



Health and Wellbeing Board

Date: FRIDAY, 20 NOVEMBER 2020
Time: 1.45 pm
Venue: VIRTUAL MEETING (ACCESSIBLE REMOTELY)

Members: Marianne Fredericks (Chairman)
Mary Durcan (Deputy Chairman)
Randall Anderson, Chairman of Community & Children's Services Committee
Jon Averbs, Markets & Consumer Protection Department
Gail Beer, Healthwatch
Matthew Bell, Policy and Resources Committee
Natasha Brady, City of London Police
Andrew Carter, Director of Community and Children's Services
Sandra Husbands, Director of Public Health
David Maher, NHS City and Hackney CCG
Dr Gary Marlowe, Clinical Commissioning Group (CCG)
Deputy Joyce Nash, Court of Common Council
Jeremy Simons, Deputy Chair of Port Health and Environmental Services Committee

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Accessing the virtual public meeting

Members of the public can observe this virtual public meeting at the below link:

https://youtu.be/znBt_JWxg6g

This meeting will be a virtual meeting and therefore will not take place in a physical location following regulations made under Section 78 of the Coronavirus Act 2020. A recording of the public meeting will be available via the above link following the end of the public meeting for up to one municipal year. Please note: Online meeting recordings do not constitute the formal minutes of the meeting; minutes are written and are available on the City of London Corporation's website. Recordings may be edited, at the discretion of the proper officer, to remove any inappropriate material.

John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES**
2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **MINUTES**
To agree the public minutes and summary of the meeting held on 18 September 2020.
For Decision
(Pages 1 - 8)
4. **SPORTS AND PHYSICAL ACTIVITY STRATEGY**
Oral update – the Head of Corporate Strategy & Performance to be heard.
For Information
5. **CULTURE MILE PRESENTATION**
The Culture Mile Manager to be heard.
For Information
6. **CITY AND HACKNEY SAFEGUARDING ADULTS BOARD STRATEGY 2020/25 AND ANNUAL REPORT 2019/20**
Report of the Independent Chair of the City and Hackney Safeguarding Adults Board.
For Information
(Pages 9 - 102)
7. **CITY AND HACKNEY: COMMITMENT TO REDUCING BAME HEALTH INEQUALITIES IN MENTAL HEALTH**
A presentation from the NHS City and Hackney Clinical Commissioning Group.
For Information
(Pages 103 - 120)
8. **COVID-19 UPDATE**
Oral update on the latest position.
For Information
9. **INTEGRATED CARE IN THE CITY OF LONDON UPDATE**
Report of the Director of Community and Children's Services.
For Information
(Pages 121 - 126)
10. **HEALTHWATCH CITY OF LONDON PROGRESS REPORT**
Report of the Chair of Healthwatch City of London.
For Information
(Pages 127 - 144)

11. **REPORT OF ACTION TAKEN**
Report of the Town Clerk.

For Information
(Pages 145 - 146)

12. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
13. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

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HEALTH AND WELLBEING BOARD

Friday, 18 September 2020

Minutes of the meeting of the Health and Wellbeing Board held at Virtual meeting - MS Teams on Friday, 18 September 2020 at 12.00pm

Present

Members:

Marianne Fredericks (Chairman)
Randall Anderson - Chairman of Community and Children's Services Committee
Jon Averbs - Director of Markets and Consumer Protection
Matthew Bell -
Gail Beer - HealthWatch City of London
Andrew Carter - Director of Community and Children's Services
Mary Durcan – Court of Common Council
Sandra Husbands – Director of Public Health
Jeremy Simons, representative for Port Health and Environmental Services Committee

In Attendance

Superintendent Helen Issacs - City of London Police
Liz Woodside King - Square Mile Food Bank
Mark Rickets - NHS City and Hackney CCG
Paul Coles - HealthWatch City of London

Officers:

Simon Cribbens	- Community and Children's Services
Xenia Koumi	- Community and Children's Services
Ellie Ward	- Community and Children's Services
Tim Fletcher	- Town Clerk's Department
Leanne Murphy	- Town Clerk's Department
Jordan Birch	- Partnership and Engagement Assistant
Chris Lovitt	- Deputy Director of Public Health
Alexandra Vastano	- Community & Children's Services

1. APOLOGIES

Apologies were received from Deputy Joyce Nash, David Maher, Natasha Brady and Dr Gary Marlowe.

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

There were no declarations.

3. ORDER OF THE COURT OF COMMON COUNCIL

Members received the Order of the Court of Common Council dated 16 July 2020 appointing the Committee and approving its Terms of Reference.

4. **ELECTION OF CHAIRMAN**

In accordance with Standing Order No.29, the Board proceeded to elect a Chairman for the ensuing year. Being the only Member expressing her willingness to serve, Marianne Fredericks was duly elected as Chairman.

5. **ELECTION OF DEPUTY CHAIRMAN**

The Committee proceeded to elect a Deputy Chairman in accordance with Standing Order No. 30. Being the only Member expressing her willingness to serve, Mary Durcan was duly elected as Deputy Chairman.

6. **MINUTES**

The public minutes and non-public summary of the meeting held on 12 June 2020 were approved.

Matters arising

The Town Clerk agreed to follow up with the Tackling Racism Taskforce concerning the Board's resolution sent following the last meeting concerning addressing health inequalities in City workers.

7. **FUTURE OF HEALTH AND CARE FOR THE PEOPLE OF NORTH EAST LONDON**

Members received a presentation concerning the future of health and care for the people of north east London. The following points were made:

- Members were advised that the plan was to create an Integrated Care System (ICS) and one Clinical Commissioning Group (CCG) for North East London (NEL) by April 2021.
- By strengthening the already established local partnerships, streamlining the CCG administrative and other functions into one joined up organisation, along with bringing together all Partners as an integrated care system for NEL, it was hoped this would build the infrastructure needed to provide the best health and care for the local populations.
- The timeline for engagement would be achieved in three stages: 1) engagement with members and wider stakeholders (August to October 2020); 2) internal communications with CCG staff about what this change will mean for them (August 2020 to March 2021); and 3) following the October vote, ongoing engagement with stakeholders to develop the plan for NEL and wider ICS development (October 2020 to April 2021).
- An overview of the proposed Integrated Care Model for the City and Hackney was provided. This would be a locally led system approach with each ICP developing local priorities based on the needs of their populations, developed collaboratively across organisations and through working together with local communities.
- Decisions about health and care will be made using the three questions test and 80:20 principle.

- The key goal of the partnership was to provide better services and easier access to health care.
- In response to a query concerning public engagement and consultation, Members were advised that the public were at the heart of everything and their voice was crucial to decision-making. The only part that did not include public consultation was the votes itself which would be a simple yes or no.
- A Member queried if the new NEL partnership would include Tower as this area often overlapped with the City and Hackney. It was confirmed that all areas of need would be addressed across all boroughs. This would be easier with the new cohesive mechanism.
- It was agreed that further Board meetings be arranged to avoid NHS City & Hackney CCG meetings.

8. **SQUARE MILE FOOD BANK**

Members received a presentation concerning the Square Mile Food Bank and the following points were made:

- The Square Mile Food Bank was established at the end of March, after local residents responded to a request from Age UK and the City of London. This began with an Age UK grant of £500 and is based outside Lauderdale Tower and the Lilac Room and at the Golden Lane Community Centre on Fann Street.
- The first collection was on 28 March and the first deliveries began on 1 April.
- Whilst amounting to a handful in the first week, deliveries have increased significantly since then. The Food Bank now works with 175 people in 75 households across the City – these are mostly based on the bigger estates. Delivery is relatively easy as volunteers have local knowledge of their own estates, so distribution is somewhat easier than in some other parts of London.
- The Food Bank's ethos is to provide healthy nutritious balance foods, with tins of baked beans, rice, pasta, fresh fruit and vegetables the most common items.
- The Foodbank has developed relationships with numerous charities including City Harvest, Fair Share and the Felix Project; local businesses such as Tesco Cheapside, M&S and Jones Brothers; and local charities including Food for All and the Quakers (who provide Food Bank deliveries to Mansell St). They also work closely with Crisis, the YHA

and City Corporation Common Councillors (including the Chairman) to provide food to the homeless.

- It was also emphasised that the Food Bank focussed on a) non-food items such as nappies, shampoo and cleaning products - the crisis was a public health issue so maintaining hygiene was vital, and b) recycling packaging.
- In recent weeks, the Food Bank has worked with a designer and chef to come up with recipe cards to aid people on how to use the products and meal planning. It was evident that basic Home Economic skills were sparse amongst some of the beneficiaries. Whilst Members welcomed the City initiative to improve these skills, there was concern this would not reach the people that need it most as their digital access was either limited or non-existent.
- The prohibitive costs of purchasing food in local supermarkets was highlighted as a major issue and the cost difference between online shopping for goods compared to in-store was significant. For example, Tesco Express/Sainsburys Local were a third to 50% more in price, similar in cost to the prices in M&S or Waitrose. Some local residents simply could not afford these prices and had limited or no access to online services.
- The benefits the service had for people's mental health were emphasised. The visibility of the delivery volunteers dispelled residents' early fears of being forgotten, as well as the primary objective of providing food, the service could be a low-key welfare check for hard-to-reach groups. The longer-term benefits were also evident. For beneficiaries who have become volunteers, in a number of cases the Food Bank had provided references that would assist them in future career opportunities and, for the close links forged between different estates, which had the potential to leave a really meaningful legacy.
- Whilst food poverty was the main focus, this was a symptom not a cause and the service dealt with individuals with complex needs and problems ranging from housing issues such as damp to access to universal credit. Whilst the Food Bank was not in a position to get as involved as others, it did try to signpost people to the right service to offer help; this was not an easy endeavour and one of the lessons for the future was to make signposting more transparent and practical.
- The City Corporation was thanked for its support and all Members and other stakeholders were invited to visit the service.

Members thanked and commended the service for their extraordinary work. The Chair added that the Food Bank was a truly holistic initiative – tackling food poverty, mental health, social isolation in a time of huge challenge for the City. Members raised some questions:

In response to a query on whether the Food Bank had forged links with St Luke's Community Centre in Islington (which covers Golden Lane), it was confirmed there was very good relationship, e.g. the Food Bank has swapped food with St Luke's when it had a surplus of a specific item and vice-versa. St Luke's was commended, and it was suggested that its model was something the City could try to emulate in the longer term.

In response to queries around what the plans were for the future of the Food Bank and how the City Corporation could do to support it more, Members were informed that there was concern about the impact of a second lock down, particularly if it coincided with the unwinding of furlough. This had the potential to push up demand significantly and there was no guarantee that the number of volunteers would remain optimal to service all the demand and the supply of food needed at a sustainable level, given the likelihood of demand on national supply lines. Whilst there was no doubt of the Food Bank's commitment and ability to adapt to a changing situation, with increases in demand and a decrease in supply it would be in a very difficult position.

A Member commented that the issue of cost and supply in local stores was a longer-term issue, and prices in the City are invariably higher and more limited than elsewhere. This was exacerbated by a number of food shops closing during lockdown. It was increasingly hard for the average resident to eat at a modest cost and eat healthily and the infrastructure was inadequate. Members agreed this needed to be addressed as a longer-term focus.

In response to a query, it was confirmed that the Golden Lane community centre was offered to the Food Bank early on in the crisis and if local residents needed the centre back an alternative location would be required.

With regards to future plans, the Food Bank would continue to offer services at least until the crisis abated. However, Age UK was working with St Luke's to help vulnerable people (particularly elderly residents) as a longer-term permanent option. Officers confirmed they were involved in these discussions. It was acknowledged that a longer-term service for Portsoken residents still needed to be considered.

9. POPULATION HEALTH FRAMEWORK AND JOINT HEALTH AND WELLBEING STRATEGY

Members received a report of the Director of Community and Children's Services proposing a population health framework to support coordinated local action to tackle health inequalities and to guide the development of a new Joint Health and Wellbeing Strategy for the City of London (JHWB Strategy).

Members were reminded that they had previously approved the process, and this was a further update on the new strategic approach. It was hoped the

completed framework would be published in spring 2021. Members endorsed the next steps and agreed to the Chairman's recommendation for an informal meeting of the Board to discuss how this would be implemented.

RESOLVED – That Members:-

- endorse the use of a population health framework to refocus the work of the Health and Wellbeing Board and develop a new Joint Health and Wellbeing Strategy for the City of London
- endorse the next step recommended actions to progress this work:
 - The Board to provide strategic oversight of actions to tackle health inequalities in the City of London, ensuring coordinated activity across all four 'pillars' of the local population health system (i.e. the wider/socio-economic determinants of health, health behaviours, places and communities, and an integrated health and care system).
 - Re-engagement with and reinforcement of the 'health in all policies' approach, to refocus the Board's agenda on addressing the wider determinants of health and underlying causes of health inequalities, so that it complements (rather than duplicates) the work of the Integrated Commissioning Board.
 - Use a population health framework to co-produce a new Health and Wellbeing Strategy, building on existing assets and resident engagement/involvement mechanisms.
 - The Board to support the 'health in all policies' approach, by requiring all strategies and policies to contribute toward the JHWB Strategy outcomes, as the 'lead' strategy.

10. COVID-19 UPDATE

The Board received an oral update from Officers relating to issues and matters concerning the Covid-19 pandemic.

Members were informed that there had been 28 confirmed cases of Covid-19 amongst City residents and these were sporadic not cluster outbreaks. With regards to possible exposure, 13 episodes had been reported and investigated by PHE.

There was a general rise in cases trend across London and the UK. The main outbreak to date has taken place of relevant for the City and Hackney was in North Hackney amongst the Orthodox Jewish community. Officers continue to engage with the community to control this outbreak. It was acknowledged that as testing was not readily available as the core testing capacity had been relocated to North East England, this had an impact on the numbers which were not clear. A London Taskforce was looking strategically at the issues and working sub regionally in collaboration with PHE looking at incident rates and measures.

A Member queried if a location for a track and trace centre within the City had yet been identified. Members were advised that a location was still being identified as the provider required a number of specific and challenging

requests. A meeting was arranged to finalise the location next week and this would hopefully be erected by the beginning of October.

In response to a query concerning the local and London incidence rate, Officers confirmed the R rate was 1.1-1.3 for London, Hackney was 29.7 and the City was 11.5 as of 14 September. It was highlighted that the City was a very small denominator and therefore looked worse than it was in the larger picture.

The Chair enquired how the City of London Police were managing the rule of six compliance. Officers confirmed that the Police were bound by national guidelines and were using the four R's approach. With regards to the Night Time Economy, Officers were visiting open premises and offering advice to Landlords. A scheme had also been launched in Cheapside which awarded a logo to premises for them to display for being compliant.

11. CITY OF LONDON HEALTH PROFILE 2019

The Board received a joint report of the Director of Community and Children's Services and Director of Public Health concerning the City of London Health Profile 2019 which was published in March 2020.

Members were advised that there had been a delay in publishing the health profile this year due to the significant impact of Covid on PHE.

RESOLVED – That Members note the City of London Health Profile 2019 and consider how they might use it to shape their forward-planning process.

12. HEALTHWATCH CITY OF LONDON PROGRESS REPORT AND ANNUAL REPORT 2019/20

Members received a report by Healthwatch City of London providing an update on the progress made since HealthWatch City of London (HWCoL) was established as a Charitable Incorporated Organisation (CIO) in September 2019.

The Chair of Healthwatch City of London thanked the Board and Community & Children's Services Committee for their ongoing support. Members were assured that HWCoL had made progress in establishing the organisation, embedded where they needed to, developed a physical and digital presence, and completed the proposed activities during Quarter Two of 2020/21.

Members congratulated HWCoL on an extremely successful year amid significant challenges and the importance of engaging with all residents across the City was highlighted. A Member found the weekly HWCoL emails very helpful as a City resident.

A Member queried where the main focus was now building on the success of the past year into a time of recovery for the City. Members were advised that widening engagement was key and plans were in development to target younger and diverse groups. HWCoL was conscious of the rapid changes in service and saw its role as helping people understand this and make it simple.

Getting the public to tell HWCot what was important to their health was another important role.

RECEIVED.

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

Defibrillators

The Chairman advised that a query was raised in advance of the meeting concerning defibrillators in the City. It was agreed that the Chairman would write to all hotels encouraging them to have defibrillators and make them available to the public. The Director of Markets and Consumer Protection also agreed to include a question regarding defibrillators in the Safety Thirst Questionnaire.

14. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

There were no items.

15. EXCLUSION OF PUBLIC

RESOLVED - 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 Part 1 (Schedule 12A) of the Local Government Act.

16. NON-PUBLIC MINUTES

The non-public minutes of the meeting held on 12 June 2020 were approved.

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 were no items.

The meeting ended at 1.30 pm.

Chairman

Contact Officer: Leanne Murphy

Committee(s): City of London Grand Committee City of London Community Safety Partnership City of London Members Safeguarding Sub-Committee City of London Health and Wellbeing Board	Date(s): 28/09/2020 18/09/2020 12/10/2020 20/11/2020
Subject: City and Hackney Safeguarding Adults Board Strategy 2020/25 and Annual Report 2019/20	Public
Report of: Dr Adi Cooper, Independent Chair of the City and Hackney Safeguarding Adults Board	For Information
Report author: Raynor Griffiths, City and Hackney Safeguarding Adults Board Manager	

Summary

The City and Hackney Safeguarding Adults Board (the Board) is a statutory board required under s43 of the Care Act 2014. The Board has three statutory functions:

- 1) Develop and publish a strategic plan outlining how the Board will meet its objectives
- 2) Publish an annual report detailing the safeguarding achievements for that financial year
- 3) Commission Safeguarding Adults Reviews (SARs) for any cases which meet the criteria

This report outlines the Board's new strategy for 2020/25 and the annual report for 2019/20. It focuses on the new principles underpinning the strategy, its strategic priorities and how these will be delivered for 2020/21, key achievements and data for 2019/20. The report also highlights the actions that the Board has taken in response to the Covid-19 outbreak.

Recommendation(s)

Members are asked to:

- Note the report.

Main Report

Background

1.1 The City and Hackney Safeguarding Adults Board is a multi-agency partnership, represented by statutory and non-statutory stakeholders. The role of the Board is

assure itself that robust safeguarding procedures are in place across the City and Hackney to protect adults with care and support needs who are at risk of abuse and neglect. Where abuse and neglect does occur the Board and its partners are committed to tackling this and promoting person centred care for all adults experiencing abuse or neglect. The Board's annual strategy sets out the Board's strategic priorities and aspirations for the next five years. The annual report sets out an appraisal of safeguarding adults' activity across the City of London and Hackney in 2019/20. Due to the Covid-19 outbreak the Board made the decision to produce a condensed report this year.

City and Hackney Safeguarding Adults Board Strategy 2020/25

2.1 The Board's strategy for 2020/25 focussed on the following areas:

- An overview of safeguarding and abuse
- Key statistics on safeguarding for City and Hackney
- Review of the Board's strategy for 2015 – 20
- Feedback from the Board's Consultation
- Key principles and objectives for the 2020/25 Strategy

Board Consultation

2.2 To ensure that the needs and views of residents and professionals living in City and Hackney were reflected in the Board's Strategy, a consultation process took place between October to December 2019. The consultation was co-produced with members of the Board's service user group. In total, the consultation was completed by 130 people; the key findings were:

- 1) Residents and professionals had a varying understanding of safeguarding – most people understood that its purpose is to protect people from abuse and neglect however there was a misunderstanding that it is a service to deal with all adults needs
- 2) 90% of people had heard of at least three types of abuse, with most people being familiar with sexual and physical abuse
- 3) 86% of respondents identified an appropriate source to refer safeguarding concerns to – either adult social care or the police
- 4) Residents were concerned that adults with care and support needs who were at risk of abuse did not have appropriate access to services
- 5) The public wanted the Board to focus on:
 - i. Raising awareness of different forms of abuse
 - ii. Engaging with community groups on safeguarding related issues
 - iii. Supporting people who are homeless and have safeguarding needs
 - iv. Supporting professionals with incorporating safeguarding into practice
 - v. Tackling social isolation and therefore reducing the risk of abuse and neglect

Key Principles for 2020/25

2.3 The Board made the decision to underpin the strategy with the six safeguarding principles:

- 1) Proportionality
- 2) Empowerment
- 3) Partnership
- 4) Prevention
- 5) Protection
- 6) Accountability

2.4 Under each principle a number of objectives has been set, which take into account the views of the CHSAB partners, residents in City and Hackney as well as safeguarding issues that the Board has identified as important both locally, regionally and nationally. To enable accountability with regards to meeting the objectives the Board has also outlined a section on how it will know that objectives have been met.

City and Hackney Safeguarding Adults Board Annual Report 2019/20

Key achievements

3.1 In line with its strategy, some of the key achievements for the Board in 2019/20 include:

- 1) The Board has ensured that service user engagement has been adopted as core business. There are regular newsletters and service user events, which allow and encourage co-production. In the last year the group has co-produced work around the Strategy consultation and how the Board can better engage with individuals who have been involved in the safeguarding process. The Board has developed a service level agreement and protocol to ensure that there is assurance that service user engagement remains core business
- 2) The Board has worked with Community Safety Partnerships in City and Hackney and Children's Safeguarding Partnership to set up the Transitional Safeguarding Task and Finish group to help identify what the safeguarding issues are affecting young people aged 16 -25 years old and what can be done to better support this group
- 3) The Board undertook its second 360 degree review of the Independent Chair, the results of which were highly positive.
- 4) The Board held a Safeguarding Adults Week in line with the National Safeguarding Adults Week which took place between 18 – 24th November 2019. During this week, members of the Board delivered workshops to frontline professionals, had a number of stands in public places to engage with residents, refreshed its safeguarding leaflets and also engage residents to fill in the Board consultation for the Strategy.
- 5) Publish one Safeguarding Adults Review (SAR) in relation to Jo-Jo, a young woman with learning disabilities who died of crusted scabies. The Board also published a joint SAR, with Lambeth, Newham and Islington Safeguarding

Adults Boards, Yi, about a man experiencing multi-exclusionary homelessness.

- 6) The City of London has secured funding to recruit a social worker who will be dedicated to working with people who are street homeless.
- 7) Following the recommendations from the Jo-Jo SAR the City and Hackney Clinical Commissioning Group has appointed new clinical leads to improve learning disability services in primary care and system wide working for children for children transitioning into adult services. Some of their areas of focus will include improving Learning Disability Registers so all patients get annual reviews, developing resource packs and a Learning Disability/Autism champion network.
- 8) Barts Health included a form on mental capacity during an upgrade of their electronic forms. This has helped prompt staff to consider mental capacity when working with patients.

Areas for further development

3.2 The Board was unable to meet its goals in relation to the following, and will continue to work on these into 2020/21:

- 1) Obtaining representative service user engagement with the Board, by failing to fill roles for two Lay Members. Going forward the Board has designed a large scale advert and leaflets about how volunteers can get involved in the Board's work. These will be published in local newspapers.
- 2) The development of a toolkit for mental capacity assessment was not achieved. The Board has subsequently decided to take forward work regarding mental capacity and executive capacity.
- 3) Following the Review of the Independent Chair the Board agreed that it needed to improve its processes for collecting reviewing data. The Quality Assurance Group has now revised its processes so there is a clearer pathway of reporting to the Executive Committee Group.

Data sets for 2019/20

3.3 Key data was collected in relation to safeguarding for the City of London:

- There were 48 concerns were raised, of which 22 met the threshold for a s42 safeguarding enquiry
- The most common forms of abuse were: neglect and acts of omission, financial abuse and physical abuse
- Of the 24 concluded cases, 20 expressed their desired outcomes. There were 8 people who had their desired outcomes fully achieved and 5 partially achieved. A desired outcome was not met in 2 cases.

Priorities for 2020/21

3.4 The Board has set itself the following strategic priorities for 2020/21:

- 1) To respond to any safeguarding issues arising following the outbreak of Covid-19

- 2) To ensure that organisations are prepared for the induction of the Liberty Protection Safeguards
- 3) To develop an impact analysis tool to ensure learning from SARs is embedded into practice
- 4) To continue to embed and develop knowledge of Mental Capacity in relation to complex issues
- 5) To continue to embed service user involvement into all elements of the Board's work
- 6) To build upon the Board's partnership with other groups and Boards such as the Integrated Commissioning and Neighbourhood Model
- 7) To progress work around transitional safeguarding
- 8) To assure the Board that residents using Out of Borough placements and unregulated settings are appropriately safeguarded from abuse and neglect

Response to Covid-19 outbreak

3.5 The Board has included a small section outlining its response to the Covid-19 outbreak. Some of the key actions the Board has taken in response to the pandemic include:

- 1) Commenced a monthly safeguarding and covid-19 meeting using the Board's Executive Group function, this is a means to assure that our partners have responded accordingly to safeguarding issues that have been raised during the outbreak
- 2) The Board has revised its yearly work plan so that it includes a section on safeguarding and covid-19
- 3) The Board has sent out information to partners on resources and guidance on safeguarding and covid-19

Corporate & Strategic Implications

1. Safeguarding is a Corporate and Departmental priority

Appendices

- Appendix 1 – City and Hackney Safeguarding Adults Board Strategy 2020 – 2025
- Appendix 2 – City and Hackney Safeguarding Adults Board Annual Report 2019 – 20

Raynor Griffiths

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CHSAB Strategy

2020 – 2025

People in City and Hackney will 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

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What is adult safeguarding?

The Care Act 2014 provides a legal requirement to safeguard adults who are at risk of abuse and neglect. The Act defines adult safeguarding as:

Protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.



Safeguarding applies to adults who:

- Are over the age of 18
- Have care and support needs (these can be diagnosed or undiagnosed needs)
- Are experiencing, or at risk of, abuse or neglect
- As a result of those care and support needs are unable to protect themselves from abuse or neglect

People with care and support needs can include those who are elderly and frail, have a learning disability, mental health needs, have a long term illness or who have carer responsibilities.



One of the fundamental values within adult safeguarding is '*making safeguarding personal*' this is the idea that all safeguarding should have the individual at the centre of it. This means that the person involved in the safeguarding enquiry should be involved throughout and should have the opportunity to tell professionals what they would like to happen to help them live their life in the way they want. Sometimes people may lack the capacity to make decisions about their life. A mental capacity assessment can help professionals determine this. Where someone lacks capacity, professionals should ensure that there is an advocate in place who can determine the best interests of that person.

The six safeguarding principles

Adult safeguarding is underpinned by the **six** safeguarding principles:

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

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”



- **Empowerment** – People are supported and encouraged to make their own decisions and informed consent.

“I am asked what I want as the outcomes from the safeguarding process and this directly inform what happens.”



- **Proportionality** – The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”



- **Protection** – Support and representation for those in greatest need.

“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”



- **Partnership** – Local solutions through services working together and with their communities. Services share information safely and each service has a workforce well trained in safeguarding. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

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



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

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



What is abuse?

Abuse can happen anywhere and to anyone. It can happen on a one-off basis or a person can experience multiple abuse.

The Care Act has recognised **10 different types of abuse**:

Physical abuse: Where physical acts of violence or threats of violence or intimidation are used against a person

Financial abuse: Is when someone takes or misuses someone else's money or belongings for their own gain. This can include scamming, fraud, cybercrime, forcing or misleading someone into giving money and forcing people to make changes to wills or assets.

Neglect and acts of omission: Is when persons(s) fail to do something which can cause harm to the individual for example, failing to provide adequate care, medication, food or water.

