



Haringey Council

Health and Wellbeing Board

TUESDAY, 21ST MAY, 2013 at 13:30 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Please see attached membership list.

AGENDA

1. WELCOME AND INTRODUCTIONS

2. APOLOGIES

To receive any apologies for absence.

3. 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 at agenda item 15).

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 Register of Members' 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 interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

5. QUESTIONS, DEPUTATIONS, PETITIONS

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

6. MINUTES AND COUNCIL REPORT FOR NOTING (PAGES 1 - 4)

To consider and agree the minutes of the meeting of the Board held on 9 April 2013.

The report from the Health and Wellbeing Board to Full Council, for consideration on 20 May 2013, is available to view here:

<http://www.minutes.haringey.gov.uk/mgConvert2PDF.aspx?ID=30702>

7. DISABLED CHILDREN'S CHARTER FOR HEALTH AND WELLBEING BOARDS (PAGES 5 - 14)

8. HWB STRUCTURE (PAGES 15 - 18)

9. DIRECTOR OF PUBLIC HEALTH ANNUAL PUBLIC HEALTH REPORT

The Annual Public Health Report can be found at the following web address:

http://www.haringey.gov.uk/813.39_public_health-alcohol_a4_4pp_final_web.pdf

10. MENTAL HEALTH IN HARINGEY

Presentation by the Assistant Director of Public Health.

11. CCG INTENTIONS - ENGAGEMENT PROCESS (PAGES 19 - 20)

12. ADULTS SAFEGUARDING ROUND-UP: PRACTICE AND KEY LOCAL AND NATIONAL PRIORITIES (PAGES 21 - 44)

To give a summary of the current key local and national policy and practice regarding Adult Safeguarding.

13. PERFORMANCE - HIGHLIGHT REPORT (PAGES 45 - 46)

14. HWB CALENDAR AND FORWARD PLAN

Dates of future meetings:

9 July 2013

8 October 2013

7 January 2014

8 April 2014

15. NEW ITEMS OF URGENT BUSINESS

To consider any new items of urgent business admitted at item 3 above.

David McNulty
Head of Local Democracy
and Member Services
Level 5, River Park House
225 High Road
Wood Green
London N22 8HQ

Helen Chapman
Principal Committee Coordinator
Level 5, River Park House
225 High Road
Wood Green
London N22 8HQ

Tel: 020 8489 2615

Email:

helen.chapman@haringey.gov.uk

Tuesday, 21 May 2013

Membership of the Health and Wellbeing Board

Organisation		Representation	Role	Name
Local Authority	Elected Representatives	2	Cabinet Member for Health and Adult Services	Cllr Bernice Vanier (Chair)
			Cabinet Member for Children and Young People	Cllr Ann Waters
	Officers' Representatives	3	Director of Adult social Services	Mun Thong Phung
			Director of Children and Young People's Services	Libby Blake
			Director of Public Health	Dr Jeanelle de Gruchy
NHS	Haringey Clinical Commissioning Group (CCG)	4	Chair	Dr Helen Pelendrides
			GP Board Member	Dr Sherry Tang
			Chief Officer	Sarah Price
			Lay Member	Cathy Herman
Patient and Service User Representative	Healthwatch Haringey	1	Chair	Sharon Grant
Voluntary Sector Representative	HAVCO	1	Chief Executive	Fitzroy Andrew

**MINUTES OF THE HEALTH AND WELLBEING BOARD
TUESDAY, 9 APRIL 2013**

- Present** Cllr Bernice Vanier (Chair), Fitzroy Andrew, Libby Blake, Sharon Grant, Dr Jeanelle De Gruchy, Cathy Herman, Dr Helen Pelendrides, Mun Thong Phung, Sarah Price, Dr Sherry Tang and Cllr Ann Waters
- In attendance** Clifford Hart, Felicity Parker and Victoria Wyatt

LC1. WELCOME AND INTRODUCTIONS

The Chair welcomed all present to the meeting and asked the Board to introduce themselves.

LC2. APOLOGIES

There were no apologies for absence.

LC3. URGENT BUSINESS

There was no urgent business.

LC4. DECLARATIONS OF INTEREST

There were no declarations of interest.

LC5. QUESTIONS, DEPUTATIONS, PETITIONS

None.

LC6. MINUTES

The minutes of the shadow Health and Wellbeing Board meeting held on 25 February 2013 were approved as a correct record.

LC7. CONSULTATION ON VOTING IN RESPECT OF BOARD MEMBERSHIP

Dr Jeanelle De Gruchy introduced the report as set out in the agenda pack, which detailed the formal establishment of the Health and Wellbeing Board at the Full Council meeting on 18 March 2013 as a Committee of the Council under s102 of the Local Government Act 1972, in accordance with the Health and Social Care Act 2012. In agreeing its establishment Full Council was required to consult with the Board pursuant to regulation 6 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, on the proposed direction of the Full Council in terms of which members of the Board would have voting rights.

The proposal was:

- a) Only the following members of the HWB will have voting rights:
- Cabinet Member for Health and Adult Services (Chair of HWB)
 - Cabinet Member for Children
 - Chair, Clinical Commissioning Group (Vice-Chair of HWB)

**MINUTES OF THE HEALTH AND WELLBEING BOARD
TUESDAY, 9 APRIL 2013**

- Chair, Healthwatch

And

- b) Any additional persons appointed to the HWB either by the local authority or the HWB will be appointed on a non-voting basis.

The Chair invited Members to ask questions.

Councillor Waters referred to the roles and responsibilities of the HWB – “The Board has a duty to develop, update and publish the local pharmaceutical needs assessment as set out in section 128A of the NHS Act 2006” – and asked how the Board would meet this. Dr Jeanelle De Gruchy explained that her current understanding was that this would be her responsibility. Sarah Price added that that information had been provided in the past, and CCG would be able to work with Public Health to produce this information.

Mun Thong Phung raised an issue with the membership in that the named Healthwatch representative needed to be updated following Sharon Grant’s appointment as Interim Chair. Clarification was also required as to whether the statutory Healthwatch representative would be the Chair or the Director of Healthwatch.

ACTION: Victoria Wyatt / Clerk

The Chair asked Members if they agreed with the recommendations as set out in the report and it was

RESOLVED that

- i) **approval be given to the proposed direction of the Full Council that**
 - a) **Only the following members of the HWB will have voting rights:**
 - **Cabinet Member for Health and Adult Services (Chair of HWB)**
 - **Cabinet Member for Children**
 - **Chair, Clinical Commissioning Group (Vice-Chair of HWB)**
 - **Chair, Healthwatch**

And

- b) **Any additional persons appointed to the HWB either by the local authority or the HWB will be appointed on a non-voting basis.**
- ii) **it be noted that Full Council at its Annual meeting on 20 May 2013 would be requested to consider the views and comments of the Board in respect of (i) above, if any, when resolving to make its direction on HWB members’ voting rights. The Board had no comments to make to Full Council on the proposed director of HWB member’s voting rights.**

**MINUTES OF THE HEALTH AND WELLBEING BOARD
TUESDAY, 9 APRIL 2013**

LC8. NEW ITEMS OF URGENT BUSINESS

There were no such items.

LC9. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS

NOTED the date of the next meeting – 21 May 2013.

This page is intentionally left blank



Haringey Council

Report for:	Health and Well Being Board	Item Number:	
Title:	Disabled Children's Charter for Health and Wellbeing Boards		
Report Authorised by:	Libby Blake Director of Children's Services		
Lead Officer:	Phil Di Leo Head of additional Needs and Disabilities Service Haringey Council Sarah Parker Head of Children's Commissioning Haringey Commissioning Group		
Ward(s) affected:	Report for Key/Non Key Decisions:		
All			

1. Describe the issue under consideration

Every Disabled Child Matters, the campaign group for rights and justice for disabled children and their families and The Tadworth Children's Trust, for children with acquired brain injury, multiple disabilities and complex health needs have created a Disabled Children's Charter for Health and Wellbeing Boards. They have written to invite the Chair of the Haringey Health and Wellbeing Board to sign up to this Charter on behalf of the Board. A copy of the Charter is attached at Appendix 1

The Charter sets out a commitment:

'to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions. We will work together in partnership with disabled children and young people, and their families to improve universal and specialised services, and ensure they



Haringey Council

receive the support they need, when they need it. Disabled children and young people will be supported so that they can lead ordinary lives.

The authors of the Charter have identified the following benefits of signing the Charter and meeting its commitments as follows:

- Publicly articulate a vision for improving the quality of life and outcomes for disabled children, young people and their families;
- Understand the true needs of disabled children, young people and their families in your local area and how to meet them;
- Have greater confidence in targeting integrated commissioning on the needs of disabled children, young people and their families;
- Support a local focus on cost-effective and child-centred interventions to deliver long-term impacts;
- Build on local partnerships to deliver improvements to the quality of life and outcomes for disabled children, young people and their families;
- Develop a shared local focus on measuring and improving the outcomes experienced by disabled children, young people and their families;
- Demonstrate how your area will deliver the shared ambitions of the health system set out by the Government in 'Better Health Outcomes for Children and Young People: Our Pledge' for a key group of children and young people.

