegate authority to the Chairman/Deputy Chairman, in consultation with the Director of Public Health, to approve the PNA for publication.

Main Report

Background

1. Pharmaceutical Needs Assessments (PNAs) are used by the NHS, Clinical Commissioning Groups and local authorities to commission community pharmacy and related services. NHS England is responsible for making decisions on applications to open new pharmacies and dispensing appliance contractor premises; the PNA document informs these decisions at a local level.
2. The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for producing PNAs. Hackney and the City's Health and Wellbeing Boards (HWBs) have a statutory responsibility to produce a revised

Pharmaceutical Needs Assessment (PNA) for the local area by 1 April 2015. The last PNA was produced by the former PCT in April 2011.

3. Each HWB is required to produce its own individual PNA. The process has therefore been conducted jointly with Hackney, but separate assessments have been produced for each area.
4. At the July HWB, Members approved the PNA delivery plan, including the following:
 - Collation and analysis of relevant data to assess the adequacy of existing services and identify any gaps to meet current and future need, such as socio-demographic analysis of the local population, geographical mapping of pharmacies and analysis of existing pharmacy services.
 - Feedback from local pharmacies, the public and other key stakeholders.
 - Engagement with partners, including City & Hackney Local Pharmaceutical Committee, City & Hackney Local Medical Committee, City & Hackney CCG, NHS England and Area Team, individual pharmacists (including Boots the Chemist), City of London Healthwatch and Hackney Healthwatch and other public/patient representative groups and the local NHS Trusts and Foundation Trusts.
 - Consultation on the draft report.
5. As well as assessing pharmaceutical services, the draft PNA also includes an analysis of pharmacy public health services commissioned in the City of London.
6. The assessment has been conducted using a range of different methods, including a review of local policy and strategy documents, analysis of commissioning and prescribing data, a survey of pharmacy contractors and engagement with patients and the public.
7. The implications of the City's demographic and health profile have been taken into consideration in the assessment of pharmaceutical services, and have informed the conclusions in relation to public health services.
8. Production of the PNA has been overseen by a single governance process, with input from all key local partners (including the Clinical Commissioning Group, Local Pharmaceutical Committee, NHS England and Healthwatch).

Current Position

9. A public consultation on the draft report of the PNAs closed on 31st December. The responses to this consultation are currently being worked through by the PNA Task & Finish Group. A final report will be produced by the end of February.
10. A summary of the pre-consultation draft PNA for the City of London is included in Appendix 1.
11. Due to tight timescales, Members are asked to delegate authority to the Chairman/Deputy Chairman to sign off the PNA prior to the deadline of 1st April 2015. The final report will then be made available to the HWB.

12. Relevant findings from the PNA should be considered in the development of the Corporation's and the CCG's future commissioning plans. The Corporation is engaged in ongoing discussions with the City and Hackney Local Pharmaceutical Committee about service improvements and future developments, using the results of the PNA as a baseline. A joint Local Pharmaceutical Committee and Public Health forum is being held on 5th February 2015 to start a wider discussion with pharmacy contractors about how we can work together better to improve public health outcomes for both the City and Hackney. Evidence from the PNA will guide these discussions.

Legal Considerations

13. NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the statutory requirements for Health and Wellbeing Boards to produce a PNA for the local area by 1 April 2015. Failure to produce a PNA by this date will lead to legal challenge.

Recommendations

14. Members are asked to:

- Delegate authority to the Chairman/Deputy Chairman, in consultation with the Director of Public Health, to approve the PNA for publication before 1st April 2015.

Appendices

- Appendix 1 – City of London Pharmaceutical Needs Assessment Executive Summary (Pre-Consultation Draft)

Background Papers

Pharmaceutical Needs Assessment draft delivery plan, 18th July 2014 (Health and Wellbeing Board)

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Appendix 1

City of London Pharmaceutical Needs Assessment Executive Summary (Pre-Consultation Draft)

Demography and health profile

1. The characteristics of the City's population can be summarised as follows:
 - The size of the resident population (7,879) is larger than the population registered with the one GP practice located in the City (6,234); and a significant minority of residents are registered with out-of-area GPs.
 - The City has a comparatively large working age and older resident population.
 - The most significant residential populations are clustered towards the north (near the Islington border) and the east (near the border with Tower Hamlets).
 - The City is also a major location of employment, which significantly increases the daytime population (by a factor of 56).
 - The City is home to one of the largest rough sleeper populations in London.
 - The GLA's SHLAA population projections (which take future housing growth into account) predict that the City's population will grow by 10% (or 845 people) over the three years covered by the PNA.
 - The majority (79%) of City residents identify themselves as 'white' ethnicity, a quarter of which 'other white' (i.e. not British or Irish).
 - Levels of deprivation in the City are low in general, except in the east of the borough.
 - The City is home to a comparatively healthy population, but data is not always available due to small numbers.
 - Rates of smoking amongst City workers are higher than average; binge drinking is particularly prevalent amongst City populations (resident and daytime worker) compared with other areas.
 - The sizeable rough sleeper population poses additional challenges for local health and public health services.

Summary of our assessment of pharmaceutical services

2. We have set out below a summary of our assessment of pharmaceutical services in the City of London, in response to the five statements set out in schedule 1 of the regulations.
3. Necessary services – current provision
 - We have concluded that essential services, advanced services and locally commissioned services are all necessary to meet a current need for pharmaceutical services in the City of London.
 - There are 16 pharmacy contractors in the City. There are no distance-selling pharmacies, dispensing appliance contractors or dispensing doctors located within the Corporation's boundaries.
 - City registered patients also make heavy use of out-of-area pharmacies, for their dispensing needs at least (61% of prescriptions are dispensed elsewhere).

