

## NOTICE OF MEETING

# ADULTS & HEALTH SCRUTINY PANEL

**Thursday, 17th November, 2022, 6.30 pm - Woodside Room -  
George Meehan House, 294 High Road, N22 8JZ**

(To watch the live meeting click [here](#) or watch the recording [here](#))

**Members:** Councillors Pippa Connor (Chair), Anna Abela, Cathy Brennan, Yannis Gourtsoyannis, Thayahlan Iyngkaran, Felicia Opoku and Sheila Peacock.

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

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 - 12)**

To approve the minutes of the previous meeting.

#### **7. HARINGEY SAFEGUARDING ADULTS BOARD - ANNUAL REPORT 2021/22 (PAGES 13 - 94)**

To consider the annual report of the Haringey Safeguarding Adults Board for 2021/22.

#### **8. CQC/QUALITY ASSURANCE OVERVIEW**

Report to follow.

#### **9. DEMENTIA SERVICES**

Report to follow.

#### **10. WORK PROGRAMME UPDATE (PAGES 95 - 98)**

To consider any additions or amendments to the Panel's current work programme.

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

To consider any items admitted at item 3 above.

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

- 8<sup>th</sup> Dec 2022 (6:30pm)
- 13<sup>th</sup> Mar 2022 (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)  
George Meehan House, 294 High Road, Wood Green, N22 8JZ

Wednesday, 09 November 2022

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**MINUTES OF THE MEETING OF THE ADULTS & HEALTH  
SCRUTINY PANEL HELD ON THURSDAY 15<sup>th</sup> SEPTEMBER 2022,  
6.30-9:10pm**

**PRESENT:**

**Councillors: Pippa Connor (Chair), Cathy Brennan, Yannis Gourtsoyannis,  
Thayahlan Iyngkaran and Sheila Peacock**

**Co-optees: Ali Amasyali & Helena Kania.**

**13. 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'.

**14. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllr Anna Abela and Cllr Felicia Opoku.

Cllr Abela had informed the Panel Chair that she was unable to attend due to a clash with a Corporate Committee meeting of which she was also a member.

**15. ITEMS OF URGENT BUSINESS**

None.

**16. 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.

**17. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS**

None.

**18. MINUTES**

Cllr Connor referred to the action points from the previous meeting and requested that quarterly finance and performance briefings be set up for the data from Q2 of 2022/23 onwards. **(ACTION)**

In response to a query from Cllr Connor about the responses to the Panel's Scrutiny Reviews on co-production and on sheltered housing, Dominic O'Brien, Scrutiny Officer, said that these were expected to be on the agenda of the Cabinet meeting in November 2022.

Cllr Connor welcomed the written response that the Panel had received in response to concerns about people with high needs being placed in sheltered housing schemes alongside older residents. She requested that further information be provided about what care the residents with high needs were receiving within sheltered housing. **(ACTION)**

With regards to the written update that the Panel had received about Canning Crescent, Cllr Connor asked if there were any complications relating to the work to establish a lease between the Council and Barnet, Enfield & Haringey Mental Health Trust. Gill Taylor, Assistant Director for Communities and Housing Support, confirmed that this work was a normal part of the process and that this was progressing well.

With regards to the written update about legal issues with Hospital Trusts over people with no recourse to public funds, Cllr Connor asked for clarification on the point that the only way to collate the data was to contact each local hospital separately. Gill Taylor confirmed that this was a live process with requests made. It was agreed that a further update would be provided to the Panel when this work had been completed. **(ACTION)**

With regards to the written update about inclusion health groups, Cllr Connor asked whether the recent Inclusion Health Needs Assessment conducted by NCL boroughs would be published. Gill Taylor said that it hadn't yet been published but that she would check with NCL colleagues whether there were any plans to do so and report back to the Panel. **(ACTION)**

Cllr Peacock noted that the minutes referred to the aim to put in place a new LGBT IDVA (Independent Domestic Violence Advocate) in the Borough. Gill Taylor confirmed that this was going ahead and that this post would be delivered through a specialist community organisation.

The minutes of the previous meeting were approved as an accurate record.

**RESOLVED – That the minutes of the meeting held on 21<sup>st</sup> July 2022 be approved as an accurate record.**

## 19. AIDS AND ADAPTATIONS

Cllr Connor introduced this item and welcomed a number of local residents who had joined the meeting to explain some of the issues that they had experienced in getting aids and adaptations installed in their homes.

A couple spoke about the difficulties that they had in getting the right adaptations for their son who has disabilities. They explained that they had made two complaints against the Council to the Local Government and Social Care Ombudsman which had been determined in their favour. The first was on home adaptations and they stated that the main problems were that they were encouraged not to have all the adaptations that were needed, they felt that they had experienced hostility from staff members and that there had been poor communications and delays to the adaptations which had still not been fully completed. In particular, there had been concern about delays to arranging replacement sides to their son's bed as this represented a serious safety issue. Despite this, there did not appear to be provision within the system to prioritise actions that had urgent safety implications or any recognition of the seriousness of the need for such equipment.

The family had been housed with a specialist housing association by the Council and there had recently been an issue with a flooded toilet. They said that, despite contacting the housing association, the flooding continued for nearly a week until they eventually hired their own plumber at a substantial expense.

Another resident with significant long-term mobility issues following an operation, spoke about her experience of needing a ramp to be installed at her home and adaptations to a toilet. She said that a visit had taken place to take measurements for this but then there was no further contact for a significant period of time. A contractor then made changes to the bathroom but the standard of the work was so poor that she contacted the Council the same day asking them to inspect the work. However, this was not done. The toilet later started leaking with the water pouring downstairs requiring an emergency call-out. The ramp had been significantly delayed meaning that she had not been able to use her back garden for four years. She felt that lack of communication had been a problem in her case that required significant improvement in the service.

A resident who acted as a carer to a family member spoke to the Panel about their difficulties. They had experienced problems in obtaining a wheelchair after applying months previously and had experienced delays and poor communications which had led to the submission of a formal complaint. She added that the district nurses had been very helpful and had explained the assessment process clearly but, after the application had been made and measurements had been taken for the wheelchair, they did not hear anything further for months. She felt that the lack of a clear process and the lack of communications made this a difficult service for residents to use.

Beverley Tarka, Director for Adults, clarified that wheelchair assessment fell under the remit of Whittington Health NHS Trust.

Another resident who had experienced problems with aids and adaptations said that he felt there was often a lack of understanding from the Council about why aids and adaptations were needed. He said that after his hoist had broken, which he needed to stand up and move around, he was told he could stay in bed which was not an acceptable response. Contacting the Council could involve being kept on hold for long periods of time. He suggested that the Council should carry out cold calling. Decisions on aids and adaptations were made by a Panel but he said that no one from the Panel had visited him to understand his needs and he suggested that decisions were made on a financial basis. He also observed that some staff had “interim” in their job title meaning that they could leave at any time. Vicky Murphy welcomed the suggestion on cold calling and said that she would review the telephone waiting times and whether additional resource was required. **(ACTION)** She added that she held an interim position but was absolutely committed to her job and to residents. Beverley Tarka added that there was now an offer in place to allow service user representation to take place at the assessment panel. Cllr das Neves commented that this change had been a direct result of feedback received and added that there was further work to do, including on how the Council communicates with residents.

Vicky Murphy, Assistant Director for Adults, told the Panel that an improvement plan had been put in place. It had been recognised that the disruptions caused by the Covid-19 pandemic had led to longer delays in the process. The number of people awaiting Occupational Therapy (OT) assessment had increased to 66 in 2022/23 compared with 44 the year before. Only 70 had been transferred to the Major Adaptations team and waiting awaiting allocation to a surveyor compared to 232 the year before so processes had put in place to move cases through the system more quickly. Works on site and works waiting to start had increased substantially and work surveyed and going onto the tendering system had increased to 431 from 91 the previous year. Increases to OT staffing levels had been made but there was a national shortage in this area.

In relation to the specific concerns raised by residents, Vicky Murphy noted that there appeared to be an issue about the reviewing of work which was a step in the process so she said that she would like to review why that hadn't happened in addition to the issues around communications, and to feedback on this. **(ACTION)**

Vicky Murphy and Beverley Tarka, Director for Adults, then responded to questions from Panel Members

- Asked by Helena Kania how residents could contact staff out of hours, Vicky Murphy explained that the main contact would be through the housing provider's emergency number for repair issues. The out of hours social work



team could be contacted for care issues, the number for which was provided on the Council website.

- Asked by Helena Kania whether residents each had a named staff member allocated to them for their case for continuity, Vicky Murphy confirmed that when a referral was registered on the system there was an allocated worker, though this could change over the different steps of process. One of the residents said that this had not happened in their case.
- Cllr Brennan asked about the staff shortages and whether the surveyors were in-house. Vicky Murphy and Beverley Tarka explained that there were five in-house surveyors in the Major Adaptations Team but that some work was outsourced as well. Beverley Tarka agreed that there were workforce challenges and that they had recruited through apprentice positions to invest in training in this area. Cllr das Neves emphasised a focus on building up the Council's own team but that it also made sense to bring in external resource to help deal with the backlog of work in the meantime.
- Asked by Cllr Brennan whether the delays could be mainly attributed to the pandemic, Beverley Tarka acknowledged that there had been historic issues of delays and challenges along the whole pathway for adaptations, but these issues around supply and workforce had been exacerbated by the pandemic.
- Cllr Iyngkaran asked about the communication issues and about whether there was a culture within the Council on this issue that needed addressing. Beverley Tarka acknowledged that there was work to be done and that the corporate management had a focus on changing the culture of the customer service offer and bringing a strong values base to how the Council interacts with all residents. She added that the challenges in this particular area had been highlighted and that this could lead to frustrations so there was work to be done on this.
- Cllr Gourtsoyannis observed that the Council's perceived lack of transparency on decision-making was a theme that had emerged. One of the residents added that there was no way for residents to know what the performance management markers were. She also expressed concerns about the 11-stage process outlined on the slides and the possibility of residents falling through the gaps and not knowing who to escalate things to when there were delays. Vicky Murphy said that further explanation about the process, including timeframes, could be added to this and shared publicly. **(ACTION)** She added that their electronic system was being changed next year which would help to improve the process.
- Cllr Gourtsoyannis noted that the Covid-19 pandemic was often blamed for delays and other issues although some problems were pre-existing. He expressed concern that the current inflation crisis could end up being attributed to ongoing issues in a similar way. Cllr das Neves agreed that it would be wrong to just blame the pandemic for the problems in this area but reiterated that it was also evident that a lot of actions had not been possible due to the

pandemic. A lot of additional funding had recently been put into adult social care in recognition not just of the inflation issue but also increased levels of demand. She also commented that adult social care was in crisis nationally with inadequate levels of funding.

- Cllr Peacock said that she received a lot of complaints about the difficulties of getting through to adult social care services over the phone and being kept on hold for a long time and that as a ward Councillor it was also difficult to get a quick response after referring cases or to get someone to check that work had been carried out correctly. Vicky Murphy reiterated that she would review the cases where issues with communications problems had been reported. She also committed to review Stage 11 of the process which required the Occupational Therapist and surveyor to visit to sign off completed works. **(ACTION)** Cllr das Neves suggested that information about incidences of where things had gone wrong could be collated to establish whether there were any common themes. **(ACTION)**

**Following the discussion, the Panel made the following recommendations (ACTION):**

- **When the initial assessment is made by the Occupational Therapist, the resident/family requiring the aid/adaptation should remain part of the process around the procurement of the aid/adaptation and be actively involved in any changes or updates to the agreed provision.**
- **An advocate should be offered by the Council (rather than only when specifically requested) to help with the initial discussion and remain part of the process to provide support to the resident where required. An advocate should also be made available where required when a resident was attending a meeting of an assessment Panel.**
- **Key communications/decisions should be confirmed in writing by email/letter so that the resident/family has a record of this.**
- **There should be a clear explanation for any delays and the resident/family given the opportunity to discuss any changes.**
- **A named person and contact details should be provided to the resident/family and kept up to date during the process.**
- **Suggestions made by the resident/family should be recorded on the case file and treated in the same way as those from professional staff as the resident/family are experts in their own case and situation.**
- **A record should be kept by the Council of all delays and the timescales agreed with the resident/family. Where the agreed timescales are exceeded, there should be an alert triggered so that the resident/family can be appropriately updated on progress with expectations set and urgent issues to be prioritised.**
- **The Commissioning team should look at widening provider choices for aids and adaptations to provide alternative options when delays or other problems occur.**

## 20. FINANCE & PERFORMANCE UPDATE

Sean Huang, Business Partner, and Josephine Lyseight, Head of Finance (People), provided the Panel with a finance update with data from Quarter 1 of 2022/23. Adults and Health was forecast to spend £121.7m against a budget of £112.4m representing an adverse variance of £9.3m at Q1. Around £7.9m of this adverse variance was attributed to adult social care with the remainder to housing demand, mainly due to a loss of temporary accommodation units. The breakdown of adverse variance in adult social care was:

- Older People - £2.701m
- Learning Difficulties - £3.195m
- Mental Health - £2.347m

Sean Huang explained that the main driver for this had been a substantial increase in demand including new high complexity clients coming into the system. The residual impact of Covid included worsening health conditions and frailty leading to greater demand and complexity. There was a risk around hospital discharge with an increase in the number of clients along with inflationary pressures.

In addition, there had been some slippage in savings delivery, although £4.8m of the £5.3m required savings were on target to be delivered. The areas that were not being achieved were mainly stretch targets that were projected to slip into future years due to demand pressures. However, there had been a one-off £1m recovery of aged debt which would contribute towards savings.

He continued that there was a very small overspend in adult commissioning and that public health spending was projected to break even.

Mitigations to address the budget shortfalls included:

- A review into the top 30 high-cost learning disability and top 44 high-cost mental health packages.
- An ongoing integrated care review to identify efficiencies, particularly on transition to long-term care.
- Working with health partners to address hospital discharge funding and identify the correct pathways.

On capital spending there were a projected underspend of around £2.1m against an original budget of £13.2m for the current financial year. This was due to some delays to capital projects and so the funding would be reprofiled into future years.

Gill Taylor, Assistant Director for Communities and Housing Support, Sean Huang and Josephine Lyseight then responded to questions from the Panel:

- Asked by Cllr Iyngkaran why there had been no spending at all on Capital Scheme 218 on Social Emotional & Mental Health Provision, Gill Taylor explained that this funding had been identified to improve services on a bespoke basis. However, the thinking had changed on how to use this funding and so new redefined capital bids in this area were in development.
- Asked by Cllr Iyngkaran about the expected opening of the service at Canning Crescent (Capital Scheme 213), Gill Taylor said that there had been construction delays but that the service was expected to open in October 2022.
- Helena Kania asked for further explanation about the comment in the report about ensuring that hospital discharge was appropriate and via the correct pathway. Beverley Tarka explained that this related to where people were discharged to, whether this be reablement at home or more supported bed-based rehabilitation or a nursing/residential home. During the Covid-19 pandemic, the NHS and the Council had put together a number of step-down facilities to enable the throughput of patient from hospitals and they continued to work together, including on helping people to choose the type of support most appropriate for their needs. Beverley Tarka acknowledged that patients were not always able to access their first choice during the pandemic due to the extreme pressure on hospitals. Vicky Murphy added that they were working hard to ensure that every resident had choice in where they wanted to go but that they were also seeing a significant increase in referrals and there was a high financial cost to some pathways. Cllr das Neves commented that this discussion highlighted the challenges faced by the Council in this area including higher demand for services, workforce issues and people sometimes deconditioning in hospital more than used to be the case. These were also challenges that faced other local authorities across London.
- Cllr Gourtsoyannis requested clarification about the reasons for the Temporary Accommodation overspend set out on page 43 of the agenda pack. Gill Taylor explained that there were huge supply challenges across London with many Boroughs needing to use bed and breakfast accommodation and the overall per unit cost to local authorities rising significantly. The Homelessness Prevention Grant (HPG) of around £8m per year covered a range of initiatives including meeting the gap between rents and the Local Housing Allowance (LHA). However, as that gap widened due to the increased unit costs, the HPG could not cover all of this leading to an overall shortfall. The Government were currently in the process of reviewing the HPG and Haringey, as one of the largest beneficiaries of the HPG, could potentially lose up to 40% of this grant funding.
- Asked by Cllr Connor whether the adverse variance in Q1 would be recovered, Josephine Lyseight said that the outturn figures factored in the mitigations that were already in place, previously agreed savings targets and the pressures faced by the Department so this represented a current forecast of the end of year figures. Sean Huang added that a lot of additional demand was coming through and that this was being seen by many Boroughs across London which were also consequently in overspend positions. Beverley Tarka added that the onus was on officers to identify alternative mitigations in circumstances where

- the current mitigations were not working. Some of the areas where there were thought to be opportunities for this were set out on page 45 of the agenda pack.
- Asked by Cllr Connor about new savings proposals that may be required as a result of the current financial circumstances, Beverley Tarka said that these were already being worked on and that it was thought that some could be put in place in the current year and others in future years. However, it was too early to specify whether additional savings could be achieved in the current year.
  - Asked by Cllr Connor whether more money would need to be added to the budget this year to offset the projected overspend, Beverley Tarka said that the budget was set at the beginning of the year and so additional in-year funding was not expected. However, the growth in demand for services and the complexity of need in the local population could impact on funding requirements for future years. Josephine Lyseight confirmed that expectations would be for the Department to drive down costs in-year as required but added that the pressures faced by Adult Services were a corporate issue for the Council.
  - Cllr Iyngkaran asked whether equivalent Q1 figures for the previous year were available for comparison. Josephine Lyseight said that while these were not at hand at the meeting, these could be provided if required. **(ACTION)**
  - Cllr Brennan expressed concerns that mitigations could result in reductions in services provided for residents but asked whether the intention was for greater use of home care in order both to save money as well as being what some people would prefer. Beverley Tarka responded that, in order for people in such circumstances to remain at home and improve, they would require various interventions in the community but there were currently workforce shortages in various areas such as physios and therapists. It was therefore essential to ensure that people placed at home can be appropriately supported.

## 21. LIVING THROUGH LOCKDOWN REPORT - COUNCIL/NHS RESPONSE

Gill Taylor introduced the update responding to the recommendations of the Joint Partnership Board's (JPB) Living Through Lockdown report, highlighting some examples including the strengthening of the Council's co-production activity and the recruitment of a Participation Lead, the establishment of a Digital Inclusion Network and the development of a Food Strategy. Helena Kania, also a Co-Chair of the JPB, welcomed the update and said that the JPB members appreciated the opportunity for the recommendations to be monitored by the Scrutiny Panel on an annual basis.

Gill Taylor then responded to questions from the Panel:

- Referring to the section of the update on Housing and Sheltered Accommodation, Cllr Peacock commented that defibrillators should be more widely available in sheltered housing schemes. Gill Taylor agreed to take this query back for a response. **(ACTION)**
- Asked by Cllr Connor about the ongoing restrictions on visitors to care homes, Gill Taylor said that measures still in place were due to some vulnerable

residents shielding on a case-by-case basis rather than blanket bans on visitors. Vicky Murphy added that the number of visitors were restricted in some care homes and that, with winter approaching, measures could be subject to change but the aim was for at least one named person to be able to visit each resident in circumstances where restrictions are necessary.

- Asked by Cllr Connor whether there were figures available on the take up for bereavement counselling specific to those with learning difficulties (Mental Health and Wellbeing section, point number 2), Gill Taylor said that she would provide this data to the Panel. **(ACTION)**
- Cllr Connor queried how the inter-service referrals for mental health patients for extra support (Mental Health and Wellbeing section, point number 6) would be monitored. Gill Taylor responded that the number of referrals wasn't being measured specifically but that the focus was on the new multi-disciplinary locality approach which enabled staff to better connect with local community services.
- Cllr Connor queried whether any personal assistant capacity had been increased by commissioning through Disability Action Haringey (DAH) (Personal Budgets and Assistants section, point number 3). Officers agreed to provide a written response to the Panel on this. **(ACTION)**
- Cllr Connor requested that further information should be provided to the Panel on the success or failure of e-consultations (NHS and Care Services section, point number 9). **(ACTION)**
- Cllr Connor requested that further information should be provided to the Panel on the commitment to share information with the JPB on the strategy and vision for opticians and dentists (NHS and Care Services section, point number 12). **(ACTION)**
- Cllr Iyngkaran asked whether there was any data on the number of toilets kept open in parks and how parks were being kept safer (Park and Recreation section, point numbers 4 & 5). Gill Taylor said that the engagement work with residents and user groups typically provided qualitative data on park safety. Helena Kania expressed concerns about park gates not being locked which led to anti-social behaviour at night. Data on park toilets could be provided to the Panel in writing. **(ACTION)**

Cllr Connor recommended that the next update report on the Living Through Lockdown report included a focus on the new initiatives that the Council were establishing as these were not necessarily obvious from the current report format. **(ACTION)**

The Panel discussed the timescales for the next update report and Cllr Connor suggested that September 2023 would be suitable to enable an annual update, but it was agreed that this could be adjusted if required depending on developments. **(ACTION)**

**22. WORK PROGRAMME UPDATE**

Providing an update on the Work Programme, Dominic O'Brien, Scrutiny Officer, said that the Scrutiny Café consultation event was due to take place the following day (16<sup>th</sup> Sep 2022) and that the feedback from this along with suggestions previously received from Panel Members would be used to populate the Panel's work programme for 2022-24. The next Panel meeting on 17<sup>th</sup> November 2022 would receive updates on the Haringey Safeguarding Adults Board (HSAB) annual report and an overview on CQC inspections. A joint meeting with the Children & Young People's Scrutiny Panel on transitions between children's and adult services was planned for Feb 2023 (date TBC). An update on integrated joint partnership working and co-production had been scheduled for the Panel's March 2023 meeting.