The Charter has seven key areas which need to be addressed to deliver the commitments. By becoming a signatory to the Charter it will provide focus for partners to address the health inequalities experienced by disabled children and their families.

Appendix 2 provides a summary of the current position and identifies the further areas to be developed for each element.

The Lead Commissioners will provide a progress report to the Board in six months.

2. Recommendations

- That the Board sign the Disabled Children's Charter for Health and Wellbeing Boards
- Agree that the Lead Commissioners carry out the further work as identified in Appendix 2.



Haringey Council

3. Alternative options considered:

There are no benefits to be achieved from not signing the Charter. Failure to sign the Charter may be misinterpreted by disabled children and their families as a lack of commitment to improving outcomes.

4. Background information

Haringey Council and Haringey Primary Care Trust were signatories of the previous Every Disabled Child Matters Charter for their respective Services.

5. Policy Implication

The Charter supports the Board's Health and Wellbeing Strategy outcomes:

- Outcome 1 Every child has the best start in life;
- Outcome 2 A reduced gap in life expectancy;
- Outcome 3 Improve mental health and wellbeing

6. Reasons for Decision

This provides the opportunity for partners to share the aspirations for disabled children as set out in the Charter and to work collaboratively with children, young people, their families and wider professional network.

7. Use of Appendices

Appendix 1 The Disabled Children's Charter for Health and Wellbeing Boards

Appendix 2 Meeting the requirements of the Charter.. This sets out the further actions required by the Board.

8. Local Government (Access to Information) Act 1985

The following national policy documents provide Board members with further background information on ways of improving outcomes for disabled children and support for their families.

Health and Social Care Act 2012

Children Act 2004

Children and Families Bill 2012-13 (currently in Parliament)



Haringey Council

Together for disabled children (2009), Facilitating integrated practice between children's services and health

Council for Disabled Children (2006), Pathways to success: Good practice guide for children's services in the development of services for disabled children -evidence from the pathfinder children's trusts

Children and Young People's Health Outcomes Forum (2012), Health and wellbeing boards and children, young people and families



Haringey Council
Appendix 1

Disabled Children's Charter for Health and Wellbeing Boards

The **Health and Wellbeing Board** is committed to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions. We will work together in partnership with disabled children and young people, and their families to improve universal and specialised services, and ensure they receive the support they need, when they need it. Disabled children and young people will be supported so that they can lead ordinary lives.

By [date within 1 year of signing the Charter] our Health and Wellbeing Board will provide evidence that:

1. We have **detailed and accurate information** on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs
2. We **engage directly with disabled children and young people** and their participation is embedded in the work of our Health and Wellbeing Board
3. We **engage directly with parent carers** of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board
4. We set **clear strategic outcomes** for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account
5. We **promote early intervention** and support for smooth transitions between children and adult services for disabled children and young people
6. We work with key partners to **strengthen integration** between health, social care and education services, and with services provided by wider partners
7. We provide **cohesive governance** and leadership across the disabled children and young people's agenda by linking effectively with key partners

Signed by Date

Position: Chair of Health and Wellbeing Board.



Appendix 2

Charter	Current position	Further development	Resources
<p>1 Detailed and accurate information on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs</p>	<p>Additional Needs and Disabilities (AND) Service has information on notifications from health re children with disabilities; We have incremental information as children receive diagnosis; access services; statements and placement.</p>	<p>JSNA demonstrated that there are still difficulties agreeing data between C&YPS and health services. Further work is underway to improve information for JSNA Duplication on some information on FWI, RIO and SEN database. Systems not aligned; Need to strengthen commissioning strategy.</p>	<p>IT solution JSNA</p>
<p>2 Engage directly with disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board</p>	<p>Young people with disabilities are always involved in the recruitment of staff in AND service; systems in place to consult young people in special schools on targeted areas- most recently on threshold descriptors in level four of continuum of needs.</p>	<p>Planning to develop Young Inspectors approach to monitoring Short Break Services. Special Schools are looking at how stronger links can be developed between School Councils and with Youth Council. Work is required to increase awareness across members of the health and Wellbeing Board. The Board has regular development seminars. This could be an area for them to explore</p>	<p>Build on existing work in the AND service and Special Schools to develop group to contribute to work of the H&WBB; Need to demonstrate direct involvement of young people in JSNA process</p>



		with contribution from the Council for Disabled Children.	
<p>3. Engage directly with parent carers of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board</p>	<p>Haringey Involve Parent Carer Forum is well established; Parents/carers involved in recruitment process in AND service; Parental representation on key steering groups and meetings in place; minimum of termly meetings with parents – starting school, secondary transfer; transition 14+; Opportunities Fair; meet the providers and met the professionals. All events have between 60 – 100 attendees.</p>	<p>Maintain level of involvement; Identify and train parents to contribute to the work of the H&WB</p>	<p>May need to consider providing some costs for parents who regularly attend meetings. This has not been an issue to date as we always have willing volunteers to take part in meetings.</p>
<p>4. Clear strategic outcomes for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account</p>	<p>Strategic outcomes for disabled children and young people are shared across partner services and commissioners and include plans to meet needs as close to home as possible and in most effective way. Eg Short break programme has</p>	<p>Need to agree joint outcomes and identify ways of joint tracking, monitoring and review.</p>	<p>System to be established as part of JSNA process.</p>



	reduced the number of children with disabilities in residential placements. Outcomes for individual children and young people tracked to ensure they are making progress across Education and Care targets.		
5. Promote early intervention and support for smooth transitions between children and adult services for disabled children and young people	Multi agency planning involved in Early Support programme and incorporates TAC and key working approaches, transition into EYs settings and school, secondary transfer, transition to adult services; Haringey 54000 early help strategy; Effective Multi Disciplinary Teams in place in all four special schools.	Preparation underway for development of Education. Health and Care Plans; setting out Local offer and responsibility for education provision for young people with disabilities up to 25 years	Within current resources
6. Strengthen integration between health, social care and education services, and with services provided by wider partners	All decision making panels are multi agency; Borough lead for Whittington Health Trust joins AND management mtgs; 16 new Short Break providers from the Voluntary Sector are on a framework	Work is underway to revisit the proposal to integrate Social Care, Health and Education services working with children with disabilities. Co-location also being discussed either under current management arrangements or as part of move	Outcome of integration; Reduction in management costs; streamlined admin process; more efficient management of information and data sharing; improved service delivery to families including joint assessments



	<p>agreement and first meeting has been held and will be continued on a quarterly basis. Safeguarding Disabled Children Policy and Review group is now a sub group of LSCB after two years work on lines of enquiry to protect disabled children. Group comprises Health, Social Care, Education services, schools, legal services, voluntary services and Police.</p>	<p>to integrated service.</p>	<p>and delivery of services.</p>
<p>7 Cohesive governance and leadership across the disabled children and young people’s agenda by linking effectively with key partners</p>	<p>The joint commissioning working group is one way in which we take forward the disabled children and young people’s agenda. Schools Forum has set up a High Needs Funding Steering Group</p>	<p>We need to re-establish the Disabilities Forum to oversee the implementation of the SEND reforms and the Children and Families Bill and identify clear Governance arrangements. There is also a need for clear alignment within existing groups- LSCB; Adults LD etc.</p>	<p>Within existing resources</p>



Haringey Council

Appendix 2



Haringey Council

Report for:	Health & Wellbeing Group meeting on 21 May 2013	Item number	
Title:	Proposed Structure for Health and Wellbeing Board		
Report authorised by :	Jeanelle de Gruchy (Director of Public Health)		
Lead Officer:	Jeanelle de Gruchy (Director of Public Health)		
Authors:	Andrew James DAAT Programme Manager Tel: 0208 489 2637 e-Mail: andy.jamesdaat@haringey.gov.uk		

1. Purpose of Report

The purpose of this report is to agree the structure for delivering the outcomes as set out in the Health and Wellbeing Board Strategy.

The strategy and delivery plan are already agreed. This report outlines the proposed mechanism through which accountability to the board will be exercised.

2. Introduction

This paper presents a proposed governance structure to ensure delivery of the Health and Wellbeing Strategy Delivery Plan.

3. Recommendations

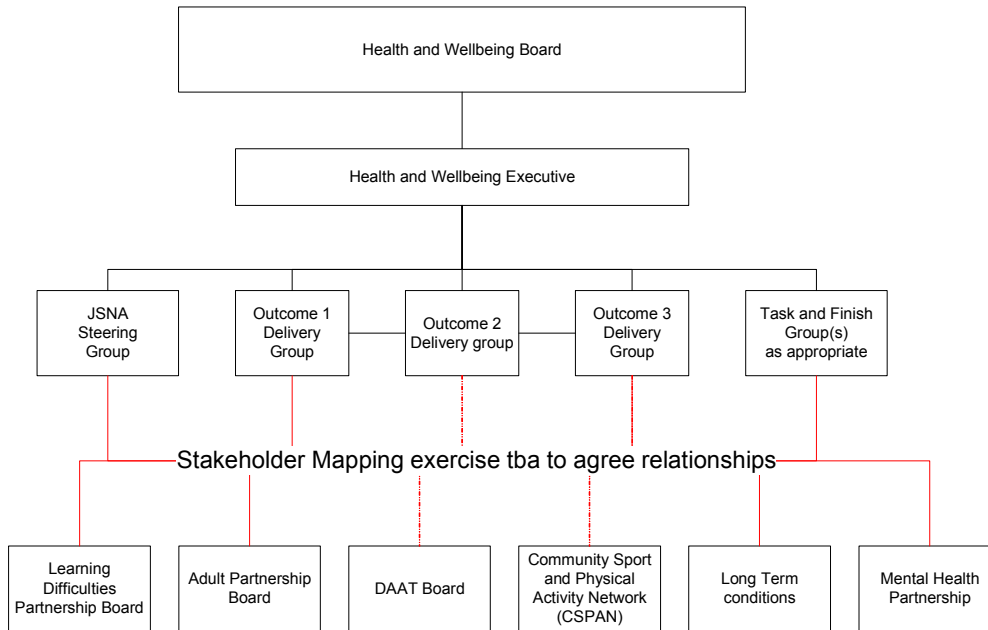
That the Board agrees the arrangements contained within this report.



