

NOTICE OF MEETING

ADULTS & HEALTH SCRUTINY PANEL

Thursday, 8th February, 2018, 6.30 pm - Civic Centre, High Road, Wood Green, N22 8LE

Members: Councillors Pippa Connor (Chair), Gina Adamou, David Beacham, Patrick Berryman, Gideon Bull, Eddie Griffith and Ali Gul Ozbek

Co-optees/Non Voting Members: Helena Kania (Non-Voting Co-optee)

Quorum: 3

1. **FILMING AT MEETINGS**

Please note that this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that they will not be filmed or recorded by others attending the meeting. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on.

By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

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 - 16 NOVEMBER 2017 (PAGES 1 - 4)

To approve the minutes of the Adults and Health Scrutiny Panel meeting held on 16 November 2017.

7. MINUTES - 14 DECEMBER 2017 (PAGES 5 - 12)

To approve the minutes of the Adults and Health Scrutiny Panel meeting held on 14 December 2017.

8. SAFEGUARDING ADULTS BOARD (SAB) DASHBOARD

In order to set the scene for this themed safeguarding adults meeting, officers will provide information on the multi-agency dashboard for the SAB.

9. SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2016-2017 (PAGES 13 - 96)

To review the annual report of the Haringey Safeguarding Adults Board 2016/17 and to consider priorities for 2017/18.

10. LEARNING FROM A SAFEGUARDING ADULTS REVIEW: ROBERT (PAGES 97 - 102)

To receive a presentation from the Independent Chair of Haringey's Safeguarding Adults Board.

11. CARE QUALITY COMMISSION

A representative from the Care Quality Commission will provide an overview of adult social care inspections carried out across the borough drawing out key trends regarding the quality of care delivered in Haringey.

12. OSBORNE GROVE NURSING HOME - VERBAL UPDATE

To receive a verbal update, from the Director Adult Social Services, following the decision made by Cabinet in December 2017.

13. WORK PROGRAMME UPDATE (PAGES 103 - 114)

This report gives details of the proposed scrutiny work programme for the remainder of the municipal year.

14. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

15. DATES OF FUTURE MEETINGS

To note the dates of future Panel meetings:

- 8 March 2018.

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

Wednesday, 31 January 2018

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**MINUTES OF THE MEETING OF THE ADULTS AND HEALTH SCRUTINY
PANEL HELD ON THURSDAY, 16TH NOVEMBER, 2017, 6.30 - 8.05 pm**

PRESENT:

Councillors: Pippa Connor (Chair), Gina Adamou, David Beacham, Patrick Berryman, Eddie Griffith and Peter Mitchell

Co-optee: Helena Kania (Non-Voting Co-optee)

ALSO PRESENT:

Councillor: Bernice Vanier, Cabinet Member for Adult Social Care and Culture

30. 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'.

31. APOLOGIES FOR ABSENCE

None.

32. ITEMS OF URGENT BUSINESS

None.

33. DECLARATIONS OF INTEREST

Cllr Gina Adamou declared a personal interest in relation to agenda item 6 by virtue of one of her daughters working in Haringey as a social worker.

Cllr Gina Adamou declared a personal interest in relation to agenda item 6 by virtue of one of her daughters being a teacher.

Cllr Gina Adamou declared a personal interest in relation to agenda item 6 by virtue of her son working in the teaching and education sector.

Cllr Pippa Connor declared a personal interest in relation to agenda item 6 by virtue of her sister working as a GP in Tottenham.

Cllr Pippa Connor declared a personal interest in relation to agenda item 6 by virtue of being a member of the Royal College of Nursing.

There were no disclosable pecuniary interests or prejudicial interests declared by members.

34. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

35. PRIORITY 2 BUDGET POSITION (PERIOD 6, 2017/18)

Beverley Tarka, Director of Adult Social Services, introduced the report and Paul Deeney, Business Partner, provided further information via presentation.

Mr Deeney commenced his presentation by providing an overview of the pressures and gaps facing Priority 2 (P2) in financial terms. It was noted this included all services managed by the Director of Adult Social Services and those adults-focused services managed by the Director of Public Health and the Assistant Director for Commissioning.

Information was then provided on a range of issues, set out on pages 1 – 13 of the agenda, including:

- The Budget Build for P2 for 2017/18, including budget adjustments made during the year.
- How the MTFs for P2 was being delivered
- Details on the P2 Budget at Period 6 2017/18
- Priority 2 savings at Period 6 2017/18

During the discussion a number of issues were considered in relation to the fact, at the end of Period 6, the Council was projected to overspend by £6.4m in 2017/18. It was noted that the majority of the overspend in the general fund related to demand pressures in frontline services. The following points were noted in relation to the P2 Budget:

- There was £98.7m forecast against a budget of £95.2m, an adverse movement of £1.9m on Period 5.
- The £3.5m adverse variance was made up of £3.6m from Adult Social Care and an immaterial favourable variance of £0.1m from Public Health.
- The in-year forecast had been mitigated through the release of provisions totalling £1.3m.
- Key pressures for adult social care included the money that was being spent in relation to Osborne Grove and on care packages.

In response to questions, the Panel was informed that the budget pressure relating to Osborne Grove was projected at £1.0m for the following reasons: agency staff costs, loss of client contributions and health income. In terms of care packages the Panel was informed that a budget pressure of £4.3m was apparent due to:

- Demand for younger clients with learning disability support needs and older clients with physical support needs being currently forecast above initial budget projections.
- Savings related to re-provisioning costs being less than anticipated for those clients whose needs had previously been met through in-house services.
- The fact that significant reductions, relating to the cost of care packages and to prevention and diversion, had not yet materialised. It was noted this approach had been anticipated to play an important role in delivering required savings. It was explained that proposals had tended to overstate what could be achieved, due to double-counting of effects across different interventions such as the use of Assistive Technology and Reviews. As a result, the Panel was informed a review would be undertaken to seek alternative ways to mitigate this.

In response to questions, the Panel was informed that of the savings identified in years 1 and 2 of the MTFS, outlined on page 13 of the agenda, £5.6m was projected to be saved against a total of £7.97. It was noted that this included savings identified from additional management action plans, agreed at Period 6, which included a series of initiatives to curtail expenditure by £1m. These actions would be monitored regularly to ensure they made a positive impact.

During the discussion on the P2 budget position, a range of issues were considered by the Panel, including:

- The work that was taking place in relation to service design to make direct payments easier to access for service users.
- The work that was taking place via the Member Working Group to develop a new model for home support. The Panel was informed work in this area was based on the experiences of a range of stakeholders including users, carers, frontline care workers and agencies. It was noted that the Working Group was looking at a number of themes including providing clients with continuity of care, reducing social isolation and the implications of signing up to UNISON's ethical care charter.
- The fact some of the information provided in the report, relating to both current and projected overspends, was unclear. To ensure effective scrutiny, the Panel request clearer, and more detailed, information for future budget monitoring sessions.
- Various issues in relation to the development of the market. This included a discussion relating to forward planning for clients with learning disabilities, especially those wishing to use Ermine Road as a Hub. In response to questions, officers provided further information on Area 51, a specialist college for young

adults with severe or profound learning disabilities, and the importance of work that was continuing via community asset mapping.

- Issues concerning cuts to the voluntary sector. In response to questions, officers provided information on business rates relief for voluntary and community sector organisations occupying premises in Haringey.

Mr Deeney concluded his presentation by providing brief information on savings and costs associated with day care centre closures. This included summary information for the Haven, Grange, Roundway, Always, Birkbeck and Ermine Road concerning the number of clients, budget reductions, re-provisioning costs, net annual savings and redundancy costs (revenue and capital). Members were concerned further information was not available for consideration and agreed an item on day care re-provisioning costs, with input from Property Services, should be included in the Panel's future work programme. Officers were asked to come back to the Panel in March 2018 with further information on a range of issues, including the client cost for an individual service such as the Haven, where clients had gone, care package costs, a full breakdown on actual savings made and any outgoing costs for different care for all client groups. In response to questions, it was noted Property Services would be able to provide information on the ongoing costs of looking after closed buildings and on the long term plan for their use.

AGREED:

- (a) That the update on the financial position of Priority 2 services be noted.
- (b) That an item focusing on day care re-provisioning costs, with input from Property Services, be included in the Panel's future work programme for March 2018.

CHAIR: Councillor Pippa Connor

Signed by Chair

Date

**MINUTES OF THE MEETING OF THE ADULTS AND HEALTH
SCRUTINY PANEL HELD ON THURSDAY 14 DECEMBER, 2017,
6.30 – 9.00pm**

PRESENT:

Councillors: Pippa Connor (Chair), Gina Adamou, David Beacham, Patrick Berryman and Peter Mitchell.

Co-optee: Helena Kania (Non-Voting Co-optee)

ALSO PRESENT:

Councillors: Jason Arthur, Gideon Bull, Isidoros Diakides, and Bernice Vanier

36. 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'.

37. APOLOGIES FOR ABSENCE

It was noted apologies for absence had been received from Cllr Eddie Griffith and apologies for lateness had been received from Cllr Jason Arthur, Cabinet Member for Finance and Health.

38. ITEMS OF URGENT BUSINESS

None.

39. DECLARATIONS OF INTEREST

Cllr Pippa Connor declared a personal interest in relation to agenda items 8 and 9 by virtue of her sister working as a GP in Tottenham.

Cllr Pippa Connor declared a personal interest in relation to agenda items 8 and 9 by virtue of being a member of the Royal College of Nursing.

There were no disclosable pecuniary interests or prejudicial interests declared by members.

40. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

41. MINUTES - 10 OCTOBER 2017

AGREED: That the minutes of the Adults and Health Scrutiny Panel meeting held on 10 October 2017 be approved as a correct record.

42. MINUTES - 16 NOVEMBER 2017

It was noted that the minutes of the meeting held on 16 November 2017 would be reported to the next meeting.

43. SCRUTINY OF THE DRAFT 5 YEAR MEDIUM TERM FINANCIAL STRATEGY (2018/19-2022/23)

Cllr Bernice Vanier, Cabinet Member for Adult Social Care and Culture, introduced the report as set out and Marc Kidson, Transformation Strategy Manager, provided further information via presentation.

Mr Kidson commenced his presentation by providing an overview of the budget strategy for the services within Priority 2 (P2). It was noted this included all services managed by the Director of Adult Social Services and those adults-focused services managed by the Director of Public Health and the Assistant Director for Commissioning.

In terms of delivering the budget strategy, the Panel was informed that the actions below set out the primary levers for managing the main sources of financial pressures across P2:

- Demand Management (preventing, reducing and delaying demand for social care), including:
 - o Strengthening preventative support across the community
 - o Diversion at the Community Front Door
 - o Managing demand from acute hospitals
 - o Managing transitions from Children and Young People's Services
 - o Expanding the use of assistive technology
 - o Promoting independence through care planning and reviews

- Market Management (commissioning packages of care that meet needs in the most cost-effective way), including:
 - o Improved information and access to community alternatives
 - o Increasing the sufficiency and value for money of community-based provisions including Day Opportunities
 - o Increasing the local availability and utilisation of a range of Supported Living Options
 - o Strengthening the Homecare market, improving quality and outcomes
 - o Containing the cost of residential and nursing placements by working across North Central London to develop capacity
 - o Developing capital assets to deliver commissioning intentions

- Operational Management (reducing the cost base for delivering Adult Social Services), including:

- Improving the resilience and permanence of the workforce
- Strengthening management oversight and decision-making on performance and finance
- Implementing operational integration with health and other local authorities
- Establishing fairer contributions – income and subsidies
- Revising contracts for services (non-care packages)

In response to questions, Mr Kidson provided information on the context for future savings. The Panel was informed that service improvements, invested in over the past 18 months, meant the Council was in a much stronger position to deliver savings through maximising independence of residents and service users during the next MTFS period. The improvements that had taken place across the following areas were considered by the Panel:

- Service Redesign, including multi-disciplinary First Response
- Established Brokerage Service, including issues in relation to income maximisation
- Improved Reablement, including double the number of clients
- The work of the Care Authorisation Panel to ensure asset-based support planning
- The work that had taken place to build relationships with other North Central London boroughs
- Issues in relation to health and care integration, including hospital discharge

In terms of the Council's approach to savings, the Panel was informed that aside from £1m of unplanned expenditure on Osborne Grove, the pressure on the P2 budget during 2017/18 had predominately been from care purchasing across three main client groups. In part this was because of undelivered savings where proposals had tended to overstate what could be achieved, due to double-counting of effects across different interventions such as the use of Assistive Technology and Reviews.