Psychological abuse: This involves frequent and deliberate use of words and non-physical actions with the intention of manipulating, scaring or hurting an individual. This may include threatening someone, criticising, undermining or exerting coercion or control over others.

Sexual abuse: This is abusive sexual behaviour towards another person, it can cover a range of behaviours including rape, sexual assault, harassment and publishing sexual images without consent.

Domestic abuse: Is an incident or pattern of behaviours which are violent, controlling, coercive, threatening or degrading towards a person who is or has been a close intimate partner or family member.

Self-neglect: Is defined as an extreme lack of self-care to the extent where it may threaten someone's health and safety. Examples of this can include hoarding, neglecting personal hygiene and health, non-engagement with services and malnourishment.

Modern slavery: Slavery typically occurs where people are being exploited or controlled by another person and are unable to leave their situation. There are eight key forms of modern slavery which are: forced labour, debt bondage, prostitution, domestic servitude, criminal exploitation, child exploitation, forced marriage and organ harvesting.

Discriminatory abuse: This exists where abuse is targeted towards someone because of their age, gender, sexuality, disability, religion, class, culture, language, race or ethnic origin.

Organisational abuse: This constitutes the mistreatment of an individual(s) due to poor or inadequate practices, systems or care within a care setting. Typical examples can include neglect, unsafe handling and the covering up of incidents.

We want to help protect people from abuse and neglect and provide support where abuse has occurred to help the individual live their life in a way that is meaningful for them.

If you are worried that an adult at risk is being abused you can contact:

In an emergency: police on **999** or **101**

In the City: email: **adultsduty@cityoflondon.gov.uk** or
call: **020 7332 1224** or **020 8356 2300** for out of hours

In Hackney: email: **adultprotection@hackney.gov.uk** or
call: **020 8356 5782** or **020 8356 2300** for out of hours

Key statistics about safeguarding in City and Hackney

Estimates: 7400 living in City, 6600 are adults

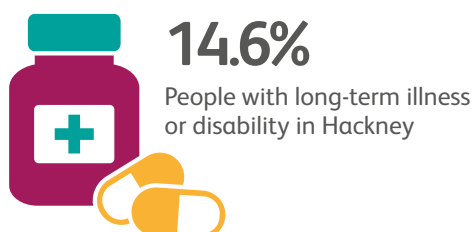
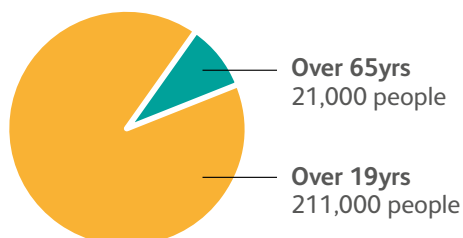


Most common forms of abuse:



Neglect & acts of omission,
financial abuse & physical abuse

Hackney age estimates



Most occurs in the own home,
by someone known to the individual

2018/19
CITY OF LONDON
39 safeguarding concerns raised led to 22 section 42 enquires
HACKNEY
1392 concerns raised, led to 477 section 42 enquiries and 285 other enquiries

The role of the Safeguarding Adults Board

Under the Care Act all Local Authorities are responsible for creating a Safeguarding Adults Board. Safeguarding Adults Boards are made up of three statutory partners: the Local Authority, Police and Clinical Commissioning Group (CCG). The City and Hackney Safeguarding Adults Board is also supported by the following organisations:

- Homerton University Hospital NHS Foundation Trust
- Barts Health NHS Trust
- East London Foundation Trust
- London Fire Brigade
- National Probation Services and Community Rehabilitation Company
- Hackney CVS
- City of London Healthwatch and Hackney Healthwatch
- London Borough of Hackney Housing
- London Borough of Hackney Public Health
- Older People's Reference Group
- Age UK
- The Advocacy Project

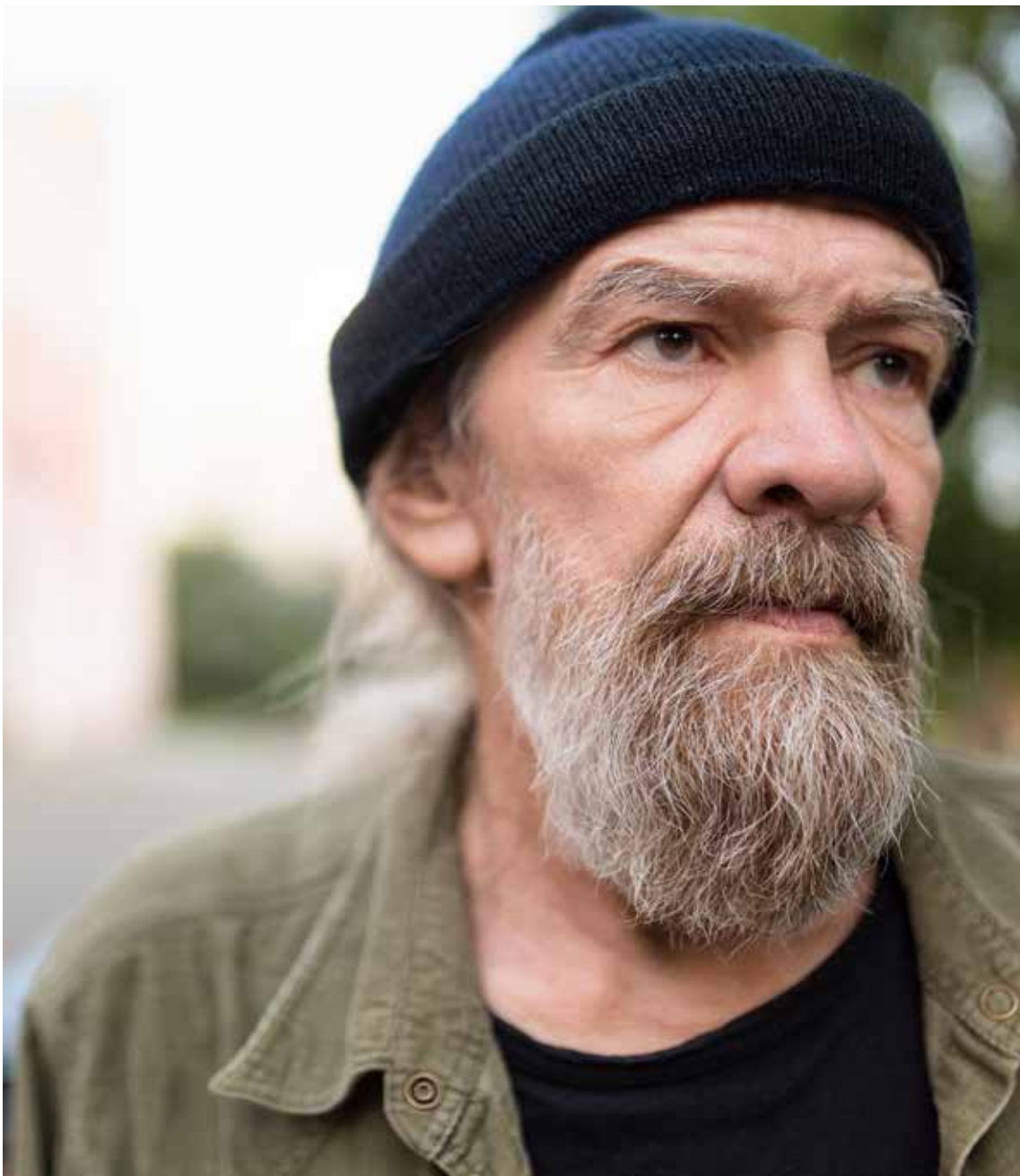
The role of the Safeguarding Adults Board is to safeguard adults with care and support needs by assuring itself that there are local safeguarding arrangements in place and by preventing abuse and neglect. Boards have **three statutory functions**:

- 1) Develop and publish a strategic plan outlining how we will meet our objectives
- 2) Publish an annual report detailing how successful we have been in meeting our objectives
- 3) Commission safeguarding adults reviews for any cases where an individual has died or suffered serious harm as a result of abuse or neglect.

In City and Hackney we are committed to stopping abuse and neglect where possible, to achieve this we strive to:

- ensure that everyone, both individuals and organisations, are clear about their roles and responsibilities
- create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect

- support the development of a positive learning environment across these partnerships, at all levels, to help break down cultures that are risk-averse or seek to scapegoat or blame practitioners
- ensure that Making Safeguarding Personal and the voice of the service user is considered through all aspects of our work
- respond effectively where safeguarding concerns are raised to ensure that these are addressed at an operational or strategic level



Review of the previous Board strategy 2015 – 2020

In our previous strategy we developed the following principles to help us take forward our work:

SAB Principle 1: All our learning will be shared learning

SAB Principle 2: We will promote a fair and open culture

SAB Principle 3: The skill-base of our frontline staff and managers will be continuously improving

SAB Principle 4: We will understand the local complexity of safeguarding needs

Whilst we recognise that these principles are still important, and we strive to embed these into our work we have made the decision to use the six safeguarding principles for this strategy. We made this decision following discussions with residents and front line professionals who stated that they recognised and understood the principles.

What did we do well?

The Board has focussed on a range of different safeguarding priorities over the past five years. **Some of our key achievements include:**

- We have established networks and processes for the Board to share our learning. We have created a LinkedIn page to share learning and have residents and professionals circulation lists, which we regularly circulate newsletters and safeguarding news
- We have commissioned safeguarding training for frontline professionals across City and Hackney to attend, this includes the voluntary sector
- We have created mechanisms for us to better engage with the public this includes the creation of our Safeguarding Champions, service user newsletter and service user events
- We have led work around transitional safeguarding, Modern Day Slavery, Homelessness and Safeguarding, adopting a family approach to risk management and older people and sexuality and consent
- We held a Safeguarding Adults Week for the first time in 2019, and will continue to hold awareness weeks in the future
- We undertook 7 Safeguarding Adults Reviews which have told us how we can improve safeguarding practise across City and Hackney
- We developed our Quality Assurance Framework to help us analyse safeguarding trends such as referrals that did not meet the threshold for a s42 enquiry

- We have undertaken one multi-agency audit which has helped us understand how well we have responded to issues around self-neglect across the partnership. The results were largely positive.

What were we unable to achieve?

Whilst we attempted to achieve all the priorities set out in our previous strategy we were unable to do so. We recognise that we still need to continue work around the following areas:

- We have not successfully put in place a system to receive feedback from people who have experienced safeguarding. We understand that this has been an issue nationally however, we will continue to put in place processes by which people can provide feedback about the safeguarding experience
- We do not know how well learning from SARs has been embedded into frontline practice and we recognise further work is required to test the impact from SARs
- We know that whilst our understanding of mental capacity has improved, there are a number of more complex matters relating to mental capacity such as higher executive functioning that we need to continue to explore
- While we are getting better at ensuring that service users are influencing the work of the Board we recognise that this is an area for improvement and we will continue to work towards including service users in all aspects of our work.
- We have started work on transitional safeguarding and homelessness, this work is not yet complete and we will continue to focus on these priorities going forward.

Feedback from the City and Hackney Safeguarding Adults Board Consultation

It is important to the Board that our strategy reflects the views and concerns of people living and working in the City and Hackney. To do this we underwent a consultation process where we engaged with residents and professionals to get their feedback on the following questions:

- 1) What does the word 'safeguarding' mean to you?
- 2) What types of abuse have you heard of?
- 3) What makes you feel worried about the safety of adults with care and support needs?
- 4) Who would you contact if you had any concerns that you or someone you know with care and support needs was unsafe?
- 5) What top three things should we prioritise to help keep adults with care and support needs in the City and Hackney safe?

We would like to thank our service user group who attended our event on 17th September 2019 for helping us construct questions for the consultation. We appreciate all your valuable input into this.

We received 130 responses to our consultation, and identified the following findings:

- We had feedback from people of all different backgrounds including people up to the age of 86, from mixed ethnicities and religions and from over 20 people who considered themselves as having a disability
- People had a varying understanding of safeguarding – most people understood that it is about protecting people from abuse and neglect however there was a misunderstanding that it is a service to deal with all adults needs
- 90% of people had heard of at least three types of abuse, with people being most familiar with sexual and physical abuse
- 86% of respondents identified an appropriate source to refer safeguarding concerns to – either adult social care or the police
- People generally raised concerns about adults at risk accessing services for the following reasons:
 - Not being able to speak out because they are unable or scared
 - Not being able to gain access to services because they do not know what is available or they do not meet thresholds for services
 - The potential for missing signs of abuse and neglect

- The public wanted us to focus on the top five following priorities:
 1. Raising awareness of different forms of abuse
 2. Engaging with community groups on safeguarding related issues
 3. Supporting people who are homeless and may have safeguarding needs
 3. Supporting professionals with incorporating safeguarding into practice
 4. To tackle social isolation and therefore reduce the risk of an individual being abused or neglected



Key Principles underpinning the Strategy 2020 – 25

The Board has developed the following objectives to drive forward adult safeguarding in the next five years:

Empowerment

- We will continue to raise awareness of adult safeguarding issues amongst residents living in the City and Hackney
- We will continue to engage with community groups and the voluntary sector to help build upon their understanding of adult safeguarding and to hear about safeguarding issues affecting them
- We will work with service users to ensure that people with lived experience of safeguarding influence the Board's work
- We will build upon work undertaken around making safeguarding personal, advocacy and mental capacity to help build a better awareness amongst frontline professionals and residents

We will know that we have our objectives when:

- Our data shows an increase in the number of awareness raising sessions that the Board has undertaken in the community
- Frontline staff and the public are able to recognise the Safeguarding Adults Board and understand its primary goals
- The number of safeguarding referrals into Adult Social Care from members of the public and the voluntary sector increases
- Those who have experienced a safeguarding enquiry or supported someone through an enquiry report positive feedback about the safeguarding process
- We will see an increased number of referrals to advocacy services

Prevention

- We will undertake horizon scans of local, London and national safeguarding trends to help us identify thematic priorities for the Board
- We will continue to engage with the Integration Model and Neighbourhood teams to support them in ensuring that safeguarding is embedded through all aspects of their work
- We will continue to focus on work around the following safeguarding themes:

- Homelessness and safeguarding
- Transitional safeguarding
- Social isolation
- Safeguarding in unregulated and out of Borough settings
- We will boost awareness of the Safeguarding Adults Board and our work across City and Hackney – this will include improving our online presence and maintaining clear branding for the Board

We will know that we have met our objectives when:

- We can evidence tangible actions taken to address the safeguarding issues we have identified above
- We have incorporated emerging safeguarding trends into the Board's annual strategic plans. In cases where we have not, the Board can evidence reasoning for this or work undertaken to support other teams to take this work forward
- We will be able to show how safeguarding has been embedded into the Integration Model and Neighbourhood Teams
- An increased amount of people are familiar with the work of the Board and will know how to access the resources that we offer.

Protection

- We will find innovative ways to communicate key learning from the CHSAB to frontline staff across the partnership, this will include using written, online and face-to-face formats
- We will seek yearly feedback from the public about safeguarding issues that are worrying them and ensure that these are incorporated into our yearly work plans
- We will continue to run an annual Safeguarding Adults Week to help raise awareness of emerging safeguarding issues with the public and frontline staff
- We will review the support mechanisms in place for informal carers living in City and Hackney to assess whether these offer carers the support they require.

We will know that we have met our objectives when:

- We can evidence that frontline practice is changing as a result of learning that has been disseminated by the Board
- The public report back that they are satisfied that the Board are addressing issues that are important to them

- We see improved engagement with the initiatives that the Board are running during Safeguarding Adults Week
- We will see an increase in carers assessments and referrals to advocacy support for informal carers.

Partnership

- We will continue to identify how we can work with different organisations and partnerships across City and Hackney where we have overlapping interests. This includes supporting teams to consider safeguarding in their own projects and work streams
- We will continue to work collaboratively with the Safeguarding Children's Partnerships, Community Safety Partnerships and Health and Wellbeing Boards on mutual areas of interest
- We will build upon links that we have created within the voluntary sector and community
- We will continue to co-produce work with community groups and services users
- We will build new links with organisations and groups in City and Hackney that may engage with adults at risk this includes the provider and social housing sectors.

We will know that we have met our objectives when:

- We can evidence how adult safeguarding has impacted other areas of work outside our core business
- We can evidence joint objectives and work undertaken with the Safeguarding Children's Partnership, Community Safety Partnerships and Health and Wellbeing Boards
- We are able to demonstrate how we have expanded our network and influence across City and Hackney

Proportionality

- We will quality assure providers in City and Hackney, including providers who are working in unregulated settings
- We will ensure that issues of equality and diversity are brought to Board's attention are managed appropriately
- We will help staff apply the Mental Capacity Act and Liberty Protection Safeguards in complex cases
- We will look at how we can appropriately balance the needs of perpetrators of abuse who may also be at risk or suffering abuse and neglect

We will know that we have met our objectives when:

- There is an improvement in safeguarding practice across providers and unregulated settings
- Issues of equality and diversity have been considered through all areas of our work
- Data shows an improvement in the quality of mental capacity assessments being undertaken by staff
- We see an increase in safeguarding referrals for adults at risk who are also the alleged perpetrators

Accountability

- The Board will help its partners to understand its responsibilities to adults at risk of abuse and neglect, this includes undertaking provider led concerns where appropriate
- To quality assure the safeguarding work of the Board's partner through our Quality Assurance Framework and yearly multi-agency audits
- To identify how much impact the Board and SARs are having in improving safeguarding practice across City and Hackney
- To undertake periodic reviews of the Board and its Chair to ensure that it is meeting its obligations in respect of the Care Act 2014.

We will know that we have met our objectives when:

- We see sustained engagement from partners with the work of the Board
- We have evidence that the safeguarding practice is improving across the City and Hackney
- We can evidence that the Board is having a positive impact on safeguarding across the City and Hackney
- We can evidence that the Board is meeting all objectives set out for it in the Care Act 2014

How will the Board deliver its priorities?

It will be the responsibility of the Board's sub-groups, task and finish group and partners to deliver the priorities set out in the strategy. To help with this, the Board publishes an annual strategic plan explaining what actions it ensure that the strategy is delivered. All groups and partners are required to report their progress to the Independent Chair.

The Board has developed the following work plan for 2020 - 21





Appendix:

CHSAB Annual Strategic Plan 2020 – 2021

Appendix One: City and Hackney Safeguarding Adults Board Annual Strategic Plan 2020 – 2021

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

Partner	Lead	Partner	Lead
London Borough of Hackney (LBH)	Anne Canning/ Simon Galczynski	City of London Corporation (CoL)	Andrew Carter/ Chris Pelham
City and Hackney CCG (CCG)	David Maher/Jenny Singleton	Hackney Metropolitan Police (MPS)	Marcus Barnett
City of London Police	Gareth Dothie	Homerton University Hospital Foundation Trust (HUHFT)	Catherine Pelley
Barts Health NHS Trust	Sam Spillane	East London Foundation Trust (ELFT)	Dean Henderson
London Fire Brigade Hackney	Lee Sandy	London Fire Brigade City of London	David Bulbrook
National Probation Service	Stuart Webber	London Community Rehabilitation Company	Kauser Mukhtar
Healthwatch Hackney	Jon Williams	Healthwatch City of London	TBC
Hackney CVS	Kristine Wellington	The Advocacy Project	Judith Davey
London Borough of Hackney Public Health	Nicole Klynman	London Borough of Hackney Housing	Jennifer Wynter
Hackney Recovery Service	Ruth Williamson	Safeguarding Children's Partnership	Jim Gamble
Sub-group	Chair	Task & Finish Groups	Lead
SAR & Case Review	Chris Pelham	Homelessness & Safeguarding	John Binding/ Ian Tweedie
Quality Assurance	Jenny Singleton	User engagement	Dr Adi Cooper
Workforce Development	Zak Darwood	Transitional safeguarding	Dr Adi Cooper
Sub-Committee	Chair		
City of London	Dr Adi Cooper		

Principle 1 : Proportionality - “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”				
Priority	Actions	Lead	Outcome	
1) To ensure that the Board and its partners are ready for the introduction of the Liberty Protection Safeguards	1.1 LPS Leads in City and Hackney will provide assurances to the Board that they have appropriately prepared for the introduction of LPS.	LPS Leads		
	1.2 LPS Leads will respond to any national issues that are raised in response to the introduction of the LPS. The Board will provide support in addressing national issues where appropriate.	LPS Leads		
	1.3 The Board will support criminal justice and voluntary sector organisations to prepare for LPS and understand how this may impact service users within their sectors.	CHSAB Manager/ LPS Leads		
	1.4 Partners who have duties under LPS will provide assurances to the Board that appropriate training has been commissioned for their staff. It will further consider whether training should be commissioned for agencies who may require a general understanding of LPS.	All partners with LPS responsibilities		
2) To reflect upon how well the Board has embedded learning from the fire death SAR and embed further learning around fire safety	2.1 The SAR sub-group will commission an independent thematic review of fire safety in Hackney identifying how well the CHSAB has embedded learning from a previous SAR.	SAR sub-group		

	<p>2.2 The SAR sub-group will lead on the implementation of any further recommendations in relation to the thematic review. The group will be supported by the Quality Assurance group as required.</p>	SAR sub-group	
	<p>2.3 The workforce development group will review how the CHSAB can raise awareness of Fire Safety across City and Hackney and implement any training recommendations borne out of the thematic review.</p>	WFD sub-group	

Principle 2: Empowerment - “I am asked what I want as the outcomes from the safeguarding process and this directly inform what happens.”				
Priority	Actions	Lead	Outcome	
3) To continue to embed and develop frontline practitioners understanding of Mental Capacity in relation to complex issues	3.1 The Board will create a task and finish group to undertake a scoping exercise to assess what the key issues and challenges are for professionals working with people who may lack higher executive functioning.	CHSAB Manager/ MCA Leads		
	3.2 The task and finish group will look at putting together a suite of resources for frontline professionals to help them work effectively with people whose capacity may not be clear.	MCA T&F group		
	3.3 The Board will endorse and promote any best practice guidance that is published in relation to mental capacity and higher executive functioning.	CHSAB Manager		
	3.4 The Board will review its current self-neglect and chronic hoarding protocol to ensure that it has sufficient focus on the issue of higher executive functioning within mental capacity.	Head of Adult Safeguarding LBH		
	3.5 The workforce development sub-group will identify training needs and commission training in relation to higher executive functioning.	WFD sub-group		
4) To continue to embed work around service user engagement and ensure that service users	4.1 The service user task and finish group will develop a brochure for residents living in city and Hackney outlining how they can get involved in the work of the Board.	Service user engagement T&F group		

influence all aspects of the Board's work	4.2 The service user task and finish group will develop a process by which service users can feedback their experience of safeguarding.	Service user engagement T&F group	
	4.3 The Board will provide funds to Hackney CVS to commission refresher training to the Safeguarding Champions.	HCVS	
	4.4 The Board will provide funding to the Advocacy Project to commission training for peer-to-peer supporters to provide low level advice in the community.	The Advocacy Project	
	4.5 The Board and its partners will engage with faith networks that exist within City and Hackney to drive awareness of safeguarding issues.	CHSAB Manager	
Principle 3: Prevention - "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."			
5) To engage with frontline professionals to share learning from adult safeguarding	5.1 The workforce development sub-group will continue to identify innovative ways of working with frontline staff across City and Hackney, with specific focus on multi-agency learning sessions and digital content.	WFD sub-group	
	5.2 An offer will be made to teams working across City and Hackney for the Board to deliver briefings and updates on safeguarding issues that the Board are working on.	WFD sub-group	
	5.3 The Board Business Support will continue to build its frontline practitioner network by disseminating learning via online and our newsletter.	CHSAB Business Support Officer	

Principle 3: Prevention - “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”				
Priority	Actions	Lead	Outcome	
3) To continue to embed and develop frontline practitioners understanding of Mental Capacity in relation to complex issues	5.4 The workforce development sub-group will scope the possibility of delivering a large scale conference or learning event.	WFD sub-group		
	5.5 All partners will report data pertaining to safeguarding training to the Board. This will include assurances that all staff have undertaken appropriate training and details of safeguarding training offered to staff.	All partners		
	5.6 The CoL will identify how we can better support frontline professionals understand vulnerability and safeguarding risk.	CoL		
6) To understand how much impact SARs are having on changing safeguarding practice across City and Hackney	6.1 The SAR sub-group will develop a process of communicating learning from SARs which will be embedded into the SAR Protocol and City & Hackney's SAR quality markers.	SAR sub-group		
	6.2 The Quality Assurance sub-group will create an impact analysis tool to help determine how well learning from SARs have been embedded into frontline practice. Feedback from the impact analysis tool will be report to the SAR sub-group and Executive Group..	QA sub-group		
	6.3 The workforce development sub-group will develop a set of resources that partners can use for	WFD sub-group		

	new members of staff so that learning from SARs continues to be filtered into practice.		
7) To ensure that the Integrated Commissioning and Neighbourhood Model continues to filter safeguarding through all elements of their work	7.1 The Executive Group will seek assurance from the Neighbourhood Team that safeguarding continues to be embedded into practice.	Executive Group	
	7.2 The Neighbourhood Team and Board will work together to identify how safeguarding can be included into on-going projects being undertaken by the Neighbourhoods Team.	Neighbourhood Team/CHSAB Manager	
	7.3 The Board will report safeguarding intel and learning to ensure that this can be utilised by teams.	CHSAB Manager	
Principle 4: Partnership – “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”			
8) To continue to engage with Community Safety Partnership, Safeguarding Children's Partnership and Health and Wellbeing Boards	8.1 The Board Manager will work with the Safeguarding Children's Partnership to identify cross-cutting priorities in the City. The Board will also deliver one joint meeting with the Children's Partnership in the City.	CHSAB Manager/CHSCP	
	8.2 The Board will continue to address strategic issues affecting CSP, CHSCP and HWB at the Joint Chairs meeting.	Independent Chair	
	8.3 The Board will look at opportunities to commission joint work and/or training on areas of joint interest. All partners will be responsible for raising potential areas of interest to the attention of the Board and Executive Group.	Independent Chair/CHSAB Manager	

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

Priority	Actions	Lead	Outcome
9) To identify opportunities to engage with new partners	<p>9.1 The Board and its partners will continue to build its relationships with organisations across City and Hackney, specifically it will look at:</p> <ul style="list-style-type: none"> i. Building links with the social housing and provider sector ii. Assisting probation services with work they are undertaking around transitional safeguarding iii. Strengthening links with the voluntary sector 	CHSAB Manager/ NPS/CRC/HCVS/ CoL	

Principle 5: Protection - “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

10) To progress work around transitional safeguarding	10.1 The Transitional Safeguarding Task and Finish Group will continue to work with the Safeguarding Children's Partnership and Community Safety Partnerships across City and Hackney to identify how the Board can better support young people aged between 16 – 25 at risk of abuse and exploitation.	Transitional safeguarding T&F group	
11) To assure ourselves that residents using Out of Borough placements or placed in unregulated settings are	11.1 The Commissioning Team's in City of London and Hackney and CCG will undertake a gap analysis to identify what the current position and risk areas for residents utilising OOB placements and unregulated services across City and Hackney.	LBH/COL/City and Hackney CCG Teams	

appropriately safeguarded from abuse and neglect	11.2 The LBH, CoL and City and Hackney CCG will provide assurance to the Board that adults at risk using Out of Borough or unregulated services are appropriately safeguarded from abuse and neglect.	LBH/CoL/City and Hackney CCG Commissioning Teams
	11.3 The Board will support and publicise any work at a national level to strengthen cross Borough working.	Independent Chair/CHSAB Manager
Principle 6: Accountability - “I understand the role of everyone involved in my life and so do they.”		
12) To ensure the delivery of the Board’s core business	12.1 The Board Manager will review all CHSAB policies to ensure these are up-to-date and compliant with equality responsibilities for SABs outlined in the Care Act 2014.	CHSAB Manager
	12.2 The Board Manager will update its expectations for Board Members and circulate to all Board members.	CHSAB Manager
	12.3 A small working group from the Service User Task and Finish Group and will be created to deliver and support activities across the partnership Safeguarding Adults Week.	WFD/service user engagement sub-group
	12.4 The Quality Assurance group will oversee the delivery of one multi-agency audit on the theme of self-neglect.	QA sub-group

Principle 6: Accountability - “I understand the role of everyone involved in my life and so do they.”				
Priority	Actions	Lead	Outcome	
	12.5 To reform the structure of the Safeguarding Adults Sub-Committee meeting in the City of London to ensure that it focuses on staff development.	CHSAB Manager/ AD People CoL		
13) To ensure that existing projects are brought to completion	13.1 The Board will continue to lead or assist with on-going work on the following projects: a. Homelessness and Safeguarding b. Modern Day Slavery c. Suicide Prevention	CHSAB Manager		

CHSAB Annual Report 2019 – 20

**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**

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Message from the Independent Chair



I am very pleased to introduce the Annual Report for the City and Hackney Safeguarding Adults Board 2019/20. As the Independent Chair of the Board, I continue to be very grateful to all partners for their contributions to the Board, and their ongoing support. The partnership has continued to grow and develop, as reflected in this annual report.

