

## NOTICE OF MEETING

# ADULTS & HEALTH SCRUTINY PANEL

**Thursday 16th November 2023, 6.30 pm - George Meehan House,  
294 High Road, N22 8JZ**

**Members:** Councillors Pippa Connor (Chair), Cathy Brennan, Thayahlan Iyngkaran, Mary Mason, Sean O'Donovan, Felicia Opoku and Sheila Peacock

**Co-optees/Non Voting Members:** Ali Amasyali and Helena Kania

Quorum: 3

### 1. FILMING AT MEETINGS

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The chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual or may lead to the breach of a legal obligation by the Council.

### 2. APOLOGIES FOR ABSENCE

### 3. ITEMS OF URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business (late items will be considered under the agenda item where they appear. New items will be dealt with as noted below).

### 4. DECLARATIONS OF INTEREST

A Member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

(i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and

(ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Members' Register of Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interest are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

**5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS**

To consider any requests received in accordance with Part 4, Section B, Paragraph 29 of the Council's Constitution.

**6. MINUTES (PAGES 1 - 14)**

To approve the minutes of the previous meeting.

**7. HARINGEY SAFEGUARDING ADULTS BOARD - ANNUAL REPORT 2022/23 (PAGES 15 - 58)**

To consider the annual report of the Haringey Safeguarding Adults Board for 2022/23.

**8. QUALITY ASSURANCE/CQC OVERVIEW**

To provide details of recent quality assurance activity carried out in Haringey.

Report to follow.

**9. CO-PRODUCTION UPDATE**

Report to follow.

**10. WORK PROGRAMME UPDATE (PAGES 59 - 66)**

- a) To consider any additions or amendments to the Panel's current work programme.
- b) To amend/approve the draft terms of reference for the proposed Scrutiny Review on Digitalisation and Communications with Residents.

## **11. NEW ITEMS OF URGENT BUSINESS**

To consider any items admitted at item 3 above.

## **12. DATES OF FUTURE MEETINGS**

- 12<sup>th</sup> December 2023 (6:30pm)
- 22<sup>nd</sup> February 2023 (6:30pm)

Dominic O'Brien, Principal Scrutiny Officer, [dominic.obrien@haringey.gov.uk](mailto:dominic.obrien@haringey.gov.uk)

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Fiona Alderman

Head of Legal & Governance (Monitoring Officer)

River Park House, 225 High Road, Wood Green, N22 8HQ

Wednesday, 08 November 2023

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**MINUTES OF THE MEETING OF THE ADULTS & HEALTH  
SCRUTINY PANEL HELD ON MONDAY 18TH SEPTEMBER 2023,  
6.30-9.20pm**

**PRESENT:**

**Councillors: Pippa Connor (Chair), Cathy Brennan, Thayahlan Iyngkaran, Sean O'Donovan, Felicia Opoku, Ali Amasyali (Co-Optee) and Helena Kania (Co-Optee)**

**12. FILMING AT MEETINGS**

The Chair referred Members present to agenda Item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein'.

**13. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllr Mary Mason and Cllr Sheila Peacock.

**14. ITEMS OF URGENT BUSINESS**

None.

**15. DECLARATIONS OF INTEREST**

Cllr Pippa Connor declared an interest by virtue of her membership of the Royal College of Nursing.

Cllr Pippa Connor declared an interest by virtue of her sister working as a GP in Tottenham.

Cllr Thayahlan Iyngkaran declared an interest by virtue of his membership of the Royal College of Radiologists.

**16. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS**

None.

**17. MINUTES**

With regard to the LGA Commissioning Review item at the previous meeting, Cllr Connor noted that the strategic plan was expected to be in place by January 2024 and that this should be recorded in the Panel's work programme to be included in the next update on this issue. **(ACTION)**

It was noted that the action points from the previous meeting were still outstanding and so these would be followed up with the responses circulated by email.

The minutes of the previous Adults & Health Scrutiny Panel meeting were approved as an accurate record.

**RESOLVED – That the minutes of the meeting held on 22<sup>nd</sup> June 2023 be approved as an accurate record.**

## **18. SUICIDE PREVENTION**

Chantelle Fatania, Consultant in Public Health, began this item by presenting slides on suicide prevention work in Haringey, acknowledging that each suicide is tragic and has a significant ripple event on families and friends:

- A graph displaying the suicide rates in England, London and Haringey from 2001 to 2021 was shown, illustrating that there had been a general decline in the Haringey rates over the last 10 years and that, from 2019 to 2021, the Haringey rate had been lower than the England and London rates.
- There were a total of 50 suicides in Haringey between 2019 and 2021. There were three times as many male suicides as female suicides and a higher proportion were single/divorced than married. The highest rates were seen in the 25-44 age group.
- There was a Haringey multi-agency Suicide Prevention Group which was funded by Public Health and the Integrated Care Board (ICB) and hosted by MIND in Haringey. It was chaired by Professor David Mosse, a national expert in suicide prevention, and had a good range of partner organisations involved including the mental health trust, GPs, Police, housing services and local voluntary organisations. A new action plan was developed in collaboration with the group each year.
- There was an existing 2020-23 local suicide prevention plan for Haringey and a new local plan for 2023-28 was in development. The Government's latest national suicide prevention strategy had just been published the previous week and this would be used to inform the development of the new Haringey plan.
- Haringey Council had developed an online Mental Health Resource Hub containing a wealth of diverse resources to support people with their mental health and wellbeing, including direct links to the websites of partner agencies, both locally and nationally. This provided access to information about issues such as bereavement, cost of living, gambling and men's mental health.
- Haringey also had a Safe Haven Crisis Hub, providing short-term support for people in crisis including suicidal thoughts, and The Listening Place which

- provided listening support by trained volunteers. Other support services available to Haringey residents included Samaritans, Papyrus, Childline, Good Thinking, Kooth, Open Door, MIND in Haringey, Young Minds and CAMHS.
- A suicide 'postvention' service to provide support after a suicide had been set up in recent year in North Central London, funded by Public Health and the NHS. This provided individual support, peer-to-peer support and group therapy for people bereaved by suicide. The service was due to be delivered by a different provider from October 2023.
  - A 'Great Mental Health Day' was delivered by the Council in January 2023 with 42 events held across the borough and the feedback had been positive. World Suicide Prevention Day was in September 2023 and had provided an opportunity to promote Haringey's resources and training packages to residents including the free 20-minute Zero Suicide Alliance online training course and 'mental health first aid' training courses.
  - In August 2023, the Government announced a £10m fund to support suicide prevention activities in England to be delivered by the voluntary and community sector from 2023-25. This would include interventions to support higher risk groups including children & young people, middle-aged men, people who have previously self-harmed and/or been in contact with mental health services. Voluntary and community organisations in Haringey were currently working with partners to apply for funding.

Chantelle Fatania, Lynette Charles, CEO of MIND Haringey, and Mark Pritchard, Senior Service Lead - Haringey Community Services at Barnet, Enfield & Haringey Mental Health Trust (BEH-MHT), then responded to questions from the Panel:

- Helena Kania referred to the suicides reported in the over-65 age groups and asked what support services were available to them. Lynette Charles acknowledged that this was known to be an at-risk group and that mental health first aid training was delivered by MIND in Haringey in partnership with Public Voice's Reach and Connect service including to residents over 50. Helena Kania commented that Reach and Connect was currently stretched and that targeted support for older age groups was needed. Lynette Charles acknowledged that Reach and Connect was stretched but that it also delivered reading groups, befriending groups and other activities which helped to bring older populations together and signpost them to services. Mark Pritchard added that the Trust's older adults mental health service was expanding its voluntary sector service offer across Haringey which would mean additional care for older adults at risk of suicide.
- Asked by Helena Kania about suicide rates by ethnicity, Chantelle Fatania explained that data in this area was very limited but that it was important to have a whole population approach with accessible prevention and early intervention for all groups without discrimination.
- Cllr Iyngkaran noted that the latest suicide data presented was from 2021 and asked whether any more recent data was available. Chantelle Fatania explained that there was typically an 18-month delay in the finalised data becoming available.

- Asked by Cllr Iyngkaran why the suicide rate in London was lower than the national average, Lynette Charles commented that suicide rates were typically higher in areas of high deprivation outside of London, particularly in post-industrial areas where economic opportunities were limited, and that this contributed to the disparity.
- Cllr Brennan and Cllr Connor noted that domestic abuse was a contributory factor to suicide and asked how the information gathered from risk assessment tools were used. Chantelle Fatania said that this information was used internally to support clients, but that information gathered was not necessarily uniform across all monitoring services. However, she noted that VAWG (Violence Against Women & Girls) services were shortly being recommissioned and this would aim to improve consistency in the information obtained. Cllr Lucia das Neves, Cabinet Member for Health, Social Care and Well-being added that Councillors would be engaged with as part of this recommissioning process.
- Cllr O'Donovan suggested that the social infrastructure in Haringey may be a factor in the lower suicide rate and queried whether this would impact on the proportion of funding that Haringey would receive from the £10m for suicide prevention work recently announced by the Government. Chantelle Fatania acknowledged that Haringey would not be regarded as a priority based on the suicide rate but said that innovation was also a consideration and so it may be possible to obtain funding on that basis.
- Asked by Cllr O'Donovan about the possible underreporting of suicide, Chantelle Fatania acknowledged that this could be possible in some demographics for cultural/religious reasons.
- Asked by Cllr Connor about support for construction workers which had been identified as a higher risk group, Chantelle Fatania explained that Deborah King from MIND in Haringey attended the construction partnership meetings regularly. Mental health first aid training was offered along with services through the Haringey Wellbeing Network and digital tools.
- Referring to the Haringey Suicide Prevention Group, Cllr Connor queried whether there was any groups/demographics that were not currently being represented. Lynette Charles noted that there were several lived experience groups that were involved including Survivors of Bereavement by Suicide (SOBS). She added that it may be possible to obtain greater involvement from grassroots organisations and community members from local mosques, churches and other faith groups.

Cllr Connor recommended that further details be provided from the public health team on multi-agency working on suicide prevention including how funding was joined up.

**(ACTION)**

Temmy Fasegha, Lead Commissioner for Adult Mental Health at the North Central London Integrated Care Board (NCL ICB) and Haringey Council, introduced the



second section of this item by providing details on suicide prevention support services in NCL ICB:

- The triangle on the first slide illustrated services available at different stages to enable people to maintain their mental health and wellbeing and prevent suicide. The stages were:
  - **Maintaining mental wellbeing** – this included universal support such as digital platforms and Connected Communities;
  - **Rising risk and need** – this included early help and prevention such as support through the Haringey Wellbeing Network and mental health first aid training. It also included accessible community treatment such as the Primary Care Mental Health Teams which were jointly funded by GPs and the ICB;
  - **Complex needs** – this included acute & crisis care and integrated community care such as the five crisis cafes in NCL and the Safe Haven Crisis Hub run by MIND in Haringey which provided out of hours services. The crisis cafes were staffed by people with lived experience and the issues presented by those attending could include social issues such as debt or housing issues which may be contributing to their crisis situation. The support offered was on a short-term basis until they were stepped down into other services offered through the Haringey Wellbeing Network. There was also the Crisis Prevention House, offering an alternative to A&E presentation and inpatient admissions, providing a therapeutic, recovery-focused and person-centred environment away from usual place of residence for up to 14 days for people experiencing a mental health crisis. There were plans to increase the number of beds from 7 to 14 and to co-locate the new service at Canning Crescent.
- The crisis cafes had protocols on the eligibility criteria for access to services meaning that someone who was actively suicidal should be treated by crisis teams or inpatient services.

Temmy Fasegha and Mark Pritchard then responded to questions from the Panel:

- Cllr Connor sought clarification on circumstances where someone called the crisis line but did not have an active suicide plan as she was concerned that this person may not be supported or referred to other services as they did not reach the eligibility threshold for crisis services. Temmy Fasegha explained that, when setting up the Safe Haven Crisis Hub, a project group was set up which determined that the crisis line was meant to make a number of referrals to the Safe Haven Crisis Hub. He suggested that the Panel's comments be taken back to the service leads to ensure that these referral links were operating correctly. **(ACTION)** He added that the NHS111 service would be providing access to mental health support from the Autumn and the North London Mental Health Partnership (BEH-MHT and C&I Trust) were currently recruiting to develop the single point of access to that service. There would also

be a range of staff training to support this. Lynette Charles added that there were clear step-up and step-down processes with the Safe Haven Crisis Hub with referrals to other services according to the person's level of need. She noted that local service leads met regularly and so people should never call the crisis line and be told that there is no alternative service available. Mark Pritchard said that he had previously overseen the crisis telephone service and, at the time, there had been a lot of work to develop a strength-based decision tool for calls and there was also a resource directory, so it may be useful for the Panel to get an update on how that was currently working and what options were routinely being used. **(ACTION)**

- Asked by Cllr lyngkaran about the possible gaps in services, Mark Pritchard said that this issue had been specifically identified as part of the NHS Long Term plan as there were a group of clients who were too unwell for talking therapy services but not unwell enough for secondary mental healthcare.

The issue of gaps in services was then explored further in another slide which was presented by Evi Aresti from Whittington Health NHS Trust and Sandra Hadley, Clinical Lead for the Haringey Primary Care Mental Health team:

- Evi Aresti described NHS Talking Therapies (previously known as IAPT) as a service for patients with mild to moderate common mental health problems such as depression and anxiety. She explained that this might not be the right service for people at a high-risk of suicide, although it was also recognised that suicidal thoughts could often be part of depression so this was not an exclusion criteria. A risk assessment was therefore carried out at the beginning of every new contact with a referral made to the crisis team if it was not considered to be safe to leave somebody on a waiting list for talking therapies. There were also conversations with the Primary Care Mental Health Teams on the appropriate services for individuals.
- Sandra Hadley highlighted people with autism as a high-risk group for suicide, noting that they were under-diagnosed as a group, particularly women. She explained that the Primary Care Mental Health Team was needs-led rather than diagnostic and would often see people who were excluded from NHS Talking Therapies but in need of an intervention or people who were unable to engage with secondary mental health services. The level of complexity could therefore be quite high. The Team would offer an appointment within 28 days and were flexible in what was offered. She explained that there could be circumstances where someone had made a suicide attempt and were therefore excluded from Talking Therapies services for 6 months so the Primary Care Mental Health Team would offer alternative interventions. They would also have weekly interfaces with NHS Talking Therapies to ensure that people weren't being double-referred or bounced back to their GP. The Team would also have contact with secondary care services to facilitate the entry of a patient into

these services where appropriate and ensure that they were not falling through the net.

- Mark Pritchard spoke about the Core Mental Health Teams which provided an expanded multi-disciplinary offer with broad entry criteria, not specific to diagnosis or severity. There was an expectation for services to be more responsive with assessment to be carried out and treatment to commence within four weeks.

