London Borough of Hammersmith & Fulham

Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

Agenda

Monday 13 November 2017
7.00 pm
Small Hall - Hammersmith Town Hall

MEMBERSHIP

Administration:	**Opposition**
Councillor Rory Vaughan (Chair) Councillor David Morton Councillor Mercy Umeh	Councillor Andrew Brown Councillor Joe Carlebach
Co-optees	
Debbie Domb, Disabilities Campaigner Jim Grealy, Save Our Hospitals Patrick McVeigh, Action on Disability Bryan Naylor, Age UK	

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Date Issued: 03 November 2017

London Borough of Hammersmith & Fulham

Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

Agenda

13 November 2017

Item		Pages
1.	**MINUTES OF THE PREVIOUS MEETING**	1 - 9

(a) To approve as an accurate record and the Chair to sign the minutes of the meeting of the Health, Adult Social Care and Social Inclusion PAC held on Tuesday, 12th September 2017; and

(b) To note the outstanding actions.

2. APOLOGIES FOR ABSENCE

3. DECLARATION OF INTEREST

If a Councillor has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.

At meetings where members of the public are allowed to be in attendance and speak, any Councillor with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Councillor must then withdraw immediately from the meeting before the matter is discussed and any vote taken.

Where Members of the public are not allowed to be in attendance and speak, then the Councillor with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Councillors who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.

Councillors are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Audit, Pensions and Standards Committee.

4. REPORT OF THE HAMMERSMITH AND FULHAM DISABLED PEOPLES' COMMISSION To Follow

5. SAFEGUARDING ADULTS EXECUTIVE BOARD ANNUAL REPORT 2016-17 10 - 43

This is the fourth Annual Report of the Safeguarding Adult Executive Board (SAEB). The multi-agency Board provides leadership of adult safeguarding across the London Borough of Hammersmith & Fulham; the Royal Borough of Kensington and Chelsea; and the City of Westminster.

6. HEALTHWATCH Verbal

Verbal update – a regular update provided by Healthwatch on local, Hammersmith and Fulham related health concerns and issues.

7. WORK PROGRAMME 44 - 45

The Committee is asked to consider its work programme for the remainder of the municipal year.

8. DATES OF FUTURE MEETINGS

- Tuesday, 12th December 2017
- Tuesday, 30th January 2018
- Tuesday, 13th March 2018
- Tuesday, 24th April 2018

London Borough of Hammersmith & Fulham

Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

Minutes

Tuesday 12 September 2017

PRESENT

Committee members: Councillors Andrew Brown, Joe Carlebach, David Morton, Rory Vaughan (Chair) and Mercy Umeh

Co-opted members: Jim Grealy (Save Our Hospitals) and Bryan Naylor (Age UK)

Other Councillors: Ben Coleman

Officers: Vanessa Andreae, Vice-Chair, H&F CCG; Dr Sarah Brice, Clinical Director for Integrated Care, Imperial College NHS Trust; Janet Cree, Managing Director, H&F CCG; Rebecca Campbell, Head of Discharge**,** Imperial College NHS Trust; Mick Fisher, Head of Public Affairs, Imperial College NHS Trust**;** Frank Hamilton, Strategic Commissioner; Paul Rackham, Head of Prevention, Commissioning; Helen Poole, Deputy Managing Director, Independence Service, H&F CCG; Susan McCabe, Head Of Community Services and Nursing, West London Mental Health NHS Trust; Katherine Murray, Head of Community Independence Service, Central North West London NHS Foundation Trust; Eva Psychrani, Engagement co-ordinator, H & F Healthwatch; Lisa Redfern, Interim Director of Adult Social Care; Mike Robinson, Director of Public Health; and Lucy Rumbellow, Commissioning Lead – Immunisations, NHS England (London).

143. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 13th June 2017 were agreed as an accurate record.

144. APOLOGIES FOR ABSENCE

Apologies for absence were received from Debbie Domb and Patrick McVeigh. Apologies for lateness were received from Councillor Andrew Brown.

145. DECLARATIONS OF INTEREST

Councillor Joe Carlebach declared an interest as a trustee of the Royal National Orthopaedic Hospital.

146. HEALTHWATCH

Eva Psychrani provided a brief verbal update on work priorities and activities that Healthwatch were currently engaged with. There had been changes proposed on prescriptions and podiatry services and it was noted that the consultation on prescription charge changes had been extended to the 8th August. Healthwatch expressed concern about the possible impact of patients with protected characteristics who might be affected by the changes. Podiatry services changes were expected in December following a review as to who would qualify for the service. There had been no prior consultation with residents but there had been two engagement events which had raised several issues, such as service capacity or private sector charges. Both these matters, together with limited consultation and stakeholder engagement, in a short period, required closer examination.

It was reported that Healthwatch would be supporting a mental health event on 18th October, taking place at the Irish Centre, with the aim of identifying gaps in mental health service provision, working with organisation such as MIND. They had recently recruited three new volunteers and were currently in the process of recruiting a volunteer co-ordinator.

Bryan Naylor asked about the way in which the CCG communicated with Healthwatch, expressing concern that this might evidence a lack of appropriate communication on issues requiring consultation and engagement with residents. Eva Psychrani responded that this was not the case, although concurred that there was a lack of communication on the changes to prescription charges.

Jim Grealy supported this view, observing that the CCG had extended the consultation following protests from a range of stakeholders. Referring to podiatry services, he added that elderly residents would be among the most affected by the changes, which he felt had not been fully consulted upon. Councillor David Morton continued, that podiatry services which operated across a number of centres, had struggled last year following a failure in the computerised booking system. A reduced service might be necessary but people with long term conditions such as diabetes were concerned about losing the service.

Following further discussion, particularly focusing on the regulatory guidance on the requirement to fully consult on service changes, Councillor Coleman suggested that the PAC was the most appropriate forum for discussing the way in which the CCG undertook consultation and engagement.

RESOLVED

That the PAC consider reports on both podiatry service changes and GP prescription changes, at a future meeting, particularly considering the way which the service changes had been consulted upon by the CCG.

147. ADULT INPATIENT DISCHARGE

Councillor Vaughan welcomed Dr Sarah Brice, Director of Integrated Care and Geriatrician, Rebecca Campbell, Head of Discharge and Mick Fisher, Head of Public Affairs. Rebecca Campbell explained that the service cared for people with challenging and complex needs, helping them navigate clinical care pathways, discussing treatment options with family members and liaising with the Community Independence Service (CIS) colleagues. Dr Sarah Brice recognised that tensions existed between hospital provision and ASC, particularly in terms of handover and responsibility but that recent developments had ensured increasing collaboration and co-operation, in what was a difficult financial climate.

Bryan Naylor expressed concern about treatment he had recently received at Charing Cross hospital, which he described as disgraceful. He explained that he was one of several patients receiving treatment on the same ward and that he had seen patients being discharged prematurely. Dr Sarah Brice apologised for his experience, recognising that the system did not work perfectly. She indicated that they were keen to ensure that the service improved and were working hard to resolve a number of challenges.

In response to a question from Councillor Morton, Dr Sarah Brice explained that they had a facility where patients could be supported as they continued treatment outside a hospital setting, with a view to progressing support for those with long term conditions, back in the community. She explained that they would utilise beds carefully, ensuring that patients were properly assessed outside the ward.

Jim Grealy commented that the report needed to be more complex and offered an incomplete picture. He enquired about the category of people being discharged, referring to page 14 of the report. He recognised that there was a lack of specialist staff but held no confidence that the aspirational outcomes expressed in the report would be forthcoming. In response, it was noted that a further, more detailed report could be provided, together with an update.

Councillor Carlebach commented that it was essential for patient welfare, to be clear on who was responsible for their care, treatment and future support, particularly at different stages of the clinical pathway. Rebecca Campbell responded that they had focused on the delays but could provide greater detail on the patient journey, how they could anticipate late discharge protocols, and how they worked closely with doctors and nurses, sharing information with patients. Dr Sarah Brice explained that the hospital was working at high capacity, with often complex cases. Extended hospitalisation

could lead to challenging pressures for patients and families, with difficulties in making adjustments at home.
Councillor Carlebach's second point related to sheltered housing contact, and the importance of housing officers engaging with colleagues and residents, which could be further improved. It was noted that development work around clinical services was on-going, allowing information to be shared across the service, by for example, ward based social workers. Social workers now accompanied clinicians on ward rounds, embedded the process, receiving information about a patient's treatment care and progress. Cross communication facilitated improved care for patients. This was a pilot project, a process which began on the ward with the patient being seen by social workers, CIS and clinicians, which they planned to continue to roll out.