- A significant number of City residents, in particular those living in the east, are registered with GPs across the border (in Tower Hamlets) and it is reasonable to expect that some of their pharmaceutical needs will be met by pharmacies that serve these GP practices.
4. Necessary services – gaps in provision
- We have concluded that City residents have access to a comprehensive network of pharmacy contractors, and that this network is sufficient to meet the current need for pharmaceutical services (including essential, advanced and locally commissioned services) and to meet the needs of our population over the period covered by this PNA (up to 2018).
 - There were no responses to the patient/public survey to suggest that the needs of any specific communities are currently not being met.
 - The pattern of opening hours reflects the expressed demand of the resident and workday population.
 - There are no DACs in the City, nor do any pharmacies provide AUR or SAC services. However, our analysis of dispensing data has revealed that the majority of stoma and incontinence appliances are supplied by out-of-area specialist providers, who will very likely offer AUR and SAC services to their patients. Two pharmacy contractors have expressed an intention to provide each of these services within the next 12 months.
 - There may also be scope to improve access to locally commissioned services for the resident population in the east of the City, but consideration should be given to the extent to which these needs are currently being met by out-of-area pharmacies.
 - Locally commissioned services are deliberately offered only to pharmacies serving the two main residential populations in the north and east of the City. Both of these areas are in very close proximity to neighbouring boroughs (Islington in the north and Tower Hamlets in the east) and there is evidence of significant cross-border dispensing which reflects this, as described above. On this basis, we have concluded that the pharmaceutical needs of the residential population are well served, both by City and out-of-area pharmacies.
 - There is considerable scope to extend access to repeat dispensing services to the benefit of patients. This represents an opportunity for GPs (who must initiate repeat dispensing) and pharmacies to work together to bring the benefits of this service to patients. We recommend that NHS England support the adoption and roll out of repeat dispensing by GP practices.
5. Other relevant services – current provision
- We have concluded that the seasonal flu immunisation service secures better access for our population.
 - All other pharmaceutical services described in this report have been assessed as necessary for the provision of adequate services to the population of the City of London.
6. Improvements and better access – gaps in provision
- We have considered population trends, as well as planned housing and related developments, over the period covered by the PNA and how these

may impact on the need to secure future improvements or better access to pharmaceutical services.

- We have not identified any need for pharmaceutical services to secure future improvements or better access over the period covered by this PNA.
- The lower than average level of dispensing in the City suggests that there is capacity within the system should such a need arise (this assessment will be reviewed in the post consultation report, once 2013-14 benchmarking data has been published).

7. Other services

- Other provision of related services by NHS providers has been considered in our assessment. We have concluded that this provision does not impact on current or potential need for pharmaceutical services.
- There are no plans for the acute trust located in the City (Bart's hospital) to make an application to provide NHS pharmaceutical services.
- There are no plans to expand the number of GP practices or NHS dentists. Plans have been approved by NHS England to enable non-residents (including the commuter population) to register with out-of-area GPs, which could have significant implications for the City; the anticipated implementation date for this scheme is January 2015. This will have an unknown impact on future need for pharmaceutical services.

8. Summary of our assessment of public health services

- Given the continued high rates of smoking amongst City workers in particular, and the convenience of using pharmacies to get support to quit, we have concluded that the stop smoking service is necessary to meet a current local need. There are no gaps in current provision.
- The pharmacy weight management service offers the potential to secure better access to weight management services in the City. Future service commissioning should be aligned with the new integrated adult obesity service planned for implementation in 2015.
- We have concluded that supply of Healthy Start vitamins through pharmacies is necessary to meet a current need in the City. There is good access to the service in the areas populated by the largest resident communities.
- We have concluded that the four elements of the pharmacy sexual health service (EHC, condom distribution, Chlamydia screening and treatment) are necessary to meet a current need in the City. Measures should be taken to address the gap in service provision to meet the needs of the residential population in the east of the City.
- We have concluded that the pharmacy TB DOTS service is necessary to meet a current need in the City, particular for the resident population in the east of the borough. However, no pharmacies in or near this neighbourhood are currently delivering this service, but they may be accessing TB services over the border in Tower Hamlets, where many City residents are registered. TB commissioning does not strictly fall within the remit of local authority public health responsibilities. We recommend that local commissioning of DOTS is reviewed by relevant local partners (City and Hackney Public Health, the CCG, PHE and NHS England) following publication of the new national TB strategy in 2015.