Temmy Fasegha, Mark Pritchard, Lynette Charles and Evi Aresti then responded to questions from the Panel:

- Asked by Helena Kania what information was provided to people who contacted the Safe Haven Helpline after it closed at 10pm, Lynette Charles explained that they would be able to send a text message which would be picked up by the Haringey Wellbeing Network. People could also physically visit the Safe Haven between the hours of 5pm-10pm and there was information and contact numbers displayed outside the building. Temmy Fasegha added that people were signposted out-of-hours to the Mental Health Trust's crisis telephone service (which operated 24 hours a day, 7 days a week) while people in an emergency would be signposted to A&E. He suggested that the Panel could look further into the issue of crisis lines and the expansion of the NHS111 service on mental health at a future meeting. Cllr Connor recommended that the Panel should request the data on the outcome of crisis line calls in terms of referrals to services and calls that are dropped. **(ACTION)** She also recommended that the Panel should continue to monitor the development of the single point of access to support the NHS111 expansion on mental health. **(ACTION)**
- Cllr O'Donovan asked whether the targets previously referred to (e.g. Talking Therapies/Primary Care Mental Health Team to offer an appointment within 28 days and Core Mental Health Teams to commence treatment within 4 weeks) were being achieved. Evi Aresti said that the Talking Therapies service assessed 90-95% of people within 2-3 weeks and some would be contacted on the same day if they were prioritised due to risk level. They would then go on to different treatment options, some of which were quick while others could involve longer waits of up to four months. She acknowledged that there could be an issue with staffing levels and vacancies which was not necessarily caused by funding issues. Sandra Hadley explained that the Primary Care Mental Health Team offered therapies within 28 days but that referrals were capped in order not to have waiting lists and that this involved working together with others to avoid over-referrals. Lynette Charles said that the Haringey Wellbeing Network would usually contact people within 48 hours and begin services within a week. Temmy Fasegha emphasised that the targets of up to 28 days were set nationally and that services would typically triage and prioritise cases based on their needs. He added that the 4 week target for BEH-

MHT services was a new target under the NHS Long-term Plan and the publication of data on this was expected in a few months time.

- Cllr O'Donovan raised the issue of social infrastructure (e.g. food banks, older people's groups) as a means of supporting people who would not necessarily self-refer to mental health services for cultural or personal reasons. Lynette Charles commented that a project had been funded and delivered for nearly two years which enabled grassroots organisations to support those with mental health issues and signpost people to services as part of their regular activities. This has included work with the Eastern European, Afro-Caribbean and Turkish communities as well as street homelessness work. Sandra Hadley added that this grassroots work included a 'stepped care' offer by building relationships and having conversations with the local groups so that people could be directed to the right services for them.
- Asked by Cllr Connor about specialist mental health support for people with autism/learning disabilities, Sandra Hadley referred to the multi-disciplinary learning disability service and partnership working with the Autism Hub with tailored psychological interventions as part of a package of care adapted to people with autism/learning disabilities. Temmy Fasegha added that there was some new funding coming from the ICB to put together a small multi-disciplinary team involving social workers and health professionals to provide additional support. Mark Pritchard noted that the BEH-MHT was working closely with the ICB and others on this as a lot more diagnosis was being seen in this area. Cllr Connor requested that some additional details on this service be provided to the Panel in writing, including details on how the new funding was being used and how the needs of residents were being met. **(ACTION)**

## **19. LIVING THROUGH LOCKDOWN REPORT - COUNCIL RESPONSE**

Sara Sutton, Assistant Director for Partnerships & Communities, introduced this item by highlighting the focus on new initiatives and how the Living Through Lockdown report continued to influence the services delivered, approach to health inequalities and the relationships with partners three years after the first lockdown. She added that there had been a number of recommendations in the report that had now been implemented as 'business as usual'.

Sara Sutton and Vicky Murphy, Service Director for Adult Social Services, and Cllr Lucia das Neves, Cabinet Member for Health, Social Care and Well-being, then responded to questions from the Panel:

- Cllr Opoku commented that she was aware of some community groups that found it difficult to distribute food to people who needed it through food networks and asked what more the Council could do to improve this. Sara Sutton explained that there was a Food Network Coordinator that the groups and individuals could contact to connect and coordinate with other members of the network. She acknowledged that there were challenges specific to the

- distribution of perishable foods. She added that the Council was working on a new Food Action Plan, the development of which was being supported by members of the Food Network. There would also be opportunities for community engagement as part of the development of the Action Plan.
- Cllr Brennan highlighted challenges faced by carers including financial assistance for those who were struggling. Vicky Murphy said that funding from the Better Care Fund had recently been obtained to help enhance carer support. The aim was to create an environment where carers could meet each other and social care staff and help to reshape how services were delivered. This would begin with community meetings held in three localities in September/October which Councillors were welcome to attend. Sara Sutton added that the Household Support Fund, which was originally funded by Government to support people during the pandemic, was now used to support people during the cost-of-living crisis. The Council used a data-driven approach to target those most in need. There was also the local assistance welfare scheme known as the Haringey Support Fund which supported people in crisis, and the Here to Help campaign which assisted people in claiming benefits that they were entitled to. Cllr das Neves added that there may be some learning from the warm spaces initiative during the pandemic. Cllr Connor commented that the finance support team had provided good support with local casework issues and recommended that other Councillors make use of this resource. Cllr Connor and Cllr Brennan added that the Here to Help initiative provided excellent resources and recommended that the initiative's section on the Haringey Council website be kept regularly updated and that this be highlighted to residents through the Council's communications channels. **(ACTION)**
  - Asked by Cllr Brennan about digital exclusion, Sara Sutton said that resources were provided for a pan-London approach to digital exclusion through the London Office of Technology and Innovation and that there was coordinated activity across the Council to focus on this and promote digital inclusion in local communities.
  - Cllr Brennan asked about the concerns regarding 'do not resuscitate' policies and extra parking for blue badge holders, as highlighted in the Living Through Lockdown report, and it was agreed that written responses on these points would be obtained from health and environment colleagues. **(ACTION)**
  - Asked by Cllr lyngkaran about the outcomes and value for money of the initiatives described in the report, Sara Sutton said that it was too early for evaluation and outcome monitoring, but that further feedback and evaluation was expected towards the end of the financial year. Cllr Connor recommended that this information could be reported to the Panel when it became available. **(ACTION)**
  - Cllr O'Donovan asked whether the recommendations of the report would be fed into the London-wide and national debate on what could be done better in future. Sara Sutton said that the Council was actively participating in the Covid-

19 enquiry through London Councils and the Local Government Association. This was still at an early stage, but the Council would be making submissions including details of learning from the experience of lockdown.

- Helena Kania requested further details of the extension of bereavement support referred to in paragraph 3.1.1 of the report. Sara Sutton explained that the details had not yet been finalised as discussions were ongoing with the Integrated Care Board and that further details could be provided to the Panel in due course. **(ACTION)**
- Helena Kania noted the activity through community networks described in paragraph 3.3 of the report and asked if the Eastern European community was being included in this. Sara Sutton confirmed that there was an active Eastern European network including voluntary and community organisations. Cllr das Neves added that there were Welcome Hubs across the borough, including one in Wood Green, that was run by members of the Eastern European community.
- Asked by Helena Kania for further details on the response to recommendations about parks, it was agreed that a written response would be obtained from environment colleagues. **(ACTION)**
- Asked by Cllr Connor about improving access to face-to-face GP appointments, Sara Sutton observed that the online appointments worked well for many people but that a balance had to be struck to ensure that face-to-face appointments were still available for people who needed it.
- Cllr Connor highlighted the importance of support for care home residents to be able to contact relatives, noting that this had involved initiatives with digital devices during the pandemic, but that this was still relevant for residents whose relatives lived a long distance away. Vicky Murphy explained that contact with relatives should be addressed as part of a resident's care and support plan and that none of the digital equipment had been removed so she would expect the same methods of communication to be available. However, she would check that this was the case and report back to the Panel. **(ACTION)**
- Cllr O'Donovan highlighted the importance of the coordination group addressing racial equity in health and care, as described in paragraph 3.4 of the report and welcomed the work being done in this area.

Beverley Tarka, Director of Adults, Health & Communities, concluded by thanking the Joint Partnership Board for initiating the Living Through Lockdown report and for all the work carried out in co-producing the report and the recommendations.

## **20. CABINET MEMBER QUESTIONS**

Cllr Lucia das Neves, Cabinet Member for Health, Social Care and Well-being, responded to questions from the Panel on issues related to her portfolio:

- Cllr Brennan expressed concerns about the need to make budget savings across the Council and asked how this would be approached in adult social

care given the demand pressures on services. Cllr das Neves said that local authorities across the country were deeply frustrated by the Government's refusal to look at systematic change and properly fund services. There were also issues around workforce and the availability of placements. She acknowledged that these were challenging times, that the Department would work hard to support residents and deliver effective services, and that there would be a detailed discussion session held with Members about the Council's approach.

- Cllr Iyngkaran requested an update on mental health services at Canning Crescent. Cllr das Neves said that the services were currently being delivered in the way that they had previously been delivered, as opposed to the original vision of bringing the services all together. She added that the Council had been significantly let down by the contractor and was now picking up the pieces. Over the summer they had gone out to a range of contractors with plans and proposals being developed, but the project was now significantly delayed. Cllr das Neves said that the Council would need to consider whether there was anything that could have been done differently in the procurement process.
- Asked by Cllr O'Donovan about the Council's overall long-term vision for health, Cllr das Neves spoke about the importance of prioritising early intervention and prevention while also delivering core services. She added that it was necessary to bring this to every space with a focus on inclusion, health inequalities and working closely with local community/voluntary groups and the wider community through coproduction. These themes would be included in the Health and Wellbeing Strategy, which was shortly due to be renewed to provide a platform for this work over the next 10 years. It would also be important to overlay health and wellbeing in everything that the Council did, including housing and education.
- Helena Kania highlighted difficulties that residents often experienced with the NHS, for example in using digital services or gaining access to flu/Covid vaccinations, and asked what more the Council could do to support Haringey residents. Cllr das Neves responded that she advocated for residents on these and other issues in multi-agency forums such as Health and Wellbeing Board which she chaired, based on feedback from the local community. Will Maimaris, Director for Public Health, said that flu vaccinations were available in pharmacies and GP practices across the borough, but that more certainty needed to be provided locally on Covid vaccinations and that this would be progressed shortly through discussions at the Health and Wellbeing Board. The NCL ICB was leading on the roll-out, but the Public Health team would be working closely with the ICB and the GP Federation. Helena Kania commented that residents needed to have easy access to this information. Cllr das Neves acknowledged that communication with residents about access to various services was a regular area of discussion at the Health and Wellbeing Board

and other forums. She also highlighted the practical issues caused by the Government's recent decision to bring Covid vaccinations forward.

- Cllr Connor highlighted issues with Member enquiries relating to adult social care and asked if the communications with Members and residents could be improved as it was sometimes necessary to make multiple enquiries to ascertain whether an issue had been resolved. Cllr das Neves acknowledged that improvements were needed to the service, including on the technology used to support it, but noted that a lot of enquiries had recently been cleared. Vicky Murphy added that the way that complaints were managed had been redesigned to ensure that they were followed through in a timely manner, but that there was still a lot of work to do on the digital platform to support this work. She added that a separate system had been created to deal with cases where a resident wanted to raise an issue without making a complaint.
- Asked by Cllr Connor about progress on co-production and how this was being communicated to residents, Cllr das Neves acknowledged that this was a huge learning journey for the Council and that there were sometimes difficult legal and financial problems that had to be worked through as part of co-production engagement. She highlighted the recent Wood Green engagement as a good example of the principles and ideas of co-production being used to engage with a large number of people across a range of age groups on the future of that part of the Borough. Beverley Tarka added that an understanding in the community of what co-production means would not happen overnight but that there were now some excellent examples of where co-production had happened. She said that co-production provided an opportunity to enable a wider diversity of voices to be heard and that the Council was very committed to this way of working.

## **21. WORK PROGRAMME UPDATE**

Cllr Connor commented that the last few sessions of the Panel's current Scrutiny Review were due to take place shortly and suggested scheduling an informal meeting of the Panel to discuss the approach to the Panel's next Scrutiny Review on digitalisation and communication with residents.

Cllr O'Donovan reported that, following the concerns raised at the Scrutiny Review sessions about people with dementia and people with no recourse to public funds after discharge from hospital, he had spoken to the Mulberry Junction service about this. The service had a hospital discharge co-ordinator role which had been vacant for the past three months but was expected to be filled by the end of September. He also spoke to the head of systems coordinator for out of hospital care at the ICB who would be happy to speak to the Panel about this.

Cllr Connor highlighted the agenda items for the remaining Panel meetings set out in the 2023/24 work plan and noted that there was a vacant slot remaining in the



February 2024 meeting. She also requested that the regular joint meeting with the Children & Young People's Scrutiny Panel in February be added to the work programme. **(ACTION)**

**22. DATES OF FUTURE MEETINGS**

- 16<sup>th</sup> Nov 2023 (6.30pm)
- 12<sup>th</sup> Dec 2023 (6.30pm)
- 22<sup>nd</sup> Feb 2024 (6.30pm)

CHAIR: Councillor Pippa Connor

Signed by Chair .....

Date .....

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**Report for:** Adults and Health Scrutiny Panel, November 2023

**Title:** Safeguarding Adults Board Annual Report 2022-2023

**Report authorised by:** Dr Adi Cooper (Independent Chair of Haringey Safeguarding Adults Board)

**Lead Officer:** Ashraf Sahebodin, Governance and Improvement Officer, Adult Social Services.

**Ward(s) affected:** ALL

**Report for Key/  
Non Key Decision:** Non key decision

**1. Describe the issue under consideration**

1.1 The annual report is for the period 1<sup>st</sup> April 2022 to 31st March 2023 and is produced as part of the Haringey Safeguarding Adults Board's (HSAB) statutory duty under The Care Act 2014 and Chapter 14 of the Care & Support Guidance. We are required to publish an annual report in relation to the preceding financial year, on the effectiveness of safeguarding in the local area.

1.2 The HSAB Annual Report 2022/23 outlines the work of the Board over the last twelve months and how partner agencies have worked together to improve the safety of adults at risk of abuse. The report contains details of how safeguarding has been promoted and developed over the last year through the Board and its subgroups. The report also describes how the Board intends to continue this in the future.

**1.3 Safeguarding Adult Reviews (SAR)**

The SAR Subgroup has not published any SARs in 2022/23, however, one has been initiated and is expected to report in 2023/24. The SAR subgroup has continued to discuss cases, making clear decisions about referrals meeting the SAR criteria and progressing those cases for independent review where the SAR criteria are met.

In 2023/24, there will be a renewed focus on working collaboratively with partner agencies to ensure that learning from SARs leads to change and improvement.

**2. Recommendation**

2.1 To note the contents of the annual report.

**3. Background information**

3.1 The HSAB is a statutory body that works to make sure that all agencies are working together to help keep adults in Haringey safe from harm and to protect the rights of citizens to be safeguarded under the Care Act 2014, Mental Capacity Act (MCA) 2005 and the Human Rights Act (HRA) 1998. Under the Care Act 2014 Haringey SAB has three core duties:

- developing and publishing an annual strategic plan setting out how we will meet our objectives.
- publishing an annual report which sets out what we have achieved; and
- commissioning SAR where serious abuse or death has occurred, and learning can take place.

3.2 The work of the Board is driven by its vision is that Haringey residents are able to live a life free from harm, where communities have a culture that does not tolerate abuse; work together to prevent abuse; and know what to do when abuse happens. The overarching purpose of the Haringey SAB is to help and safeguard adults with care and support needs. It does this by:

- assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance.
- assuring itself that safeguarding practice is person-centred and outcome focused.
- working collaboratively to prevent abuse and neglect where possible.
- ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred; and
- assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

## **4. Developing the HSAB Strategic Plan 2023-2028**

### **4.1 Background**

The previous HSAB Strategic Plan came to an end in March 2023. The HSAB embarked on an 8 week consultation with the aim of engaging residents, community organisations, service providers, and other stakeholders in shaping the future direction of adult safeguarding in the borough. Through various channels and methods, including an online questionnaire and drop-in sessions, we sought to gather diverse perspectives and experiences related to adult safeguarding.

### **4.2 The Consultation**

The public consultation started on 15 May 2023 and ran until 10<sup>th</sup> July 2023.