Lisa Redfern welcomed the positive comments about integration but queried the data source, as she did not recognise these figures as the agreed and formally recognised set of figures. Referring to an incomplete sentence in the section 4 of the report, it was reported that 37% of delays for ASC related to residential and nursing placements, however there was no figure in percentage terms given the NHS' delayed-discharges which a much higher proportion of delays were attributable to. Given the improvement in recent ASC figures, it was noted that this presented an unbalanced view. Rebecca Campbell agreed and offered to provide further detailed information, acknowledging the importance of ensuring that accurate figures which reflected the current picture fairly. Councillor Coleman observed that the report gave the unfortunate impression that the responsibility for delayed discharges lay with the Council, when actually, the majority of delays arose from the NHS.

Continuing, Lisa Redfern referred to page 13 of the Agenda pack, Tables 5-10 and observed that it was misleading language to refer to just Hammersmith & Fulham and that there would have been a more balanced perspective to have included a clearer reference to Hammersmith and Fulham CCG, not the Council. The importance of getting the language right was noted. Dr Sarah Brice indicated that it would be possible to provide data according to the CCG rather than on a borough by borough basis. Following a request from Councillor Coleman, she confirmed that in future, reports would be quality checked collaboratively to ensure accuracy of information.

Councillor Vaughan welcomed the improvement but observed that there was a general issue in terms of handing off responsibility for patients, particularly in terms of mental health. He enquired what steps the Trust was taking to improve how they currently worked with other NHS colleagues to identify delays. Dr Sarah Brice explained that non-ASC placements, with complex and challenging mental health cases meant that there were issues with the transfer of care. This was a challenging cohort of patients, which did not easily fit the rehabilitation unit option, who were not quite ready to go home and still required care, with longer delays resulting.

Bryan Naylor commented that he was encouraged by the responses given by the Trust, however, when problems arose, it was often patients who experienced the difficulties. The shortage of qualified nursing staff, with an

understanding of the discharge process remained a concern. Dr Sarah Brice acknowledged the on-going concerns regarding nursing training, recruitment and retention, particularly in geriatric nursing, which was not a traditionally popular speciality. She observed that there was a need to be more imaginative about the discharge process, given the impact of not having sufficiently experienced and qualified staff.

Councillor Vaughan briefly recapped the discussion, noting the following key points:

- More detailed information required about complex areas;
- Closer collaboration between ASC and health colleagues would be helpful in understanding the process better;
- Improved understanding of patient's experience of the discharge process and the related issues; and
- That a joint report, including input from the CCG may be helpful to ensure that all partners would be better sighted on the issues.

RESOLVED

That the Committee note the report.

148. SEASONAL INFLUENZA VACCINATION UPTAKE

Councillor Vaughan welcomed Vanessa Andreae and Lucy Rumbellow to present the report on Seasonal Influenza Vaccination Uptake, covering the headline points. Improvement was demonstrable across all areas, except for the over 65_+ but there was a slight uplift, as these also included pharmacy figures.

Jim Grealy referred to page 23-24 of the Agenda pack, paragraph 2.2 on healthcare workers and Table 2, respectively, which demonstrated disappointingly low uptake by Imperial Trust staff. It was noted that the decision to have flu vaccination was a matter for each individual. It was offered to all employees, who had the right to exercise patient choice.

Councillor Carlebach asked why known, vulnerable patients were not offered the vaccine, whether nurses based in maternity hospitals could ensure uptake and similarly, improve uptake in schools by ensuring clear information to pupils. Lucy Rumbellow explained that there may be contra-indicators for a patient receiving treatment in hospital which would compromise their safety. There was also no facility for sharing records of vaccination therefore it was difficult to maintain an accurate record to avoid duplication. It was noted that if there was a mass outbreak, then vulnerable people would be the most affected. Vanessa Andreae suggested that the Quality Steering Group included guidance in their correspondence to GPs and concurred that it would be helpful if vulnerable groups such as those receiving chemotherapy treatment or were pregnant benefit from having the vaccine. The benefits to those immuno-compromised patients were briefly discussed, noting the difficulty in attending a GP surgery. The alternative was to go the local

pharmacy but the immune system might be so supressed that they would more vulnerable.

It was agreed that the Committee would write to NHSE to formally address why the vaccination was not being made more widely available to vulnerable patient groups.

ACTION: PAC

It was noted that the provision of the vaccine to children in primary schools would commence in October 2017, covering reception to Year 4. Children aged 2-3 years would receive the vaccine in GP surgeries. The issue regarding religious objections to the content of the vaccine (porcine element) had largely been addressed from within the relevant communities, who can opt to refuse the injection.

Councillor Umeh commented that many people were sometimes put off by the number of complex questions that were asked by the pharmacy in trying to obtain the vaccine and enquired about other available alternatives. Vanessa Andreae explained that it was necessary for the pharmacist to ask detailed questions to ensure that the person was clinically safe to receive the injection. Over 4000 vaccinations were administered by local pharmacies last year. These were “live” vaccines and need to be administered safely. The benefit of going to the pharmacist meant that the vaccine could be obtained “opportunistically” and at the same time, helped alleviate pressure on GP surgeries. In response to a query from Councillor Morton, it was clarified that the vaccination of specific cohorts, for example, primary school children, ensured protection for vulnerable groups.

Referring to the way in which information about vaccination uptake was communicated, Jim Grealy referred to page 29 of the Agenda pack, highlighting the lack of information about shingles vaccinations, which should be offered to particular age groups. Vanessa Andreae explained that individuals eligible from shingles vaccinations should be receiving text messages from their GP surgeries, ensuring that they are covered.

Councillor Vaughan observed that uptake figures were improving and enquired about the shift in focus to the over 65+ group. Vanessa Andreae explained that part of the difficulty was that eligible (without charge) individuals, did not perceive the need to get vaccinated and were difficult to vaccinate and that professional, working individuals who did not qualify for a free vaccination, were made to pay at pharmacies. They still maintained, however, a focus on children who were the main vectors or carriers.

Councillor Brown asked about what provisions were being put in place for those health colleagues and officers working with vulnerable residents. Mike Robinson responded that there was a programme of vaccination available to frontline staff.

In summarising the main points of the discussion, Councillor Vaughan commended the improved figures for uptake, comparing figures from 2015/16 to 2016/17, recognising the efforts made by NHSE, the CCG and Public

Health colleagues, welcoming a new benchmarking target improvement figure of 40% for the vaccination of the target groups of children. It was noted that the committee would write formally to Imperial College NHS Trust, enquiring about poor uptake of the vaccine by their workforce.

ACTION: Chair / PAC

RESOLVED

That the report be noted.

149. COMMUNITY INDEPENDENCE SERVICE - PROGRESS REPORT

Councillor Vaughan welcomed Helen Poole (H&F CCG), Susan McCabe (WLMHT) and Katherine Murray (Central North West London NHS Foundation Trust), who jointly presented this item. The report provided an overview of how the service had been operating since being implemented on 1st November 2016. Helen Poole explained that the main element of the process ensured that there was a single point of referral, strengthening the process, with the introduction of an integrated patient record. Referring to a case study, set out in section 4.2 to 5 of the report, it was reported that 85% of patients referred to the Community Independence Service avoided re-admission and that there had been improvements to the triage service.

It was noted that the clinical priority was to improve the patient pathway, prescribing the optimum patient journey. This was an on-going area of work, to ensure a seamless transition and integration of care between health and ASC. Looking ahead to 2018, the current contract with the provider was under review.

Jim Grealy referred to section 1.3 of the reports, point 4, Reduce readmission rates, observing that the Hammersmith and Fulham service, serves residents with complex needs, and, the number of residents appear to be much higher in number compared to other boroughs. It was noted that this was a separate piece of work that was currently being undertaken by the CCG and that the data would be shared at a later date.

Bryan Naylor sought clarification regarding the difference between a failed discharge and a premature discharge. Part of the process of identifying if there had been a failure of treatment or if a person's condition had deteriorated, dependent on the information available. Katherine Murray referred to the case study in the report, and explained that they had access to a diagnostic tool at Imperial which could help with diagnosis.

Councillor Carlebach enquired about the large number of residents who were based outside of the borough. Katherine Murray responded that the figures were maintained across the three boroughs and that WLMHT made provision for placements in Ealing and that reciprocal arrangements across Brent, Harrow and Hounslow were in place.

In response to a query from Councillor Brown regarding the friends and families test, Katherine Murray explained the Trust was keen to communicate as widely as possible, utilising tools such as friends and families.

Councillor Vaughan enquired about the data and information sharing that might come from the deep dive, to indicate for example, if a clinical decision led to a reaction in a complex illness, and whether this was feasible. Vanessa Andreae clarified that a failed discharge was not the focus of the CIS and that this would not necessarily be happening to patients that were not under the care of the service. Katherine Murray explained that CIS was a multi-disciplinary team consisting of GPs, nurses, occupational therapists, pharmacists and social workers. She added there was an enhanced provision of community based services within the borough, a model of care which was being widely replicated and developed in other areas.