As I write, (end of May 2020) we are coming out of the lockdown due to the Covid-19 pandemic. This provides an opportunity to mourn the deaths of residents who died, acknowledge the grief of their families and friends as well as commend the incredible hard work, dedication, and commitment of health, social care staff and all the key workers who kept everything going during this period.

All the partners of the Board have reported on the incredible work they have undertaken, providing assurance that they continued to meet their safeguarding responsibilities during this challenging time. I am extremely grateful to everyone for their endeavours to support residents, particularly those who are at risk of abuse or neglect.

During the year that this report covers, partners have worked together to improve safeguarding, raising awareness of safeguarding in City and Hackney's communities, and responding to what people have said is important to them in the consultation for the Board's Strategy ([provide link](#)).

This annual report is important because it shows what the Board aimed to achieve during 2019/20 and what we have been able to achieve. It shows that many of the tasks were completed during the year. The annual report provides a picture of who is safeguarded in City and Hackney, in what circumstances and why. This helps us to know what we should be focussing on for the future. The Delivery Plan for 2020/21, which says what we want to achieve during the year, has been revised in light of the Covid-19 outbreak.

There continues to be significant pressures on partners in terms of resources and capacity, especially during the Covid-19 pandemic, so I want to thank all partners and those who have engaged in the work of the Board, for their considerable time and effort.

There is a lot that we need to do and want to do to reduce the risks of abuse and neglect in our communities and support people who are most vulnerable to these risks. This is a journey that we are all making together, and I look forward to chairing the partnership in the next year to continue this journey.

Dr Adi Cooper OBE,
Independent Chair City and Hackney Safeguarding Adults Board
May 2020

Context

The start of 2020 has brought unprecedented and worrying times for residents and professionals living and working across City and Hackney in the form of the Covid-19 pandemic. At the time of writing this report, professionals across the area are working hard to protect the community from this risk, whilst ensuring that essential health and social care services are maintained.

The introduction of the Coronavirus Act 2020 has seen the Care Act 2014 duties temporarily move from being mandatory to discretionary although safeguarding adults remains a Local Authorities' statutory duty¹. The guidance recognises that safeguarding remains of paramount importance for organisations working with adults who may be at risk of abuse or neglect². The City and Hackney Safeguarding Adults Board (CHSAB) remains committed to supporting organisations and residents across City and Hackney to protect adults who may be at risk of abuse or neglect and need safeguarding support. The CHSAB will do this by continuing to raise awareness of different safeguarding issues, identifying emerging safeguarding issues and supporting organisations to understand and deliver their duties in relation to safeguarding adults at this time.

CHSAB partners commend and appreciate the ways in which communities have come together to assist residents who require help at these times. Unfortunately, it is typical to see an increase of neglect and abuse in times of crisis. There are a number of reasons for this, it can be unintentional, due to increased stresses in the family home or people struggling to care for their family members, or it can be intentional, when people actively try to exploit another, for example by taking over their home or scamming them. The CHSAB would like to ask everyone to be vigilant to the different types and signs of abuse and neglect (<https://hackney.gov.uk/safeguarding-adults-board>) and be aware of how any concern can be reported (Hackney: <https://hackney.gov.uk/chsab-raise-concern>, or in the City: <https://www.cityoflondon.gov.uk/services/adult-social-care/Pages/safeguarding-adults.aspx>). With everyone's support the CHSAB can ensure that adults are kept safe from abuse and neglect.

Given current circumstances, the Board has made the decision to produce a shorter annual report. It is hoped that the report will still help residents understand how the CHSAB has continued to prioritise adult safeguarding across City and Hackney. The CHSAB would also like to take this opportunity to thank professionals and those living in City and Hackney for their continued support and hard work in keeping local residents safe.

1 <https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014/care-act-easements-guidance-for-local-authorities>

2 Annex D: Safeguarding Guidance, <https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014/care-act-easements-guidance-for-local-authorities>

What is the Safeguarding Adults Board?

Role

The CHSAB is a partnership of statutory and non-statutory organisations representing health, care, criminal justice, voluntary sector and residents who use services in the City of London and Hackney. The role of the CHSAB is to gain assurance that there are effective adult safeguarding arrangements in place, to protect adults with care and support needs and help prevent abuse and neglect across the City and Hackney.

The CHSAB has three core duties under the Care Act 2014 that it must fulfil by law:

- 1) Develop and publish a Strategic Plan outlining how it will meet our objectives and how our partners will help each other to achieve this
- 2) Publish an Annual Report detailing what it has done to help safeguard the community and how successful it has been in achieving this
- 3) Commission Safeguarding Adults Reviews (SARs) for any cases that meet the criteria.

In addition to this, the CHSAB is able to involve itself or lead work around any other adult safeguarding issues it feels appropriate³.

Membership

The CHSAB has three core statutory partners: the Local Authority, Clinical Commissioning Group and Police service as well as a number of non-statutory partners. This forthcoming year, the CHSAB welcomes London Borough of Hackney Housing Needs and Hackney Recovery Service to sit on the Board.

A full list of our partners and their attendance at our quarterly Board meetings and annual Development Day can be found below:

2019-20	
Independent Chair	100%
London Borough of Hackney ASC	100%
City of London Corporation	100%
City & Hackney CCG	100%
Homerton University Hospital	75%
Barts Health NHS Trust	75%
East London NHS Foundation Trust	100%
London Fire Brigade	75%
Metropolitan Police	25%

3 S43.4 of the Care Act 2014, <http://www.legislation.gov.uk/ukpga/2014/23/section/43>

2019-20	
City of London Police	25%
Older People's Reference Group	50%
Hackney Healthwatch	100%
City of London Healthwatch	0%
City & Hackney Public Health	50%
Hackney Council for Voluntary Services	75%
National Probation Service	75%
Housing Providers	25%
Safeguarding Children's Partnership	0%
London Ambulance Service	0%
CHSAB Business Support	100%

Principles

The work of the Board is underpinned by key principles; these were recently revised following consultation for our new strategy. The CHSAB made the decision to align our principles with the six safeguarding principles underpinning adult safeguarding⁴. This decision was made because the results of the strategy consultation showed that the community was most familiar with the six safeguarding principles. The principles are as follows:

- **Prevention** – It is better to take action before harm occurs.
"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."
- **Empowerment** - People are supported and encouraged to make their own decisions and informed consent.
"I am asked what I want as the outcomes from the safeguarding process and this directly inform what happens."
- **Proportionality** – The least intrusive response appropriate to the risk presented.
"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."
- **Protection** – Support and representation for those in greatest need.
"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

⁴ Paragraph 14.13 Care and Support Statutory Guidance, <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1>

- **Partnership** – Local solutions through services working together and with their communities. Services share information safely and each service has a workforce well trained in safeguarding. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”
- **Accountability** – Accountability and transparency in delivering safeguarding.
“I understand the role of everyone involved in my life and so do they.”

Board Governance

Sub-groups

To ensure that the work of the Board is delivered there are a number of sub and task and finish groups in place to lead on our annual priorities:

Quality Assurance:

This group considers quantitative and qualitative information about safeguarding activity across City and Hackney. This helps the CHSAB understand what is going on in City and Hackney, and therefore informs its work and priorities.

Safeguarding Adults and Case

Review: This group fulfils our s44 Care Act duty to consider requests for a Safeguarding Adults Review (SAR). The group reviews referrals and make recommendations to the Chair when it considers that a SAR is required. The group also develops and monitors action plans to ensure that learning and recommendations from SARs are embedded.

Workforce development:

This is newly re-established group, with a focus on how the Board can offer the best training and development opportunities for frontline professionals to assist in building their safeguarding knowledge.

User engagement:

This task and finish group focuses on how the CHSAB can reach all communities in City and Hackney as well as engage service users in our work.

Homelessness/Rough Sleeping and Safeguarding:

This task and finish group continues to review how safeguarding issues relating to people who are homeless or rough sleeping can be tackled and practice improved.

Transitional safeguarding:

This task and finish group is reviewing the safeguarding provision for young people aged 16 – 25 who may be at risk of abuse or exploitation. This is to identify what gaps exist and how we can better support young people at risk of abuse or neglect.

The work of the sub and task and finish groups is overseen by the Executive Group, whose role it is to monitor progress of work undertaken by the groups, and direct any additional work. There are also quarterly CHSAB meetings attended by the whole partnership, which are opportunities to provide updates on CHSAB work streams and discuss key safeguarding issues.

City of London Adult Safeguarding Committee

The City of London has a Safeguarding Adults Committee, focuses on safeguarding issues that impact on City of London residents only. It meets quarterly, where it reviews its progress in relation both to the CHSAB priorities and specific City priorities that it set itself within the Board's strategic plan. City priorities for 2019/20 were as follows:

- Social isolation and well-being
- Homelessness
- Transitional safeguarding

CHSAB strategic links

The CHSAB has links with partnerships and boards working with communities in the City of London and Hackney, including: the City and Hackney Children's Safeguarding Partnership, Community Safety Partnerships; and Health and Wellbeing Boards. The Board is also a member of the Hackney Community Strategy Partnership Board.

Budget

In 2019/20 the CHSAB total contributions remained the same as 2018/19:

Partners	Income Received (£)
City of London Corporation	(28,875)
East London NHS Foundation Trust	(27,500)
Homerton University Hospital	(12,000)
NHS City and Hackney CCG	(20,000)
Metropolitan Police Authority	(5,000)
Bart's and London NHS Trust	(5,000)
City of London Police	(4,400)
London Fire Brigade	(500)
City of London Corporation (FB)	(500)
LB Hackney	(109, 675)
Total Income:	(213,450)

This financial year the CHSAB spent a total of £209,817. The CHSAB have made the decision not to increase partner contributions on the basis that there is currently a reserve of £93,000, and consequently there is sufficient funds to sustain the Board should we incur any unplanned expenditure.

Supporting the CHSAB

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



CHSAB Achievements for 2019/20

Service user engagement

- The Board has continued to release regular newsletters and hold regular events, which has allowed the opportunity for service users to find out about safeguarding issues and the work of the Board. Three service user events during 2019/20 were held and attendees contributed to co-produce the new CHSAB Strategy. If you would like to sign up to our mailing list to keep up-to-date with our events and safeguarding news please email: chsab@hackney.gov.uk
- The Board has developed a plan to continue to engage with service users and people who have experienced safeguarding.

Community Awareness

- The Safeguarding Champions have continued to raise awareness of safeguarding amongst community and voluntary groups across Hackney. In 2019/20, a further 14 safeguarding champions were trained, who delivered a number of events across Hackney.
- The Board has started to develop the role of the Safeguarding Peer-to-Peer Supporter with the assistance of The Advocacy Project. The Peer-to-Peer Supporter's primary role will be to provide low level safeguarding support, signposting to members of the community as well as reporting safeguarding issues they encounter to safeguarding services. It is hoped that this role will go live 2020/21.
- The SAB Chair and Board Manager have attended a number of community events to raise awareness of safeguarding and the role of the Safeguarding Adults Board, this includes the Older People's Reference Group Annual Conference and City of London Healthwatch launch event.

Elspeth Williams, is a local resident living in Hackney who responded to the CHSAB's advertisement for volunteers to train as a Safeguarding Champion when first advertised in 2018. Elspeth undertook a three day training course, which equipped her with the confidence and skills that she needed to deliver 90 minute safeguarding awareness raising sessions to residents living in Hackney.

Since training as a Safeguarding Champion Elspeth has delivered 11 safeguarding awareness raising events to over 110 people. This has included the London Borough of Hackney Co-Production Team and also the Making it Real Board, who are residents who support London Borough of Hackney to make changes to Adult Social Care. More recently, Elspeth delivered a Safeguarding Awareness Workshop at Hackney CVS during the CHSAB's Safeguarding Adults Week!

One of the key challenges that Elspeth has overcome is delivering safeguarding awareness sessions to a range of different backgrounds and skill sets. Elspeth has found creative ways to adapt her sessions to make sure she can engage effectively with all residents that she engages with.

The Board appreciates Elspeth and all the Safeguarding Champions efforts to help raise awareness of safeguarding across Hackney. If any resident is interested in becoming a Safeguarding Champion, please contact: chsab@hackney.gov.uk for more information.

Professional development

- The Board has continued to support frontline professionals develop their safeguarding knowledge. The CHSAB has commissioned frontline training on subjects such as mental capacity in complex cases, whole family approaches, positive risk taking and self-neglect and hoarding.
- The CHSAB developed a questionnaire for frontline staff to better understand their training needs. It was completed by over 50 members of staff, who identified that they would like to learn via bite size classroom sessions and briefings.
- The Board has held two professional development events with frontline staff in October and November 2019; these focussed on learning from Safeguarding Adults Reviews regarding the deaths of people who were homeless.
- The CHSAB has increased its engagement with frontline professionals by creating a safeguarding newsletter and LinkedIn page, this provides a means to send out safeguarding information to frontline professionals as it emerges. It also allows frontline professionals to engage and understand the work that the Board is doing.

Partnership working

- The CHSAB has worked closely with the Community Safety Partnership and Safeguarding Children's Partnership to launch the Modern Day Slavery Strategy for London Borough of Hackney. The Strategy was launched on 18 October 2019, alongside a webpage for Modern Day Slavery, Modern Day Slavery Protocol and resources for professionals and the public. The Board now jointly leads a task and finish group focussed on implementing the actions of the strategy. Further details on Modern Day Slavery can be found: <https://hackney.gov.uk/modern-day-slavery>
- The Board supported Public Health in the London Borough of Hackney to develop safeguarding clauses for their public health contracts.
- The CHSAB is part of the working groups looking at the following areas: Suicide Prevention, engagement with the Orthodox Jewish Community and has also provided feedback the City of London's domestic abuse strategy and City of London and Hackney Autism Strategy.

Task and Finish Groups

- The Board has set up a Transitional Safeguarding Task and Finish Group, which aims to identify any gaps in support offered to young people aged between 16 – 25 who are at risk of exploitation and abuse. The plan is to develop an options paper with recommendations on what actions could be taken to better support young people.

- A homelessness task and finish group has met a number of times to consider how to develop and improve responses to safeguarding issues unique to those who are homeless or rough sleeping. The group's key achievements include the City of London producing a Fatality Review Process for all deaths of people who were homeless or rough sleeping.

Board Governance

- The Board undertook its second 360 degree review of the Independent Chair, the results of which were highly positive. It recognised that the Chair's areas of strength were ensuring that safeguarding issues are discussed and brought to the attention of the Board partners, managing the Board effectively, focusing on prevention and ensuring that SARs are high quality. The Independent Chair made a pledge that she would continue to focus on service user engagement and using data to inform its work going forward.
- The Board signed off the Association of Directors of Adult Social Services Pan-London Information Sharing Agreement for all partners. The agreement ensures that partners are sharing information in relation to safeguarding where necessary.
- The Board updated its Risk Register, which identifies risks that may impact the Board's ability to deliver its legal role. The register is reviewed and updated every six months to identify actions taken to mitigate risks and whether it needs to be edited in line with current events impacting the Board.

Safeguarding Adults Week

- The Board made the decision to hold a Safeguarding Adults Week in line with the National Safeguarding Adults Week which took place between 18 – 24th November 2019.
- There were five safeguarding stalls held in the community, in locations such as the Homerton University Hospital, Pembury Community Centre and Barbican Library. 11 bitesize learning sessions were delivered to staff on different safeguarding issues.
- The Board refreshed its safeguarding leaflets and circulated these to all safeguarding partners as well as various locations across City and Hackney.

CHSAB Strategy 2020-25

- The Board's strategy expires in 2020 and the CHSAB has been working to develop a new strategy for the next five years. A review of what the Board had achieved in relation to its previous strategy and duties was undertaken as well as some, horizon scanning of safeguarding issues that are anticipated to affect residents in future.

- A consultation with professionals and residents took place during the Safeguarding Adults Week to understand what issues people living and working in the City and Hackney wanted the Board to focus on. In total there were 130 responses, the top three areas that people wanted the Board to focus on are: engaging with the community, raising awareness of safeguarding issues and safeguarding issues relating to homelessness.
- The Board ran a Development Day and Service User Event in January 2020, which was an opportunity for partners and service users to identify final areas of focus for the strategy.
- The final strategy has been launched and can be found: [\(Add link\)](#)

Quality Assurance

- The Board refreshed its Quality Assurance Framework, streamlining the document to make it more accessible for our Board partners to complete.
- Board partners completed a new London single-agency audit tool, which focused on four key areas: mental capacity, making safeguarding personal, implementation of SARs and the Liberty Protection Safeguards.

Safeguarding Adult Reviews (SARs)

- The Board published two SARs: Jo-Jo and Yi – the details of which can be found on pages 8 -10.
- The Board considered 5 potential SARs, of which 3 did not meet the threshold for a SAR, one met the threshold for a SAR and a final case the SAR sub-group felt it would be appropriate to undertake a learning review. The findings from our latest SAR will be published in the Board's 2020/21 annual report.
- The SAR sub-group reviewed and updated the SAR Policy and accompanying documents.

Integration Model and Neighbourhoods Team

- The Neighbourhoods Team has continued to provide regular updates to the CHSAB about the embedding on safeguarding throughout their work.
- The CHSAB and Neighbourhoods Team have set up regular meetings to ensure that safeguarding remains a priority throughout all the work that the Neighbourhoods Team does.



What did we not do so well this year?

Each year the Board sets itself an ambitious set of goals to ensure that it is continually driving forward work in respect of safeguarding adults in the City and Hackney. Unfortunately the Board is not always able to achieve all its goals. The CHSAB did not meet its aims in respect of the following, however the CHSAB does have a plan about how it will take forward each objective:

- 1) The CHSAB continued to struggle to obtain representative service user engagement with the Board. The role of two additional Lay Members for the Board was advertised; unfortunately it was not filled. The CHSAB also worked with service users to understand how it can better engage with people who have experienced the safeguarding process, which provided positive and helpful. In the forthcoming year the Board will be developing a brochure outlining how people can get involved in the Board's work, regardless of whether they are a service user, resident or professional based in the City or Hackney, to support wider engagement.
- 2) The development of a toolkit for mental capacity assessment was not achieved. The Board has subsequently decided to take forward work regarding mental capacity and higher executive functioning. Higher executive functioning relates to situations where someone may appear to understand information and have the ability to make decisions about their life but their actions may indicate that they do not truly understand the consequences of their decision making.
- 3) Following on from the Review of the Independent Chair the CHSAB recognised that improvements in the processes for collecting and reviewing data were required. In response to this, the Quality Assurance Framework has been revised and the process for reporting data to the Executive Group has changed for 2020/21. It is hoped that this will mean that data is used more effectively.
- 4) The CHSAB recognises that there are sections of the community who are still not familiar with the Board and its work. Consequently it has been proposed to do more to build the brand identity so that more people can engage with the Board.

Learning from SARs

As mentioned in the achievements section on page 13 the Board published two SARs in 2019/20. These are the seventh and eighth SARs that have been undertaken by the Board since s44 Care Act 2014 set the duty for Boards to undertake these SARs.

Under section 44 of the Care Act 2014, a SAR should take place where an adult has i) died or suffered serious harm, ii) it is suspected or known that was due to neglect or abuse and iii) there is concern that agencies could have worked better to protect the adult from harm.

Case Outline - JoJo

Jo-Jo was a 38 woman with Downs Syndrome, who was cared by her mother throughout her life. Jo-Jo had suffered from life-long eczema. In 2013, she was diagnosed with crusted scabies, which was treated successfully. Jo-Jo's skin problems came back in 2015, at this point she was diagnosed and treated with eczema. Unfortunately this did not work and Jo-Jo's skin condition got worse.

Jo-Jo started to avoid going out as she was in lots of pain and did not want people to look at her. She also stopped using carers, who used to help her go out, and attending her GP and health appointments. Jo-Jo refused to allow her mother to help her. Sadly Jo-Jo's skin became very infected and she became very unwell.

On 9 March 2017, her mother called the GP to see if they would come out for a home visit. The GP consequently, arranged an urgent appointment to see a consultant dermatologist for the next morning. An ambulance took Jo-Jo to the hospital clinic, sadly she suffered a cardiac arrest and died.

Reasons for review

A decision was made to review the case on the basis that there were concerns about:

- How person-centred the care was for Jo-Jo and those with learning disabilities in general;
- How proactive agencies were in understanding the whole family dynamic and needs of the carer;
- How well agencies worked together to understand the patient's circumstances and needs;
- Professional curiosity and staff ability to identify and raise concerns where these may exist.

Key findings

The SAR Reviewer and Chair made the following recommendations:

- Annual Reviews for both health and social care must be carried out and the outcomes carefully recorded;
- When an individual's circumstances change (including for their carer) there should be clear information sharing arrangements in place;
- Every agency has a responsibility to consider the needs of carers, especially where the individual may have complex needs or a demanding health condition.

Case Outline - Yi

Yi was a SAR undertaken by four SABs: City and Hackney, Lambeth, Newham and Islington. It was about a man who was chronically homeless; experiencing long or frequent periods of homelessness, physical, mental health and substance misuse issues. Yi originally moved to the UK in 1999 and successfully built a life in the UK, even purchasing a house. He is believed to have left home and started rough sleeping in 2006, although he was recognised as suffering from mental ill-health in 2008. Little is known about Yi from 2008-12, although it was noted that he was self-neglecting, his home posed an environmental risk and he had suffered a number of thefts and assaults.

Attempts were made to support Yi and this started a process by which he would access services and then these services would be subsequently withdrawn for a number of reasons, such as lack of engagement or financial reasons. No consideration was given to Yi's capacity to make decisions or manage his situation. Yi consequently returned to rough sleeping. While rough sleeping he was admitted to hospital having suffered a subdural haemorrhage, which affected his cognitive abilities, which were already impaired.

Following discharge, he continued to be referred in and out of different services without any consistent support and ended up rough sleeping again. He ended up being admitted back into hospital in a poor state. On this occasion hospital staff referred him for nursing support and he was also allocated an advocate during the assessment and care planning stage.

He was placed in a nursing home where he spent the rest of his life. Yi sadly passed away in September 2018.

Reasons for review

The Lambeth Safeguarding Adults Board made the decision to initiate a review on the basis that:

- Yi was highly vulnerable and multiple professionals and organisations missed the opportunity to identify the extent to which he was vulnerable
- Whilst Yi did not die as a result of abuse or neglect the group identified that he had suffered significant harm, which would warrant a review.

Key findings

The SAR findings were:

- That this case was not unique and there were often instances where individuals go-between a number of services. Staff had a tendency in this case to manage each individual crisis but then did not provide long-term interventions that would prevent further crises.
- Professionals and agencies are struggling to manage and provide sufficient care to a growing number of people who present at high risk of harm and complex needs.
- Professionals require support to help them embed a human rights based approach, which would allow them the opportunity to build rapport with individuals and professional networks. Support in helping them understand their knowledge of other adjacent services would also be beneficial.

CHSAB Partners' Achievements

Whilst a full list of partners' achievements are not included in this report, due to issues described on page one, the list below provides a small selection of adult safeguarding achievements from across our partnership:

- The Advocacy Project has undertaken a consultation across care, community and faith groups to understand what local people understand by safeguarding and how to keep safe.
- The City of London has secured funding to recruit a social worker who will be dedicated to working with people who are street homeless.
- London Borough Hackney Adult Social Care has worked with health partners to launch a neighbourhood model of multi-disciplinary meetings which greatly assists in information sharing and joint approaches to assisting residents with complex needs.
- Following the recommendations from the Jo-Jo SAR the City and Hackney Clinical Commissioning Group has appointed new clinical leads to improve learning disability services in primary care and system wide working for children for children transitioning into adult services. Some of their areas of focus will include improving Learning Disability Registers so all patients get annual reviews, developing resource packs and a Learning Disability/ Autism champion network.
- Over 100 primary care staff have been trained to Level 3 in adult safeguarding.
- Barts Health included a form on mental capacity during an upgrade of their electronic forms. This has helped prompt staff to consider mental capacity when working with patients. Barts have also appointed an Adults Coordinator, who will be the strategic lead for Mental Capacity, Deprivation of Liberty Safeguards and Liberty Protection Safeguards implementation.
- The London Fire Brigade has implemented a new training package for their staff, which includes safeguarding training.
- Community Rehabilitation Company (CRC) has developed London CRC Public Protection Boards at a local and Pan-London level. The role of the Boards is to focus on different safeguarding themes. This has allowed frontline issues to be escalated and strategic messages to be cascaded.
- East London Foundation Trust have launched a new electronic form on their case management system which contains a specific section on the views of the service user, this is to ensure that the spirit of making safeguarding personal; that people get to choose what they want to happen to them.

What are the Board's plans for 2020/21?

The Board has set itself an ambitious set of goals for the forthcoming year. These may be reviewed based on what might be possible to achieve in the context of the Covid-19 crisis and key safeguarding themes and issues emerging as a result of this. At the time of writing, our key objectives for the forthcoming year include:

- Embedding learning regarding mental capacity in relation to complex issues, including higher executive functioning and fluctuating mental capacity. This will include endorsing and promoting use of best practice guidance, identifying what the key challenges are for frontline professionals and developing a suite of resources for frontline professionals.
- Promoting community engagement including: development of a process by which service users can feedback their experience of safeguarding; a publicity campaign on how the public can get involved in the work of the Board; and develop the role of the Peer-to-Peer Supporters.
- The Board will develop an impact analysis tool which will help understand how much impact the work of the Board has had in changing safeguarding practice amongst agencies and frontline professionals. In the first instance the Board will focus on identifying the impact of SAR learning in improving practice.
- The Board will assure itself that residents placed out of Borough or in CQC unregulated settings are appropriately safeguarded from abuse and neglect.

A full list of our priorities for 2020/21 can be found in appendix 1.



The Board's safeguarding response to the Covid-19 outbreak

The Board has made the decision to include a section outlining our response to the pandemic as well as actions taken by our partners to ensure that adult safeguarding is prioritised at this time. A full list of our actions in response to Covid-19 and details of action the Board has taken in respect of this year's work plan will be provided in next year's annual report.