Given the statutory requirement to consult with key stakeholders and local communities, corporate Council communication channels were used to ensure that stakeholders and residents were aware of the consultation.

We used various methods to spread the word and involve the community and stakeholders in our activities. This included sharing information on the Haringey website, the Bridge Renewal Trust Weekly Bulletin, Haringey Healthwatch website, Haringey People Extra weekly e-newsletter, and Haringey Twitter. Additionally, we organised seven drop-in sessions in libraries across the borough. Staff members were informed through email, intranet, and Yammer. We reached out to community agencies directly and presented at the Haringey Provider Forums. Moreover, we distributed a flyer to community organisations to ensure broader awareness and participation.

A consultation feedback report was presented to the HSAB at its July meeting. The report highlighted the key themes, concerns, and recommendations that emerged from the feedback received. It provides an overview of the community's views on the current state of adult safeguarding and offers insights into areas that require attention and improvement.

#### **4.3 Co-production work**

The Strategic Plan has been developed through co-production with the Joint Partnership Board (JPB) and participation from other partner agencies and organisations who are members of the Board. Its priorities are aligned with theirs and the proposed Board priorities build on our joint experience from delivery of the last 3-year strategic plan. The priorities also emerge specifically from learning from peer challenges, SAR's, and outcomes from the annual Board challenge event. The Board has sought to consult on the strategic plan to ensure that it fulfilled the statutory duty, met the needs and expectations of Haringey residents, and promoted a partnership approach to the development of the strategic plan.

#### **4.4 The Strategic Plan**

At the time of writing this report, the Strategic Plan has been agreed and finalised by the HSAB (full details will be included in the next annual report). The HSAB Strategic Plan 2023-2028 describes our strategic priorities and objectives which will help us to achieve our vision. It provides direction and continuity to our annual delivery work plan and embraces the six key principles of safeguarding (empowerment, prevention, proportionality, protection, partnership, and accountability) which are set out in the Care Act 2014. The six principles hold equal importance and are the foundation of good and effective safeguarding.

A copy of the final Strategic Plan can be found here:

<https://www.haringey.gov.uk/social-care-and-health/safeguarding-adults/haringey-safeguarding-adults-board-sab>

**5. Contribution to Corporate Strategic outcomes**

**5.1 Links with the Haringey Corporate Delivery Plan 2022-2024**

The Board Strategic Plan has been developed with links to the new Haringey Corporate Delivery Plan 2022-2024 (Adults, Health and Welfare Theme) replacing the Haringey Borough Plan 2019-2023<sup>1</sup>.

There are some big challenges ahead for the HSAB and the Council including supporting through the cost-of-living crisis, dealing with the long-term impacts of the pandemic on resident's health and well-being; and striving to reduce the unacceptable inequalities in our borough, and ensuring every resident can live a secure, healthy, and fulfilling life.

The development of the Strategic Plan supports the foundations of the Haringey Deal for doing things together. We need to know our communities and start getting the basics right. Haringey communities are diverse and continuously changing, we need to develop a better understanding of who our residents are and how we can best work with residents.

**6. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)**

N/A

**7. Use of Appendices**

N/A

**8. Local Government (Access to Information) Act 1985**

- The Care Act 2014  
(<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>)
- Care & Support Statutory Guidance [Care and support statutory guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/care-and-support-statutory-guidance)
- London Multi-agency Adult Safeguarding Policy and Procedures  
(<https://www.haringey.gov.uk/sites/haringeygovuk/files/london-multi-agency-adult-safeguarding-policy-and-procedures.pdf>)

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<sup>1</sup> [Priority 2 - People | Haringey Council](#)



# Haringey Safeguarding Adults Board Annual Report 2022/23

<http://www.haringey.gov.uk/safeguardingadults>

# Contact Information

Haringey is asking all residents to challenge abuse wherever it exists and to report it if they believe any person might be suffering abuse in any form. Safeguarding residents is one of the most important parts of our work. While many people are well cared for, some may be at risk of abuse or neglect.



Abuse can happen in a number of ways. Those most at risk include people with mental health problems, disabilities, dementia or those who are physically frail. It can also take place anywhere - often where someone should feel safe - and can be perpetrated by people they think they can trust, like a relative, friend or professional.

## What should you do if you suspect someone is being abused?

If you or the person you are concerned about is being mistreated, you can make a referral to Adult Social Care via the First Response Team.



## First Response Team

[firstresponseteam@haringey.gov.uk](mailto:firstresponseteam@haringey.gov.uk)

**020 8489 1400**

When you report a suspected abuse, you do not have to give your name, but if you do, it will not be given to the people involved. All suspected incidents of abuse will be investigated fully and appropriately.





**Other ways to get in touch**

Contacting the council online is now much quicker than speaking to an agent or emailing us. Go to our self-service online tool

<https://www.haringey.gov.uk/contact-haringey-council>



**Out of Hours Service**

**020 8489 0000** (5pm to 9am Monday to Fridays, and all day at weekends and bank holidays). This number can also be used for the children and adult social care emergency duty teams.

**Emergencies and non-emergencies**

For emergencies and serious incidents requiring the police, fire brigade or ambulance service please call **999**.  
For non-emergency police advice or assistance please call **101**  
For non-emergency medical advice or assistance please call **111**

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## Introduction from the Chair of the Haringey Safeguarding Adults Board

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It is with great pleasure I present to you the annual report of the Haringey Safeguarding Adults Board (HSAB) for the year 2022/2023. The purpose of this annual report is to provide an overview of our safeguarding activities and progress made during the 2022/2023 period. It aims to inform our partners and community about the work we have undertaken, the impact we have achieved, and the lessons we have learnt. By sharing this information, we aim to foster transparency, build trust, and enhance collaboration with our partners and the wider community.

Over the past year, the HSAB has encountered a range of challenges to protect and promote safeguarding and the well-being of adults in Haringey. These challenges have included evolving patterns of abuse, emerging safeguarding concerns related to the digital realm, the impact of the global pandemic, and the cost of living crisis which has exposed vulnerable individuals to increased risks and barriers to support.

In response to these challenges, we have been actively engaged in assessing the effectiveness of our safeguarding practices to ensure the safety and well-being of adults at risk. Recognising the importance of collaboration and shared responsibility, we have worked closely with our partners.

As part of our commitment to transparency and accountability, the HSAB is undertaking a consultation on its Adults Safeguarding Strategy 2023-2028. We believe that incorporating the views and insights of the community is vital in shaping our strategic direction for the next five years. Through this consultation, we aim to gain a deeper understanding of the needs, concerns, and aspirations of those we serve, ensuring that our future plans are inclusive, responsive, and grounded in the lived experiences of adults at risk.

With the insights gained from the consultation process, we will develop a robust strategy that outlines our vision, objectives, and key initiatives for safeguarding adults over the next five years. This strategy will be accompanied by an annual delivery plan, enabling us to monitor progress, evaluate outcomes, and adapt our approach in response to emerging challenges.

Looking ahead, we are committed to continuing our collaborative efforts with our partners to further strengthen our safeguarding practices. Together, we will focus on developing innovative interventions, improving information sharing and coordination, and enhancing the capabilities of our workforce to address the evolving challenges facing vulnerable adults.

In conclusion, I would like to thank our partners, and the community for their support and collaboration. We firmly believe that by working together, we can create a safer and more inclusive environment for all adults at risk in Haringey.

**Dr Adi Cooper** (HSAB independent Chair)

## 1. Introduction

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The Haringey Safeguarding Adults Board (HSAB) Annual Report 2022/23 outlines the work of the Board over the last twelve months and how partner agencies have worked together to improve the safety of adults at risk of abuse. The report contains details of how safeguarding has been promoted and developed over the last year through the Board and its subgroups. The report also describes how the Board intends to continue this in the future. Contributions were sought directly from board members, chairs of subgroups and other relevant partnerships.

### 1.1 The Haringey Safeguarding Adults Board

The HSAB is a statutory body established by the Care Act 2014. It is made up of senior people from organisations that have a role in preventing the neglect and abuse from adults. Its main objective is to protect all adults in its area who have needs for care and support and who are experiencing or at risk of abuse or neglect against which they are unable to protect themselves because of their needs.

The work of the Board is driven by its vision is that Haringey residents are able to live a life free from harm, where communities have a culture that does not tolerate abuse; work together to prevent abuse; and know what to do when abuse happens.

Legislation requires:

- That local councils have a duty to promote the well-being of carers; previously their duty of care was only made to the users of the care services.
- That anyone receiving care and support from a regulated provider which has been arranged by the council will be covered by the Human Rights Act 1982<sup>1</sup>.
- That councils must enable users or potential users of care services to access independent financial advice on their care funding; and
- The introduction of a new appeals system for care users to appeal against council decisions on eligibility to care and care funding.

The Board meets to review and discuss safeguarding activity and consider ways that it can help to improve safeguarding practice and keep adults with care and support needs safe from abuse and neglect. The Board is not responsible for the delivery of any services but those agencies who do plan and deliver services locally, are represented on the Board.

As a London Borough, Haringey works towards the Pan London Procedures for Safeguarding Adults; formally, known as **London Multi-agency Adult Safeguarding Policy & Procedures April 2019**<sup>2</sup>. This document unpins practice and process across

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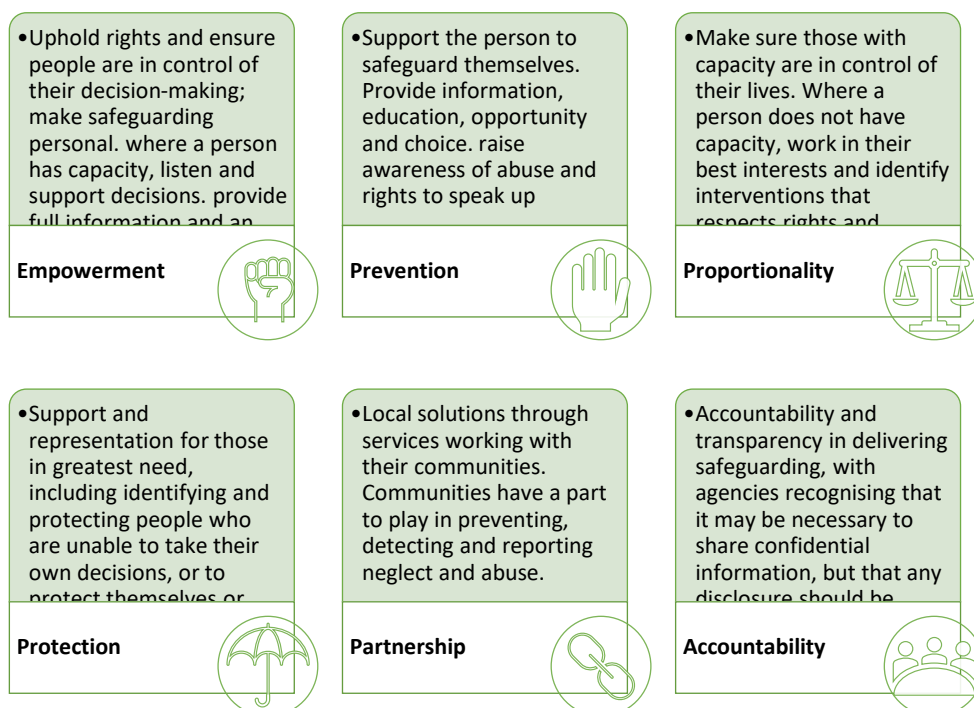
<sup>1</sup> [Human Rights Act 1998 \(legislation.gov.uk\)](https://legislation.gov.uk/ukpga/1998/42)

<sup>2</sup> [London Multi-Agency Adult Safeguarding Policy and Procedures – LondonADASS](#)

all of London. Including, an Information Sharing Agreement (ISA) contract across all agencies.

The overarching purpose of the HSAB is to help and safeguard adults with care and support needs. It does this by:

- Assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance.
- Assuring itself that safeguarding practice is person-centred and outcome focused.
- Working collaboratively to prevent abuse and neglect where possible.
- Ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred; and
- Assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.
- The work of the HSAB is underpinned by the safeguarding principles which were set out by the government in the statutory guidance accompanying the Care Act 2014. The following six principles apply to all sectors and settings including care and support services. The principles inform the ways in which we work with adults and each principle holds equal importance in the effective safeguarding of adults.



These six principles form the basis of our work and our Strategy, in which we set ourselves, the partnership and community specific actions to prevent and respond to abuse. The HSAB framework is built around the four statutory SAB purposes under the Care Act 2014; Practice, Prevention, Responding to abuse and neglect, and Learning and Improvement.

## 1.2 Governance and Membership

The HSAB is a partnership of statutory and non-statutory organisations, representing health, care and support providers and the people who use those services across the borough. It is made up of over 20 partners and at times invite guest speakers and additional attendees as relevant matters arise. The Board is facilitated by an independent Chair who is accountable to the Chief Executive of Haringey in chairing the HSAB and overseeing its work programme. However, the Chair is accountable only to the Board for the decisions taken in that role. The role of Vice-Chair is undertaken by the Director of Adults and Health.

The partnership meets quarterly and have the following statutory responsibilities under the Care Act 2014:

- Ensure Statutory Partners are appropriately represented on the SAB.
- Develop and produce a 3-year Strategy Plan in order to direct the work of the Board that reflects priorities.
- Publish a SAB annual report highlighting the Board's progress and achievements in meeting stated objectives in the Strategic Safeguarding Plan and ensuring this is widely reported across partner agencies and organisations.
- Learn from the experiences of individuals, through undertaking Safeguarding Adult Reviews (SAR) in accordance with the national guidance of best practice and the Board's SAR protocol.

The work of the Board is steered by an executive group of senior safeguarding leads from the three statutory agencies, London Borough of Haringey, North Central London Integrated Care Board (NCL ICB) and the Metropolitan Police for Enfield and Haringey.

The HSAB has links to four other Strategic Partnerships in the Borough: The Community Safety Partnership (CSP), the Health & Wellbeing Board (H&WB), the Violence Against Women and Girls Strategic Partnership (VAWG) and the Haringey Safeguarding Children Partnership (HSCP).

## 2. Work of the HSAB and its Subgroups

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The HSAB subgroups facilitate focused work in line with the objectives of the 3-year strategic work plan. Each subgroup is chaired by a member of the Board. There has been a significant amount of work undertaken and completed by the Board and by some of its subgroups during the period 2022-23 some of which is detailed below.

### 2.1 Safeguarding Adult Review Subgroup (SARs)

**Purpose:** The purpose of the SAR Subgroup is to consider referrals for any case which may meet the statutory criteria for a Safeguarding Adults Review (SAR)

under Section 44 of the Care Act 2014<sup>3</sup>. The Subgroup makes decisions according to the statutory criteria, arranges and oversees all SARs, and ensures SAR recommendations are made and messages disseminated to all SAB partners so that lessons are learned from these cases.

The Care Act 2014 requires SABs to arrange a SAR when a case meets the mandatory criteria: that is, when an adult with care and support needs in its area dies as a result of abuse or neglect whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult, or if the same circumstances apply where an adult is still alive but has experienced serious abuse or neglect.

The HSAB may also arrange a discretionary SAR in other situations where it believes there will be value in doing so. SARs are undertaken to ensure that relevant lessons are learnt, professional multi-agency safeguarding practice is improved, and to do everything possible to prevent the issues raised happening again.

### 2.1.1 SAR's published in 2022/23

The SAR Subgroup has not published any SARs in 2022/23 but has continued to discuss cases, making clear decisions about referrals meeting the SAR criteria and progressing those cases for independent review where the SAR criteria are met.