- We have concluded that the supervised consumption service and needle exchange service are both necessary to meet a current need in the City. Future commissioning of these public health services should be aligned with the City's new substance misuse service model currently being developed.
- The dried blood spot testing service for Hepatitis B, C and HIV targets high risk patients (e.g. substance misuse clients and those born in high prevalence countries). It has the potential to improve access to BBV screening and significantly improve outcomes by identifying undiagnosed infection. However, there is poor access to the service locally, particularly among the ethnically diverse population in the east of the City (who may be at increased risk of infection), as well as the large overseas-born population of City workers. In the medium term, we recommend that City and Hackney Public Health, the CCG, PHE and NHS England consider appropriate commissioning arrangements for this service (like TB DOTS, Hepatitis B and C screening does not strictly come under the commissioning remit of local authorities).
- We recommend that consideration be given to extending the coverage of some public health services (e.g. weight management, sexual health) to a larger network of pharmacies to meet the needs of low paid, potentially high risk City workers. This cannot be funded out of the local public health grant, however. We recommend that NHS England considers how this should be funded.
- We recommend that the Corporation considers commissioning cross-border pharmacies (especially in Tower Hamlets, and also Islington) used heavily by City residents to deliver public health services to meet local need.
- We recommend that local health and wellbeing partners explore potential spare capacity in dispensing services across the network to increase availability of public health services.
- Additional recommendations for exploiting the opportunities that community pharmacy offer for improving access to public health services are detailed in the PNA.

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Committee(s):	Date(s):
Health and Wellbeing Board	February 2015
Subject: Safer City Partnership update	Non-Public
Report of: Assistant Director – Safer City Partnership, Town Clerks	For Information
<p>Summary</p> <p>This report is intended to update the Health and Wellbeing Board on the activities of the Safer City Partnership in relation to the Partnership Plan 2014/2015.</p>	
<p>Recommendation</p> <p>The Health and Wellbeing Board is asked to note the contents of the report and any comments are welcomed.</p>	

Main Report

Background

1. It is a statutory requirement for local authorities to have a 'Community Safety Partnership' under the Crime and Disorder Act 1998; the Safer City Partnership fulfils this function for the City of London Corporation. There is a requirement to have partnership plans, targets and action to address the issues highlighted in the plans. The Safer City Partnership Plan 2014 – 2017 states that the City of London enjoys low levels of crime in comparison to our neighbouring boroughs and highlights the importance of working in partnership to tackle crime to maintain a safe environment for people to live work and visit.
2. The Safer City Partnership (SCP) is now becoming more re-established following the service review the recruitment of experienced community safety officers into the team is now complete and we will be further assessing the work priorities, skills and capacities of the team as we move forward.
3. With the available capacity within the CST progress is now being made to develop action plans and targets to address issues highlighted as priorities within the SCP Plan 2014-17, The Community Safety Team is with working with partners both internally and externally to reduce crime within the City of London.

The following is a summary of the work carried out from May until September 2014.

Performance Against Safer City Partnership Targets.

4. The Group discussed a report on progress against targets by the Safer City Partnership for the period Q2 2014/15. The Assistant Director of Street scene and Strategy noted that rough sleeper performance had improved, and that a report on Domestic Violence as well as a report regarding events and initiatives held by the Community Safety Team would be presented to the next meeting of the SCP. The Hotel Toolkit was close to being signed off; this would provide hotel staff with comprehensive information on crime prevention and action to take if they were to see any incidents. A copy of the toolkit can be presented to the Health and Wellbeing Board when it has been published.
5. 20 MPH speed limit was working well, motorists found to be exceeding the limit were being given tickets and may have the opportunity to attend a course on speed awareness. In response to a question, he confirmed that statistical data for 20MPH offences would be provided to Members at the next meeting by the CoLP.

London Fire Brigade Update.

6. The London Fire Brigade Borough Commander provided an update on recent work by the London Fire Brigade in the City, noting that there had been no significant change in incident since the last update to the Group. He concluded by noting that many of the Fire Brigade Cadets would finish their training (funded from POCA, Proceeds of Crime Act, via the SCP) which was prevention based at the end of this financial year and would bring a report to the next meeting on their performance.

Community Safety Team Update.

7. The Community Safety Manager introduced a community safety update, noting that the Terms of Reference for the Anti-Social Behaviour Working Group (ASBWG) had been amended these were agreed by the SCP. This was to ensure that members of the ASBWG were held accountable for the work they agreed to undertake and provide responses and an audit trail. She added that the Christmas Campaign to promote crime prevention and personal safety had been well received with 70 targeted visits to premises and 1,500 promotional bags being distributed within the City.
8. In addition, the Behind Closed Doors event targeting businesses was held on the 28th November had been well attended. Positive feedback had been given with 100% of attendees saying they would recommend the event to other people within their organisation and with 70% of attendees saying that they did not have a Domestic Abuse policy in the work place. As a result of feedback, the Community Safety Team is looking at standardising the way in which organisations can respond to Domestic Abuse.

City of London Police Update.

9. The City of London Police Superintendent Hector McKoy provided an update for the Group, noting first that there had been an increase in violence without injury. This increase had been apparent across all London forces, and included activity such as harassment and cybercrime. The City of London Police and the Community Safety Team had set up the Cybercrime Governors Board to deal with this.
10. The City of London Police Superintendent went on to note that City police officers were looking at the issue of organised crime gangs stealing motor vehicles to order. The thefts were occurring within borderline areas and the City of London Police was working with the Metropolitan Police to combat this. In addition, he noted that there was an increase in pedal cycle thefts. The City of London Police had responded by creating a week-long event focusing on the safety of pedal cycles, activities would include bike marking and the Police were looking to employ Smart Water to invisibly mark property. A Member noted that there were a number of other businesses that provided similar services and emphasised the need for any contract to be value for money. He concluded by noting that it had been a good Christmas in terms of crime within the City of London.
11. The City of London Police Superintendent assured the Group that although violent crime was on the increase this was a national trend and the City of London rate was still relatively low compared to surrounding boroughs.
12. A Member sought clarification over what the threat level was in the City of London. The Group was informed that everyone should remain vigilant and that the City of London Police were meeting regularly to monitor the situation.