Cllr Connor requested that an update on the safeguarding process for women and children staying in people's homes (such as those recently arriving from Ukraine) be added to the HSAB annual report item at the November 2022 meeting. **(ACTION)**

Cllr Peacock highlighted the provision of dementia services in the Borough as an item that could be added as a future agenda item. Cllr Connor noted that it would be useful to receive a full list of existing dementia services in the Borough as part of this item.

**23. DATES OF FUTURE MEETINGS**

- 17<sup>th</sup> November 2022 (6:30pm)
- 8<sup>th</sup> December 2022 (6:30pm)
- 13<sup>th</sup> March 2023 (6:30pm)

CHAIR: Councillor Pippa Connor

Signed by Chair .....

Date .....

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**Report for:** Adults and Health Scrutiny Panel, November 2022

**Title:** Safeguarding Adults Board Annual Report 2021-2022

**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 2021 to 31<sup>st</sup> March 2022 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 2021/22 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**

The SAR Subgroup has continued to progress its priorities throughout 2021/22 and securing strong partner engagement in Subgroup meetings and wider learning events. During 2021/22, one Safeguarding Adults Review has been initiated and work has been undertaken with SAB partners to implement learning from two Safeguarding Adults Reviews (SARs) completed last year.

To aid dissemination of learning from the Thematic Homelessness SAR published during 2020/21, the SAR Subgroup delivered two Homelessness SAR and National SAR Analysis learning workshops to over 60 SAB partners and frontline practitioners in July 2021. An action planning group was also established to oversee implementation of the review recommendations.

**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. Contribution to strategic outcomes

#### 4.1 Links with the Haringey Borough Plan 2019-2023:

PEOPLE Priority – Our vision is a Haringey where strong families, strong networks and strong communities nurture all residents to live well and achieve their potential.

**OUTCOME 7: All adults are able to live healthy and fulfilling lives, with dignity, staying active, connected and free from harm in their communities.**

4.2 The People priority brings different areas together where we are tackling problems which cut across different parts of the public and voluntary sectors, such as violence against women and girls, homelessness, and serious youth violence. There are some themes which we see running through everything we do together: **Fairness and Inequalities, Prevention, and Safeguarding** (we will step in to safeguard children, young people and adults who are at risk of harm, neglect or exploitation).

## 5. Updates from previous Adults Scrutiny

### 5.1 Transitional Safeguarding Protocol

The Transitional Safeguarding Protocol was agreed and signed off at the Joint HSCP/HSAB meeting in July 2022. The aim of the protocol is to develop a multi-agency 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 practise of all operational staff and managers as well as inspire senior leaders in their visioning and commissioning of future services.

5.2 The HSCP and HSAB fully endorse and promote the protocol as part of the key role in overseeing safeguarding in the Borough. The following organisations have made a commitment in the form of a pledge to adopt the transitional safeguarding approach to better support young adults in Haringey; Children Social Care; Adult Social Care; Health Services; Haringey Housing; and Haringey Met Police. The following pledges is made:

- Workforce Development
- Communication
- Joining up of Services
- Locality Working
- Strengthening Links with Finance and Commissioning

### 5.3 Next Phase – Developing the Action Plan (Engagement Sessions)

All partner agencies have been invited to participate in the next phase of developing the action plan and identifying actions for individual agencies/services. Beverley Hendricks (Assistant Director for Safeguarding and Social Care (Childrens)) and Vicky Murphy (Assistant Director for Adults) will be hosting these engagement sessions for the opportunity to share ideas, learn and participate in the development of the Transitional Safeguarding action plan. The plan is to have the final draft of the action plan in place by the new year and will be presented to the joint board on 26<sup>th</sup> January 2023.

The Protocol and implementation of the action plan will lead to assurance for both the HSAB and HSCP of a more effective multi-agency 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.

### 5.4 Vetting Processes

#### **Met Police**

The MPS vetting unit process both internal and external vetting requests and follow national guidance issued by the College of Policing. All roles in the met require the holder to have RV/CTC (Recruitment Vetting and Counter Terrorist Check) clearance. Designated posts require varying levels of enhanced clearance.

5.5 Vetting units must comply with the requirements of the **Vetting Code of Practice** and must have a nominated FVM (force vetting manager) or nominated equivalent. The FVM must have the authority of the chief officer to grant, refuse or withdraw vetting clearances relevant to their force or area. Each force must have suitable vetting arrangements that ensure compliance with the Vetting Code of Practice. These arrangements may be delivered collaboratively with other forces.

- All police officers have CT check National Security Vetting and a base level of police vetting every 10 years. Enhanced vetting required on change of role.
- Officers and staff who have prolonged contact with young people require Children and Vulnerable Groups Supervision (CVGS) vetting (Enhanced vetting for change of role to work with young people)
- Officers and staff in sensitive roles that require access to SECRET/TOP SECRET information require DV or SC NSV (every 7 years).

#### 5.6 **Haringey Adult Services and Health Services**

DBS check for all staff who's role requires direct engagement with vulnerable residents on start of employment and then every 3 years.

#### 5.7 **Digital Scams and Digital Inclusion**

Information on financial abuse and digital scams have been published in the Haringey People Autumn 2022 issue.

Information available on the Haringey website:

<https://www.haringey.gov.uk/business/regulation-standards-and-environment/trading-standards/trading-standards-scams-awareness-and-advice>

#### 5.8 **Haringey Digital Support Service**

With support from NHS Charities Together and the North Central London ISC, Haringey Healthwatch are helping local people to get online and to access digital services and support for health and well-being (including NHS digital access), education, employment, video calls, and e-mail setup. The support is for local people who are not familiar with online technology, or completely digitally excluded, to access advice and information, services, opportunities and appointments 'online' using the internet. For more info, see:

<https://www.healthwatchharingey.org.uk/digital-support>

### 6. **Homes for Ukraine – Safeguarding**

6.1 The Homes for Ukraine Scheme has brought 52 single parent households with children and 92 single women to the borough. In total, we are hosting 122 children under the age of 18 via the scheme.

6.2 Haringey's Resettlement Team and a range of Council and VCS services are providing wrap around support to refugees arriving in Haringey through the Homes for Ukraine Scheme. This support includes drop in support sessions at three Welcome Hubs across the borough in Wood Green, Tottenham and

Muswell Hill as well as support with Housing, Schools and Primary Care registration and access.

- 6.3 Council teams have implemented a number of mechanisms to meet specific safeguarding duties to guests arriving, including:
- Conducting DBS checks with Sponsors
  - Conducting property checks at Sponsors' accommodation to ensure their homes are safe, appropriate, and there are no overcrowding issues
  - Conducting safeguarding checks where children are involved
  - Carrying out welfare visits at the Sponsor address once families / individuals have arrived to ensure there is a line of communication for guests to raise any safeguarding issues, and to allow an initial assessment of any issues / need.
- 6.4 Concerns were raised at the national level about Sponsorships between single men and single Ukrainian women. To respond to this locally, we prioritised welfare and property checks where there were matches like these in Haringey to assure ourselves of the appropriateness of placements.
- 6.5 There have been a small number of safeguarding concerns raised within sponsorship arrangements – largely these have related to behaviours displayed by Ukrainian children. Our No Recourse to Public Funds Team in Children's Services have been closely involved with safeguarding checks from the start of the process, and in each case have quickly made visits to investigate any concerns raised with us. In a handful of cases, these concerns have resulted in sponsorship arrangements ending and other accommodation being secured.
- 6.6 Two Prevent related concerns have been raised in relation to Ukrainian children, involving concerns about far-right extremist ideology. These have been picked up by the Prevent team and Schools, involving relevant services such as Early Help. Neither have been accepted as Prevent cases at this stage.
- 6.7 Schools have raised concerns about the mental health needs among Ukrainian children, facing the disruption of starting a new school, navigating the language barrier, and having experiences of trauma. We're in conversation with colleagues across North Central London about a coordinated commissioning response to this, and have started some early work with Public Health on early support and resilience tools for refugee families.

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

N/A

**8. Use of Appendices**

N/A

**9. 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 – Update 9th July 2018  
(<https://www.gov.uk/government/publications/care-act-statutory-guidance/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>)



# **Haringey Safeguarding Adults Board Annual Report 2021/22**

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

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## MESSAGE FROM THE CHAIR

I am very pleased to introduce the Annual Report published on behalf of the Haringey Safeguarding Adults Board (HSAB) that contains contributions from its member agencies. The Board is statutory and coordinates local partnership arrangements to safeguard adults at risk of harm. This report details the work carried out by the HSAB last year (2021/2022) and highlights the priorities for 2022/2023.

The Covid-19 pandemic continued to compound existing challenges throughout the year and particularly over the winter months. Health and social care system partners faced ongoing recruitment and retention challenges alongside high demand, placing extreme pressure on services.

All the partners of the Board have reported on the incredible work they have undertaken, providing assurance that they continue to meet their safeguarding responsibilities during this challenging time.

The Board is seeing positive trends in data giving us assurance that we are measuring the right things and focusses on getting it right first time but that this is still a journey of improvement and making sure the Board actions relate to areas of need. There has also been the increase in enquiries for neglect and this is a challenge that we are focussing on to improve the data to gain more insight into what is wide area which needs clearer definition so that we can better address this rise.

In 2022, we will start to explore a new strategic plan for safeguarding adults, with our previous strategic plan having come to an end. We will work with our strategic partnerships, including Haringey Childrens Partnership Board (HSCP) and Haringey Healthwatch to ensure we are working in a coordinated way to keep adults at risk safe from harm and include the views and experiences of services user reference groups in the community via the Healthwatch Joint Partnership Board, so that the SAB Strategy is shaped around people's needs and experiences. The foundations of the new 3-year Strategy will be shaped by far reaching changes proposed in the Health and Care Bill, including the creation of Integrated Care Systems (ICSs), and new legislative requirements within the Mental Health Act, Adult Social Care reforms, and the introduction of the Liberty Protection Safeguards (LPS).

I am very grateful to our partners for their continued commitment to safeguarding adults in Haringey, despite the wider pressures on their time and resources, especially during these difficult times. Our work together over the last year demonstrates effective partnership working, which provides a sound basis to approach our priorities going forward. There continues to be an important adult safeguarding agenda in Haringey to reduce the risks of abuse and neglect in our communities, and I look forward to continuing working with the partnership in the coming year.

**Dr Adi Cooper**  
HSAB independent Chair

## INTRODUCTION

The Care Act 2014<sup>1</sup> requires Safeguarding Adults Boards (SABs / “The Board”) to ensure that vulnerable adults are safe, and that agencies work together to promote their welfare. The Act sets out a legal framework for how local authorities and other organisations should protect adults at risk of abuse or neglect. The Board has a statutory duty to prepare an annual report on its findings of safeguarding arrangements in its area.

The Haringey Safeguarding Adults Board (HSAB) Annual Report 2021/22 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.

### 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 1998.
- 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 follows the Pan London Procedures for Safeguarding Adults; formally, known as **London Multi-agency Adult Safeguarding Policy & Procedures April**

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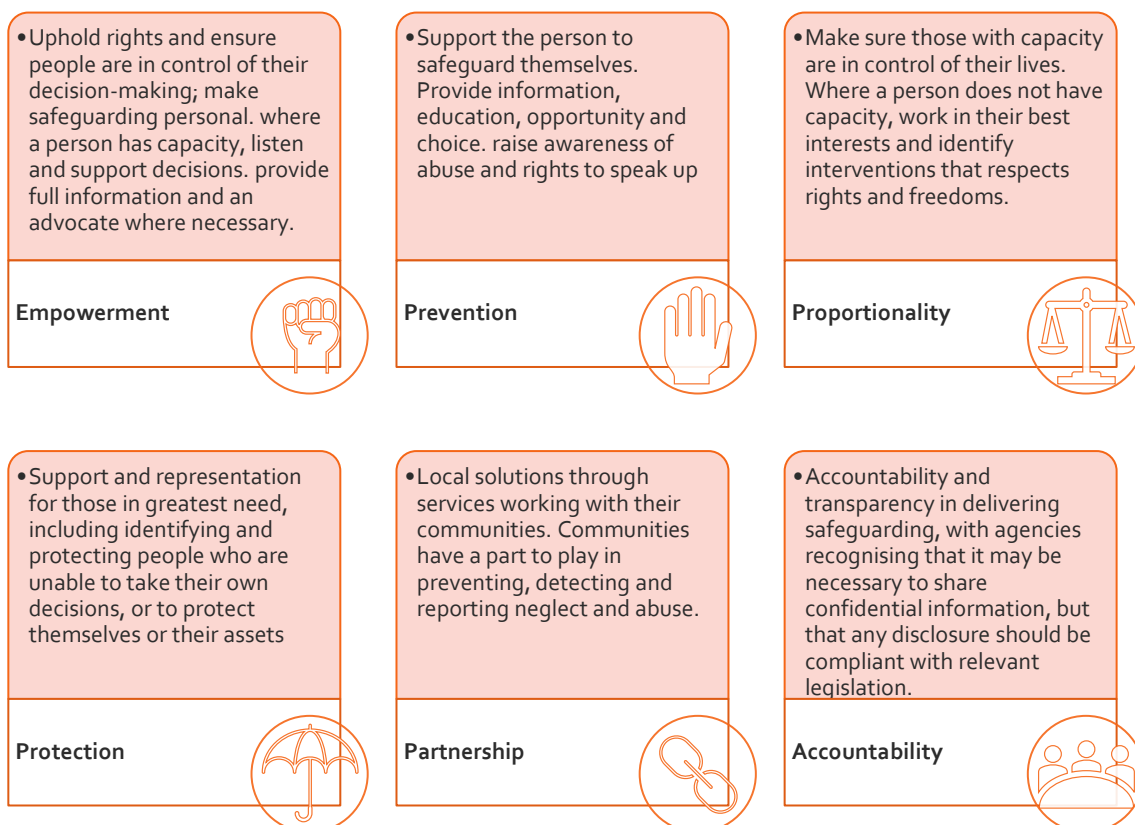
<sup>1</sup> [Care and support statutory guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/care-and-support-statutory-guidance)

2019<sup>2</sup>. This document unpins practice and process across 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:

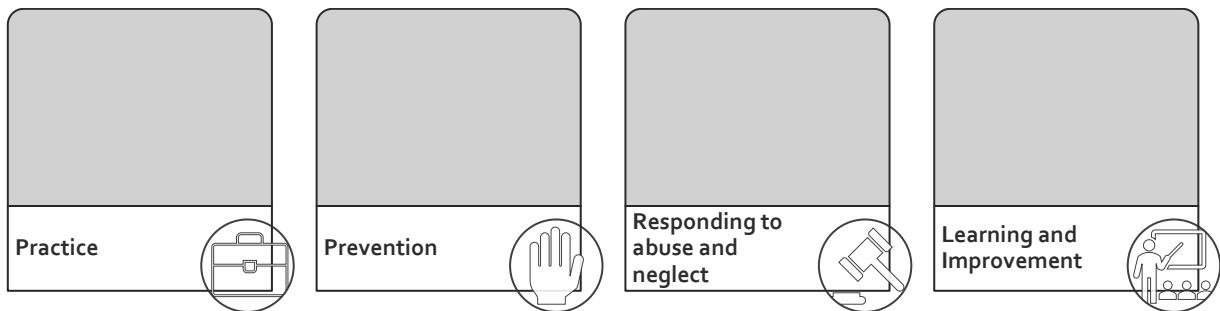
- Assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance.
- Assuring itself that safeguarding practice is person-centred and outcome focused.
- Working collaboratively to prevent abuse and neglect where possible.
- Ensuring agencies and 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.



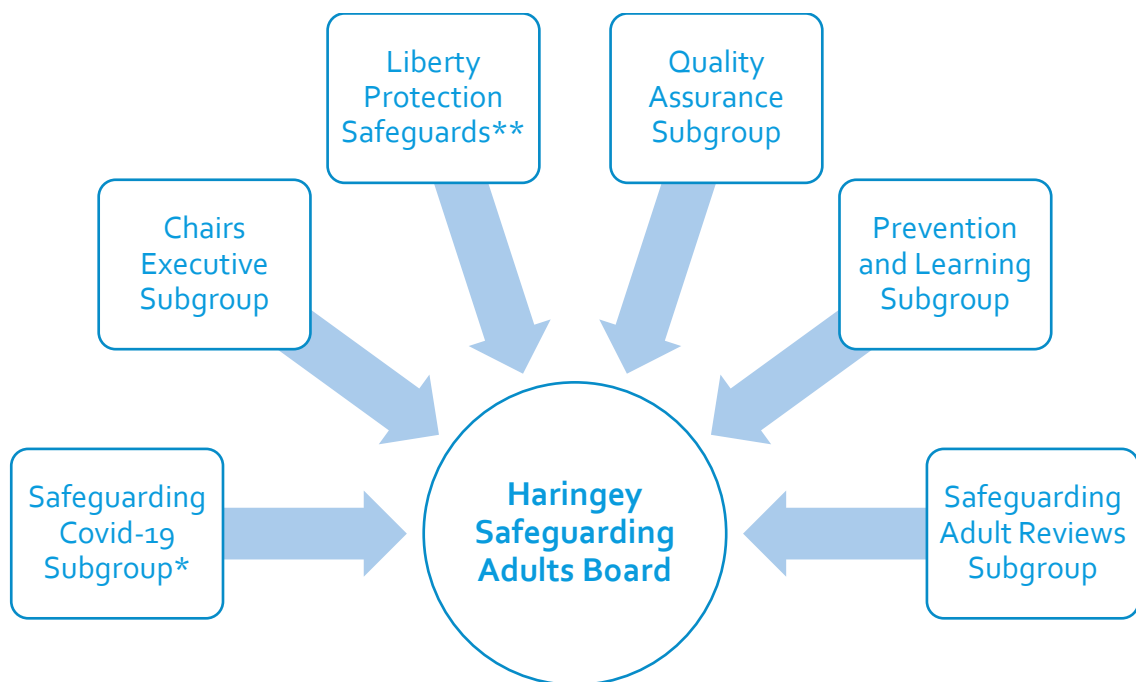
<sup>2</sup> [London Multi-Agency Adult Safeguarding Policy and Procedures – LondonADASS](#)

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 and its framework is built around the four statutory SAB purposes under the Care Act 2014:



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.



\* Monthly task and finish subgroup focussing on the impact of Covid-19 and safeguarding

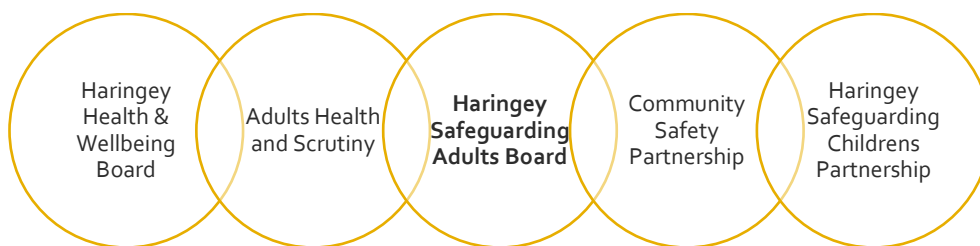
\*\* The Liberty Protection Safeguards (LPS) implementation group will reconvene once Government guidance is published.

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 Clinical Commissioning Group (NCL CCG) 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).