Haringey Council

4. Outline Structure

Health and Wellbeing Board Draft Structure



Key

- Line of accountability
- - - - - Line of accountability tba

4.1. Health and Wellbeing Board

The membership and terms of reference were agreed in March 2013.

4.2. Health and Wellbeing Executive

This group consists of the Director of Public Health, Director of Adult and Housing Services and Director of Children Services at the Local Authority and the Chief Officer of Haringey’s Clinical Commissioning Group (CCG).

The Executive will act on behalf on the Board to ensure the Health and Wellbeing Strategy Delivery Plan is achieved.

4.3. Health and Wellbeing Strategy Delivery Groups



Haringey Council

The Joint Strategic Needs Assessment (JSNA) Steering Group's existing membership and terms of reference are being revised to ensure they are fit for purpose. The reporting and accountability for the group will be to the Executive.

The membership and terms of reference for the Task and Finish Groups will be developed as the groups are required.

Three Delivery Plan Outcome Groups will be devised and will be accountable to the Executive. There will be a group with specific responsibility for one of the Outcome Delivery Plans identified in the Health and Wellbeing Strategy. Each group will be required to have an identified chair and terms of reference.

4.4. Partnership Groups

There is a number of existing partnership groups, some of which are included in the above illustration. This is not an exclusive list. The relationship of a partnership group to one, or more, of the Delivery Plan Outcome Groups will be identified via a stakeholder mapping exercise.

5. Governance Meetings

It has been agreed that that the Health and Wellbeing will meet four times in a calendar year. The actual dates are to be agreed.

Health And Wellbeing Board Calendar			
	Date	status	Topic
H&W Board Meeting (Spring 2013)	21/05/2013		
H&W Board Meeting (Summer 2013)	09/07/2013	Proposed	
Council Calendar - HWB Event/Seminar	12/09/2013	Proposed	TBA
H&W Board Meeting (Autumn 2013)	08/10/2013	Proposed	
H&W Board Event/Seminar (Autumn 2013)	w/c 04/11/2013	Proposed	Alcohol and CSP
H&W Board Meeting (Winter 2013)	07/01/2014	Proposed	
Council Calendar - HWB Event/Seminar	25/02/2014	Proposed	TBA -
H&W Board Meeting (Spring 2014)	08/04/2014	Proposed	

It is recommended that at three separate times in the year the Health and Wellbeing Board undertake a seminar/event. These would facilitate the Health and Wellbeing Board working with the Community Safety Partnership



Haringey Council

Board and Children's Trust on common issues and involve wider stakeholders.

6. Reporting timetable.

The proposed reporting dates are outlines below:

	Executive meeting	Cabinet member/ DPH 1:1	Draft Report Submission	Review of Draft Reports	Final Report Submission	H&W Delivery Plan Update	Statutory Agenda Publication	H&W Board Meeting
	<i>(If relevant – please consult Director)</i>	<i>Cabinet lead member and Director of Public Health agenda discussion</i>	Reports should be submitted to xxxxxxxx by xxx on submission date	The H&W Being Executive review draft reports	Reports should be submitted to xxxxxxxx by 5pm on the submission date	Deadline for update from delivery plan leads of delivery plans	Any reports not received will be marked 'to follow' or withdrawn from the agenda	Cabinet meetings are held at Tuesdays at the Civic Centre
	Reports should be submitted to xxxxxxxx by xxx the xxxxx prior to the meeting		<u>Reports should include Director/Lead councillor comments</u>					
Spring 2013			02-May-13	03-May-13	10-May-13	13-May-13	13-May-13	21-May-13
	11/06/2013							
Summer 2013	(Agenda setting)		20-Jun-13	21-Jun-13	28-Jun-13	01-Jul-13	01-Jul-13	09-Jul-13
	23/07/2013							
	03/09/2013							
Autumn 2013	(Agenda setting)		20-Sep-13	21-Sep-13	27-Sep-13	30-Sep-13	30-Sep-13	08-Oct-13
	15/10/2013							
	10/12/2013							
Winter 2013	(Agenda setting)		16-Dec-13	17-Dec-13	24-Dec-13	27-Dec-13	27-Dec-13	07-Jan-14
	04/02/2013							
	13/03/2014							
Spring 2014	(Agenda setting)		20-Mar-14	21-Mar-14	28-Mar-14	31-Mar-14	31-Mar-14	08-Apr-14

7. Conclusion

The Board is asked to accept the above recommendations.

8. Use of Appendices

N/A

CCG commissioning intentions – engagement process

1. Introduction

Commissioning intentions are developed every year. They describe the changes and improvements to healthcare that the CCG wants to make for the year ahead and what services the CCG expects to commission to achieve these changes.

In October 2012, whilst the CCG was in shadow form, an engagement event was held which brought together lots of stakeholders from Haringey to talk about the CCG's priorities and to help develop the CCG's strategic commissioning plans. Stakeholders who attended the event included GPs, public health colleagues, members of Haringey Council, patients, voluntary sector and local hospitals. This was the only engagement event with a wider audience that informed the development of the CCG's 2013/14 commissioning intentions.

Now a fully authorised organisation, the CCG is aspiring to be more systematic in its engagement and development of commissioning intentions throughout the year. This includes establishing ways of better involving the public in commissioning plans and giving people a real chance to influence the strategic priorities of the organisation.

This paper sets out the CCG's plans for involving people in the development of commissioning intentions and invites the Health and Wellbeing Board to consider how it would like to be involved.

2. Engagement events

The CCG wants to engage with patients and the public in a systematic way and has created an engagement cycle diagram as part of our patient and public engagement (PPE) strategy (available on our website www.haringeyccg.nhs.uk). The diagram shows where and how people and groups can contribute throughout the commissioning cycle and how their views will be used by the CCG to improve services and make commissioning decisions. The strategy also sets out the many different ways that the CCG is planning to inform and involve the public in Haringey throughout the year. This includes a series of events for the public, for our Haringey Network (patients and the voluntary sector) and stakeholders. These events will be facilitated by Havco (as part of their Together North London consortium), who have been commissioned by the CCG following a recent procurement exercise.

These events will give people real opportunities to influence commissioning intentions and priorities for the CCG. In October, when the commissioning intentions are published, the CCG will be able to clearly show what people have said at these events and how this has informed the intentions.

2.1 Public meetings

The CCG will be holding two open public meetings in June (19 June, 1pm, 20 June, 6pm, venues TBC). As well as introducing the CCG and talking about some of the changes to health services locally, there will also be a facilitated interactive session with members of the public, at round tables, to set the scene on commissioning and to ask for some thoughts on priorities.

Feedback will be captured, used and reported back in October to show people how their comments have influenced the CCG's commissioning intentions.

These meetings will be widely advertised to the public, capitalising on Havco's links and relationships with a diverse cross-section of Haringey's population and voluntary sector.

2.2 Network meeting

The CCG is also building a Haringey Network made up of patient and voluntary sector representatives. Membership of the Network will be drawn from Haringey GP practices' Patient Participation Groups (PPGs), with additional members of community organisations.

The Network will meet three times a year and there will be a clear agenda and focus for each meeting, which includes:

- July 2013 – the meeting will focus on introducing the Network and setting the scene about Haringey and its population (JSNA)
- September 2013 – using the background knowledge received at the July meeting about Haringey's population, September's meeting will focus eliciting views from the Network to inform the CCG's strategic intentions.

2.3 Stakeholder event – October 2013

The stakeholder event, first held in October 2012, will become an annual event. A wide range of partners and local stakeholders, including members of Haringey's Network, will be invited. The purpose of this event will be to discuss the draft commissioning intentions and priorities for the year ahead. At this event, the CCG will clearly be able to show how people's views from previous engagement events have informed the draft intentions.

3. Other engagement on commissioning intentions

In addition to the events outlined above, the CCG will use its new website – www.haringeyccg.nhs.uk – to describe its priorities and give people opportunities to share their views on an ongoing basis.

The CCG's Head of Communication and Engagement and the Lay Member with Patient and Public Engagement responsibility are also undertaking a number of visits to different community groups to talk about the CCG and hear about people's experiences of health and health services. Insight from these visits will also be captured and used to inform commissioning intentions.