In light of the Covid-19 outbreak the Board sought to make the following changes to its core business to help assist in the safeguarding response to Covid-19:

- All non-essential meetings were cancelled until May 2020 to allow frontline staff to respond to the immediate crisis
- The Executive Group has commenced monthly safeguarding and Covid-19 meetings to allow partners to share and quality assure responses to the Covid-19 outbreak. This also allows the Board to identify where it can best support its partners
- The Board has revised its yearly work plan so that it includes a section on safeguarding and Covid-19, specifically that the Board will respond to any key safeguarding issues that may have arisen as a result of the outbreak
- The Board has sent out information to partners on resources and guidance on safeguarding and Covid-19
- The Board has sent out information to our service user network on what support services are available for residents living in City and Hackney to utilise

Some of the key safeguarding actions taken by the Board's partners in response to the outbreak include:

- London Borough of Hackney has enacted business continuity plans which saw hospital discharge and the integrated independence team merging and being set up as a single point of access with extended hours.
- London Borough of Hackney Adult Social Care and Public Health have worked with Age UK East London to secure hotel and domiciliary care to assist in the discharge process
- Both City of London and London Borough of Hackney have ensured that accommodation has been provided to rough sleepers during the Covid-19 pandemic
- City of London have extended their Discharge to Assess Service

- City and Hackney CCG has created a risk log to monitor arising risks and issues. The CCG has also put in place rapid reviews for any Learning Disability deaths, this will help expedite any learning from any death
- East London Foundation Trust have ensured that all new admissions and in-patients are tested for Covid-19, and patients are given twice daily temperature checks. All service users, who are out-patients, have been contacted by phone and have been RAG rated in terms of their mental health status.
- City of London and the Metropolitan Police have continued to run MARAC and MAPPA meetings, this provides an opportunity to ensure a multi-agency response to victims of domestic abuse and management of sexual or violent offenders.
- Both City of London and London Borough of Hackney are reviewing any deaths caused by Covid-19 to ensure that there are not any deaths which may raise safeguarding issues.

The following support is available for anyone who may require support or is experiencing abuse or neglect at this time:

- **City of London**

Support during Covid-19: <https://www.cityoflondon.gov.uk/services/health-and-wellbeing/Pages/covid-19.aspx> or 020 7606 3030

Safeguarding: email: adultsduty@cityoflondon.gov.uk or call: 020 7332 1224 / 0208 356 2300 for out of hours

- **Hackney:**

Support during Covid-19: <https://hackney.gov.uk/coronavirus-support> or 020 8356 3111

Safeguarding: adultprotection@hackney.gov.uk or call: 020 8356 5782 / 020 8356 2300 for out of hours

Safeguarding Data

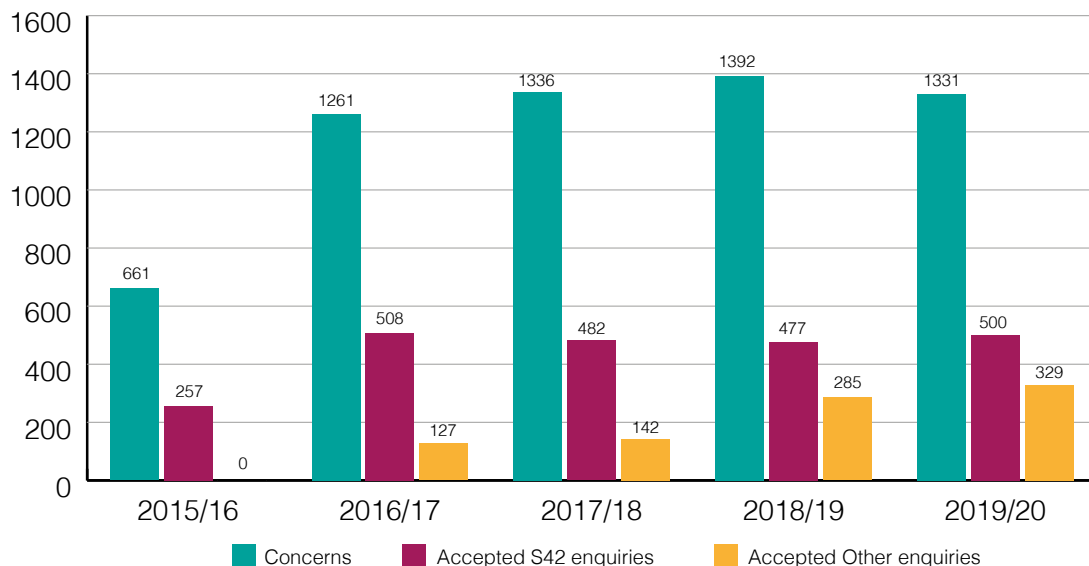
The safeguarding data for the year 2017-2018 is presented separately for the two authorities. City of London and Hackney submit annual statutory returns on safeguarding activity, known as the Safeguarding Adults Collection, and this is included in the data below.

London Borough of Hackney

- 1,331 concerns were raised
- 500 concerns led to a s42 enquiry and 329 led to other enquiry
- 92% of individuals had their desired outcomes either fully or partially met

Concerns and Enquiries

Total number of Safeguarding Concerns and Enquiries, 2015 to 2020



Note that **500 Section 42 Enquiries** relates to **S42 enquiries starting in 2019-20**. There is a different number (442) used elsewhere in the report for S42 enquiries concluding during the year. On top of this many of the tables are based on the number and types of allegations made and therefore there may be more than one per concern / enquiry

This year has seen a slight decrease in the amount of safeguarding concerns being referred into Hackney Adult Social Care. This decrease is likely due to the outbreak of Covid-19 which initially caused a sharp decrease in safeguarding referrals. This decrease has since plateaued and referral rates have returned to levels consistent with previous years. Despite the drop in safeguarding concerns there has been an increase in the number of s42 and other enquiries initiated, which may represent a better understanding of what constitutes safeguarding amongst referrers. An 'other' enquiry can be initiated where an individual may not have care and support needs but is experiencing abuse or neglect and may need support to address this. An 'other' enquiry may

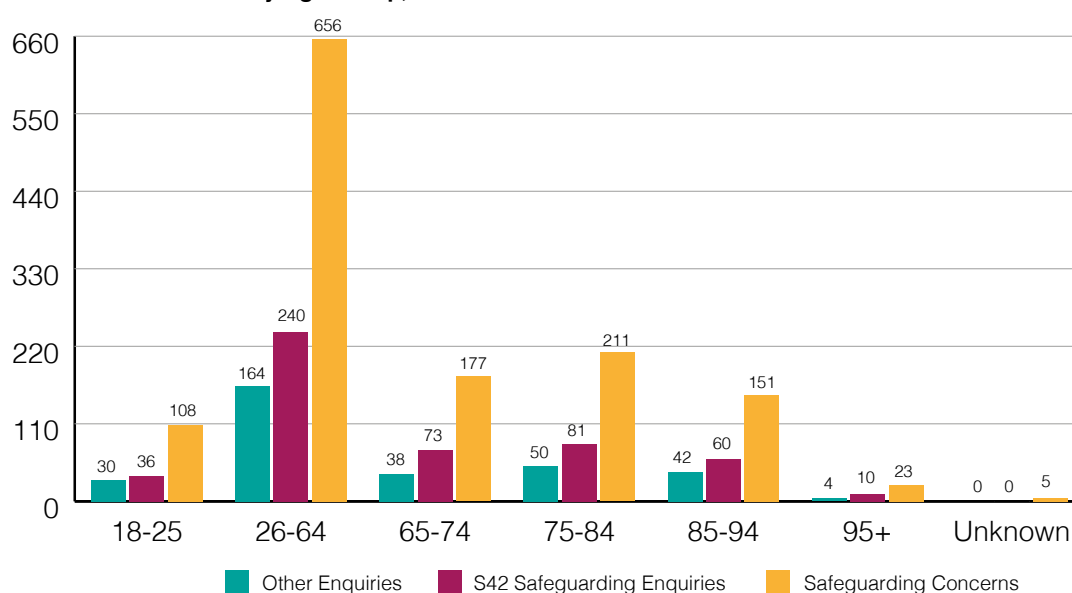
also be initiated where the most proportionate approach to a concern where a specific issue needs to be addressed or a care package requires review. This is a discretionary power under the Care Act 2014 statutory guidance and allows Local Authorities to make a judgement call on each individual situation.

Concerns and all enquiries	2015/16	2016/17	2017/18	2018/19	2019/20
Concerns	661	1261	1336	1392	1331
Accepted S42 enquiries	257	508	482	477	500
Conversion Rate	38.9%	40.3%	36.1%	34.3%	37.6%
Accepted Other enquiries	-	127	142	285	329
S42 Enquiries concluded in year	214	393	496	416	442
Other Enquiries concluded in year	-	113	138	294	321

NB. No data was submitted for Other Enquiries in our 2015/16 return (voluntary)

Age

Number of Concerns by Age Group, 2019/20

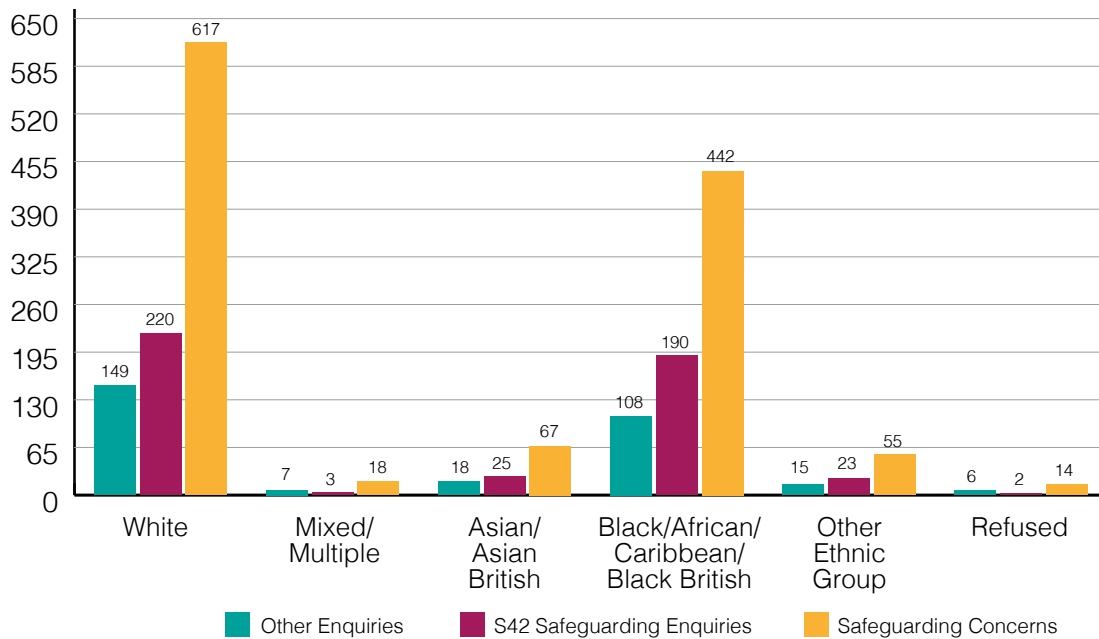


Number of Concerns by Age Group, 2019/20	18-25	26-64	65-74	75-84	85-94	95+	Unknown
Other Enquiries	30	164	39	50	42	4	0
S42 Safeguarding Enquiries	36	240	73	81	60	10	0
Safeguarding Concerns	108	656	177	211	151	23	5

This year the Board made the decision to review data relating to 18 -25 year olds. This is on the basis that the Board is undertaking work around transitional safeguarding and information helps the Board understand more about the safeguarding challenges that are facing young people. The data identified that the highest conversion rate was for adults aged 85 – 94 years old, whereas the lowest conversion rate was for adults aged 18 – 25 year olds and those over 95 years old.

Ethnicity

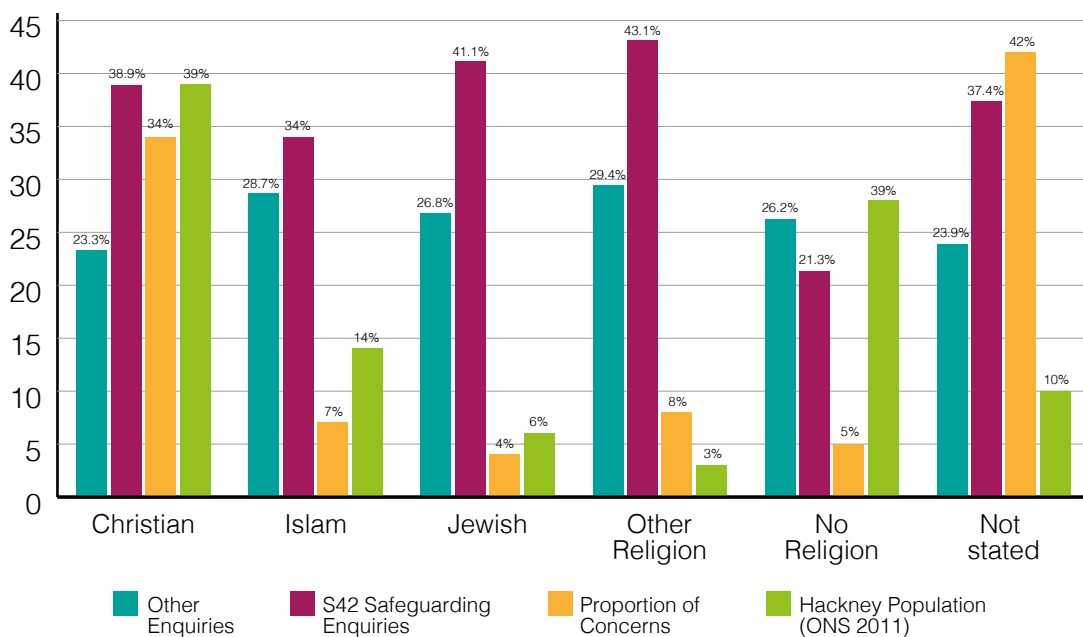
Number of Concerns by Ethnic Group, 2019/20



The data for 2019/20 shows that there continues to be an under-representation from people from a white, mixed race and Asian background. In particular, the representation from people from mixed or Asian backgrounds has reduced over the past year. There continues to be an over-representation of people from an African, Caribbean and Black British background although this over-representation is the same as previous year.

Religion

Conversion Rate of Concerns by Religion, 2019/20

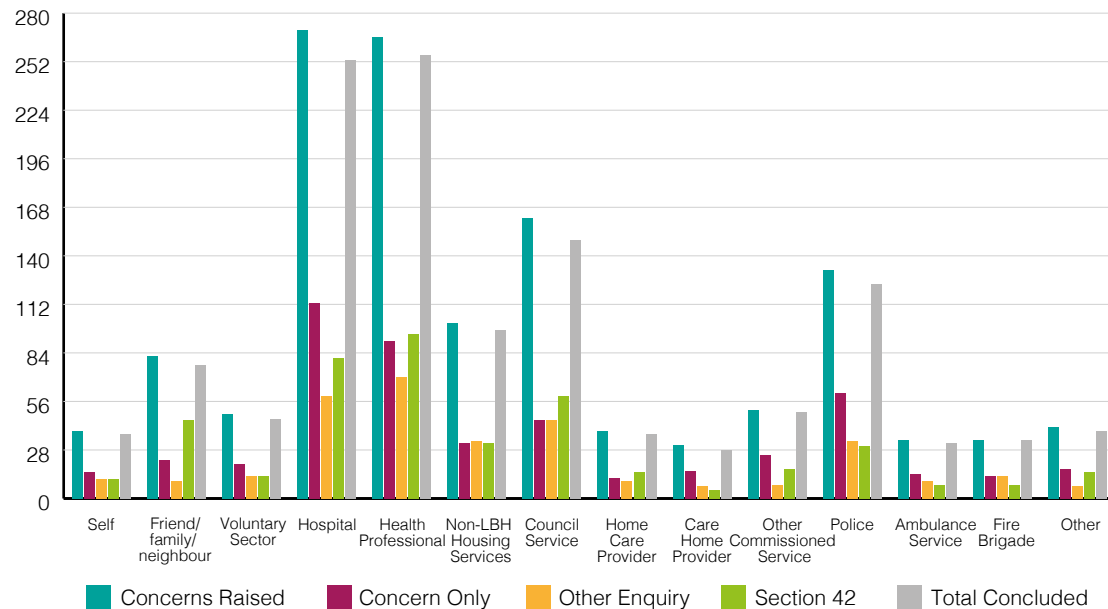


This section should be read with a level of caution given that a high proportion of people did not state their religion. There appears to be an under-representation

from all religious groups, although there has been a slight increase of Jewish people requiring safeguarding services.

Source of referral

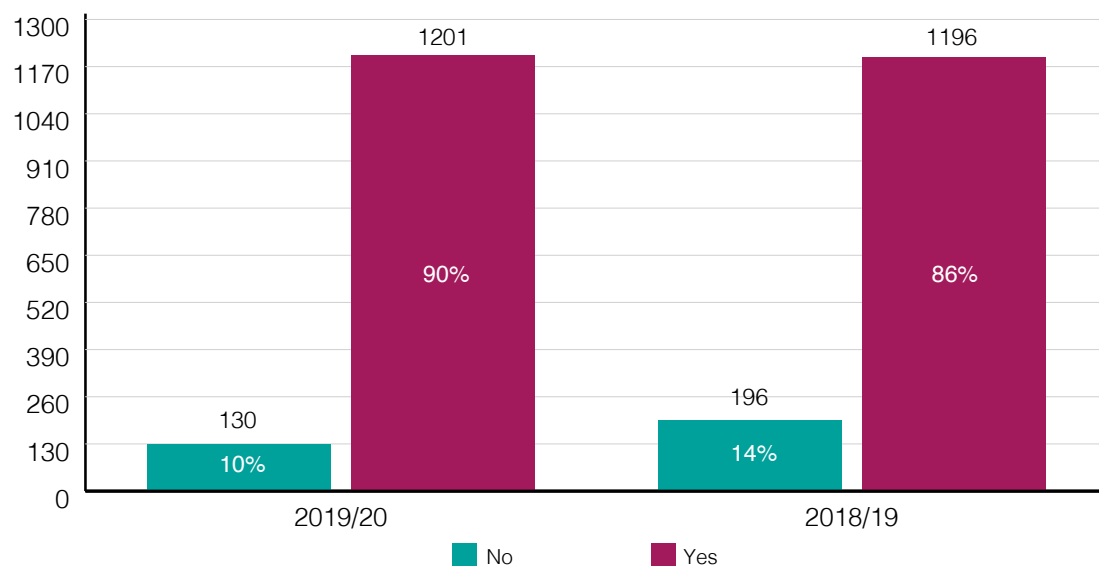
Number of Concerns raised, by Source of Referral, and the Type of Enquiry they led to (if case concluded)



In 2019/20 the number of categories within source of referral was expanded to address the number of concerns where source of referral was listed as 'other'. The health profession continues to be the biggest referrer of safeguarding concerns, making up 40% of the total referrals. It is positive to see an increase in concerns being referred in by a number of different services, including the ambulance service, voluntary sector and council services. The number of self-referrals and from friends and family has remained consistent.

Feedback to referrer

Feedback of safeguarding activity to referrers

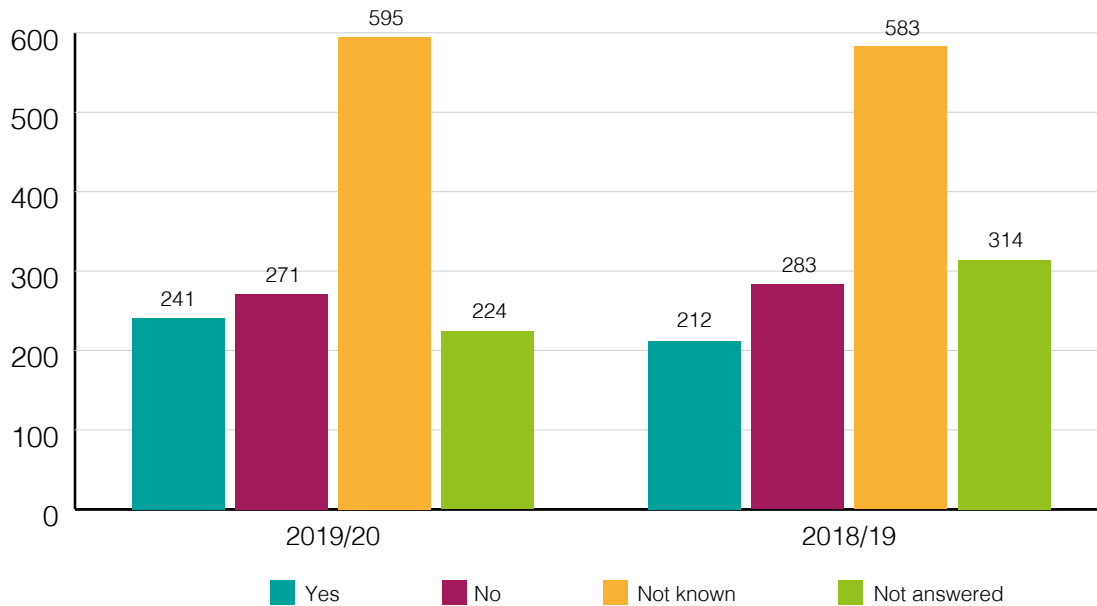


It is positive to see that there continues to be an increase in feedback being provided to referrers.

Does the alleged perpetrator have care and support needs?

The Concern form includes a question 'Is the person alleged to have caused the harm also an adult at risk?'

Concerns where the alleged perpetrator is also an adult at risk



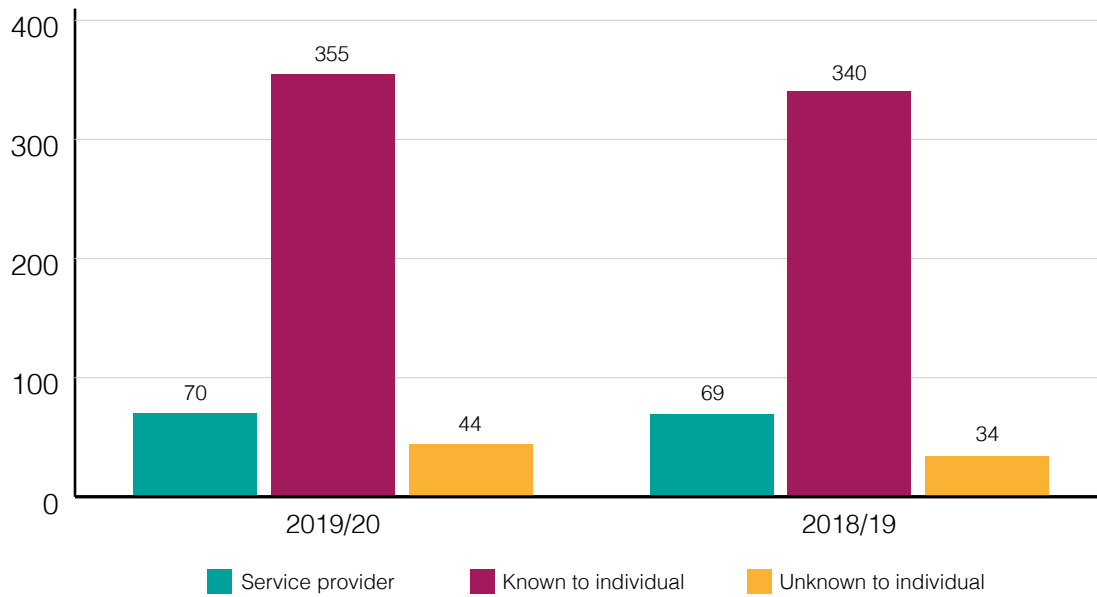
It is increasingly being recognised that those who are alleged to have caused harm are often “adults at risk” themselves. London Borough of Hackney has started to collect data in respect of this to help obtain a better understanding of the complexities of safeguarding and ensure that all adults with care and support needs who present with safeguarding needs are appropriately supported. The data above demonstrates that there is often a need to secure a support and protection plan for the person alleged to have caused the harm. This is an area that requires further exploration.

Source of risk

Whilst there have been small increases in source of risk being unknown to the individual, the overwhelming majority of cases the source of risk is someone known to the individual. A person “known to the individual”, could be a family member, friend, informal carer, neighbour, etc.

This reflects historic national trends, which also indicate that the alleged perpetrator of abuse is most likely someone known to the individual.

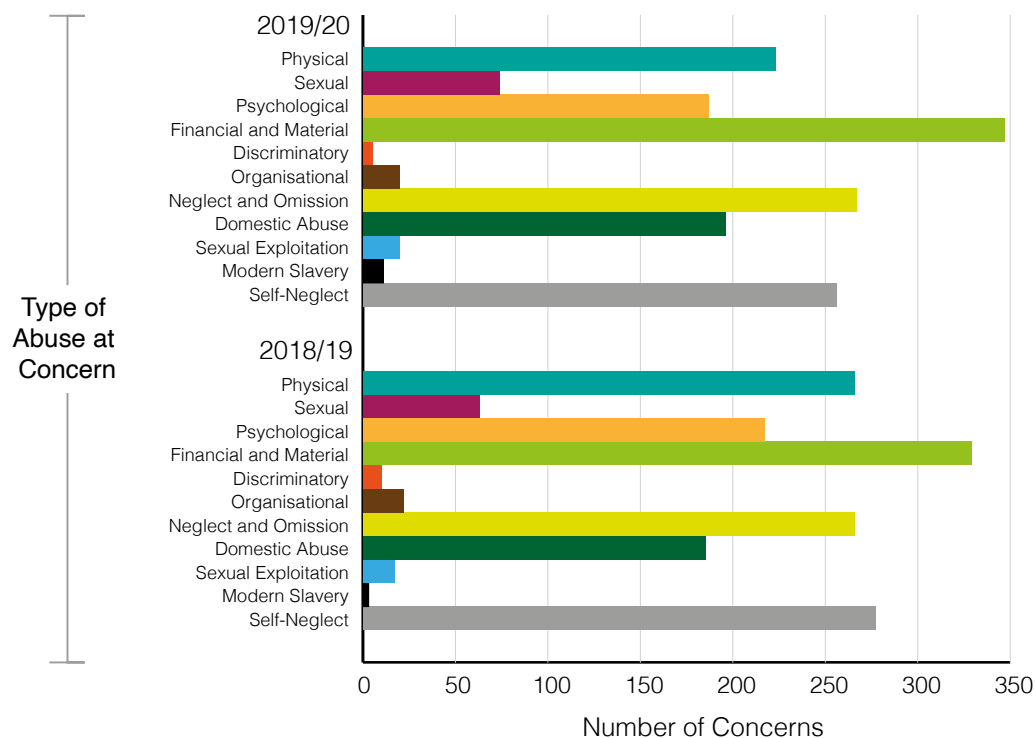
Source of risk for section 42 enquiries

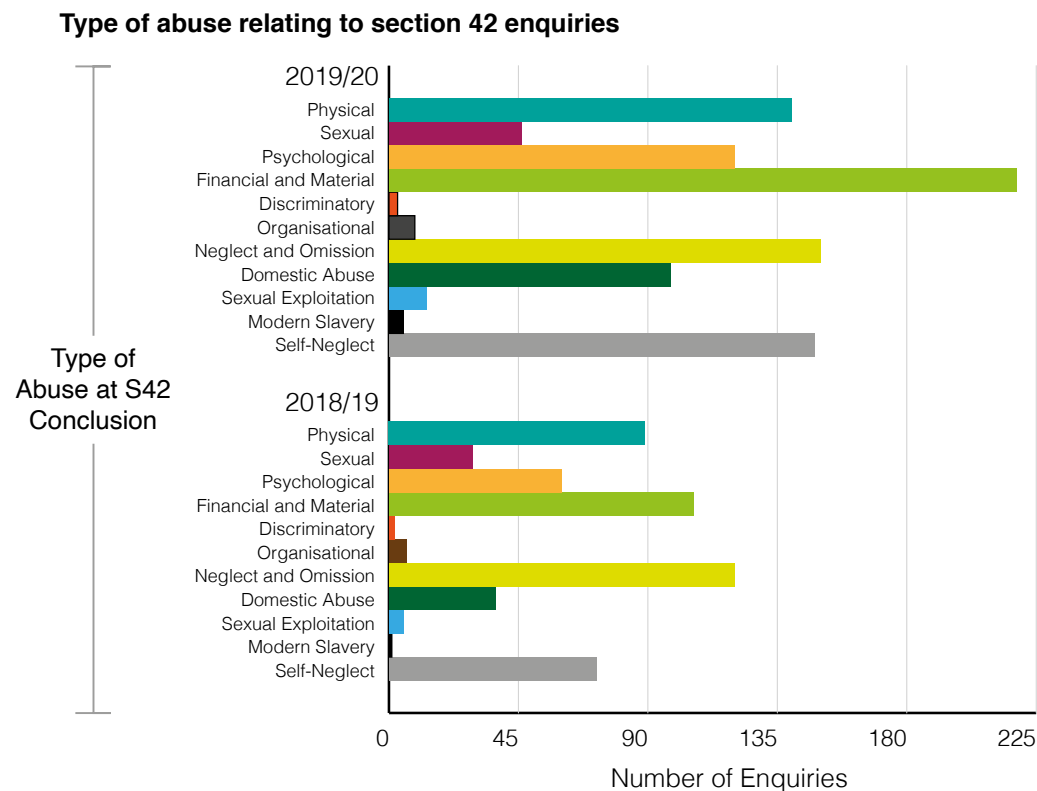


Types of abuse

The top three forms of abuse have remained consistent with the most concerns relating to: financial abuse, neglect and omission and self-neglect. Similarly these forms of abuse are also the most common s 42 enquiries.