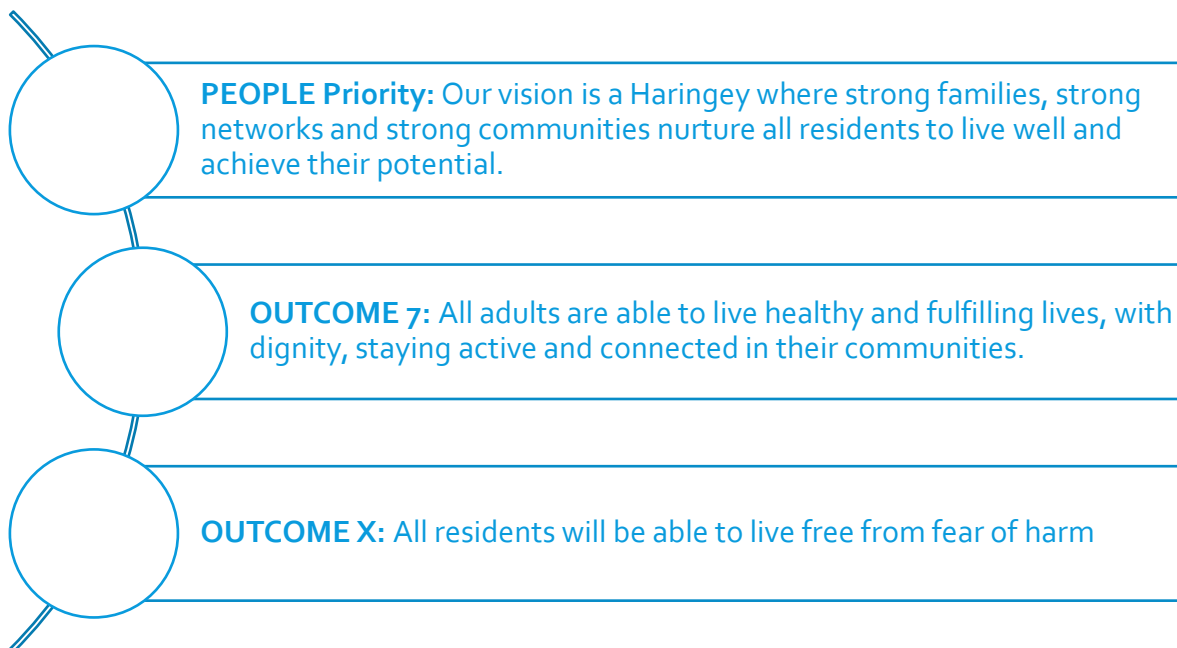


## WORK OF THE HSAB

### Strategic Plan and Priorities

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 are being put together for a new 3-year plan. The plan will be developed using data intelligence from the previous 12 months, learning from peer challenge, in year audits, safeguarding adults reviews (SARs) as well as outcomes from the annual SAB challenge event. The Strategic Plan will be able to provide a clear framework for the Board's annual work programme.

The HSAB Strategic Plan links with the Haringey Borough Plan 2019-2023<sup>3</sup>:



The People priority brings different areas together where we are tackling problems which cut across different parts of the public and voluntary sectors, such as violence against women and girls, homelessness, and serious youth violence. There are some themes which we see running through everything we do together: **Fairness and Inequalities, Prevention, and Safeguarding** (we will step in to safeguard children, young people and adults who are at risk of harm, neglect or exploitation)

<sup>3</sup> [Priority 2 - People | Haringey Council](#)

## Social Care Reforms

Looking ahead, the government has issued four key documents outlining measures that directly affect adult social care: its Build Back Better<sup>4</sup> Plan for health and social care, the People at the heart of care social care White Paper<sup>5</sup>, the Health and Care Act<sup>6</sup> (which has now received Royal Assent) and a White Paper on integration of health and care<sup>7</sup>. Together, these introduce major reform to adult social care, with measures including further integration with health care. Some of these may have implications on safeguarding adults and changes will need to be reflected in our Strategic Plan in the way we work and provide support to vulnerable adults in Haringey.

## DoLS and Liberty Protection Safeguards (LPS)

Furthermore, the current Deprivation of Liberty Safeguards<sup>8</sup> (DoLS) Scheme will be replaced by the Liberty Protection Safeguards<sup>9</sup> (LPS). The LPS is the new scheme for authorising health and social care arrangements that give rise to a deprivation of liberty, replacing the DoLS and Court of Protection authorisations of arrangements not covered by DoLS. The HSAB is in the process of setting up a Local Implementation Network (LIN) with representatives of all health and social care organisations, commissioners within the borough as well as our advocacy service so that we can work together to prepare for this change in legislation.

## Our draft priorities for 2022/2023

The Chairs Executive subgroup has set out draft priorities for 2022/23 to be presented to the HSAB in July 2022. Draft priorities for 2022/23:

- Collaborate and conduct deep-dives on areas of practice, use of (Mental Capacity Act (MCA) for the victim and survivor's journey and ensure learning from safeguarding cases is embedded in practice.
- Ensure Making Safeguarding Personal (MSP) is embedded in safeguarding practice across the partnership
- Effective implementation of LPS and Code of Practice.
- Ensure engagement of service users, carers and community and voluntary sector to ensure current concerns and trends are captured
- Use intelligence to identify key themes and raise awareness of abuse and neglect with staff, partners and the public through improved communications and campaigns

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<sup>4</sup> [Build Back Better: our plan for growth \(HTML\) - GOV.UK \(www.gov.uk\)](#)

<sup>5</sup> [People at the Heart of Care: adult social care reform - GOV.UK \(www.gov.uk\)](#)

<sup>6</sup> [Get in on the Act: Health and Care Act 2022 | Local Government Association](#)

<sup>7</sup> [Health and social care integration: joining up care for people, places and populations - GOV.UK \(www.gov.uk\)](#)

<sup>8</sup> [Deprivation of liberty safeguards: resources - GOV.UK \(www.gov.uk\)](#)

<sup>9</sup> [Liberty Protection Safeguards: what they are - GOV.UK \(www.gov.uk\)](#)

- Routine monitoring, and support of people at high risk from abuse and management of high risks.
- People who are homeless are appropriately safeguarded and mechanisms are established to improve professional awareness and response around the complexity of health & care needs within the homeless cohort.
- The HSAB to support the delivery of the Multi-Agency Modern Slavery Strategy
- Development of an approach to preparing young people for adulthood that enables a transitional safeguarding response to support the most vulnerable young people and adults in Haringey.
- Improve understanding of and responses to older people at risk of or experiencing domestic abuse across the partnership and make links to the Violence Against Women and Girls (VAWG) strategy
- Monitor safeguarding activity across the partnership to identify any issues arising from changing economic, social and environmental challenges and consider how to address them in the context of SAB duties and responsibilities.
- Addressing safeguarding issues arising from 'refusal of medical treatment'
- Develop a consistent approach to conducting and sharing learning effectively for a range of serious incidents including SARs, Domestic Homicide Reviews (DHRs), Coroner's inquests to provide assurance of impact of change and learning from SAR's.
- Deliver a programme of fire safety training in the use of person-centred fire risk assessment across all agencies
- Alcohol related deaths that meet the criteria for a SAR to be escalated to the SAR subgroup.
- Those working with vulnerable adults should be trained in Identification and Brief Advice (IBA) and complete an alcohol audit.
- Adult safeguarding is addressed in the NCL Integrated Care Board (ICB) reorganization (at an individual SAB resource level and also at care and health integration at front line level in the ICB).

## **Strategic Priorities 2020/21 updates**

Many of our partner organisations have been involved in the front-line response to the Covid-19 pandemic. Some of the objectives and actions have not been achievable this year while the partnership focuses on their front-line response. As a result, a few actions have been carried forward into next year's priorities. **(See appendix A)**

## **Responding to the government's proposals on the Mental Health Act 1983**

The Government's white paper on Reforming the Mental Health Act<sup>10</sup>, published on 13 January 2021, contains wide-ranging proposals to reform the Mental Health Act 1983<sup>11</sup> (as amended in 2007) in England and Wales which would see patients put at the centre of decisions about their own care.

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<sup>10</sup> [Reforming the Mental Health Act - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/white-papers/reforming-the-mental-health-act)

<sup>11</sup> [Mental Health Act 1983 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1983/36)



A public consultation on aspects of the changes ran from 13 January to 21 April. The Head of Service Mental Health, worked with services across the Council and the HSAB to identify key themes from the report and pull together and submit a collective response.

The consultation response<sup>12</sup> has been published and included in the proposal for change are plans to replace the Nearest Relative with a new statutory role, known as the Nominated Person, which was supported, and many respondents also agreed with the proposed additional rights and powers for the Nominated Person. Respondents said this role would provide a better a safeguard, as not all family relationships are good and there may be safeguarding risks from family members. It would also give carers strengthened rights as they have better knowledge and understanding of the person, their condition, and preferences.

### **Safeguarding Adult Partnership Audit Toolkit (SAPAT)**

The annual SAPAT challenge was put on hold temporarily taking into consideration the current impact with workloads for partners as a result of the COVID-19 pandemic. Planning for the event started in January 2022 with the event planned for April 2022. Prior to the event, 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. 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 updated toolkit has 4 sections to be completed:

1. **SECTION A:** Achievements and challenges
2. **SECTION B:** Making Safeguarding Personal
3. **SECTION C:** COVID-19 Pandemic
4. **SECTION D:** Learning from Safeguarding Adult Reviews

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.

Learning and feedback from the event will be included in detail in next year's HSAB Annual report. In a snapshot, 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.

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<sup>12</sup> [Reforming the Mental Health Act: government response - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/reforming-the-mental-health-act-2017)

## **Safeguarding People Facing Homelessness and Rough Sleeping**

The boroughs Covid-19 homelessness response ended in March 2022, after two years. When the final hotel closed every person (in total 1200 were supported) was moved on into another form of accommodation and no-one returned to rough sleeping.

Although the pandemic placed people living on the streets at severe risk from the virus and also from increased risk of abuse, the decision to offer accommodation, subsistence and support, without criteria and with a commitment to supporting them all to move on positively afterwards, was a hugely positive safeguarding response for arguably our boroughs most vulnerable residents.

Meeting people's basic material needs contributed positively to a wide range of safeguarding, care and health outcomes – such as GP registration, health screenings, vaccination, access to substance use and mental health support etc. It was also hugely positive to be able to build relationships with some of our most marginalised vulnerable adults at risk, enabling practitioners to notice if they became unwell or appeared to act differently, spotting the signs of abuse and neglect earlier and being able to offer a conversation, support or intervention according to their wishes and capacities.

In 2022, we will be developing and publishing a borough-wide Multiple Disadvantage Strategy, which will aim to address the inequalities in housing, health, care and other social outcomes affecting people who have intersecting and overlapping experiences of homelessness, abuse, drug and alcohol dependency, long-term health issues and criminal justice involvement. The aim of the strategy is to explore innovative approaches to the strategic and operational working practices and decisions that affect this highly vulnerable group with the aim of reducing homelessness, unplanned hospital admissions, arrests and prison sentences.

We will also be expanding our homelessness and safeguarding training offer, to include:

- Multiple Disadvantage Awareness
- Understanding the Boroughs Homelessness Services
- Safeguarding and Homelessness
- Challenging Stigma and Bias around Homelessness
- Multi-Disciplinary Practice with People Affected by Homelessness

### 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.

## **Areas addressed:**

- Transitional Safeguarding

Work is underway to produce the Haringey 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.

We recognise the challenges faced by many young adults who may lack support of families or services to address the many risks adulthood can bring. Some young adults may be exploited by organised crime gangs or engage in harmful behaviours that limit their life choices.

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. The final protocol is expected to be published in 2022.

- Violence Against Women & Girls (VAWG)/Multi-agency Risk Assessment Conference (MARAC) Domestic Abuse

Throughout the lockdown, there has been an increase in both the number and complexity of domestic abuse cases. Recently, there have been a number of child to parent domestic abuse cases (where the child is generally 18+) that have raised concerns. Some of these cases have involved a very high level of harm and violence, which have the potential to escalate to domestic homicides. The main barriers include perpetrators and/or victims not meeting the threshold for adult social care services, and practitioners being inexperienced in managing domestic abuse, resulting in victim-blaming or expectations put on the victim to end the abuse. The joint Board agreed that these cases need to be discussed with Children and Adult Services to improve the effectiveness of support available.

- Impact of Poverty

The experiences of children in Haringey highlighted digital poverty, domestic abuse, cramped housing, food poverty, contact with families and remote learning. There

has been an increase in acute mental health concerns in young people and parental mental health.

During Covid-19 and lockdown, we have seen the highest employment rate in the UK and in Haringey and this has had an impact on peoples' physical health and mental health. As a result, there has been an increased demand for statutory services. The Joint Board is currently considering setting up a joint Task and Finish group to look at Poverty and the role that Children and Adult Services can play in supporting residents in these circumstances.

- Serious Incidents and the lead professional role

The Joint HSAB/HSCP agreed to jointly commission a study of the experiences of Haringey young adults who are care leavers, to learn more about how adults and children's services/agencies can best support care leavers in their transition into independent adulthood. This will support better shaping the future organisation and delivery of services to this vulnerable group of people and complement the developing Vulnerable Adults Protocol. Furthermore, the joint Board agreed to a Learning Together systems approach so that the approach and potential findings of the commissioned study is not limited to what is currently possible within existing national, legal and policy imperatives, but points to what would be of benefit to care leavers and inform Haringey's approach to nominating across adult agencies lead professionals

- Vulnerable Peoples Protocol

The Vulnerable People Protocol (VPP) is being led by both Assistant Directors (Childrens and Adults) with the support of both Principal Social Workers across Adults and Children services. A Vulnerable Persons Working group has been set up to look at the different areas to embed in the Protocol. There has been a mapping of case scenarios to ensure good practice in areas of development in the current systems and identifying any gaps. There has been positive progress around young adults and care leavers through the regular meetings between Children Social Services, the Mental Health Service, and Adult Social Services.

- Homes for Haringey Mechanisms for protecting vulnerable adults and children

Homes for Haringey is an Arm's Length Management Organisation, which manages services relating to the Council's housing stock and housing need and homelessness on behalf of the Council. Services will return back in the council from June 2022. In bringing the 2 organisations together there will be a greater opportunity to align services and deliver transformational change together. A key driver is to strengthen the resident voice, including co-design and co-production. The service has clear safeguarding policies in place, and a designated Executive lead for safeguarding adults. The service will work closely with the HSCP and HSAB to ensure that the focus on safeguarding is maintained and safely embedded including representation at the

HSCP and HSAB, reviewing outstanding actions from SAR's or Serious Case Reviews (SCRs) and ensure protocols/procedures are reviewed.

## WORK OF THE HSAB SUBGROUPS

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 2020-21 some of which is detailed below.

### SAFEGUARDING COVID-19 TASK & FINISH SUBGROUP

**Strategic Objective: *Provide an effective partnership response to issues arising from COVID-19 on adults with care and support needs at risk of abuse/harm and neglect.***

In 2020, the HSAB agreed to set up a multi-agency subgroup to look at the emerging issues regarding safeguarding and COVID-19 in Haringey. The purpose of the subgroup was set out to provide an effective partnership response to issues arising from COVID-19 for adults with care and support needs at risk of abuse/harm and neglect.

The first meeting took place on the 26<sup>th</sup> May 2020 and since then the subgroup has been monitoring and reviewing the impact of Covid-19 on behalf of the HSAB; recommending appropriate responses and actions to deal with associated risks; and looking at national trends and data to inform local focus and responses.

There have been new safeguarding issues and challenges that have emerged throughout the pandemic and the T&F group has successfully monitored these issues through responses by partners and detailed analysis of certain issues. In 2021, the subgroup revised its Terms of reference with the following additional objectives:

- Review the patient movement (Covid positive) between Hospitals and care settings (care homes, supported living, community etc);
- The safeguarding impact of digital inclusion of public services; and
- Safeguarding issues arising from the Vaccination programme.

In the last 18 months, there has been a huge amount of learning and monitoring systems have been developed to mitigate the impact of Covid, particularly in terms of safeguarding risks.

A summary of areas of work:

- **Living Through Lockdown Report<sup>13</sup>**  
During the COVID-19 lockdown, Haringey's pre-existing service user groups (termed 'reference groups') continued their work, where possible, through a variety of channels including Zoom, phone calls and email exchanges. They shared their experiences of health and social care services in Haringey, raising issues and

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<sup>13</sup> [Living Through Lockdown | Healthwatch Haringey](#)

challenges and making suggestions for improvements. One of the key area of challenge was the difficulty that many people are having in accessing their GP's and concerns about the accuracy of diagnosis through phone appointments. Some patients who are not well are unable to express their symptoms clearly to their GP's that may result in misdiagnosis. The subgroup raised this with the NCL CCG and the GP Forum.

- **Digital Inclusion**

Since the current pandemic started, many residents have to use the internet much more than before, and many organisations and services, including the NHS, have had to do the same. For some people this is an issue, especially those who are older and not familiar with the internet, or the technology used to access it. Haringey Healthwatch have been working with the NHS in Haringey and has launched the volunteer 'Digital IT Buddies'. The programme is to help Haringey residents to access GP and hospital appointments online via the Internet but providing some basic training on a tablet phone or PC.

Haringey Giving <sup>14</sup>has partnered with Haringey Council to launch the 'help bridge the digital divide' campaign in support of children and young people in the borough who don't have access to laptops Wi-Fi and other technological support. Over £40K raised which has resulted in an allocation of over 2000 devices to young people.

- **Covid-19 Vaccinations**

Vaccinations (1st and 2nd doses and boosters) continue to be provided through GPs and pharmacies as part of the 'Evergreen' offer, with several walk-in clinics operating around the borough.

Haringey also trialled a successful Vaccine Bus which has brought vaccinations into local communities to try and encourage people to get vaccinated - including those who are not registered with a GP and regardless of immigration status. The Vaccine Bus is partnered by the Testing Outreach Team who are able to give advice and access to lateral flow tests (until March 2022) and to encourage people to come forward for the vaccine - over 74% of people vaccinated found out about the bus via Haringey on-street engagement and a further 12% through word of mouth.

Workshops are being held to assist in decision making including capacity assessments lasting power of attorney and best interests decisions to support the process.

Special clinics are available for people with needle phobia or that need other adjustments. Services are also offering one to one conversation between residents and next of kin including public health doctors to address concerns about the COVID vaccines.

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<sup>14</sup> [Haringey Giving](#)

Some home care providers are using existing residents welfare and quality assurance checks to obtain feedback from residents and offer support around vaccination. Recruited COVID champions to initiate conversations with residents about the vaccine and support residents to book appointments.

- **Supporting Homeless People**

As a borough we have committed to ensuring that life-saving support is available to all adults who were rough sleeping or at risk of rough sleeping during the pandemic, regardless of immigration status or any other criteria. We did this because we recognise that residents affected by homelessness are often those most likely to be at risk of the most harmful effects of COVID-19. The Council and the NHS offered vaccinations to people living in the emergency hotel accommodation and our other hostels and supported housing services across the borough. To date, more than 100 people have taken up the offer. As well as residents and hotel guests, more than 150 frontline staff working in homelessness and rough sleeping services in the borough have also accepted the offer of vaccination.

- **Connected Communities**

Connected Communities is a programme designed to improve access to council and voluntary support in Haringey. There was a fantastic community response to the Council's food drive during the first lockdown. This saw over 450 people volunteer through Connected Communities to assemble and deliver food packs to the most vulnerable residents in the borough, from major hubs at Alexandra Palace and the Tottenham Hotspur Stadium. During this time, we took a huge number of requests from vulnerable residents looking for help from within their community for things like shopping, picking up prescriptions, befriending calls or anything else they were struggling with.

At the start of the pandemic, Connected Communities opened up a helpline for Haringey residents who were facing problems due to the national lockdown. As we have eased out of lockdown, the Covid-19 helpline has now ended. When residents call the number, it now goes directly through to Customer Services. Any issues that are Covid related are emailed to Connected Communities along with any other more complex resident issues that Customer Services feel would benefit from a more holistic intervention. Customer Services continue to triage and deal with all the other calls in the usual way, including their own safeguarding processes where appropriate.

We continue to provide a strong and current communications campaign to help residents and businesses stay up to date on the latest advice and support available, including where to get vaccinations. Communications are prepared in a variety of community languages and in a variety of formats, including webcasts and social media posts. Webcasts with medics and community and faith leaders include a focus



on the safety of the vaccine, myth-busting (e.g., addressing fertility concerns and vaccinating children) and vulnerable groups such as pregnant women.

- **Covid-19 Safeguarding Performance Data**

Haringey Performance Team have been working with North Central London (NCL) colleagues with data input on the 'HealthIntent' platform that allows health and care professionals in NCL to be more proactive in the care of patients and communities. The system links elements of health and care information from different sources and enables clinicians to manage and plan care for individuals and groups of residents in relation to health or social care.

The joined-up records also help to identify health and care needs or inequalities for the wider population in north central London.

- **Patient movement/hospital discharge/designated settings**

In the first months of COVID-19, care homes were hugely affected; in the NCL cluster, there were 365 COVID-19 deaths of care home residents, evenly split across boroughs and 60% of Haringey Care Homes had outbreaks. There were also outbreaks in a range of other accommodation services, such as extra care and supported housing. As a result, the NCL CCG developed a 'Bridging Pathway Protocol' to strengthen the response to Covid-19 and to support planning to protect vulnerable residents. There has been significant engagement with different groups and fora to reach system agreement on this new protocol.

#### SAFEGUARDING ADULTS REVIEW (SAR) SUBGROUP

**Purpose:** The purpose of the SAR Subgroup is to consider referrals for any case which may meet the statutory criteria for a SAR under Section 44 of the Care Act 2014<sup>15</sup>. 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.

The Care Act 2014 requires SABs to arrange a SAR when a case meets the statutory 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 neglect or abuse.

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 in question happening again.

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<sup>15</sup> <http://www.legislation.gov.uk/ukpga/2014/23/section/44/enacted>

### **Achievements in 2021/22:**

The SAR Subgroup has continued to progress its priorities throughout 2021/22 and has successfully continued to operate via virtual platforms, securing strong partner engagement in Subgroup meetings and wider learning events.

#### *SAR referrals*

One SAR referral was received for consideration during 2021/22. The referral did not meet the mandatory criteria for a SAR, however, a single agency review has been taken forward to identify key learning from this case.