The CCG will also be working with its partner organisations, including Haringey Council and Healthwatch, throughout the year to inform commissioning intentions.

4. Next steps

In light of the engagement process outlined above, the Health and Wellbeing Board are asked to consider how they would like to be involved over the summer in developing and informing the CCG's commissioning intentions before the Board signs off the intentions in October 2013.



Haringey Council

Report for:	Health & Wellbeing Group meeting on 21 May 2013	Item number	
Title:	Adult Safeguarding Round Up: Practice and Key Local and National Priorities		
Report authorised by :	Mun Thong Phung (Director of Adult and Housing Services)		
Lead Officer:	Lisa Redfern (Deputy Director of Adult and Community Services)		
Authors:	<p>Helen Constantine Head of Business Management Services Tel: 0208 489 3905 e-Mail: helen.constantine@haringey.gov.uk</p> <p>Sue Southgate Safeguarding Adults Operational Manager Tel: 0208 489 3384 e-Mail: sue.southgate@haringey.gov.uk</p> <p>Georgia Preston Commissioning and Safeguarding Monitoring Officer Tel: 0208 489 2774 e-Mail: georgia.preston@haringey.gov.uk</p>		

1. Purpose of Report

The purpose of this report is to give a summary of the current key local and national policy and practice regarding Adult Safeguarding.



Haringey Council

The Local Authority through the Adult and Housing Services Directorate is the responsible lead agency for providing care services for people in need, including those at risk of abuse.

Adult Safeguarding is high on the agenda for Adult Services. We have come a long way in our efforts to protect people from harm and are awaiting the detailed guidance and final new legislation. This briefing and Service/Policy round-up gives a brief overview of recent and current work, bringing together recent changes and preparing for anticipated changes until legislation is completed.

We are always looking for ways to further enhance our safeguarding offer and we have many examples of new initiatives and very good partnership working. Lisa Redfern, our Deputy Director, is the London Safeguarding Lead.

2. Introduction

Haringey's Adult Social Care Services continues to make great strides in terms of further enhancing its safeguarding practice, despite both the care and the budgetary challenges. Cases such as Winterbourne View, The Francis Report and recent evidence for National Care Quality Commission findings into home and dementia care have highlighted poor and variable safeguarding practice.

There is no doubt that continuing to provide high quality care standards when local authority budgets continue to be challenged is a matter which we must remain vigilant about. In Haringey we take social care very seriously and do everything we can to ensure we offer to care to those most in need and to monitor the quality of community and residential care that is offered. For example:

- We have a specialist safeguarding service;
- We carry our regular multi-agency care reviews for individuals who are placed in our care; and
- We have created a specialist safeguarding commissioning/contracts post who is responsible for visits and monitoring all of our independent care homes and who immediately puts in to place improvement plans and works with providers where care issues may be emerging.

Our commissioners robustly manage and monitor care compliance and tackle any non-compliance issues with care providers promptly. We place embargoes on homes where there are serious safeguarding concerns and have an effective London network where we communicate concerns both formally and informally where we have care concerns.



Haringey Council

In terms of good practice, earlier last year we initiated and jointly launched a Transfer Protocol for people who have challenging and complex mental health needs, with the London Borough of Islington, to ensure that if Islington are considering placing someone in Haringey, thorough checks and balances are in place prior to their placement. For example, have their details been transferred to a local GP? Has a multi-agency professionals' transfer meeting taken place to discuss all the complexities of the person's care issues?

Also Linden Road, one of our own very specialist residential homes for those people with challenging needs, the type of patients/ resident placed referred to in Winterbourne View, has also received a very good recent, CQC report. Our Joint Learning Disability Partnership, a fully integrated service with the NHS and with Barnet, Enfield & Haringey Mental Health Trust, is able to use its strength and depth in terms of expertise, to ensure that vulnerable people with challenging behaviour such as those residents placed in home such as Linden Road have, to offer high quality clinical care and effectively monitor their care.

The Council Manifesto champions **A Safer Future for All** and it is the duty of all professionals providing services to Haringey residents to ensure that all reasonable steps are taken to safeguard people who are unable to protect themselves against significant harm or serious exploitation.

3. Key Achievements round up

- The **SAB Business Plan 2012-2013** sets out the Board's priorities in achieving the aims and objectives that have been set to work towards the priorities, and to demonstrate how all relevant stakeholders participate in achieving these goals. The Business Plan assists the SAB to support, monitor and review what partner agencies do individually and collectively to fulfil their safeguarding duties. The plan also serves to aid the development of future work for the board and its partner agencies. The Business Plan sets out five keys priorities for safeguarding adults work. These are:
 - Strategy and Leadership
 - Safeguarding Practice
 - Prevention
 - Training and Workforce Development
 - Communication

There are agreed objectives and actions for each area. The Strategy and Leadership area concentrates on making sure that the local safeguarding arrangements are connected and efficient. Safeguarding



Haringey Council

practice objectives include embedding good practice to deliver an accessible, responsive, quality service to people at risk.

- The **SAB Annual Report** sets out the work of the SAB for the year, to highlight the achievements and progress made against the Business Plan. The report describes national initiatives on adult safeguarding as well as the work that has been undertaken locally to protect adults at risk in Haringey. The purpose of the report is to share information on our achievements and future plans with our partners, service users and other Haringey residents. A great deal of progress has been made in addressing the key business plan objectives that were set out in the SAB Business Plan. The Haringey SAB has produced the Annual Report for 2011-12 and is available on the Haringey website at the following location:
http://harinet.haringey.gov.uk/haringey_safeguarding_adults_board_annual_report_2011-2012.pdf
- Incidents at **Winterbourne View** have sent a powerful message that such abusive behaviour will not be tolerated. The Winterbourne View Report has been discussed and key messages disseminated through Adult Social Care, commissioned organisations and also NHS commissioning; as well as discussing response at the Learning Disabilities Executive, Safeguarding Adults Board, and Learning Disability Partnership Board. Monthly Winterbourne View Project Boards have been set up and will run to May 2013 - to manage, steer and oversee the implementation of the Joint Action Plan. Key findings will be embedded in policy as well as suggested improvements in practice, safeguarding and commissioning plans.
- We have concluded work to implement **the Pan-London safeguarding procedures**. Information was provided to internal staff. The Social Care Institute of Excellence (SCIE) <http://www.scie.org.uk/publications/atagance/atagance44.asp> at a Glance Pan-London procedures document was distributed to staff. Haringey appendix to the Pan-London procedures produced. This is at: http://harinet.haringey.gov.uk/haringey_sab_plp_appendix_v3.doc. We also took a lead role in the four-borough work to introduce the Pan-London risk assessment.
- We have continued to **promote awareness of adult safeguarding and risk assessment** - Training sessions were provided for staff in the mental health teams, the Joint Learning Disability Community Team, and for elected Council Members. Information leaflets (http://harinet.haringey.gov.uk/safeguarding_adults_leaflet.pdf) were reprinted for staff and information was provided to a carers group.



Haringey Council

- We have reviewed the **adult safeguarding training programme**, giving more emphasis to specific training such as dealing with financial abuse, ensuring that higher numbers of independent sector staff receive training. New financial abuse courses were provided for staff, in partnership with Enfield. Free training is offered to local providers of care services. New online training courses for staff and partner agencies has been launched, and can be accessed via the Learning Pool website, <http://www.learningpool.com/>. In addition, the SAB Training and Workforce sub-group was re-launched, completing an assessment of local provision and examining potential for developing services in line with the Bournemouth University Safeguarding Adults competencies.
- Haringey's Adults Commissioning Team have launched two new developments which address safeguarding matters:
 - A new **accreditation scheme for domiciliary care providers**. Each provider wishing to provide services for the local authority must first either be registered with the Care Quality Commission (CQC) or be successfully accredited with Haringey Council. Since the launch of the accreditation process, we have reviewed **seven** accredited suppliers, which make up approximately **81%** all care packages. The reviews involved unannounced spot checks, a review of policies and the review of client and care worker records. We also observed how care is delivered to individual clients and interviewed residents using care, to find out whether the services they received improved the quality of their lives.
 - Consolidation of the local Providers Forum. This has grown into a well attended monthly forum for providers of care services within Haringey. A special joint CQC and safeguarding session took place in May 2012.
- We have continued to **consolidate safeguarding partnerships with NHS colleagues and GPs**. All local health partners are represented on the SAB. NHS Haringey has good links with Haringey Council and is part of the local management team meetings. Haringey's safeguarding team continues to work in partnership with NHS Haringey's Care Home Support Team and Tissue Viability nurses. The SAB agreed to adopt the Whittington Health pressure ulcer protocol; and good links are maintained with the London Ambulance Service which continues to be a major referrer of safeguarding adults' referrals.
- We have continued to monitor the **development and implementation of health care providers safeguarding boards**. Whittington Health, the North Middlesex Hospital and Barnet, Enfield and Haringey Mental Health NHS Trust have their own safeguarding adults at risk



Haringey Council

committee. There is good communication between these boards and the SAB, assisted by each health agency having a safeguarding adults lead.