### 2.1.2 SAR referrals

Four SAR referrals were received for consideration during 2022/23. One referral is still under consideration alongside ongoing parallel investigation processes. Another referral did not meet the mandatory criteria for a SAR and a single agency review was recommended. The remaining two referrals were found to meet the SAR criteria. This resulted in the initiation of a SAR in January 2023 using a traditional SAR methodology, and development of terms of reference for a second SAR to be undertaken in 2023/24, utilising significant event analysis and information from a related Learning Disabilities Mortality Review (LeDeR).

In line with previous years, two SAR referrals received by the SAR Subgroup in 2022/23 involved suspected self-neglect. The other two SAR referrals cited different types of suspected abuse, including physical, discriminatory and organisational abuse as well as neglect and acts of omission. The SAR referrals received this year also reflect the previously identified trend of referrals being made regarding adults who have died at a relatively young age: two referrals were for people in their 50s; one in their 30s and one in their 20s. The SAR Subgroup will continue to monitor trends in referrals through the collection of

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<sup>3</sup> <http://www.legislation.gov.uk/ukpga/2014/23/section/44/enacted>



information about each person's protected characteristics within the SAR referral form.

### 2.1.3 Safeguarding Adults Reviews (SARs)

During 2022/23, one Safeguarding Adults Review was initiated and is expected to report in 2023/24. The Steve SAR has been completed, and the SAR Subgroup is in the process of finalising the SAR report ready for publication and dissemination of learning across partner agencies. Work has also been undertaken with SAB partners to implement learning from two Safeguarding Adults Reviews (SARs) completed last year.

In 2023/24, there will be a renewed focus on working collaboratively with partner agencies to ensure that learning from SARs leads to change and improvement.

### 2.1.4 SAR Subgroup Priorities for 2023/24

In addition to the consideration of new SAR referrals, the priority areas of work for the SAR Subgroup currently identified for 2023/24 are:

- Publication and learning dissemination of Steve SAR;
- Completing the SAR currently in progress and planning publication and learning dissemination;
- Commissioning a SAR (LeDeR) utilising significant event analysis;
- Piloting new and collaborative ways to monitor the implementation of recommendations from Haringey SARs;
- Developing an annual SAR learning event/campaign;
- Responding to recommendations and learning from SARs published by other SABs;
- Reviewing referrals for SARs and commissioning any new SARs.

## 2.2 Prevention and Learning subgroup

The subgroup oversees the delivery of the Haringey Safeguarding Adults Prevention Strategy 2017-2021, and development and coordination of multi-agency safeguarding adults training provision. The subgroup has responsibility for the Prevention Strategy's Delivery Plan to increase awareness of safeguarding and co-ordinate single and multi-agency safeguarding adults training. Work has concentrated on better understanding the data collected and what this means for prioritising preventative work and planning for a community awareness raising campaign.



### 2.2.1 Subgroup work in 2022/23:

- Raised profile of adult safeguarding through social media & workshops for adult safeguarding week.
- 3 multi-agency training days ran to improve legal literacy of practitioners and increase understanding of MCA in range of professionals and partner organisations
- Contributed to skills development of professionals working with those alcohol or substance dependent (Blue Light project training).
- Intelligence and feedback gathered from range of Bridge Renewal Trust (BRT) voluntary sector partners to identify barriers to reporting safeguarding concerns and how to improve avenues to report.
- Refreshed the evidence base and information in the Joint Strategic Needs Analysis (JSNA) for domestic abuse, undertook deep dive to better understand data.
- Programme of awareness raising delivered by the VAWG team across the borough.
- Re-launched fire safety awareness sessions at fire station for council staff and provider carers.

### 2.2.2 Case Studies

#### North Middlesex University Hospital

Accident and Emergency is the busiest department in the Hospital. Sometimes seeing over 700 patients come through the doors and seeking medical assistance in a 24-hour period. The senior nursing practitioners are allocated cases that are triaged. They often work autonomously, and are trained to risk assess, treat, refer to the appropriate medical team and discharge.

Since the Covid-19 pandemic, there has been a noticeable increase of domestic abuse cases. As a result, some staff members felt they lack the skills and knowledge in risk assessing and escalating. Domestic abuse training was delivered and working alongside staff risk assessing and safety planning in the A&E department for those who attend and disclose domestic abuse. As part of this training, discussions took place on the importance of risk assessing and safety planning, as well as information gathering. Since then, the referrals that come through safeguarding has improved significantly, and the service are able to safely decide on the next steps.

An example of this was a 43-year-old man, who presented to A&E with injuries to his neck and body. He disclosed domestic abuse, and his wife was the perpetrator. The clinical practitioners were able to keep him safe within the A&E department, assist him in contacting the Police, and as a multi-disciplinary team we were able to discharge him to emergency accommodation which was provided by the Local Authority housing team.

### Haringey Police

Staff at a care home reported an assault by a carer on a service user at a supported living provision. The suspect was using the service user's own hand to hit him repeatedly in the face and this was captured on CCTV. Officers on scene took full details from the staff. They recognised the service user's vulnerabilities and engaged with him in a manner to avoid distress.

The officers, using their training, recognised the need for a Merlin (due to the allegation of abuse and the raised indicators on the vulnerability assessment framework). The Merlin was assessed by Haringey police MASH team using the toolkit and deemed to be a red ragging due to the immediate intervention needed. The lack of consent to share with Adult Social care was able to be overridden due to the safeguarding interests of the service user.

A detailed police investigation was completed which involved the obtaining of a number of witness statements, interrogation of CCTV and a caution and an interview with the suspect. The victim was particularly vulnerable and due to lack of capacity was unable to provide a video-recorded interview. The lack of a victim's account will often be a barrier to a prosecution however the officer in the case was determined to demonstrate the offence through the CCTV and it was clearly in the public interest.

As well as the police investigation, the safeguarding of the service users and other vulnerable adults was prioritised. Police worked together with Social Care to ensure that the suspect was immediately suspended and that the CQC was informed.

Due to the tenacity of the officer, the Crown Prosecution Service supported the casefile, and the suspect was charged with ill-treatment by a care worker. This investigation showed multi-agency working throughout the 10-month investigation and a result which was clearly in the public interest. Various departments within the police (Uniform Response Team, Community Safety Unit and MASH) also worked effectively together and utilised their training to collectively produce a positive result which safeguards not only the individual concerned but other service users in the future.

## 2.3 Quality Assurance Subgroup

The purpose of the Quality Assurance (QA) Subgroup is to support HSAB to fulfil its remit of ensuring local safeguarding arrangements are effective and deliver the outcomes that people want. This group works to the HSAB Quality Assurance Framework (QAF) based on understanding adult at risk experiences; knowing what impact safeguarding has had; and working together.

### 2.3.1 Analysis of Performance Data

Continued to refine and improve the multi-agency adult safeguarding dataset (see performance section) to enable the partnership to be informed of local adult safeguarding activity and better placed to identify trends and patterns that the intelligence may highlight; and continued to liaise with other subgroups and working groups to ensure a joined up and consistent approach to the work is undertaken. A number of deep dive exercise have been carried out during the year looking into domestic abuse, self-neglect case and financial abuse cases.

### 2.3.2 Quality of Care Providers

The subgroup has continued to monitor the quality of care providers in all sectors to assure the Board that services provided and commissioned on behalf of Haringey residents meet specified quality standards, can prevent safeguarding incidents and respond effectively when they occur. Adult Social Services and the NCL ICB continues to commission only with providers that are rated 'Good' or 'Outstanding'. Such robust commissioning and procurement processes coupled with QA visits and input from the NCL ICB, and local authority has increased the number of Council commissioned 'Good' services located in Haringey.

### 2.3.3 Multi-Agency Quality Assurance Framework (QAF)

The HSAB has a duty to ensure the effectiveness of what organisations and agencies do in order to safeguard and promote the safety and wellbeing of adults at risk in the Borough. Effective work in this area will contribute towards achieving better outcomes for adults at risk and protection them from significant harm.

The Quality Assurance Framework was revised in 2022, it acts as the mechanism by which the Board hold local agencies to account for their safeguarding work, including prevention and early intervention. The QAF aims to, through a variety of means, provide a robust framework for understanding how effectively adults at risk of harm and neglect are protected, how well partners are working together to do this, and where safeguarding arrangements could be improved to ensure better outcomes for those adults at risk.

### 2.3.4 Multi-agency case file audits

The QA subgroup identified self-neglect as the area of focus for the multi-agency case file audit. In January 2022 a redrafted audit tool and guidance was presented and approved at the QA board.

A workshop was held in December 2022 to discuss the audit findings and to look at learning. The key themes that came out of the workshop were Making

Safeguarding Person (MSP); Mental Capacity; Safe Discharge; and Timeframes. A number of actions have been developed following the audit and has been shared with relevant partners.

### 2.3.5 Haringey Joint Establishment Concerns Procedure

The subgroup reviewed and refreshed the Haringey Joint Establishment Concerns Procedure. The procedure is a framework for managing investigations of care providers delivering support to vulnerable adults. It is rooted in the Care Act 2014, aiming to make safeguarding a personalised experience aligned with the outcomes identified by adults at risk. The procedure responds to concerns raised in various reports, incorporating lessons from SARs, the Winterbourne View Private Hospital report, and the Francis Report, among others. It emphasises principles such as empowerment, prevention, proportionate response, protection, partnership, and accountability, promoting transparency and collaboration with care providers to ensure safe, high-quality care for vulnerable individuals.

### 2.3.6 Managing Provider Failure and Other Service Interruptions Procedure

The subgroup reviewed and refreshed the Haringey Managing Provider Failure and Other Service Interruptions Procedure which is designed to address the impact of business failure in registered care providers on individuals' well-being. This procedure is in response to the Care Act 2014 and places emphasis on early risk identification and proactively supporting providers to prevent business failure. It ensures continuity of care and support for people receiving services in Haringey, regardless of their residence, funding, or provider's contractual arrangements. The council will meet care and support needs based on previous assessments, requesting additional information when necessary, and offering a range of services, while involving the relevant adults and carers in decision-making to minimise disruption in line with the well-being principle.

### 2.3.7 Haringey's Multi-Agency Section 42 Enquiry Framework and Guidance

The subgroup reviewed and refreshed the Joint Section 42 Enquiry Framework. The purpose of this framework is to guide all staff managing or conducting a Statutory Safeguarding Adult Enquiry under Section 42 of the Care Act 2014. It comes into effect when the Local Authority determines that the criteria for such an inquiry have been met.

The Section 42 Enquiry Framework sets out the duties and responsibilities for safeguarding, addressing situations where adults may be experiencing abuse, neglect, or exploitation. It highlights the importance of sharing information with

the local authority when concerns arise, even if shared with other agencies. The document also provides guidance for immediate actions to ensure the safety of the adult, such as reporting crimes or risks, safeguarding potential evidence, and involving relevant agencies as needed. The framework aims to promote the well-being of adults while conducting thorough investigations into abuse or neglect, always respecting the adult's wishes and involving them in the process. It also addresses cases where the adult lacks capacity and consent, highlighting the need for action when the risk to others or the public interest is at stake.

### 2.3.8 Haringey's Multi-Agency Self-Neglect and Hoarding Procedure

The subgroup reviewed and refreshed the Multi-Agency Self-Neglect and Hoarding Procedure. Its purpose is to guide organisations dealing with residents who exhibit self-neglect or hoarding behaviours, aiming to provide support and minimise risk. The procedure emphasises multi-agency partnership working, person-centered assessment and engagement, and safeguarding. The document outlines specific aims and objectives, such as coordinating a joint approach, developing an understanding of the psychological reasons behind self-neglect or hoarding, and improving individuals' quality of life.

### 2.3.9 Haringey Safeguarding Adult Partnership Audit Toolkit (SAPAT)

Members of the Board attended the SAPAT challenge event on 21<sup>st</sup> April 2022. All board partner organisations were asked to complete the updated SAPAT which has been developed by the London Chairs of Safeguarding Adults Boards (SABs) Network and NHS England London. It reflects statutory guidance and best practice. Voluntary & non statutory board members were asked to complete a different questionnaire. It was developed in response to concerns that the core SAPAT was not appropriate for voluntary and non-statutory Board members.

The purpose of the tool is to provide the HSAB with an overview of the Safeguarding Adult arrangements that are in place across the locality identifying what is working well and the areas that need improving.

Discussions took place on the challenges that the Board faced and how learning from each other and information sharing could be achieved. The event was attended by colleagues from Enfield Safeguarding Adults Board to provide a peer review aimed to develop our levels of assurance and improvement and to assist the Board in identifying priorities for our strategic priorities over the next twelve months.

A summary of key achievements highlighted in the partnership:

- Partnership response to the Covid-19 pandemic.
- Development of the Transitional Safeguarding Protocol.
- Partnership meetings with the Haringey Safeguarding Childrens Partnership (HSCP).
- Ongoing domestic abuse working group with all relevant partners.
- The continued work around SAR's the last 12 months has shown how positively the partnership can work together in bringing about systemic change in how we support our residents.
- Support to the Acute in terms of prioritising safeguarding responsibilities verses clinical responsibilities.

A summary of key challenges over the coming years:

- COVID recovery; challenges with backlogs and stretched resources.
- Learning from SAR's: continue to see reoccurring issues (mental capacity, risk, legal literacy etc) in practice and how systems operate.
- How do we measure impact and outcome of SAR learning.
- Workforce safeguarding roles and responsibilities to meet changing demand. Capacity issues and reduced staff levels.
- Consultation, planning and implementation of the new Liberty Protection Safeguards (LPS).
- Transitional safeguarding and managing increase in mental health cases moving to adult services.
- Imbed the Think Family Approach to safeguarding.
- The impact of the changing health landscape and move to an Integrated Care System (ICS).

## 2.4 Joint HSAB/Haringey Safeguarding Childrens Partnership (HSCP)

The HSAB and the Haringey Safeguarding Childrens Partnership (HSCP)\* meet biannually to ensure joint collaborative working across both agencies. The main objective is to ensure that all agencies work together for the purpose of improving local safeguarding and promoting welfare of children and adults in care and support needs at risk in Haringey. It is worth noting that each Board has their own existing lines of accountability for safeguarding and promoting the welfare of children and adults by their services.

\*The HSCP provides the safeguarding arrangements under which the safeguarding partners and relevant agencies work together to coordinate their safeguarding services. The partnership is responsible for identifying and responding to the needs of children in Haringey, commissioning and publishing local child safeguarding

practice reviews and providing scrutiny to ensure the effectiveness of the safeguarding arrangements.

#### 2.4.1 Transitional Safeguarding

In July 2022, the joint HSCP and HSAB endorsed the new Transitional Safeguarding Protocol. The aim of the protocol is to develop a multiagency approach to preparing young people for adulthood that enables a transitional safeguarding response to support the most vulnerable young people and adults in Haringey who are at risk of abuse and exploitation. It aims to reach and influence the practice of all operational staff and managers as well as inspire senior leaders in their visioning and commissioning of future services.

The implementation of this protocol and action plan will lead to assurance for both the safeguarding adult board and safeguarding children partnership of a more effective multiagency approach for young people, enabling earlier identification of risks and responses that embed transitional safeguarding as an integral strand of the Preparing for Adulthood pathway.

#### 2.4.2 Think Family Protocol

The Joint Board endorsed the Think Family protocol in July 2022. Think Family is Haringey's approach to working with its services and partner agencies to provide help, care and advice to families in the borough, particularly those with the greatest and most complex needs. It seeks to encourage everyone involved in supporting individuals to think about the needs and the situation of the whole family around them.