In response to questions, the Panel was informed that there was no single action or transformation project that would take the required £2.4m out of the Adult Social Care spending in 2018/19. Instead, officers explained budget management plans had been developed to identify how the service and commissioning could deliver savings across each of the care purchasing budgets, informed by the over P2 budget strategy.

Mr Kidson also provided the Panel with further information on strategic risks, demand growth trends, the estimated number of clients and care budget requirements for 2017/18 – 2022/23, and the estimated care budget requirements 2017/18 – 2022/23 by service area.

Before considering the savings proposals for P2, outlined on pages 51- 57 of the agenda, the Panel raised concerns about the limited financial information provided in the report. The Panel asked whether it was realistic to make additional savings when the demand for services was rising and asked for further information, for consideration

by the Overview and Scrutiny Committee on 29 January 2018, on how savings would be made.

Maximising independence for Adults with Learning Disabilities

The Panel was informed that over five years, the Haringey Learning Disability Partnership, working jointly with Children's Services and with key partners such as the Clinical Commissioning Group and the London Borough of Islington, would implement a coherent strategy with the aim of bringing Haringey's demand and spending on adults with learning disabilities in line with Haringey's statistical neighbours and limit growth in spending in line with population growth. It was highlighted that this would require the following actions:

- Demand management
 - o Improved Transitions from CYPS to ASC
 - o Application of indicative needs bandings
 - o Assistive Technology to reduce the need for live-in or double-handed care
 - o Strengths-based assessment and support planning, with annual review

- Market management
 - o The need to develop larger supported living units for adults with learning disabilities
 - o Deregistration of current residential providers
 - o The need to avoid residential and facilitate step-downs from residential where VfM
 - o Developing the market for Day Opportunities and Personal Assistants
 - o Specialist brokerage capacity for Learning Disabilities care packages
 - o Outcomes based commissioning from providers on Positive Behaviour Support
 - o Joint commissioning of LD services with London Borough of Islington and across the NCL five boroughs

- Operational management
 - o The need for workforce development on strengths-based assessment and support planning for workers and brokers
 - o The need for operational alignment across CCG and Adult Social Care as part of implementing a pooled budget from 2018/19
 - o Applying a 'top up' policy to enable choice of provision while containing cost to the council

During the discussion, the Panel was informed of the work that was taking place via the Care Authorisation Panel in Haringey. The Panel was informed that this model had been used effectively in Oxfordshire. In response to questions, officers advised there had been inconsistencies across service areas with different practitioners offering different services. As a result, all practitioners now had to work with the Council's Brokerage Team to see whether value for money options had been explored, including community alternatives and assisted technology.

Maximising independence for Adults with Mental Health

The Panel was informed that over five years, Adult Social Care would work closely with Barnet, Enfield and Haringey Mental Health Trust, the Clinical Commissioning Group and communities in order to strengthen the prevention and 'enablement' pathways for mental health and to ensure the support provided minimises the long-run dependency of adults with mental health issues. For those whose needs required a social care intervention the Panel was advised that the Council would develop the market and look at new commissioning arrangements to improve value for money as well as promoting choice and control for the service user. It was highlighted that this would require the following actions:

- Demand management
 - o An 'Enablement' pathway, including Primary Care Mental Health Locality Hubs
 - o The application of indicative needs banding
 - o Increased take-up of Direct Payments by Mental Health clients
 - o The use of strengths-based assessment and support planning, with annual reviews

- Market management
 - o The need to expand Supported Living units for adults with mental health needs
 - o Deregistration of residential mental health providers to become Supported Living
 - o The need to avoid residential and facilitate step-downs from residential where VfM
 - o The need for specialist brokerage capacity for mental health care packages
 - o Development of the Clarendon Recovery College provision
 - o Joint commissioning of Mental Health services across the NCL five boroughs

- Operational management
 - o The need to address recruitment and retention challenges for Mental Health social workers
 - o The need for workforce development on strengths-based assessment and support planning for workers and brokers
 - o The need for operational alignment across BEH Mental Health Trust and Adult Social Care
 - o Applying a 'top up' policy to enable choice of provision while containing cost to the council

During the discussion, a number of issues were raised in relation to the importance of transformation funding to ensure work in this area was a success. In response to questions about whether it was realistic to ask the BEH Mental Health Trust to deliver savings, the Panel was informed joint meetings were taking place, with the Trust, to look at ways to provide more community based support. It was noted that this was challenging due to the Trust delivering bed based support.

Maximising independence for Adults needing Physical Support

The Panel was informed that over the next five years, Adult Social Care, working with the CCG, acute providers and primary care would seek to extend independence, choice and control for those with physical support needs and further strengthen the pathways that prevent, reduce and delay the need for social care. In response to questions, the Panel was advised that this would offset projected growth, particularly from the 76-85 cohort of older people with physical support needs. It was highlighted that this would require the following actions:

- Demand management
 - o The use of preventative equipment, adaptations and technology
 - o Working with the CCG on admission avoidance, including falls
 - o Targeted expansion of reablement, including for cases from community
 - o The need to expand the Assistive Technology offer within reablement and long-term care
 - o The use of Discharge to Assess, Out of Hospital services and intermediate care

In response to questions about the use of Discharge to Assess, the Panel was informed evidence from other boroughs had highlighted both the success and potential of the model.

- Market management
 - o The need to develop a more outcomes-focused Homecare offer
 - o The need to develop the market for Day Opportunities for older people
 - o The need to target intermediate care provision and manage voids
 - o The need to expand the provision of ExtraCare supported housing for older people
- Operational management
 - o Continued evaluation and review of BCF-funded services
 - o Applying a 'top up' policy to enable choice of provision while containing cost to the council
 - o Developing an integrated Occupational Health offer across acute, social and primary care

During the meeting both Mike Wilson, Director, and Sharon Grant, Chair, from Healthwatch Haringey contributed to the discussion, especially in relation to the proposal for Learning Disabilities. A number of issues were considered including the importance of advocacy provision to ensure service users and carers received the support and information they needed. A number of Members raised concerns that some families they had spoken to had not been aware of this support. In addition, issues relating to the impact of the Care Act on service provision, the importance of communication, sign posting and the use / appropriateness of new technology were discussed with Healthwatch.

In addition to the areas above, a number of issues were considered in relation to the London Living Wage and carer progression for care workers under the new model of

home support being developed. In terms of day opportunities, the Panel suggested there could be a dementia hub in the east of the borough as feedback from clients highlighted some residents spent nearly 4 hours a day travelling to and from activities.

The Chair concluded the discussion by thanking everyone for their contributions.

AGREED:

1. That further financial and strategic information concerning the evidence base for the Learning Disability budget proposal, especially savings for 2018/19, be made available for consideration by OSC on 29 January before final budget scrutiny recommendations are made. Where possible, this information should be provided for the “mid-way” point.
2. That further financial and strategic information concerning the evidence base for the Mental Health budget proposal, especially savings for 2018/19, be made available for consideration by OSC on 29 January before final budget scrutiny recommendations are made. Where possible, this information should be provided for the “mid-way” point.
3. That further financial and strategic information concerning the evidence base for the Physical Support budget proposal, especially savings for 2018/19, be made available for consideration by OSC on 29 January before final budget scrutiny recommendations are made. Where possible, this information should be provided for the “mid-way” point.
4. That further information on the risks associated with each of the budget proposals be made available for consideration by OSC on 29 January.
5. That further information on the overspend on care packages be made available for consideration by OSC on 29 January.

44. WORK PROGRAMME UPDATE

Christian Scade, Principal Scrutiny Officer, provided an update on the proposed work programme for the remainder of the 2017/18 municipal year.

AGREED: That the areas of inquiry outlined in Appendix A of the Work Programme Update be approved and recommended for endorsement by the Overview and Scrutiny Committee.

45. NEW ITEMS OF URGENT BUSINESS

None.

46. DATES OF FUTURE MEETINGS

The Chair referred Members present to item 11 as shown on the agenda in respect of future meeting dates, and Members noted the information contained therein’.

CHAIR: Councillor Pippa Connor

Signed by Chair

Date

Report for: Adults and Health Scrutiny Panel, 8 February 2018
Item number:

Title: Safeguarding Adults Board Annual Report 2016-2017

Report authorised by: The Independent Chair of Haringey Safeguarding Adults Board

Lead Officer: Helen Constantine, Strategic Lead Governance and Improvement, Adult Services

Ward(s) affected: All

**Report for Key/
Non Key Decision:** Non Key Decision. To note

1. Describe the issue under consideration

- 1.1 Under the Care Act 2014 Haringey Safeguarding Adults Board (HSAB) 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 safeguarding adults review (SAR) where serious abuse or death has occurred and learning can take place.
- 1.2 HSAB agreed a three-year Strategic Plan for 2015-18 which is reviewed annually, with quarterly updates on progress to the Board.
- 1.3 The annual report is for the period 1st April 2016 to 31st March 2017 and is produced as part of the Board's 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. The Annual Report gives details of progress on our priorities and Strategic Plan 2015-18; sets out how effective the HSAB has been over the 2016/17 year; provides detail on the SARs that it has commissioned, and describes how its partners have contributed to the work of the Board to promote effective adult safeguarding.
- 1.4 This report also includes progress on the Strategic Plan priorities for 2016-17.
- 1.5 Board achievements in 2016-17:**
- All objectives in our Strategic Plan have been delegated to sub-groups responsible for progressing them in their business plans.
 - We established a Chairs' Executive sub-group to bring oversight and monitor progress against the Strategic Plan.
 - We developed a Risk Management approach and quarterly reporting on our Risk Register.

- Our multi-agency policies and procedures were updated, where necessary, and we established a policy tracker for regular review and refresh, overseen by the Quality Assurance sub-group.
- We reviewed and updated the HSAB Safeguarding Pressure Ulcer Protocol to increase awareness of health indicators of neglect, such as pressure ulcers.
- We contributed to an independent SAR into the death of Robert, identifying important learning around the inter-agency pathways into services and the roles of agencies including Adult Social Services, Homes for Haringey, Children and Young People's Services and Housing Related Support.

1.6 Board priorities for 2017-18

- Establish standards and agreed competencies in Making Safeguarding Personal and adult safeguarding prevention for all staff across the partnership.
- Implement the Quality Assurance Framework to include both performance data and analysis, and auditing that explicitly considers how person-centred safeguarding interventions are, and how reflective of users' views and needs through Making Safeguarding Personal specific measures.
- Identify key themes and raise awareness of abuse and neglect with staff, partners and the public through improved communications and campaigns.
- Understand and monitor the impact of structural and funding changes across social care, health and policing on safeguarding vulnerable adults.
- Develop a consistent approach to conducting and learning from SARs, Domestic Homicide Reviews and Fire Death Reviews.
- Ensure learning from safeguarding cases is embedded in multi-agency practice.

1.7 The report also provides statutory reporting on **Safeguarding Adults Reviews**. The Independent Chair of the Board chairs the Safeguarding Adults Review sub-group. SAR Robert was commissioned in 2015-16 and the draft final report presented to HSAB in November 2016, prior to publication in Summer 2016. The sub-group received three SAR referrals in 2016-17. Although the three new referrals did not meet the criteria for a SAR, the sub-group retained oversight of the single agency investigations and learning processes and agreed to disseminate learning from them across the partnership; 1) involved a Section 42 investigation; and 2) a NHS Serious Incident investigation. The SAR sub-group will be monitoring the improvement actions undertaken in response to these investigations. 3) did not meet SAR criteria and concluded that the incident was a tragic accident which could not have been foreseen or planned for.

2. Recommendations

To note

3. Reasons for decision

Not applicable

4. Alternative options considered

Not applicable

5. Background information

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 Mental Capacity Act 2005 and the Human Rights Act 1998.