New Anti-social behaviour Legislation.

13. The New Anti-social Behaviour, Crime and Policing Act 2014 was adopted by the City at the Court of Common Council on 15th January 2015 and subsequently amended the scheme of delegated authorities following circulation and approval from Port Health and Environmental Services, Police Committee, Policy and Resources, Community And Children Services committees and the Safer City Partnership. The guidance was written primarily for the police officers, council staff and social landlords who will use the new powers. The relevant departments are now updating their respective processes and procedures.
14. As part of the new legislation the Community Safety Officers have produced a Community Trigger protocol which is now available on the City's website.

Overview of Child Sexual Exploitation based on Rochdale and Rotherham.

15. The Assistant Director of Community and Children Services provided an overview of Child Sexual Exploitation, the report had been the product of a partnership exercise which had focussed on seven areas. This had resulted in the

development of a Child Sexual Exploitation Action Plan which was City specific and could be brought to the next meeting if requested.

16. He went on to note that within the City of London there were no reports of child sexual exploitation. However, there was a risk within transport hubs and the night time economy due to cross border movement such as with Tower Hamlets. He added that raising awareness of child sexual exploitation continued to be an issue and multi-agency work continued to combat this.
17. The group discussed gang activity within the City of London with Superintendent McKoy assuring the Group that rigorous checks were undertaken when events were booked to ensure that unscrupulous promoters were reduced. The Chairman thanked Officers from Community and Children Services for the report and the assurance that the situation was being monitored.

Counter Terrorism

18. The Director of Community and Children Services updated the Group regarding the Counter-Terrorism Security Bill. As a result of the legislation a Counter Terrorism form was being formulated and would be brought to the next Policy and Resources Committee and would also be going to the next meeting of the Group.

Resident Update

19. A resident representative informed the Group that since she started attending the Safer City Partnership she had been impressed by the collaborative working of the Group. She noted that before she became a Member she was concerned with general safety. However, since becoming a Member she was more aware of the work that both the City of London Corporation and the City of London Police did and she felt much safer. She concluded by inviting the Assistant Director for Street Scene and Built Environment and Superintendent McKoy to the next Barbican Estate Annual General Meeting.

Doug Wilkinson MBA CMgr MCM
Assistant Director
Street Scene, Strategy & Safer City Partnership
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E: doug.wilkinson@cityoflondon.gov.uk

Committee(s):	Date(s):
Health and Wellbeing Board	20 th February 2015
Subject: Healthwatch update report	Public
Report of: Chair of Healthwatch	For Information

Summary

Healthwatch City of London provides regular update reports to inform the Health and Wellbeing Board of their activities and campaigns.

The attached report covers the following:

- Bank of America Merrill Lynch event with City of London memory group
- Update on Barts NHS Trust
- Healthwatch City of London response to the Ultra Low Emission Zone consultation
- Training held with Adult Social Care team
- Feedback from Healthwatch City of London annual conference and AGM
- Summary work plan 2014-16

Recommendation(s)

Members are asked to:

- Note the report

Appendices

- Appendix 1 – Healthwatch City of London, Report to Health and Wellbeing Board February 2015
- Appendix 2 – Healthwatch City of London, work plan 2014-16

Healthwatch City of London

T: 020 7820 6787

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Report to Health and Wellbeing Board February 2015

This report is for information and will cover six areas:-

- 1 Bank of America Merrill Lynch event with City of London memory group**
 - 2 Update on Barts NHS Trust**
 - 3 Healthwatch City of London response to the Ultra Low Emission Zone Consultation**
 - 4 Training held with Adult Social Care team**
 - 5 Feedback from Healthwatch City of London annual conference and AGM**
 - 6 Summary workplan 2014-16**
-

1. Bank of America Merrill Lynch event with City of London memory group

Healthwatch City of London, with its links to the Greater London Forum for Older People, arranged for members of the City of London memory group (hosted by Age UK Camden) to attend a Christmas event organised by Bank of America Merrill Lynch. A coach was provided by the bank to collect and drop off attendees and a full Christmas dinner was served. The event was a chance for members to socialise with their peers and also the bank staff. Corporate volunteers gave presents to the guests and the staff at Bank of America were extremely hospitable and went out of their way to make the attendees feel comfortable. A local school provided entertainment in the form of a choir and there was an enjoyable and successful quiz. For many older people the annual event is the highlight of the festive season and the generosity of Bank of America Merrill Lynch is greatly appreciated.

2. Update on Barts NHS Trust

The continuing concerns in respect of the poor level of low level administration has been discussed jointly amongst local Healthwatch whose members use services run by Barts. There is a need for outpatient staff to be fully trained in all aspects of their work including IT and where the various waiting areas are for clinics. There are an increased number of inspections and listening events in relation to Bart's sites by the CQC which HWCoL is participating in. There is also concern that GPs have been told not to refer to Barts.

In conjunction with local Healthwatches using any of Bart's Trust services, a joint letter is being sent to Bart's with copies to CQC, NHSE and HWE to highlight the seriousness of the concerns about the Trust and its lack of improvement over the last year. Healthwatch City of London contributed examples of poor patient experience and reiterated our commitment to ensuring patient experience information can support Barts Health to improve. These concerns have been shared with Healthwatch England who are working with CQC to ensure our information informs the forthcoming inspection.