- **Haringey's Multi-Agency Safeguarding Hub (MASH)** - Primarily a children's oriented service, MASH brings together representatives of key local agencies. The aims are to provide a confidential and secure setting where agencies can share information about children so that an informed decision about intervention can be made. This can substantially speed up decision making by having relevant information shared at the initial stage. In addition, it allows the police to share information quickly and securely. The Safeguarding Adults Team is involved in the MASH, as are other SAB partner agencies.
- The provision of and analysis of safeguarding adults data is an important part of assessing quality. The Haringey Council Performance Team produces a **monthly safeguarding adult return** that provides a vast range of information about the referral, the type of abuse, where it happened and who was involved.
 - An alert is defined in this report as a feeling of anxiety or worry that a vulnerable adult may have been, is, or might be, a victim of abuse. This would be the first contact between the source of the referral and Haringey Council about the alleged abuse.
 - A referral is where a concern has been raised which has invoked an adult safeguarding investigation or assessment. Cases which do not meet Haringey's safeguarding threshold are deemed 'inappropriate', and are therefore not fully investigated and not counted as a referral in this report.
 - We have adopted a performance framework that aggregates quantitative data and trends to enable us to focus intervention for example, hot spots, type of abuse or location.
- Haringey Council is the **Deprivation of Liberty Safeguards (DoLS)** supervisory body and is therefore well placed to provide data. The local DoLS system provides assurance that DoLS works effectively and sensitively locally:
 - There have been a series of information sessions for local providers.
 - In 2012/13 there have been **14** authorisation requests made of which **11** granted and **3** not granted (**3** Standard and **9** urgent).
 - Currently we have only **4** granted authorisations in place.
 - All assessment forms and guidance notes¹ are available on the DH website:

¹ There are two types of authorisations: standard and urgent. Relevant assessments are obtained to ascertain whether the qualifying requirements of the deprivation of liberty safeguards are met. Assessments are completed within 21 days for a standard deprivation of liberty



Haringey Council

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089772

- **Independent Mental Capacity Advocate (IMCA) Service - VoiceAbility** (<http://www.voiceability.org>), a local advocacy scheme, has a joint contract with Haringey, Enfield and Barnet Councils to provide an IMCA service. This is a very useful service and VoiceAbility IMCAs have been working with DoLS applications as well as with safeguarding adults' referrals. The quality and performance of scheme is regularly reviewed.
- Adult Services initiated a **Transfer protocol between the London Borough of Haringey and the London Borough of Islington for individuals with a complex learning disability or mental health issue, or both**. This transfer protocol ensures the safe transition from Islington to Haringey, as most people are transferred in that direction and not from Haringey to Islington. The Protocol helps to further safeguard a vulnerable person's needs if they are placed in a home in Haringey from the London Borough of Islington; and provides a checklist to ensure a person's new home has all the details they need about them and that they are registered with a GP who has all the necessary information about them.
- Adult Services has produced its first **Safeguarding Adults Newsletter Winter Edition December 2012** designed for Haringey staff and other partner agencies, to keep everyone up to date with what is happening with local and national safeguarding issues and to draw attention to specific news items from the Safeguarding Adults Board. The newsletter can be found on Harinet: <http://harinet.haringey.gov.uk/intranet/directorates/adultandhousing/safeguarding-adults-newsletter.htm>

4. Multi-Agency Approach to Safeguard Adults

authorisation, or, where an urgent authorisation has been given, before the urgent authorisation expires. Assessments that are carried out are; best interest assessment, mental health assessment, and mental capacity assessment. In some cases, it is necessary for an Independent Mental Health Capacity Advocate (IMCA) to be instructed. Standard authorisations cannot be extended. If it is felt that a person still needs to be deprived of their liberty at the end of an authorisation, the managing authority must request another standard authorisation. **3** further requests made for an individual in 2012/13 after authorisation expired. The managing authority can deprive a person of their liberty for up to seven days using an urgent authorisation. It can only be extended (for up to a further seven days) if the supervisory body agrees to a request made by the managing authority. When using an urgent authorisation the managing authority must also make a request for a standard authorisation. The managing authority must have a reasonable belief that a standard authorisation would be granted if using an urgent authorisation.



Haringey Council

Safeguarding adults involves a range of measures taken to protect people in the most vulnerable circumstances, people that are currently defined as 'adults at risk'². This may be due to illness, impaired mental capacity, physical or learning disability or frailty brought about by age or other circumstance.

4.1 Safeguarding Adults Board (SAB)

The SAB gives direction, support, guidance and quality assurance to safeguarding adults' policies, procedures and practice in Haringey. It is a Multi-Agency Board established to promote, inform and support safeguarding adults work. Priority is given to the prevention of abuse, and adult safeguarding is integrated into other community initiatives as well as links to other relevant inter-agency and community partnerships. Haringey SAB believes that living a life free from abuse is a fundamental right for each person, that safeguarding is everybody's business and that measures need to be in place to protect those least able to protect themselves.

The core purpose of the board is to protect those adults who are at risk of abuse as defined in the **No Secret** (DH 2000) guidance; the board also has a key role in promoting the wider agenda so that safeguarding is a responsibility for everyone.

Its' membership includes statutory and independent agencies engaged in adult social care, community organisations and groups, including people who use services and carers, and delivers the following functions:

- Promoting awareness of adult safeguarding and risk assessment;
- Management and governance of the safeguarding process;
- Setting the strategic direction of safeguarding;
- Implementing new policy directives e.g. Law Commission and reform of adult social care;
- Management of the Deprivation of Liberty Safeguards (DOLS) process; and
- Quality assurance of safeguarding adults through the Haringey Adult, Commissioning and Safeguarding Quality Board.

² **Adult at risk** means adults who need community care services because of mental or other disability, age or illness and who are, or may be unable, to take care of themselves against significant harm or exploitation. The term replaces 'vulnerable adult'.



Haringey Council

Haringey's SAB works to the six key safeguarding principles³ set out by the government in its May 2011 statement on Adult Safeguarding, as follows:

- **Empowerment** - Presumption of person led decisions and informed consent;
- **Protection** - Support and representation for those in greatest need;
- **Prevention** - It is better to take action before harm occurs;
- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented;
- **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** - Accountability and transparency in delivering safeguarding.

4.2 SAB Sub-Groups

The SAB has three sub-groups which support the development of specific areas in preventing and responding to the abuse of adults at risk. In addition there may be occasions the SAB will establish specific, time-limited task and finish groups to report on particular topics according to the work required.

4.2.1 Haringey Safeguarding Adults Practice sub-group involves a wide cross-section of Haringey Council staff in agreeing and working to an action plan designed to embed good practice and provide an integrated and efficient safeguarding adults' service. The sub-group coordinates and supports the development of safeguarding adults work in Haringey with particular emphasis on developing best practice in safeguarding work and learning from experience. This Practice Group was established in July 2012, and initially set up to implement and embed the changes required following our independently commissioned review of our safeguarding service in May 2012. We have decided to continue with this sub-group to engender Safeguarding Practice across the Adults Service.

4.2.2 Haringey Prevention sub-group ensures that there are strategic plans in place to promote awareness, use information to focus resources where it is needed most and work collegially with statutory partners, voluntary organisations, carers and service users to prevent abuse. The SAB is committed to producing a

³ Statement of Government policy on adult safeguarding (May 2011)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126748



Haringey Council

local Safeguarding Prevention Strategy using data to inform prevention work and bringing agencies together in the Prevention sub-group.

4.2.3 Haringey Training and Workforce Development sub-group has the responsibility for the development, planning and coordination of multi-agency safeguarding adults training provision. This includes making recommendations regarding the facilitation and commissioning of appropriate training resources and the regular review and evaluation of the training provision in line with the SAB Business Plan.

4.3 Safeguarding Adults Service

Working in partnership with key stakeholders in statutory and voluntary organisations, the Safeguarding Adults and Deprivation of Liberty Safeguards Team provide both the strategic and operational steer for how residents in Haringey can be safeguarded from abuse. The Business Management and Improvement Team sets the strategic direction of safeguarding through the Safeguarding Adults Board, ensuring that new policy directives are implemented.

4.4 Adult, Commissioning and Safeguarding Quality Board

The Care Quality Commission's risk-based approach supports the safeguarding agenda by monitoring provider compliance with the essential standards of quality and safety and identifying where standards are at risk of failing. Targeted inspections will be carried out where a significant risk is identified. Inspections may also be triggered through performance information reported in the Quality and Outcomes Data Set, local intelligence or feedback from service users. In the context of localism, the local HealthWatch and other neighbourhood groups will become the eyes and ears of safeguarding, highlighting and reporting suspected neglect and abuse.

The Adult, Commissioning and Safeguarding Quality Board oversees compliance against the essential standards of quality and safety to ensure robust practices are in place. The Board meets quarterly to review quality initiatives. Quality outcomes for safeguarding adults work include the completion of safeguarding questionnaires with staff.

The case file audit tool is embedded in all services and the safeguarding team completes two case file audits per month. The performance team analyses the completed audit and produces a



Haringey Council

report highlighting areas for improvement. This report is presented to the Quality Board for further action and improvement. The case file audit has been designed in line with the pan-London tool.