Type of abuse relating to safeguarding concerns





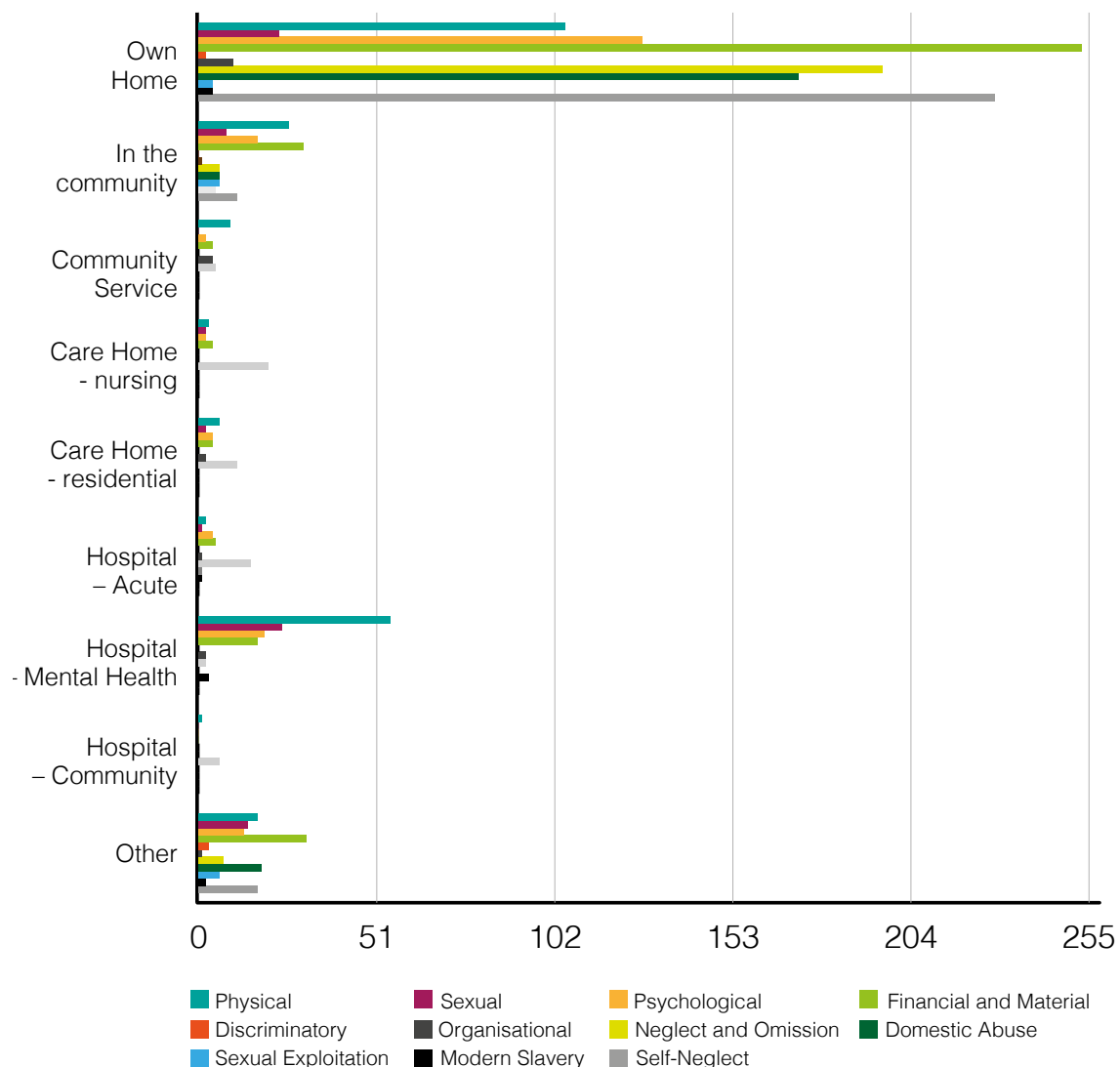
This is consistent with previous years' national data which lists neglect and act of omission, financial abuse and physical abuse as the top forms of abuse. The data shows that there have been no significant increases in any form of abuse, although there have been small increases in sexual and domestic abuse, sexual exploitation and modern slavery. There has been a slight decrease in psychological abuse.

Abuse by location

The counts of abuse are higher for this section, as the data captures multiple abuse and not just the primary abuse recorded. The figures show that within their own home adults with care and support needs are most likely to be exposed to financial abuse, self-neglect or neglect and omission. There are few distinctive patterns of abuse within other locations. It does however show that there is a slightly higher prevalence of physical and financial abuse in the community compared to other forms of abuse.

There is a slightly higher prevalence of physical abuse in mental health hospitals, however the person alleged to have caused harm in these cases is often a fellow patient or adult at risk themselves.

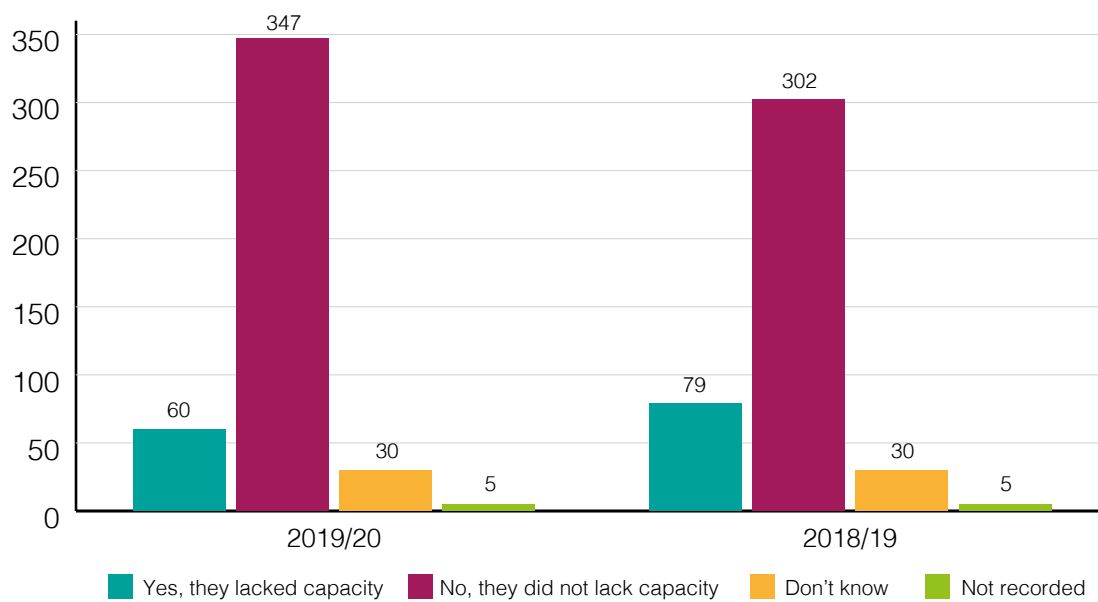
Count of allegations relating to each Type and Location of Risk stated in Concerns



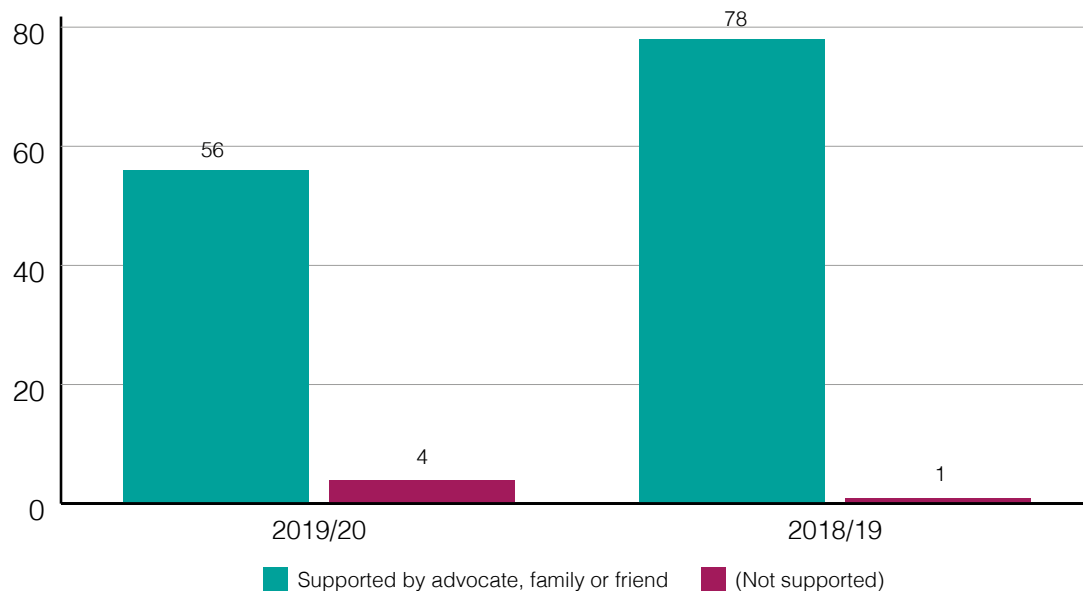
Mental Capacity and advocacy

The data has shown a 5% decrease in the number of Section 42 enquiries where the individual was assessed as not having mental capacity to make decisions about their welfare or associated risks. There is an expectation that where an individual does not have mental capacity then an advocate should be identified, either informally (family member, friend, etc or informal carer).

The Board will be focussing on increasing awareness of executive capacity issues, where an individual may appear to have mental capacity through their verbal communication but they are unable to put the reasoning or plans into any form of action, i.e. unable to execute their decisions.

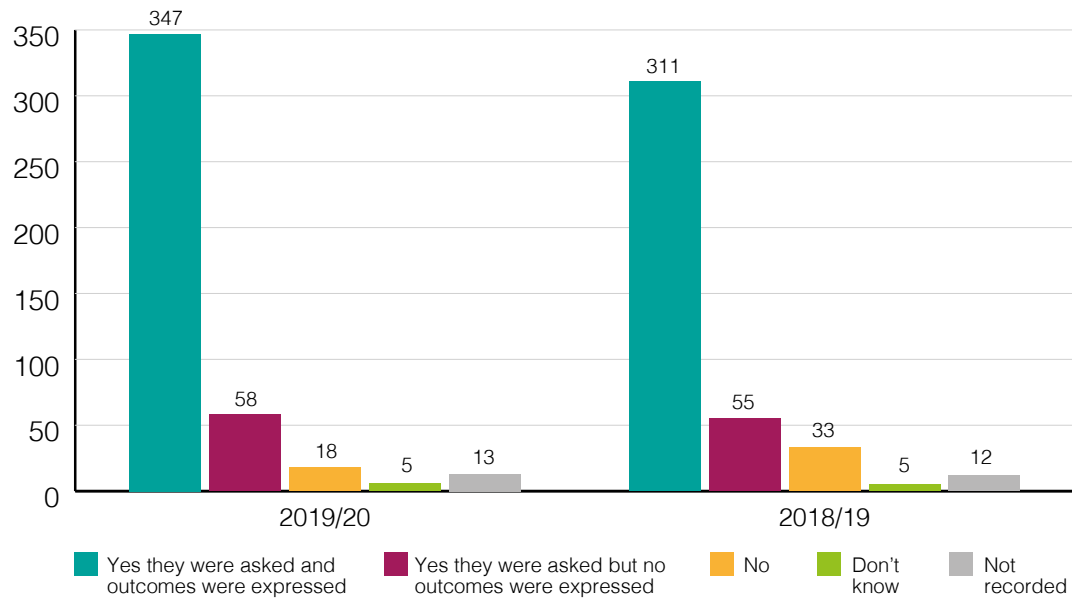
Mental capacity assessment outcomes for concluded section 42 enquiries

Where someone lacks capacity to make decisions about the outcome they want, they should be offered an advocate who will be able to support them to make decisions. There were four cases from the 60 where no advocacy was provided as would be expected. London Borough of Hackney Adult Safeguarding team have followed this up with respective teams.

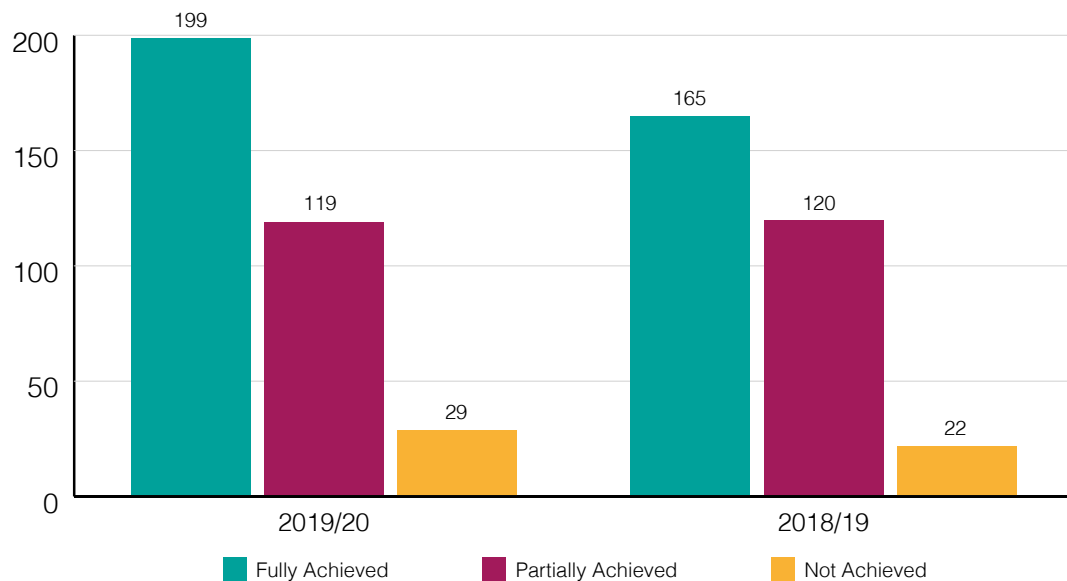
Of those who lacked capacity, proportion supported by an advocate

Making Safeguarding Personal

Making Safeguarding Personal outcomes for concluded S42 Safeguarding enquiries



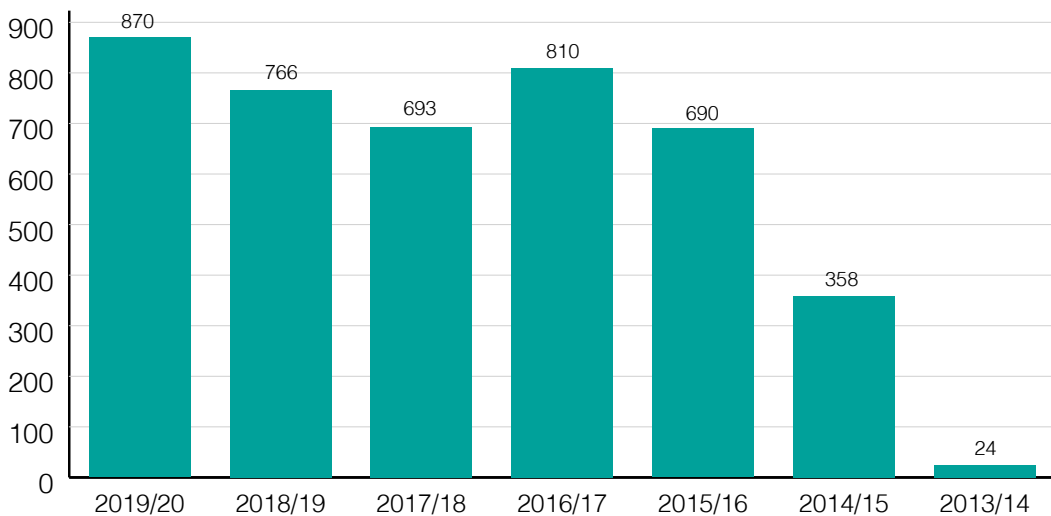
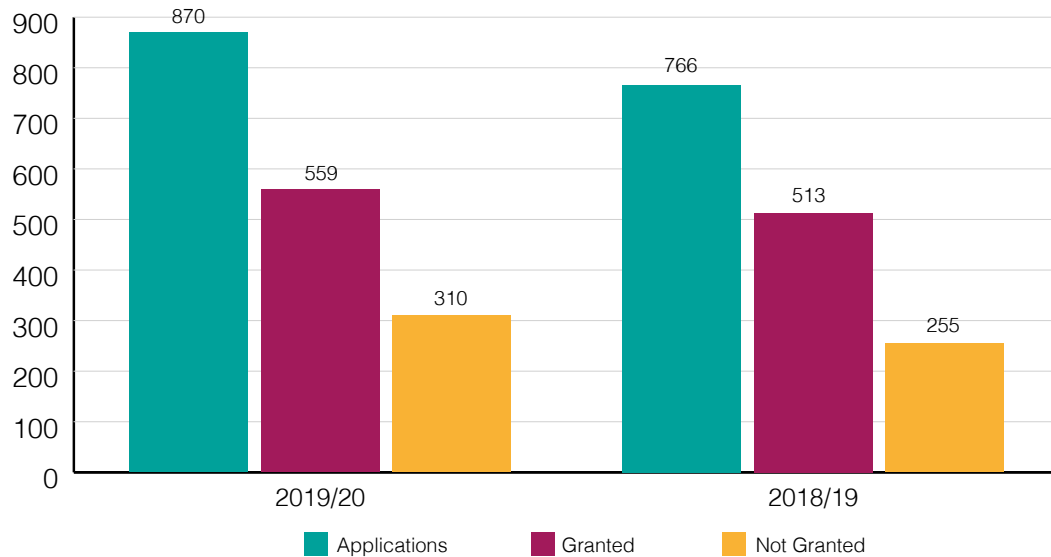
Desired outcomes of concluded S42 enquiries where outcomes were asked and achieved



There continues to be an increase in individuals being asked what outcomes they want and these outcomes being achieved, although it is noted that there is a small increase in outcomes not being achieved. This is not a significant increase however.

Deprivation of Liberty Safeguards (DoLS)

The DoLS team processed 873 applications during the 2019 -20 financial year, which is an increase from 770 from the previous year. Of the 873 applications, 606 were assessed and subsequently authorised.



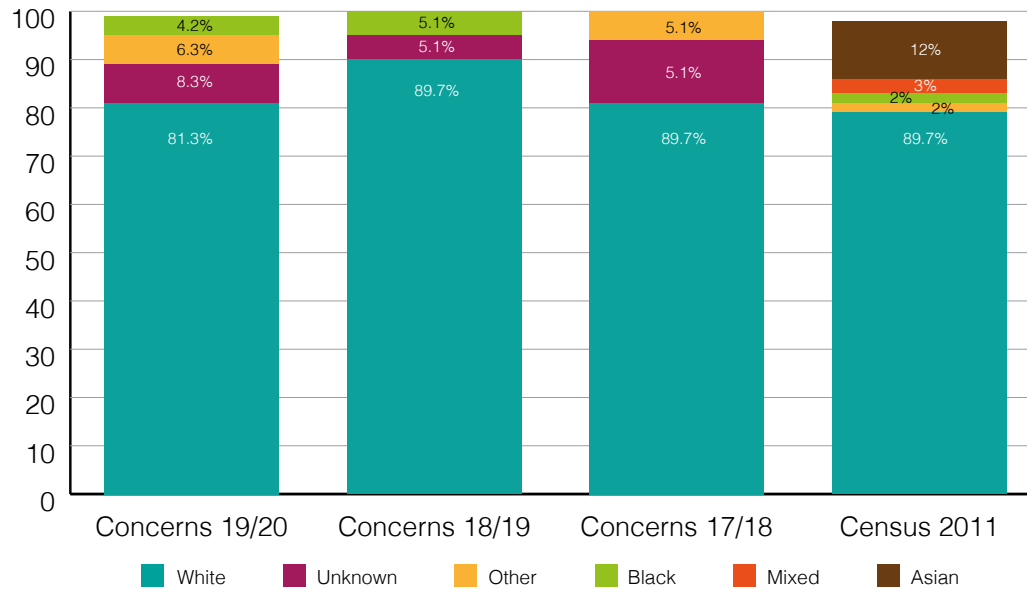
The remaining 267 cases were not progressed for a variety of reasons, such as, they were moved placement, discharged from hospital or passed away.

London Borough of Hackney receives an average of 70 applications per month for people both in and out of the borough. London Borough of Hackney does not have any backlog in cases and has predominantly been able to process applications as per statutory time scales.

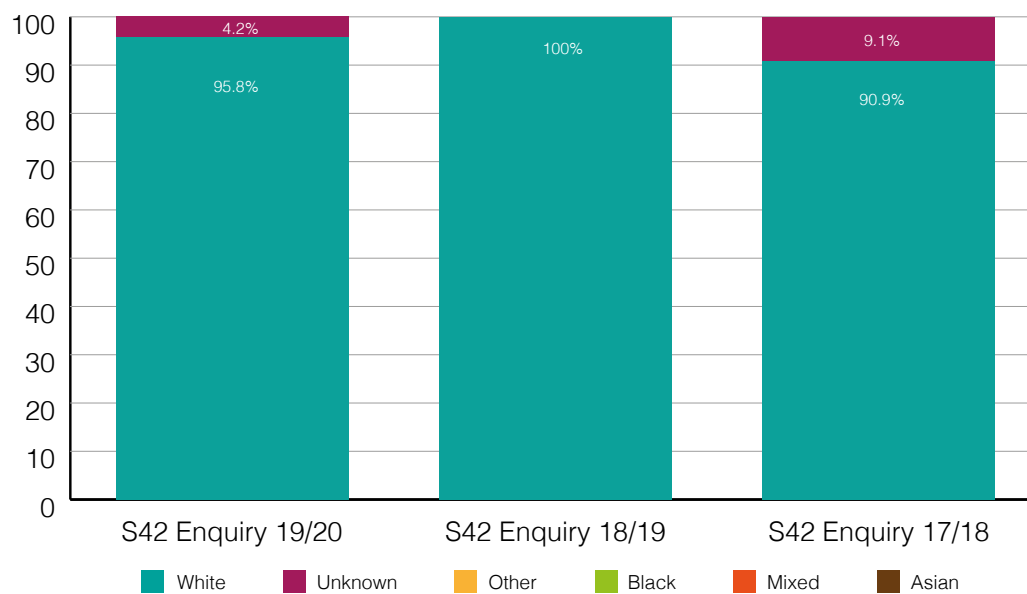
City of London

- 48 concerns were raised
- 22 concerns led to a s42 enquiry
- 15 people were asked and expressed their desired outcomes. Of these people 13 had their desires fully or partially met

Concerns by ethnicity



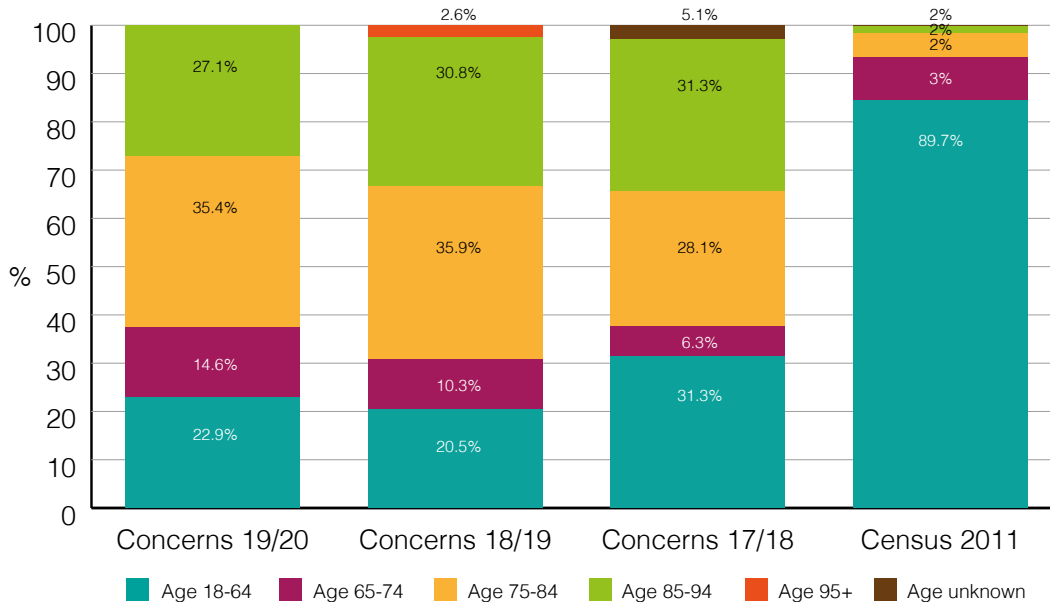
S42 enquiries by ethnicity



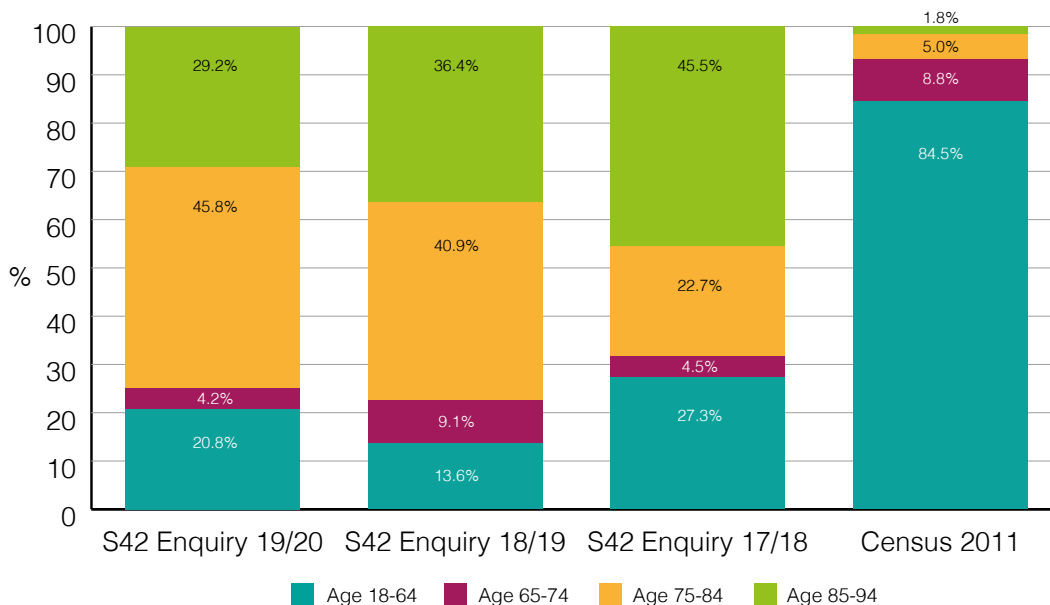
The data shows that the majority of safeguarding concerns were raised in respect of people from a white ethnic group, which is consistent with

previous year's data and the 2011 census. There has been a slight increase in 'unknown' ethnicity group and the data team has been working with practitioners to ensure that this column is reduced for future years. Of the 24 concluded s43 enquiries, 23 of the individuals were white.