Councillor Vaughan referred to paragraph 5.3 of the report, which reported that a performance survey undertaken during April-July 2017 indicated that 96% of Hammersmith and Fulham residents that responded would recommend the service to a friend or family. 92% felt they were treated with dignity and respect and 82% indicated that they felt involved in decisions about them. Katherine Murray explained that a rapid response intervention was a “fast” service, with patients being seen over 5 days, and might be seen by different members of the multi-disciplinary team, depending on the range of complexity that was presented, so less complex cases would receive input from an external partner. The rehabilitation unit would see patients within a 24 hour to two-week window. Some patients might begin by being seen by the rapid response team, move onto the rehabilitation unit and then onto the reablement pathway.

A member of the public commented with reference to section 7 of the report that the number of beds should not be reduced. Helen Poole responded that this was about demand not keeping pace with resources, but added that this had not been the primary focus of the paper.

In summarising the main points of the discussion, Councillor Vaughan commended the report which had covered a six-month operating period. A further request for data on discharges would be followed up with the CCG separately and the CCG confirmed that they will be able to share monthly statistics in future.

ACTION: CCG

RESOLVED

That the report be noted.

150. WORK PROGRAMME

The Committee noted that that two further items had been included on the long list of future items for inclusion in the Work Programme, including podiatry services and prescription charges. Councillor Vaughan indicated that he would like the Transitions task and finish report to be considered by the Committee, which had recently been considered by CEPAC. The Annual

Safeguarding Adults Executive Board Report would also be included in the Work Programme.

RESOLVED

That the Work Programme be noted.

151. DATES OF FUTURE MEETINGS

The next meeting of the Committee was noted as 14th November 2017.

Meeting started: 7pm
Meeting ended: 9.20pm

Chair .....

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London Borough of Hammersmith & Fulham **HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY & ACCOUNTABILITY COMMITTEE** **14 November 2017**	
SAFEGUARDING ADULTS EXCUTIVE BOARD ANNUAL REPORT 2016/17	
Report of Lisa Redfern, Director of Adult Social Services	
Open Report	
Classification - For Information **Key Decision: No**	
Wards Affected: All	
Accountable Director: Lisa Redfern, Director of Adult Social Services	
Report Author: Helen Banham, Strategic Lead Professional Standards and Safeguarding	**Contact Details:** Tel: 020 7641 4196 E-mail: hbanham@westminster.gov.uk

1. EXECUTIVE SUMMARY

This is the fourth Annual Report of the Safeguarding Adult Executive Board (SAEB). The multi-agency Board provides leadership of adult safeguarding across the London Borough of Hammersmith & Fulham; the Royal Borough of Kensington and Chelsea; and the City of Westminster.

It is the second year that the Board has operated under Schedule 2 of the Care Act 2014, and overseeing the statutory duties of conducting Safeguarding Adult Enquiries (Section 42) and Safeguarding Adults Reviews (Section 44). The Board is required to report on progress on its strategic priorities, and particularly, on the work it has carried out reviewing deaths and serious harm, of people with care and support needs, as a result of abuse and neglect, and where agencies may have worked better together to prevent harm or death. Members are invited to pay particular attention to the issues that the SAEB are currently working on during 2017/18. These themes have emerged from Safeguarding Adult Enquiries and Reviews.

2. RECOMMENDATIONS

2.1. The Committee is invited to submit any formal comments and note the report.

3. BACKGROUND PAPERS USED IN PREPARING THIS REPORT

Protocol to set out governance arrangements between the Health and Wellbeing Boards and the Safeguarding Adults Executive Board 14 January 2015

Appendix 1 - Safeguarding Adults Executive Board Annual Report 2016-17

SAFEGUARDING ADULTS EXECUTIVE BOARD

ANNUAL REPORT 2016/17

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

COURAGE
COMPASSION
ACCOUNTABILITY

METROPOLITAN POLICE
TOTAL POLICING

NHS

h&f
hammersmith & fulham

THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

City of Westminster

SAFEGUARDING ADULTS EXECUTIVE BOARD ANNUAL REPORT 2016/17

CONTENTS

FOREWORD

I am pleased to present the fourth annual report of the Safeguarding Adults Executive Board for Westminster, Kensington and Chelsea, and Hammersmith & Fulham. This report explains the role, functions, and purpose of Safeguarding Adults Boards as they are prescribed by the Care Act 2014. It lists the organisations that are represented on the Board, as well as other groups and agencies who contribute to the Board's work-streams. Everyone, both jointly and independently, works to ensure the safety of those adult residents who are deemed to be most at risk of harm, through the actions of other people, and from self-neglect.

The report contains examples of this collaborative work. The highlight of this collaboration was the hoarding and self-neglect event in March 2017 that had over 180 applicants for 110 places! The report includes a hoarding case study as an example of all the considerations required to ensure that the final outcome meets the needs of the person concerned, whilst removing the risk of harm to others. The Board also considered the response to the harm caused to homeless people who take the drug, Spice. Whilst instigated by the Police, this work actively involved mental health practitioners, housing officers and workers from a number of voluntary organisations.

The Board embraces the concept of Making Safeguarding Personal - 'no decision about me without me'. The case studies show the application of this principle to the lives of four people, demonstrating the difference that safeguarding interventions have made to their lives. Whilst the emphasis of the report is about people, there are statistics about the safeguarding journey. These show the number of concerns, and enquiries resulting in some form of action. To provide context, the data shows the size of the eligible adult population living in the three boroughs, together with those adults who have care and support needs.

In my foreword last year, I mentioned that a major initiative for 2016 was to focus on the mental and emotional harm caused by financial abuse or 'scams'. I believe that we have made significant progress in the past year. The head of Trading Standards is now the Co-Chair of one of the Board's work-streams and by developing links with the Community Champions network, local people have been trained to become SCAMampions or Friends Against Scams. Community Champions are also trained, and play a vital role in spotting adult abuse and neglect, and domestic abuse. The Champions are helping people to understand what help may be available to them. We are also learning from them about how to work sensitively with people who may be reluctant to engage with statutory services.

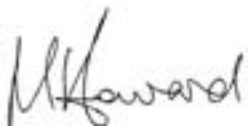
Last year, I also mentioned a high-profile case involving a death at a care home that led to the commissioning of a Safeguarding Adult Review in September 2015. Various delays involving the inquest and staff changes have prevented a full account being published in this year's report. However, a learning event focussing on the range of quality care home provision for dementia sufferers is scheduled to take place in late November. The quality and variety of care for people with Dementia will be one of the Board's themes for 2017/18.

Work will also continue on addressing the challenges posed to staff who work with people who hoard or neglect themselves, and also on increasing practitioners' confidence in applying the Mental Capacity Act 2005 to decision-making. Other themes are to ensure that all organisations work together to improve the physical health outcomes of people with mental health problems and learning disabilities; and finally, scrutinising the discharge pathways from hospital to residential or nursing care, or paid care at home to make sure people are not at risk of dying when they return home.

Whilst the annual report covers the year ending 31st March 2017, it would be remiss of me not to mention the Grenfell Tower fire. Many of the Board's member organisations were involved in the initial response to this tragedy. They continue to provide help, support, and counselling to people affected by the large-scale loss of life. At the July Board meeting, representatives reflected upon their experiences and it was agreed that the Board's role should be a supportive one to the various committees and working groups that have co-ordinated the response to the fire. This approach has been agreed with the Local Safeguarding Children's Board.

One of the key strengths of the Board is the range and the seniority of its members. I am gratified by the willingness of members to find time to attend Board meetings and chair the Board's work-streams. This diversity of experience and knowledge ensures that adult safeguarding is seen as not just the responsibility of the local authorities, but as everyone's responsibility.

Thank you to everyone for your contribution to the work of the Board over the past year.



Mike Howard
Independent Chair of the Safeguarding Adults Executive Board

WHAT IS THE SAFEGUARDING ADULTS EXECUTIVE BOARD?

The Care Act 2014 says that Local Authorities must have a Safeguarding Adults Board from 1st April 2015.

The Safeguarding Adults Executive Board has provided leadership of adult safeguarding across the London Borough of Hammersmith & Fulham, the Royal Borough of Kensington and Chelsea, and the City of Westminster since 2013.

The Board is a partnership of organisations working together to promote the right to live in safety, free from abuse or neglect. It's purpose is to both prevent abuse and neglect, and where someone experiences abuse or neglect, to respond in a way that supports their choices and promotes their well-being.

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

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

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

The Care Act says key members of the Board must be the Local Authority; the Clinical Commissioning Groups; and the Chief Officer of Police.