An escalation meeting to discuss the serious concerns took place on 15 January 2015 between the CCG Chief Officers and Barts Trust and Healthwatch City of London was

involved in influencing the CCGs to include a local Healthwatch representative on the agenda – this was a representative of Healthwatch Tower Hamlets. Healthwatch City of London is continuing to work with the other local Healthwatch to follow up on the outcomes of this meeting and discuss next steps. A Healthwatch City of London Board Member attended a Peer Review of Royal London on 8th January and produced a report for Tower Hamlets Healthwatch use to feed into the escalation meeting. The report focussed on cleaning not being done on time, proper cover not being provided when cleaners are off and the lack of formal method for Ward staff to do anything about the problem other than report the immediate problem to the Cleaning Contractor.

3. Healthwatch City of London response to the Ultra Low Emission Zone Consultation

In partnership with Age UK London, Healthwatch has given the viewpoint of the City in response to the ULEZ consultation run by the Mayor and Transport for London. Generally we do not think that the proposals go far enough. An ambitious ULEZ would be a very positive signal to other cities across Britain.

However as proposed, we doubt whether the ULEZ will have a genuine impact in cutting emissions. We urge that the ULEZ should go beyond Euro 6 standards, with a clear path towards zero emissions standards for all vehicles.

We think that the ULEZ should come into force much earlier than September 2020, since cleaner alternatives are already available for some types of vehicle, making an earlier phased implementation possible. We think that all vehicles including taxis should be included in the proposals and pay a charge. We're aware of concern that if residents in the City of London are being asked to upgrade their vehicles, they need to be confident that the results will be noticeable.

We have urged the Mayor and TfL to build into the proposals a review mechanism so the scheme can be strengthened if it is not having sufficient impact in reducing emissions.

4. Training held with Adult Social Care team

We have continued to train and upskill our board and volunteers as part of our agreed training programme for 2015. The most recent session took place at the Artizan Street Library and Community Centre on 15 January and involved dementia awareness and safeguarding training delivered by the Adult Social Care team at the City of London Corporation. We are extremely grateful to the Adult Social Care team for the support they have provided to Healthwatch and for the development opportunities offered to us.

5. Feedback from Healthwatch City of London annual conference and AGM

On 29 October 2014 over 50 people including residents, service providers and statutory representatives joined us at our first Healthwatch City of London annual conference and AGM at the Dutch Centre in the City of London. The outcomes of the discussion groups and sessions are summarised below:

Discussion groups gave attendees the chance to tell us how they think we can work more effectively in certain key areas: working with providers of services and engaging with younger people and workers.

We took from the discussion groups that providers of services would like us to extend the reach of the newsletter, to seek and encourage volunteer involvement and to continue to broaden user engagement.

With regards to engaging with younger people suggestions included dispersing information through schools, homework clubs and libraries, leisure centres and celebrity events. For workers the areas highlighted included reaching lower paid workers through HR departments and using employer educational programmes to raise mental health issues with workers.

We are really grateful for the input to the afternoon session from the East London Foundation NHS Trust. A presentation on children's and adolescents mental health services focussed on the significant developments in the service over the last 20 years. We heard about the Modernisation of Older Adult Functional Inpatient Services in Tower Hamlets and City & Hackney and the 90 day public consultation on proposals that will be taking place. Attendees at our meeting were able to put any questions they had to East London Foundation NHS Trust.

The session on arts therapies was described by one participant as 'inspiring': dance movement therapy, art therapy, drama and music therapies were explored along with their clinical aims and outcomes.

The work ELFT has undertaken with the Tate 'from ward to gallery' was presented: a training project with ward-based mental health nursing staff, service users and carers for enhancing patient care and patient experience.

6. Summary workplan 2014-16

The summary workplan for Healthwatch City of London for 2014-16 is attached as an appendix.

Our Priorities for 2014-2016 will focus on Children and Young People and City Workers. The summary covers the areas Healthwatch will focus on under the headings of Children and Young People, City Workers and Community.

Appendix 1 – Summary workplan for 2014-16

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WORK PLAN 2014-2016



City of London Healthwatch works to ensure that City Workers, residents and students are able to influence the design and delivery of local services through their views and voice being heard by decision makers in all aspects of health and social care.

Our Priorities for 2014-2016 will focus on Children and Young People and City Workers.

Children and Young People

We will

- Appoint a children and Young Person Sessional Worker
- Meet and engage with young people through outreach, face to face meetings and social media such as twitter
- Engage with families through outreach, face to face meetings and social media such as twitter

City Workers

We will

- Obtain information on services required by City Workers through presentations, face to face meetings at events
- Represent the views and experiences of residents and City Workers from contacts with Healthwatch CoL (achieved through email, meetings, phone and events) at NHS national/regional committees, Barts Health Trust< Homerton and the Corporation
- Represent the views and experiences of residents and City Workers (achieved through email, meetings phone and events) at relevant City statutory committees

Community

We will

- Continue the engagement with City Residents and the homeless at meetings, events, phone email, social media
- Continue to represent the views and experiences of residents at NHS national/regional committee, Bart's Health Trust and the Corporation
- Develop and distribute the City of London Healthwatch Newsletter to contacts on our contact database
- Provide information to residents and workers and health and social care organisations, voluntary organisations and interested parties through the weekly City of London Healthwatch emails.
- Provide information through the City of London Healthwatch web site



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Committee(s):	Date(s):
Health and Wellbeing Board	20 February 2015
Subject: Health and Wellbeing Board update report	Public
Report of: Director of Community and Children's Services	For Information

Summary

This report is intended to give Health and Wellbeing Board Members an overview of key updates on subjects of interest to the Board where a full report is not necessary. Details of where Members can find further information, or contact details for the relevant officer are set out within each section.