The Board's 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.

HSAB is chaired by an Independent Chair, Dr Adi Cooper and meets four times a year bringing partners together from: Haringey Council, Metropolitan Police Haringey Borough Police Commander, London Fire Services, London Ambulance Service, Haringey Clinical Commissioning Group, health trusts, the voluntary sector and lay members.

The purpose of the Safeguarding Adults Board is to:

- assure itself that local safeguarding arrangements are in place as defined by the Care Act 2014;
- assure itself that safeguarding practice is person-centred and outcome focused;
- abuse and neglect where possible;
- ensure timely and proportionate responses when abuse or neglect have occurred; and
- assure itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

The strategic plan specifies how the HSAB will seek to prevent abuse and neglect and how it will help and protect people with care and support needs at risk of abuse and neglect. Its' strategic objectives and priorities are linked to the six statutory safeguarding principles:

Empowerment – The presumption of person-led decisions and informed consent, supporting the rights of the individual to lead an independent life based on self-determination.

Prevention - It is better to take action before harm occurs, including access to information on how to prevent or stop abuse, neglect and concerns about care quality or dignity.

Proportionality - Proportionate and least intrusive response appropriate to the risk presented.

Protection - Support and representation for those in greatest need, including identifying and protecting people who are unable to take their own decisions, or to protect themselves or their assets.

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, with agencies recognising that it may be necessary to share confidential information, but that any disclosure should be compliant with relevant legislation.

6. Contribution to strategic outcomes

Strategic Priority 2: Enable all adults to live healthy, long and fulfilling lives
Objective 5: All vulnerable adults will be safeguarded from abuse - we will work with our partners to protect adults in vulnerable situations and ensure that residents will have increased awareness of the early signs of potential abuse.

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

The report is for noting

Finance and Procurement

The report is for noting

Legal

The report is for noting

Equality

The report is for noting

8. Use of Appendices

Appendix 1: Data analysis carried out by Quality Assurance

9. Local Government (Access to Information) Act 1985

[The Care Act 2014](#)

[Care & Support Statutory Guidance – updated October 2016](#)

[London Multi-agency Adult Safeguarding Policy and Procedures](#)

Haringey
Safeguarding
Adults
Board

Annual Report
2016 – 2017





Haringey Safeguarding Adults Board
Annual Report 2016-17

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1 Foreword by the Chair

I am very pleased to introduce the Annual Report of the Haringey Safeguarding Adults Board (HSAB) for 2016-17.

This is my second year as Independent Chair of the Haringey Safeguarding Adults Board since the Board became a statutory body under the Care Act 2014. My role is to hold agencies to account for the effective coordination of services for adults at risk in Haringey, to ensure that adults at risk are safeguarded and their welfare promoted.

The Haringey Safeguarding Adults Board brings together partners from Haringey Council, Haringey Borough Police, Haringey Clinical Commissioning Group, London Fire Brigade, London Ambulance Service, health trusts, probation services, the voluntary sector and lay members. Our priorities for the safeguarding arrangements for adults at risk in Haringey are set out in the [HSAB Strategic Plan 2015-18](#).

The Annual Report details how the Haringey Safeguarding Adults Board has delivered on the areas of work identified as priorities for 2016-17. This is important because it shows what the HSAB aimed to achieve and what it has actually delivered as a partnership. The report provides a picture of who is safeguarded in Haringey, in what circumstances and why. This helps us to focus on priorities for the future and our plans for 2017-18 are set out in this report.

As part of its statutory duties, the Haringey Safeguarding Adults Board carried out an independent Safeguarding Adults Review (SAR) in 2016-17. Significant work has been undertaken by partners to understand how agencies could work better together to safeguard adults at risk in such circumstances. The SAR will report in Summer 2017 and will provide important learning to take forward in 2017-18.

I am very grateful to HSAB partners for their continued commitment to safeguarding adults in Haringey, despite the wider pressures on their time and resources. 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 working with the partnership in the coming year.

Dr Adi Cooper OBE
Independent Chair of Haringey Safeguarding Adults Board



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2 Introduction

- 2.1 This Annual Report is for the period 1st April 2016 to 31st March 2017 and is produced as part of the Board's statutory duty under *The Care Act 2014* and Chapter 14 of the Care & Support Guidance. It is one of the three core statutory duties of the SAB Chair to publish an annual report in relation to the preceding financial year, on the effectiveness of safeguarding in the local area.
- 2.2 This Annual Report gives details of progress on our priorities and Strategic Plan 2015-18; sets out how effective the HSAB has been over the 2016-17 year; provides detail on the SARs that it has commissioned, and describes how its partners have contributed to the work of the Board to promote effective adult safeguarding.
- 2.3 The report will be submitted to the Local Authority Chief Executive, Leader of the Council, the local London Mayor's Office for Policing and Crime, the Chair of Haringey Health and Wellbeing Board and Haringey Healthwatch. The report provides an overview of SAB activities and achievements during 2016-17; it summarises the effectiveness of safeguarding activity in Haringey including the work of individual member agencies
- 2.4 Information about the statutory role and function of the SAB can be found on the [SCIE website](#).

3 About Haringey Safeguarding Adults Board

3.1 The Haringey Safeguarding Adults Board 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 2005 and the Human Rights Act 1998.

3.2 Vision

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.

3.3 Statutory Duties

The Board has three core duties defined by the Care Act 2014:

- 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 safeguarding adults' reviews where serious abuse or death has occurred and learning can take place.

3.4 The Safeguarding Principles

The work of the Haringey SAB 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.

Empowerment

The presumption of person-led decisions and informed consent, supporting the rights of the individual to lead an independent life based on self-determination.

Prevention

It is better to take action before harm occurs, including access to information on how to prevent or stop abuse, neglect and concerns about care quality or dignity.

Proportionality

Proportionate and least intrusive response appropriate to the risk presented.

Protection

Support and representation for those in greatest need, including identifying and protecting people who are unable to take their own decisions, or to protect themselves or their assets.

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, with agencies recognising that it may be necessary to share confidential information, but that any disclosure should be compliant with relevant legislation.



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3.5 Strategic Plan

The Board has agreed four statutory SAB Purposes under the Care Act 2014 for achieving its vision and meeting its statutory duties to ensure that local safeguarding arrangements are in place. These form the basis of our Strategic Plan, in which we set ourselves, the partnership and community specific actions to prevent and respond to abuse. The purposes are:

- We are assured that safeguarding practice is person-centred and outcomes focused
- We prevent abuse and neglect
- We respond to abuse and neglect in a timely and proportionate way
- We are committed to learning and improving

During December 2016 to January 2017 all HSAB partners were asked to complete a self-audit that enabled them to evaluate their ongoing adult safeguarding activity. This, along with review and discussion in our sub-groups and January 2017 Board meeting and North London Cluster Challenge Event helped us to review our effectiveness as a Board and reset priorities for the final year 2017-18 of our Strategic Plan.

During 2016-17 the Board consolidated governance under the Care Act 2014 with regular reporting from its sub-groups through to the Board, along with a realignment of sub-groups to ensure the full range of statutory duties and functions is met. In this year, we also established a Chairs' Executive Sub-group to oversee the Board's business and to progress and coordinate the work of the sub-groups.

3.6 Governance

Haringey Safeguarding Adults Board is chaired by its Independent Chair, Dr Adi Cooper, and meets four times a year bringing partners together from: Haringey Council, Haringey Borough Police, London Fire Brigade, London Ambulance Service, Haringey Clinical Commissioning Group, health trusts, probation services, the voluntary sector and lay members, representing health, care and support providers and the people who use those services across Haringey.

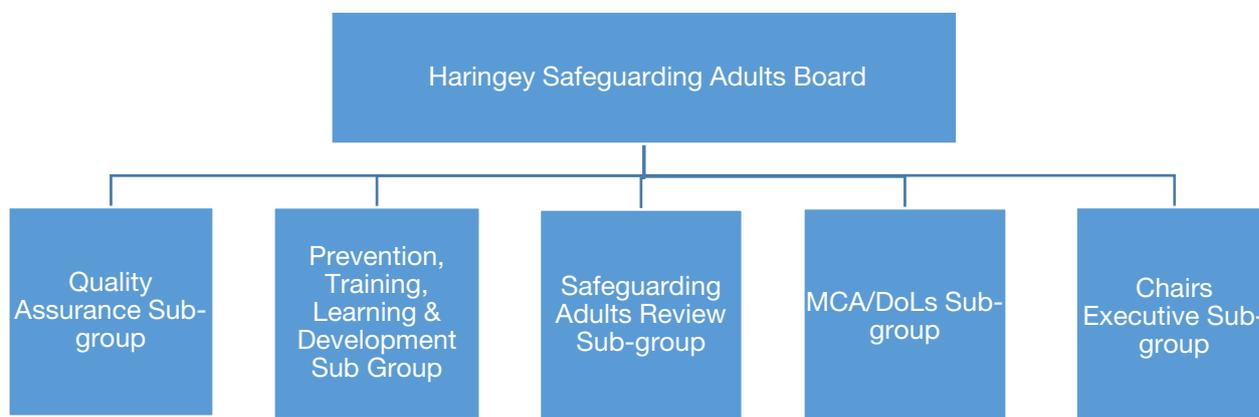
The Chair is accountable to the Chief Executive of the Local Authority in chairing the SAB and overseeing its work programme. However, she is accountable only to the Board for the decisions she takes in that role. The role of Vice-Chair is undertaken by the Director of Adult Social Services.

The Board is attended by representatives of the partner agencies with a high level of engagement. Information about Board attendance can be found at *Appendix A*.

The SAB has a number of sub-groups chaired by senior members from across the partner agencies. During the year, the structure of the Board changed to reflect priorities and efficiencies. We report on the business of each of the sub-groups operating during 2016-17 in this report and the structure below reflects the shape of the Board from April 2017.

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3.7 Board Structure 2016-17



3.8 Relationship between the SAB and other strategic boards

The Chair of the SAB attends the Health and Well-Being Board. She meets regularly with the Chief Executive and Deputy Chief Executive, the Director of Adult Social Services, the Lead Member for Adult Safeguarding, the Leader of the Council, and the Chair of the Safeguarding Children Board. She meets annually with the Council's Scrutiny Committee. Links are maintained through representation on key strategic partnerships:

- Community Safety Partnership
- The Health & Wellbeing Board
- The Safeguarding Children Board
- The Violence Against Women & Girls Strategic Group
- The Preventing Radicalisation & Violent Extremism (Prevent) Delivery Group

3.9 The Partnership

Each Local Authority must set up a Safeguarding Adults Board (SAB). The main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria (paragraph 14.2 of the guidance). The core statutory members of the SAB are the Local Authority, the CCGs in the area and the Local Chief Officer of Police. A range of other local agencies, are also encouraged on the membership of the Board. In Haringey there is good representation of all agencies involved in safeguarding adults.

3.10 Financial Arrangements

The work of the Board is financed by contributions from partner agencies, of which currently over 80% comes from the Council. In addition to financial contributions, partner agencies contribute significant amounts of staff time to support the delivery of the board's work programme, and to support training delivery.



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4 Local Context

- 4.1 Haringey is an exceptionally diverse and fast-changing borough. We have a population of 267,540 according to 2014 Office for National Statistics Mid-Year Estimates. Almost half of our population is from ethnic minority backgrounds, and around 200 languages are spoken. Our population is the fifth most ethnically diverse in the country.
- 4.2 The borough still ranks among the most deprived in the country but has seen improvement in its ranking over the past six years - with the exception of *Education and Living Environment*, Haringey has seen an improvement in rankings for all domains in the English Indices of Deprivation 2015. Haringey is the 30th most deprived borough in England and the 6th most deprived in London with the 10th highest level of child poverty in London. 7 of Haringey's 19 wards are within the most deprived 10% nationally. All of these wards are in the east of the borough where Northumberland Park remains the most deprived.
- 4.3 In terms of crime, Haringey is ranked 8th most deprived in England out of 326 local authorities and 8th in London out of 33 local authorities.
- 4.4 [Haringey's Joint Strategic Needs Assessment \(JSNA\) 2014/2015](#) describes the health, care and wellbeing needs of the local population. This helps the Clinical Commissioning Group and Haringey Council commission the best services to meet those needs.