The relatively low number of SAR referrals in 2021/22 may have been due to a greater understanding amongst partners of the criteria which need to be met for a mandatory SAR to be undertaken. In 2021/22, the SAR Subgroup gave presentations to the LeDeR Steering Group and the Safeguarding Adults Board clarifying and promoting the mandatory and discretionary criteria for a SAR. The mandatory and discretionary SAR criteria were also reinforced in the SAR Procedure and referral form which were revised in 2021/22.

This work has responded to the recommendation of the National SAR Analysis<sup>16</sup> that SABs seek reassurance that partner agencies understand the relevant legislation regarding referral and commissioning of SARs. It is important for the SAR Subgroup to continue to promote the SAR criteria and referral process to partner agencies and the public in future years to ensure referrals are made where cases may meet the criteria and provide the opportunity for learning.

In line with previous years, the one SAR referral received by the SAR Subgroup in 2021/22 involved suspected neglect. A meaningful analysis of characteristics cannot be made due to the low numbers of people involved; however, this year's referral reflects the previously identified trend of SAR referrals being made regarding adults who have died at a relatively young age. The SAR Subgroup will continue to monitor trends in referrals through the collection of information about each person's protected characteristics within the SAR referral form.

### **Safeguarding Adults Reviews (SARs)**

During 2021/22, one Safeguarding Adults Review has been initiated and work has been undertaken with SAB partners to implement learning from two Safeguarding Adults Reviews (SARs) completed last year.

To aid dissemination of learning from the Thematic Homelessness SAR published during 2020/21, the SAR Subgroup delivered two Homelessness SAR and National SAR Analysis learning workshops to over 60 SAB partners and frontline practitioners in July 2021. An action planning group was also established to oversee implementation of the review recommendations. This group was chaired by a senior representative of the SAB who had

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<sup>16</sup> [Analysis of Safeguarding Adult Reviews: April 2017 - March 2019 | Local Government Association](#)

been involved in the SAR. This provided a coordinated approach to the implementation of recommendations and promotion of SAR learning.

Service improvements as a result of the Thematic Homelessness SAR include the appointment of a social worker within adult social care services with a dedicated focus on homelessness, and the development of a dedicated mental health and physical health care service for people sleeping on the streets. Improved multi-agency working is also in place for homeless clients, with better hospital discharge arrangements and joint working through the monthly Multi-Agency Solutions Panel (MASP) meetings. As a result of learning from this SAR, the local authority safeguarding concerns form has been improved and a programme of training has been developed to improve frontline practitioners' legal literacy.

In 2021/22, the SAR Subgroup has also begun monitoring a SAR action plan relating to learning from a SAR concerning the experiences of a person with mental health needs being supported in the local community. The review identified learning around proactive and holistic care planning for people discharged from mental health services, better understanding of the interface between mental health and mental capacity, improved risk assessment, and interagency case management of complex cases. Much work has been undertaken by the mental health trust to address the SAR learning, and improvements have been made to the local authority's Multi-Agency Safeguarding Hub processes and to safeguarding practices within the housing association involved in this review.

### **SAR Subgroup Priorities and Activities for 2022/23:**

In addition to the management of new SAR referrals, the priority areas of work for the SAR Subgroup currently identified for 2022/23 are:

- Continue to promote the SAR criteria and referral process to partner agencies;
- Continue monitoring the implementation of learning and recommendations from Haringey SARs;
- Arrange relevant SAR learning workshops;
- Complete the discretionary SJ SAR, plan and deliver publication and learning dissemination;
- Implementation monitoring of SJ SAR recommendations;
- Piloting an annual SAR learning event/campaign;
- Responding to recommendations and learning from an Enfield SAR involving a former Haringey resident;
- Reviewing referrals for SARs and commissioning/undertaking any new SARs;
- Further review of SAR Subgroup effectiveness and impact of SAR learning.

### **MULTI-AGENCY QUALITY ASSURANCE BOARD**

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 risks experiences; knowing what impact safeguarding has had; and working together.

The QAF 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. The QAF is due for review in 2022.

### Work carried out in the year:

- **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 CCG 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 CCG, and local authority has increased the number of Council commissioned 'Good' services located in Haringey.

- **Telehealth toolkit**

A number of care homes are taking part in a project to upscale the remote monitoring in care homes. The care homes are using a telehealth tool kit called Whzan. Whzan is an all-in-one telehealth case which measures vital signs (Temp, Blood Pressure, Respiration, Pulse), records photos and performs multiple assessments including Royal College of Physicians National Early Warning Score (NEWS2). Care homes staff can share this information with clinicians directly to plan and monitor resident's health status and recognise soft signs of deterioration. The project will also help care home staff to improve communication with clinicians such as the GP and London Ambulance Service.

- **Training**

Regular virtual bite size training sessions on different topics relevant to social care have been organised and facilitated by the NCL nurse educator team. Examples of these sessions were pressure ulcer prevention, delirium and falls prevention.

- **Well-being support for staff**

Advice and support are provided to social care staff through the NCL well-being hub and workshops from Whittington Health IAPT (Improving Access to Psychological Therapies). Resources were shared to social care providers.

- **Activities for care home residents**

Several activities were carried out virtually to engage residents and staff and prevent isolation and loneliness. These are the monthly care home residents quiz bee and the virtual art sessions facilitated by a volunteer student. Some of our care homes

have also took part in the pilot called 'Little Windows Therapy' organised by Creative Learning team from Alexandra Palace. Performers and artists provided entertainment outside whilst the residents were watching through a glass window or doors. Additionally, the quarterly NCL Activity coordinators forum was transformed into a virtual forum to ensure that ongoing sharing of stories and best practices continued despite of the COVID-19 pandemic.

- **Performance Data Analysis**

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.

- **HSAB Risk Register**

The HSAB has a unique set of risks to monitor and manage through the Risk Register. This register is linked to the 3-year Strategic Plan and reflects the Board's priorities for the year to manage the risks that may prevent the delivery of the Plan. The register is a dynamic document and is updated over time to ensure the Board is properly managing strategic safeguarding risks throughout the year. The QA has overall responsibility for the risk register that is reported back to the HSAB.

- **Escalation Policy**

The subgroup reviewed the revised Escalation Policy. This protocol aims to support positive resolution of professional difference between agencies working to safeguard vulnerable adults in Haringey. Whilst there is generally a good working relationship between agencies and professional difference can be a driving force in developing practice, occasionally disagreements may arise which requires timely resolution so as not to delay decision making. It is aimed at colleagues across all services and agencies across the borough working to safeguard adults and any children they may come into contact with. It relates specifically to inter agency disagreement and does not cover disagreement within single agencies which should be addressed by agencies escalation policies.

- **Healthwatch GP Patient Engagement**

Healthwatch Haringey presented a report on Accessing GP Services in Haringey<sup>17</sup>. The report provides a snapshot of patient experiences of phone and internet access to GP services, and of the experience of practices as they move towards providing services over the phone and online using the internet. The recommendations in the report are based on the reported experiences of patients and practice staff, the Haringey Over 50s Forum and the Healthwatch Haringey 'Mystery Shopper' survey.

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<sup>17</sup> [20210618\\_Haringey\\_Accessing GP Services \(1\).pdf \(healthwatch.co.uk\)](#)

- **Haringey Joint Establishment Concerns (JEC) Procedure**

The subgroup reviewed the JEC. The JEC provides a framework for the management of enquiries into concerns involving actual or potential abuse or neglect of adults with care and support needs on an organisational scale within a regulated or contracted health or social care setting. This includes hospitals, Care Homes (Residential and Nursing Homes), Supported Living, Domiciliary Care and Support Services.

- **Multi-agency case file audits**

The HSAB agreed to implement a quality assurance framework which includes a multi-agency case file audit. This will be undertaken on the initial basis of two per year. The topics of the audit are informed by partners audit activity, Safeguarding Adults Review findings, national themes and themes of interest from any of the subgroups. The work sits under QA Subgroup and the themes of each audit are decided by this subgroup.

In January 2022 a redrafted audit tool and guidance was presented and approved at the QA subgroup. Learning from the audit will be presented to the HSAB and will be reported in the next annual report.

QA Subgroup Priorities and Activities for 2022/23:

- Collaborate and conduct deep-dives on areas of practice, use of MCA for the victim and survivor's journey, and ensure learning from safeguarding cases is embedded in practice.
- Ensure MSP is embedded in safeguarding practice across the partnership
- Improve understanding of and responses to older people at risk of or experiencing domestic abuse across the partnership and make links to the Violence Against Women and Girls (VAWG) strategy.
- Monitor safeguarding activity across the partnership to identify any issues arising from changing economic, social and environmental challenges and consider how to address them in the context of SAB duties and responsibilities.

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.

## Work carried out this year:

- **Safeguarding Adults Week**

15th–21st November is national Safeguarding Adults Week where organisations across the country come together to raise awareness of important safeguarding adults issues. The aim is to highlight key safeguarding issues, facilitate conversations and raise awareness of safeguarding best practice so we can all be better together. Unfortunately, due to the pandemic no in-house events/webinars were planned. However, the council does provide a wealth of information on Safeguarding Adults including a series of short videos to help you understand what is safeguarding, and advice on how to recognise the signs of abuse and what to do to report it. There is also an ‘Understanding safeguarding online quiz’ to see how good your knowledge is. Other regional events were circulated to all partners to benefit from safeguarding adults week.

- **Multi-agency Training access**

There is now a dedicated multi-agency training section<sup>18</sup> on the Haringey Safeguarding Adults Board webpage. The webpage is regularly updated with new course dates and resources for partner organisations to access and book.

On the 16th of December 2021 the Council’s new learning platform ‘My Learning’ was launched and replaced Fuse.

A Legal Literacy/MCA training programme was created and is being delivered jointly between Adult Social Care and Legal Services. Training will take place every month from January 2022 to May 2022. The following topics will be covered:

- Incapacitated adults – assessing mental capacity and making best interest decision in specific cases
- Application to the Court of Protection for Deprivation of Liberty under the Streamlined Procedure – Common Pitfalls to Avoid
- The New Liberty Protection Safeguards
- Decision making by Managers under the Care Act 2014 and Mental Capacity Act 2005 and Pitfalls to Avoid
- Care Act 2014 – Ordinary residence rules for adult care and support.

Blue Light Training on working with vulnerable clients has been delivered to substance misuse staff.

Procurement for training for next 3 years nearly concluded. Contracts awarded and documentation being finalised

Training on Housing & Adults Social Care Responsibilities was delivered on 3 Dec and covered Homelessness awareness, HRA and NRF matters. Session was attended by more than 20 people and was delivered by staff in Housing, Legal and Homeless

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<sup>18</sup> [Haringey safeguarding adults multi-agency training | Haringey Council](#)

strategy services. Homelessness and safeguarding and Supported Housing Pathway introduction session now scheduled in six-monthly and quarterly respectively.

Modern Slavery Coordinator trained 225 staff members from teams such as: Homes for Haringey, Children's Mash, Adults First Response Team, Connected Communities, Homelessness Teams.

- **Prevention Strategy and Delivery Plan**

The subgroup revised the Haringey Adult Safeguarding Prevention Strategy and Delivery Plan 2022-2025.

- **Analysis of Performance Data**

The subgroup continued to monitor safeguarding performance data produced by the council and followed up with a number of deep dives to understand the local picture better. This included investigation of community backgrounds of those facing safeguarding issues and where they may be under-reporting.

### **P&L Subgroup Priorities and Activities for 2022/23:**

- Promote access to multi-agency training to support the implementation of the LPS.
- Implement multiagency refresher training on understanding mental capacity
- Maximise feedback from existing community fora as coordinated by Bridge Renewal Trust building local intelligence to understand current community concerns and trends. Report on current (in)equalities issues to the Board.
- Use intelligence gathered from BRT and other VCS organisations (escalating information, scams, vulnerability etc). to inform future planning (training/campaigns) etc.
- Disseminate campaign/information and posters (easy read) to raise awareness of safeguarding issues in the wider public and make easily accessible via community groups.
- Deep dive by ethnicity into data on people experiencing abuse in different community groups and localities to identify if are there any issues/challenges that the SAB need to address.
- To improve understanding of less well reported categories of abuse across the borough
- Develop & deliver a range of training and development opportunities for staff and partners, that also addresses the intersecting (in)equalities affecting this group.
- Plan and deliver joint training for staff in domestic abuse and VAWG.
- Monitor safeguarding activity to identify issues and any specific area, addressing fuel poverty and food poverty.
- Support delivery of fire safety training to all relevant agencies across the SAB partnership.
- Coordinate, collate information and create a programme of activity for safeguarding adults week.
- Adults Social Care commission training on Domestic Abuse and adult related content.



- In-house legal literacy training delivered internally by Legal Services and Adult Social Care.
- To coordinate and promote training resources on pressure ulcers via training communication channels.



# Keeping you and your money safe

**Please seek help** and advice if someone is:

- Taking your money or belongings or you feel pressured and can't say no
- Using money for your care on themselves
- Persuading, tricking or threatening you for money, your things or your property
- Making benefit claims in your name for money you never see
- Trying to make you change your will
- Preventing you from working
- Moving in or refusing to leave your home
- Or if what someone is suggesting could be a money scam on phone, email or at your door - if it sounds too good to be true, it probably is!

**REMEMBER** - Anyone can do these things, whether they know you or not. It could be a family member, a friend, neighbour, carer or stranger!



**Haringey LONDON**

**HELPFUL CONTACTS:**

**Metropolitan Police** 101 (24 hour),  
[www.police.uk/pu/contact-the-police](http://www.police.uk/pu/contact-the-police)

**National Cyber Centre**  
[www.ncsc.gov.uk/collection/phishing-scams](http://www.ncsc.gov.uk/collection/phishing-scams)

**Haringey Council** 020 8489 1400,  
[firstresponseteam@haringey.gov.uk](mailto:firstresponseteam@haringey.gov.uk)

**Victim Support** 0808 168 9 111,  
[www.victimsupport.org.uk](http://www.victimsupport.org.uk)

**Haringey Citizens Advice Bureau**  
Tottenham - 0808 278 7966,  
[www.haringeycabx.org.uk](http://www.haringeycabx.org.uk)

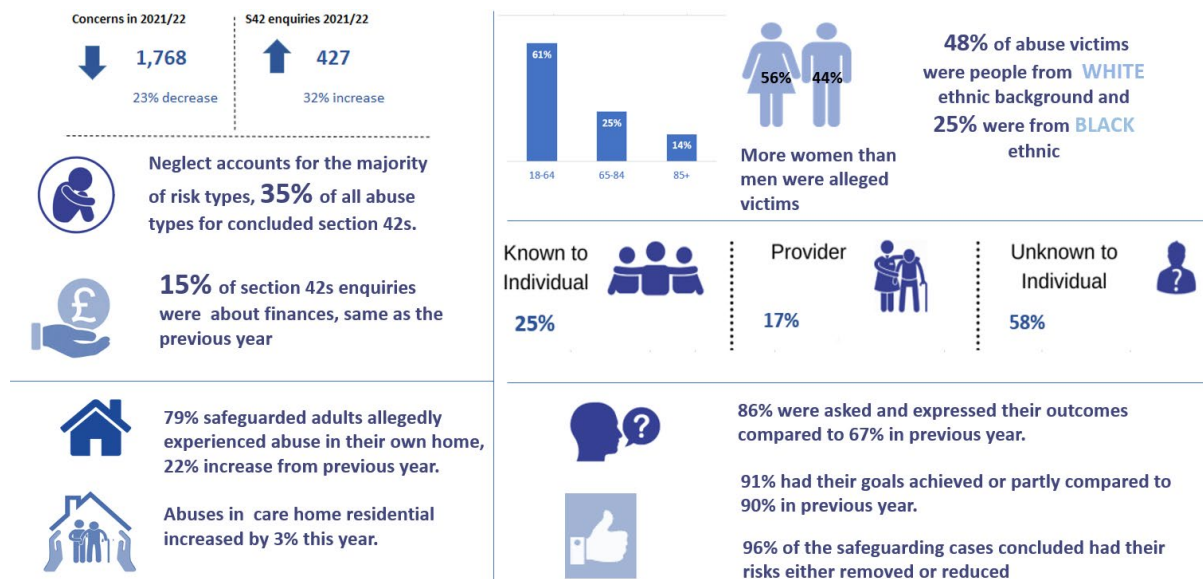
**Haringey Law Centre** -  
020 8808 5354  
[haringeylawcentre.org.uk](http://haringeylawcentre.org.uk)

## SAFEGUARDING PERFORMANCE - ADULTS ACTIVITY 2021/22

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 2021/22 for both safeguarding concerns raised, and s42 enquiries undertaken.



The number of safeguarding concerns has decreased by **23%** in 2021-22 compared to previous year. The number of section 42s (S42s) increased by **32%** from last year although the proportion of concerns leading to S42s are still low **24%** in 2021-22 compared to **14%** in previous year.

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**.

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.

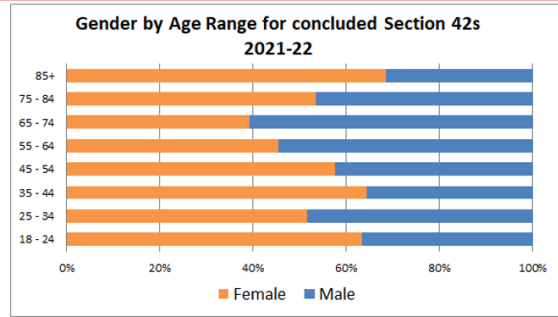
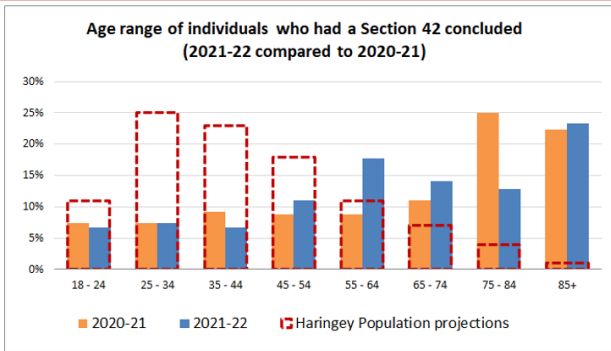
**Definition of 'Other Safeguarding Enquiries'** - Those enquiries where an adult does not meet all of the s42 criteria (**Non-Statutory Enquiries**), but the local authority considers it necessary and proportionate to have a safeguarding enquiry. Whilst each local authority has the jurisdiction to decide 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.

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.

## Section 42s - Age and Gender



**67%** of individuals with a Section 42 enquiry are aged 50 and over, **over-represented** when compared to the age structure of Haringey’s adult population.

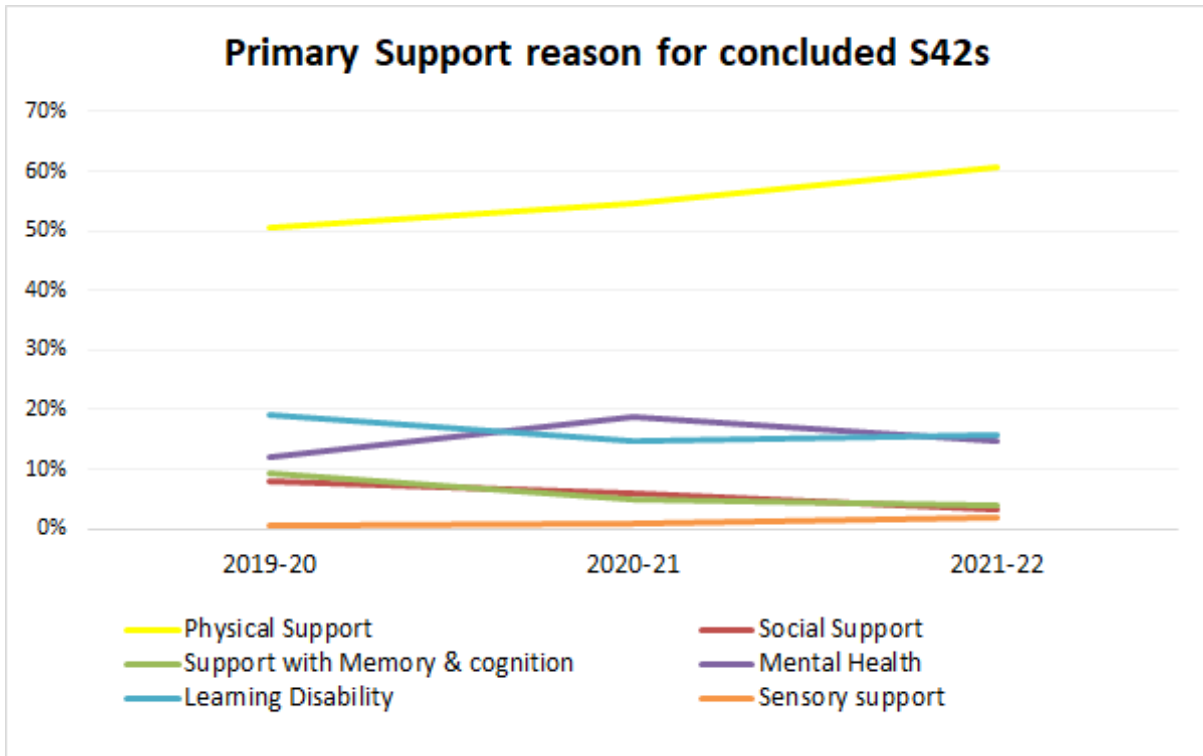
**56%** of individuals who had a section 42 concluded are females, a 5% decrease from previous year.