The following case examples are from substantiated or partially substantiated safeguarding referrals – demonstrating that we have made a difference (for reasons of confidentiality these have been selected as a sample - all names have been anonymised).

CASE 1:

Financial abuse is a common type of abuse and featured in a number of substantiated referrals. Mr A is an elderly man living alone and receiving home care from a private agency. Over a number of months his care worker was stealing from him by helping himself to money whilst carrying out the weekly shopping. The matter came to light when a council employee visited to carry out a financial assessment and was shown a bank statement. Mr A had not noticed that his money was dwindling.

A safeguarding referral was made, the money was safeguarded at the bank, a police investigation was launched and the care worker was suspended. Fortunately, Mr A was patient and assisted the police with their work which involved two trips to the police station.

Outcome:

With the involvement of the council's legal team, a prosecution was brought, the care worker was convicted and imprisoned and a claim for compensation was made for Mr A with his bank. Not all of the stolen money was recovered.



Haringey Council

CASE 2:

Another financial abuse referral illustrates the importance of the wide network of people in the lives of an adult at risk. Each person in the network can act as a means of monitoring and checking that the adult at risk is well. In the case of Mrs B, a family member had been stealing money from her. This came to light when a local newsagent became suspicious about a newspaper bill which had not been paid by the family member.

Outcome:

The newsagent asked other family members some questions and this led to an investigation again involving the police.

CASE 3:

Mrs C is another example demonstrating what happens when agencies work well together. She was a resident in a sheltered housing scheme that was being financially abused by her son. He was living with Mrs C and at the same time exhibiting anti-social behaviour and upsetting other tenants in the scheme.

Outcome:

A multi-agency safeguarding meeting led to an injunction being served on the son, a new assessment for Mrs C and the involvement of the police Safer Neighbourhood Team to monitor the situation.

CASE 4:

Mrs D also lived in a sheltered housing scheme. The warden raised a safeguarding referral after noting that Mrs D's carer did not stay for the full amount of time on a number of occasions. This led to the home care agency investigating and finding that the care worker was not staying for the required time at a number of service users' homes.

Outcome:

Mrs D's care worker was changed and the care worker was disciplined and re-trained.

**CASE 5:**

Abuse in care homes featured in an increased number of safeguarding referrals. A number demonstrate vigilance by the care home in identifying and reporting incidents of abuse. In the case of Mr E, the care home took rapid action after it was discovered that money had been stolen from him by a member of staff. That resulted in police action and the dismissal of the care worker.

Other referrals were made after discoveries of abuse during visits from council staff or friends and relations. In one referral a resident (Mr F) had money that was not being properly accounted for by the care home.

Outcome:

This led to a review and a mental capacity assessment for Mr F, followed by involvement of the IMCA service. Mr F then received help with managing his money and a regularisation of how his money was looked after.

4.5 Safeguarding Adults' Member Panel

Haringey's Safeguarding Adults' Members Panel was set up in October 2010 to provide scrutiny of the functioning of Adult Safeguarding issues, not only on the Council, but also in its partner agencies as they function in Haringey, and to give reassurance to members who are collectively responsible for the safeguarding of adults at risk in Haringey.

The panel is chaired by a councillor and meets bi-monthly; and the panel consists of three elected Haringey Council members who act as the monitoring arm of safeguarding adults work.

The panel has an annual programme of work focusing on aspects of safeguarding and panel members have the opportunity to look at safeguarding performance reports as well as the Business Plan. Examples of issues discussed at the panel as part of its work plan include:

- Adult Mental Health and Comparative work with other Local Authorities including examples of good practice;
- Deprivation of Liberty Safeguards (and received training on this subject);
- Prevention and Social Isolation;



Haringey Council

- Domestic Violence;
- Home Care and residential care quality standards and concerns;
- Winterbourne View Response;
- Safeguarding Adults performance reporting - improvements to this and how we can use this data to shape and inform our future service delivery;
- New GP and Haringey's Clinical Commissioning Group in respect of Adult Safeguarding – their role, responsibility and accountabilities, and how they work with the Local Authority Safeguarding Service; and
- Public Health;
- How we work across Children's and Adults Safeguarding in terms of the MASH and Children and Adult's social care database, Framework-i.

5. Policy and Practice Round Up

In order for Adult Services to prepare for the proposed changes to Adults Safeguarding (as set out in the draft Social Care Bill - June 2012), the following are a selection of national safeguarding adults (or related) developments.

- 5.1 The **Care and Support Bill July 2012** proposes putting Safeguarding Adult Boards on a stronger, statutory footing, to protect adults at risk of abuse or neglect, whilst creating a single law for adult care and support. It will replace more than a dozen different pieces of legislation and provides the legal framework for putting into action some of the main principles of the White Paper: **Caring for our Future: Reforming Care and Support**, and also includes some health measures.
- 5.2 **Anti-Hate Crime** - In March 2012 the Home Office published a cross-departmental plan to tackle hate crime setting out the strategic direction the Government wishes to take to address this issue¹. The briefing explores what the Government's ambitions are when it comes to tackling hate crime. Haringey is undertaking to raise awareness of the importance of tackling hate crime, collecting and presenting data, encouraging and highlighting examples of best practice and giving victims better protection under the law and has an action plan in place which has been framed around the Home Office's national direction to combat hate crime. The three key areas are:
- **Preventing Hate Crime:** Publishing an analysis of hate crime data; working with schools and voluntary sector partners to help tackle bullying in schools; and a new cross-Government



Haringey Council

Disability Strategy (action on changing attitudes and behaviour). ***The aim is early intervention to minimise the risk of incidents escalating. Awareness, detection, prevention – ensure the system is able to respond to potential cases of abuse.***

- **Increasing Reporting and Access to Support:** making it easier for victims of hate crime to come forward and report offences. ***The Home Office and the Association of Chief Police Officers will be working with councils, police forces and housing providers to improve the handling of public calls about anti-social behaviour so that hate crime victims can be better identified (the Home Office will be collecting best practice examples of work carried out by Community Safety Partnerships to tackle hate crime and publish in the autumn).***
- **Improving the Response to Hate Crime:** Making the criminal justice system more effective and dealing more robustly with offenders. ***Councils and other local partners work jointly with the criminal justice system to bring offenders to justice – making available information on hate crime and local support services.***

- 5.3 **Domestic Homicide Reviews** - Statutory guidance was issued by the Home Office under Section 9(3) of the Domestic Violence, Crime and Victims Act (2004) to support Domestic homicide reviews. It introduced a duty upon local partners such as the police, local authority, probation service, health service and voluntary sector to establish a review in the event of a domestic homicide. These should be conducted to ensure lessons are learned when person has been killed as a result of domestic violence.

In its 2012/13 plan, the council reiterated its commitment to protecting the most vulnerable people from avoidable harm or abuse: *“We want vulnerable children and adults living in Haringey to feel supported and secure, and our looked after children to live in stable placements. We want to raise awareness of domestic and gender-based violence and ensure that survivors are supported.”*

Following a review of the partnership arrangements for Domestic and Gender Based Violence (DGBV), a revised structure was introduced in 2011 and included a commitment to review in 2012/13; further changes will be implemented to ensure that the structure continues to support an effective partnership approach to DGBV.



Haringey Council

The key messages from recent local domestic violence episodes and serious case reviews are about the need for effective networking and working together. Domestic violence can affect adults at risk and there is a need for both the Haringey SAB and for safeguarding adults work to be locally well connected and organised. The Haringey Domestic Violence co-ordinator is a member of the Prevention sub-group and is able to brief the SAB about domestic violence work.

The SAB has received a recent presentation outlining the work of the Domestic Violence Partnership and how it works together with MARAC in terms of safeguarding adults.

More recently sixteen year olds have been treated in the same way as adults in relation to domestic violence cases heard at the MARAC.

The Domestic Violence Team is currently producing leaflets for the public on how to access services, and developing the referral system, the aim is for GP's to be able to identify risk factors and refer individuals

The Domestic and Gender Based Violence in Haringey Needs Assessment June 2012 document can be found at the following location:

http://www.haringey.gov.uk/domestic_gender_based_violence_haringey-june_2012.pdf

5.4 The Association of Directors of Adults Social Services (ADASS) Safeguarding Adults: Advice Note - In April 2011 ADASS published a new advice note to support Directors of Adult Social Services in their leadership role regarding adult safeguarding. The framework has been developed by ADASS National Safeguarding Adults Policy Network. It makes the following recommendations for consideration by Directors of Adult Social Care Services:

- Develop or review the safeguarding strategy of the Board, embedding an outcomes focus throughout, and ensuring that procedures are sufficiently sensitive to respond to people's choices. Haringey's SAB Overarching Strategy 2013-16 is being developed and will be finalised on receipt of detailed guidance and final new legislation.
- Provide Annual report of the effectiveness of the Safeguarding Adult Board to all partner organisations and the public to assess the delivery of outcomes.

The Haringey SAB Annual Report 2011/12 can be found on the Haringey website at the following location:



http://harinet.haringey.gov.uk/haringey_safeguarding_adults_board_annual_report_2011-2012.pdf

- Review risk enabling and risk management policies and practice to ensure that safeguarding and personalisation are addressed and people can weigh up the risks and benefits of their options.