The overarching goal of the Think Family approach is to improve outcomes for Haringey's children and families by maximising the efficiency of local services through a focus on thinking and working together with the whole family. Its principles are intended to underpin all the support given to families across all services and agencies, including our response to 'Troubled Families' – and demonstrate the links.

#### 2.4.3 National Review of Child Protection

In January 2023, the joint Board reviewed the National Review of Children's Social Care. The review and its final recommendations have presented as a once in a generation opportunity for radical change (like the *Children Act 1989* was). The report calls on the Government to be ambitious for children and to play a more active role in creating the conditions for success by designing and delivering on a range of services to profile children's rights, set clearer outcomes for the way they live their childhood in the UK.

The findings recognise the context within which children's services operate, the impact of poverty and wider policy decisions on families and consequently on social care e.g., welfare, immigration, drugs, CAMHS and domestic abuse, both on children's lives and the need for help and support in communities. The joint Board will be discussing this further in 2023.

#### 2.4.4 Impact of Poverty/Cost of Living Impact

An impact of poverty coordinating group has been set up which brings together relevant senior officers from across different parts of the council and aims to ensure that there is a coordinated approach to responding to cost of living pressures, and to plan and manage risks.

In addition, there is also a partnership forum which brings together a range of statutory and voluntary sector partners with responsibility for offering financial advice and assistance to residents. The aim of this group is to identify practical areas where we can better work together to respond to debt and financial hardship.

There has been a series of community sessions run across the borough led by cabinet members. Further sessions undertaken with local voluntary sector organisations, local Food Network and a range of other partners.

Data gathering exercise on increased demand and profile of residents approaching the council for help will be put in place in 2023.

#### 2.4.5 The National Child Safeguarding Practise Review Panel

The National Child Safeguarding Practise Review Panel completed a phase one report in October 2022 on safeguarding children with disabilities and complex health needs in residential settings. The review sets out recommendations and findings for national government and local safeguarding partners to protect children at risk of serious harm. It examines allegations of abuse and neglect to children living in three private residential settings located in Doncaster and operated by the Hesley group. Local Authorities have been asked to ensure that quality and safety reviews are completed for all children with complex needs and disabilities currently living within placements to ensure they are in safe quality placements. Findings from the reviews were presented to the HSCP to use the learning to ensure the right improvements are made to practice and systems locally.

A joint report will be presented at the next joint session on current themes, issues and learning regarding organisational/ institutional abuse and measures taken in response to the concerns raised in the Hesley group report and relevant SARS.



## 3. Safeguarding Performance - Adults Activity 2022/23

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### 3.1 Introduction

The Council collects information about safeguarding adults work in Haringey, so we know how well people are being safeguarded. This information helps the HSAB decide what their priorities should be.

Data in relation to all safeguarding issues is monitored both locally and nationally. All safeguarding concerns and enquiries are recorded and coordinated by Haringey Council. Progress from initial concern through to conclusion is monitored for timeliness and quality across a wide variety of measures, including the nature and location of harm, service user group, outcomes, age, gender, ethnicity, etc. This information is scrutinised by the Quality Assurance Subgroup who report key issues and trends to the HSAB.

The Care Act 2014 sets out the statutory duties and responsibilities for safeguarding, including the requirement to undertake enquiries under Section 42 (s42) of the Care Act to safeguard people. Below and on the next page is a summary of safeguarding activity recorded during 2022/23 for both safeguarding concerns raised, and s42 enquiries undertaken.

#### 3.1.1 What do we mean when we say 'concern'?

When someone reports a concern about abuse or neglect of an adult with care and support needs, it is known as a **safeguarding concern**. A safeguarding concern that goes on to be investigated is known as an **enquiry**.

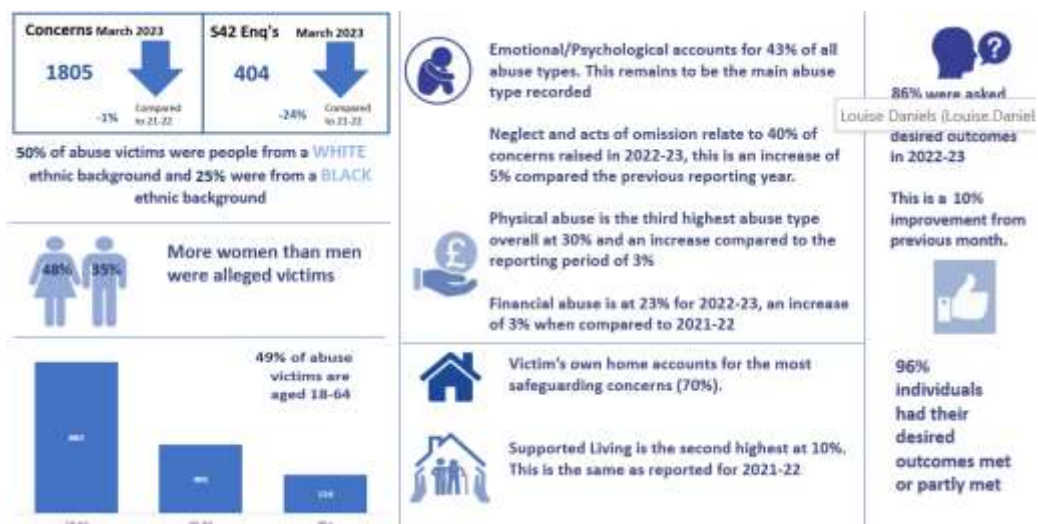
#### 3.1.2 What do we mean when we say a section 42 enquiry?

There are two different types of safeguarding enquiry, depending on the characteristics of the adult at risk: If the adult fits the criteria outlined in s42 of the Care Act 2014, then local authorities are required by law to conduct enquiries. These are referred to as **Statutory Safeguarding Enquiries**. Local authorities will sometimes decide to make safeguarding enquiries for adults who do not fit the s42 criteria. These enquiries are not required by law and are referred to as **Non-Statutory Enquiries**.

The number of referrals that are assessed as not meeting the criteria for s42 are still significant, they are known as 'Other' safeguarding concerns. The safeguarding service performs an important role in identifying safeguarding concerns that should progress to a s42 enquiry, undertaking these enquiries and ensuring that any further actions required are progressed, such as referral for a Safeguarding Adult Review (SAR). The service also takes responsibility for

significant preventative action, such as a referral to other services or support, where a s42 Enquiry is not required, so that Other safeguarding concerns are managed appropriately.

**Definition of 'Other Safeguarding Enquiries'** - Those enquiries where an adult does not meet all of the s42 criteria (**Non-Statutory Enquiries**), but the local authority considers it necessary and proportionate to have a safeguarding enquiry. Whilst each local authority has the jurisdiction to decide what Safeguarding activity, they undertake for adults who do not meet the s42 criteria, some examples could include safeguarding to promote an individual's well-being as related to the areas in Section 1 of the Care Act, or for carers who do not qualify for s42. (Source: SAC guidance NHS Digital). The doubling of 'Other' or non-statutory safeguarding shown in the data is evidence that despite a concern not being defined as a s42, staff are undertaking activity to ensure the safety and wellbeing of residents.

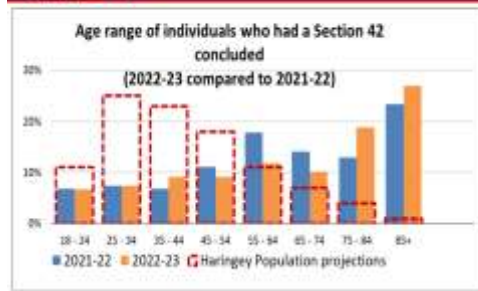


The number of safeguarding concerns has decreased by **1%** in 2022-23 compared to previous year. The number of Section 42s (S42 Enq's) decreased by **24%** from last year although the proportion of concerns leading to S42s has increased to **35%** in 2022-23 compared to **24%** in previous year.

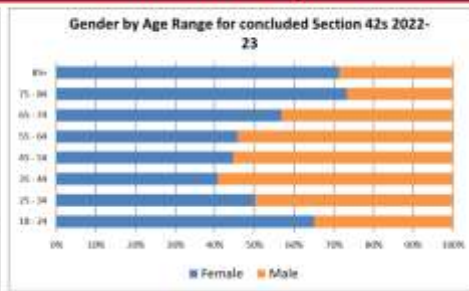
### 3.1.3 Age of individuals involved in safeguarding concerns and s42 enquiries

The data below shows that age plays an important role in determining whether a concern progresses to an enquiry. In short, concerns involving people over the age of 64 are much more likely to progress to enquiry than concerns involving people under the age of 64.

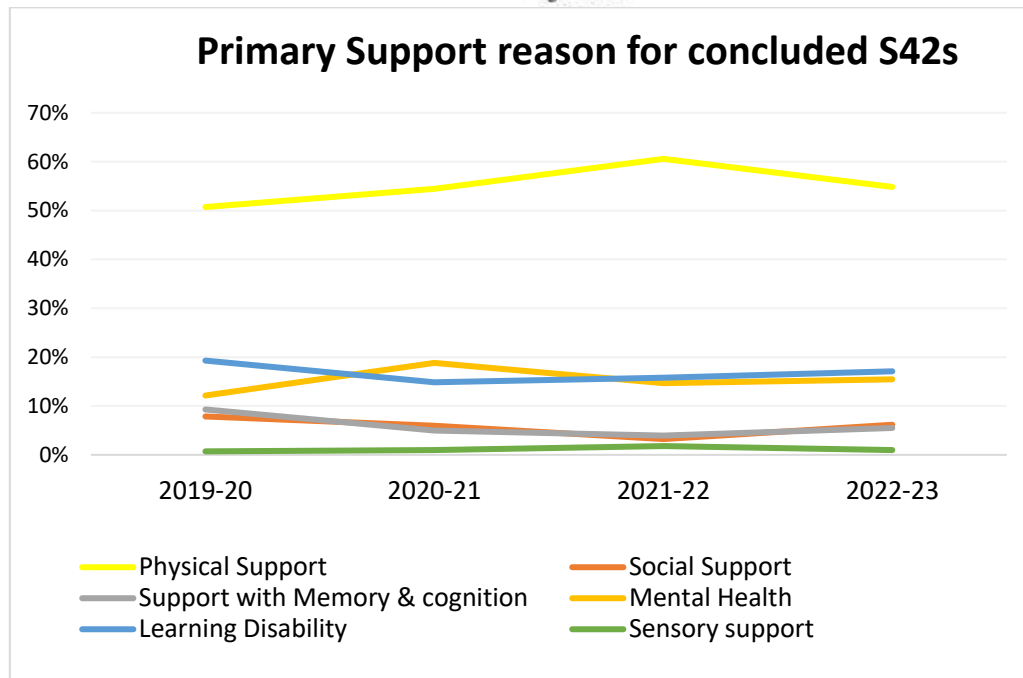
National and regional data\* supports females being the highest proportion of concerns raised, varying from 55% to 60% of females against 42% to 39% of males with commenced a s42 enquires.



68% of individuals with a Section 42 enquiry are aged 55 and over, overrepresented when comparing to Haringey's adult population.



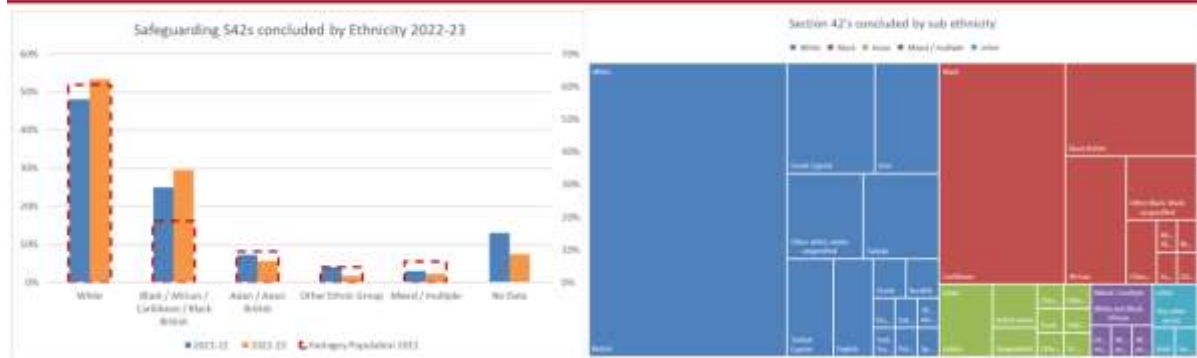
58% of individuals with a Section 42 enquiry are Female, a 2% increase compared to 2021-22. In females we have seen an increase in % for those aged 65+. In males, whilst the highest % is for those aged 85+, there has been an increase in % for those aged 25-54.



- Physical support remains to be most common type of Primary support reason, followed by Learning Disability and then Mental Health.
- Social Support has seen the biggest increase in % (3%), Social support consists of the following; Asylum Seeker Support, Substance Misuse Support, Support for Social Isolation / Other & Support to Carer.

### 3.1.4 Ethnicity of individuals involved in s42 enquiries

Year on year the ethnic background of people for whom a safeguarding concern has been raised remains similar, with the two main ethnic groups being White and Black/African/ Caribbean/Black British.

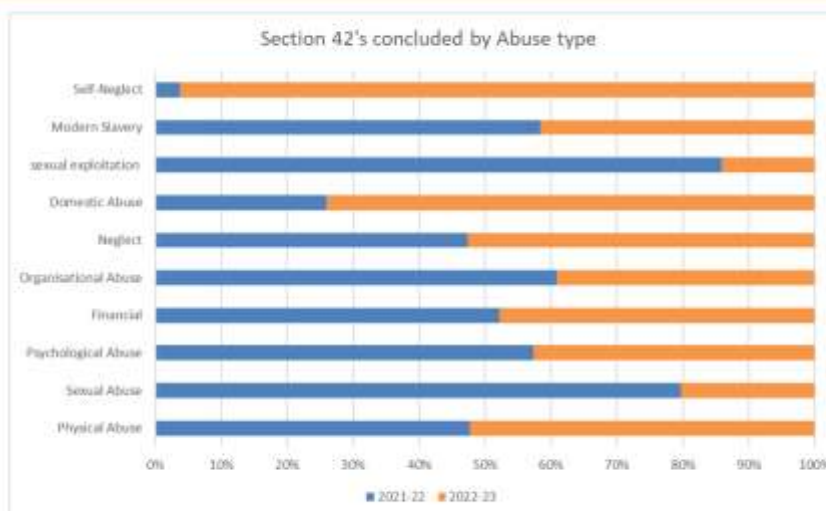


53% of individuals who had Section 42 concluded are White, a 5% increase compared to previous year almost in line when compared to Haringey's population. 30% are Black, also an increase of 5% from previous year but over-represented when compared to the Haringey population 19%.

Most white individuals were British (57%), followed by Greek Cypriot (9%) and Irish (7%)

Most black individuals were Caribbean (49%), followed by Black British (22%) and African (14%)

Most Asian individuals were Indian (35%), followed by British Asian (18%) and Bangladeshi (12%)



Proportionately Neglect and Acts of Omission account for the majority of risk types, accounting for 39% of all risk types in 2022-23, up from 35% in the previous year.

There has been an increase in Domestic abuse cases (3%) higher than previous year.