For females, we have seen an increase on age group:

- 55-64 (from 11 to 29 cases)
- 85+ (from 38 to 59 cases)

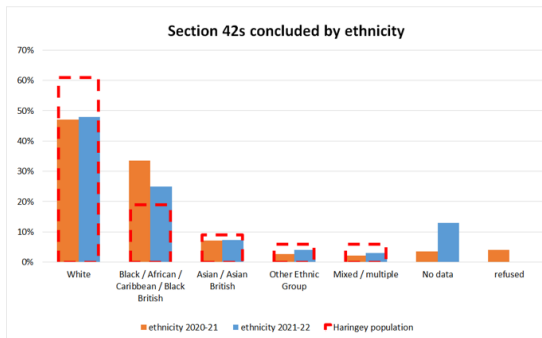
For males, we have seen an increase on age group:

- 55-64 (from 9 to 29 cases)
- 65-74 (from 15 to 28 cases)

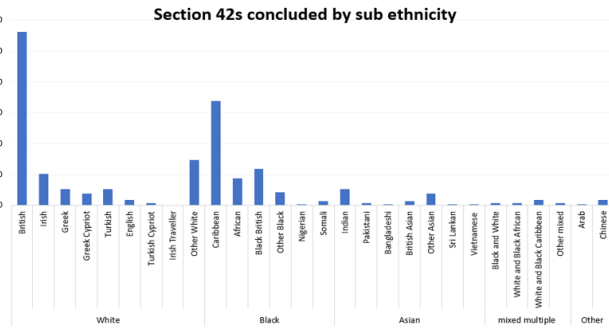


Ethnicity of individuals involved in s42 enquiries

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.



**48%** of individuals who had Section 42 concluded are White, a 1% increase compared to previous year but under represented compared to Haringey’s population. **25%** are Black, a decrease of 8% from previous year but **over-represented** when compared to the Haringey population **19%**.



The majority of White individuals with a Section 42 concluded are White British (57%), with 11% Irish, 6% Greek, 6% Turkish, in line with Haringey’s population (61%).

55% of Black individuals were Caribbean, 20% Black British and 15% African, over represented when compared to Haringey population (19%).

41% of Asians were Indian with a further 11% British Asian, in line with Haringey’s population.

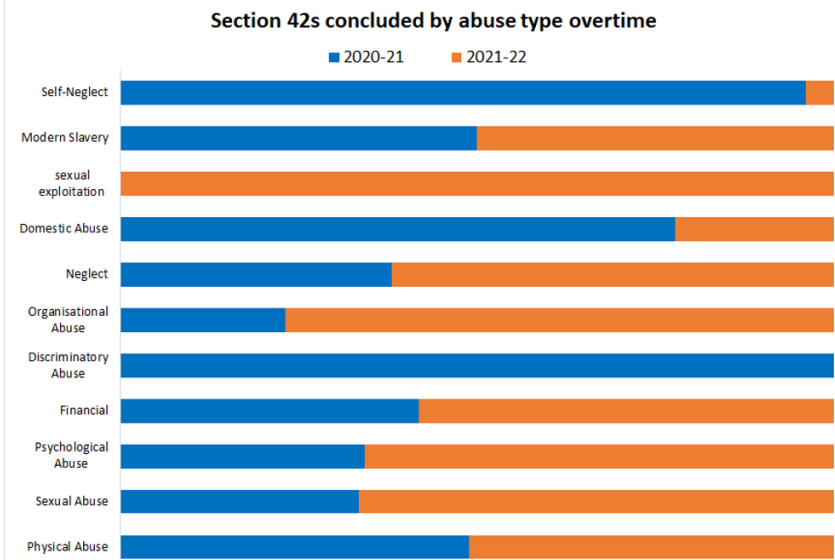
Proportionately Neglect account for the majority of risk types, accounting for **35%** of all risk types in 2021-22, up from **30%** in the previous year.

There has been an increase in psychological abuse cases (**7%**) higher than previous year.

There were 13 cases of sexual exploitation compared to none recorded the previous year.

We have seen a decreased in the following abuses types: physical (4%), domestic abuse (5%).

There was only one case of self-neglect.



Section 42’s concluded by location of abuse

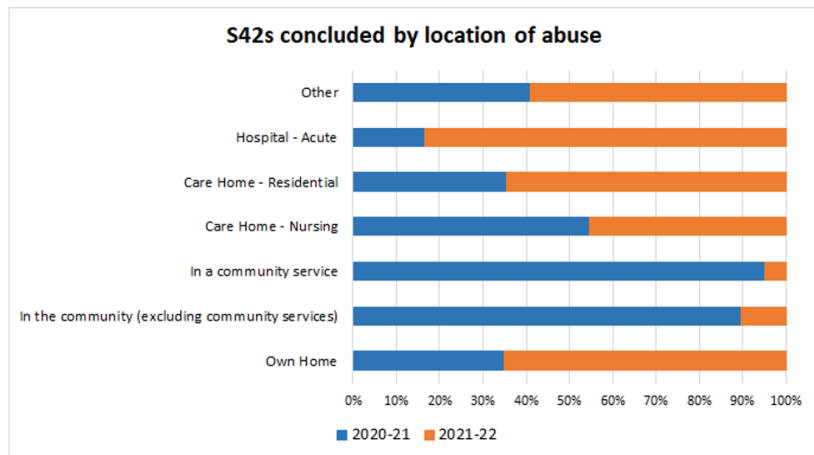
Abuse can happen anywhere: for example, in someone’s own home, in a public place, in hospital, in a care home or in college. It can happen when someone lives alone or with others. It is important to understand the circumstances of abuse, including the wider context such as whether others may be at risk 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 **79%** of the risk locations in 2021-22, an increase of 22% from previous year.

Abuse location in care home residential increased by **3%** this year.

In 'the community and in a community setting' abuse location both decreased to 1% in 2021-22.



Risk outcomes

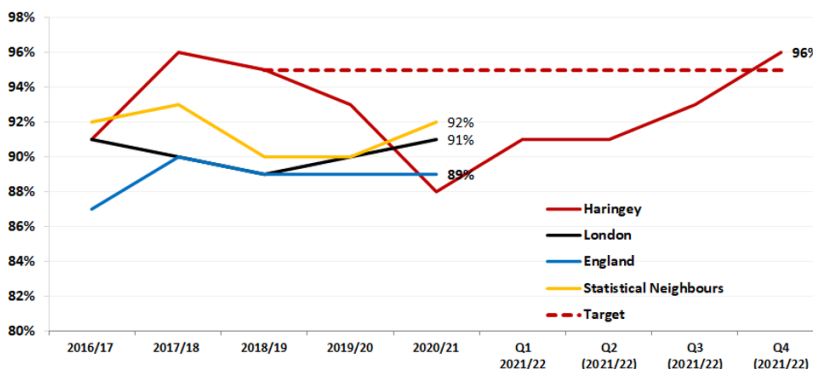
At the conclusion of a S42 enquiry, where a risk was identified during the Enquiry, an outcome concerning the status of this risk is recorded.



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 **96%** of the safeguarding cases concluded had their risks either removed or reduced in 2021/22, meeting the end of year target and still higher than the London, statistical neighbours and national average.

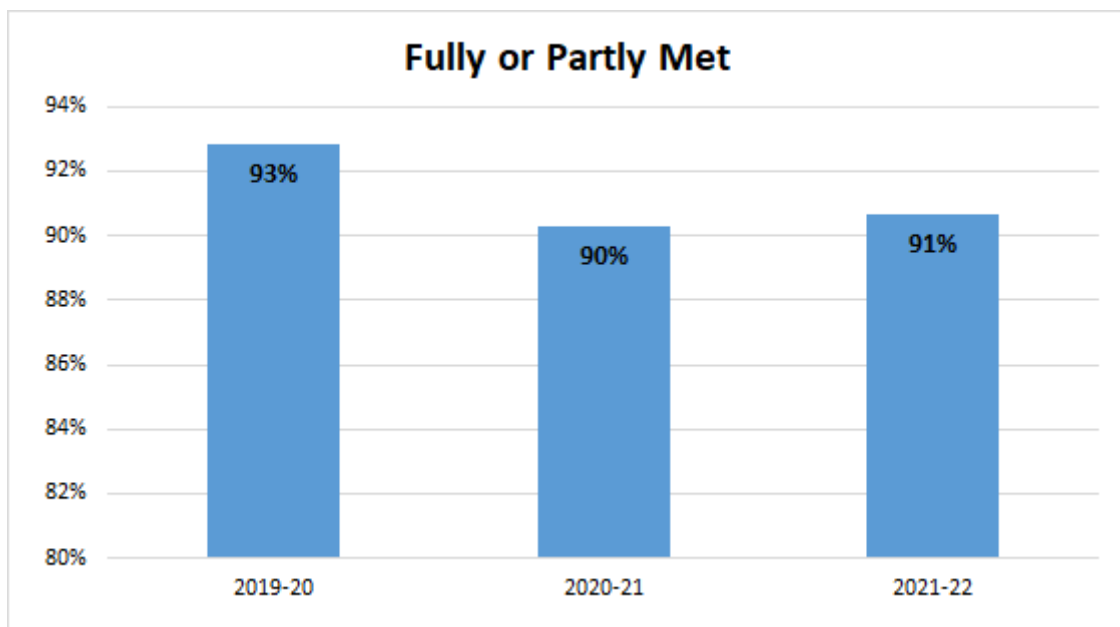
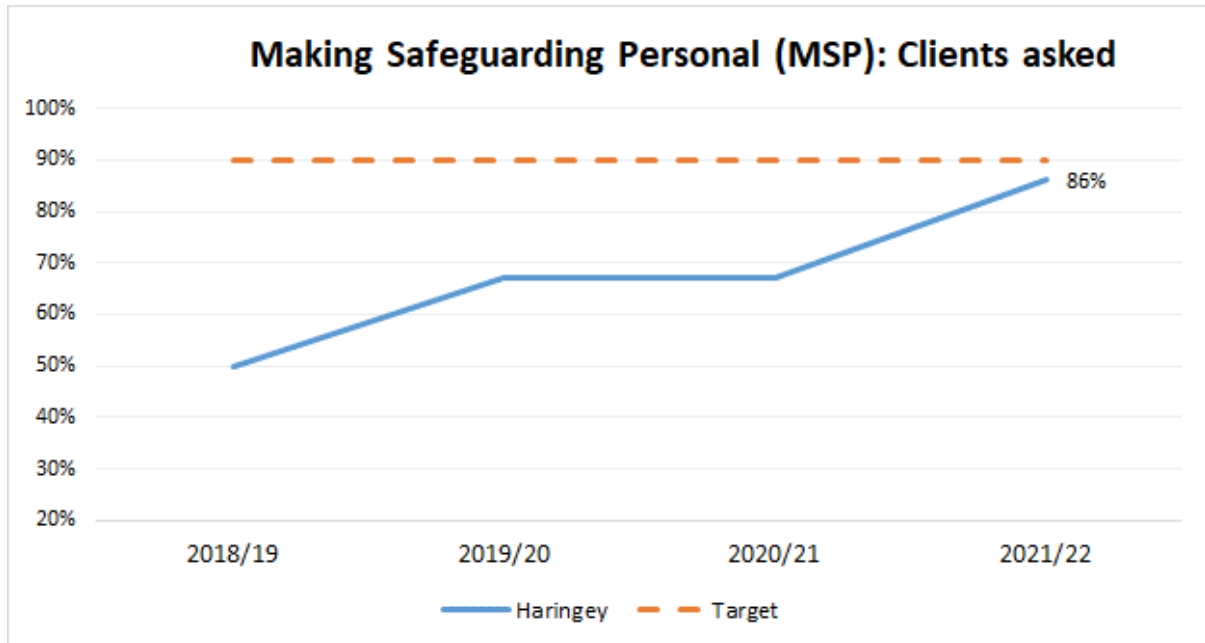
Making Safeguarding Personal (MSP)

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 2021-22, this is a 4% behind the target of 90%.

The person's desired outcome may not always be achievable. During 2021/22 we recorded **91%** outcomes met or partially met. This is an increase of **1%** compared to last year where **90%** of individuals who had a s42 concluded were asked and their outcomes were expressed.



## HSAB PARTNER STATEMENTS

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 2021/22 can be found below.

### North Central London Clinical Commissioning Group (NCL CCG)

North Central London Clinical Commissioning Group (NCL CCG) safeguarding teams deliver the statutory functions as set out within the Care Act 2014, the Children Act 1989 and 2004, the Health of Children in Care 2015 and the counter terrorism strategy including Prevent and the Mental Capacity Act 2005. Consideration is also given to other statutory legislation linked to safeguarding, which includes child sexual exploitation, domestic abuse, female genital mutilation and modern slavery. The CCG works to ensure the Safeguarding Children, Young People and Adults at Risk in the NHS: In line with Safeguarding Accountability and Assurance Framework 2019.

Safeguarding is a high priority for the organisation. The CCG ensures it has robust arrangements in place to provide strong leadership, vision and direction for safeguarding. The CCG has clear, accessible policies and procedures in line with relevant legislation, statutory guidance and best practice. Accountability for safeguarding within the CCG sits with the Accountable Officer and Executive Lead for Safeguarding.

The CCG has a statutory responsibility to ensure that providers of commissioned care have systems and processes in place to safeguard children and adults at risk.

The NCL, CCG Safeguarding, and Looked After Children Strategy was developed and launched in December 2020. This three year safeguarding strategy sets out the NCL CCG approach to commissioning services that prioritise the quality of care our patients receive and ensures that we safeguard and protect our local population from abuse, harm and exploitation.

The safeguarding strategy has been developed in the context of the five CCGs in North Central London merging as a single CCG in April 2020, and the ongoing response to the COVID-19 pandemic. The strategy recognises the need to work collaboratively with the providers of healthcare, our statutory local Safeguarding Partnership boards, and non-statutory partners across the five boroughs within NCL. The strategy was formed through engagement with our key local stakeholders.

The NCL & CCG as the lead commissioners of local health services across NCL CCG footprint are responsible for safeguarding quality assurance through contractual arrangements with provider organisations. The NCL & CCG safeguarding team has a key role in supporting this quality assurance function. The local health providers have



submitted assurance information regarding their safeguarding arrangements and activity to NCL & CCG including:

- Monthly data regarding the uptake of safeguarding training levels 1-4
- Reports regarding any safeguarding audit activity
- Safeguarding supervision compliance data
- Safeguarding structure measures.
- Progress of any recommended actions from safeguarding learning reviews

The safeguarding internal assurance committees of the health providers are attended by the NCL/CCG Designated Professionals. These committees considered areas of strength and areas requiring further development and assurance. Through this quality assurance role, the NCL/CCG Governing Body has assured itself that both the CCG and the organisations it commissions have met their safeguarding responsibilities, including delivery of the partnership priorities

The NCL/CCG Safeguarding team has continued to help drive improvements in the quality of Primary Care safeguarding services, largely achieved through the safeguarding practice support and advice provided by the named Safeguarding General Practitioner (GP) to GP's, the bi-monthly GP Safeguarding Leads Forum and NCL webinars regarding, for example, domestic abuse and other 'hidden harms' throughout the year.

### **Safeguarding Strategy**

To address the key safeguarding challenges, NCL safeguarding strategic objectives have been identified where the CCG has a key role to play in providing leadership and positively influencing continuous improvements in safeguarding practice. The NCL/CCG Safeguarding Strategy has set out the organisations strategic focus and core priority areas, which are being addressed through the NCL/CCG Safeguarding Work Plan, which has been further developed to include additional activity identified through safeguarding review processes and changes to local or national guidance and requirements. It is also further informed by, and delivered, in partnership with our Local Corporate Parenting, Safeguarding Children and Adult Partnership Boards and other key stakeholders, and is a live document which, has guided the key deliverables, and is robustly implemented/monitored by the NCL designated safeguarding professionals group to ensure the development of all strategic objectives, which have during the year included:

- Training initiatives including the adoption of the '7 minute briefing' approach, ad hoc specialist training relating to Modern Slavery, FGM and Violence Against Women and Girls.
- Input into the Integrated Care Board (ICB) development including participation in relevant workstreams. Consistent input into all multi agency partnership arrangements.
- Refresh of the Children Looked After (CLA) workplan including partnership work with health providers and Local Authorities relating to the increase of and needs of Unaccompanied Asylum Seeking Children across NCL, continued partnership working within the Corporate Parenting Boards to

improve health, wellbeing and mental health of CLA and care leavers and participation in the NCL wide CLA task and finish group.

- Completion of relevant safeguarding policy alignment.
- Ongoing involvement within each of the 5 boroughs by the designated professionals to the local planning for the implementation of the Liberty Protection Safeguards (LPS), following the launch of the national consultation in March 2022 on the Draft MCA Code of Practice and implementation of the LPS.
- Commissioning of specialist safeguarding supervision training to health colleagues and the provision of specialist safeguarding supervision to NCL Designated Professionals.
- Development of an NCL Named GP forum went live in May 2022.

## **Partnership work**

Throughout 2021/22 the CCG Safeguarding Team has worked collaboratively and dynamically within the team, with the providers of healthcare, our local statutory Safeguarding Children and Adult Partnership boards and non-statutory partners on the development and delivery of the safeguarding business plans across the five NCL boroughs, in line with the complex changing landscape of children and adults at risk safeguarding arrangements.

## **Covid pandemic**

The Covid-19 pandemic has had a disproportionate impact on the most vulnerable in our communities, including children and adults at risk. Throughout the pandemic, the CCG Safeguarding team continued to ensure that the statutory duties of the organisation were fulfilled with the aligned commissioned services and system partners.

For the CCG, the highest safeguarding risk on the Corporate Risk Register, related to the impact of Covid-19 with regard to safeguarding which, included concerns that safeguarding issues/incidents were not identified during the 'lockdown' periods as children and adults at risk were not accessing the usual services. Mitigation was put in place to provide extra support to those high risk children and increase staff awareness of the need for professional curiosity and the identification of hidden harm, for example, delivery of NCL wide webinars on domestic abuse and hidden harm. In addition, the NCL/CCG Safeguarding team quality assured the NCL health providers' safeguarding business continuity plans and subsequent recovery and restoration plans for Covid-19. This included the designated professionals for safeguarding continued attendance and local multi-agency partnership meetings and providers safeguarding committees to seek ongoing assurance in the delivery of providers' recovery and restoration plans as part of the ongoing safeguarding assurance process.

## **Safeguarding Adults Board**

We are also a key partner in the local Safeguarding Adults Boards to ensure NHS safeguarding arrangements across the local health economy are effective and to

contribute advice and expertise to partner agencies. The Mental Capacity (Amendment) Act 2019 (MCAA), which introduces the Liberty Protection Safeguards (LPS) scheme, was due to go live 1 October 2020. In September 2020, the government confirmed that due to the COVID-19 Pandemic, LPS will now be implemented 1 October 2022. In preparation, Designated Safeguarding Adults delivered training sessions on the MCAA, best interest decisions and remote assessments. This was followed by a briefing on preparing for the LPS. Currently, NCL/CCG are scoping the current number of potential community Deprivation of Liberty Safeguards (DoLS) as well as understanding the number of patients (in nursing homes) currently subject to DoLS who will be transferred to the CCG in October 2022.

### **Learning from lives and deaths-people with a learning disability and autistic people programme (LeDeR)**

The LeDeR programme underwent change in 21/22 with the launch of a new programme policy, reporting system and training package. These changes were timed with the ending of the five year partnership with the University of Bristol and a switch to SCW (South, Central and West Commissioning Support Unit). Other key changes include:

- Those with a diagnosis of autism without a learning disability included in the process from January 2022
- Introduction of a 2 stage LeDeR review system where most cases will receive a basic review, with only a proportion of cases moving to a full review where required or where families request this
- LeDeR reviews will be the responsibility of health and social care services/Integrated Care System (ICS)
- LeDeR reviewer capacity will be commissioned across ICS areas or on a regional footprint.
- LeDeR review recommendations will be agreed by a local governance panel not the reviewer

NCL noted a decrease in the number of deaths being reported in 21/22 in comparison to previous years. This is being closely monitored with good local intelligence mechanisms in place to share information on deaths when they occur to ensure they are notified.

There has been a number of issues with the introduction of the new LeDeR system, for example access to system data. NCL has ensured these have been fed back to both NHSEI/SCW at both a regional and national level.

Works continued to be built on learning from LeDeR reviews across NCL including:

- Early warning signs of deterioration
- Increased use of hospital passports and formulation of health action plans
- Improvements in communication/information sharing;
- Application and recording of Mental Capacity Act decisions

Continued focus on uptake of annual health checks and the additional support needed to take part in these remains a priority. Increased support for people with a learning disability to receive the COVID-19 vaccination booster through briefing to primary care and partnership working with learning disability services across NCL was successful.

An annual LeDeR 21/22 report will be presented to the CCG Quality and Safety committee in quarter 1 and published on the CCG public-facing website by 30 August 2022. In addition, an easy read version will accompany the report.