Concerns by age

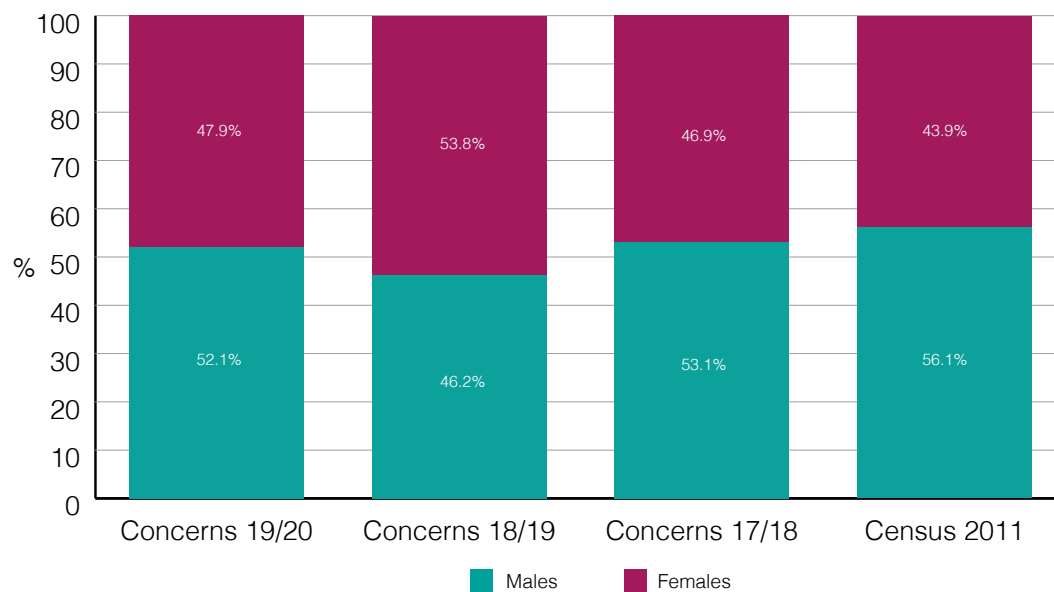


Enquiries by age



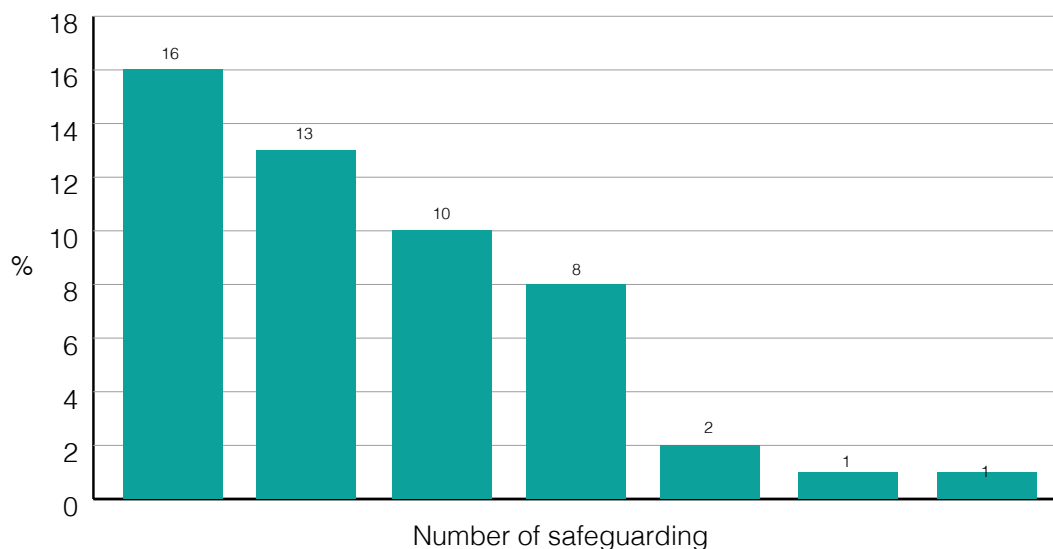
The largest proportion of concerns were received regarding people aged between 75 – 84 years old, this also represented the most safeguarding enquiries. The data for 2019/20 shows that the older age of the adult at risk the more likely that they will meet the threshold for a s42 enquiry.

Concerns by gender



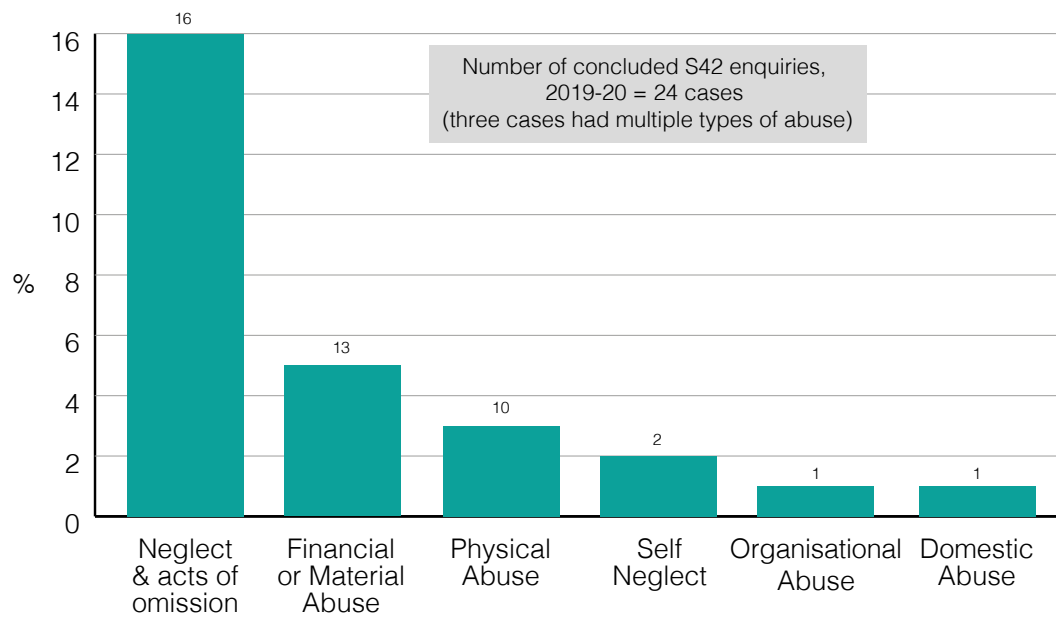
In contrast to last year's data there were a slightly higher proportion of males referred to Adults Social Care. This is consistent with census data which shows a higher proportion of males living in the City of London.

Types of abuse



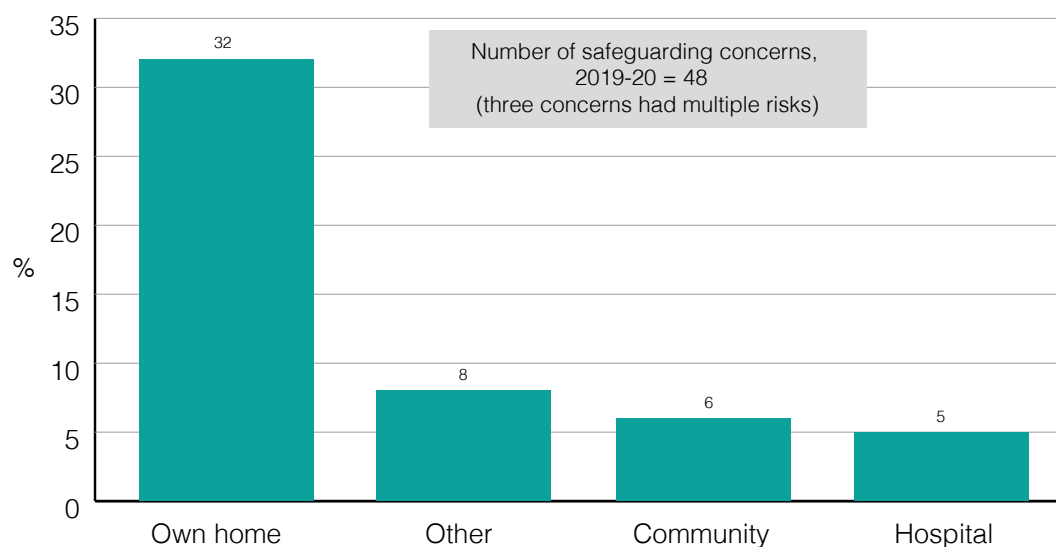
The above chart has recorded multiple forms of abuse logged by practitioners rather than just the primary form of abuse. The most common forms of abuse noted are neglect and omission, physical abuse, self-neglect and financial abuse. This is consistent with data provided nationally in recent years.

Safeguarding enquiries by types of abuse

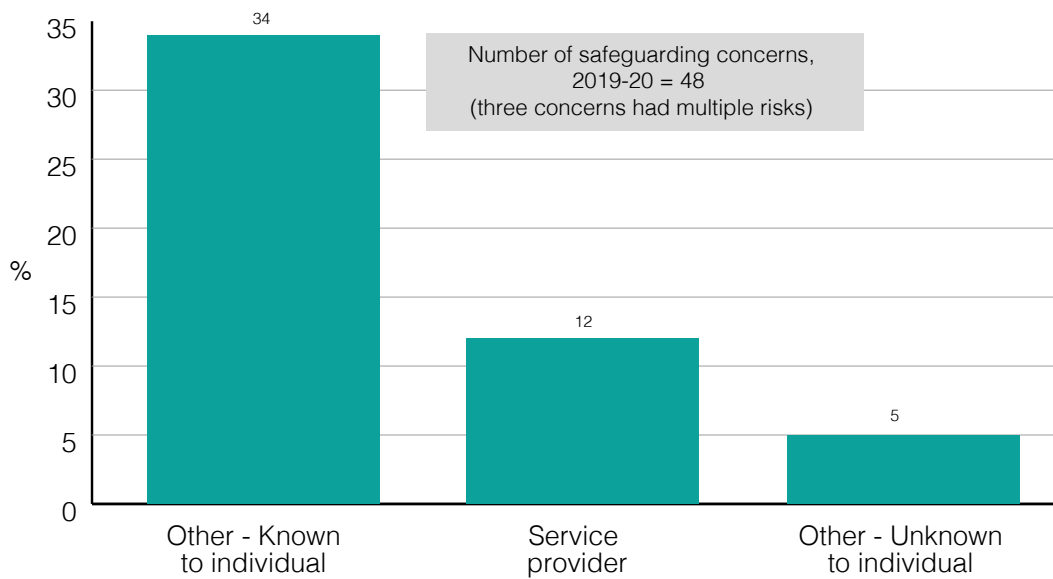


The data shows a broadly consistent picture to the concerns data, with neglect and acts of omission being the highest proportion of enquiries. The data shows proportionately slightly higher amount of financial abuse cases meeting the threshold for s42 enquiries and a slightly lower number of self-neglect cases meeting the threshold.

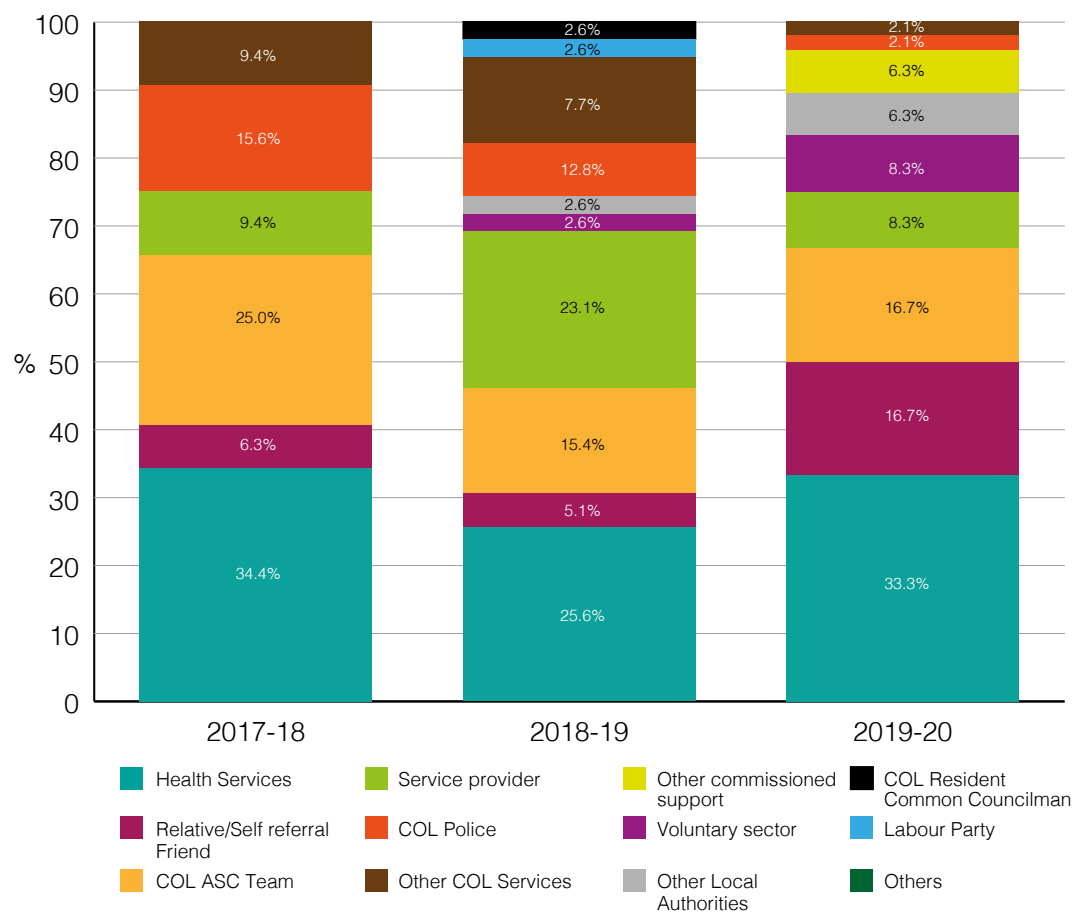
Location of abuse



In line with previous year's data abuse is most likely to occur in the individual's own home. This is consistent to historic national data, which has consistently shown that abuse is far more prevalent within the home than any other location.

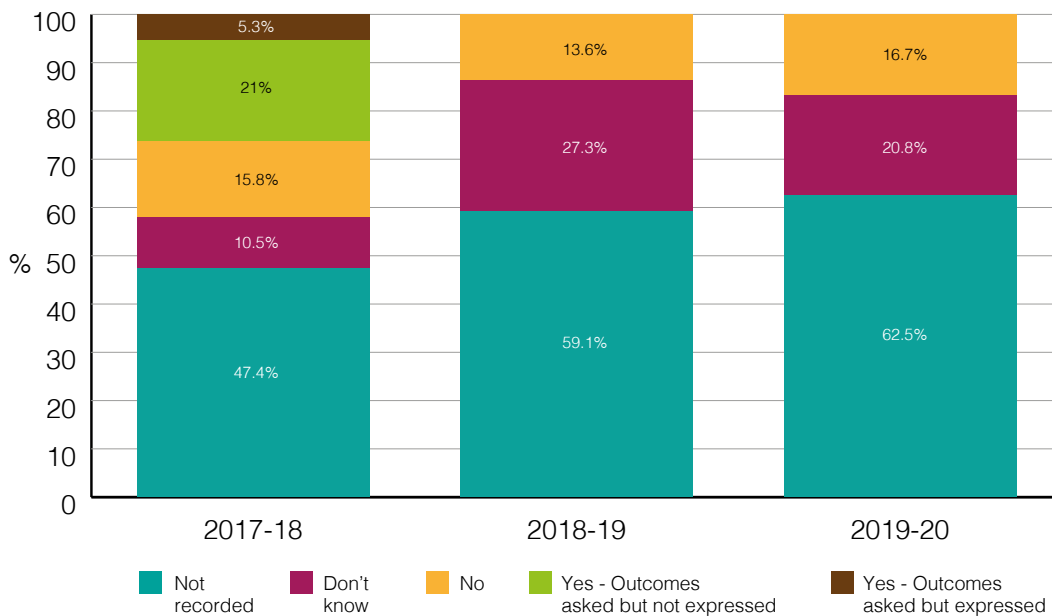
Source of risk

The data demonstrates that abuse or neglect in City of London is most likely to be perpetrated by someone known to them. This is again consistent with historic national data and previous data within City of London.

Source of referrals

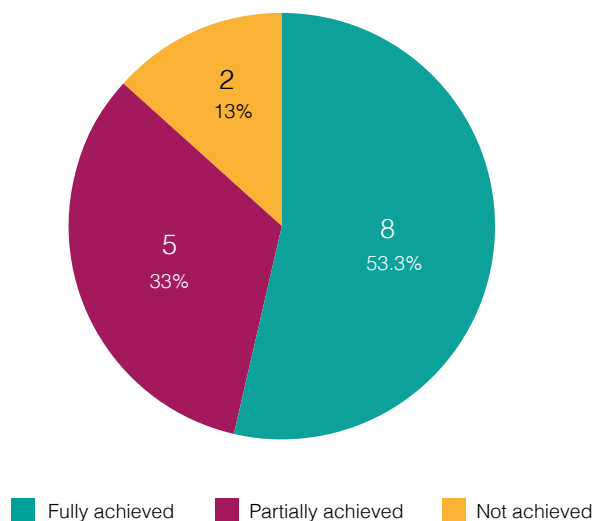
The data shows that there continues to be a wide range of organisations referring concerns into City of London. It was positive to see referrals from sources such as a significant proportion from friends and family, referrals from political parties, the voluntary and commissioned services sector.

Making Safeguarding Personal



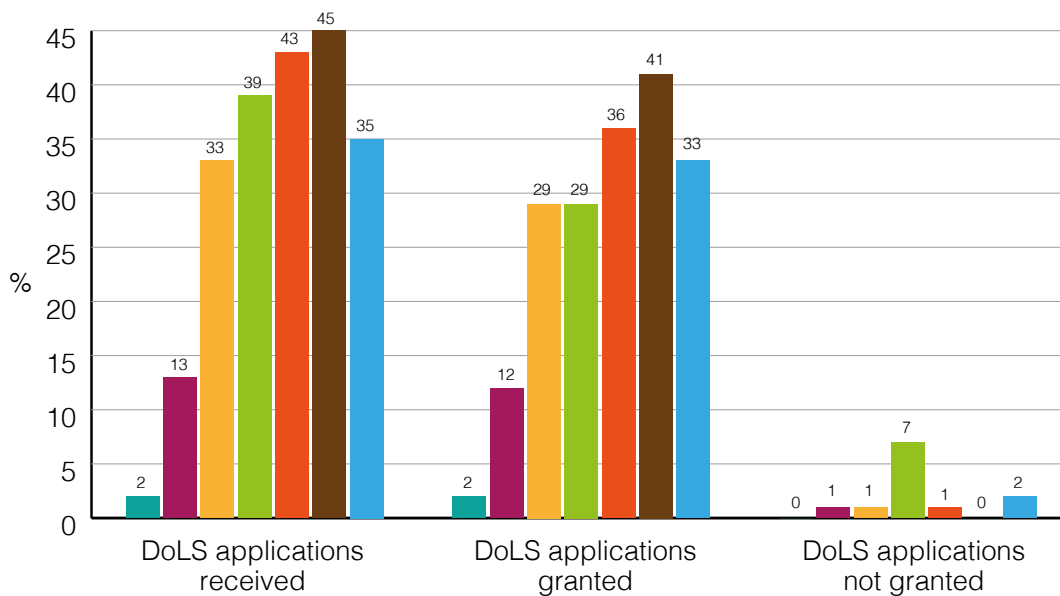
In 2019-20, 24 concluded S42 enquiry cases were submitted to the NHS Digital. Out of these cases, 20 individuals were asked about their desired outcomes, but individuals in the remaining four cases were not asked about their desired outcomes. For two of the enquiries the individual was unable to express their desired outcomes and in another case the enquiry was withdrawn.

Making Safeguarding Personal Outcomes



The data showed that where the adult at risk of abuse and neglect expressed outcomes, in 13 cases wishes were either partially or fully met.

Deprivation of Liberty Safeguards (DoLS)



In 2019-20, 58 DOLS applications were submitted to the City of London for approval. Out of these 58 cases, 35 were new applications made between 1 April 2019 and 31 March 2020, the other applications were DoLS extensions. Of the 35 new DoLS applications, 33 were granted but two were not. The two cases where a DoLS was not granted was due to a change in circumstances.

Appendix A:

CHSAB Annual Strategic Plan 2020-2021

CHSAB Annual Strategic Plan 2020 – 2021

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

Partner	Lead	Partner	Lead
London Borough of Hackney (LBH)	Anne Canning/Simon Galczynski	City of London Corporation (CoL)	Andrew Carter/Chris Pelham
City and Hackney CCG (CCG)	David Maher / Jenny Singleton	Hackney Metropolitan Police (MPS)	Marcus Barnett
City of London Police	Gareth Dothie	Homerton University Hospital Foundation Trust (HUHFT)	Catherine Pelley
Barts Health NHS Trust	Clare Hughes	East London Foundation Trust (ELFT)	Dean Henderson
London Fire Brigade Hackney	Lee Sandy	London Fire Brigade City of London	David Bulbrook
National Probation Service	Stuart Webber	London Community Rehabilitation Company	Kauser Mukhtar
Healthwatch Hackney	Jon Williams	Healthwatch City of London	Paul Coles
Hackney CVS	Kristine Wellington	The Advocacy Project	Judith Davey
London Borough of Hackney Public Health	Damani Goldstein	London Borough of Hackney Housing	Jennifer Wynter
Hackney Recovery Service	Ruth Williamson	Safeguarding Children's Partnership	Jim Gamble

Sub-group	Chair	Task & Finish Groups	Chair
SAR & Case Review	Chris Pelham	Homelessness & Safeguarding	John Binding/Ian Tweedie
Quality Assurance (QA)	Jenny Singleton	User engagement	Dr Adi Cooper
Workforce Development (WFD)	Zak Darwood	Transitional safeguarding	Dr Adi Cooper

Sub-Committee	Chair
City of London	Dr Adi Cooper

Principle 1: Proportionality - “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”		
Priority	Action	Lead
1. To respond to any safeguarding issues that arise following the outbreak of the Covid-19 pandemic	1.1 The Board will hold monthly Executive Group meetings to enable partners to consider any safeguarding issues relating to covid-19 and how to respond to these	Executive Group
	1.2 The Board will review data to identify safeguarding trends that emerge as a result of Covid-19 and identify any proportionate Board response	Executive Group / QA sub-group
	1.3 The Board will review its functioning to identify how it can ensure business continuity during the covid-19 pandemic	Executive Group
2. To ensure that agencies are preparing staff for the introduction of Liberty Protection Safeguards (LPS) through training and development of skills and knowledge	2.1 LPS Leads in City and Hackney will provide assurances to the Board that they have appropriately prepared for the introduction of LPS. This includes responding accordingly to any national issues identified.	LPS Leads
	2.2 Partners who have duties under LPS will provide assurances to the Board that appropriate training has been commissioned for their staff. The Board will further consider whether training should be commissioned for agencies who may require a general understanding of LPS. (Please refer to section four for further details on training requirements)	All partners with LPS responsibilities
3. To reflect upon how well the Board has embedded learning from the fire death SAR and embed further learning around fire safety	3.1 The SAR sub-group will commission an independent review of a death due to fire in Hackney identifying how the CHSAB has embedded learning from a previous SAR.	SAR sub-group
	3.2 The SAR sub-group will lead on the implementation of any further recommendations in relation to the review a fire death. The group will be supported by the Quality Assurance group as required.	SAR sub-group
	3.3 The workforce development group will review how the CHSAB can raise awareness of Fire Safety across City and Hackney and implement any training recommendations borne out of the thematic review.	WFD sub-group

Principle 2: Empowerment - “I am asked what I want as the outcomes from the safeguarding process and this directly inform what happens.”		
Priority	Action	Lead
4. To continue to embed and develop frontline practitioners understanding of Mental Capacity in relation to complex issues	4.1 The Board will undertake a scoping exercise to assess what the key issues and challenges are for practitioners working with people who may lack executive capacity.	CHSAB Manager / MCA Leads
	4.2 A small group of MCA Leads will put together a suite of resources for frontline practitioners to help them work effectively with people whose mental capacity may not be clear.	MCA Leads
	4.3 The Board will endorse and promote any best practice guidance that is published in relation to mental capacity and higher executive functioning.	CHSAB Manager
	4.4 The Head of Adults Safeguarding LBH will review its current self-neglect and chronic hoarding protocol to ensure that it has sufficient focus on the issue of higher executive functioning within mental capacity.	Head of Adult Safeguarding LBH
	4.5 The workforce development sub-group will identify training needs and commission virtual training in relation to assessing executive capacity.	WFD sub-group

5. To continue to embed work on service user engagement and ensure that service users influence all aspects of the Board's work	5.1 A report will be presented to the CHSAB on the progress of the service user engagement Task and Finish Group's work. The Board will make a decision with regards to closing the group and embedding work into ongoing practice/business as usual.	Service user engagement Task & Finish group
	5.2 The Board Manager will develop a brochure for residents living in City of London and Hackney outlining options on how they can get involved in the work of the Board.	CHSAB Manager
	5.3 The Safeguarding Lead for LBH and Independent Chair to continue to explore options to develop a process for people who use safeguarding services to feedback to the Board.	Independent Chair / Head of Safeguarding LBH / CHSAB Manager
	5.4 The Board will fund Hackney CVS to commission virtual refresher training for the Safeguarding Champions in Hackney.	HCVS
	5.5 The Board will provide funding to the Advocacy Project to support and train peer-to-peer supporters to provide awareness and signposting in the community in City and Hackney .	The Advocacy Project
	5.6 The Board will engage with faith networks that exist in City of London and Hackney to raise awareness of safeguarding issues and to listen to any safeguarding issues affecting their community.	CHSAB Manager