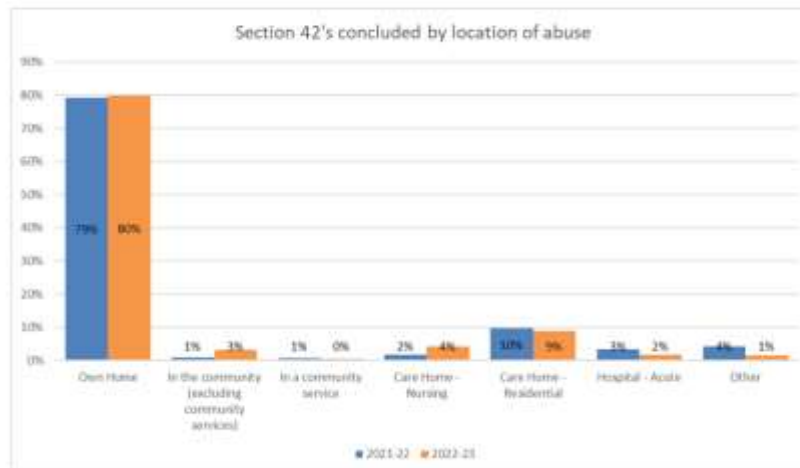
There were 37 cases of self-neglect cases compared to 1 recorded the previous year.

We have seen a decrease in the following abuse types: Sexual Abuse (2%), Psychological abuse (7%), Financial (2%)

### 3.1.5 Section 42's concluded by location of abuse

Abuse can happen anywhere: for example, in someone's own home, in a public place, in hospital, in a care home or in college. It can happen when someone lives alone or with others. It is important to understand the circumstances of abuse, including the wider context such as whether others may be at risk of abuse, whether others have witnessed abuse and the role of family members and paid staff or professionals.

National and Regional data show a similar pattern within the home being the most likely area that abuse occurs, followed by care homes, community and then hospital.



The home of the adult at risk accounted for **80%** of the risk locations in 2022-23, an increase of 1% from previous year.

'In the community (excluding community services)' and the abuse location in 'care home nursing' both increased by 2% this year.

In a community setting, care home residential and hospital location all decreased by 1% in 2022-23.

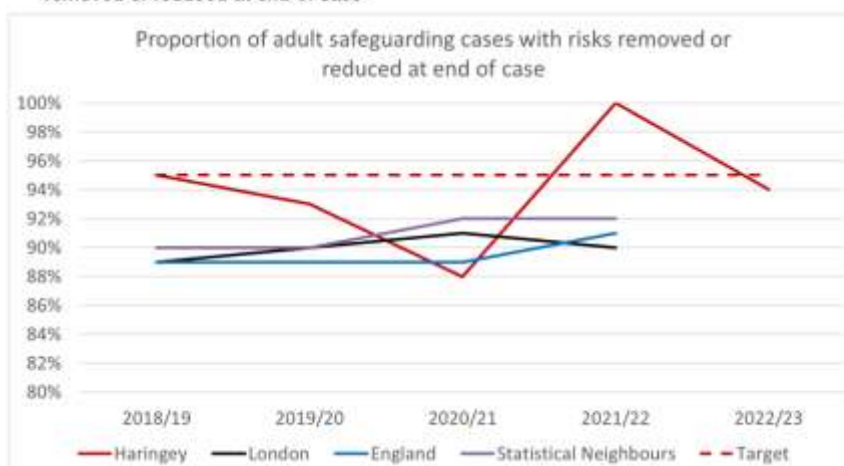
### 3.1.6 Risk outcomes

At the conclusion of a S42 enquiry, where a risk was identified during the Enquiry, an outcome concerning the status of this risk is recorded.



**Outcome 7. All adults are able to live healthy and fulfilling lives, with dignity, staying active, safe and connected in their communities**

**Borough Plan indicator:** Proportion of adult safeguarding cases with risks removed or reduced at end of case



**Target:** 95% removed or reduced, with an increased proportion removed

In Haringey **94%** of the safeguarding cases concluded had their risks either removed or reduced in 2022/23, just below the end of year target but still higher than the London, statistical neighbours and national average.

### 3.1.7 Making Safeguarding Personal (MSP)

Making Safeguarding Personal (MSP) is intended to make safeguarding more person-centred, develop more meaningful engagement of people in safeguarding and improve outcomes. It enables staff to spend time with people, asking them what they want by way of outcomes at the beginning and throughout the safeguarding process.

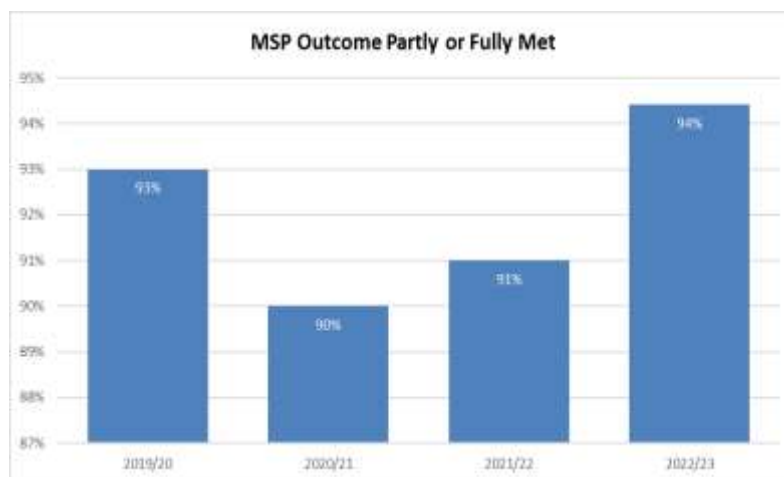
MSP is challenging work, not least because not all vulnerable people have the capacity to decide what is in their best interests and may need assistance to do so. As a result, there is a focus on increasing the knowledge and understanding of staff to ensure they undertake Mental Capacity Assessments (MCA) and that the best interest process is followed, including the use of independent advocacy as best practice.

The proportion of people asked about their making safeguarding personal desired outcome is **86%** in 2022-23, this is a 4% behind the target of 90%.

The person's desired outcome may not always be achievable. During 2022-23 we recorded **94%** outcomes met or partially met. This is an increase of **3%** compared to last year where **91%** of individuals who had a s42 concluded were asked and their outcomes were expressed.







## 4. Looking Ahead for 2023 and Beyond

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Our partnership in Haringey is committed to working to a set of values that support our core purpose to protect those adults who are and who may become at risk. We achieve this through working closely with other strategic partnerships in Haringey. Working this way means we can focus with equal measure on tackling adult abuse where it occurs and play our part in promoting an environment where abuse is prevented. Our board is well supported, and commitment from partners is strong in driving ongoing improvement. The current 3-year (2018-21) Strategic Plan has come to an end and in 2022 plans commenced on putting together a new 5-year plan.

### 4.1 The HSAB Strategic Plan and Strategic Priorities 2023-2028

Developing a comprehensive safeguarding adult strategy is crucial for ensuring the safety and wellbeing of vulnerable adults. The new strategic plan will provide a long-term plan to address the needs of vulnerable adults and promote a culture of safeguarding within the community.

The plan is being developed through co-production work with the Joint Partnership Board (JPB) and other partner agencies on the Board and have aligned the proposed priorities using our joint experience from delivery of the last 3 year plan. The proposals also emerge specifically from learning from peer challenges, Safeguarding Adults Reviews (SARs) and outcomes from the annual Board challenge event.

Many of the recognised and emerging safeguarding issues and challenges such as; increasing incidence of domestic abuse, transitional safeguarding for young people, and safeguarding people who experience homelessness, require us to work

collaboratively with local partnership and other partnerships across London. There may also be some actions and themes which cannot be resolved locally, requiring regional and national escalation and discussion.

The objectives in the strategy will support different initiatives to address emerging safeguarding issues. By taking these steps, we can work towards a community where everyone can live a decent and fulfilling life, and where the most vulnerable members are protected from harm.

The following 3 draft priorities for proposal went out for consultation:

1. **Priority 1: Prevention & Awareness**
2. **Priority 2: Learning, Reflection and Practice Improvement**
3. **Priority 3: Safeguarding and Quality of Services**

#### 4.1.1 How will we deliver the priorities?

The delivery of the priorities and objectives will be the responsibility of the Board's sub-groups, task and finish group and partners.

- **Chairs Executive Subgroup** provides effective leadership direction to the Board, to ensure that it operates efficiently and effectively, and that it delivers high quality safeguarding services to vulnerable adults in Haringey.
- **Quality Assurance Subgroup** supports the Board to fulfil its remit of ensuring local safeguarding arrangements are effective. Monitor and evaluate the quality and effectiveness of safeguarding policies procedures, practises and performance.
- **Safeguarding Adults Review Subgroup** considers referrals for any case which may meet the statutory criteria for a SAR under Section 44 of the Care Act 2014. The Subgroup makes decisions against the statutory criteria; makes arrangements for and oversees all SARs; and ensures recommendations are made and messages are disseminated to all partners so that lessons are learned.
- **Prevention and Engagement** will promote effective communication and engagement with the local community and relevant stakeholders; and to ensure that information about the HSAB's work, priorities, and initiatives is accessible and understandable to a wide range of individuals.
- **Practice Review Subgroup** will be ensuring that the recommendations and actions from Safeguarding Adult Review findings are acted upon; and improve the quality of safeguarding practise and ensure that vulnerable adults receive the support and protection they need.



### 4.1.2 How will the Strategic Plan link with the Haringey Corporate Delivery Plan 2022-2024

The Board Strategic Plan will be developed with links to the new Haringey Corporate Delivery Plan 2022-2024 (Adults, Health and Welfare Theme) replacing the Haringey Borough Plan 2019-2023<sup>4</sup>. The Delivery Plan includes the outcomes the Council is working towards as an organisation and the activity planned to deliver these outcomes.

In November 2022 Haringey Council launched the Haringey Deal. The Deal is all about forging a different way of working. This includes pledges to focus on building greater trust between the council and residents; learning when mistakes are made and putting things right quickly; empowering communities to make change happen for themselves; and finding new ways to share power with residents and communities. The Deal also recognises the critical importance of 'getting the basics right'.

There are some big challenges ahead for the HSAB and the Council including supporting residents through the cost-of-living crisis, dealing with the long-term impacts of the pandemic on resident's health and well-being; and striving to reduce the unacceptable inequalities in our borough, and ensuring every resident can live a secure, healthy, and fulfilling life.

The development of the Strategic Plan supports the foundations of the Haringey Deal for doing things together. We need to know our communities and start getting the basics right. Haringey communities are diverse and continuously changing, we need to develop a better understanding of who our residents are and how we can best work with residents.

## 5. Partner Statements

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The agencies that make up the HSAB are all committed to improving their ability to prevent harm as well as to identify and react to allegations of abuse towards the people they work with. Every year, we ask our partners to write up their partner statements which highlights their key achievements throughout the year and what are the plans for the coming year. Details of how each partner has contributed to the work of the HSAB in 2022/23 can be found below.

### 5.1 Adult Safeguarding Adults Team

Overall, this has been a challenging year with increased demands on all service areas which does impact on our safeguarding activity. The SAB objective of protecting vulnerable adults health, wellbeing and human rights and enabling

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<sup>4</sup> [Priority 2 - People | Haringey Council](#)

them to live free from harm, abuse, and neglect has been achieved by the Safeguarding Team in the following ways:

- Giving information and advice as and when appropriate; and
- Signposting to local and national organisations that support people in the community e.g., sexual abuse, domestic abuse, police, charities, other Council Departments / organisations.
- Undertaking Formal Care Act 2014 (Section 42) Safeguarding Enquiry initiated to ensure the following was undertaken:
  - establish the facts about an incident or allegation;
  - ascertain the adult's views and wishes on what they want as an outcome from the enquiry;
  - assess the needs of the adult for protection, support, and redress and how they might be met;
  - protect the adult from the abuse and neglect, as the adult wishes;
  - establish if any other person is at risk of harm;
  - make decisions as to what follow-up actions should be taken regarding the person or organisation responsible for the abuse or neglect.
- enable the adult to achieve resolution and recovery.

## 5.1.1 Challenges

- The volume of safeguarding referrals / Police MERLINS is significant and as a result the staff resources have been increased despite budget pressures and the difficulty of recruiting good quality qualified social workers.
- A duty system across the assessment and safeguarding service area has been introduced to focus on facilitating welfare visits and implementing immediate protection plans to keep people safe.
- There anecdotally appears to be a pressure to obtain partner interventions / resources to keep people safe when required such as long waiting times for ambulances to convey vulnerable adults to a place of safety, significant pressures on care home bed spaces (including increased costs) and welfare visits undertaken by police. A more robust liaison with the safeguarding representatives from various organisations has been required to ensure appropriate intervention is provided as and when needed; and they understand that the Safeguarding Team will cause other to do specific activities/actions (if/when appropriate) and the Safeguarding Team will provide Safeguarding Adult Manager (SAM) oversight.

## 5.1.2 Achievements

- The Team Management undertake presentations to other stakeholder groups to enhance their understanding of safeguarding and our respective roles and responsibility.

- The team has safeguarding policies, local guidance and procedures within the team that are in line with best practice.
- The team works effectively with other stakeholders, partners, and organisations to ensure they understand that Safeguarding is everyone's business and responsibility.
- The team adapt and respond to changes affecting how we safeguard adults in Haringey by being more proactive when engaging with other stakeholders whose resource / expertise is required.
- The team adhering to GDP arrangements and information sharing protocols when sharing information between service providers, agencies, and commissioners.
- The team endeavours to support / coordinate with other directorates in the Council and external parties / partners.
- The team endeavours to provide advice and guidance to other directorates and external parties; and seek advice, support, and guidance from external partners / parties.
- The team will task others to conduct enquiries and will provide the Safeguarding Adult Manager (SAM) oversight.
- The Team will in some cases conduct direct enquiries by allocating a social care professional / practitioner or cause other to do so (if / when appropriate) and the Safeguarding Team provide Safeguarding Adult Manager (SAM) oversight.

### 5.1.3 External safeguarding audit ongoing service improvement work

Following the external audit of safeguarding adult services in 2021, a service development action improvement plan was put in place to address the recommendations and has since developed an ongoing service improvement plan. Further work undertaken:

- **Safeguarding Referrals:** A key area of work taken forward was the establishment of business object reports (i.e., reports that can be pulled directly from Mosaic, using live information). This is because we have had to revise our approach to help us track and monitor the handover between the FRT and Safeguarding Teams and the Progression of Urgent Referrals.
- **Risk Assessment and Allocation:** A further review of the staffing structure of the Safeguarding Team was completed and with use of short-term additional funding, means we have been able to recruit additional Senior Practitioners and Screening Officers to support the team.
- **Safeguarding Plan and Review of Plan:** This related to the time taken to conclude an enquiry with high numbers of cases being open over the local 28 days target. Performance reports were amended to monitor this at the last report it was noted that 76% of further enquiries were completed within the 28 days which is a significant improvement.

- **Performance Management and Reporting:** Following the audit, through ongoing review, changes have been made to both performance data being captured, monitored and shared. This has included an updated Safeguarding dashboard sent to Senior Managers and the leadership team.

#### 5.1.3.1 *Service Improvement work:*

As well as the activity discussed above, the following are key elements of the ongoing service development:

- Review of Safeguarding pathways where LBH staff are embedded in integrated teams to ensure parity and consistency of response across the service areas. This will also assist in developing good practice as we move to ICS and localities.
- Review of LBH staffing structure to ensure both Safeguarding and Locality Teams have sufficient skills mix, staffing resource and leadership structures to provide consistent response to Safeguarding activity. This is also to be considered in the context of ICS development and the collective workforce we have across the system.
- Embed localities-based reporting and data collection. This to ensure localities are resourced sufficiently to manage demand and be kept under review.
- Transitional Safeguarding - work across the children's and adults board to focus on transitional safeguarding and how we ensure a stronger offer to our young adults. This work to be embedded as part of the transitions panel process?
- Further development of MASP at point of referral to be addressed via pathway reviews and use of themed multi-agency audits. This has been addressed in part by changes to the referral form.