### Haringey Safeguarding Adult Team

Overall, this has been a challenging year with increased demands on all service areas which does impact on our safeguarding activity. We have benefited from the external audit that provided us with a set of actions to improve our processes and practice for managing this work and there has been significant improvement. We have re-organised the Safeguarding Team and increased, at least temporarily, the number of staff to manage demand more effectively. We have staff dedicated to the managing the incoming referrals and ensuring risk assessment and decisions are as timely as possible. The remainder of the team are focusing on the enquiries again to ensure timely management of enquiries. Staffing remains an issue and we have experienced a lot of movement of Locum staff and permanent recruitment in Borough remains challenging.

Although the audit action plan has been completed, we have an ongoing service improvement process in place to ensure the change in place remain effective as well focusing on continuous improvement.

There have been some fluctuations in MSP and outcome focus responses to Safeguarding, but this improving. We have adjusted paperwork to reflect and support this, both in terms of referrals and the enquiry closure forms. There is still a need to improve MSP across the borough especially at the point of referral in terms of the Person being informed and being given the opportunity to have their views/wishes acknowledged at the earliest stages of the process.

There appears to have been a marked increase in the number of Safeguarding referrals. There are monthly variations due to the nature of Safeguarding activity but there has been a noticeable increase in Family members being the cause of risk. This is across all abuse types but should also be seen in the context of a consistent overall rise in Domestic and Financial Abuse referrals. 76% of all referrals have the person's own home as location of the abuse.

The below highlights some key achievement and examples of good joint working and although there is a need for continuous improvement there is evidence of good partnership working across the system and the further improvement will be a key focus for this year:

- **Waiting lists** - This has been ongoing challenge in the service with concerns waiting sometimes weeks to be actioned which also led to significant delays in allocation of and conclusion to Section 42 enquiries. Over the winter period and making use of

short term central funding we were able to add additional leadership to the team to both improve the management of referrals and allocation of concerns/enquiries. Currently we do not have any waiting list for allocations, and we are working within the Pan London Guidance Frameworks.

- **Improved management oversight** - Aside from re-organising the leadership structure in the team we have introduced some team processes to provide staff with support and guidance to ensure effective management of enquiries. This includes weekly case meetings with all staff to update on enquiries and review actions/timeframes. All enquiries that are taking longer than the 28 days to resolve have weekly management supervision in place to prevent drift.
- **MAZARS Audit** - The Safeguarding Team had an external audit completed by MAZARS which highlighted areas of improvement in processes including the First Response Team. This led to the development of a detailed action plan which has been completed with all actions, with some minor alterations, completed and this has been confirmed with the auditor. The audit looked at the following areas:
  - Safeguarding Referrals
  - Risk Assessment and Allocation (Screening Process)
  - Safeguarding Plan and Review of Plan
  - Performance Management and Reporting
- **Referral Forms** - The safeguarding referral form has been updated to take into account MSP at the point of referral to ensure a person-centred approach from the start of the safeguarding process.
- **Updates to Safeguarding paperwork** - Although a minor change we have removed outdated terminology from the outcomes to reflect MSP.

### Key Plans for 22/23

- **Localities development** - As part of the ongoing localities work we will be considering how best to manage the Safeguarding Activity in the new borough service structures.
- **Preparing for Adulthood/Transitional Safeguarding** - Ongoing work with Children's Services on this key area.
- **Improving MSP:** in developing improved feedback opportunities for those who have been supported the service and their carers

### Case Study 1:

UM is a 55-year-old woman referred by the district nurse service. The daughter refuses access to the DN and keeps the key with her. The house was reported to be in a neglected state. The case required a multi-disciplinary team approach. A Police Community Support Officer was involved in gaining access to the property. The adult at-risk's GP was involved in the safeguarding strategy meeting, and a referral was made to the mental health team for assessment.

The Housing manager offered a placement so that repairs could be carried out. The Adult at-risk daughter who has experienced domestic abuse was given advice and signposted to a Domestic Violence organization to support her. The outcome was that the Mental health team agreed to give UM ongoing support. The adult at risk was happy with the outcome, although all the professionals recognise this might be an ongoing issue.

### **Case Study 2:**

SL is an 85-year-old woman who was known to be vulnerable and had advanced dementia. Referred by the probation service as concerns raised of an allegation of Rape by her daughter's boyfriend. Her daughter did not appear concerned that her mother had been raped and had not reported the incident. The allocated Social Worker liaised with the probation services, Adults Reviews team, Care providers, the daughter and her son. The conclusion of the Safeguarding meeting was that Mrs L should be placed in a Care Home as the risks could not be managed at home. SL was able to state that she wanted to be safe but was not able to recall the incident.

Following receipt of the safeguarding allocation SL son was contacted who expressed his concern regarding his mother's safety due to DL being released from prison. A reviewing officer was also allocated to SL case and a joint meeting with probation was completed. During the course of the enquiries, it was evident that the daughter, was still in a relationship with DL had been in contact and visited DL in Prison. It was identified that alleged preparator had multiple sentences and had been recalled back to prison once before due to assaulting a member of the police. He had a history of not complying with licence conditions so it was identified that even with risk mitigation such as a non-contact order, non-molestation order, ring doorbell (with cameras) and all visitation to go through SL son, it is not likely to safeguard SL from abuse so it was agreed by all (Except for her daughter) for SL to be placed in a Care Home. He had been recalled back to prison after threatening to kill the hostel staff he was staying at.

Social Services Adult reviewing Team member and safeguarding social worker attended a MAPP meeting with housing, probation services and police present to feedback on the safeguarding concern as DL was released from prison with no conditions to his release. SL remains to be in a care home with 24-hour care pending 6-week review. This case has demonstrated good multiagency working to achieve positive outcomes in protecting and preventing abuse.

### Haringey Metropolitan Service

- Last November the MPS published a **draft plan** detailing how we will do more and improve our response to violence against women & girls. This brings together all of our work in public spaces, domestic settings and online, targeting perpetrators and improving outcomes for victims. We are also focused on **raising the professional standards** of our officers and staff and rooting out those who display unacceptable behaviour. This MPS wide plan informs much of the achievement on North Area BCU & Policing in Haringey.
- We have established a **Predatory Offender Unit** (replicated across London) to arrest and charge those who carry out violence, much of it domestic or sexual violence. Since

November 2020, they have arrested (MPS wide) over 3,200 offenders, with more than 1,890 arrest for domestic abuse, 670 for sex offences, 164 for child abuse and 253 for prison recalls/breach of bail.

- **Stalking Threat Assessment Centre**, which supports victims of stalking and harassment. 143 Stalking Protection Orders have been obtained so far this year to protect victims in London.
- **Increased patrols** of open space across London. We have deployed more officers in high-visibility patrols in known **hotspot areas** for violence against women and girls, and places where people may feel less safe – this is both to reassure the public and deter criminals. We are also using less visible tactics to identify potential offenders and make sure they aren't able to do harm to anyone. These deployments are regularly discussed at the borough TTCG, a tasking panel which looks at live data and hotspot analysis to deploy resources to areas of concern.
- **650 extra officers** have been deployed to town centres and high streets, to reduce crime and increase confidence in communities through greater police visibility, including for women and girls. This is replicated in Haringey which has dedicated Town Centre teams.
- The **“Walk and Talk”** initiative, is now available across London. This sees female officers buddying up with local women on street patrols so we and our partners can learn and improve their safety.
- The MPS is piloting **Project Vigilant** to tackle predatory offending around the night-time economy. It is being trialled in Lambeth and Southwark where teams of plain-clothed and uniform colleagues are being deployed together to identify and prevent predatory offending around busy night-time spots. Once the pilot is complete it is anticipated it will be replicated in other boroughs including Haringey.
- The MPS is part of a **campaign**, with Transport for London and British Transport Police, on the London transport network to deter sexual harassment of women and increase confidence to report. And we are supporting campaigns by the **Government and the Mayor** to prevent violence against women and girls.
- Online reporting for domestic abuse that enables victims, including those who may be unable to contact us via the telephone, attend a police station or have officers attend their home, to report matters in a fast, safe way.

### **Delivery of Safeguarding Training**

We are determined to improve the way we **investigate rape and sexual assault** and put ourselves forward for a national programme to transform our approach. This scrutiny and its findings have been challenging but we will harness them to drive significant reform to better serve victims of crimes that have such a deep and long-lasting impact.

- Much of the learning towards a holistic approach to investigating rape and sexual violence, is based on recommendations made within the Bluestone report. The learning from this report has been thoroughly reviewed with a detailed MPS operational plan due to be disseminated and implemented by the end of the year.
- New specialist training on domestic abuse (DA matters) to over 8K frontline constables and sergeants so we can improve the initial response to domestic abuse and assist officers with recognising and responding to coercive and controlling behaviour.

Specialist training implemented for investigators working in Public Protection. This includes 3 week training courses for CAIT and Rape & Serious Sexual Assault investigators

## **Covid response**

- We had to prioritise the potentially conflicting aims of public service and the welfare of our staff.
- We improved the use of technology as we adapted our working practices. A significant shift towards remote working has generally been very successful.
- We also established set risk mitigation protocols when conducting home visits involving the use of PPE.
- Existing problems in the criminal justice system, such as court delays and backlogs, were exacerbated. These effects are still being felt with long delays for trial dates.
- Both anecdotally and based on data there was a spike in DA cases during COVID and in particular during lockdown. This had no impact on our approach to these investigations, but it put a strain on resources.
- Ultimately the Police have continued to respond to safeguarding concerns throughout the pandemic providing a suitable level of response.

## **Planned Safeguarding Activities for 2022/23**

- Mayor's Women's Night Safety Charter - part of City Hall's own Violence Against Women and Girls Strategy - by encouraging businesses to sign-up and do more to further prevent and protect women from violence.
- We will work with licensees and event organisers to enable them to respond better to female victims of violence, including through the 'Good Night Out Campaign'.
- We will introduce an NPCC-led Crimestoppers pilot on female genital cutting offenders and will develop and deliver bespoke training to key officers and staff on harmful practices to improve our investigative and safeguarding response.
- The Law Commission is due to make final recommendations later this year on whether misogyny (and other gender-based offences) should be recorded as hate crime. To ensure we are sufficiently prepared should any changes be recommended, we will commence work to assess the extent of possible changes required to our systems.
- Digital Media Investigator course to improve expertise and support to all officers to have the skills necessary to investigate violence against women and girls, including better managing digital and cyber evidence.
- The concept of a Victims' Care Hub is currently being scoped with Mayor's Office for Policing and Crime. This aims to improve the experience of victims on their path through the criminal justice system in London.
- We will increase operational activity, including multi-agency operations targeting domestic abuse offenders. This will include intensified weeks and days of action, mobilising officers, and prioritising arrest enquiries.
- We will implement the National Domestic Abuse Best Practice Framework to improve joint working with criminal justice partners to secure better justice outcomes for victims, with a particular focus on dangerous and serial perpetrators.



- The MPS is investing over £10m to improve and speed up the gathering and analysis of digital evidence which includes the recruitment of over 100 technical staff. This will in theory significantly reduce the length of time for investigations.
- Establishing Digital Media Investigators and Digital Forensic staff on North Area BCU to improve the skills of officers to better capture and use digital evidence and improve timeliness so that a victim is not left without a phone for more than 24 hours. This will also ensure compliance with forensic regulatory standards and data protection requirements to provide reassurance that a victim's privacy is a priority.

### North Middlesex Hospital (NMUH)

#### **Covid Challenge**

The Safeguarding practice has been very challenging during the Covid-19 pandemic period; Covid-19 cases have now been on the decline and this is very welcome to the Trust - both in clinical and community settings. However, our infection prevention and control (IPC) team continue to review and monitor all areas to ensure that the virus, and other infectious diseases, is managed effectively.

The level of pressure on hospital beds and staffing level was without comparison:

- The number of patients needing a hospital bed increased
- Increased in safeguarding cases: we have identified increased rates of patients presenting with self-neglect, difficult discharges and pressure area damage. Patients admitted with community acquired pressure area damage as well as patients acquiring pressure area damage whilst in hospital. Vulnerable patients living on their own without packages of care or family support. Patients admitted from either other services or their homes with unexplained injuries. Patients declining or not engaging with community support.
- Capacity issues: workforce was challenged due to high level of sickness, which was Covid-19 related. Reduced staffing levels and low staff morale due to 2 years of unprecedented demand working in the safeguarding arena throughout the Covid-19 pandemic. Some patients were discharged without being referred to specialist follow up care in the community and some receiving insufficient guidance about medication and post discharge management plans.
- Change in policies: it was sad to see family members/relatives not allowed to visit their loved ones due to safety visiting guidance. Because of these safety measures, visiting time and the number of visitors at a single time were affected. This inevitably caused dissatisfaction to some families resulting in incidents between visitors and staff.
- Challenge to transition from face to face to virtual platforms in response to the Covid-19 pandemic.

In our determination to achieve patient safety and satisfaction, the safeguarding team carry out actions to improve service and mitigate any impact the Covid-19 pandemic has had on the service.

- Discussion with senior Trust members and Board representatives to explore actions and mitigations to support some group of patients.
- Delivery of safeguarding business as usual throughout the Covid-19 pandemic despite high staff absences.
- Redeployment of some safeguarding team members to other areas of the Trust to maintain patient safety - as highlighted on team rosters.
- Business continuity plans developed and shared to provide assurance around safeguarding activity.
- The safeguarding team have had discussions with LA and safeguarding teams to address the increase in patients presenting with self-neglect.
- Quality improvement initiatives in place to improve pressure ulcer care and information sharing on discharge summaries.
- Safeguarding strategy discussion with partners and information sharing, multi-agency approach on complex safeguarding cases.
- Assurance sought from leads who are encouraged to share issues/barriers encountered.
- Update on progress/actions plans given by partners at meetings have also contributed to improved services, such as better service for homeless patients who present to the Emergency Department (ED).
- Training was delivered to staff in ED to support them to recognise a homeless patient and to respond effectively.
- The duty to refer is now fully embedded in our response to homeless patients. Our safeguarding advisor takes a lead in homelessness response and attends all relevant strategic groups.
- Learning and implementation of action plans from current and new SAR's.

The Trust has also received new guidance regarding the use of facemasks in non-clinical areas; this means staff are no longer required to wear surgical masks in office areas, meeting rooms, education and social settings. Colleagues can choose to wear a mask if it is personal choice, or if a risk assessment indicates otherwise. Wearing masks remains mandatory on wards and when dealing with patients and visitors as it is extremely necessary to give them the maximum protection whilst they are in the hospital or receiving our services in the community.

### **Achievements**

- Patients' views and concerns are sought through survey and complaints channel and investigations are conducted using the Route Cause Analysis approach which allows formulation of action plans. Random audit of patients' records is also undertaken.
- Our MSP agenda remains an ongoing priority for the Trust/safeguarding team. Triangulation meetings take place weekly between the safeguarding team and the patient experience/complaints and legal teams.
- MCA/LPS lead has been recruited and is due to take up post in September 2022.
- Appropriate and proportionate information regarding complex patients is shared with relevant partner agencies as required. Likewise, appropriate multi-agency actions are established in the best interests of patients.

- The safeguarding team continue to be very active in providing support to patients who undergo domestic abuse; a “think family approach” is taken and they are offered the appropriate support, which can involve services from other partner agencies. This is done with their consent when it is appropriate to do so. Training on domestic violence and abuse is being delivered to A&E clinicians
- The safeguarding team work closely with the patient experience team to ensure the lived experience of patients is taken into account in all that we do.
- Equality and diversity network is established within the Trust and training is delivered.
- Reasonable adjustments are implemented for those with Learning Disabilities.
- Patients, carers and relatives are engaged in the safeguarding process and, they are informed of the available resources within the community from our Connected Communities Hub.
- Services are tailored to the needs of patients (e.g.: easy read materials, extra time for appointments and relevant policies). Information sharing with partner agencies is undertaken with consent – as appropriate - and best interests of patients is taken into account. Experts by experience (EBE) contribute richly to safeguarding steering groups, with plan to have one EBE on safeguarding interview panels.
- Learning from local and national SARs is embedded in practice and this has been disseminated through SAB, partnership communications, conferences and on an individual level in terms of partner recommendation/actions.
- The safeguarding team carried out an audit to identify areas of improvement in relation to documentation of pressure area damage. Quality improvement projects to improve information sharing on discharge summaries and review of pathway work across a number of services at NMUH are ongoing. The PU steering group has been strengthened including attendances from community partners.
- The Associate Director for Safeguarding reports into the internal Trust Integrated Safeguarding Committee (ISC) where external partners attend. A quarterly report is submitted to the Trust Quality and Safety Committee providing assurance regarding all statutory safeguarding commitments. Monthly divisional assurance/exception reports are provided. All safeguarding steering groups report to the ISC. The Chief Nurse is the Executive lead for safeguarding and has oversight of all statutory safeguarding functions. The Safeguarding report is presented to the Quality and Safety Committee annually.
- The Trust has updated training in response to SAR actions. Sharing of Reviews report on a quarterly basis to the Trust executive team. Information shared on the Trust intranet. Team meetings, divisional updates, group and individual supervision. Policies have been updated to include learning from local and national SARs.
- 7-minute briefings have been developed with practice development and communications colleagues within the trust to disseminate learning widely.
- Improvement reported in the working relationship with partner agencies.

### **Training**

- To respond to the challenge to transition from face to face to virtual platforms in response to the Covid-19 pandemic, all safeguarding professionals were provided with appropriate technology and training to be able to respond to these changes.

- Level 1 and 2 Safeguarding training is delivered to staff in accordance to requirements of their roles and Level 3 training is due to be rolled out in Summer 2022. Training reflects our local needs and national guidelines.
- MCA training is well embedded into the Trust's mandatory training strategy. Staff can confidently undertake mental capacity assessments in line with the MCA (2005) and these are documented in patient notes. Safeguarding team are easily accessible to all staff if issues regarding unwise decisions are presented and a holistic assessment approach is taken to identify contributing factors to unwise decision making.
- Bespoke and additional training sessions are organised when compliance falls below the Trust's requirement.

### **Planned activities 2022/23**

The Trust delivers its safeguarding duties as per statutory requirement, based on emerging safeguarding concerns and its safeguarding priorities as follow:

- To ensure data is captured and analysed effectively through the safeguarding dashboard.
- To improve our understanding of less well reported categories of abuse.
- To ensure we continue to work collaboratively with partner agencies to streamline our approach to data collection, reporting and outcomes for patients.
- To continue to develop and improve systems to promote effective lessons learnt from reviews.
- To continue to promote a "Think Family" approach.
- To respond effectively to the increasing number of SARs and DHR's.
- To continue to ensure consistency of safeguarding practice across two boroughs with separate commissioning arrangements and different safeguarding pathways.
- To ensure the challenge of working across the two boroughs, safeguarding partnerships and their associated sub-groups is managed effectively within the safeguarding team.
- To respond effectively to the increasing and competing issues/demands across the safeguarding landscape.
- Re-adjustment of vulnerable clients when returning to business-as-usual post-Covid. Anticipation of possible further increases in safeguarding adults cases particularly due to domestic abuse. We continue to experience an increased number of referrals for vulnerable adults particularly due to domestic abuse.

### Whittington

#### **Covid Challenge**

- Covid-19 has resulted in some restrictions to visitors to the Whittington Hospital and community sites. The trust has ensured that exceptions to these restrictions have been made for those patients attending for appointments or being admitted to

hospital who have, for example a learning disability, dementia or particular care need.

- Some patients have been reluctant to allow visits from health care professionals to their homes. All cases have to be looked at to consider if there are any safeguarding concerns which need to be identified and a multi-agency response given.
- There have been instances where concerns have been raised about undue influence of family members on vulnerable adults, particularly in relation to the administration of the Covid19vaccine. This again has required a multi-agency response.

### **Achievements**

- Whittington Health led the successful roll out of Covid 19 vaccinations for Haringey residents. Having a good awareness of the Mental Capacity Act has been required for those cases where residents lacking capacity to decide about having a vaccine, have had to wait to be vaccinated as family members have attempted to prevent the vaccine being administered. In all cases, joint working with partner agencies has been enacted to ensure the needs and wishes of the residents are central in all decision making.
- Safeguarding adult training has had to move to remote/online teaching, yet compliance for safeguarding adult training remains high.
- We have identified significant increases in safeguarding adult referrals being made by Trust staff for particular ethnic groups. This has been shared with the SAB and has resulted in work being planned to ensure the appropriate resources are available for these groups, across the partnership
- Whittington Health is a key member of both the National and London NHS Liberty Protection Safeguards (LPS) Clinical Reference Group (CRG). As such, this has allowed relevant resources and information to be shared across the partnership, to ensure other organisations are aware of the implications of this new legislation.
- Numbers of safeguarding adult referrals have continued to be high, demonstrating the competence of staff to identify suspected incidents of abuse.
- Whittington Health continues to be a key partner in the LeDeR steering group, and in sharing themes from reviews with the SAB.
- Development of weekly safeguarding adult and Mental Capacity Act sessions for community staff to discuss complex cases.
- Whittington Health is a key partner for the Multi Agency Solutions Panel (MASP), a panel which discusses those complex cases involving Haringey residents requiring a multi-agency response.
- Weekly remote face to face training sessions have been delivered to ensure high compliance of over 80% for Basic Awareness of Prevent, PREVENT, and levels 1 and 2 safeguarding adults training

### **Planned activities**

- Continue work on LPS implementation, and influence both regional and national policy and practice through membership and attendance at the two NHS CRGs. This will also include training for staff around the new legal framework
- Continue high compliance rate for safeguarding adults training

- Develop further drop-in sessions for safeguarding adult and Mental Capacity Act issues to be discussed
- Deliver more training around use of the Mental Capacity Act

### BRT

During the pandemic, we provided a range of safeguarding resources and signposting information on our website to ensure the Voluntary and Community Sector (VCS) remained informed, where possible, of the issues and opportunities around safeguarding.