We have sufficient procedure, guidance and policy in place to ensure that vulnerable people are safeguarded and receiving a personalised service. This carried out though some of the practices detailed below:

- **Information, Advice, Signposting and Referrals:** The Integrated Access Team provides the single point of access for information and advice for the public about adult social care services; to all new referrals for service, requests for investigation into suspected abuse of vulnerable people over the age of 18; and section 2s and 5s discharge notifications from hospital.
- **Support Planning** provides a clear account of the individual's view of the life they wish to lead, the outcomes they wish to achieve, and the support they require to address the needs assessed in their Supported Self Assessment Questionnaire (SSAQ).
- **Supporting Independence, Choice and Risk:** An individual's Support Plan should maximise their autonomy to meet their desired outcomes, while reflecting their assessed needs and risks. The social workers advise individuals (and where appropriate, those who care for them) on how they might minimise the risks they expose themselves to (e.g. through adaptations), whilst retaining their independence, choice and control.

Difficulties are managed by developing a person-centred approach to support planning, and seeking a minimum level of agreement. If difficulties persist, early resolution should be sought from the manager, if necessary following legal advice or by referring the case, in the final instance, to a panel.

- **Safeguarding and minimising risk:** Where an individual is thought to be at risk of abuse, neglect, exploitation or theft, immediate action is taken to protect them from harm. If they are not on the SDS pathway then the Safeguarding of Vulnerable Adults (SOVA) pathway must be completed first. Otherwise a review can be called by any party to the Support Plan; services and payments evaluated and the SOVA / SDS pathways can run concurrently. It may also be necessary to seek authorisation from the Exceptions Panel for an increase



Haringey Council

- in the Personal Budget due to insufficient funds to maintain their safety.
- **Supplier risk register scoring tool:** tracking provider performance.
- **Putting People First – the Bigger Picture:** *Putting People First*⁴ is an agreement between central government, local government, the NHS and others to Transform Social Care.
- Develop a portfolio of responses to safeguarding situations that support positive outcomes (see section 3.3 Case Studies)
- Review the Workforce Strategy to ensure it supports the workforce to be competent in safeguarding adults.

We have an Integrated Local Area Workforce Strategy for Haringey. One of the six themes is Workforce Regulation - assuring public safety and raising standards of care in the social care workforce and addresses 'Workforce Regulation and Safeguarding'.

ALL staff undertake safeguarding training relevant to their role. Residential staff and care managers are included in the above. The Adult Protection Team visit individual homes providing training in all aspects of safeguarding and DoLS. The training process has been reviewed in last 12 months and updated. Risk management is part of SOVA workflow and all SOVA's are screened on the workflow.

- 5.5 **Statement of Government Policy on Adult Safeguarding May 2011** - This includes a statement of principles for use by Local Authority Social Services and housing, health, the Police and other agencies for both developing and assessing the effectiveness of their local safeguarding arrangements. Haringey's Safeguarding Adults Statement of Principles is available on the Haringey website at the following location: http://harinet.haringey.gov.uk/index/social_care_and_health/safeguardingadults.htm
- 5.6 **SCIE Report 41: Prevention in Adult Safeguarding May 2011** - This report shares findings from research, policy and practice on prevention in adult safeguarding and presents a wide range of approaches that can help prevent abuse. Its key message is that effective prevention in safeguarding needs to be broadly defined and should include all social care user groups and service

⁴ ***Putting People First: More Effective Responses to Anti-Social Behaviour: Home Office May 2012*** - Full document can be found via: [The white paper.](#)



Haringey Council

configurations. It does not mean being over-protective or risk-averse.

Prevention of abuse has been an important part of the Haringey SAB's work and is an essential part of the SAB's safeguarding business plan. Personalisation has developed in recent years posing new challenges for care services. The current **Prevention Strategy** has been drawn up by using the SCIE guidance for prevention work in adult safeguarding *SCIE Report 41 – Prevention in Adult Safeguarding* (May 2011). The current Prevention Strategy is currently being refreshed and will be finalised on receipt of detailed guidance and final new legislation.

- 5.7 **The Equality and Human Rights Commission: Hidden in Plain Sight: Inquiry into disability-related harassment** - Report into disability harassment and its impact. Those serious cases which come to court and receive media attention are just tip of the iceberg. Disabled people often do not report harassment for a number of reasons. There is a systemic failure by public authorities to recognise the extent and impact and abuse of disabled people, take action to prevent it happening in the first place and intervene effectively when it does. There are key safeguarding sections in the report.

See section 4.2 Anti-Hate Crime outlining how we are undertaking to raise awareness, collecting data and protect victims to combat hate crime.

- 5.8 **The Equality and Human Rights Commission: Close to Home: An Enquiry into Older People and Human Rights in Home Care** - The Commission's inquiry into the home care system in England reveals disturbing evidence that the poor treatment of many older people is breaching their human rights and too many are struggling to voice their concerns about their care or be listened to about what kind of support they want.

- We do not have an in-house home care service; instead we have the in-house reablement service which is included in the Care Quality Commission (CQC) inspection process, in common with the home care agencies.

- We have developed *A Charter of Rights* for our residential homes and wide publicity for the '10 Dignity Principles'. Haringey was a lead member of a Department of Health's national Dignity in Care campaign pilot audit in our care homes in summer 2010. The findings have been very positive with a number of areas of good practice identified and published by the Social Care Institute for Excellence (SCIE).

- ACS also undertakes its own unannounced monitoring visits of social care providers (both personal care services and care homes), and these visits are informed by, for example, concerns



Haringey Council

raised by CQC, neighbours to establishments, elected councillors, and safeguarding alerts (including Establishment Concerns) and complaints.

- 5.9 Haringey Safeguarding Adults Multi Agency Information Sharing Protocol** - As an organisation, we have a legal responsibility to ensure that the use of personal information is lawful, properly controlled and that an individual's rights are respected. Haringey SAB recognises the need to provide clear guidance to staff and partner organisations on when and how to share information, in order to establish the truth about allegations of abuse or neglect of adults at risk, and prevent abuse or neglect.

The Haringey Safeguarding Adults Multi Agency Information Sharing Protocol (ISP) was reviewed and ratified at the SAB meeting in October 2012. The ISP is an agreement between partner organisations and is written to promote the sharing of personal data and/or sensitive personal data, as defined by the *Data Protection Act (DDA 1998)* in the specific context of Adult Safeguarding. It describes the information which will be shared between partner organisations and the arrangements for assisting compliance with relevant legislation and guidance. The purpose is:

- To facilitate the secure exchange of information, where necessary to ensure the health, well-being and safeguarding of Adults in Haringey; and
- To provide a framework for the secure and confidential sharing of personal information between the partner organisations.

The ISP is available on the Haringey website at the following location:

http://harinet.haringey.gov.uk/haringey_s_safeguarding_adults_multi_agency_isp_2012.pdf

The Practitioners Guide to the ISP has also been revised and provides a high level summary of the main provisions of Haringey's Safeguarding Adults Multi Agency ISP. The Practitioners guide can be found on the Haringey website at the following location:

http://harinet.haringey.gov.uk/safeguarding_adults_isp_practitioners_guide_2012.pdf

- 5.10 Haringey's Serious Case Review Policy and Procedure** - The document Safeguarding Adults⁵ published by the ADASS October

⁵ Safeguarding Adults – A National Framework of Standards for good practice and outcomes in adult protection work (*ADASS October 2005*)



Haringey Council

2005 provides a National Framework of Standards for good practice and outcomes in adult protection work. One of the standards states that, as good practice Safeguarding Adults Boards should have in place a Serious Case Review (SCR) protocol. Haringey's SAB has adopted these procedures and has produced *Haringey's Multi-Agency Safeguarding Adults Protocol for a Serious Case Review 2008* which are also available on the Haringey website at the following location: [http://harinet.haringey.gov.uk/serious case review.pdf](http://harinet.haringey.gov.uk/serious%20case%20review.pdf). The SAB is part of a London Joint Improvement Partnership (JIP) study of serious case reviews; this will also form part of the review of the SAB SCR procedures when further guidance is issued.

5.11 Safeguarding Adults: Joint Establishment Concerns Policy and Procedure has been drawn up so that any concerns are managed with respect to a number of adults at risk in one establishment, or where there are serious concerns about poor quality of care from a provider. The policy and procedure has been developed as a means for managing large scale investigation of Care Providers. It is a response to the concerns raised in an SCR about the quality of care and safety of residents, most recently the South Gloucestershire report⁶ on the Winterbourne View private hospital. The policy reflects the six safeguarding principles as set out by the government in its May 2011 statement on Adult Safeguarding.

5.12 Monitoring quality outcomes - The Haringey SAB is responsible for co-ordinating the safeguarding work of all agencies working with vulnerable adults across all sectors and disciplines; and ensure that there are effective quality assurance systems in place to safeguard adults and that processes are developed to monitor interagency work and outcomes for service users, including analysis of case file audits. This is done through the Haringey Adult, Commissioning and Safeguarding Quality Board.