The three key members on the Safeguarding Adults Executive Board are:

- The Director of Integrated Care Adult Social Care and Health
- The Deputy Director of Quality, Nursing and Safeguarding, Central Westminster Hammersmith Hillingdon and Ealing Clinical Commissioning Groups Commissioning Collaborative
- the Borough Commander of the Metropolitan Police in the Royal Borough of Kensington and Chelsea

The Care Act says these key members must appoint a chairperson who has the required skills and experience

Mike Howard is the Independent Chair of the Safeguarding Adults Executive Board. He has over ten years experience of chairing children and adult safeguarding boards

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

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

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

Board members are the senior 'go to' person in each of these organisations with responsibility for adult safeguarding. They bring their organisation's adult safeguarding issues to the attention of the Board, promote the Board's priorities, and disseminate lessons learned throughout their organisation.

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

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

- Community Engagement
- Developing Best Practice
- Measuring Effectiveness
- Safeguarding Adults Case Review

The Board meets four times a year and the work-streams meet more regularly.

The Board recognises that the challenging and complex work of preventing and responding to abuse and neglect is carried out by hard-working staff on the front line of all these organisations, every day of every year.

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

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

For the second year running, the Mayor's Office for Policing and Crime has contributed £5,000 per borough to support the work of the Board.

SAFEGUARDING is our number one priority

Safeguarding training has been delivered to all staff in the Metropolitan Police Service. Being actively engaged in the Safeguarding Adult Executive Board and training staff is our number one priority. Metropolitan Police Officers now have a far greater awareness of vulnerability. We have introduced daily 'Pacesetter' meetings to review local risks and vulnerability across a range of situations. Safeguarding has changed the focus of police work from traditional crime fighting to a whole range of meetings and joint work with partners to ensure public safety.

The Borough Commander of Kensington and Chelsea

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

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

The Care Act says members may provide staff, goods, services, accommodation or other resources for purposes connected with the Board.

All member organisations free up staff with the right skills and experience to contribute to meetings and objectives of the four work-streams. Attendance is good and members are committed and work hard to progress the Board's priorities, and safeguard adults at risk of abuse and neglect.

Member organisations have provided venues for Board and work-stream meetings.

Protecting the lives of vulnerable people

Despite the London Fire Brigade's non-statutory status on local safeguarding adult boards, to demonstrate its commitment, the Brigade has made a £1,000 voluntary contribution to the Safeguarding Adult Board in all London boroughs.

Each borough is required to sign a Memorandum of Understanding agreeing:

- to improve the lives of vulnerable persons within the borough by making appropriate safeguarding referrals when a concern is raised by the Brigade in carrying out its fire safety function;
- to agree to consider arranging and holding case conferences on particular cases when a Brigade representative requests following a fatal fire; and
- agreeing to make referrals of vulnerable persons to the Brigade to carry out Home Fire Safety Visits.

Extract from the London Fire Brigade Safeguarding Adults at Risk Audit Tool 2016-2017

All fatal fires are reviewed at the Safeguarding Adults Case Review Group.

In 2016/17 509 referrals were made from the three boroughs to the London Fire Brigade to carry out Home Fire Safety visits.

In response to the learning from Reviews, the Fire Brigade co-hosted the Board Conference on Self-neglect and Hoarding in March 2017 and introduced delegates to the 'clutter rating'. They also demonstrated a range products such as sprinklers, smoke alarms, and fire retardant furnishings.

The Care Act included new categories of abuse, including domestic abuse and self-neglect.

The Board has representatives from the Children Services and Community Safety, and has joint-working protocols with the Violence Against Women and Girls Board and the Local Safeguarding Children Board. This is to make sure that work is joined-up where this is needed, and all the safeguarding requirements of the Care Act are discharged effectively across the three boroughs, making best use of scarce resources and avoiding duplication.

Tackling Domestic Abuse and Coercive Control

The Violence Against Women and Girls Board is committed to making the three boroughs safer for women and girls by preventing harm, reducing risk and increasing immediate and long-term safety for people living, studying, working and travelling to all three boroughs.

Through its coordinated community response, the Violence Against Women and Girl Partnership ensures that all relevant organisations, partners,

communities and residents work together and see it as everyone's responsibility to address violence against women and girls by identifying and supporting survivors and their children, and holding perpetrators accountable.

The Partnership prioritises on-going communication, prevention and awareness-raising activities, creating a menu of options for survivors and their children and continuing to strengthen the coordinated community response.

The success of the Partnership's work is evident through the range of referrals to the Angelou Partnership and to the Multi-Agency-Risk Assessment Conferences; and with joint working with the Metropolitan Central Police to address trafficking for sexual exploitation and prostitution.

"I am in contact with a group…. and they are literally saving my life. I just needed help with all the practical stuff that I don't have a clue about what to do.

But they do…..And if they don't know it, they will actually find it out for you….I really just need someone in one place, in one go. If you have children, you can't just run around. It's just impossible. If you're trying to work and you're trying to take care of your children, and do everything yourself, you just really need one person to call."

Extract from Shared Services Violence Against Women and Girls (VAWG) Strategy 2015-2018

The Care Act says the Board must review cases where a person with care and support needs has died, or experienced serious abuse or neglect, and there is cause for concern about how agencies worked together to safeguard the person.

This is the second year that the Board has carried out its duty to undertake Safeguarding Adults Reviews.

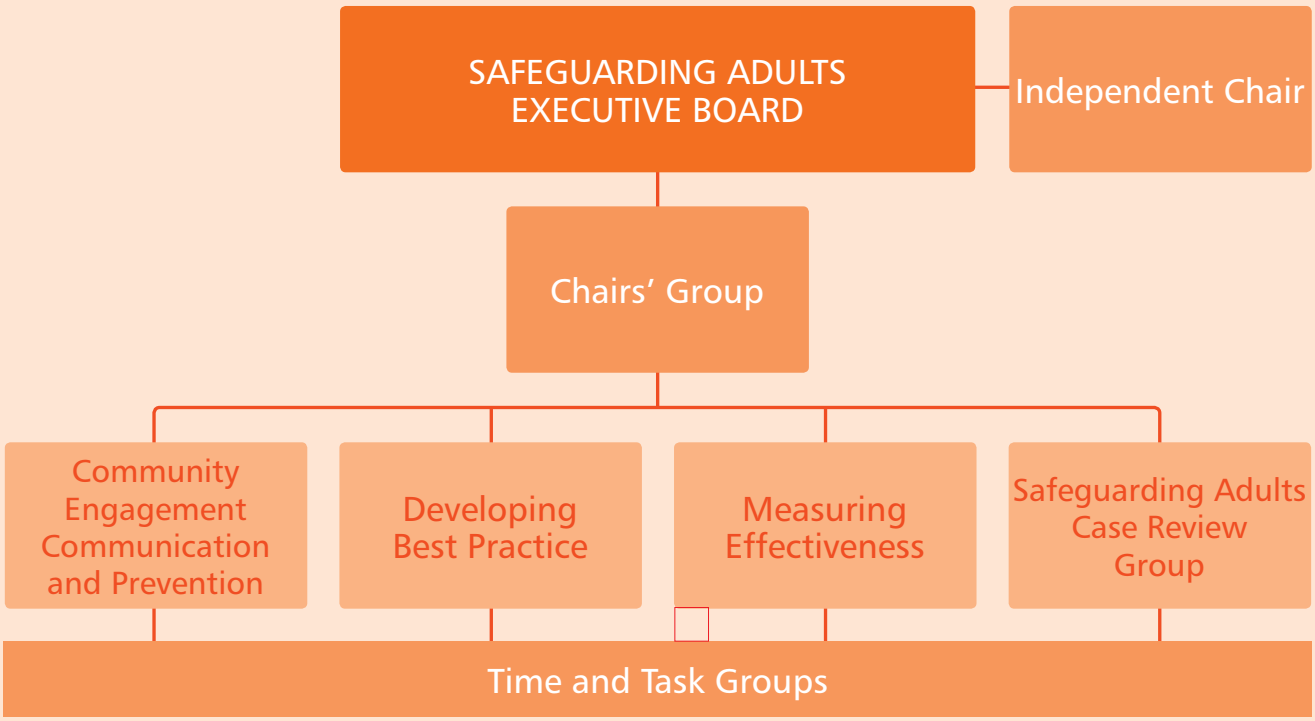
The Safeguarding Adults Case Review Group is made up of representatives of member organisations of the Board. The group recommends to the Chair of the Board the type of review that will provide a proportionate response to the concern, and the opportunity for most learning. This report includes some of the learning from these reviews and some of the changes that have been made to systems and practices as a result of what has been learnt.

What we have learned from Safeguarding Adults Reviews and Safeguarding Enquiries inform the themes that the Board works to address during the year.

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

This is the Annual Report of the Safeguarding Adults Executive Board. It is an account of what the Board has been doing in 2016/17 and examples of how its work has made a difference to people's lives.

The Safeguarding Adults Executive Board and work-streams



ADULT SAFEGUARDING STRATEGY 2015-19

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

In November 2015, we consulted with people living in the three boroughs, and with organisations working with people who have care and support needs, to develop the Board's four year plan.