We have continued to provide our online basic safeguarding awareness training<sup>19</sup> facility. This resource continues to be popular with the VCS, council staff and wide public, providing a foundation of safeguarding awareness to those who take part.

We are working with colleagues in the HSAB to improve ways of gathering data around common issues e.g., scams to identify future training needs from the VCS.

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<sup>19</sup> [Staying Safe | The Bridge Renewal Trust](#)

Appendix 1: HSAB Strategic Priorities 2020-22 updates

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
<b>N1</b>	<p>Alcohol related deaths that meet the criteria for a SAR to be escalated to the SAR subgroup.</p> <p>Those working with vulnerable adults should be trained in Identification and Brief Advice (IBA) and complete an alcohol audit.</p>	Protection Prevention	<p>The SAB is assured that learning from alcohol related deaths SAR's is captured and meaningfully informs future practice.</p> <p>The SAB is assured that Social Services Staff and partners working with vulnerable adults maximise learning opportunities including IBA awareness to potentially reduce the level of medical complications of alcohol and substance misuse.</p>	<p>Public Health</p> <p>Public Health SAR Subgroup</p> <p>Public Health Prevention &amp; Learning Subgroup</p>	<p>All Alcohol Related Deaths (ARD) will be presented to the HSAB in the form of an Annual Report. The Annual Report should include learning from any SAR learning reviews, including learning from any ARD that would not meet the SAR criteria.</p> <p>Alcohol related deaths that meet the criteria for a Safeguarding Adult Review (SAR) to be escalated to the SAR Subgroup to determine if more could have been done to protect the individual(s).</p> <p>Maximising multi-agency learning opportunities (through HSAB partners) for raising awareness about alcohol/substance misuse and safeguarding issues.</p> <p>An Alcohol Related Deaths action plan to be put together by Public Health to outline the additional steps to be undertaken during 2021.</p>	<p><b>July 2021</b></p> <p><b>As required</b></p> <p><b>As required</b></p> <p><b>As required</b></p>	<p>The alcohol related deaths action plan which has been developed in response to a review of alcohol related deaths in 2019/20 was presented to the HSAB in April 2021. The findings of this review were reported to the SAB in October 2020.</p> <p>Blue Light Training on working with vulnerable clients has been delivered to substance misuse staff. Commissioned Mike Ward to complete an alcohol related death review. Chronology templates have been completed, the draft report was discussed with key stakeholders on the 14<sup>th</sup> of October 2021. The report has now been finalised and disseminated to key stakeholders.</p> <p>A seven-minute briefing will be produced and will be used in sessions to improve practice. 7 local recommendations have been made of which there are 2 safeguarding specific recommendations:</p> <ul style="list-style-type: none"> <li><b>Recommendation 6</b> - All appropriate frontline professionals (and their managers) require training on the application of the safeguarding provisions of the Care Act, the Mental Capacity Act and the Mental Health Act to people who are dependent on alcohol. This should include a recognition of the role of that the</li> </ul>

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
							<p>physical health impacts of drinking can have on mental functioning and therefore mental capacity.</p> <ul style="list-style-type: none"> <li><b>Recommendation 7</b> - Adult Social Care and Safeguarding staff need to ensure that pro-active / assertive steps to safeguard chronic dependent drinkers with care and support needs who are self-neglecting or otherwise vulnerable to abuse or neglect.</li> </ul> <p>Staffing issues have delayed the completion of an update of the action plan and a seven-minute briefing, we hope to complete this by March 2022.</p>
<b>HSAB response to COVID</b>							
	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
<b>C1</b>	Provide an effective partnership response to issues arising from COVID-19 on adults with care and support needs at risk of abuse/harm and neglect.	Protection Prevention Accountability	<p>The board is assured that partners have responded effectively to any issues arising from the pandemic.</p> <p>Report back to the HSAB biannually on areas of particular concerns identified by the HSAB.</p>	Safeguarding Covid-19 T&F group	<p>Set up a Task &amp; Finish group to:</p> <ul style="list-style-type: none"> <li>Monitor and review on behalf of the SAB the impact of COVID-19.</li> <li>Recommend to SAB the appropriate partnership responses and actions to deal with associated risks.</li> <li>Look to national trends and data to inform local focus and responses.</li> <li>Review wider safeguarding points.</li> <li>Assess the disproportionate impact on the BAME community</li> </ul>	Completed	<p>Since the start of the pandemic, there were some serious concerns about how Covid-19 was impacting services (safeguarding related), since then the subgroup has met all its objectives it was set out and that systems and processes are now in place to tackle issues highlighted from the start.</p> <p>In the last 18 months, there has been a huge amount of learning and monitoring systems have been developed to mitigate the impact of Covid, particularly in terms of safeguarding risks.</p>



	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
					<p>and how this is reflected in Haringey.</p> <ul style="list-style-type: none"> <li>Reviewing local safeguarding data in order to identify appropriate response.</li> </ul>		The Board agreed to close the Safeguarding Covid-19 Task and Finish Subgroup and to include 'Covid-19 Safeguarding Concerns' on future HSAB agenda as a standing item. Any follow ups to any new safeguarding issues raised at the HSAB to be discussed at the HSAB Chairs Executive Group and other subgroups where appropriate.

**ASSURE PRACTICE – We are assured that safeguarding practice is person-centred, and outcomes focused**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
<b>A1</b>	Collaborate and conduct deep-dives on areas of practice, use of MCA for the victim and survivor's journey	Protection Proportionality Prevention	<p>Assurance that partner organisations are working to best practice and working to improve any areas of concern.</p> <p>The Board is assured that practice has improved through auditing of the quality of MCA assessments. Evidence from audits and practitioner clinics to ensure casework documentation identifies and addresses issues of capacity.</p>	Quality Assurance Subgroup	<p>Monitor the effectiveness of the application of mental capacity assessments through multi-agency case file audits.</p> <p>Revise audit forms, audit planning and deliver workshop (virtually)</p>	<b>Jan 2021</b>	<p>The audit tool has been reviewed and simplified in to 4 sections:</p> <ol style="list-style-type: none"> <li>Consent and Mental Capacity</li> <li>Making Safeguarding Personal</li> <li>Multi-Agency working</li> <li>Safeguarding Risk</li> </ol> <p>The Multi-agency Audit process does not replace the existing pathway for cases where a Safeguarding Adults Review, or Single Agency Review is required.</p> <p>There is an expectation that a full audit process will take 16 weeks from identification of cases to provision of the final report. The Multi-agency Audits will be held twice a year. This will allow for a process of reporting on previous actions / recommendations.</p>

**ASSURE PRACTICE – We are assured that safeguarding practice is person-centred, and outcomes focused**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
							<p>We are currently working with performance to identify cases of self-neglect that have gone to s.42(2) and will be sending out requests for completion of audits early in May.</p> <p>Additionally, we are still trying to get feedback from providers on the previous audit undertaken on the old format audits to see if there is anything useful, we can use to contribute to a report.</p>
					Undertake multi-agency MCA Audits to provide assurance to the Board that partner agencies are identifying and delivering training on MCA, and that MCA assessments are being completed as required; and that practice is being impacted as a result. This will also include the opportunity for partners to provide examples of exemplary practice in the area of mental capacity and share any tools.	<b>Hold</b>	On hold pending LPS implementation
<b>A2</b>	Ensure MSP is embedded in safeguarding practice across the partnership	Prevention Empowerment	<p>The Board is assured that the safeguarding activity is person-centred, the workforce understands MSP; and the system is focused on prevention.</p> <p>The principles of MSP are at the heart of all organisations' safeguarding practice by threading MSP across all SAB's subgroup activity, including</p>	Safeguarding Adults Team	<p>Local authority to carry out minimum of 5 surveys and analyse outcomes and trends.</p> <p><b>Include audit criteria addressing specific (in)equalities impact on people</b></p>	Ongoing	<p>Safeguarding audits now in place and reported in the monthly performance call overs. Data set has been amended to include areas such as concerns by ethnicity, domestic violence and broken-down establishments into supported living, residential and nursing.</p> <p>Audits are undertaken regularly, and data can be gathered by performance team to identify themes that highlight inequalities.</p>

**ASSURE PRACTICE – We are assured that safeguarding practice is person-centred, and outcomes focused**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
			communications, community engagement, quality assurance, learning and development, and workforce development				This is being kept under review and a further meeting is taking place this month to combine all required data into one report.
				Quality Assurance Subgroup	Using the <a href="#">MSP outcomes framework</a> to provide a means of promoting and measuring practice that supports an outcomes focus for safeguarding adults work.	April 2022	Discussed the Making Safeguarding Personal (MSP) Adults Framework at the October QA subgroup meeting. Proposal to do this as a designated piece of work, perhaps choose a cohort of closed cases (after 8 weeks). The framework and questions are quite intensive and will take some time to do. Need to link this in with the multi-agency case file audits. Initially agreed to complete this piece of work by April 2022, however this target completion will not be met. A revised completion date yet to be agreed.
					Ensure that all staff/professionals from all organisations ask people about their desired outcomes at the point of concern; that this is recorded and analysed so that SAB can see the extent of partner engagement in MSP This includes (in)equalities impact.	March 2021	MSP currently at 84%. MSP is part of the data set monitored at monthly call over. This is ongoing and is reported at safeguarding call over and HSAB performance data quarterly.  Changes to the Mosaic system are complete. Deep dive into MSP will take place by March 22 to explore further issues

**ASSURE PRACTICE – We are assured that safeguarding practice is person-centred, and outcomes focused**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
							<p>around the completion of MSP at the start of the process.</p> <p>There is still an issues with partner agency referring for a Safeguarding investigation without asking permission from either the Adult at Risk or ask the Adult at Risk advocate for their Outcomes</p>
					This links with A1 Monitor <u>implementation of MSP</u> through multi-agency case file audits.	Dec 2020	See A1 update. The multi-agency case file audits audit to include audit on implementation of MSP. This also links in with the MSP Outcomes Framework in A2.
				HSAB	Seek assurance on the impact of MSP through the annual London Safeguarding Adult Partnership Audit Tool (SAPAT)	<b>April 2022</b>	Haringey SAPAT Event held on 21 <sup>st</sup> April 2022. Members from Enfield SAB attended (including the Independent Chair) to provide a challenge and peer review. Summary report and feedback will be presented to the HSAB in May. Enfield SAB will be holding their challenge event in May 2022 and, to reduce the input needed from partners, will use the same returns submitted for Haringey.
<b>A3</b>	Effective implementation of LPS and Code of Practice	Protection Accountability	<p>The Board is assured that partner agencies are prepared for the LPS changes and successful implementation.</p> <p>*Safeguarding Adult Boards across the NCL is assured that all partner agencies are prepared for the LPS changes and successful implementation</p>	LPS Task & Finish Subgroup	Support delivery of the proposed changes in Liberty Protection Safeguards (LPS) Legislation (due to come into force in 2022)	<b>HOLD</b>	<p>The launch of the public consultation on the draft regulations and draft Code of Practice for the Mental Capacity Act (MCA) and the LPS has been further delayed. Given the impact of the pandemic on the sectors and professionals who will be called upon to implement these important reforms, along with the unforeseen delay to launching consultation, the aim to implement the LPS by April 2022 cannot be</p>

**ASSURE PRACTICE – We are assured that safeguarding practice is person-centred, and outcomes focused**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
							met. The LPS are a complicated set of reforms, and the Government will need time to consider those carefully once the consultation has closed, before making final decisions about the design of the LPS and plans for implementation, including future funding plans.
				Prevention and Learning Subgroup	<p>Developing Multi-Agency training to support the implementation of the LPS.</p> <p>*Aligning work across the NCL on effective implementation of LPS and the MCA Code of Practice</p> <p>Respond to consultation on the amended MCA code of practice as appropriate.</p>	Ongoing	<p>New training programme will be confirmed in July 2022.</p> <p>The Safeguarding Adults, Mental Capacity Act, Deprivation of Liberty Safeguards and Prevent Lead (Whittington) is the co-chair of the London ADASS MCA/DoLS network and is developing with Islington LIN a presentation which will be available across the Islington partnership – it is suitable for both Adult and Children Services, and both statutory and voluntary organisations. The Haringey Mental Capacity Act Manager regularly attends these meetings.</p> <p>A Legal Literacy/MCA training programme has been created and will be delivered jointly between Adult Social Care and Legal Services. Training will take place every month from January 2022 to May 2022. The following topics will be covered:</p> <ul style="list-style-type: none"> <li>Incapacitated adults – assessing mental capacity and making best interest decision in specific cases (31 January)</li> <li>Application to the Court of Protection for Deprivation of</li> </ul>

**ASSURE PRACTICE – We are assured that safeguarding practice is person-centred, and outcomes focused**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
							<p>Liberty under the Streamlined Procedure – Common Pitfalls to Avoid (28 February)</p> <ul style="list-style-type: none"> <li>• The New Liberty Protection Safeguards (28 March)</li> <li>• Decision making by Managers under the Care Act 2014 and Mental Capacity Act 2015 and Pitfalls to Avoid (25 April)</li> <li>• Care Act 2014 – Ordinary residence rules for adult care and support (30 May)</li> </ul> <p>Training courses are available to book via the Haringey safeguarding adults multi-agency training webpage.</p>

**PREVENT – We prevent abuse and neglect where possible**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
P1	Ensure engagement of service users, carers and community and voluntary sector to ensure current concerns and trends are captured	Prevention	The Board is assured that there is engagement of service users, carers and the voluntary and community sector and their priorities is feedback to the Board	Prevention & Learning Subgroup	Maximise feedback from existing community fora as coordinated by Bridge Renewal Trust building local intelligence to understand current community concerns and trends. <b>Report on current (in)equalities issues to the Board</b>	Ongoing	A report 'Living through Lockdown' (coordinated by the JPB) was presented to the Covid -19 T&F subgroup. The report is a summary of issues and concerns experienced by Adult Social Care service users and carers during the lockdown in Haringey. The report has been used by Adult Services to inform service configuration to make sure the recommendations and points where

**PREVENT – We prevent abuse and neglect where possible**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
							<p>appropriate are considered. The Haringey Commissioning Service has committed to a small working task group made up of members from the reference groups to work on the recommendations of the report.</p> <p>Update: The Task and Finish group has not yet met to discuss the recommendations from the report. The Prevention and Learning Subgroup will be able to action once the report recommendations have been shared.</p>
				HSAB Prevention and Learning Subgroup	Prevention & Learning Subgroup to establish a feedback mechanism for priorities to/from Joint Partnership Board	Ongoing	<p>Maintaining links with the Joint Partnership Board.</p> <p>Co-chairs from each P&amp;L subgroup who cover children's/adults to meet quarterly and feedback at respective board meetings.</p> <p>This action will commence in June 2022.</p>
<b>P2</b>	Use intelligence to identify key themes and raise awareness of abuse and neglect with staff, partners and the public through improved communications and campaigns	Prevention Empowerment	The Board is assured that there is a cycle of well-informed public campaign and communications in place with evaluation criteria that includes measuring access and impact.	Prevention and Learning Subgroup/Bridge Renewal Trust	<p>The Bridge Renewal Trust to assist VCS organisation to understand their roles in MSP through attendance at VCS forums and regular e-bulletins.</p> <p>Use intelligence gathered from BRT and other VCS organisations (escalating information, scams, vulnerability etc) to inform future planning (training/campaigns) etc.</p>	Ongoing	<p>Managed via the P&amp;L subgroup which BRT is a member of. The subgroup will produce a report based on the gathered intelligence.</p> <p>P&amp;L subgroup and BRT to develop quarterly feedback survey of VCS services and use feedback from the survey to feed into BRT Safeguarding forums and weekly newsletter.</p>

**PREVENT – We prevent abuse and neglect where possible**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
				Prevention and Learning Subgroup	Disseminate campaign/information and posters (easy read) to raise awareness of safeguarding issues in the wider public and make easily accessible via community groups.	Ongoing	<p>Current multi-agency training contracts end on 31<sup>st</sup> January 2022. Currently undergoing procurement and request for quotations from potential providers for 3 year contracts. Likely to award contracts during March 2022.</p> <p>As of 16<sup>th</sup> December 2021, a new learning management system (My Learning) replaced Fuse.</p> <p>Information will be shared via Haringey Safeguarding Adults webpage.</p> <p>Non-electronic formats to be considered for sharing in libraries and public notice boards.</p>
					Promote the multi-agency Self-Neglect & Hoarding procedure and develop briefings and awareness training sessions online.	Ongoing	<p>The Multi-Agency Self-Neglect and Hoarding Protocol is due for review and will be presented to the HSAB in October 2022.</p> <p>Training dates for Self-Neglect and Hoarding will become available from May/June 2022. Currently pending award of contracts to training providers.</p>
<b>P3</b>	Routine monitoring, and support of people at high risk from abuse and management of high risks	Prevention Protection	The Board is assured that a mechanism to monitor, support and manage high risk clients (smokers, hoarders, bed bound, etc.) has been embedded in practice.	SAR Subgroup	Multi Agencies Solutions Panel Annual Report to SAR Subgroup/SAB	July 2022	Annual Report to be presented to the HSAB in July 2022.
					Review the High-Risk Panel/ Multi-Agencies Solutions Panel	Sept 2020	The new Haringey Multi-Agency Panel (MASP) will be starting from 2 <sup>nd</sup> April 2021 and will be meeting monthly. This new



**PREVENT – We prevent abuse and neglect where possible**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
							<p>approach replaces the High-Risk Panel and has been designed to ensure that professionals working with people experiencing complex needs are able to access creative, problem-solving support and advice. A key goal from this work is to better connect us as agencies, improve communication and have a shared responsibility to risk management ensuring better outcomes for those that we support.</p> <p>The Panel is available to any agency working with adults at risk who live in, or are otherwise the statutory responsibility of, London Borough of Haringey. Microsoft Team training sessions being held throughout March and April 2021 to introduce people to panel and explain how it works and answer any question.</p>
					<p>Implement mechanisms for comprehensive and ongoing multiagency review of clients with complex needs including the allocation of a named case coordinator (to whom the case remains open) with lead responsibility for ensuring key information is shared, and for tracking and coordinating actions across all agencies. <i>(from Ms Taylor action plan)</i></p>	<p><b>April 2021</b></p>	<p>This work is to be looked at from a localities perspective and a system approach to managing risk and complex needs. This will also align itself with some of the work we are undertaken for vulnerable and shielded groups within the localities. However, this is dependent on a system wide approach to managing complex needs and work is underway to have our 3 localities operating from hubs by the autumn. The current MASP arrangements are supporting a more collaborative approach to supporting those individuals at risk.</p>

**PREVENT – We prevent abuse and neglect where possible**

	<b>Objective/aim</b>	<b>Key Principle</b>	<b>Success Criteria</b>	<b>Lead</b>	<b>Actions to ensure achievement of aim?</b>	<b>By when</b>	<b>Updates as of 31 March 2022</b>
<b>P4</b>	People who are homeless are appropriately safeguarded and mechanisms are established to improve professional awareness and response around the complexity of health & care needs within the homeless cohort.	Prevention Partnership	The Board is assured that people who are homeless are appropriately safeguarded.  Develop links with the Homelessness/Rough Sleepers Strategy.	Prevention and Learning Subgroup	Develop & deliver homelessness awareness training for staff and partners. <b>(Including reference to range of (in)equalities issues for this vulnerable group)</b>	<b>Ongoing</b>	<ul style="list-style-type: none"> <li>• Training on Housing &amp; Adults Social Care Responsibilities was delivered on 3 Dec and covered Homelessness awareness, HRA and NRF matters. Session was attended by more than 20 people and was delivered by staff in Housing, Legal and Homeless strategy services.</li> <li>• Homelessness and safeguarding and Supported Housing Pathway introduction session now scheduled in six-monthly and quarterly respectively.</li> <li>• Gill is leading a workshop series on homelessness with Making Research Count at Kings, starting in July 2021, running until May 22.</li> <li>• Continuing to work together to ensure training/workshops are available and advertised accordingly.</li> <li>• New programme of rough sleeping awareness training to be delivered from Q2 2022/23 – some targeted sessions for specific teams and some open sessions for anyone working in the borough</li> </ul>
				Safeguarding Adults Teams	Embed learning from Homelessness Fatality Review process into safeguarding practice	<b>As required</b>	<ul style="list-style-type: none"> <li>• Redesign of the HRP into the Creative Solutions Panel is an area of learning. MASP launch in April 2021, introductory sessions underway.</li> <li>• Dedicated RS Social Worker now in place, funding confirmed for 21/22</li> </ul>