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5 What we have done 2016-17

5.1 This is the second year that Safeguarding Adults Boards have operated on a statutory footing under the Care Act 2014 from 1 April 2015. This year the HSAB undertook significant work to consolidate its governance and to progress our Strategic Plan which has clear delegated responsibilities to roles and sub-groups to ensure clear lines of governance and accountability.

5.2 ACHIEVEMENTS in 2016-17

- All objectives in our Strategic Plan have been delegated to sub-groups responsible for progressing them in their business plans.
- We established a Chairs' Executive Sub-group to bring oversight and monitor progress against the Strategic Plan.
- We developed a Risk Management approach and quarterly reporting on our Risk Register.
- Our multi-agency policies and procedures were updated, where necessary, and we established a policy tracker for regular review and refresh, overseen by the Quality Assurance Sub-group.
- We reviewed and updated the Haringey SAB Safeguarding Pressure Ulcer Protocol to increase awareness of health indicators of neglect, such as pressure ulcers.
- We contributed to an independent Safeguarding Adults Review into the death of Robert, identifying important learning around the inter-agency pathways into services and the roles of agencies including Adult Social Services, Homes for Haringey, Children and Young People's Services and Housing Related Support.

5.3 Partner Contributions

Each year, HSAB partners set out how they have contributed to the work of the HSAB and to the ongoing improvement of local safeguarding adults' arrangements in a partner statement. Details of how each partner has contributed to the work of the HSAB in 2016-17 can be found in the statements set out in *Appendix B*.

The London Ambulance Service (LAS) has had a busy year in safeguarding, working hard to increase awareness of the safeguarding across the Trust. LAS have increased the size of the team to support what has been a significant increase in activity and associated administrative work. A dedicated senior member of the North Central LAS Leadership Team continues to attend both adult and children's safeguarding boards.

5.4 Sub-groups

This year the roles and composition of the HSAB sub-groups were consolidated to ensure that they will continue to support the work of the Board and deliver on its strategic and annual plans. Each sub-group now has Terms of Reference, which are reviewed annually to ensure that they support the HSAB's strategic priorities. The sub-groups benefit from multi-agency representation with staff from statutory and non-statutory agencies attending and contributing to the work.



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5.4.1 Safeguarding Adults Review (SAR) Sub-group

Chair: Dr Adi Cooper

Remit: to consider referrals of any case which may meet the statutory criteria and to make decisions on this basis; to make arrangements for and to oversee all SARs; to ensure recommendations are made, messages are disseminated and that lessons are learned.

The SAR Sub-group met 7 times and received 4 referrals for consideration as SARs during the course of 2016-17. Following evaluation of these against the statutory requirements and in line with the HSAB's SAR Protocol, the HSAB did not commission any SARs this year. Although the referrals did not meet the criteria for a SAR, the sub-group retained oversight of the single agency investigations and learning processes and agreed to disseminate learning from them across the partnership – two involved NHS Serious Incident investigations. The SAR sub-group will be monitoring the improvement actions undertaken in response to these investigations.

The SAR Panel commissioned into the death of *Robert* reported to the Board in November 2016 its final draft report. Due to the parallel Coroner's process and subsequent action planning and liaison, the final the report will be published in the summer of 2017. The sub-group has had oversight of the learning within and between agencies which has been shared and acted upon during the course of the review process.

5.4.2 Quality Assurance Sub-group

Chair: Charlotte Pomeroy, AD Commissioning

Remit: to support the HSAB to assure itself of the effectiveness of safeguarding arrangements in delivering the outcomes that people want.

This group works to the HSAB Quality Assurance Framework based on:

- Understanding adult at risks experiences – their journey;
- Knowing what impact safeguarding has had; and
- Working together.

This group reviews the multi-agency adult safeguarding dataset, which is also reported regularly to the SAB. The dataset needs more multi-agency input and the group has continued to refine and improve the information 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.

The group continued its cycle of policy development and review and has worked this year to update and review a range of multi-agency policies and procedures including:

- Safeguarding Adults Multi Agency Policy and Procedure
- Safeguarding Adults Multi Agency Hoarding Protocol
- Market oversight/Provider Concerns
- Escalation Policy
- Safeguarding Adult Review Protocol
- Haringey's Joint Establishment Concerns Procedure
- Mental Capacity Act and Deprivation of Liberty Safeguards Procedure



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- Joint Safeguarding Adults S42 Enquiry Framework
- Information Sharing Protocol and Practitioners Guide
- Multi Agency Pressure Ulcer Protocol and Decision Pathway

It was agreed to move to an exception three-year review cycle for multi-agency policies and procedures.

5.4.3 Mental Capacity Act and Deprivation of Liberty Safeguards (MCA/DoLS) Sub-group

Chair: Jeni Plummer, Head of Operations

Co-Chair: Hazel Ashworth, Designated Professional Safeguarding Adults (CCG)

Remit: To oversee the ongoing implementation and operation of the Mental Capacity Act (MCA) 2005, including the Deprivation of Liberty Safeguards (DoLS)¹.

¹ The Supreme Court judgment of 2014 in the case of Cheshire West clarified an “acid test” for what constitutes a “deprivation of liberty”: an individual is deprived of their liberty for the purposes of Article 5 of the European Convention on Human Rights if they:

- Lack the capacity to consent to their care/ treatment arrangements
- Are under continuous supervision and control
- Are not free to leave.

The Deprivation of Liberty Safeguard (DoLS) is a statutory administrative arrangement managed by the local authority in its capacity as the supervisory body and through which a person can lawfully be deprived of his liberty. The arrangements comprise

1. the procedure where under a supervisory body may authorise a deprivation of liberty, ("standard authorisation");
2. the procedure where under the managing authority of a care home of hospital may authorise a deprivation of liberty for the period pending the grant of a standard authorisation ("urgent authorisation");
3. the qualifying requirements for making authorisations;
4. procedures for carrying out of assessments to establish whether the requirements are satisfied, including an assessment by a Best Interest Assessor ("BIA");
5. a process for instigating and carrying out a review of a standard authorisation;
6. provisions concerning "relevant person's representatives" ("RPRs"); and
7. provisions concerning independent mental capacity advocates ("IMCAs").

In being able to authorise a deprivation of liberty under DoLS, the local authority must make sure that a number of assessments are undertaken by a Best Interest Assessor (BIA) and a Doctor approved under the Mental Health Act 1983. These assessments are Age, Mental Capacity, Mental Health, Eligibility, No Refusals and Best Interest Assessments. Given the complex nature of this work assessments must be very detailed and comprehensive and require the input of family members and professionals.

The potential risk to the council for unlawful detention will depend on each case. However recent rulings by the court have seen pay-outs of £3500 and £4600 per month for unlawful deprivation of liberty (Essex County Council v RF 2015). There is also the impact that the negative publicity would have on the local authority. Given the very large backlog, most cases have not been managed within the required timescales. In some cases, these timescales have been exceeded by 6+ months.



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The sub-group works to strengthen the partnerships inter agency relationships to support implementation of the MCA including the Safeguards in addition to providing assurances around governance and quality, sharing practice and improving DoLS compliance. The sub-group supports the aim of Government to embed rights and responsibilities of the MCA in mainstream work. The key message is that the MCA applies to everyone who works with and/or cares for an adult who may lack capacity to make specific decisions. Each member organisation of the Board promotes awareness and good practice under the MCA within their services, training and through commissioned services.

The subgroup meets quarterly and reports regularly to the Board.

Achievements in 2016-17 have included:

- Participated in the Law Commission consultation of DoLS. The MCA and DoLS SAB Subgroup reviewed the proposal to reform Deprivation of Liberty Safeguards and provided a response on behalf of the Haringey SAB.
- Raised awareness of the amendment to the Coroners and Justice Act 2009. People subject to authorisations under the Deprivation of Liberty Safeguards (known as DoLS) will no longer be considered to be 'otherwise in state detention' for the purposes of Section 1 of the Coroners and Justice Act 2009.
- Raised awareness and briefed the HSAB in relation to the Law Commission's response to DoLS which sets out wider reforms to the Mental Capacity Act recommendations, together with a draft Bill for DoLS.
- Monitoring implementation of the MCA/Deprivation of Liberty Safeguards (DOLs) policy and in particular assuring of demand management.
- Agreed data set for monitoring of DoLS and reviewed and supported the implementation of the revised DoLS forms with providers.

Key challenges in 2016-17 have included:

The Supreme Court ruling in regards to the Deprivation of Liberty Safeguards and the 'acid test' (lacks capacity, under constant supervision and not free to leave) in March 2014 led to an unprecedented demand for DoLS. All Local Authorities have experienced the same uplift and there has been a general failure by Authorities to meet the statutory timeframes.

The DoLS can be granted up to 12 months and a renewal is required if there has been no change in circumstances. Subsequent Case Law has recognised that there are times where a renewal is required earlier (e.g. covert medication). A new DoLS is required for each hospital admission and LBH remain responsible for the DoLS of any ordinary resident who is placed outside of the borough.

Priorities moving forward include:

- Monitor the implementation of MCA/DOL, policy and practice across multi-agency partners.
- Co-ordinate the implementation of Law Commissions draft legislation "Liberty Protection Safeguards."
- Develop awareness, knowledge and understanding in regards to Children's legislation the MCA and consent for 16-17 year olds.



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- Mandatory annual refresher training for internal BIAs.
- Invest in ongoing training, peer group support and a forum for internal staff to manage the 'business as usual' applications.
- Managers continue to identify eligible staff during supervision that can be trained as BIAs.

5.4.4 Prevention, Training, Learning & Development Sub-group

Co-Chairs: DCI Luke Marks, Haringey Borough Police & Marianne Ecker, Workforce Development Change Manager, Haringey Council

Remit: Oversee the delivery of the Haringey Safeguarding Adults Prevention Strategy 2014-2017, 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.

Achievements in 2016-17 have included:

- Design of posters as start to safeguarding public information campaign.
- Improvements to safeguarding data collection by addition of first language reporting.
- Improvements to evaluation of employee training and reporting across partners, including presentations for quality assurance.
- New Prevention Strategy for 2017-20 agreed.
- Conference places opened to partner organisations.
- Community and voluntary sector groups attending council courses.

Priorities moving forward include:

- Launch of Safeguarding Public Awareness campaign June 2017.
- Planning of outreach work to inform community groups of abuse types and support groups available.
- Increased membership of subgroup from community groups.
- Use data to conduct deep dives to better identify vulnerable residents and areas of possible under reporting.
- Further develop training offer to include mental health.

5.5 Partner Self-Audits

In December 2016 all HSAB partners were asked to review adult safeguarding activity and share this with the Board. Partners identified areas where they considered that they were performing well and areas where they felt they needed to improve. Compiling the audits led the HSAB to establish that there were shared thematic issues across the partnership and the HSAB has used these to develop and inform its priorities for the coming year. HSAB came together with other boards within North Central London at a learning and challenge event in January 2016 which HSAB led on.



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Key strengths across the partnership were identified as:

- Commitment to safeguarding
- Safeguarding policies in place
- Safeguarding training compliance
- Information sharing across the partnership
- Engagement with the Board and partners
- Quality Assurance processes

The main areas for improvement were identified as:

- Training – need for face to face opportunities, problems with resources and access (particularly for VCS) and the aim to achieve 100% compliance.
- Awareness raising of the importance of safeguarding with staff, the VCS and the public.
- Maintaining the safeguarding agenda during this time of structural change and continued cuts.
- Complaints and allegations – a number of agencies needed to review and develop their in-house approaches.
- Policies - some housekeeping around making them Care Act compliant.
- Improving information sharing across agencies and in order to support the VCS – our discussion about what responsibility the partnership has to VCS in order to promote preventative work – one specific issue was around info available in community languages.
- Supervision – need more of it but safeguarding leads are stretched.
- Embedding Making Safeguarding Personal.
- Dealing with the social care market and provider concerns and the impact across the partnership.
- Improving understanding of MCA/DoLS – particularly in relation to 16-17 year olds.