#### 5.1.4 Case study

**Psychological Abuse** - this was in relation to a mother who was looking after her young adult daughter that was 32 but had severe disabilities included emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation, or withdrawal from services or supportive networks.

**Outcome:** Working in partnership with several partner organisations, a clear protection plan implemented ensured that the adults voice was heard, her needs are adequately met and there is a regime that can provide feedback on her welfare and wellbeing should any concerns arise so that prompt action can be taken.

#### 5.1.5 Looking ahead

The Safeguarding Team will continue to:

- Create safe environments for vulnerable adults through robust safeguarding practices and responses to concerns raised.
- Make sure all staff are trained, know how to respond to concerns and keep-up to date with policy and practice.
- Continue to undertake presentation to other stakeholders to enhance their understanding of the teams function and their respective roles and responsibility.
- To be aware of the signs of abuse or neglect.
- Recognise the signs of abuse and neglect.
- Record and report any concerns or incidents; and put in protection plans as appropriate.
- Report and or ask others to report immediate risks to the police by calling 999 when a risk or crime appears to have taken place.

## 5.2 North Central London Integrated Care Board

The ICB has worked collaboratively with our Safeguarding Adult and Safeguarding Children Partnership Boards across NCL, with local community teams and our borough voluntary services to provide support to those in greatest need during the cost of living crisis.

Information on resources and support was made widely available to NCL residents and staff via the NCL ICS Safeguarding webpage and the NCL ICB intranet safeguarding webpage'. See Link here: [Support with the cost of living - North Central London Integrated Care System \(nclhealthandcare.org.uk\)](https://nclhealthandcare.org.uk)

From a health perspective each Designated Professional works collaboratively with safeguarding leads across our health providers, including Primary Care, supporting them to provide additional training and support to ensure all staff recognise and report where they have a concern that an adult and/or child may be at risk of abuse, including from malnutrition and neglect, due to cost of living issues.

The North Central London Homeless Health and Care Community of Practice has been established to improve the support system for people experiencing homelessness (PEH) and connected to NCL. Improving the lives of those who are homeless requires collective and coordinated action from a range of partners across NCL, including the safeguarding team.

The aim of the group is to share ideas and good practice, identify challenges faced when providing care for PEH, and to collectively propose action plans to address issues raised.

### 5.2.1 Achievements

- NCL ICB has appointed a Director of Safeguarding to support the Chief Nurse in ensuring statutory requirements are met. The safeguarding team

comprises of Designated Nurses/Doctors/Professionals, Named GPs for safeguarding, Looked After Children and the Child Death Review Process Lead aligned to our five boroughs.

- The ICB has established a Safeguarding Strategic Oversight Group to strengthen internal assurance on the ICB Safeguarding strategy.
- In November 2022, the ICB hosted its first Safeguarding Adult and Children Conference, with a focus of safeguarding across lifespan.
- We have a well-established 'Quality oversight' forum, chaired by the Directors of Quality and Safeguarding, and attended by the Continuing Healthcare and Complex Individualised Commissioning (CHC/CIC) teams, along with our safeguarding colleagues. The purpose of the forum is to share local intelligence on providers where the ICB commissions packages of care for residents, including those with Mental Health, Learning Disability and Autism, as well as Children and Young people, ensuring that we place our residents with providers that can safely care for their needs.
- The ICB Quality and Safety committee (QSC) is a subcommittee of the ICB Board. Since its inception the QSC has reviewed the following safeguarding papers:
  - Approval of NCL Safeguarding Adults and Safeguarding Children Policies.
  - Overview of Maternity Services across NCL.
  - Child Death Overview Panel 2021-22 Annual Report.
  - 2021-22 NCL CCG Safeguarding Children and Adults Statutory Annual Report.
  - An NCL safeguarding webpage was developed on the NCL GP website to supplement GP safeguarding forums and share best practice and information
  - Safeguarding professionals offer support for Primary Care with complex safeguarding concerns. The Named GP and Designated Professionals support GPs with their participation in safeguarding reviews and audits.
  - Haringey has a quarterly GP forum for training and discussion, and the ICB also hosts extra safeguarding webinars that GPs are invited to. Designated Professionals and Named GPs attend existing GP forums to promote Safeguarding Practice in Primary Care.
  - The ICB Safeguarding Communication and Engagement Working Group raised awareness of international, national, and regional annual safeguarding events, and increased the understanding of safeguarding and access to support.
  - Communication includes social media articles and signposting for the public, and webinars and articles for staff across the NCL health economy. The topics highlighted to staff on the intranet and in newsletters in 22/23 have been: Mental Health and Suicide Prevention; Dementia Awareness; Trafficking of people and Modern Slavery; Learning Disabilities; Domestic Abuse; Sexual Violence and Abuse; FGM Awareness and Online Safety.

## 5.2.2 Challenges

One of the key risks that the ICB has prioritised is sharing learning from Serious Care Reviews and Domestic Homicide Reviews. A Safeguarding System Learning Group has been established to take this work forward.

### 5.2.3 Looking ahead

- Further development of Safeguarding Governance framework and peer assurance for the ICB/ICS
- Training and development aligned to the intercollegiate document.
- Ensuring stronger safeguarding links with the CSP/SAB
- Embedding a Think Family Approach to safeguarding

Other **NHSE National Priorities** which are a focus for the ICB in 2023/24 include:

- Transitional safeguarding
- Contextual safeguarding
- Cost of living crisis
- Receiving and monitoring actions and themes from Safeguarding Self-Assessment (SAF) audits
- Mental Health

## 5.3 Haringey Metropolitan Police Service

The MPS and HSAB have common goals to prevent abuse. The MPS has continued to update the Public Protection Improvement Plan to deliver improvement across London, including Abuse and Neglect of Vulnerable Adults; Domestic Abuse, Stalking and Harassment.

### 5.3.1 Achievements

- Accredited specialist safeguarding course to all Public Protection officers and this remains ongoing for officers joining Public Protection.
- MPS has developed the Affinity Protocol, an evidence based problem-solving initiative that seeks to address recurring missing episodes, problematic volume and poor reporting approaches occurring at NHS Mental Health Service Providers and other hospital settings across London. The 9 Mental Health trusts across were onboard and the MPS has 9 SPoCs who liaise across BCU boundaries to fit Trust coverage. A new monthly data set feeds partnership meetings to address lost patient incidents reported as missing.
- Haringey MASH continues to provide input on continuous professional development days for all front-line officers in Haringey and Enfield, to support better data quality of Merlin reports.
- In collaboration with SafeLives, Domestic Abuse Matters Trainings were delivered to all frontline police officers across London. The training was developed to tackle the myths and misconceptions around domestic abuse



and most importantly build upon the valuable skills in existence across the Met to protect people at risk of harm.

- Operation Vesper launched to support the MPS VAWG strategy to reduce the number of open live rape investigations with the support of Crown Prosecution services. This has led a 2.1% increase of rape detections in the financial year of 2022-2023.
- There is now a cuckooing SPOC in the North Area who will collate all the active addresses of concern and work with the CMARAC and other partners to support vulnerable adults to protect their homes. Within this initiative we also now have a local cuckooing policy in place, in order that officers are clear on expectations and actions around these addresses.
- For Adult Safeguarding Week 1n November 22, our Vulnerable Adult Coordinator produced a guide for all North Area officers on adult safeguarding. This included information on care home investigations, financial exploitation, Modern Slavery, when/how to complete a Merlin and all the referral forms needed for the various multi-agency panels.
- Communication pathways have improved in relation to repeat survivors of RASSO offences who may be vulnerable, for example due to mental health concerns or a learning disability. A SOIT officer will now refer a case to the police Mental Health Team or the Vulnerable Adult Coordinator in order that they can be linked in with Adult Social Care or a Mental health Care Coordinator, to access the right support for the survivor.
- Operation Aegis Team, an organisation wide improvement project team to deliver improvement in Public Protection came to North Area BCU and spent 11 weeks to provide bespoke and enhanced support & coaching to all officers. 348 individual & small group support sessions were delivered to 731 officers across the BCU, along with bespoke briefings on risks assessments and investigative strategy.
- Face to face Mental health and Modern Slavery Training has been delivered to all Safer Neighbourhood Officers in the first quarter of 2023 improving awareness and also practice/procedure. MIND in Haringey have also funded and trained 192 NA officers in mental health First Aid. This is accredited course and equips the officers with a better understanding in how to identify and support a person in mental health crisis.
- In March 2023 NA implemented the Section 136 detention policy. This requires officers to consult a duty officer prior to using S136 (if safe and practicable to do so) and to call the Mental health advice line. This is encouraging officers to use the least restrictive option. As a result, we have seen a reduction of approximately 20% in the use of section 136. The Police Mental Health Team also work closely with BEH Trust to identify High Intensity Users where Trigger Plans will be produced to advise and guide officers with alternative options to section 136.
- Following new processes and consultation with our AMHP services we have also seen a reduction in Section 135 MHA warrants of 37%. This involves considering, with partners, another alternative avenues prior to a warrant application.



### 5.3.2 Cost of Living

- The Metropolitan Police Service (MPS) recognise the impact of cost of living crisis is having on families, especially in socially deprived communities. The financial strain on relationships can be evident and likely manifest into criminal offences, such as domestic abuse cases and fraud.
- We will address these challenges through effective intelligence gathering from our front line police officers and detectives; effective data sharing and referrals and collaborative approach with local partner agencies.
- Our front officers and detectives are trained in using the Vulnerability Assessment Framework (VAF). We would apply the framework on all contacts between the police and public. This would maximise opportunities for early intervention, especially for vulnerable adults. When signs and behaviours are identified using the framework, Merlin reports would be completed.
- The Haringey Multi-Agency Safeguarding Hub (MASH) continues to adhere strict guidelines on data sharing without delay with Haringey Adult Social Care; reviewed and quality assure the Merlin reports, identified risk to ensure timely referral.
- Recognising the most effective way to safeguard vulnerable adults are through collaborative working with our partners agencies. North Area Basic Command Unit (NA BCU) would ensure representations in our statutory partners meetings, including Community Multi-agency Risk Assessment Conference (CMARAC), Multi-agency Risk Assessment Conference for high risk domestic abuse; Multi-Agency Public Protection Arrangements; Safeguarding Adults Boards and other related working groups.
- NA BCU also dedicated Vulnerable Adult Coordinator work closely with both Haringey and Enfield Adult Social Care.

### 5.3.3 Challenges

- The MPS continued to face significant challenges which include austerity, changes in crime patterns and demographic across London. Mental health plays a significant role in public protection and diverting police resources to support the safeguarding. In March 2023, Met Officers detained 573 people under Section 136 of the Mental Health Act and many more under Section 135, the two most commonly used powers of detention where there are concerns that someone poses a risk to themselves or others.
- In London, it takes on average 14.2 hours in A&E and 8.5 hours at a health-based place of safety from the police arriving with a patient to medical staff taking over their care. It is estimated that Met officers spend well over 10,000 hours each month responding to mental health concerns and dealing with what should principally be health matters.

- MPS have addressed the concerns by launching the Turnaround Strategy which identified nine priorities. The strategy aims to deliver the change we need to see by improving our policing activities, our capability to reduce crime, and ensuring we deliver More Trust, Less Crime, High Standards.
- One of the key priority is to strengthen the work in Public Protection and Safeguarding. MPS will work continue to work closely with the NHS and other partners we will strive for an improved response to those in crisis, enabling us to focus on our policing role.

### 5.3.4 Looking Ahead

In the coming financial year, MPS will publish an updated version of Turnaround Plan which incorporates feedback from the public. The MPS will work closely with partners to adopt the Right Care, Right Person (RCRP) operational model, to ensure the individual receives the most appropriate care. Work remains ongoing on the review of MASH processes across London. The implementation of GoodSAM app across London to assist MPS in resolving missing person calls. The MPS initiative to utilise data and technology to target 100 most dangerous men in support of the violence against women strategy.

## 5.4 Barnet, Enfield, Haringey Mental Health Trust (BEHMHT)

Over the last financial year, we continue to gain assurance our staff are “Making Safeguarding Personal” by auditing Section 42 enquiries across the three Trust boroughs. Investigating the quality of protective measures implemented, evidence and effectiveness of multi-agency working. This has assisted in determining how practitioners are using best practice to maximise the chances of service users being protected and recovering from what they have experienced. We continue to “see the adult, see the child,” with our think family agenda being well embedded within The Trust as we continue to work collaboratively with partner agencies to safeguard and protect children and adults.

Our continued delivery of safeguarding training to the PG diploma nursing students as part of corporate induction remains to gain positive feedback, plus bespoke training sessions in relation to our involvement in statutory reviews. The safeguarding team has also provided ongoing support to practitioners via refresher referral pathway training, this has built upon our training sessions held last year.

A Domestic Abuse and Sexual Safety Coordinator was appointed in August 2022. The Domestic Abuse and Sexual Safety Coordinator has supported delivery of a stalking masterclass in conjunction with the Stalking Threat Assessment Centre (STAC) psychologists; equipping staff to be able to effectively identify and respond to stalking, which widely acknowledged to be a key risk factor in cases of domestic homicide. This session was also delivered to partners across the Haringey

Safeguarding partnership, looking at supporting the coordinated community response. Due to low reports of men experiencing sexual abuse and barriers that men face in making a disclosure, we have facilitated a partnership wide workshop on 'Responding to Male Survivors of Sexual Abuse' with the Survivors Trust. Additionally, Specialist older people and domestic abuse workshops have been rolled out across older peoples, memory, and dementia services across the trust with Solace Women's Aid.

A Domestic Abuse and Harmful Practices drop-in surgery has been set up and operates on a weekly basis across the partnership, supporting frontline staff to understand risk and take proactive and positive steps in safeguarding people accessing BEH services.

#### 5.4.1 Cost of living

The national cost of living crisis has had implications for safeguarding adults under the care of the Trust. Many households have been struggling with rising bills and food costs. These additional pressures may increase the risk of abuse, homelessness, decline in mental health, domestic abuse, neglect, self-neglect, and substance use.

- The Trust's Safeguarding Team have recognised these increased risks and have taken a number of steps to raise the profile of the team and safeguarding in general.
- Across BEH we now have 3 virtual advice drop in's for any practitioner who requires ad hoc advice and support.
- The safeguarding team continue to provide safeguarding supervision to the perinatal team, continually promoting safeguarding and risk posed to vulnerable babies and adults.
- We continue to promote safeguarding to all practitioners across BEH, we maximise our capacity by attending CPA's, team meetings and away days, following this we can identify increased safeguarding adult alerts.
- We continue to measure the outcomes of our work via our internal reporting process, including auditing and analysis of the quality of safeguarding alerts.

#### 5.4.2 Looking Ahead

The Trust will continue with its activities as outlined in section 1 to raise awareness of the Team and safeguarding in general.

Barnet, Enfield and Haringey MH NHS Trust and Camden and Islington Foundation Trust are both represented and an active partner in multi-agency forums overseeing safeguarding adults and key outcomes have oversight in the individual Trust's Safeguarding Committees (AKA Integrated Safeguarding Group (ISG) in BEH-MHT), which meet quarterly. The Safeguarding Committee/ISG is

chaired by the Chief Nurse, or Director of Nursing in their absence and is attended by appropriate Divisional representatives from across the Trust, relevant partner Designated Professionals for Safeguarding from North Central London Integrated Care Board (NCL ICB) and Local Authority colleagues as required.

The role of the Safeguarding Committee/ISG is to monitor relevant safeguarding information provided which includes information on safeguarding activity, training, supervision, Safeguarding Adult Reviews, Domestic Homicide Reviews, Serious Case Reviews, and other relevant data including that required by our partner NCL ICB/NCL ICS. The Safeguarding Committee/ISG reports into the individual Trust's Quality and Safety Committee.