Local updates

- Needs assessments
- Social isolation research
- Video: workplace health and wellbeing
- Open Spaces Strategy
- Anti-social behaviour legislation and Community Trigger
- Case for change for east London NHS
- Thames Strategy consultation

Policy updates

- Events
- Health and wellbeing boards
- Public health
- Disease and long-term conditions
- Obesity and physical activity
- Older people
- Young people
- Homelessness
- Poverty

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. In order to update Members on key developments and policy, information items which do not require a decision have been included within this update

report. Details on where Members can find further information, or contact details for the relevant officer are set out within each section.

LOCAL UPDATES

2. Needs assessments

Two needs assessments have been produced for Hackney and City of London:

- **Mental health needs assessment:** This report presents the findings of needs assessments carried out in Hackney and the City of London between November 2013 and December 2014. The report contains three needs assessments looking at the mental health of children, adults and older people and includes recommendations for commissioners and service providers.
- **Substance misuse needs assessment:** This report is an assessment of substance misuse needs in children and young people and adults in Hackney and the City of London. The report identifies prevalence of substance misuse issues in City of London and Hackney, current service provision, barriers to accessing services, the needs of carers and the perspectives of service users and stakeholders. The report aims to inform the development of a commissioning strategy for substance misuse.

Summaries drawing out the key findings for the City of London are currently being produced. The needs assessments are available on the JSNA webpage: <http://www.hackney.gov.uk/jsna.htm>

The contact officer is Poppy Middlemiss: 020 7332 3002

3. Social isolation research

As part of our Knowledge Transfer Partnership with Goldsmiths University, we are working on a research project into social isolation in the City. Tackling social isolation is a key priority of the Joint Health and Wellbeing Strategy. This research aims to examine the factors that contribute to the social isolation of residents in the City of London, and recommend community approaches and policy initiatives to increase social connectivity. The findings of the research will be presented to the Adult Wellbeing Partnership and Adult Advisory Group in the future.

The contact officer is Chris Pelham: 020 7332 1636

4. Video: workplace health and wellbeing

As part of our communications activity for the Health and Wellbeing Board, we have produced a video 'Workplace Health and Wellbeing in the City', which focuses on the key issues for employers to consider when setting up a workplace health programme. This is being used to increase awareness of our Business Healthy initiative and to promote the Healthy Workplace Charter to City businesses. The video can be viewed at: <http://youtu.be/kAuOJc71dkw>

The contact officer is Sarah Thomas: 020 7332 3223

5. **Open Spaces Strategy**

The Open Space Strategy sets out how the Corporation will protect and enhance the gardens and open spaces in the City and create more spaces. It guides the management and planning of open spaces to help ensure that the City is an attractive, healthy, sustainable and socially cohesive place. Green spaces play an important role in promoting healthy lifestyles, reducing stress and preventing illness, so this Strategy is key to the Health and Wellbeing Board's priorities around increasing levels of physical activity in the City, as well as having an impact on priorities such as mental health issues.

The Strategy examines the supply and demand of open space in the City. The existing level of public open space in the City is low, but the quality is generally high, although there are a number of challenges to maintaining these high standards. The City's communities are generally satisfied with the City's public gardens and spaces, but want more 'green' areas and trees, an increase in benches, more natural planting to help biodiversity, more play space and activities for young people and better links between spaces. In addition the weekday daytime population of the City is expected to grow which will increase demand for green spaces. The Strategy sets out plans to maintain and increase public access to existing open spaces, enhance the quality of these spaces and increase the amount of open space, particularly in the Eastern Cluster and the Aldgate area.

The Strategy also aims to promote the potential contribution open spaces can make to the improved health and wellbeing of City and wider communities. Opportunities should be taken to incorporate features that encourage workers and residents to adopt a healthy lifestyle. In addition to spaces being conducive to children's play, opportunities should be taken to include facilities that help adults stay healthy. Wider promotion of self-guided and organised walks and volunteering activities would assist health and wellbeing benefits. The design of open spaces should take into consideration the impact of air pollution from road vehicles, using trees and shrubs and encouraging people to spend time away from the most polluted areas of the City.

The Strategy was adopted in January 2015 as a supplementary planning document. This will be supported by a five-year action plan. The Strategy can be downloaded at: <http://www.cityoflondon.gov.uk/services/environment-and-planning/planning/heritage-and-design/Pages/trees-and-heritage.aspx>

The contact officer is Lisa Russell: 020 7332 1857

6. **Anti-social behaviour legislation and Community Trigger**

The Community Trigger was introduced in the Anti-Social Behaviour, Crime and Policing Act 2014. The Act came into force on 13 May 2014 and the Community Trigger became operational on 20 October 2014. The Community Trigger is intended to encourage a collaborative problem-solving approach amongst relevant bodies dealing with persistent cases of anti-social behaviour (ASB). It gives victims, or victims' representatives, the right to ask local agencies to review how they have responded to previous ASB complaints and consider what further actions might be taken where the behaviour persists. It

is not a complaints procedure; instead it is intended to offer a 'safety net' for vulnerable victims and to help avoid individuals being passed between agencies without resolution. The agencies involved must then produce a joint action plan to take the ASB issue. This can include City of London Corporation, City of London Police, City and Hackney Clinical Commissioning Group and the Guinness Partnership as the local social housing provider. This new procedure offers a more streamlined, multi-agency approach to dealing with ASB issues.