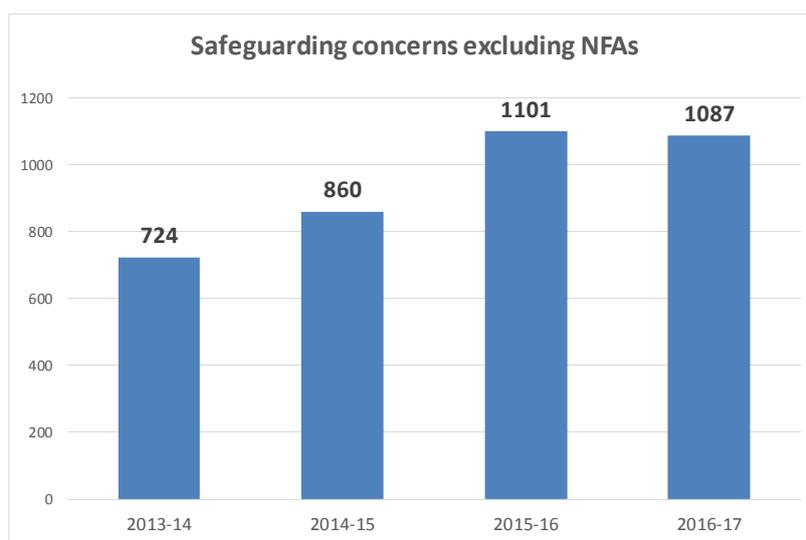
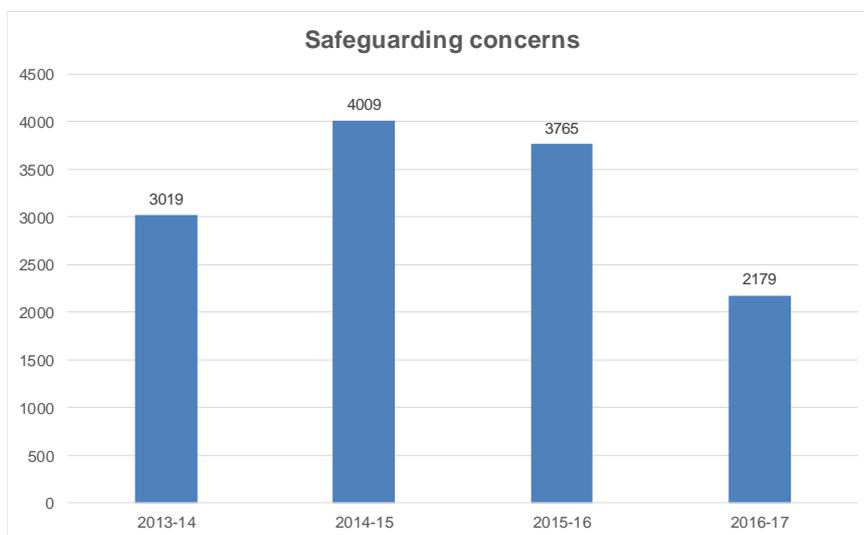
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6 Adult Safeguarding Activity 2016-17

Source: Haringey Statutory Return Analysis and April 2016 - March 2017 Analysis

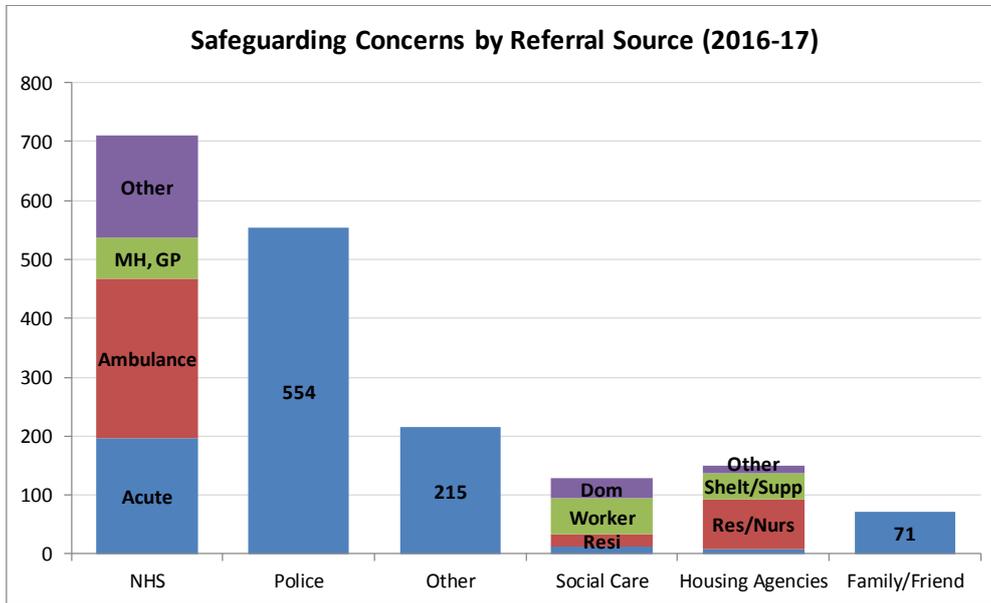
- 6.1 The Council collects information about safeguarding adults work in Haringey, so we know how well people are being safeguarded. This information helps the Haringey SAB decide what their next steps should be.
- 6.2 Data in relation to all safeguarding issues is monitored both locally and nationally. All safeguarding concerns and enquiries are recorded and co-ordinated 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 Sub-group who report key issues and trends to the SAB.
- 6.3 Haringey Council submits returns annually to the Department of Health (DH) for collation and comparison of the key data across all authorities in England. The following commentary includes extracts from the data, trends and areas for improvement and development in Haringey.
- 6.4 The safeguarding statistics over the past three years seem to be fairly consistent:
- mainly occurring in the adult at risk's own home;
 - mainly older people (about half are aged 65+ years);
 - with an over-representation of black minority ethnic groups;
 - the most common abuse types are neglect, psychological/emotional, physical abuse and financial abuse.
- 6.5 **Adult Safeguarding Performance Summary**
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**.
- 6.6 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 Section 42 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 Section 42 criteria. These enquiries are not required by law and are referred to as **Non-Statutory Enquiries**.
- 6.7 In 2016-17, 2179 safeguarding concerns were raised. This represents a 42% decrease in the safeguarding concerns raised from 3765 in 2015-16. This follows a small decrease in 2015-16, and may be due to ongoing safeguarding awareness being raised amongst providers and more preventative work being carried out by the safeguarding team. However, when excluding safeguarding concerns which resulted in no further action (NFAs), the level of concerns has remained consistent and shows an increase over time.

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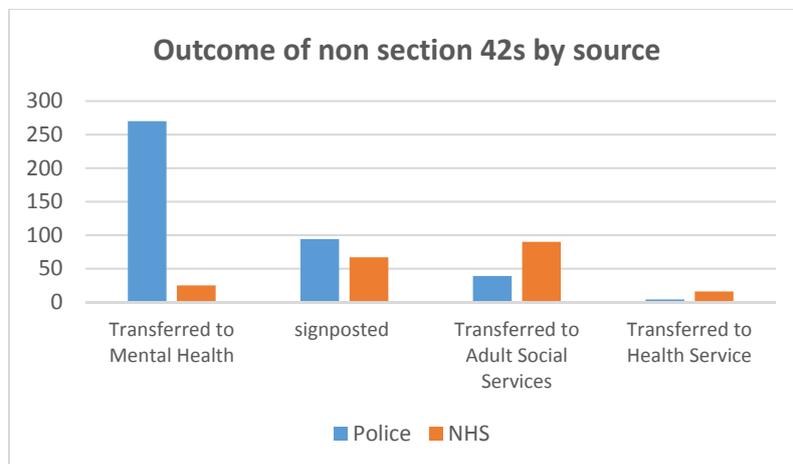


- 6.8 In 2016-17, 515 of the 2179 safeguarding concerns raised progressed to a Section 42 enquiry. 50% of reported safeguarding concerns were found to have no safeguarding issues.
- 6.9 Most safeguarding concerns are reported by the NHS (39% of those where the source was recorded). Around a third of safeguarding concerns came from the Police, with 95% of these not meeting the Section 42 threshold. However, analysis of concerns referred by the Police shows that many were directed to other services or support.
- 6.10 The safeguarding service performs an important role in identifying safeguarding concerns that should progress to a Section 42 enquiry, undertaking these enquiries and ensuring that any further actions required are progressed, such as referral for a Safeguarding Adults Review. The service also takes responsibility for significant preventative action, such as a referral to other services or support, where a Section 42 Enquiry is not required, so that safeguarding concerns are managed appropriately.

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6.11 The table below shows the outcomes of safeguarding concerns which did not meet the Section 42 criteria. 42% of these were referred on to mental health services, with most of these concerns originating from the Police. 18% were transferred to Adult Social Services, with most originating from the NHS. A smaller proportion were signposted on to preventative services or transferred to our health partners.

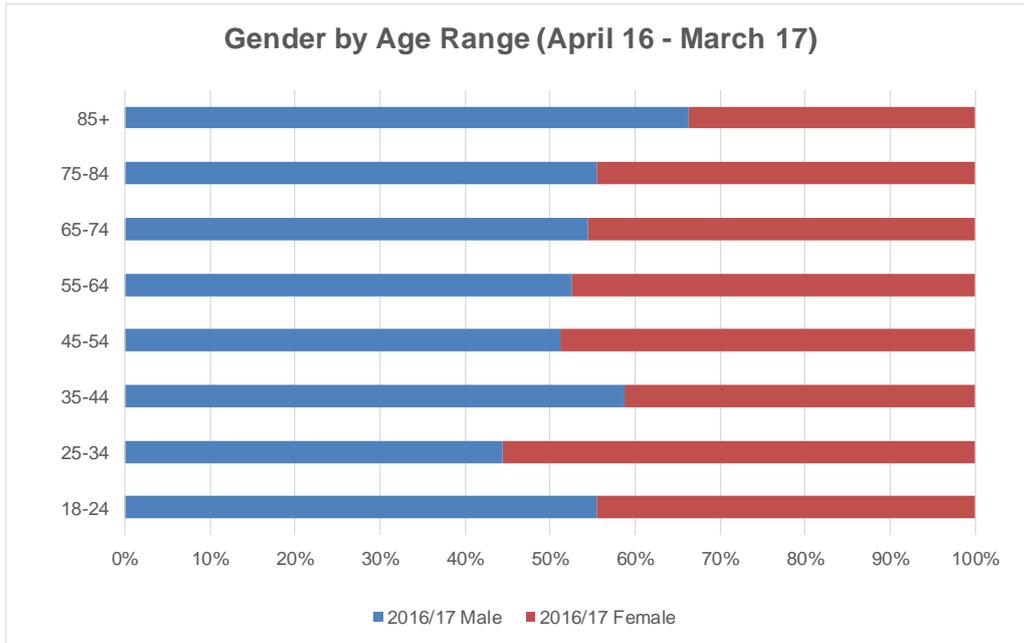




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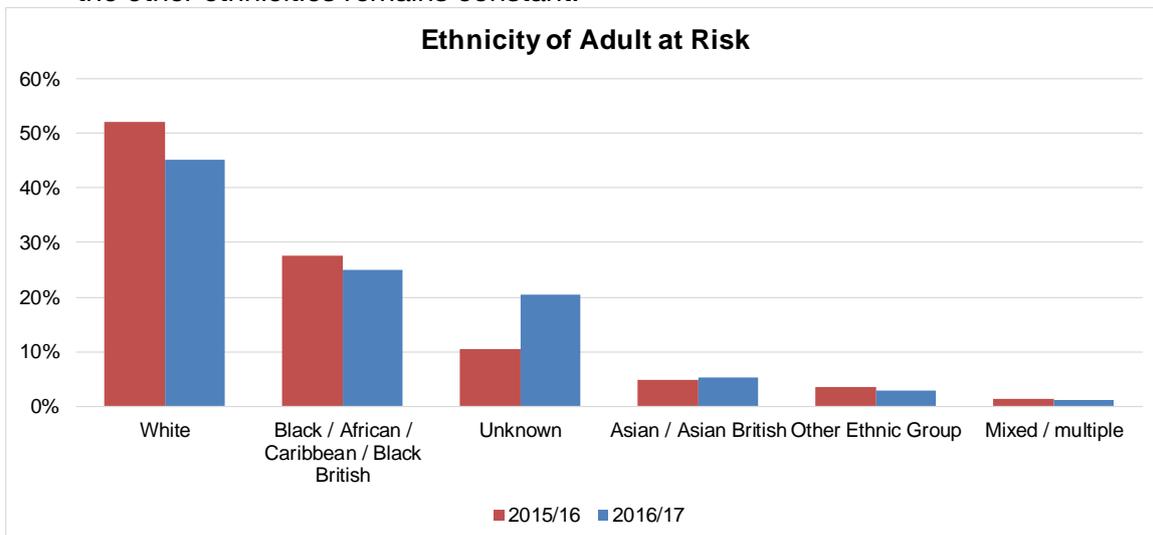
6.12 Gender and Age

60% of Section 42 enquiries in 2016-17 were for people aged 65 and over. This is an over-representation compared with that age group in the general population (9.4%). Within the over 65 age group, the largest percentage of Section 42 enquiries involve people aged 75-84 years (39%) and 85+ (30%). While 49.9% of the Haringey population is female, 55% of those involved in a safeguarding enquiry are female.