From what people told us was important to them, we created the Adult Safeguarding Strategy 2015-2019 'house' below.

People said they do not want to be seen as victims, and said how important it is to be in control of the decisions they make about their life, even when they have experienced abuse or neglect.

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

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

This has led the Board to focus all its work this year around these three main themes:

- Making Safeguarding Personal
- Creating a Safe and Healthy Community
- Leading, Listening, and Learning

The things that people told us are most important to them at the consultation event on 24th November 2015 continue to shape the Board's priorities

Making Safeguarding Personal

I am able to make choices about my well-being

Creating a safe and healthy community

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

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

My choices are important

My recovery is important

You are willing to work with me

Leading, Listening and Learning

We are open to new ideas

We are a partnership of listeners

We give people a voice

We hold each other to account

We want to learn from you

WHAT HAS THE BOARD BEEN DOING?

MAKING SAFEGUARDING PERSONAL

YOU SAID:

I want to feel empowered to make choices about my own well-being. My choices are important.

WHAT WE DID:

Through staff training we are promoting the Care Act principle that each of us is the expert in our own life, and this applies equally when we are making choices about our health and well-being, and when we have experienced harm or abuse.

Staff in our organisations are being trained to always ask people who have experienced abuse or neglect, or where appropriate their representative, *'What is important to you?'* and *'What would you like to happen next?'* This is what is meant by **Making Safeguarding Personal**.

We are now recording whether or not each person has achieved what they hoped to achieve, as a result of safeguarding work.

Remaining in control

Adult Social Care have revised how safeguarding information is recorded in its Customer Information System, making sure that the person who has experienced neglect or abuse remains as much in control as possible of what happens next. Staff are prompted to ask what the person wants as an outcome of the safeguarding enquiry, and at the end of the enquiry, if this has been met.

Adult Social Care

'No decision about me, without me'

Emphasis is now placed on the approach to making safeguarding a personalised experience following the principle of 'no decision about me without me' and means that the adult, their families and carers are working together with agencies to find the right solutions to keep people safe and support them in making informed choices.

London Fire and Emergency Planning Authority

MAKING SAFEGUARDING PERSONAL

'Purple Pathway' for patients with a learning disability

In the last year, considerable activity has taken place to improve the care provided to patients with a learning disability. We have introduced the 'purple pathway' to ensure that patients are recognised as having a learning disability and appropriate adjustments are made for their care; for example being given earlier and longer out-patient appointments. Patients attending A&E will be taken to a specifically designed cubicle that is quiet and nicely furnished. They will also be 'fast tracked' through the department. We have been designated a 'Makaton-Friendly' organisation, and have developed a comprehensive suite of easy read documents.

Imperial Hospital NHS Trust

Changing hoarding behaviour and reducing isolation

Our aim is to empower persons experiencing hoarding behaviours to achieve spatial and personal change to reduce isolation and improve their health and well-being. We are a multi-service organisation, helping thousands of people each year through our National Helpline with support groups, information, one-to-one support. We also run a National Training Programme for professionals and organisations. We were pleased to be invited to be part of the Board's Self-Neglect and Hoarding Conference in March 2016.

Hoarding UK

Championing the wishes of vulnerable people

The Trust is rising to the challenge of seeking recording and championing the wishes and feelings of vulnerable people. It now has a Nurse-led Adult Safeguarding service in all three Boroughs, providing advice, support and safeguarding training and supervision to Trust staff.

In March 2017, recruitment was undertaken for additional Safeguarding Adult Advisor Posts. This has increased Adult Safeguarding resources and expertise, providing support to staff in responding appropriately to vulnerability in abusive situations, ensuring the safety and well-being of both children and adults.

Central London Community Healthcare Trust

Embedding Making Safeguarding Personal

During this reporting year the Trust has continued its commitment to raising awareness of safeguarding and related issues. This has been achieved through the provision of a range of training opportunities around safeguarding adults, the mental capacity act, deprivation of liberty safeguards, prevent, learning disabilities, dementia awareness and domestic violence and abuse. This has contributed to ensuring that as a Trust we embed the principle of making safeguarding personal and no decision about me without me.

The Royal Marsden NHS Foundation Trust

CREATING A SAFE AND HEALTHY COMMUNITY

Self-neglect and hoarding

The Clutter Image Rating (CIR)

LFB
LONDON FIRE BRIGADE

CREATING A SAFE AND HEALTHY COMMUNITY

Prompted by themes emerging from safeguarding enquiries and reviews, the Board held a **Hoarding and Self Neglect Conference on 2nd March 2017**.

Approaches to hoarding have often involved short-term crisis responses with little recognition of the individual support that each person affected needs.

The response to the event exceeded all expectations. 0ver 180 people applied for 110 places.

The Conference explored how partners need to work together to reduce the risk to the person who is hoarding or self-neglecting, and to reduce the risk to other people. The Conference also wanted to help delegates to think about why people hoard.

Conference speakers included:

- a person with lived experience of Hoarding
- a representative from Hoarding UK
- an Environmental Health officer
- a member of the London Fire Brigade
- a psychiatrist from an NHS Trust

Delegates watched a powerful video of 'Keith's Story': a man who had been helped to understand why he collected things, and how he was helped to stop.

The Conference promoted the Hoarding Protocol and documents for referring concerns to the Hoarding Panels, including 'clutter rating' and risk assessments. Underpinning this was a shared understanding of the importance of working with partners to share, manage and reduce the risks. The key partners are:

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

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

There may be other interested parties who can help such as family, friends and private landlords.

Learning from other Boards Safeguarding Adults Reviews

Conference delegates considered the case of Mr Thomas who was known to Reading Adult Social Care as a 'hoarder'.

Social Care started working with Mr Thomas in July 2012 but his case was transferred between various teams. This lack of continuity, coupled with Mr Thomas's distrust and unwillingness to engage with any service meant that up until his death in June 2015, there had been little meaningful progress in properly safeguarding Mr Thomas.

This case involved a number of different organisations; Adult Social Care, the Police, Mental Health, Care Agencies and the Risk Enablement Panel.

To maximise the learning, delegates were divided into groups and each was assigned a role in Mr Thomas' case and then asked to consider what they did and why. More importantly, what would they have done differently and what lessons can be applied for inter-agency co-operation when dealing with poeple in similar circumstances living in the three boroughs?

The Independent Chair of the Safeguarding Adults Executive Board

CREATING A SAFE AND HEALTHY COMMUNITY

Financial Abuse and Scams

Community Champions becoming 'SCAMchampions'

"I have a huge passion for helping the community, so becoming a Community Champion and then having the support of the project and the resources to really do something has been overwhelming. I love the way it has allowed me to improve things for local people"

Community Champions, End of Year Highlight Report 2016/17

CREATING A SAFE AND HEALTHY COMMUNITY

The growing concerns of 'scamming' and financial abuse of older people, has led the Board to put a renewed emphasis on tackling **financial abuse** together.

On 16th September 2016, the Board held a very successful **Community Engagement** event.

This event updated delegates on how they helped to shape the safeguarding strategy and the 'house'. The event was attended by 56 people, including members of housing, advocacy, voluntary organisations, and local residents.

The focus of the event was 'building safe communities' and the crucial role played by Community Champions.

During 2016/17 Community Champion co-ordinators have been trained to deliver Adult Safeguarding awareness training to 300 Community Champions .

Two Champions talked to delegates about their personal experiences of working with their neighbours to keep their community safe and healthy.

SCAMchampions

Community Champions also talked about their work as SCAMchampions. They help raise awareness of scams and notify the authorities of potential scams. This increases the number of people who can be reached and helped to protect themselves against this very personal type of theft and fraud.

The Board receives regular reports on the joint work being done to tackle financial abuse and scams. This work is led and informed by the expertise and practical help offered by the Trading Standards team, to the Community Champions as well as to residents and colleagues in a wide range of organisations.

Why do scams matter?

Elderly victims are **2.4 times more likely** to die or go into a care home than those who are not scammed.

The average victim loses about **£1,000** to scams but some have lost their homes, their life savings and many thousands of pounds.

Victims don't report being scammed because of shame or intimidation. It is estimated that only **5%** of scams are reported.

Trading Standards

Homelessness, hostels and Spice

The Safeguarding Adults Case Review Group have reviewed a number of deaths related to people who are homeless, or living in hostels, some of whom use substances or may have mental health needs, or both. These reviews have led to better joint work between the police, hostels, mental health and substance use services.

During the year, the police became seriously concerned by the growing number of vulnerable adults suffering serious harm due to taking a drug commonly known as 'Spice'.

Spice is highly addictive and in one weekend last autumn there were nine overdoses, causing major issues for statutory services.

At the Board meeting in October 2016, the Police assisted by housing and voluntary services working with this group of people, gave a presentation on impact of Spice on mental and physical health of homeless people and hostel dwellers.