The contact officer is Valeria Cadena-Wrigley: 020 7332 3084

7. **Case for change for east London NHS**

The NHS in east London has published *Transforming Services, Changing Lives - Case for Change*, which outlines the vision for the NHS in east London. According to the report, the NHS in east London faces huge challenges. Birth rates and A&E attendances are rising rapidly as the population grows; health services need to improve; but an overall financial deficit remains. There is a clear case for change. This report provides an overview of current local services, describes what needs to change and outlines the ambitions for the future – for hospital services, primary care and mental health provision. For instance:

- Preventing ill health and treating people holistically by looking at their physical and mental health needs together
- Opportunities to care for more people in their own homes and support them to be healthier.
- Integration of care and the design of new, more efficient, care pathways so that patients experience joined-up, responsive health and care services
- Co-location of some specialties where there are clear advantages and development of alternatives for buildings that are not being used effectively

This work will fit into a wider programme of improvements across the whole range of health and social care called Transforming Services Together.

More information: www.transformingservices.org.uk/case-for-change.htm

8. **Thames Strategy consultation**

The Thames Strategy is open for public consultation throughout February 2015. The Strategy provides guidance regarding the planning policy intentions for the area adjacent to the riverside, the Temples and the setting of the Tower of London. The Strategy looks forward to 2026 identifying the issues that the riverside might face such as development pressures, public realm enhancement, improving river transport, protection and enhancement of heritage assets, flood risk, climate change and biodiversity enhancement. The Department of the Built Environment welcomes comments from the Health and Wellbeing Board during the consultation period, particularly in relation to the impact this may have on the priorities identified in the Joint Health and Wellbeing Strategy, such as physical activity and air quality.

The Draft Thames Strategy can be downloaded at:
<http://www.cityoflondon.gov.uk/services/environment-and->

planning/planning/planning-policy/local-plan/Documents/draft-thames-strategy-spd-consultation-jan-2015.pdf

The contact officer is Janet Laban: 020 7332 1148

POLICY UPDATES

EVENTS

9. **Increasing public health with reducing budgets: how evidence can help, 10 March 2015, London**
This one-day conference will look at how evidence can support decision-making in public health to help local authorities meet the challenge of providing for public health within limited budgets.
<https://lgaevents.local.gov.uk/lga/frontend/reg/thome.csp?pageID=10909&eventID=40&eventID=40>
10. **Health and wellbeing board chairs summit, 25 March 2015, London**
This summit looks at the expectations on HWBs and how these have grown far beyond their original statutory duties. It will also look at the growing consensus that HWBs should be the system leaders to oversee a single pooled budget and single joint commissioning for all health and social care services.
http://www.local.gov.uk/events/-/journal_content/56/10180/6780735/EVENT

HEALTH AND WELLBEING BOARDS

11. **Making an impact through good governance: a practical guide for health and wellbeing boards**
This guide is a follow-up to the guide by the Local Government Association (LGA) and the Association of Democratic Services Officers published in 2013, as health and wellbeing boards (HWBs) were being set up. The guide is intended to be of practical use to members of HWBs in all of the membership categories: councils, CCGs, local Healthwatch and voluntary sector members, representatives of NHS England who sit on HWBs, and additional non-statutory members.
www.local.gov.uk/documents/10180/6101750/Making+an+impact+through+good+governance+-+A+practical+guide+for+health+and+wellbeing+board
12. **A shared agenda: creating an equal partnership with CCGs in health and wellbeing boards**
NHS Clinical Commissioners have published this briefing to share the views and thoughts of CCGs on the development and direction of health and wellbeing boards, as well as their ambitions for future joint working.
www.nhscc.org/wp-content/uploads/2014/11/NHSCC-A-shared-agenda_CCGs-in-HWBs-Oct-2014.pdf
13. **Healthwatch: on the board toolkit**

This toolkit is part of the LGA's 'Healthwatch: On the Board' series, designed as a learning aid to support local Healthwatch representatives on their health and wellbeing board.

<http://www.local.gov.uk/documents/10180/11309/L14-644+Healthwatch+on+the+board+toolkit>

PUBLIC HEALTH

14. **A health city: a city that does no harm and tackles sickness at source**

This paper from Changing London lays out a vision for the next Mayor of London, and imagines how London as a city might look if it did no harm to people's health. It makes a series of recommendations to improve public health in the city, including tackling inequality and promoting friendly, healthy communities.

<http://www.change-london.org.uk/content/uploads/2014/11/AHealthyCity.pdf>

15. **Start well, live better: a manifesto for the public's health**

This manifesto is the culmination of an extensive consultation with Faculty of Public Health members about the top public health priorities for this government and the next. From children's health to climate change, it sets out 12 important and practical actions for anyone serious about giving our children the best possible chance of a healthy and happy life.

http://www.fph.org.uk/uploads/FPH_14056_FPH%20Manifesto%20FINAL%20low-res.pdf

16. **What is preventing progress? Time to move from talk to action on reducing preventable illness**

This report highlights how in England tackling common risk factors such as smoking, inactivity, unhealthy diet and alcohol would drastically reduce the number of people affected by common diseases such as heart disease, cancer, lung disease, type 2 diabetes, asthma and stroke, while helping to prevent or delay the onset of conditions like dementia. It outlines nine key calls to action through which political leaders and key decision-makers can ensure disease prevention is placed at the top of the agenda.