6.13 Ethnicity

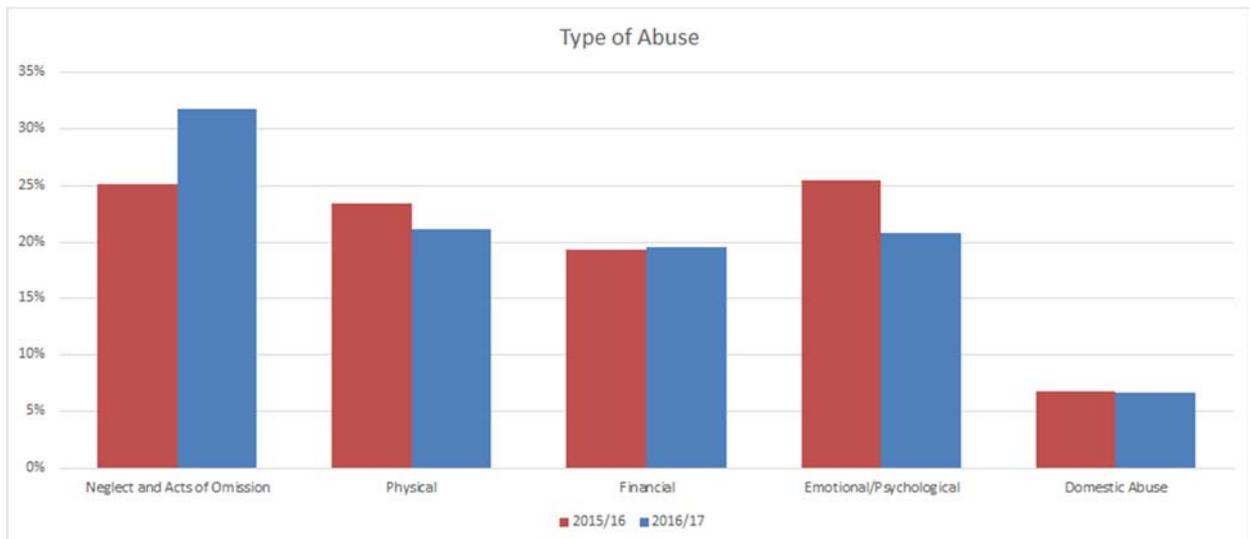
Year on year the ethnic background of people for whom a safeguarding concern has been raised remains similar, with the two main ethnic groups being White (45%) and Black/African/Caribbean/Black British (25%). This year there was a larger proportion of unknown ethnicities, accounting for 20% of concerns, however the proportions of the other ethnicities remains constant.



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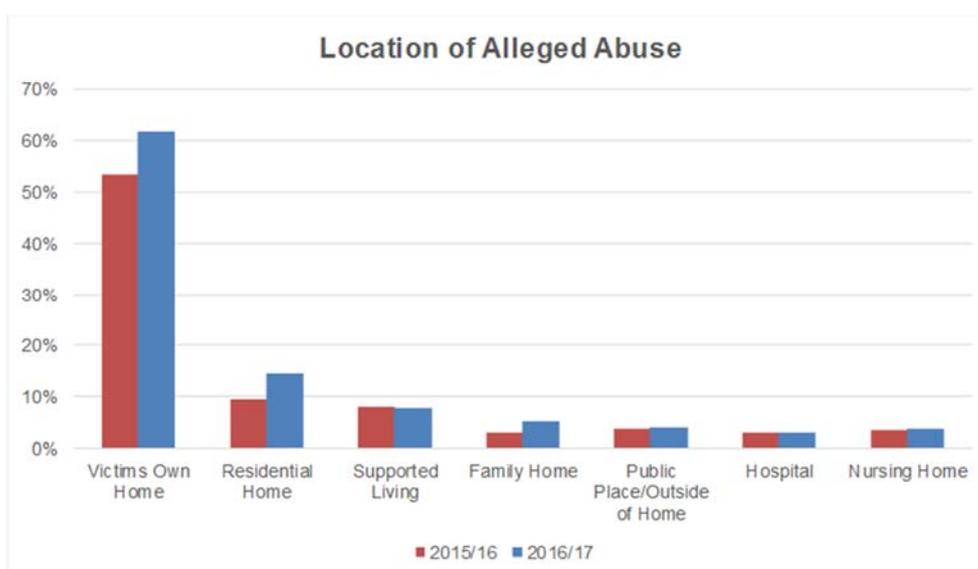
6.14 Abuse Type

The abuse type profile for the last two years is very similar with neglect (32%), emotional/psychological (21%), financial (19%) and physical (21%) abuse prominent. There has been an increase in the proportion of neglect cases and a decrease in emotional/psychological cases in Haringey in 2016-17.



6.15 Abuse Location

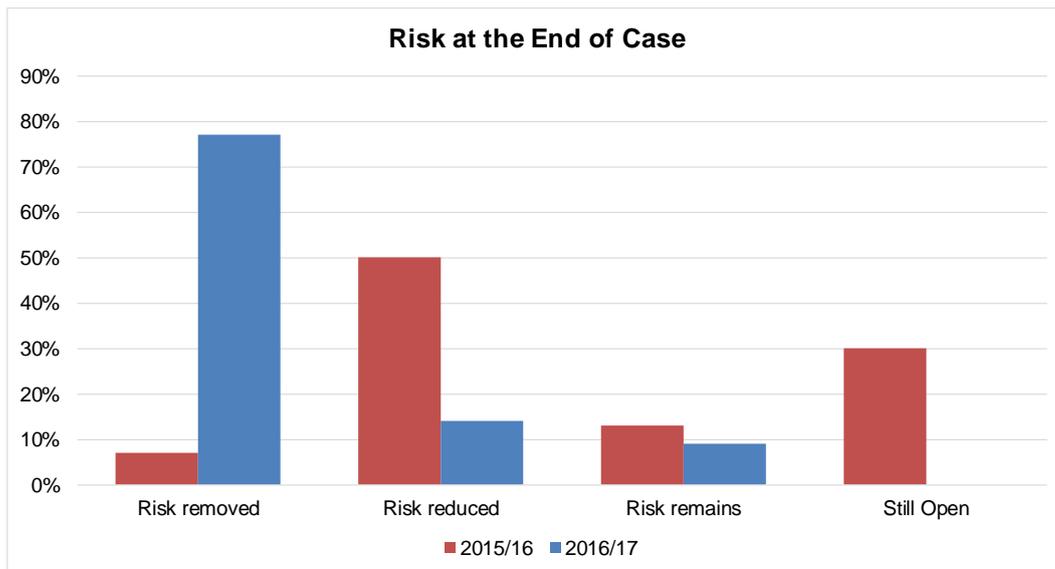
The abuse location profile remains similar for the last two years, with abuse most commonly occurring in the person’s own home (62% in 2016-17). 15% of abuse was alleged to have occurred in a residential home in 2016-17, with an increase of 30 more Section 42 enquiries compared to 2015-16.



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6.16 Safeguarding Enquiries Conclusion

90% of closed cases had the risk removed or reduced in 2016-17. This is really positive as it shows that our actions have had an impact. The proportion of cases where the risk remains after intervention has also reduced in 2016-17.



- 6.17 Over time the proportion of outcomes fully and partially achieved through safeguarding work has increased from 53% in 2015-16 to 88% in 2016-17. This information is sought from people as part of the Making Safeguarding Personal approach to safeguarding practice. In 2016-17, 58% of people were asked about their desired outcomes of safeguarding work. We have worked to improve this in 2017-18, and in October 2017, 87% of people were asked about their personal outcomes.
- 6.18 By using this safeguarding data to monitor local trends, the HSAB has identified priority areas of work for 2017-18. For example, the Quality Assurance Sub-group will carry out a piece of work in 2017-18 looking at the location of abuse; and there will be a greater focus on raising awareness of neglect, as a result of the increase in safeguarding cases involving neglect and acts of omission.
- 6.19 HSAB has also identified the need to audit safeguarding practice and standards across Adult Social Services as a result of increasing demand and to develop partnership learning and improvement. An audit will be carried out during 2017-18 looking at data, processes and outcomes to improve outcomes for those that we support.

7 What we will do 2017-18

The following pages set out the annual update on strategic objectives for 2016-17. These objectives have been reviewed against the six statutory principles of adult safeguarding with an emphasis on Making Safeguarding Personal. You can find a more detailed version of the annual plan on the HSAB website.

1 We are assured that safeguarding practice is person-centred and outcomes focused						
	Objective	Key principle	Timescale	Lead	Success criteria	Progress as at April 2017
1.1	Implement the Quality Assurance Framework to include both performance data and analysis and auditing that explicitly considers how person-centred safeguarding interventions are, and how reflective of users' views and needs through Making Safeguarding Personal specific measures	Prevention	Quarterly reporting	Chair QA Sub-group	The Board is assured: <ul style="list-style-type: none"> • that safeguarding is person-led and outcome-focused; • that it engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. 	The Framework is in place and quarterly performance monitoring includes indicators about outcomes for vulnerable adults and there is a clear improvement trend. Over time the proportion of MSP's achieved has increased. There is more work to be done to develop multi-agency reporting and auditing to understand clear

						pathway and outcomes.
1.2	Feasibility into the development of an Adult/Family MASH Board to include in particular a focus on transition into adulthood.	Partnership Protection	Q4 2017/18	Director Adult Social Services	The Board is assured of: <ul style="list-style-type: none"> • More effective use of resources; • Development of a whole family approach to safeguarding; • Improved approach to safeguarding during transition periods. 	Work is underway to look at the connections with the Children's MASH staff within the Police and the learning will be shared.
1.3	Establish standards and agreed competencies in MSP and adult safeguarding prevention for all staff across the partnership	Prevention Empowerment	Q4 2017/18	Chair QA Sub-group & Chair Prevention and Training & Development Sub-group	The Board is assured that: <ul style="list-style-type: none"> • the safeguarding workforce is person-centred and understands MSP; • the system is focused on prevention. 	A Task & Finish Group is developing a set of standards to take this work forward.

	Understand and monitor the impact of structural and funding changes across social care, health and policing on safeguarding vulnerable adults.	Accountability	Quarterly	Chair QA Sub-group	We use the Board Risk Register to monitor impact, mitigate risks and hold partners to account	QA Sub-group is reviewing the register.
2	We prevent abuse and neglect					
	Objective	Key principle	Timescale	Lead	Success criteria	
2.1	Improve targeting and prevention by monitoring and identification of poor quality safeguarding practice, increased risks and vulnerabilities to abuse, safeguarding themes, trends and locations and ensure engagement of service users, carers and community and voluntary sector to current concerns and trends are captured	Prevention	Q4 2016/17	Chair Prevention, TLD Sub-group	The Board is assured that partnership safeguarding priorities, responses and prevention planning and are informed by local intelligence about risk.	The QA Sub-group is developing a set of inquiries under its QA Framework to assist with scrutiny of performance data across the partnership. Discussions are taking place with Bridge Renewal Trust about how to continue communication with VCS and carer and user groups.