CREATING A SAFE AND HEALTHY COMMUNITY

YOU SAID:

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

WHAT WE DID:

The safeguarding information leaflets '**Say NO to abuse**' have been up-dated and a new leaflet, '**Keeping safe from abuse and neglect: what happens after you report abuse**' has been published this year.

Both of these and other information and advice about safeguarding adults are available on the **People First website**. Printed copies are also available on request.

Joined up action by agencies represented on the Board

Westminster Police arrested 18 dealers selling to vulnerable people. One individual dealer who purported to be homeless had a four-bedroom house in Havering and was clearly preying on people living in hostels and on the streets. The Police have successfully obtained a conviction awaiting sentence for Possession with Intent to Supply a Psychoactive Substance.

Through Operation Kaskara, a neighbourhood operation to reduce Anti-Social Behaviour and violence associated with Spice, the Police are supporting community behaviour orders to ban long term dealers from the 'hot spot' areas.

They have also been running outreach events with partners in the worst affected area and distributing support information and engaging the users with NHS and support workers.

The drug usage appears to be concentrated around the West End and Victoria area and work continues to identify 'hot spots'. Forty outreach staff go out daily and work closely with the Police and Substance Misuse Service.

There is a close relationship with eight commissioned providers who undertake regular training programmes.

Message in a bottle

WHAT IS IT?

The scheme is a simple idea designed to encourage people to keep their personal and medical details on a standard form and in a common location - the fridge.

HOW DOES IT WORK?

In the event of a sudden accident or illness while at home, the first emergency service on the scene will be alerted to the bottle by the labels on the inside of your front door and the outside of the fridge door.

WHO WILL BENEFIT?

Paramedics
Police
Fire fighters
Older people
People not in good health
People living alone
People with critical conditions/allergies
People with disabilities

WHERE DO I OBTAIN THE BOTTLE FROM?

Your local pharmacy
Your GP practice

WHO CAN HELP TO COMPLETE THE FORM?

Family, friends, carers, Social Services and the voluntary sector can help you to complete the form. For further advice please contact your GP practice or local pharmacy.

WHAT HAS THE BOARD BEEN DOING?

CREATING A SAFE AND HEALTHY COMMUNITY

LEADING, LISTENING AND LEARNING

Learning from Safeguarding Adult Reviews

This year the Board has worked on what safeguarding enquiries and Safeguarding Adult Reviews are telling us needs to change and improve.

Enquiries and Reviews give the Board concrete examples of where we are working well together to prevent abuse and neglect, and where systems or staff practice need to be strengthened and improved.

A Learning Culture

The Trust responds very robustly to lessons from enquiries, both internal and external. A major piece of work in the Trust has been developing a Sexual Safety Guidance document and service user and carer leaflet, accompanied by professional boundaries training for staff. This came out of a commissioned external report into a serious incident at one of our mental health in-patient sites.

West London Mental Health Trust

A key lesson learnt from this year's Safeguarding Adult Reviews is the increasingly important part general practitioners play in safeguarding people from abuse and neglect. This has led to focused work by the Clinical Commissioning Groups, and supported by NHS England, and the Royal College of General Practitioners, to train and support GPs to carry out their safeguarding responsibilities.

In 2016-17 11 cases were accepted by the Safeguarding Adults Case Review Group as meeting the Section 44 Safeguarding Adults Review criteria. A list of the emerging themes from the Reviews is attached as APPENDIX 1.

General Practitioners are key

The Clinical Commissioning Groups are working closely with general practitioners to develop a set of Quality Standards for Primary Care, including safeguarding indicators. Each GP practice has a safeguarding link person to ensure information and updates are cascaded effectively.

NHS England jointly delivered with The Royal College of GPs, a safeguarding event in London early in 2017. This event was a success with demand outstripping supply. The programme included the Learning Disability Mortality Review, the Mental Capacity Act 2005, and Self-Neglect.

The Royal College of GPs also rolled out a tool kit which GPs can use as part of their day-to-day practice.

Safeguarding training take-up is monitored quarterly by the GP Federations, in line with the NHS Standard Contract. Where practices are below target, GP Federations are supporting practices to access statutory training and improve performance.

Public Health funded 'Standing Together' to deliver Domestic Abuse training to Primary Care staff in their local surgeries. Sessions are underway to develop Domestic Abuse champions within Primary Care practices.

Clinical Commissioning Groups
Commissioning Collaborative

LEADING, LISTENING AND LEARNING

These are some of the changes that have happened as a direct result of these Reviews:

- A Joint Health and Social Care Dementia Programme Board is developing the range and variety of provision for people with dementia.
- The police, hostels, homelessness, and substance use services are working together to tackle Spice, and loss of life through substance use.
- A road show on Domestic Abuse and Adult Safeguarding is being developed for roll out to front-line staff.
- The Self-neglect and Hoarding Conference raised delegates awareness of the steps they can take to reduce the risk of fatal fires, and work better with people who are wary of statutory services.
- A high level conference in November 2017 will review how far the learning from the Safeguarding Adults Review in 2015 has changed things for the better with regard to Dementia Care.
- The Board asked members to review their arrangements for applying the Mental Capacity Act 2005 to decision-making. The self-audit showed that member agencies have designated staff, including Mental Capacity Act Champions, who are helping front-line staff to feel more confident in assessing capacity and best interest decision-making.
- The Board is seeking assurances from members that discharge from hospital is safe, particularly for people who have no family, or friends, and also during holiday periods when there may be staff shortages in care and support services.

YOU SAID:

I want to be listened to and for you to be willing to work with me.

WE said:

We are a partnership of listeners. We want to learn from you and we are open to new ideas.

HOW WE KNOW WE ARE MAKING A DIFFERENCE

Here are four examples of how the work of the Safeguarding Adults Executive Board is making a difference to residents.

BETTER PHYSICAL HEALTHCARE FOR MENTAL HEALTH PATIENTS

Mr Williams*

Mr Williams' community care team were concerned about his mental and physical health. His care worker asked Mr Williams about his physical health, but he did not want to talk to him about it. Mr Williams said his physical health needs were a matter for his GP alone. The care worker shared his concerns with Mr Williams GP, who also found it difficult to get Mr Willams to keep appointments and accept his help and advice.

Mr William's poor mental health was affecting his physical health and he was recalled to hospital under the community treatment order. On admission, it was noted his foot appeared infected and swollen. He was immediately taken to A&E for emergency treatment resulting in him having an amputation above the knee.

A safeguarding concern was raised for Mr Williams and enquiries made as to whether or not his physical health had been neglected. His situation was also considered by the Safeguarding Adults Case Review Group.

The learning from the safeguarding enquiry and review prompted the Trust to look for extra resources to ensure all staff are competent and confident in addressing the physical health care needs of patients with poor mental health.

In November 2016, the Trust recruited a Nurse Consultant in Physical Healthcare. They rolled out a training programme in January 2017 which concentrated on inpatient staff. A diabetes procedure was introduced and 90% of current inpatient staff have been trained on the management of diabetes and diabetes emergencies. This includes an escalation process when patients refuse essential medication including insulin and diabetic medication. The Trust has also introduced a 'physical healthcare portal' on the electronic patient data base.

Mr Williams is doing well both mentally and physically and has strengthened his links with family and friends.

West London Mental Health Trust

* Not his real name.

SAFEGUARDING PEOPLE DEPRIVED OF THEIR LIBERTY

Mr Smith*

In 2016, Mr Smith, a bachelor originally from Ireland who had lost touch with his family, was found confused and wandering in the streets by the police. He was admitted to hospital and diagnosed with dementia. He was also visually impaired and had a range of other medical conditions, including hypertension. Mr Smith was treated in hospital and found to be medically fit for discharge, but was still wandering around the ward and appeared confused. It was felt that further assessments were needed, so he was placed in residential care for the time being.

While in residential care, Mr Smith was very unhappy and attempted to end his life. He felt locked in as he was not able to go out when he wanted to. He said he felt "like a dog kept in a home." The care home applied for a Deprivation of Liberty Safeguards (DOLS) authorisation as he was clearly always supervised by staff, and not permitted to leave.

Mr Smith was assessed as not having capacity because he was not able to understand information about the care and treatment he needed to be safe and well.

Mr Smith was entitled to have someone representing him, and because he did not have friends and family, an Independent Mental Capacity Advocate was appointed to help him make decisions, or to ensure that all decisions made about him were in his best interest. This included whether or not Mr Smith should stay in the care home.

Mr Smith often found it difficult to find words to express himself and found it difficult to stay on topic, but having an advocate helped him to make his wishes known. Mr Smith's care plan now includes regular outings, with staff support.

A good outcome

Mr Smith was able to tell his advocate that he no longer feels trapped: he goes out regularly with a member of staff, mainly to the shops and to have a coffee. He has also been reunited with his sister and is enjoying getting to know her better through telephoning and Skype. Recently, Mr Smith told his advocate: "Maybe in the future, I may go to Ireland to see her one day."