In addition, the NHS has developed the Safeguarding Adults Quality Assurance Self-Assessment (SAAF) which is a quality assurance tool which NHS providers can use to assess their progress with meeting quality safeguarding outcomes.

5.13 The Care Quality Commission's risk-based approach supports the safeguarding agenda by monitoring provider compliance with the **Essential Standards of Quality and Safety** and identifying where

<http://www.adass.org.uk/images/stories/Safeguarding%20Adults/SAFEGUARDING%20ADULTS%20pdf.pdf>

⁶ South Gloucestershire Report: Winterbourne View <http://hosted.southglos.gov.uk/wv/report.pdf>



Haringey Council

standards are at risk of failing. Targeted inspections are carried out where a significant risk is identified. Inspections may also be triggered through performance information reported in the Quality and Outcomes Data Set, local intelligence or feedback from service users. The Adult, Commissioning and Safeguarding Quality Board oversee compliance against the Essential Standards⁷ of Quality and Safety to ensure robust practices are in place.

- 5.14 **Channel and Prevent** - Channel⁸ is a police-led supportive multi-agency process, designed to safeguard individuals who may be vulnerable to being drawn into any form of terrorism. It is a key part of the Prevent Strategy⁹ (Home Office June 2011) to stop people becoming terrorists or supporting terrorism. Channel works by identifying individuals who may be at risk, assessing the nature and extent of the risk, and, where necessary, providing an appropriate support package tailored to their needs. A multi-agency panel, chaired by the local authority, decides on the most appropriate action to support an individual after considering their circumstances. The Safeguarding Adults Operational Manager attends the multi-agency panel when convened.

There is a Haringey Council Prevent co-ordinator based in the Community Safety Unit who leads on the Council's Prevent action plan. Channel aims to provide people at risk of radicalisation with either government schemes or local work to divert them. There is a local Channel Panel that meets on demand to share information and agree methods of rehabilitation. Officers with safeguarding responsibilities have received training and attended the *Workshop to Raise Awareness of Prevent*.

⁷ Essential Standards of Quality and Safety <http://www.cqc.org.uk/content/essential-standards-quality-and-safety>

⁸ Channel: Protecting vulnerable people from being drawn into terrorism; A guide for local partnerships (October 2012). <http://www.homeoffice.gov.uk/publications/counter-terrorism/prevent/channel-guidance?view=Binary>

⁹ Prevent Strategy (Home Office June 2011) <http://www.homeoffice.gov.uk/publications/counter-terrorism/prevent/prevent-strategy/>



Haringey Council

6. Conclusion

Safeguarding adults is one of the **highest priorities** for the council; the Care and Support White Paper states that a high-quality service must be one which keeps people safe from harm. We have come a long way in our efforts to protect people from harm and, pending the detailed guidance and final new legislation, we have anticipated forthcoming changes and have ensured that we are fully compliant with ADASS/LGA *National Framework of Standards*¹⁰, Department of Health *No Secrets*¹¹ and its later update¹².

7. Use of Appendices

N/A

¹⁰ Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work: ADASS October 2005

<http://www.adass.org.uk/images/stories/Publications/Guidance/safeguarding.pdf>

¹¹ No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse: Dept of Health 2000

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalassets/dh_407454

¹² Statement of Government Policy on Safeguarding Adults: Dept. Of Health, May 2011

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_126770.pdf

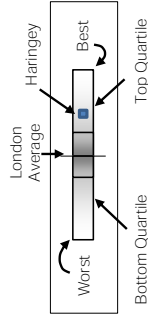
This page is intentionally left blank

Health and Wellbeing Partnership Board - Performance Summary (May 2013)

Produced by Public Health and Strategy and Business Intelligence Team

Health and Wellbeing's Key Service Measures

The table below shows the most recent benchmarking data available for Health and Wellbeing's key service measures. The 'Range' column shows where Haringey sits in comparison to the other London Boroughs. Anything left of the centre line is worse than the London average, anything right of the line is better than the London average.



Outcome Indicator	Local Data					Trend	London Benchmarking
	2009/10	2010/11	2011/12	2012/13	Haringey (most recent)*		
Infant mortality rate	4.8	4.3			4.3	4.5	
Early access for women to maternity services(%)	73.9	67.2	69.2	76.9	76.90	80.0	
Under 18 conception (PHOF)	41.2	49.2	36.2		36.20	58.7	
Prevalence of overweight and obesity in 10 and 11 years old (PHOF)	38.6	35.4	39.3		39.30		
Male Life expectancy	77.4				77.40		
Alcohol related hospital admissions (PHOF)	1,949	2,257	2,253		2,253	1,900	
Take up of health checks (PHOF)			6,047	6,464	6,464	5000	
Cardiovascular mortality (under 75)	78.7				78.7	76.5	
Mortality rate for suicide and underdetermined injury (PHOF)	9.9				9.9	8.0	
% successfully completing drug treatment (as a proportion of all adults in treatment)	16.7	22.3	18.4		18.4	22.3	

Outcome 1: Every child has the best start in life

Outcome 2: A reduced gap in life expectancy

Improved mental health and wellbeing

Health and Wellbeing Partnership Board Exception Report - Teenage Conceptions (May 2013)

- Following the 2011 Census, population estimates for the years between 2001 and 2011 were revised. Teenage conception rates were adjusted for these years to reflect the adjustments. The rate for 2010 was adjusted from 64.7 per 1,000 to 49.2 per 1,000, and although this demonstrated an increase on the previous years, this increase was not as large as it was before the adjustment.
- Teenage pregnancy is significantly higher in the east of the borough, in particular in Tottenham Hale, St Ann's and Harringay wards. The highest number of girls becoming pregnant are White British, followed by Black Caribbean and 'Other ethnic' group, there is an overrepresentation in Black Caribbean and 'Other ethnic' group compared to the proportion of these groups in the 0-19 year old population.

Under 18 conception rate (PHOF)

Number of conceptions to all women aged 15-17 per 1,000 population

Good performance is...		Low				
Long term trend	2007	2008	2009	2010	2011	2015
Haringey rate (per '000)	63.5	45.5	41.2	49.2	36.2	47.0
London rate (per '000)	42.6	40.8	36.7	32.8	28.7	

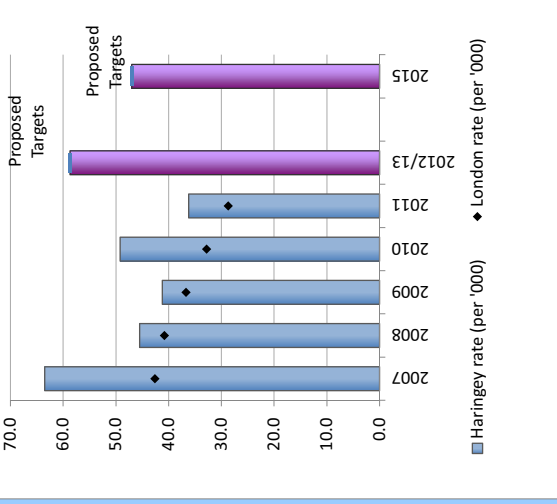
Proposed Targets

Year	Target
2012/13	58.7
2015	47.0

Statistical neighbours rank (1st is best)

3rd (out of 5)

>The downward trend in under 18 conceptions continues.
 >Revised rates, following adjustments to population estimates between 2001 and 2011 Census' suggest that the rise in 2010 was less than first reported.
 >The latest rate for 2011 is 36.2 per 1,000 (152 conceptions) which has finally brought Haringey's rate closer to those of England and Wales (30.9 per 1,000) and London (28.7 per 1,000).
 >The 2011 under 16 conception rate also demonstrates a decline in the rate (9.3 per 1,000, 41 conceptions), but still remains higher than the rates for England and Wales (6.1 per 1,000) and London (5.7 per 1,000).



Rationale
 Reducing under 18 conceptions has important benefits for short and long term health outcomes. Teenage parents are at increased risk of postnatal depression and poor mental health in the three years following birth. They are more likely than older mothers to have low educational attainment, experience adult unemployment and be living in poverty at age 30. Their children experience higher rates of infant mortality and low birth weight, A&E admissions for accidents and have a much higher risk of being born into poverty. The 15-17 age group is effectively treated as the "population at risk".

What's being done?

Increasing the percentage of young women under 18 who take up hormonal contraception including Long Acting Reversible Contraception (LARC) Providing one to one follow up support for unde 19s to access contraception and sexual health services following an abortion Expanding the number of community pharmacies offering free emergency hormonal contraception and registration to the Come Correct (Condom Distribution Scheme) Increasing the number of easy access outlets in Haringey as part of the Come Correct Scheme Providing Sex and Relationship Education (SRE) resources to schools and other young people's settings Providing Speakeasy training to targeted professionals and parents/carers Providing direct links to contraception and sexual health services websites and helplines as part of a mobile app called "young+healthy" which promotes health and wellbeing for teenagers in Haringey

What needs to be done?

Ensure pathways to Long Acting Reversible Contraception (LARC) and condoms are prioritised within CCG commissioned abortion services Increase the number of young men accessing contraception and sexual health services and registering on Come Correct Scheme Engage boys and young men in promoting sexual health and healthy relationships via a media campaign and peer mentoring programme in targeted schools, FE colleges and community settings