2.2	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	Campaign schedule agreed from April 2016 and devised on annual basis through the Prevention Sub-group	Chair Prevention and Training & Development Sub-group	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.	2016-17 campaign has been delayed but will be launched in 2017.
3	We respond to abuse and neglect in a timely and proportionate way					
		Key principle	Timescale	Lead	Success criteria	
3.1	Develop a consistent approach to conducting and learning from SARs, Domestic Homicide Reviews and Fire Death Reviews	Prevention Accountability	Q4 2017/18	Chair SAR Sub-group & Chair Prevention, TLD Sub-group	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 on learning to inform improvements.	SAR workflow is well established. Due to publish first SAR in Q1 2017 and need to focus on dissemination of learning.

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3.2	Monitor the implementation of MCA/DoLS policy and practice across multi-agency partners.	Protection	Quarterly reporting	Chair MCA/DoLS sub-group	Develop multi-agency audit tool to monitor areas in assessment such as; person-centred approach, use of advocacy, timely and proportionate assessments.	Reporting data has been reviewed to include information across the partnership. The subgroup will develop a multi-agency audit tool.
3.3	Review of MCA & DoLS policy and procedure in light of Law Commission review and Government response	Accountability	Q2 2017-18	Chair MCA/DoLS sub-group	Sub-group coordinate and prepare response.	Awaiting a final response from the Government in Spring 2018. Law Commission recommendation is that the DoLS is repealed and there is a replacement scheme (Liberty Protection Safeguards). Whilst waiting for the finalised DoLS scheme, agencies have been feeding in to consultations about the proposed reforms.

3.4	Improve understanding of and responses to older people at risk of or experiencing domestic abuse across the partnership	Protection	Quarterly reporting and Q4	Chair QA & Prevention & TLD Subgroup	<p>Follow up reporting and tracking.</p> <p>Work will continue with Victim Support as part of P&T Subgroup Delivery Plan.</p> <p>Performance to look in to ways of recording domestic abuse reported in older people.</p>	<p>Domestic abuse is largely under-reported. Data from Haringey Adult Social Services safeguarding screenings provide information on the ethnic and language profile of safeguarding clients.</p> <p>Domestic Abuse will be one of the focus areas of the e-posters and follow up outreach work.</p>
4	We are committed to learning and improving					
		Objective	Timescale	Lead	Success criteria	
4.1	Improve multi-agency knowledge and awareness of mental health including Mental Capacity Act and the use of Advocates in safeguarding work	Empowerment Protection	To be reviewed and embedded in annual training cycle	Chair Prevention and Training & Development Sub-group and Chair MCA/DoLS subgroup	The Board is assured that practice has improved through auditing of the quality of assessments and	Training is run across the partners as well as commissioned provider services. Practitioner and Provider forums



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					<p>increased use of advocates. Evidence around audits, practitioner clinics to ensure documentation identifies issues of capacity and self-neglect. Case file audits to measure how practice is changing and being embedded.</p>	<p>have been used to increase knowledge around areas such as self neglect, the use of advocates and the need to document capacity clearly at the point of assessment. Case file audits are being used to measure how practice is changing and being embedded across teams. Audit of safeguarding cases due November 2017. Work will be undertaken with partners around the development of multi-agency audit tool.</p>
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4.2	Develop knowledge and understanding across the partnership about MCA and consent including consent for 16-17 year olds	Protection		Chair MCA/DoLS subgroup and Chair Prevention and Training & Development Sub-group	Joint work between children and adult services across health and social care to identify when MCA should be used, provide training and support to staff across health social care and education	Consider training required to improve understanding.
4.3	Ensure learning from safeguarding cases is embedded in multi-agency practice.	Accountability	Quarterly reporting on multi-agency auditing	Chair QA Sub-group	The Board is assured that learning is embedded and leads to improved safeguarding practice	Consider undertaking multi-agency case file audits to establish the effectiveness of safeguarding learning being embedded in multi-agency practice.
4.4	Explore feasibility of better links with LSCB, Health and Wellbeing Board and Community Safety Partnership and the Voluntary and Community Sector -	Partnership	Quarterly	Board Manager and Chair	The Board is assured that there is more effective use of resources and shared learning	The Board Manager is bringing together key officers across the range of partnerships to develop this work –



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	strengthened to make better use of resources and strengthen safeguarding awareness and practice				within a whole family approach.	in the first instance in relation to Domestic Abuse in light of the new Violence Against Women & Girls Strategy and LSCB evaluation as agreed at the November Board meeting.
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Appendix A: Haringey SAB Members Attendance 2016-17

* Denotes representative attended on behalf of the member

× Denotes membership ceased

Organisation	Role	Meetings				Total attendance
		April 2016	July 2016	Nov 2016	Jan 2017	
Safeguarding Adults Board	Independent Chair	✓	✓	✓	✓	4/4
	Business Manager	✓	✓	✓	✓	4/4
Lay Member	Volunteer	✓	✓	✓	✓	4/4
Local Authority						
Chief Executive Service - observer	Zina Etheridge, Deputy CEO	×	×	×	×	0/4
Adult Services	Director of Adult Services	✓	✓	✓	✓	4/4
	Operational Lead Manager	✓	✓	✓	×	3/4
	Performance Manager	✓	✓	✓	×	3/4
	Performance Officer	✓	✓	×	✓	3/4
	Strategic Lead - Joint Governance & Improvement Service	✓	✓	✓	×	3/4
	Lead OD Consultant	×	✓	✓	✓	3/4
Commissioning	AD Commissioning	✓	✓	✓	✓	4/4
Children's & Young People's Services	AD Safeguarding & Social Care	×	×	×	×	0/4
Community Safety	Community Safety Strategic Manager	×	✓	✓	×	2/4
Legal Services	Assistant Head of Legal	✓	✓	✓	✓	4/4



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Housing	Homes for Haringey Deputy Director of Housing Operations	✓	✓	x	x	2/4
Elected member - observer	Lead Member for Health & Wellbeing	x	x	x	x	0/4
Haringey Clinical Commissioning Group	Assistant Director of Quality and Nursing	✓	✓	x	✓	3/4
	Safeguarding Adults Lead	✓	✓	✓	✓	4/4
Whittington Health	Safeguarding Adults Lead	✓	✓	✓	✓	4/4
	Deputy Director of Nursing	x	x	x	✓	1/4
NMUH	Safeguarding Adults Lead	x	✓	x	x	1/4
	Director of Nursing	x	x	x	x	0/4
	Deputy Director of Nursing	✓	x	✓	x	2/4
BEH-MHT	Executive Director of Nursing Quality & Governance	✓	x	✓	x	2/4
	Safeguarding Adults Lead	✓	✓	✓	x	3/4
Police	Borough Commander	x	x	✓	x	1/4
	Public Protection Desk DCI	x	x	✓	✓	2/4
National Probation Service	Assistant Chief Officer	x	x	x	x	0/4
Care Quality Commission - observer	Inspection Manager	x	✓	x	x	1/4
	Haringey Borough Commander	x	x	x	x	0/4



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London Fire Brigade`	Station Manager	✓	✓	✓	x	3/4
London Ambulance Service NHS Trust	Quality, Governance and Assurance Manager	x	x	x	✓	1/4
HAVCO	Chief Executive	✓	✓			2/2
Haringey Healthwatch	Chair	✓	✓	✓	✓	4/4
Bridge Renewal Trust	Chief Executive	✓	✓	✓	✓	4/4

*Appendix B: Partner Contributions***Haringey Clinical Commissioning Group**

Haringey Clinical Commissioning Group (CCG) is the major commissioner of local health services across the borough and is responsible for safeguarding quality assurance through contractual arrangements with all provider organisations. All health providers in Haringey are required to have effective arrangements in place to safeguard vulnerable adults and to assure the CCG, as commissioners, that these are working. Designated Professionals, as clinical experts and strategic leaders, are a vital source of advice to the CCG, NHS England, the Local Authority and the Haringey Local Safeguarding Adults Board (HSAB). They also provide advice and support to multi-agency health professionals.

Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (2015) defines the safeguarding responsibility and duty of CCGs. CCGs are also required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding.

Name of organisation:	Haringey Clinical Commissioning Group
Completed by:	Jennie Williams
Title/Designation:	Director for Quality and Nursing

Overview 2016-17	<p>NHS Haringey Clinical Commissioning Group (HCCG) is committed to working with partner agencies to ensure the safety, health and well-being of the local people in Haringey. Protecting the vulnerable is a key part of HCCG's approach to commissioning and, together with a focus on quality and patient experience, is integral to our working arrangements. Our approach to Adult Safeguarding is underpinned by quality and contracting systems and processes that aim to reduce the risk of harm and respond quickly to any concerns.</p> <p>Haringey CCG is compliant with safeguarding responsibilities and duties and demonstrates this through the work of its dedicated safeguarding team who produce regular briefings and annual safeguarding reports focusing on partnership working and outcomes for those people who are less able to protect themselves from harm abuse and neglect. The annual reports outlines key achievements, challenges and emerging priorities are ratified by the CCG's Governing Body and are published on the CCG's website.</p>
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<p>Internal safeguarding adults' governance arrangements</p>	<p>Within Haringey CCG's organisational structure safeguarding is positioned within the Quality Directorate under the leadership of the Director of Nursing and Quality. This clearly embeds safeguarding as a patient safety service with robust clinical governance reporting arrangements via the Quality Committee.</p> <p>HCCG's Chief Operating Officer is the executive lead for HCCG's Safeguarding Adults' agenda and has the responsibility for ensuring the effective contribution by health services to safeguarding and promoting the safety of adults at risk and vulnerable people. The Chief Operating Officer is a member of HCCG's Governing Body.</p> <p>HCCG Director of Nursing and Quality is responsible for ensuring that the monitoring of Safeguarding Adults work across Haringey takes place through the Quality Committee of the Haringey CCG's Governing Body and the Haringey Safeguarding Adults Board (SAB).</p> <p>The Designated Professional for Safeguarding Adults oversees the Safeguarding Adults at risk Agenda in the CCG. This role also ensures that all health organisations with whom HCCG has commissioning arrangements with have links with their SAB and is responsible for ensuring Safeguarding Adults systems are in place and monitored. The Designated Professional for Safeguarding Adults provides expertise, a point of contact for advice, and intelligence regarding Adult Safeguarding across the health economy. This role ensures that HCCG fulfils its statutory functions for Safeguarding as detailed in statutory and national guidance, providing assurance to executive leads for Safeguarding, that there is a systematic approach to Safeguarding Adults across HCCG.</p> <p>The Designated Professional for Safeguarding Adults is a member of Whittington Health, North Middlesex Hospital and Barnet, Enfield and Haringey Mental Health Trusts Safeguarding Committees. The Designated Professional for Safeguarding Adults utilises attendance at the committees as one way of gaining assurance that Provider Trusts are ensuring high quality Safeguarding Adults practice is embedded within their organisations. The Designated Professional for Safeguarding Adults monitors compliance with the</p>
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	<p>Trusts respective Safeguarding Adult training strategies through representation on the committees and takes action as required. Information obtained from these meetings is included in the Quality Committee Safeguarding Briefings.</p> <p>Safeguarding is a standing agenda item at HCCGs Quality Committee. A monthly briefing is discussed with a more detailed report being submitted 6 monthly. The Quality Committee minutes go to the Bi-monthly Governing Body meetings.</p> <p>HCCG Designated Professional for Safeguarding Adults is a member of Safeguarding Adult Board (SAB) and its respective sub groups. The Designated Professional for Safeguarding Adults is a member of the NHS London CCG Safeguarding Adult forum and the London MCA and DoLS network.</p> <p>An Annual Report is submitted to HCCG Governing Body.</p>
<p>Safeguarding adults work undertaken and key achievements in 2016-2017. To include specific examples of work undertaken.</p>	<p>HCCG responsibilities as commissioners is to promote the safety and welfare of adults in all of the services it commissions and provide assurance of HCCG's commitment to prevent and reduce the risk of abuse and neglect of adults and of continuing to improve safeguarding practice in the NHS.</p> <p>HCCG works in collaboration with its provider services to ensure that organisations have good governance arrangements that demonstrate they are compliant with safeguarding statutory duty.</p> <p>Attendance, contribution and oversight provided from a CCG perspective in relation to progressing HSAB priorities.</p> <p>Attendance, contribution and oversight provided from a CCG perspective in relation to DHR and SAR panel membership.</p> <p>Worked with Haringey Local Authority to produce multi-agency policies, procedures, protocols and guidance in addition to contributing to the development of the patient information safeguarding awareness raising leaflets and publicity.</p> <p>Have worked with Haringey Local Authority to align the Safeguarding and Serious Incident pathway across so</p>