Relevant policies, procedures and guidelines are in place to support and guide staff. These are available via the Trust's intranet and are publicised and promoted to staff as appropriate using various forms of communication. Allegations, complaints, and clinical incidents are investigated and monitored in order that necessary actions are taken, and any lessons learned are incorporated into ongoing supervision and training.

## 5.5 Whittington

Whittington Health is a member of the SAB and sub-groups. Increases in categories of alleged abuse such as self-neglect and/or financial abuse etc are raised by the Trust within this framework to ensure we are able to work with partners to address any increase in needs.

- Whittington Health has co-produced some videos for patients with a learning disability about what to expect at the hospital when attending the Emergency Department, Outpatients and having an operation. A training video has also been produced, in which our patients and expert staff members outline exactly what reasonable adjustments are required for people with a learning disability.
- We continue to deliver face to face training for level 2 safeguarding adults and continue to see an increase in numbers of referrals around safeguarding adult concerns as staff absorb this knowledge.
- Whilst the implementation of the proposed Liberty Protection Safeguards (LPS) has been postponed, Whittington Health were key members of both the National and regional Clinical Review Group (CRG) looking at gaps in knowledge and producing resources to assist agencies in having an awareness of their responsibilities in relation to the Mental Capacity Act 2005, and how to ensure Deprivation of Liberty Safeguards are considered for community patients too. This work also includes 16- and 17-year-olds.
- The continued increase in safeguarding adults' activity and complex hospital discharges has led to an increase in safeguarding adult resource within Whittington Health. It has been essential to ensure staff are aware of learning from Safeguarding Adult Reviews undertaken by the SAB, and the face-to-face

training offered for safeguarding adults is one route used to disseminate learning.

### 5.5.1 Case study

A concern was raised that a patient may be a victim of modern slavery due to the nature of the injuries he presented with, his living conditions, age, lack of knowledge of his locality despite being resident there for a significant period and general physical health. Placing the patient at the center of the concern in line with Making Safeguarding Personal (MSP), discussions were held with relevant agencies to ensure the patient could be safely discharged. This included liaising with the police and social services.

### 5.5.2 Looking ahead

- Maintain high compliance rate for safeguarding adults training.
- Continue to offer a visible and flexible consultation service to all staff and partners where appropriate.
- Look at the development of additional resources for staff around awareness of autism.

## 5.6 Bridge Renewal Trust

- We continue to provide support to voluntary sector groups via our online safeguarding training and other capacity building activities to the VCS in Haringey.
- During this year, 183 people have completed our online Basic Safeguarding Awareness Training, representing 24 Haringey organisations.
- We continue to face ongoing challenges around resourcing for Safeguarding within the VCS and its adequate promotion and embedding.
- We have continued to promote our online training and have worked with colleagues in the Council to look at ways to further understand the barriers to embedding safeguarding within VCS organisations. We held a Voluntary Sector Forum on this topic, attended by 23 VCS Groups.

## 5.7 Hornsey Housing Trust

- Working in partnership with foodbanks, the offer of warm spaces in communal areas and a shared service between four housing associations for a tenant officer to maximise income
- Improved tenants' income during the cost-of-living crisis. applications to foodbank and grant applications, partnership working with local community centres
- promotion of warm spaces, newsletters to tenants on how to save energy and keep warm. Sharing good practice with peers

- Shared tenant sustainment officer between 4 housing associations. partnership working with DWP and multi-agency working to support tenants.

## 5.8 Housing/Homelessness

- Have kept personal service charge as low as feasibly possible in the accommodation services that we deliver directly to minimise impacts on residents income
- Managed to keep a no rent night shelter open in hotel provision to ensure that we can keep as many people as possible off the streets whilst a suitable housing option is found for them.
- Significant pressures in trying to assist people in the borough with no recourse to public funds. Fortunately, the service has been able to run a temporary night shelter which has provided 15 bedspaces for vulnerable people who would otherwise be rough sleeping. This has allowed rapid access to assessment and support with health outcomes as well as immigration advice.
- HRS had a hospital discharge role in place working to ensure that there were housing options available. This role meant that zero people were discharged from hospital without a housing option. Additionally, it saved over £250k for the NHS by enabling discharge from hospital beds.
- Housing Needs have a allocated officer solely working on prison discharge to help to prevent release without a housing option available.
- Recently appointed a dedicated rough sleeping social worker with a focus on the Care Act 2014 and how people affected by rough sleeping are able to access support through it.
- Haringey has the highest number of rent-free bedspaces in London that are available for vulnerable people affected by rough sleeping and uncertain immigration status
- The delivery of the training over many quarters has led to an increased understanding of the intersection of homelessness and safeguarding, and the development of effective practices across the partnership to flag and respond to safeguarding concerns.

### 5.8.1 Looking Ahead

- To continue to embed the rough sleeping social worker and to be able to deliver measurable outcomes to feed in an evidence based way into best practice and removing barriers for vulnerable adults.
- To continue with a program of opening additional supported accommodation services for those experiencing the most complex support needs as well as the most vulnerable young people experiencing homelessness with some level of learning difficulties.
- An ongoing commitment to developing gendered responses to safeguarding women experiencing homelessness.

## Adults and Health Scrutiny Panel

### Work Plan 2022 - 24

<b>1. Scrutiny review projects;</b> These are dealt with through a combination of specific evidence gathering meetings that will be arranged as and when required and other activities, such as visits. Should there not be sufficient capacity to cover all of these issues through in-depth pieces of work, they could instead be addressed through a “one-off” item at a scheduled meeting of the Panel. These issues will be subject to further development and scoping. It is proposed that the Committee consider issues that are “cross cutting” in nature for review by itself i.e. ones that cover the terms of reference of more than one of the panels.		
Project	Comments	Status
<b>Discharge from hospital</b>	First evidence session held with officers in February 2023. Further sessions have recently taken place with final sessions expected shortly.	Ongoing
<b>Digitalisation and communications with residents</b>	Terms of reference provided to the Panel for amendments and approval.	ToR to be approved

<b>2. “One-off” Items;</b> These will be dealt with at scheduled meetings of the Panel. The following are suggestions for when particular items may be scheduled.	
Date	Agenda Items

<b>2022-23</b>	
<b>21 July 2022</b>	<ul style="list-style-type: none"> <li>• Cabinet Member Questions – Adults &amp; Health</li> <li>• Place &amp; Partnerships</li> </ul>
<b>15 September 2022</b>	<ul style="list-style-type: none"> <li>• Living Through Lockdown report (Joint Partnerships Boards) – Update on Council/NHS response to recommendations</li> <li>• Aids and Adaptations – Delays and Supplier/Contractor issues</li> <li>• Finance/Performance update</li> </ul>
<b>17 November 2022</b>	<ul style="list-style-type: none"> <li>• Haringey Safeguarding Adults Board (HSAB) Annual Report</li> <li>• CQC Overview</li> <li>• Dementia services</li> </ul>
<b>8 December 2022 (Budget Meeting)</b>	<ul style="list-style-type: none"> <li>• Scrutiny of 2023/24 Budget and MTFS</li> </ul>
<b>9 February 2023</b>	<ul style="list-style-type: none"> <li>• Joint meeting with Children &amp; Young People’s Scrutiny Panel on transitions between children’s and adult services.</li> </ul>
<b>13 March 2023</b>	<ul style="list-style-type: none"> <li>• Cabinet Member Questions – Adults &amp; Health</li> <li>• Update – Aids &amp; Adaptations</li> <li>• Winter system resilience</li> </ul>



<b>2023-24</b>	
<b>22 June 2023</b>	<ul style="list-style-type: none"> <li>• LGA Commissioning Review</li> <li>• Dementia services update</li> <li>• Workforce funding and reform agenda</li> </ul>
<b>18 September 2023</b>	<ul style="list-style-type: none"> <li>• Living Through Lockdown report - Joint Partnerships Board (to include details of new initiatives that the Council had established as a result of the report recommendations.)</li> <li>• Suicide prevention/mental health</li> <li>• Cabinet Member Questions – Adults &amp; Health</li> </ul>
<b>16 November 2023</b>	<ul style="list-style-type: none"> <li>• Haringey Safeguarding Adults Board (HSAB) Annual Report (to include update on modern slavery)</li> <li>• Quality Assurance/CQC Overview</li> <li>• Update - Adult Social Care Commissioning &amp; Co-production Scrutiny Review</li> </ul>
<b>12 December 2023 (Budget Meeting)</b>	<ul style="list-style-type: none"> <li>• Scrutiny of 2024/25 Budget and MTFS</li> </ul>
<b>22 February 2024</b>	<ul style="list-style-type: none"> <li>• Aids and Adaptations/Disabled Facilities Grant (DFG) – Improvements to service</li> <li>• Cabinet Member Questions – Adults &amp; Health</li> </ul>
<b>Feb/Mar 2024</b>	<ul style="list-style-type: none"> <li>• Joint meeting with Children &amp; Young People’s Scrutiny Panel on transitions between children’s and adult services.</li> </ul>

To be allocated:

- **LGA Peer Review** – Further update to be scheduled. Previous update was in June 2023. Strategic plan is expected to be in place by Jan 2024.

- **Workforce reform agenda** – Further update to be scheduled. Previous update was in June 2023. At the previous update it was noted that the 30% vacancy rate in Adult Social Care represented a risk and so it would be useful to monitor staff turnover and the vacancy rate at the next update on this issue.
- **Integrated Care System (ICS)** – At a meeting in July 2022 it was suggested that a further report be brought to a future meeting including details on: a) the development of the co-design/co-production process; and b) the communications/engagement process for the next suitable new project.
- **Osborne Grove Nursing Home**
- **Preparedness for a future pandemic**

## Adults & Health Scrutiny Panel

### Digitalisation and Communications with Residents (Adult Social Care) – Draft Scope and Terms of Reference (2023/24)

<b>Rationale</b>	<p>The Council's Corporate Delivery Plan for 2022/23 and 2023/24 includes a High Level Outcome on Positive Resident Experience which specifies that: <i>"All residents, businesses and other stakeholders can easily access services which are designed and operated in a resident-centric way. Co-production puts resident voice and experience at the heart of everything we do. Positive interactions with the council will support better relationships with the community, increasing mutual trust and confidence."</i></p> <p>In addition to commitments to improve access to Council services and information, this High Level Outcome also specifies that residents should experience <i>"a more usable, accessible and enhanced digital service offer"</i> and <i>"consistent service standards, with inclusion across all channels and adaptations and enhanced support for those that need it"</i>.</p> <p>Senior officers from Adult Social Services have previously highlighted to the Panel the opportunities post-Covid to interact with residents in a different way, particularly through digitalisation and to develop more streamlined processes. Feedback from residents was that they wanted to be able to tell their story only once rather than having to tell different departments the same pieces of information. Residents also want to be kept informed of when to expect actions to be taken or contact to be made with them and so more efficient communications was also a part of this. Officers had indicated an intention to look at points of contact for residents with a view to how that offer can be transformed, including through digital platforms.</p> <p>Panel Members have previously raised concerns at recent Panel meetings about issues with Member enquiries relating to adult social care noting that it was sometimes necessary to make multiple enquiries to ascertain whether an issue had been resolved. This could be a particular issue in cases where residents have complex needs and/or require support from multiple local agencies. This could include cases involving alcohol/drug dependency and/or mental ill-health. Members have highlighted the importance of co-ordination between local stakeholders and practical difficulties that they had experienced in identifying who to contact in order to obtain further help and support for the residents affected.</p>
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	<p>This issue had been highlighted by a previous Scrutiny Review by the Panel in 2021/22 in the context of sheltered housing in Haringey. The Review (“Sheltered Housing – Access to Health and Social Care Services”) recommended that support for clients with high needs, including specialised targeted support where appropriate, was to be prioritised as part of the locality working approach. The Cabinet response to the Review, published in December 2022, committed that each locality would develop a network of practitioners, community groups and council teams who would work together to improve access to services and enable faster responses to people in crisis.</p> <p>The Adult &amp; Health Scrutiny Panel’s review will examine the communication process and systems in place for residents presenting with a complex picture involving a multidisciplinary team.</p> <p>The Panel will seek to consider evidence from a broad range of witnesses and to develop recommendations to Cabinet on possible improvements in digitalisation and communications with residents in Haringey.</p>
<b>Scrutiny Membership</b>	<p>The Members of the Adults and Health Scrutiny Panel that will carry out this review are:</p> <p>Councillors: Pippa Connor (Chair), Cathy Brennan, Thayahlan Iyngkaran, Mary Mason, Sean O’Donovan, Felicia Opoku &amp; Sheila Peacock.</p> <p>Co-opted members: Ali Amasyali &amp; Helena Kania.</p>
<b>Terms of reference</b>	<p>The aims of this project are:</p> <p>To review the current arrangements for communication processes and systems for residents presenting with complex needs involving a multidisciplinary team including:</p> <ul style="list-style-type: none"> <li>• How the team communicates between one another regarding the actions needed to facilitate care for the resident.</li> <li>• How the team communicates with the resident and family members, how it provides a single point of contact, plan of actions and timeframe for these actions.</li> <li>• How the team communicates with Council Members who request details about the actions and the timeframes for these actions to be carried out.</li> <li>• What systems are in place to facilitate the above to take place.</li> </ul>

<b>Links to the Corporate Delivery Plan</b>	<b>High Level Outcome 1:</b> Positive Resident Experience - All residents, businesses and other stakeholders can easily access services which are designed and operated in a resident-centric way. Co-production puts resident voice and experience at the heart of everything we do. Positive interactions with the council will support better relationships with the community, increasing mutual trust and confidence.
<b>Evidence Sources/Witnesses</b>	<p>A broad selection of interested parties will be invited to take part in the review and to submit evidence. In this context it is noted that residents with complex needs are typically supported by a multi-disciplinary team that may include the following representatives:</p> <ul style="list-style-type: none"> <li>• Specialist housing worker</li> <li>• Social worker</li> <li>• Mental Health worker</li> <li>• Care co-ordinator</li> <li>• Voluntary sector or charity (such as Mind)</li> <li>• Aids and Adaptations</li> <li>• Alcohol or drug team worker</li> <li>• Police</li> <li>• Community Occupational Therapist</li> </ul>
<b>Equalities Implications</b>	<p>The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to: (1) Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act; (2) Advance equality of opportunity between people who share those protected characteristics and people who do not; (3) Foster good relations between people who share those characteristics and people who do not.</p> <p>The three parts of the duty applies to the following protected characteristics: age; disability; gender reassignment; pregnancy/maternity; race; religion/faith; sex and sexual orientation. In addition, marriage and civil partnership status applies to the first part of the duty.</p> <p>The Panel should ensure that it addresses these duties by considering them during final scoping, evidence gathering and final reporting. This should include considering and clearly stating: How policy issues impact on different groups within the community, particularly those that share the nine protected characteristics; Whether the impact on particular groups is fair and proportionate; Whether there is equality of access to service and fair representation of all groups within Haringey; Whether any positive opportunities to advance equality of opportunity and/or good relations between people, are being realised.</p>

<b>Timescale</b>	For completion by April 2024.
<b>Reporting arrangements</b>	The Director of Adults & Health will coordinate a response to Cabinet to the recommendations of the Committee's final report.
<b>Officer Support</b>	Lead officer: Dominic O'Brien, Principal Scrutiny Officer, 020 8489 5896, <a href="mailto:Dominic.Obrien@haringey.gov.uk">Dominic.Obrien@haringey.gov.uk</a>