Principle 3: Prevention - “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”		
Priority	Action	Lead
6. To engage with frontline professionals to share learning from adult safeguarding	6.1 The workforce development sub-group will continue to identify innovative virtual ways of working with frontline staff across City and Hackney, with specific focus on multi-agency learning sessions and digital content.	WFD sub-group
	6.2 An offer will be made to teams working across City and Hackney for the partners to deliver briefings on 1) specific safeguarding issues that the Board is working on and 2) the role and work of the Board	WFD sub-group
	6.3 The Board Business Support Officer will continue to build its SAB frontline practitioner network by disseminating learning via online training resources and SAB newsletter and LinkedIn.	CHSAB Business Support Officer
	6.4 The workforce development group will consider whether it is viable to deliver a virtual conference for Safeguarding Adults Week (November 2020).	WFD sub-group
	6.5 All partners will report data pertaining to safeguarding training to the Board. This will include assurances that all staff have undertaken appropriate training and details of safeguarding training offered to staff.	All partners
	6.6 The City of London will identify how we can better support frontline professionals to understand vulnerability and safeguarding risk	CoL

7. To understand how much impact SARs are having on changing safeguarding practice across City and Hackney	7.1 The SAR sub-group will develop a process for communicating learning from SARs which will be embedded into the SAR Protocol and incorporate into City & Hackney's SAR quality markers..	SAR sub-group
	7.2 The Quality Assurance sub-group will create an impact analysis tool to help determine how well learning from SARs have been embedded into frontline practice. Feedback from the impact analysis tool will be report to the SAR sub-group and Executive Group. .	QA sub-group
	7.3 The workforce development sub-group will develop a set of resources that partners can use for new members of staff so that learning from SARs continues to be filtered into practice.	WFD sub-group
8. To ensure that the Integrated Commissioning and Neighbourhood Model continues to filter safeguarding through all elements of their work	8.1 The Executive Group will seek assurance from the Neighbourhood Team that safeguarding continues to be embedded into practice. .	Executive Group
	8.2 The Neighbourhood Team and Board will work together to identify how safeguarding can be included into on-going projects being undertaken by the Neighbourhoods Team..	Neighbourhood Team / CHSAB Manager
	8.3 The Board support safeguarding learning in Neighbourhood Teams This includes offers of training, involvement in the MACFA and SAR process. .	CHSAB Manager

Principle 4: Partnership - “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”		
Priority	Action	Lead
9. To continue to engage with Community Safety Partnership, Safeguarding Children's Partnership and Health and Wellbeing Boards	9.1 The Board Manager will work with the Safeguarding Children's Partnership to identify cross-cutting priorities in the City. The Board will also deliver one joint meeting with the Children's Partnership in the City.	CHSAB Manager / CHSCP
	9.2 The Board will continue to engage with strategic cross cutting issues affecting CSP, CHSCP and HWB raised through the Joint Chairs meeting.	Independent Chair
	9.3 The Board will look at opportunities to commission joint work and/or training on areas of joint interest. All partners will be responsible for raising potential areas of interest to the attention of the Board and Executive Group.	Independent Chair / CHSAB Manager
10. To identify opportunities to engage with new partners	10.1 The Board will continue to build its relationships with organisations across City and Hackney, specifically it will look at: <ul style="list-style-type: none"> i). Building links with the social housing and social care provider sector ii). Assisting probation services with work they are undertaking around transitional safeguarding iii). Strengthening links with the voluntary sector 	CHSAB Manager / NPS / CRC / HCVS / CoL

Principle 5: Protection - “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”		
11. To progress work around transitional safeguarding 12. To assure ourselves that residents using Out of Borough placements or placed in unregulated settings are appropriately safeguarded from abuse and neglect	11.1 The Transitional Safeguarding Task and Finish Group will continue to work with the Safeguarding Children's Partnership and Community Safety Partnerships across City and Hackney to identify how the Board can better support young people aged between 16 – 25 at risk of abuse and exploitation.	Transitional safeguarding T&F group
	12.1 LBH, CoL and the City and Hackney CCG will review deaths as a result of Covid-19 for residents placed out of Borough, and any safeguarding issues relating to this.	LBH / COL / City and Hackney CCG Teams
	12.2 LBH, CoL and City and Hackney CCG will report to the Board any actions taken following the aforementioned review and how these have been implemented. Any further safeguarding issues that are experienced should also be reported back to the Board.	LBH/CoL/City and Hackney CCG Commissioning Teams
	12.3 The Board will support and publicise any work at a national level to strengthen cross Borough working.	Independent Chair / CHSAB Manager

Principle 6: Accountability - “I understand the role of everyone involved in my life and so do they.”			
Priority	Action	Lead	
13. To ensure the delivery of the Board's core business	13.1 The Board Manager will review all CHSAB policies to ensure these are up-to-date and compliant with equality responsibilities for SABs outlined in the Care Act 2014.	CHSAB Manager	
	13.2 The Board Manager will update its expectations for Board Members and circulate to all Board members.	CHSAB Manager	
	13.3 A small working group will be created to deliver and support activities across the partnership Safeguarding Adults Week.	WFD/ service user engagement sub-group	
	13.4 The Quality Assurance group will oversee the delivery of one multi-agency audit on the theme of self-neglect.	QA sub-group	
	13.5 To reform the structure of the Safeguarding Adults Sub-Committee meeting in the City of London to ensure that it includes a focus on partner development.	CHSAB Manager / AD People CoL	
14. To ensure that existing projects are brought to completion	14.1 The Board will continue to assist with on-going work on the following projects: a). Homelessness and Safeguarding b). Modern Day Slavery c) Suicide Prevention .	CHSAB Manager	

City & Hackney Safeguarding Adults Board

1 Hillman Street

Hackney

London

E8 1DY

Email: **CHSAB@hackney.gov.uk**

Tel: **020 8356 6498**

City & Hackney: commitment to reducing BAME health inequalities in mental health

City of London Health & Wellbeing Board
Friday 20th November 2020

The Synergi Collaborative

The Synergi Collaborative Centre is a five year national initiative, funded by Lankelly Chase, to frame, rethink and transform the realities of BAME inequalities in severe mental illness and multiple disadvantage.

The centre works closely with commissioners, policy makers and politicians as well as public service providers and services users.

The collaborative aims to create and deliver a vision to help eradicate BAME inequalities in severe mental health illness and their fundamental causes.

<https://synergicollaborativecentre.co.uk/>

Synergi National Statement of Intent



Against the backdrop of George Floyd's killing, the Black Lives Matter anti-racist protests worldwide, and the systemic inequalities highlighted by Covid-19, CEOs, medical and nursing directors of NHS Mental Health Trusts, commissioners and public bodies are being asked to become pledge signatories and commit to:

1. Initiate fundamental service level changes to reduce ethnic inequalities in access, experience and outcomes.
2. Measure, monitor and report the nature and extent of ethnic inequalities and progress made.
3. Work in partnership with local BAME communities, service users and relevant community agencies.
4. Provide national leadership on this critical issue.
5. Ensure inclusive and sustainable change in our localities and communities.
6. Support timely and progressive research and policy development.
7. Contribute to a biannual progress update as part of this Statement of Intent.

City and Hackney: current projects

The CoL Children Looked After and Care Leaver development group identified an increased mental health need for young people who were reporting experiences of physical torture in Libya (most had physical scarring as identified in LAC medicals) and signs of PTSD. This showed in the SDQ scores being slightly higher, and in the placement instability which has been increasing in 2020 – with young people not being ready to settle.

Care leavers between ages 18-25 often do not meet threshold for adult mental health services, and many have the additional pressure of uncertainty of immigration status, which affects mental wellbeing.

City of London & Coram Early Intervention Project for UASC

The CoL is committed to supporting children and families who have experienced trauma which led to the joint CoL Coram project on Early Intervention for UASC, and to use the new CoL/Kings College London family therapy clinic to support UASCs, families supported via early help, children in need and those in need of protection.

City of London & Kings College London Trainee Family Therapy Clinic

The Family Therapy Clinic is a systemic intervention, offering a direct means of working with children and their families, wider systems or couples as parents of children and young people. Drawing on a range of evidence based systemic interventions, trainees will work directly with up to 8 individuals/families a month to address emotional and behavioural needs. The Clinic, run in conjunction with Institute of Psychiatry, psychology and neuroscience (IOPPN) at King's College London (KCL) will consist of 3-4 qualifying level KCL trainees and 1-2 certificate level CoL frontline practitioners.

CoL current work continued

Objective 1: To improve sleep of UASC to in turn reduce impact of trauma

[A baseline study is in place, from which to measure impact]

Objective 2: is to improve emotional and behavioural wellbeing of children looked after, care leavers, and resident children in the City open to children's services

Objective 3: to improve emotional and behavioural wellbeing of UASC aged 18-25 who would not meet the threshold for adult mental health services.

[Impact will be measured biannually, in conjunction with KCL]

COVID-19's Impact on Inequalities in City & Hackney

An inequalities toolkit has been produced for use in incorporating inequalities considerations into planning in City and Hackney. The toolkit includes:

- Inequalities matrix Equalities Impact Assessment (EIA) checklist
- Summary of inequalities evidence and impact in City and Hackney

Next steps: to support City & Hackney's integrated system to review and develop their restoration plans with the aid of the toolkit.

System wide Equality & Diversity group

City and Hackney's system wide Equality & Diversity group are working to embed equality based decision making within system working, including:

- Working with system partners to Co-produce an EIA tool and guidance for larger system initiatives, strategies and schemes and to ensure EIA reporting in a meaningful way
- Identify a senior level champion to help embed equality-based thinking and analysis into system working
- Report back to SOCCG, ICB, AOG, and ICCEEG to emphasise their role/responsibility in helping to embed routine use of EIAs
- Promote the EIA checklist
- Develop and deliver training on what an EIA is, its benefits, and how to undertake them.

Ask to City of London Heath & Wellbeing Board

Agree to sign up to the Synergi National Statement of Intent

1. Initiate fundamental service level changes to reduce ethnic inequalities in access, experience and outcomes.
2. Measure, monitor and report the nature and extent of ethnic inequalities and progress made.
3. Work in partnership with local diverse communities, people and relevant community agencies.
4. Provide national leadership on this critical issue.
5. Ensure inclusive and sustainable change in our localities and communities.
6. Support timely and progressive research and policy development.
7. Contribute to a biannual progress update as part of this Statement of Intent.



COLLABORATIVE CENTRE

- ETHNIC INEQUALITIES
- SEVERE MENTAL ILLNESS
- MULTIPLE DISADVANTAGE

EMBARGOED UNTIL:
00.01AM ON WEDNESDAY 5TH AUGUST 2020

NATIONAL STATEMENT OF INTENT

PLEDGE TO REDUCE ETHNIC INEQUALITIES IN MENTAL HEALTH SYSTEMS



Black, Asian and minority ethnic (BAME) communities are facing disproportionate risks in mental health services that require urgent action, intent, shared vision and collaboration.

The context is stark. Ethnic inequalities in mental health care are longstanding and exceptionally large, disadvantaging BAME people in access, care, treatment and outcomes.

BAME people have a higher risk of experiencing 'symptoms' of psychoses, an even higher risk for a diagnosis of a psychotic condition, are more likely to experience adverse pathways to and through care, are subject to coercion and restrictive care, compulsory admissions and treatments, and poorer outcomes and follow-up.

Undeniably, the cost of coercive care is great, financially, but also in terms of trust and confidence in mental health and social care systems.

The Black Lives Matter movement, and the world-wide protests in response to the killing of George Floyd, have resulted in renewed calls to address institutional racism. This makes it even more urgent to achieve a fair and equitable mental health system. This is why it is now time for action.

We believe it is unacceptable that despite 30 years of research, inquiries and reviews into this issue, a staggering 80% of recommendations made to address this problem have not been implemented fully.

It is unacceptable that despite longstanding and pervasive ethnic inequalities, there are no plans for meaningful and sustainable change.

This 'Statement of Intent' is a call for commitment from CEOs and medical and nursing directors of NHS mental health trusts, commissioners and public bodies.



COLLABORATIVE CENTRE

- ETHNIC INEQUALITIES
- SEVERE MENTAL ILLNESS
- MULTIPLE DISADVANTAGE

As senior leaders of mental health services and commissioners of mental health care, we will:

- 1 Initiate fundamental service level changes to reduce ethnic inequalities in access, experience and outcomes.
- 2 Measure, monitor and report the nature and extent of ethnic inequalities and progress made.
- 3 Work in partnership with local BAME communities, service users and relevant community agencies.
- 4 Provide national leadership on this critical issue.
- 5 Ensure inclusive and sustainable change in our localities and communities.
- 6 Support timely and progressive research and policy development.
- 7 Contribute to a biannual progress update as part of this Statement of Intent.

Some of this work is already underway in different parts of the country. For example, South West London and St George's Mental Health NHS Trust, in collaboration with Wandsworth Community Empowerment Network, is implementing an Ethnicity and Mental Health Improvement Project, in a co-produced partnership with local stakeholders, including a range of diverse and multicultural community and faith networks.

Leeds City Council, NHS Leeds Clinical Commissioning Group, Leeds and York Partnership NHS Foundation Trust and a local stakeholder group of NGOs, BAME voluntary and community organisations and activists, are collaborating with Synergi's Creative Spaces model, to tackle ethnic inequalities in the risk and consequences of severe mental illnesses among the city's BAME population.

Greater Manchester Health & Social Care Partnership (made up of all NHS organisations and councils, emergency services, the voluntary sector, Healthwatch and others, including the Mayor of Greater Manchester) has been working to reduce the ethnic inequalities gap.

As part of their Covid-19 response, the Partnership has collaborated with local BAME organisations and provided significant funding for critical mental health services for ethnic minority communities in the county.

We note that making the necessary changes will be complex and will take time. However, the scale of the task should not deter us from making a start in true partnership with communities across the health care systems.



This 'Statement of Intent' is an opportunity to pursue systems change as part of a constructive, bold, transparent and collective voice.



COLLABORATIVE CENTRE

- ETHNIC INEQUALITIES
- SEVERE MENTAL ILLNESS
- MULTIPLE DISADVANTAGE

SIGNATORIES



Tim Ryley

Chief Executive
NHS Leeds Clinical Commissioning Group

Dr Sara Munro

Chief Executive, Leeds and York Partnership NHS Foundation Trust, and CEO Lead for the West Yorkshire and Harrogate Health and Care Partnership: Mental Health, Learning Disabilities and Autism Collaborative

Cllr Rebecca Charwood

Chair
Leeds Health and Wellbeing Board
Leeds City Council

Victoria Eaton

Director of Public Health
Leeds City Council

Tom Riordan

CEO
Leeds City Council

Jim Barwick

CEO
Leeds GP Confederation

Dr Hilary Grant

Medical Director
Birmingham and Solihull Mental Health NHS Foundation Trust

Roisin Fallon-Williams

CEO
Birmingham and Solihull Mental Health NHS Foundation Trust

Dr Navina Evans

CEO
East London NHS Foundation Trust

Dan Barrett

Director
Thrive LDN

Sarah Blow

Accountable Officer
South West London Clinical Commissioning Group

Vanessa Ford

Acting Chief Executive
South West London and St George's Mental Health NHS Trust

David Bradley

CEO
South London and Maudsley NHS Foundation Trust

Sir Richard Leese

Chair
Greater Manchester Health & Social Care Partnership

Evelyn Asante-Mensah

Chair
Pennine Care NHS Foundation Trust

Clare Parker

Executive Director of Nursing
Healthcare Professionals and Quality Governance
Pennine Care NHS Foundation Trust

Dr Nihal Fernando

Medical Director
Pennine Care NHS Foundation Trust

Claire Molloy

Chief Executive
Pennine Care NHS Foundation Trust

Dr Tom Tasker

Chair
Salford Clinical Commissioning Group

Dr Sandeep Ranote

Medical Director
North West Boroughs Healthcare NHS Foundation Trust

Helen Bellairs

Chairman
North West Boroughs Healthcare NHS Foundation Trust

Simon Barber

CEO
North West Boroughs Healthcare NHS Foundation Trust

Joanne Hiley

Executive Director of Nursing and Quality
North West Boroughs Healthcare NHS Foundation Trust

Joanne McDonnell

Executive Director of Nursing and Governance
North West Boroughs Healthcare NHS Foundation Trust

Neil Thwaite

CEO
Greater Manchester Mental Health NHS Foundation Trust

Dr Alice Seabourne

Medical Director
Greater Manchester Mental Health NHS Foundation Trust

Gill Green

Director of Nursing and Governance
Greater Manchester Mental Health NHS Foundation Trust

Andrew Maloney

Director of Human Resources and Deputy Chief Executive
Greater Manchester Mental Health NHS Foundation Trust

Rupert Nichols

Chairman
Greater Manchester Mental Health NHS Foundation Trust

Warren Heppolette

Executive Lead
Strategy and System Development
Greater Manchester Health & Social Care Partnership

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**COLLABORATIVE
CENTRE**

- ETHNIC INEQUALITIES
- SEVERE MENTAL ILLNESS
- MULTIPLE DISADVANTAGE



PRESS RELEASE

STRICTLY EMBARGOED UNTIL: 00.01am on Wednesday 5th August 2020

The UK's first national pledge for senior leaders in NHS mental health trusts, public bodies and commissioning to reduce ethnic inequalities in mental health care is launched today

30 inaugural signatories have declared their commitment to take action

The UK's first national pledge calling on senior leaders in NHS mental health trusts, public bodies and commissioning to declare their commitment to reduce ethnic inequalities in mental health care launches today (**Wednesday 5th August 2020**) with 30 inaugural signatories.

A 'Statement of Intent', the pledge is spearheaded by the Synergi Collaborative Centre in response to the lack of progress made over the past 30 years to tackle ethnic inequalities for those diagnosed with a severe mental illness, and the disproportionate risks Black, Asian and minority ethnic (BAME) communities face in mental health services.

Against the backdrop of George Floyd's killing, the Black Lives Matter anti-racist protests worldwide, and the systemic inequalities highlighted by Covid-19, CEOs, medical and nursing directors of NHS Mental Health Trusts, commissioners and public bodies (as pledge signatories) will take action to:

1. Initiate fundamental service level changes to reduce ethnic inequalities in access, experience and outcomes.
2. Measure, monitor and report the nature and extent of ethnic inequalities and progress made.
3. Work in partnership with local BAME communities, service users and relevant community agencies.
4. Provide national leadership on this critical issue.
5. Ensure inclusive and sustainable change in our localities and communities.
6. Support timely and progressive research and policy development.
7. Contribute to a biannual progress update as part of this Statement of Intent.

Kamaldeep Bhui, Synergi's Director and Professor of Psychiatry, University of Oxford, said:

"I'm delighted as Director of the Synergi Collaborative Centre to launch this powerful alliance between the NHS, local government, charity providers and BAME community groups in a national movement to transform mental health systems to be less institutionally racist, more enabling, thoughtful and inclusive; one that respects the workforce and acknowledges that all people need health care in the NHS."

PROJECT PARTNERS



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FUNDED BY

Lankelly Chase



COLLABORATIVE CENTRE

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Supported by Consultant Psychiatrist Professor Sashi Sashidharan, Malik Gul, Director of Wandsworth Community Empowerment Network, and a range of NGOs, BAME community and service user-led organisations, including the National Survivor User Network (NSUN), the pledge is facilitated by Synergi's Creative Spaces Network, which champions a systems approach to reduce ethnic inequalities in severe mental illness and improve experiences and outcomes.

Dr Sara Munro, Chief Executive, Leeds and York Partnership NHS Foundation Trust, and CEO Lead for the West Yorkshire and Harrogate Health and Care Partnership: Mental Health, Learning Disabilities and Autism Collaborative, said: "Now, more than ever, we must tackle ethnic inequalities in healthcare. I'm grateful to the Synergi Collaborative Centre for facilitating system-wide efforts to reduce mental health inequalities experienced by BAME groups, and I am proud to add my signature to this national statement of intent. I know that, together, we can make a meaningful difference to the lives of people from BAME communities who are experiencing mental health issues, and I join my health and care partners in pledging my commitment and support."

David Bradley, CEO, South London and Maudsley NHS Foundation Trust, said: "Having been involved in the work across south west London for many years, and seen at first hand the experience that BAME communities have in getting equal access to mental health services, I think that the seven commitments are what all leaders should be following. It is especially relevant at this time as Covid-19 has really shown that such communities are impacted harder, and we know that good mental health is a key factor in recovery."

Warren Heppolette, Executive Lead, Strategy and System Development, Greater Manchester Health & Social Care Partnership, said: "Greater Manchester Health & Social Care Partnership wish to send out an unequivocal message, through this pledge, that we fully commit to supporting the elimination of ethnic inequalities in our mental health system. It is important that everyone understands the importance of striving to deliver ethnic equality and how they can personally support the pledge."

Roisin Fallon-Williams, Chief Executive, and Dr Hilary Grant, Medical Director, Birmingham and Solihull Mental Health NHS Foundation Trust, said: "We already have plenty of information to evidence that discrimination and inequalities exist. We know our BAME colleagues are less likely to gain promotions, and our BAME service users are more likely to be subject to Mental Health Act detentions, restraint and seclusions. Discrimination is complex and multi-faceted, but this is not a reason not to act now to address it. We cannot be silent on this. Our silence is complicity. It's time for us to truly live up to our values, to act and make a change."

Professor Bhui added: "This is a moment in which the defensiveness and disguises for racism have fallen away. Yet this moment will pass, if we are not mindful, meaning that the usual practices will re-establish themselves to further compound and sustain racial disparities in health."



COLLABORATIVE CENTRE

- ETHNIC INEQUALITIES
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CEOs, medical and nursing directors of NHS mental health trusts, commissioners and public bodies who are interested in signing up to the pledge, will be expected to indicate how they plan to meet the seven pledge objectives, be willing to be part of a collaborative national network, and share good practice, challenges and progress every six months.

More signatories and pledge supporters will be announced in the coming months.

Ends

Media contact

If you would like to arrange media interviews with any of the Synergi team, signatories or pledge supporters, contact Joy Francis, Words of Colour Productions.

Email: joy@wordsofcolour.co.uk **Mobile:** 0771 382 7372

Official hashtag: #ethnicinequalitiespledge **Twitter handle:** @SynergiCC

Press Folder: You can download the embargoed press release, the pledge and the supporting statements (*in full*) [here](https://bit.ly/PledgePressFolder). (Full link: <https://bit.ly/PledgePressFolder>)

The pledge's official web page: synergicollaborativecentre.co.uk/ethnic-inequalities-pledge is under embargo and will go live, at midday, on **Wednesday 5th August 2020**.

Notes to the Editor

The **National Statement of Intent: Pledge to reduce ethnic inequalities in mental health systems**, the first of its kind in the UK, has been launched by the Synergi Collaborative Centre in response to Black, Asian and minority ethnic (BAME) communities facing disproportionate risks in mental health services that require urgent action, intent, shared vision and collaboration. BAME people have a higher risk of experiencing 'symptoms' of psychoses, an even higher risk for a diagnosis of a psychotic condition, are more likely to experience adverse pathways to and through care, are subject to coercion and restrictive care, compulsory admissions and treatments, and poorer outcomes and follow-up. Signatories will be part of a national network to improve outcomes and experiences in partnership with local BAME communities, service users and relevant community agencies to inspire whole systems change.



COLLABORATIVE CENTRE

- ETHNIC INEQUALITIES
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- MULTIPLE DISADVANTAGE



The inaugural pledge signatories are:

Leeds

- Tom Riordan, CEO, Leeds City Council
- Tim Ryley, Chief Executive, NHS Leeds Clinical Commissioning Group
- Dr Sara Munro, Chief Executive, Leeds and York Partnership NHS Foundation Trust, and CEO Lead for the West Yorkshire and Harrogate Health and Care Partnership: Mental Health, Learning Disabilities and Autism Collaborative
- Cllr Rebecca Charlwood, Chair, Leeds Health and Wellbeing Board
- Victoria Eaton, Director of Public Health, Leeds City Council
- Jim Barwick, CEO, Leeds GP Confederation

Birmingham

- Roisin Fallon-Williams, CEO, Birmingham and Solihull Mental Health NHS Foundation Trust
- Dr Hilary Grant, Medical Director, Birmingham and Solihull Mental Health NHS Foundation Trust

London

- Dr Navina Evans, CEO, East London NHS Foundation Trust
- Dan Barrett, Director, Thrive LDN
- Sarah Blow, Accountable Officer, South West London Clinical Commissioning Group
- Vanessa Ford, Acting Chief Executive, South West London and St George's Mental Health NHS Trust
- David Bradley, CEO, South London and Maudsley NHS Foundation Trust

Greater Manchester

- Sir Richard Leese, Chair, Greater Manchester Health & Social Care Partnership
- Evelyn Asante-Mensah, Chair, Pennine Care NHS Foundation Trust
- Clare Parker, Executive Director of Nursing, Healthcare Professionals and Quality Governance, Pennine Care NHS Foundation Trust
- Dr Nihal Fernando, Medical Director, Pennine Care NHS Foundation Trust
- Claire Molloy, Chief Executive, Pennine Care NHS Foundation Trust
- Dr Tom Tasker, Chair, Salford Clinical Commissioning Group
- Dr Sandeep Ranote, Medical Director, North West Boroughs Healthcare NHS Foundation Trust
- Helen Bellairs, Chairman, North West Boroughs Healthcare NHS Foundation Trust
- Simon Barber, CEO, North West Boroughs Healthcare NHS Foundation Trust
- Dr Alice Seabourne, Medical Director, Greater Manchester Mental Health NHS Foundation Trust



COLLABORATIVE CENTRE

- ETHNIC INEQUALITIES
- SEVERE MENTAL ILLNESS
- MULTIPLE DISADVANTAGE

- Joanne Hiley, Executive Director of Nursing and Quality, North West Boroughs Healthcare NHS Foundation Trust
- Joanne McDonnell, Executive Director of Nursing and Governance, North West Boroughs Healthcare NHS Foundation Trust
- Neil Thwaite, CEO, Greater Manchester Mental Health NHS Foundation Trust
- Gill Green, Director of Nursing and Governance, Greater Manchester Mental Health NHS Foundation Trust
- Andrew Maloney, Director of Human Resources and Deputy Chief Executive, Greater Manchester Mental Health NHS Foundation Trust
- Rupert Nichols, Chairman, Greater Manchester Mental Health NHS Foundation Trust
- Warren Heppollette, Executive Lead, Strategy and System Development, Greater Manchester Health & Social Care Partnership

About the Synergi Collaborative Centre

The **Synergi Collaborative Centre** (synergicollaborativecentre.co.uk) is a national five year initiative focused on eradicating ethnic inequalities in severe mental illness through championing systems change, new science, creative inclusion, collaborative leadership and co-production/co-creation, while forging solutions with those experiencing mental distress, carers, commissioners, policymakers and politicians. Launched in 2017, the centre is funded by [Lankelly Chase](#) and is a partnership between the University of Manchester, University of Oxford and Words of Colour Productions.

About Creative Spaces

Synergi's **Creative Spaces** is a systems approach to reduce ethnic inequalities in severe mental illness and improve experiences and outcomes. It facilitates solution-focused dialogue, collaborations, and co-designed approaches, to enable health systems interventions to prevent or reduce ethnic inequalities and multiple disadvantages experienced by people with severe mental illnesses. This approach enables organisations to respond to longstanding concerns and issues in new ways by placing lived experience narratives at the heart of discussions, policies and strategies, using inclusive creative methods.