Deprivation of Liberty Safeguards Service

* Not his real name.

DECLUTTERING AND REMOVING RISK

Mr Sayed*

Mr Sayed likes reading and has a large collection of CDs and sheet music. He gets very attached to his possessions and has difficulty managing the build-up of his belongings safely. He says that he keeps them as they could be of use later. Mr Sayed is also very keen on re-cycling and says that he will re-cycle things at a later stage.

Mr Sayed has been hoarding for many years. In the past, his flat had been completely cleared without his involvement. This caused him great anxiety and resulted in him being very distrustful of professionals who were trying to help him.

When we started to work with Mr Sayed, his flat was 9 ++ on the Clutter Image Rating scale, which is the highest level and indicated a very high risk to himself and to the other people who lived in his block of flats. He was adamant that he could clear his flat himself and initially refused practical help. By using a multi-agency approach and involving him in the clearance process, he eventually accepted the help he needed.

Through the use of the Self Neglect and Hoarding process, Mr Sayed has been supported both practically and emotionally to clear his accommodation, making it safe and habitable. He is also no longer in breach of his tenancy. Mr Sayed was helped throughout by a social worker from Adult Social Care; City West Homes, Residential Services; the London Fire Brigade; and a specialist hoarding agency called Clouds End.

After a full risk assessment, an injunction was eventually taken to clear the flat. It was agreed that the clearance of Mr Sayed's flat would be co-ordinated by Clouds End as he had established a trusting relationship with them. Unlike the previous clearance, Mr Sayed was fully involved in the process, and care was taken not to remove all of his books and CDs.

A major clearance was eventually completed and his hoard has been reduced from a level 9 on the clutter index scale to a level 3. There is no further risk to himself and his neighbours.

Mr Sayed continues to have weekly hour-long visits from Clouds End to help him maintain a safe and comfortable home.

Adult Social Care

* Not his real name.

ESCAPING DOMESTIC ABUSE

Mrs George*

Mrs George suffers from chronic depression as a result of her home life. She was a prisoner in her own home.

For almost 15 years she was regularly abused, living in a flat with her husband, his family, and their 6 children, all aged under 14. During a safeguarding enquiry, she disclosed years of physical and sexual violence by her husband, including rape in front of her young children. Her movements were tightly controlled by her husband's family, and she was only ever allowed out of the flat to take her children to and from school. She was made to do all of the cooking and cleaning. The family kept her documents locked away so she had no access to them, and she was not allowed any money of her own. She did not know if benefits were being claimed in her name. She was completely isolated, and this was compounded further by the fact that she spoke no English.

Working together, the Trust Safeguarding Manager, the local authority safeguarding lead, a Safeguarding Adults Manager, The Police and Children's Services, managed to help Mrs George to leave the flat with her four youngest children. They have been housed outside London in an area her husband is unlikely to find them. Children's Services are supporting her to maintain contact with her two oldest children, who, at the time, wanted to stay with their father. There was a risk that they might have disclosed their location to their father, if they had left with their mother.

Events unfolded quickly. Mrs George left nine days after concerns were first raised. There was uncertainty about whether her move could be achieved safely. There were concerns throughout that her husband and his family would realise something was going on and this might put her at risk of serious harm.

A good outcome

Mrs George and her younger children are doing as well as might be expected. She is still afraid that her husband may discover where she is and seriously harm her. She continues to receive help from mental health services for herself, and children's services for her children. She has not regretted her decision to flee from her husband and the violence he inflicted on her.

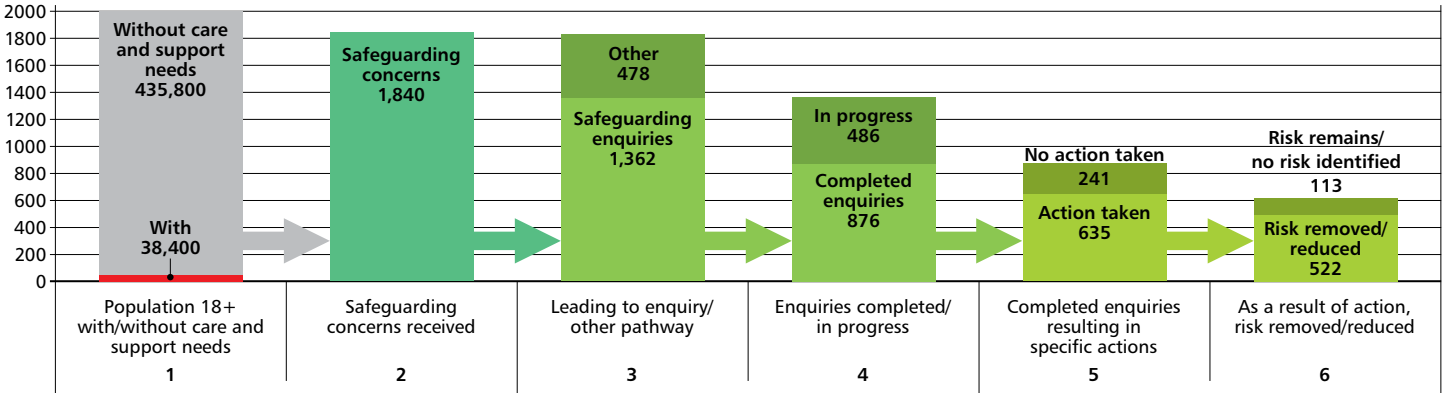
Central North West London NHS Trust

* Not her real name.

WHAT ARE THE NUMBERS TELLING US?

Chart 1

The safeguarding journey, from raising of safeguarding concern to outcome of safeguarding enquiry, 2016/17*



Raising of safeguarding concerns

- Safeguarding focuses on those who have needs for care and support. In national surveys about 8% of adults aged 18+ say that they are unable to manage at least one self-care activity, such as washing or dressing, on their own. If we use this measure as a proxy measure of need for care and support and apply this percentage to combined population of the three boroughs (about 474,200), we can say that at any one time across the three boroughs there are about 38,000 people who have care and support needs. This is nearly three-and-a-half times the number of adults who received on-going support from social services in 2016-17 (11,230).
- In 2016-17 the three boroughs received a total of 1,840 concerns about cases of potential or actual harm or abuse. This is equivalent to about four concerns for every 1,000 adults in the general population, or 48 for every 1,000 adults with care and support needs, or 164 for every 1,000 adults receiving on-going social care
- The majority of concerns (about 80%) were raised by health or social care staff; the remainder were raised mainly by relatives, friends or neighbours, housing agencies, and the police.

Resulting safeguarding enquiry process

- In 2016-17 adult social care made significant changes to the way they respond to safeguarding concerns and the way they record safeguarding information. This was to streamline procedures and ensure they met the requirements of the 2014 Care Act. As a result it is not possible to make comparisons with previous years.
- With this qualification nearly three-quarters (1,362) of the concerns received were assessed as requiring follow-up under safeguarding procedures.
- This is because the people involved were assessed as:
  - (a) experiencing, or being at risk of, harm or abuse; and / or
  - (b) having care and support needs which prevented them from protecting themselves.
- These concerns became the subject of a safeguarding enquiry to establish what the person wanted to happen in relation to the risk and what needed to be done to achieve this
- Those concerns (478) not followed up as safeguarding enquiries were followed up in other ways, notably referral to trading standards offices, domestic abuse support agencies, the police or the customer services team.

Outcome of enquiry process

- Safeguarding enquiries can take varying lengths of time to complete, depending on the issues and organisations involved. At 31 March 2017 nearly two-thirds (876) of the enquiries that had been started since 1 April 2016 had been completed. The remainder were still in progress.
- Of the safeguarding enquiries which were completed in 2016-17, the majority (635, or about 73%) resulted in specific actions being taken in relation to the risk, such as disciplinary action or removing staff from the situation
- The remaining cases (241) had not resulted in specific actions for a number of reasons, for example because the inquiry had found the risk to be unfounded, or because the adult did not wish any action to be taken
- Where specific actions had been taken, in the great majority of cases (522, or 82%) the risk of harm or abuse was judged by the social worker to have been removed or reduced as a result. In the remaining cases (113) the risk was judged to have remained, for example where the inquiry involved a family member and the adult was accepting of the risk, or no risk was identified.

* Information on safeguarding activity in local authority areas is published annually by NHS Digital and is available at: https://digital.nhs.uk/catalogue/PUB21917

WHAT THE BOARD WILL BE WORKING ON IN 2017/18

EMERGING THEMES AND BOARD PRIORITIES

Variety and Quality of Care Provision

Improving the range of health and care provision for people with different types of dementia.

Hoarding and Self Neglect

Working together to win the trust of people with capacity to make their own decisions and are reluctant to accept care from statutory services, with the result that their health and care needs are not being met.