**PREVENT – We prevent abuse and neglect where possible**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
							<ul style="list-style-type: none"> <li>• Swifter access to assessment and safeguarding support for homeless people.</li> <li>• Weekly MDT meetings between homelessness, health, and now social care partners in place</li> <li>• Thematic SAR learning events scheduled for Council’s HRS Service, commissioned providers, Welcome Advisory Board and Making Every Adult Matter partnership (April to July).</li> </ul>
				Gill Taylor	Homelessness and Rough Sleeping Annual Report to SAB	July 2021	Presented to the HSAB in July. Completed
				HSAB/NCL*	Invest in collaborative work and knowledge sharing across NCL and beyond (SAB’s, CCG and other key partners) on homelessness and safeguarding	<b>Ongoing</b>	<p>Fortnightly NCL Homelessness Health meetings continue – focus on hospital discharge is now shifting towards a focus on safeguarding and social care. Adi Cooper has been invited to join an upcoming meeting of the group.</p> <p>Ongoing work across NCL council’s and CCG to deliver Out of Hospital Care provision and Covid isolation accommodation for people affected by homelessness and rough sleeping.</p> <p>Gill Taylor was invited as a plenary speaker at the Pathways Inclusion Health Conference in March 2022, on the topic of learning from homeless fatalities. Gill also presented at London Nurses and Midwives</p>

PREVENT – We prevent abuse and neglect where possible							
	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
							<p>Homelessness Conference in March, on the same topic.</p> <p>Gill T and Beverley Tarka met with Rough Sleeping Director at London Councils to discuss ADASS involvement in rough sleeping and safeguarding/social care. Both to attend Exec meetings in June on this.</p> <p>Gill, Adi and others due to begin exploring a Radical Safeguarding Toolkit for homelessness practitioners based on the work of an organisation called Maslaha, who created a similar toolkit for young people.</p>
P5	<p>The HSAB to support the delivery of the Multi-Agency Modern Slavery Strategy</p> <p>See also P6 Transitional Safeguarding</p>	Empowerment Partnership Prevention Protection	The Board is assured that the multi-agency Modern Slavery Strategy is delivered effectively, and that awareness training and briefing sessions are rolled out so that people can identify potential victims of modern slavery, and know what action to take when they are identified.	Prevention and Learning Subgroup/ Public Health	Monitor effectiveness of awareness briefing sessions	<b>As required</b>	<p>Haringey Council at present does not have a modern slavery co-ordinator and so no in person awareness raising sessions have been delivered since August 2021. However, all information relating to modern slavery is available at: <a href="https://www.haringey.gov.uk/social-care-and-health/health/public-health/modern-slavery">https://www.haringey.gov.uk/social-care-and-health/health/public-health/modern-slavery</a>. This information is accessible to all partners within the council and external organisations.</p> <p>Prior to leaving the Modern Slavery Coordinator trained 225 staff members from teams such as: Homes for Haringey, Children’s Mash, Adults First Response Team, Connected Communities, Homelessness Teams.</p>

**PREVENT – We prevent abuse and neglect where possible**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
							<p>Training has increased the awareness throughout Haringey Council, and number of referrals made last year has increased. Referrals made by Haringey Council have increased from 17 in 2019 to 49 in 2020.</p> <p>Since October 2020 (when training began), the Modern Slavery Coordinator received 22 reports of modern slavery concerns for adults, and 15 were confirmed as modern slavery. The others were of safeguarding nature but did not meet the threshold for modern slavery. Currently modern slavery referrals are being managed by the Community safety team</p> <p>Since January 2021, the adult safeguarding team have also received 22 reports of modern slavery concerns, and 2 overlapped with the concerns recorded by the Modern Slavery Coordinator.</p>
					Develop Multi-Agency options training in line with the new Modern Slavery Policy.	<b>Ongoing</b>	Due to demand for training from both Haringey staff, partners and the community, a modern slavery awareness training webinar was held. The modern slavery training webinar has been available on YouTube for all those living and working in Haringey. The webinar has been shared widely with partners and to date has been viewed 750 times.

**PREVENT – We prevent abuse and neglect where possible**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
							Modern slavery training has been provided to Met Police teams in Haringey. To date six teams (consisting of 10-20 officers) have received training from the Modern Slavery Coordinator.
					Modern Slavery awareness raising and links with financial exploitation.	<b>Ongoing</b>	<p>Currently there is no modern slavery co-ordinator in post however no issues relating to modern slavery have been raised. Community safety colleague have successfully managed any recent cases relating to modern slavery.</p> <p>All information relating to modern slavery is available at:  <a href="https://www.haringey.gov.uk/social-care-and-health/health/public-health/modern-slavery">https://www.haringey.gov.uk/social-care-and-health/health/public-health/modern-slavery</a>. This information continues to be shared as and when requested by colleagues.</p> <p>Currently considering options for raising the profile of all areas of VAWG including modern slavery. One potential option is a post which covers modern slavery and all other areas of VAWG.</p> <p>Recent modern slavery work has included:</p> <ul style="list-style-type: none"> <li>• Produced and distributed a poster and leaflet including key modern slavery signs and contact information to report concerns.</li> <li>• Establishing a clear referral pathways for staff and residents to report concerns through. This pathway is advertised</li> </ul>

**PREVENT – We prevent abuse and neglect where possible**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
							<p>through training and on Haringey’s internal and external websites.</p> <ul style="list-style-type: none"> <li>• Appointing seven Special Points of Contact (SPoCs) on modern slavery across the Council. The role of the SPoCs is to provide advice and guidance to colleagues in their departments on the signs of modern slavery and referring to the National Referral Mechanism.</li> <li>• Producing a cost benefit analysis that estimated there to be <b>858</b> potential victims of modern slavery in Haringey, and the cost saving of identifying and referring a potential victim to the NRM is between £4,051 and £5,452 per year per person.</li> </ul>
<b>P6</b>	Development of an approach to preparing young people for adulthood that enables a transitional safeguarding response to support the most vulnerable young people and adults in Haringey.	Partnership Protection	The HSAB and HCSP are assured of a more effective partnership plan and approach for young people transitioning to adulthood, enabling earlier identification of safeguarding risks and responses that embed transitional safeguarding approaches for the most vulnerable.	ASS and Children Lead	<ol style="list-style-type: none"> <li>1. Arrange x2 annual Joint meetings with HSAB &amp; HCSP.</li> <li>2. Develop Haringey’s Vulnerable People’s Protocol: Sign off Haringey’s Vulnerable People’s protocol as set out in Proposal 3 of the Pan London Safeguarding Adolescents <i>Report of the Adolescent Safeguarding</i>.</li> <li>3. Set up a Task and Finish Group, drawn from partners on HSAB and HCSP to inform development of both Haringey’s Vulnerable People’s protocol and to inform developments around Transitional Safeguarding more broadly.</li> <li>4. Transitional Safeguarding Champions: Joint Board members</li> </ol>	<b>Jan 2021</b>	<p>Monthly Vulnerable Persons working groups are taking place, chaired by Christopher Atherton.; attended by multi-agency representatives.</p> <p>Mapping of Case scenarios is taking place to ascertain the good practice and areas for development of our current system.</p> <p>Pathways into services are being explored and Care Leavers are gradually being accepted into services previously unable to offer support.</p> <p>Recognition to better understand the different panels for Vulnerable People and avoid any duplication.</p> <p>Regular meetings between Children’s Services and Mental Health/Adult Social Care to discuss young adults that require services.</p>

**PREVENT – We prevent abuse and neglect where possible**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
					<p>to understand the key principles of Transitional Safeguarding and become 'champions' within their own organisations</p> <p>5. Transitional Safeguarding Commissioning Processes. Ensure that commissioning processes have strong joint safeguarding themes, i.e., a cradle to grave horizon planning approach</p> <p>6. Performance management overview of the work, with KPI's for transitional safeguarding and Vulnerable People developed and agreed.</p> <p>7. Skills and knowledge Agree ways that partners can support their staff to be skilled and knowledgeable, with a learning culture to ensure practice is effective.</p>		<p>Recognition that we need a whole system change and secure Strategic buy in across the partnership</p> <p>Next Steps - Oct 2021 Transitional Safeguarding Approach – divided into the 5 workstreams as below:</p> <p>Preparing for Adulthood - Strategic planning group – preparing for adulthood has been formed and had its first meeting, the group will meet bimonthly. Rotating chairs, Jackie Difolco and Jeni Plummer. A shared vision of improving life chances with young people, families and all key partners across education, health, social care, employment and housing</p> <p>a) aspirations for a fulfilling adult life, and share information about what is possible and what has worked for others</p> <p>b) a personalised approach to all aspects of support using person-centred practices, personal budgets and building strong communities</p> <p>c) post 16 options and support that leads to employment, independent living, good health, friends, relationships and community inclusion</p> <p>d) outcome focused multi-agency commissioning strategies that are informed by the voice of young people and families.</p>



**PREVENT – We prevent abuse and neglect where possible**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
							<p>An operational group has been formed that will meet monthly. Purpose to take forward the following:</p> <p>Operational group will undertake several workshops that are multi agency, and include key stakeholders, includes the voices of young people. Information from the workshops will inform the strategy.</p> <p>Vulnerable persons protocol – linked with care experience of YP, and multiagency response to missing YP</p> <p>Leadership and Governance – joint safeguarding boards task and finish group</p> <p>Embedding existing safeguarding mechanisms – e.g., MAPPA, MARAC, CMARAC,</p> <p>Culture and Practice – joint briefings and joint learning and development, led by ASC and CYP principal social workers.</p>

**RESPOND – We respond to abuse and neglect in timely and proportionate way**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
R1	Improve understanding of and responses to older people at risk of or experiencing domestic abuse across the partnership and make links to the Violence Against Women and Girls (VAWG) strategy	Protection Prevention Empowerment Partnership	The Board is assured through improved reporting of domestic abuse that the needs of adults with care and support needs are addressed	Quality Assurance Subgroup	Identify patterns in data for targeting intervention, <b>including inequalities dimensions</b>	Ongoing	Ongoing deep dive exercises in self-neglect, neglect cases, financial abuse, and domestic abuse.
			Training on domestic abuse to identify and inform risk assessment(s)	Prevention and Learning Subgroup/ VAWG Lead	Maintain a strategic link with Haringey VAWG Strategy Priorities through presenting the VAWG annual report to the HSAB. (Learning and recommendations from DHR's to be incorporated in the annual report.)	Completed July 2021	VAWG 2020/21 annual report to be presented to the HSAB in July 2021.  No DHR's in the last two years.  A VAWG Professional guide has been produced and will be disseminated to all professionals. The VAWG Team can offer training in how to use the guide.  Two new services have been established for DA victims from the BAME community, who want to see a specialist BAME agency. Alongside a new DA Mental Health service, for clients whether they have/not been diagnosed. The core DA agencies provide support for all victims over the age of 16 and respond to older people accordingly. The GP IRIS is vital in ensuring older patients are supported, especially if the perpetrator is their child/partner.
					Plan and deliver joint training for staff in domestic abuse and VAWG.	TBC	<ul style="list-style-type: none"> <li>The VAWG Team have scoped and mapped of all existing DA/VAWG training in the council delivered to staff. A paper has been produced and presented to the VAWG Strategic Board to consider a range of</li> </ul>

**RESPOND – We respond to abuse and neglect in timely and proportionate way**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
							<p>proposals. There is not a joined up approach to VAWG training which could be delivered across the departments jointly. To achieve this, request the HSAB to approve this recommendation, to use resources, so all of their staff are trained in VAWG.</p> <ul style="list-style-type: none"> <li>• The VAWG Team will set up a VAWG Training meeting with Housing, Children’s and Adults to progress this, and to ensure there is the correct representation from Haringey Adult Services.</li> <li>• Some DA commissioned contracts are currently being developed, aim to start in October 2022 when the current contracts come to an end.</li> <li>• VAWG Team to provide ASC with their recommended DA/VAWG training providers to be invited to the current procurement exercise to compete for a 3 year contract. Award of contracts to providers during May/June 2022.</li> </ul>

**LEARN – We are committed to learning and improving**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
L1*	*NCL to undertake case audits	Partnership Accountability Protection	*Safeguarding Adult Boards across the NCL are assured that practitioners have confidence when applying responsibilities under the MCA 2005. And opportunities for early intervention for adults at risk who refuse medical treatment.	LB Barnet	NCL to undertake case audits regarding refusal of medical treatment and Mental Capacity, and Fire Safety.	<b>TBC</b>	Refusal of Medical Treatment audit completed across NCL.  <i>Recommendation: SABs are asked to explore, possibly through commissioners, whether there is a contractual requirement for health and social care providers to have mechanisms to record if a patient is refusing medical treatment and, if so, whether this then triggers consideration of mental capacity/ risk of serious harm.</i>
L2	Develop mechanisms to provide assurance of impact of change and learning from SAR's	Partnership Accountability	Staff across partner agencies are aware of the key learning from SARs.	SAR Subgroup	Continue to disseminate lessons learnt from SARs through 7-minute briefing and SAR learning workshops and seek feedback on impact from partners.  *Consider joint dissemination work with NCL SABs	<b>Ongoing</b>  <b>As required</b>	Thematic Homelessness SAR learning disseminated to partners through 7-minute briefing in March 2021. Multi-agency workshops delivered to SAB partners and frontline practitioners in July 2021 to share the findings of the National SAR Analysis and Thematic Homelessness SAR.  NCL joint work currently on HOLD.
			Partner agencies can evidence impact of improvements made as a result of SAR learning.	SAR Subgroup	Partners to assure SAB of improvements made as a result of SARs and impact of change through reports to SAB, SAR learning workshops and SAPAT reports.	<b>Ongoing</b>	A Thematic Homelessness SAR action plan has been developed with partner agencies to address the recommendations of the review and arrangements put in place for overseeing progress against the plan. This will form a basis for monitoring the impact of SAR learning. Evidence of the impact of SAR learning will also be explored with partners through the Safeguarding Adults Partnership Audit Tool in early 2022.

**LEARN – We are committed to learning and improving**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
							Arrangements agreed to improve interface between SAR and LeDeR review processes. Learning from LeDeR reviews shared with the SAR Subgroup to enable multi-agency learning.
			The SAB is assured of GP awareness of safeguarding and learning from SARs.	SAR Subgroup	Seek agreement from Haringey CCG to the SAB's request to appoint a safeguarding GP Lead to support GP surgeries in their participation in SARs.  Seek agreement from Haringey CCG to nominate an adult safeguarding GP Lead to be invited to join the SAB.	<b>Dec 2020</b>	GP Lead appointed and invited to HSAB membership and to participate in SARs. NHS NCL Safeguarding Lead sharing information with GP Lead and seeking feedback where attendance at SAR meetings is not possible.  GP Lead involved in SAR currently in progress.
<b>L3</b>	Implement multiagency refresher training on understanding mental capacity and conducting mental capacity assessments, to include evidence from SARs on the significance of mental capacity in cases of self-neglect/service refusal/high risk.	Empowerment Protection	The Board is assured that all partner is engaged in multiagency refresher training on understanding mental capacity and conducting mental capacity assessments	Prevention and Learning Subgroup	Support multi-agency MCA training and look for flexible funding options. Continue to use multi-agency offer of MH awareness training.	<b>Ongoing</b>	Currently MCA training workshop refresher for staff is being re-designed, online training will be delivered by the Principal Social Worker. 4 sessions have been organised for Jan-Feb for multi-agency partners with a maximum of 25 people per session.  A Legal Literacy/MCA training programme has been created and was delivered jointly between Adult Social Care and Legal Services. This training will continue to be delivered throughout the course of 2022-2023.

LEARN – We are committed to learning and improving

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
							<p>Training courses are available to book via the Haringey safeguarding adults multi-agency training webpage.</p> <p>Additionally, we have carried over £11k from the safeguarding budget from 21-22 for this coming year for multi-agency MCA training to be delivered.</p>
	Deliver a programme of fire safety training in the use of person-centred fire risk assessment across all agencies	Empowerment Protection	Staff across all partner agencies able to identify safeguarding risks associated with fire safety and respond appropriately	Prevention and Learning Subgroup	Support delivery of fire safety training to all relevant agencies across the SAB partnership.	Ongoing	<p>Monthly Fire safety and person-centred risk assessment sessions continue with care providers and associated health care professionals. Candidates for the training are provided by Haringey Social Services, and the training is provided by London Fire Brigade (currently) using Teams to deliver training.</p> <p>Delivering training to care based staff (fire safety and the vulnerable was delivered in November 2021. The station commander and training facilitator, Justin Randtoul, informed DSH in December 2021 of his move to a post in another borough. A replacement will be introduced, and Fire Awareness training dates are to be confirmed. Replacement officer still pending.</p>
L4	Carry out an annual review to assess the impact and effectiveness of the	Partnership Accountability	The Board is assured that the SAR subgroup and chair is delivering its objectives and priorities as outlined in its Terms of Reference.	SAR Subgroup	Evaluate impact and delivery of action plan. Review actions and areas of improvements from the Safeguarding Adults Partnership Audit Tool).	March 2021	A report evaluating the impact and effectiveness of the SAR Subgroup presented to the July HSAB meeting.

**LEARN – We are committed to learning and improving**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
	work of the SAR Subgroup		Demonstrate that HSAB partners have applied the learning from SARs to practice				Evidence of the impact of SAR learning will also be explored with partners through the Safeguarding Adults Partnership Audit Tool in early 2022.
L5	Embed multi-agency case file audit to ensure learning from safeguarding cases is embedded in practice	Protection Prevention	The Board is assured that learning from case file audits is embedded and leads to improved safeguarding practice.  Regular cycle of audits planned	Quality Assurance Subgroup	Monitor the effectiveness of practice and learning from SARs through multi-agency case file audits. <b>Audits to include (in)equalities impact.</b>	<b>March 2021</b>	See A1 update. The multi-agency case file audits audit to include audit effectiveness of practice and learning from SARs.
L6	Develop a consistent approach to conducting and sharing learning effectively for a range of serious incidents including SARs, DHRs, Coroner’s inquests	Prevention	The Board is assured that all deaths and other incidents involving serious abuse or neglect are assessed within the protocol and the process managed well with the focus from a range of experiences.	SAR Subgroup	Provide HSAB assurance that key findings from the SARs have been effectively incorporated into organisations’ practice and culture	<b>As required</b>	Dissemination of SAR learning continues to be delivered through sharing SAR reports and 7-minute briefings with partner agencies, followed by multi-agency SAR learning events.
					Commissioners are assured that providers are meeting their responsibilities in relation to the SARs	<b>As required</b>	Partners to assure SAB of improvements made as a result of SARs and impact of change through reports to SAB, SAR learning workshops and SAPAT reports. <ul style="list-style-type: none"> <li>Meetings have been held with Legal Services to ensure future Legal briefings/ Training between Dec-March for ASC practitioners and staff are themed and incorporate learning from SAR’s.</li> <li>In addition, trainers providing safeguarding training, Unconscious Bias etc have been given the latest available SAR reports to ensure these</li> </ul>

LEARN – We are committed to learning and improving							
	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Updates as of 31 March 2022
							<p>are incorporated into the training for staff to learn lessons and engage in discussions.</p> <ul style="list-style-type: none"> <li>Thematic Homelessness SAR report and 7-minute briefing shared with housing associations working in the Borough. Information about the Multi-Agency Solutions Panel has also been shared to promote use of the Panel amongst housing associations.</li> </ul>
				Prevention and Learning Subgroup	LeDeR Annual Report to Prevention and Learning Subgroup and the HSAB	<b>October 2021</b>	Presented to the HSAB in October 2021

NCL ALIGNED PRIORITIES – See also P4, L2, and A3.							
	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Update
<b>N2</b>	Adult safeguarding is addressed in the STP /CCG reorganization (at an individual SAB resource level and also at care and health integration at front line level in the ICS)	Protection Prevention Empowerment	Assurance that adult safeguarding arrangements is addressed in the STP/CCG reorganisation and plans for engagement of the SABs and local communities.	NCL CCG	Quarterly updates to the HSAB	Quarterly	Quarterly updates provided to the HSAB



# 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**

### Details for the Haringey Safeguarding Adults Board:

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

**Email:** [HaringeySAB@haringey.gov.uk](mailto:HaringeySAB@haringey.gov.uk)

## Adults and Health Scrutiny Panel

### Work Plan 2022 - 23

<p><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.</p>		
Project	Comments	Status
<b>Access to Adult Social Care Services</b>	<p>Topics to include: delays to Care Act assessments, issues around care packages, discharge from hospital, links between social care and mental health services. Potentially could include issues around care for higher needs service users living in supported housing schemes.</p> <p>Project plan in development. Officers have indicated that they will have availability for evidence sessions starting in January 2023.</p>	Ongoing

<p><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.</p>	
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 Adaptions – 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>• Budget scrutiny</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 – Integrated joint partnership working and co-production</li> </ul>

Possible items to monitor or to be allocated as agenda items at Panel meetings:

- Preparedness for a possible future pandemic.
- Irish Centre site – redevelopment of the former Irish Centre including the relocation of the Grace Organisation to the new site.
- Community mental health model / suicide prevention.

Items to schedule for 2023/24:

- Sep 2023 – Update on response to Living Through Lockdown report (Joint Partnership Board). Next update report to include a focus on the new initiatives that the Council had established as a result of the report recommendations.

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