<http://www.richmondgroupofcharities.org.uk/What-is-preventing-progress-2014.pdf>

17. **Public Health England's grant to local authorities**

This report finds that Public Health England has made a good start in supporting local authorities with their new responsibilities for public health. However, the National Audit Office (NAO) notes that it is too soon to tell whether the agency's approach is achieving value for money.

<http://www.nao.org.uk/wp-content/uploads/2014/12/Public-health-england%E2%80%99s-grant-to-local-authorities.pdf>

18. **NHS public health functions agreement 2015-16**

This agreement outlines outcomes to be achieved and funding provided for NHS England to commission public health services. It aims to improve public health outcomes and reduce health inequalities and contribute to a more sustainable public health, health and care system.

DISEASE AND LONG-TERM CONDITIONS

19. **Healthier lives: diabetes, hypertension and NHS health check**
This tool shows mapped variation for local authorities, CCGs and GP surgeries for diabetes, hypertension and NHS Health Check and reveals large variation in the prevalence and treatment of diabetes and high blood pressure, and in the provision of the NHS Health Check across the country.
<http://healthierlives.phe.org.uk/>
20. **Global status report on noncommunicable diseases 2014**
This report finds that globally, 16 million people die prematurely (before the age of 70) of heart and lung diseases, a stroke, cancer or diabetes. It recommends cost-effective and high-impact interventions, notably, banning all forms of tobacco and alcohol advertising, eliminating trans fats, promoting and protecting breastfeeding, and preventing cervical cancer through screening. WHO argues that implementing these policies effectively involves actions outside the health sector, including public policies in agriculture, education, food production, trade, taxation and urban development.
http://apps.who.int/iris/bitstream/10665/148114/1/9789241564854_eng.pdf

OBESITY AND PHYSICAL ACTIVITY

21. **Tackling the causes and effects of obesity**
This report argues that health problems associated with being overweight or obese cost the country £5 billion per year, with numbers of people with obesity predicted to more than double in the next 40 years. It warns that councils do not have enough money in their public health budgets to properly tackle obesity once mandatory services such as sexual health and drug and alcohol services have been paid for. The report calls for a fifth of existing VAT raised on sweets, crisps, takeaway food and sugary drinks to go to boost council-run grassroots initiatives with a proven track record, such as leisure activities and health awareness campaigns.
<http://www.local.gov.uk/documents/10180/6341755/100+Days+Obesity+publication/b650d6cb-289b-4f8c-a823-3c10380d75ff>
22. **12 minutes more: the importance of physical activity, sports and exercise in order to improve health, personal finances and pressures on the NHS**
This research shows that, as well as reducing obesity, the benefits of doing sports and exercise reach many other health outcomes. It finds that those that do sports and exercise have better mental health and physical health, lower cholesterol and blood pressure levels and report lower rates of cardiovascular disease or Type 2 diabetes.
http://www.nuffieldhealth.com/sites/default/files/inline/Nuffield%20Health_%20LSE_Low-Fitness_Report.pdf

23. **Overcoming obesity: an initial economic analysis**
This discussion paper brings together a range of case studies and examples of obesity interventions from around the world and presents them with an initial assessment of their cost-effectiveness.
www.mckinsey.com/insights/economic_studies/how_the_world_could_better_fight_obesity

OLDER PEOPLE

24. **A practical guide to healthy ageing**
NHS England has published this new guide with Age UK, to help people improve their health and general fitness, particularly those aged 70 or over with 'mild frailty'. The evidence-based guide covers key areas that have been identified as the main risk factors for older people living at home, but if they are proactively managed, they can help people stay well for longer and improve their quality of life.
www.england.nhs.uk/wp-content/uploads/2015/01/pract-guid-hlthy-age.pdf

YOUNG PEOPLE

25. **Children's and adolescents' mental health and CAMHS**
The Health Committee conducted an inquiry into children's and adolescent mental health and found there are serious and deeply ingrained problems with the commissioning and provision of mental health services. These run through the whole system from prevention and early intervention through to inpatient services for the most vulnerable young people. Their report draws a number of conclusions and recommends a series of actions.
<http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf>
26. **The link between pupil health and wellbeing and attainment**
This briefing from PHE offers a summary of the key evidence that highlights the link between health and wellbeing and educational attainment.
<https://www.gov.uk/government/publications/the-link-between-pupil-health-and-wellbeing-and-attainment>

HOMELESSNESS

27. **Homeless health matters: the case for change**
This report is aimed at health and wellbeing boards and their constituent members. It demonstrates how health and housing services can be better designed to meet the health needs of homeless people.
<http://www.mungosbroadway.org.uk/documents/5390/5390.pdf>

POVERTY

28. **Tackling poverty: making more of the NHS in England**
The King's Fund was commissioned by the Joseph Rowntree Foundation (JRF) to inform its work to develop an anti-poverty strategy for the United Kingdom. This paper looks at how the NHS can make a better contribution to

tackling poverty within given funding levels, while thinking more broadly about the role of the NHS and its contribution to the wider determinants of health.
<http://www.kingsfund.org.uk/publications/articles/tackling-poverty>

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