Mental Capacity Act 2005

Increasing staff confidence with application of the Mental Capacity Act 2005; 'no decision about me, without me'.

Physical Health

Improving the physical health of people with mental health needs and learning disabilities.

Safe Discharge from Hospital

Looking at people's experiences of discharge from hospital to be sure that they are safe.

GLOSSARY OF TERMS

Safeguarding

Safeguarding means protecting our right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and reduce the risk of abuse and neglect. When people have experienced abuse or neglect, safeguarding is about taking actions that are informed by the person's views, wishes, feelings and beliefs.

Making Safeguarding Personal

Making Safeguarding Personal starts with the principle that we are experts in our own life. Things other than safety may be as, or more, important to us; for example, our relationship with our family, or our decisions about how we manage our money. So, our staff are being encouraged to always ask 'What is important to you?' and 'What would you like to happen next?'

An Outcome

An Outcome is what you hope to get out of the conversations we have, and the work we do with you. Measuring outcomes helps the Board to answer the question "what difference did we make?" rather than "what did we do?"

Deprivation of Liberty Safeguards (DoLS)

Deprivation of Liberty Safeguards is when a person in a care, or nursing home, or hospital, is subject to continuous supervision and control from staff, and is not free to leave, under the Supreme Court judgement known as 'Cheshire West', they are deprived of their liberty. Once identified, a deprivation of liberty must be authorised either by the Court of Protection order; or under the Deprivation of Liberty Safeguards in the Mental Capacity Act 2005; or under the Mental Health Act 1983. If it is not authorised, under the law, it is an illegal detention.

SPICE

SPICE is a generic term used to describe a substance which typically contains synthetic cannabinoids. The term synthetic cannabinoid is used to describe a whole raft of compounds which affect the cannabinoid receptors in the human body. Synthetic cannabinoids cause similar side effects to skunk, but these effects are multiplied and can last up to six hours. They are commonly sold in professional looking plastic bags with many different brands names.

Makaton

Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. With Makaton, children and adults can communicate straight away using signs and symbols.

Self-neglect

Self-neglect covers a wide range of behaviour including neglecting to care for one's personal hygiene, health, or surroundings, and behaviour such as hoarding. The term itself can be a barrier as some people do not identify with this term or description of their situation. It is important that practitioners find common ground and understand the person's own description of their lifestyle rather than making assumptions about how it can be defined.

Hoarding

Hoarding behaviour was previously seen as a symptom of Obsessive Compulsive Disorder but it has now received a separate clinical definition of 'hoarding disorder' and is defined as: 'A psychiatric disorder characterised by persistent difficulty discarding or parting with possessions, regardless of their actual value resulting in significant clutter that obstructs the person's living environment and produces considerable functional impairment.' (Greater Manchester Fire and Rescue Service: Hoarding, Prevention, and Protection)

Clutter Image Rating

Clutter Image Rating a series of pictures of rooms in various stages of clutter – from completely clutter-free to very severely cluttered. People can just pick out the picture in each sequence comes closest to the clutter in their own living room, kitchen, and bedroom. When clutter reaches the level of picture number four, or higher it begins to impact on people's lives and we would encourage the person to get help for their hoarding problem.

APPENDIX

Cases Accepted for Safeguarding Adults Review in 2016-17: emerging themes and changes made

	Date case to SACRG	Emerging themes from Safeguarding Adults Reviews
1	**6 May 2016**	This person did not die but the case raised the issue of police resources used to find a missing person. The Police submitted a breakdown of the cost to the police of missing persons and the value of joint work, such as closer work between hostels, mental health in-patient provision, and the police to reduce the incidence of people going missing. The SAEB made working with people in hostels, homelessness, and substance use (primarily SPICE) a priority this year, to reduce both the risk of loss of life, and policing costs.
2	**6 May 2016**	This was a complex situation of domestic abuse between two people, both with care and support needs, but able to make their own decisions. There is on-going risk of serious harm, and many agencies are involved. Although this case did not meet the criteria for a Review, two members of the SACRG used reflective practice, based on the SCIE Learning Together model, to help all practitioners involved to work together more effectively to manage the on-going risks.
3	**22 July 2016**	Fatal fires are reported to the SACRG. This death raised the continuing need to raise staff awareness of fire risks. The SACRG agreed that the Fire Brigade will alert social services in the event of an adult at risk declines a fire safety check on more than three occasions. A Fire Brigade alert now triggers a referral to the Self Neglect and Hoarding panel. A Hoarding and Self Neglect conference for staff was held on 02/03/2017. Delegates were reminded of the Fire Brigade offer of staff training, and assessment of fire risks in a person's home; and installation of fire alarms, sprinklers and fire retardant fabrics, to reduce risk and prevent serious harm or death.
4	**10 July 2015**	The death of this man was reviewed using information gathered in the Safeguarding enquiry. The review illustrated the need to be diligent in recording and sharing each person's information, especially when there are changes to key workers brought about by re-organisations, or change of contractors.
5	**7 October 2016**	The person in question did not die, but the review illustrated the increased risk to good decision-making when staff are working within tight financial constraints, and also experiencing major re-organisation of their working life. It illustrated the need for careful assessment of a person's needs, prior to placement in a care or nursing home. It also led to the development of a protocol for clarifying decision-making about health and social care funding.

	Date case to SACRG	Emerging themes from Safeguarding Adults Reviews
6	**7 October 2016**	The key learning from this death is the need for organisations to provide culturally appropriate support to staff going through the disciplinary procedures, particularly when a disciplinary is as a response to a safeguarding incident or enquiry, and so involves loss of reputation.
7	**10 March 2017**	This person did not die, but was very close to death. The safeguarding enquiry confirmed that too much weight given to European Court of Human Rights Article 8: The Right to Family Life, balanced against the ability of the family to properly care for the person. It identified the need for robust, multi-agency risk assessment; and risk and case management. It illustrated that not all staff are confident in application of the Mental Capacity Act 2005 when decision-making.
8	**10 March 2017**	This death has caused the Board to consider very carefully, and to challenge senior officers in member agencies, as to whether or not the learning from the formal Review, held between September and December 2015, has had any impact on decision-making around placing robust, active, and sometimes violent people with Dementia, to live alongside physically frail older people, also with Dementia. The Board has commissioned a high-level reflective practice session for senior officers to consider the matter further.
9	**10 March 2017**	The review of three people who died after being discharged from different hospitals over the Christmas and New Year holiday period has led the Board to gain assurances about safe discharge from hospital, particularly of people who may be have no family and be un-befriended, and during holiday periods when staff shortages in community services may occur.
10	**31 March 2017**	This review illustrated the value of working with a person's family at the time of the incident and death. The family were appreciative of the work done with their family member and the Trust's enquiries into the circumstances of the person's death.
11	**31 March 2017**	Two cases illustrated the absence of clarity between agencies about responding to a 'no reply'. The Board has commissioned a 'task and finish' group to work together and develop a multi-agency (social services, the police, mental health and home care providers) simple but effective response to ensuring a person is safe.

London Borough of Hammersmith & Fulham **HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY & ACCOUNTABILITY COMMITTEE** **13 November 2017**	
WORK PROGRAMME 2017-18	
Report of the Chair – Councillor Rory Vaughan	
Open Report	
Classification: For review and comment **Key Decision:** No	
Wards Affected: None	
Accountable Executive Director: Sarah Thomas, Director for Delivery and Value	
Report Author: Bathsheba Mall, Committee Coordinator	**Contact Details:** Tel: 020 87535758 E-mail: bathsheba.mall@lbhf.gov.uk

1. EXECUTIVE SUMMARY

1.1 The Committee is asked to give consideration to its work programme for the municipal year 2017/18.

2. RECOMMENDATIONS

2.1 The Committee is asked to consider the proposed work programme and suggest further items for consideration.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

None.

LIST OF APPENDICES:

Appendix 1 – Work Programme 2017/18

Appendix 1

Health, Social Care and Social Inclusion Policy and Accountability Committee

Item – Report Title	Report Author / service	Status
14th November 2017		
Report of the Disabled Peoples Commission	DPC	Expected
Annual Report Safeguarding Adults Executive Board	SAEB	Expected
12th December 2017		
GP Prescriptions	H& F CCG	Expected
Podiatry Service	H&F CCG	Expected
Rough Sleepers	LBHF Rough Sleepers Commission	Expected
Transitions Task Group – Findings	Governance and Scrutiny	Confirmed
30th January 2018		
Budget	Finance	Expected

Items for future agenda planning:

- Meal Agenda
- Commissioning Strategy: Providers
- Customer Journey: Update
- Equality and Diversity Programmes and Support for Vulnerable Groups
- H&F CCG Performance
- Integration of Healthcare, Social Care and Public Health
- Listening to and Supporting Carers
- Self-directed Support: Progress Update
- Tuberculosis
- Digital Inclusion (2018)