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Committees:	Dated:
Community and Children's Services – For Information Health and Wellbeing Board – For Information	06/11/2020 20/11/2020
Subject: Integrated Care in the City of London – Update	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1,2,3,4
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	N/A
What is the source of Funding?	
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of: Andrew Carter, Director of Community and Children's Services	For Information
Report author: Ellie Ward, Interim Head of Strategy and Performance, Community and Children's Services	

Summary

This report updates Members on some of the recent developments in integrated care (health and social care) locally and some of the wider changes in governance and planning structures for these services.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. Around 75% of City of London residents are registered with the Neaman Practice – part of City and Hackney Clinical Commissioning Group (CCG) – and a further

16% of residents, in the east side of the City of London, are registered with GPs that are part of Tower Hamlets CCG. City of London adult social care services are provided to all City of London residents (where appropriate), regardless of where they are registered with a GP.

2. In recent years there has been a major policy drive towards integrated care – delivering health and social care services in a joined-up way to provide seamless services to local populations.
3. The City of London Corporation has been working closely with health services for some time, but there was a more formal focus on integrated care when the Corporation entered into integrated commissioning arrangements with City and Hackney CCG in 2017, to commission together across health, public health and social care. The London Borough of Hackney entered into the same, but separate, arrangements and there was also a move towards more integrated care, with a different model, in Tower Hamlets.
4. Since then, there have been a number of developments and changes in terms of integrated care and in governance structures around this, both locally and nationally.

Current Position

Integrated Care Locally

5. The City and Hackney model for integrated care is built around the neighbourhood model, which brings together health, care and voluntary sector services to provide care closer to home, at the right time, which better suits the unique needs of local communities.
6. The objectives of the neighbourhood model include:
 - preventing ill health
 - effectively managing long-term conditions
 - reducing unnecessary hospital admissions
 - supporting people to understand and have control over their own health and wellbeing.
7. There are eight ‘neighbourhoods’ across City and Hackney which incorporate GP registered populations of between 30,000 and 50,000. The Neaman Practice and our local services fall within the Shoreditch Park and City Neighbourhood.
8. There are a number of past and present developments within the neighbourhood model that are beneficial to City of London residents. These include:
 - City of London Corporation social workers being part of neighbourhood multi-disciplinary meetings, working with partners across health, care and the

voluntary sector. This means that there is shared ownership and wider input from practitioners on more complex case discussions, and a more holistic approach to addressing a range of social and health issues. A specific pathway is also being developed, at the instigation of the City Corporation, to support rough sleepers into the neighbourhood multi-disciplinary team

- a pilot to be implemented to trial a new blended model for community mental health services with mental health, primary care and voluntary sector services providing better joined-up services to support people locally with mental health conditions
- work to bring together community navigation work, (which supports residents in a joined-up way and connects them with their local communities) and to improve pathways into this support within the neighbourhoods. This builds on some of the community navigation we already have in the City of London
- empowerment and involvement of Members and local residents to help shape and develop the neighbourhoods. This is through a range of mechanisms including neighbourhood conversations and neighbourhood networks. A programme of further engagement is planned, to focus specifically on the City perspective in relation to neighbourhoods and networks (see below for details of networks).

Integrated Care in Tower Hamlets

9. Integrated care in Tower Hamlets is built around a network model – each containing a number of GP practices. The two main practices that City of London residents attend are in two different networks, but this is currently managed by one network manager, which provides a good opportunity to have an overall view of the links with the City of London.
10. The key areas for the City of London Corporation in relation to the Tower Hamlets model are clear and effective pathways to Corporation social care services, and an understanding of, and links with, the voluntary sector offer for City of London residents.
11. A meeting is to be held with Tower Hamlets colleagues shortly, and a verbal update on further plans will be given at the Committee meeting.

GP Surgeries

12. In Summer 2021, a new GP surgery is due to open at Goodman's Fields. It will have two practices – the Whitechapel Health Centre and East One Health.
13. The Whitechapel Health Centre has a number of patients who are City of London residents – mainly at the Portsoken branch practice at the Green Box. Just over 100 City of London residents are registered at the branch practice, which offers limited sessions each week. Once the Goodman's Fields Surgery opens, the branch practice would cease to exist, and these registered patients would receive their primary care services through the Goodman's Fields Surgery.
14. During the COVID-19 pandemic, sessions have not been provided at the branch practice. Going forward, and for the near future, the default for GP services

nationally will be virtual/online with face-to-face appointments only when needed. Discussions have taken place between Portsoken Members and Tower Hamlets CCG about the Portsoken branch surgery in the interim period before Goodman's Field Surgery opens.

Changes in the Health Landscape and Infrastructure

Delivery of health and care services

15. The COVID-19 pandemic created an unprecedented change in health services, with a rapid repurposing of services, staffing and capacity.
16. The wider NHS response to COVID-19 has been developed in phases, including recent plans to restore ongoing services across primary, elective and dental care. There may be a reconfiguration of some of these services in the short to medium term to support the restoration of services.
17. Many appointments, particularly in primary care, will continue to be virtual by default (telephone or video call) for the immediate future, although face-to-face appointments are available when necessary and delivered in a COVID-secure manner.
18. The pandemic prompted further integrated work between health and social services in areas such as hospital discharge, and expedited some of the work on the neighbourhood model.

Planning, commissioning and governance around integrated care

19. In 2016, Sustainability and Transformation Partnerships (STPs) were established nationally, bringing together local NHS organisations and councils to plan and deliver improvements in health and care, and more co-ordinated services. The City of London Corporation, along with City and Hackney CCG and Tower Hamlets CCG are part of the North East London STP, known as the East London Health and Care Partnership. There are currently seven CCGs and eight local authorities in the partnership.
20. The NHS Long Term Plan (2019) set out the aim that every part of England will be covered by an integrated care system by 2021, replacing STPs but building on their good work to date. It also stated that, typically, there should be a single CCG for each integrated care system area. As a result, the North East London STP will become the local integrated care system and each CCG has been working with its members to vote on whether to form a new combined single CCG.
21. The integrated care system means a move from a traditional commissioner/provider split towards a system focused on supporting frontline practitioners to deliver improved health and care outcomes for the local population.

22. Locally, across City and Hackney, there will be a move from an Integrated Commissioning Board to an Integrated Care Partnership Board with a number of subgroups. The board will be responsible for system oversight and assurance.
23. A City and Hackney Neighbourhood Health and Care Services Board will be responsible for service planning, delivery and improvement. This includes the work of a number of existing workstreams (planned care, unplanned care and children, young people, maternity and families), major programmes and COVID-19 recovery programmes.

Implications

Strategic

24. Integrated care and the neighbourhood and network models meet a wide range of our Departmental Business Plan priorities:
- Safe – People of all ages and all backgrounds live in safe communities, our homes are safe and well maintained and our estates are protected from harm
 - Potential – People of all ages are prepared to flourish in a rapidly changing world through exceptional education, cultural and creative learning and skills which link to the world of work
 - Independence, involvement and choice – People of all ages can live independently, play a role in their communities and exercise choice over their services
 - Health and wellbeing – People of all ages enjoy good mental and physical health and wellbeing
 - Community – People of all ages and all backgrounds feel part of, engaged with and able to shape their community.
25. These strongly reflect the Corporate Plan outcomes under ‘contributing to a flourishing economy’:
- People are safe and feel safe
 - People enjoy good health and wellbeing
 - People have equal opportunities to enrich their lives and reach their full potential
 - Communities are cohesive and have the facilities they need.

Conclusion

26. The City of London Corporation has worked in an integrated way with health services for some time, but the policy drive and imperative for integrated care has increased in recent years.
27. The wider context that health and social care sits within is changing with the creation of integrated care systems across wider areas such as North East London. Local governance and planning structures for integrated care are also changing in response to this changing context.

28. The City of London Corporation is a key partner in the neighbourhood model of integrated care with City and Hackney CCG and this is also being established within the model in Tower Hamlets. There are opportunities for residents and Members to help shape the models and the service delivery within them.

Appendices

- None

Background Papers

- The future of health and care for the people of north east London – available on the East London Health & Care Partnership website:
<https://www.eastlondonhcp.nhs.uk/ourplans/the-future-of-health-and-care-for-the-people-of-north-east-london.htm>

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Committee(s)	Dated:
Health and Wellbeing Board -For Information	20 November 2020
Subject: Healthwatch City of London Progress Report	Public
Report author: Paul Coles, General Manager	For Information

Summary

The purpose of this report is to update the Health and Wellbeing Board on the continuing development of Healthwatch City of London (HWCoL) in quarter 2. This report aligns HWCoL's activity reporting with the Health and Well-being Board schedule. It provides a brief update on the report provided in September. HWCoL's next report will cover the period October to the end of December 2020, quarter 3.

Recommendation(s)

Members are asked to: Note the report

Main Report

Background

Healthwatch is a governmental statutory mechanism intended to strengthen the collective voice of users of health and social care services and members of the public, both nationally and locally. It came into being in April 2013 as part of the Health and Social Care Act of 2012.

HWCoL is funded by the City of London and has been in existence since 2013. The current contract for HWCoL came into being in September 2019. It is an incorporated by the Charities Commission as a Foundation Model Charity Incorporated Organisation and Licenced by Healthwatch England (HWE) to use the Healthwatch brand.

HWCoL is an organisation that is run by City people for City people within the City. HWCoL believe this gives us the ability, through working with fellow residents and workers and local organisations, to identify the issues local people face, respond to them more effectively and gain clearer insights into the needs of local residents, workers, and students.

Current Position

1. As previously reported the staff of HWCoL continue to work from home. The City of London Corporation are unable to advise when a return to the office will be possible.

2. HWCōL continues to manage the challenges created because of COVID-19. These include:
 - Adapting and increasing communications to provide Information and Advice appropriate to the COVID-19 alert level for the City
 - Reviewing access to staff due to lack of face to face contact. Actively advertising HWCōL availability via email and telephone to continue dialogue with the local community.
 - Collecting community insight to inform our statutory partner the City and Hackney Integrated Care Partnership.
 - Increase in 'mystery shopping' of service provision for City residents.

3. Achievements in this period include:
 - Produced the second Performance report for Commissioners (appendix 1) covering Quarter 2. Of the 26 Key Performance Indicators HWCōL have achieved or exceeded the target in 17; rated green in the report, an increase of three since Quarter 1.
 - Produced a Business Plan covering the remaining years of the contract.
 - Of the nine underperforming areas, six were amber with three rated red. The three areas of significant under performance, up one on Quarter 1 report, include:
 - The training of volunteers to carry out Enter and View; this activity continues to be restricted because of COVID-19.
 - The number of followers of the HWCōL Facebook page. During September HWCōL increased the amount of Facebook specific content, increasing page views and reach.
 - Subscribers to HWCōL email bulletins are now recorded as an area of significant under performance. Following the Quarter 1 report the target was raised to 150 (previously 116). The numbers have increased to 132 subscribers during this quarter.
 - During Quarter 2 a weekly newsletter or bulletin was produced and distributed. HWCōL partnered with the following on distribution: The Barbican estate newsletter; the City internal communications team; the City communities' team; the City Business Healthy team and posted on the Golden Lane website. The newsletters and bulletins continue to provide up to date information on COVID-19. Focusing on Government advice, how to access health services, general health, and well-being information, as well as community support and activities. Non-digital communication is achieved by asking partners to support distribution.
 - As reported at September's Health and Well-being Board the Business Plan was presented at HWCōL's Annual General Meeting on 16th October 2020. Stakeholders and residents of the City were asked for their comments, these will be considered at the Board meeting on the 19th November 2020.
 - A draft of the charity accounts has been produced including the Trustee statement for independent examination. HWCōL is required to complete the annual return to the Charity Commission by the 31st January 2021.
 - Attended and contributed to the Shoreditch Park & The City Neighbourhood Workshop on Signposting and Connectivity hosted by Hackney CVS.

- Attend and contributed to the Health inequalities in City and Hackney workshop hosted by the City and Hackney Clinical Commissioning Group.

4. Planned Activities in Quarter 3:

- Continue to focus on the impact of COVID-19, carrying out additional surveys to gather further insights from the local community.
- A targeted Board recruitment drive to broaden diversity and skills of the Board.
- Agree strategic objectives for the annual survey and work with key stakeholders on developing a draft survey.
- Hold further Carer's listening events.
- In partnership with Healthwatch Hackney, plan and deliver the Primary Care Network for Shoreditch and City's patient engagement consultation, funded through the PCN Resilience Programme.
- Focus on Mental health services and access.

5. Risks :

HWCoL regularly reviews its risks which include the impact of the pandemic. The main issues include:

The merged CCG and the development of an Integrated Care System for North East London carries a risk that local voices are diluted. Possible significant impact on HWCoL Mission as the needs of City of London residents are subsumed into those of the Boroughs of Barking & Dagenham, Havering, Redbridge, Hackney, Waltham Forest, Newham, and Tower Hamlets marginalising HWCoL. The use of digital platforms to engage the community could exclude service users from supporting this work.

Mitigating actions include; using all engagement pathways with the new partnership to influence its development, work closely with the CoL, CCG and NEL partners on engagement with residents to ensure they are both consulted and informed and, work with our neighbouring Healthwatch's on developing a model for partnership with the support of Healthwatch England.

6. Conclusion

In conclusion Healthwatch City of London is largely delivering against the key performance targets making good progress towards meeting all the targets, where possible. The mystery shopping projects, and on-line focus groups are evidence of HWCoL adapting to the changing environment.

HWCoL's draft business plan was open for public comment and presented at the AGM held in October 2020 and the process for final sign off will be completed by November 2020.

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PERFORMANCE FRAMEWORK REPORT Q2 2020/21

Healthwatch City of London

Paul Coles

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Introduction

This report provides an update on the Quarter Two (July-September 2020) performance of Healthwatch City of London (HWCoL) against the key performance indicators laid out in the Performance Framework 2020/2021. Following a review of Q1 report with the commissioner, additional indicators were added to the Performance Framework to provide further information on the support that HWCoL provides to City of London residents.

The COVID-19 pandemic continues to impact on delivery, largely through the restriction on face to face activity including Enter and View. Activity continues to be delivered digitally where possible.

To increase participation in meetings held in public, residents can now use their telephone. HWCoL will collate the number of times residents have joined meetings by phone and report back in Q3.

A key challenge going forward will be to ensure public engagement and public scrutiny of the changes in the delivery of Health and Social care post Covid19. HWCoL continues to review its engagement activities to maximise HWCoL's reach and understanding of residents needs.

Performance highlights

Of the 26 KPI's where HWCoL have a met or exceed target in 17 an improvement on the Q1 report of three. KPI's that are now meeting target are:

- A Business plan was produced for the remaining years of the current contract.
- A workplan for this financial year and workplans for the final years have been produced. The work plans will be updated regularly.
- Completion of Healthwatch's Quality Framework.
- Website – Numbers of visitors.
- Website Numbers of pages visited.

Other highlights include, increased production of newsletters and bulletins to weekly, improving the provision of advice and guidance to residents. Communications delivered via Mailchimp maintained an open rate of 49.65%, Q1 was 51.4%, nearly double the industry average of 25%. The newsletters and bulletins are sent out via the Barbican estate newsletter, the City internal comms team, the City communities team, the City Business Healthy team and in addition are now posted on the Golden Lane website to increase reach. Work continues to ensure that the newsletters and bulletins are available in on-line communications run for residents in the east of the City. HWCoL revised its communication strategy in September using lessons learned from our COVID-19 communications strategy a further revision is being carried in response to the second wave of COVID-19.

A report from HWCoL's first three digital surveys has been produced. Respondents reported that:

- there was enough information about COVID-19 but were concerned about lack of information on other conditions and support available during the pandemic.
- NHS 111 was an excellent service.
- Eighty nine percent of respondents used the Neaman Practice, but 75% found the Neaman Practice website difficult to use.

The reports' conclusions were fed back to the CCG and will be followed up at the quarterly meetings with the Neaman practice and the CCG. The report was also shared with Healthwatch England, contributing to their understanding of the impact of COVID-19. The report is available on the HWCoL website. Further surveys were carried out in Q2, but a report has yet to be published. Surveys continue to form part of the work plan. Our latest survey on the mental health impact of COVID-19 had 15 responses.

During the Q2 HWCoL raised a safeguarding alert regarding a resident of the CoL.

Areas of under performance

Since the last report there has been a reduction in the number of underperforming KPIs from ten to six.

The following KPI has moved from meeting target to under-performing:

- Number of board associates-reduced by one.

The following KPI's are rated amber and are subject to remedial action or are due for completion by Q3. These include:

- A month-long recruitment plan for Trustees; the highest priority. Work is currently being carried out to identify local voluntary organisations in the east of the City to approach for support in recruitment of Trustees and Board Associates.
- Number of trustees on HWCOL board.
- The Twitter analytics demonstrated a slight improvement in signed up numbers. This was a result of implementing our Communication and Engagement strategy. We saw profile visits to the HWCoL account up 133.3% with 42 profile visits in September.
- On-line Board meetings in public continue to challenge HWCoL's ability to reach the annual target. HWCoL has carried out a concentrated effort to increase the number of attendees for the Annual General Meeting.

Areas of significant under performance

There are three red rated targets. These include:

- Facebook followers: during September HWCoL increased the amount of Facebook specific content resulting in page views rising by 50% and post reach by 20%.
- Subscribers to HWCoL email bulletins-now recorded as an area of significant under performance. The target was raised to 150 (previously 116) due to over achievement in Q1.
- Enter and View; activity remains suspended and it is unlikely to resume before March 2021. In response HWCoL is carrying out mystery shopping to assess the performance of service providers.

Performance Table

Indicator name/Description	Reporting period	HWE QF	CoLC Outcome	Annual Target	Quarterly Performance 2020-21		Annual Total to date	Progress	Comments on performance and progress update
				2020-21	Q1	Q2		(RAG)	
Number of local people trained and supported to actively participate in decision making.		People	A, B, C						
Number of trustees on WCOL board.	Quarterly	People		5	4	4	4		Formal interview with potential trustee to take place early November. The Board audit analysis identified targeted Board recruitment in the east of the City as an action. Chair to contact CC members to identify potential Trustees. Advert on website.
Number of associate board members.	Quarterly	People		4	4	3	3		Advertising for Associate Board members from City residents.
Number of volunteers attending decision-making committees.	Quarterly	People		3	3	5	5		In Q2 volunteers attended a number of additional meetings including the CCG's Patient and Public Involvement Committee and CoL's Adult Safeguarding Sub-Committee.
Production of annual work plan, regular progress reporting against milestones.		Influence and Impact	A, B, C, D, E						

Produce a three-year workplan with an annual workplan, detail objectives and actions that meet contractual requirements and objectives.	Annual	Influence and Impact		1		1	1		Business plan completed and is out for public and stakeholder insight until the 16/10/20. The Business plan includes a three-year workplan.
Produce Annual Work Plan produced. To reference Performance Framework, Quality Framework, and Business plan.	Annual	Influence and Impact		1		1	1		Annual work plan is included within the Business plan.
Page 135 Completion of Healthwatch's Quality Framework.	Annual	Influence and Impact		1		see note			The Quality Framework consists of six domains with additional prompts. HWCoL is required to provide evidence of compliance with these prompts. A gap analysis was completed in Q1 identifying twelve prompts where additional work is required. Five of these have now been addressed. An action plan has been agreed to address the remaining seven prompts. HWCoL have met with Healthwatch England on the next steps for implementation.
Healthwatch City of London Board is representative of the City of London population.		People	B						

<p>Number of times HWCOL publicised board and associate board opportunities - during an annual month-long campaign. [HWCOL will review Board annually as part of Business plan and work plan.]</p>	Annual	People		1	see note				<p>Audit of skills, gender and ethnicity of Board members completed. BAME community and City workers identified as underrepresented. There is no SEND representation. Further work is being carried out to engage with community groups and particular residents in the East of the City. HWCOL has advertised Trustee opportunities on its website and through its newsletters and bulletins. Guildhall School of Music has been contacted.</p>
<p>Regular (frequency to be determined) survey of residents and stakeholders undertaken to determine the levels of awareness and engagement with Healthwatch City of London.</p>		Engagement, Involvement and Reach	B, C, D						

Design and disseminate annual survey of residents and stakeholders. [Annual survey - reviewed and analysed and used as part of our plans for the next year -annual report, business plan and workplan.]	Annual	Engagement, Involvement and Reach		1		see note			The key dates for the annual survey are included within the annual work plan. The survey will be designed in Q3 and carried out in Q4. Collation and interpretation of data will also be carried in Q4.
Evidence of active and increasing engagement with the public on social media (e.g. through number of website hits etc).		Engagement, Involvement and Reach	D						
137 Email bulletins – numbers of subscribers.	Quarterly	Engagement, Involvement and Reach		150	129	132	132		The target was raised to 150 (previously 116) due to over achievement in Q1. Numbers have grown by three since the last report. Regular sign up details for the newsletters and bulletins added to Facebook and Twitter posts.
Email bulletins sent.	Quarterly	Engagement, Involvement and Reach		12	9	13	22		HWCOL has produced a newsletter or bulletin every week in the last quarter. Positive feedback has been received including from the Health and Well-being Board.
Mailchimp email bulletin open rates.	Quarterly	Engagement, Involvement and Reach		25% aver - industry standard	51.40%	49.65%	49.65%		The open rate has dropped 1.75% but still remains double the Industry average. The click rate was 16% dropping from 18.9% previously, this is still above the Industry standard of 13%.

Twitter - numbers of followers.	Quarterly	Engagement, Involvement and Reach		650	604	607	607		A revised Communications and Engagement strategy was agreed at Septembers Board meeting. Profile visits to the HWCoL account up 133.3% with 42 profile visits in September. The plan includes increased activity with, for example, four tweets in the last week of September. The Twitter analytics show that HWCoL's top tweet was on HWCoL's mental health campaign.
Facebook – number of followers (new account).	Quarterly	Engagement, Involvement and Reach		50	7	7	0		An advert for a volunteer Communications and Digital support assistant included in August newsletter. There was no interest shown and a different approach is being considered. Possibly through London Metropolitan University. Facebook specific content is now being generated. Facebook page views are up 50% and post reach is up 20%.
Website – Numbers of visitors.	Quarterly	Engagement, Involvement and Reach		1000	135	1044	1044		In Q2 HWCoL's website had 972 users. In July, the number of visitors was 380, August 266 and September 403. The site was visited by 972 different visitors during the quarter.

Website Numbers of pages visited.	Quarterly	Engagement, Involvement and Reach		1200	456	2826	2826		In Q2 the number of visitors to the website generated 1,377 sessions averaging 1.41 sessions per user. The number of pages visited was 2,826 with an average of 2.05 pages per session and a bounce rate of 60.6%.
Number of volunteers trained to carry out an 'enter and view' visits and number of visits.		People	C						
Number of volunteers trained to do an Enter and view visit.	Quarterly	People		6	0	0	0		Enter and View is suspended due to continuing COVID-19. Restrictions on activity has led to a rethink with regard to training volunteers. We are currently preparing training for Q4 with a target to recommence E&V in May if agreed.
Number of Enter and View visits. Carried out Either by HWCOL or in partnership with other Healthwatch.	Quarterly	People		4	0	0	0		As HWCOL's activity continues to be restricted due to COVID-19 engagement and scrutiny has shifted to Mystery Shopping. A Mystery shop of providers of the Flu vaccine was carried out in September. Twenty-eight Pharmacies were surveyed with the results published in the September 24 th Newsletter. The next Mystery Shop exercise will be carried out on hearing aid suppliers.
Number of Tempo Time Credits volunteers are eligible for.	Quarterly	People		40	121	97.5	172.5		Included in Q2 are volunteering hours for mystery shop of Flu providers, policy research on Neighbourhoods and, the provision of and NHS digital appointments.

Healthwatch representative at Health and Wellbeing Board and identified relevant meetings and events.		Leadership and Decision Making	A, B						
Numbers of HWBB board attendances.	Quarterly	Leadership and Decision Making		6	1	1	2		Only 1 HWBB has taken place in this quarter.
Other board attendances (e.g. CCG governing body, ICB, NEL governing body, Health and Social Care scrutiny, events etc).	Quarterly	Leadership and Decision Making		40	20	17	37		Includes City & Hackney CCG Boards, Integrated Commissioning Board, Integrated Commissioning Communications & Engagement Enabler Group, Equality Working Group, North East London Governing Body, CoL's Adult Safeguarding Sub-Committee, Neighbourhood conversations and Neighbourhood delivery group.
Events hosted by WCOL: quarterly focus group discussions, one of which is the Annual Public Meeting.	Quarterly	Leadership and Decision Making		4	1	1	2		Online Carer's listening event. Other listening events planned for Quarter 3, e.g. mental health round table discussion.
Volume of activity (feedback from local people, attributes of those feeding back, number of volunteers, members, outreach events, updates to community, complaints).		Engagement, Involvement and Reach	A, B, C						

Number of responses to surveys - responses referenced in report - along with demographics, when these have been obtained.	Quarterly	Engagement, Involvement and Reach		60	35	14	49		One new survey published in the quarter bringing the total number for the financial year to five. A report has been produced outlining the results of the first three surveys. HWCOL participated in Healthwatch England's survey on hospital discharge during COVID-19.
Complaints and views about others' services) – published in annual report.	Annual	Engagement, Involvement and Reach		4	1	3	4		
Number of members of public at HWCOL board meetings.	Quarterly	Engagement, Involvement and Reach		100	9	3	12		Board meeting in Public in Q2. Members of the public were able to phone in as well as join online.
Recruitment and training programme in place which enables more people to participate in co-production of services.		Collaboration	B, C						

Report on training completed (Healthwatch England training, and training completed from City of London, voluntary sector, etc.)	Annual	Collaboration		1	5	4	9		Training completed: Communications strategy workshop, engaging with the digitally excluded, Healthwatch Post Lockdown: Safe Working, Volunteering and Engagement.
Areas of HWCoL work that although not included as part of the Performance Framework, it has been agreed that they should be reported on for a better understanding of the work of HWCoL.									
Number of safeguarding alerts raised by HWCoL in the quarter.	Quarterly					1	1		
Number of complaints HWCoL received about their service.	Quarterly					0	0		

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Committee: Health & Wellbeing Board	Date: 20 November 2020
Subject: Report of Action Taken	Public
Report of: Town Clerk	For Information
Report author: Leanne Murphy, Town Clerk's Department	

Summary

This report advises Members of action taken by the Town Clerk under urgency or delegated authority in consultation with the Chairman and Deputy Chairman since the last meeting of the Committee, in accordance with Standing Orders No. 41 (a) and (b).

Recommendation:

- That Members note the report.

Main Report

Urgency - Pan-London commissioning support [12.10.20]

1. The City of London Corporation has been asked to act as the commissioner of a number of pan-London drug and alcohol services for people who sleep rough, or who have been accommodated from the streets. The role will require establishment of a small team. The funding of the Corporation's role, and the services that will be commissioned, is sought through a number of bids to a funding pot made available for this purpose by Public Health England. This urgent decision sought approval for the Corporation to undertake this role if bids are successful.
2. Action taken: The Town Clerk, in consultation with the Chairmen and Deputy Chairmen of the Policy and Resources Committee, Health and Wellbeing Board and the Community and Children's Services Committee, agreed that the City of London Corporation be named as the lead commissioner for pan-London drug and alcohol services set out in bids to Public Health England and, if bids are successful, to undertake that role.

Conclusion

3. Background papers for Members are available from Leanne Murphy on the email address provided below.

Leanne Murphy

Town Clerk's Department

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