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	<p>that duplication of effort is avoided and to enable timescales to be met and learning recorded/shared as required.</p> <p>Supported provider trusts to embed the safeguarding Adult KPI, yearly and quarterly audit to ensure compliance with safeguarding arrangements.</p> <p>Supported the development of a risk matrix for the work of the Board.</p> <p>Implemented a monthly meeting between LBH commissioning team, safeguarding and HCCG care homes team to share and capture soft intelligence.</p> <p>Reviewed the Mental Capacity and Deprivation of Liberty SAB subgroup priorities for 2017-2018.</p> <p>Reviewed and updated the Haringey SAB Safeguarding Pressure Ulcer protocol to increased awareness of health indicators of neglect such as pressure ulcers.</p> <p>Securing and overseeing primary care engagement for DHRs, SARs, and providing support and monitoring of resulting actions.</p> <p>Continuing Health Care Team (CHC) delivered 2 training sessions to partner agencies on continuing health care pathway.</p> <p>Ensured that CHC staff involved in safeguarding have the appropriate skills and knowledge to deliver a personalised approach, through training and monthly safeguarding supervision.</p> <p>Updated the GP portal safeguarding page to ensure GPs have access to the most up to date safeguarding information and training.</p> <p>Continue to embed safeguarding in commissioning, contracting and quality monitoring of all existing provider contracts and Service Level Agreements.</p> <p>Developed a quality monitoring dashboard with CHC and Care Homes Team.</p> <p>Supported provider quality visits to local care homes and private hospitals. HCCG Care Homes Team have</p>
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	<p>completed 12 care homes quality audits and good practice has been shared at the monthly care home forum.</p> <p>HCCG reviewed its complaints policy to ensure that there is a robust system for identifying, analysing and referring complaints which raise safeguarding concerns, including potential neglect.</p> <p>Secured funding for one year from NHSE to support embedding the care pathway for Learning Disability Patients.</p> <p>Supported the development of a NHS commissioner MCA and DoLS check list as part of the NHS London MCA and DoLS steering group.</p> <p>Develop performance and audit framework that explicitly considers how person-centred safeguarding interventions are and how reflective of users' views and needs in line with making safeguarding personal (MSP).</p> <p>Actions from Safeguarding Adult Review (SAR) and Domestic Homicide Reviews (DHR) are implemented, monitored and lessons shared across the all organisations including provider services.</p> <p>Where a patient under the responsibility of HCCG is in a private sector hospital or care home there are now effective systems for recording and monitoring of Deprivation of liberty applications.</p> <p>Developed a HCCG Prevent strategy including; HCCG Prevent policy, training matrix, and rolled out Prevent awareness training to HCCG staff.</p>
<p>Key challenges</p>	<p>In April 2017 HCCG along with the four other CCGs in North Central London moved from joint commissioning of primary care with NHSE England to full delegation. The CCG is currently giving consideration to the need for a named GP for adult safeguarding. HCCG will need to review whether a GP Lead employed on a sessional basis will strengthen safeguarding arrangements within Primary Care. This decision will be taken in the context of working more closely with Islington CCG.</p>
<p>Safeguarding adults work planned for 2017-2018</p>	<p>The challenges for safeguarding over the coming year are to continue to develop, expand and embed safeguarding practice within the core work of HCCG;</p>



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	<p>and to build up partnership working with the local authority, local health providers and NHS England (London).</p>
<p>Details of internal arrangements for providing staff (and others) with safeguarding adults training.</p>	<p>HCCG have implemented the Bournemouth University (National Competence Framework for Safeguarding Adults 2015) which is a national framework that provides consistency and standardisation across practice settings in measuring competence leading to greater accountability.</p> <p>HCCG's mandatory training programmes encompasses the five core standards of the Bournemouth Framework and expects that staff should be trained to:</p> <ul style="list-style-type: none"> • Understand what adult safeguarding is and their role in safeguarding adults; • Recognise an adult potentially in need of safeguarding and take action; • Understand procedures for making a "safeguarding alert"; • Understand dignity and respect when working with individuals; and • Have knowledge of policy, procedures, and legislation that supports safeguarding adults' activity. <p>All HCCG staff have been allocated a training level according to their contact with Adults at Risk and any subsequent role in the Safeguarding Adults process.</p> <p>The NHSE intercollegiate document for Safeguarding Adults will be published in 2017 which will provide a more detailed competency framework for health.</p> <p>Training compliance is monitored monthly by the Senior Management Team and reported Bi monthly at the Quality Committee.</p>



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<p>Examples of good partnership working</p>	<ul style="list-style-type: none"> • HCCG contributes to the Haringey LA Information Panel meetings and the Establishment Concerns process; agreeing actions and sharing and disseminating information as appropriate. • HCCG Designated Professional for Safeguarding Adults attends all provider Safeguarding Adults Committees, SAB and respective subgroups. • HCCG Designated Professional for Safeguarding Adults represents HCCG at the channel panel. • The Designated Professional for Safeguarding Adults has worked together with the LB Haringey on a number of safeguarding enquires and investigations, in addition to contributing to provider quality audits. • The Quality Matters in Care Home Team work in conjunction with LBH to support care homes to drive up quality in in care homes, including effective management episodes of ill health, including the provision of training to care home staff on basic health care provision which are often indicators of neglect during safeguarding investigations. The service also provides telephone support and visits after hospital discharges.
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Barnet, Enfield and Haringey Mental Health Trust  Barnet, Enfield and Haringey

Mental Health NHS Trust

A University Teaching Trust

Name of organisation:	Barnet Enfield & Haringey Mental Health NHS Trust
Completed by:	Ruth Vines
Title/Designation:	Head of safeguarding

Overview 2016-17	<p>Barnet, Enfield and Haringey Mental Health NHS Trust remains committed to safeguarding all our service users, their families and carers. Our Safeguarding Strategy and associated three-year work plan reflects our commitment and drive to ensure effective safeguarding is a shared responsibility both at a local level and with partner agencies.</p> <p>We strive to continually improve systems and processes; and to develop a clear strategic approach to safeguarding across all our services. Our commitment to safeguarding is reflected at Executive Board Level and the Executive Director of Nursing, Quality and Governance is Chair of our Integrated Safeguarding Committee.</p> <p>The London Multi-Agency Safeguarding Adults Policy and Procedure has been substantially revised and was launched in February 2016. It has been adopted across London and our local Safeguarding Adults at Risk Policy has been updated in line with the procedures, ensuring the Care Act 2014 principles and Making Safeguarding Personal (MSP) approach is reflected.</p> <p>We have worked hard to raise awareness of safeguarding and particularly in regard to new categories of abuse such as self-neglect, hoarding and modern slavery.</p>
Internal safeguarding adults' governance arrangements	<p>BEH have an established Integrated safeguarding committee that meets at least quarterly. The Trust Board receives bi monthly safeguarding updates. Safeguarding is a standing item on all three borough Clinical Governance meetings.</p>
Safeguarding adults work undertaken and key achievements in 2016-2017. To include specific	<p>We have been successful in securing funding from NHS England to pilot a domestic abuse project which aims to demonstrate the need for Independent Domestic Violence Advisors in mental health settings.</p>



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<p>examples of work undertaken.</p>	<p>Domestic Abuse training is given to all staff at Corporate Induction and our referrals to domestic abuse agencies continue to rise.</p> <p>We have improved oversight of data relating to safeguarding activity across the Trust for the past 12 months.</p> <p>We have updated and refreshed our safeguarding patient information leaflet using an easy read format.</p> <p>We have developed a supportive safeguarding adult booklet for staff.</p> <p>We have worked closely with the patient safety team and patient experience to ensure a triangulated approach to safeguarding.</p> <p>We have raised the profile of PREVENT across the organisation and Healthwrap3 training is included for all staff at Corporate Induction. We have worked closely with the local Channel Panels to ensure information regarding concerns relating to potential radicalisation is shared effectively.</p> <p>We have mapped our level 3 safeguarding adult training requirement against the Intercollegiate Document for Safeguarding Adults 2016. Level 3 safeguarding adult training is now being offered to mental health teams. The aims and objectives of our safeguarding work plan for 2016-17 (year 1) have been largely achieved. Level 1 and 2 safeguarding adult training has consistently remained at a compliance rate of 85% or above.</p> <p>Effective partnership working across the three boroughs of Barnet, Enfield and Haringey has continued</p>
<p>Key challenges</p>	<p>Data collection and analysis remains a challenge, however, we continue to work with our partner agencies to find appropriate solutions.</p>
<p>Safeguarding adults work planned for 2017-18</p>	<p>The year 2 work plan to support our Safeguarding Strategy 2016 - 2019 is under development. We plan to continue to embed the principles of Making Safeguarding Personal and to focus on newer areas of abuse such as hoarding and modern slavery.</p>



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<p>Details of internal arrangements for providing staff (and others) with safeguarding adults training.</p>	<p>Safeguarding training is mandatory for all staff. Level 1 and 2 training is delivered at Corporate Induction as part of a safeguarding training day. This includes issues such as domestic abuse, MCA & DoLS, and Prevent.</p>
<p>Case studies</p>	<p>A safeguarding concern was raised following an allegation of self-neglect. All interventions failed and the patient was at risk of dying. A mental capacity assessment was completed and it was agreed that the patient did not have capacity. A strategy meeting and professionals meeting identified the patient's risk and management plan. There was a need to involve the legal team as it was felt that the safeguarding concerns might necessitate recourse to legal action. Due to the intervention provided by the medical team, the patient agreed to an admission to a general hospital which was considered the best option for her. Care was delivered in accordance with appropriate risk management, individualised and evidence based practice. This case is a good example of effective partnership working to meet the needs of the patient. She continued to receive support from the community team.</p>
<p>Examples of good partnership working</p>	<p>We continue to work closely with the three borough local authorities and our partner agencies. We have worked particularly well with the Channel Panels to support the Prevent agenda during the past 12 months.</p>
<p>Safeguarding Reports <i>(please embed or provide links to any reports)</i></p>	<p>Our safeguarding annual report for this year is under development.</p>



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North Middlesex University Hospital

North Middlesex University Hospital 
NHS Trust

Name of organisation:	North Middlesex University Hospital
Completed by:	Elizabeth Wynne/Bridget Cooney
Title/Designation:	Deputy Director Of Nursing/Safeguarding Lead

Overview 2016-17	
Internal safeguarding adults' governance arrangements.	<p>North Middlesex University Hospital has the following governance in place to ensure safeguarding adults is embedded within the organisation</p> <p>Executive Lead – Deborah Wheeler director of nursing Deputy Executive Lead -Elizabeth Wynne Deputy Director of Nursing Interim Safeguarding Lead - Bridget Cooney</p> <p>Substantive Safeguarding Lead to commence on June 2nd 2017- Sarah Pope</p> <p>The Trust has an up to date Safeguarding Adults Policy that sets out responsibilities, reporting and investigating procedures for the protection of adults at risk. This policy supports and encourages staff to report any concerns that they may have about possible abuse to a person at risk, whilst that person is receiving treatment or care at the hospital.</p> <p>Adult Safeguarding enquiries are coordinated by Adult Social Services and the Trust is a partner agency of the Enfield and Haringey Safeguarding Adult Boards. The Trust is represented on both these boards by the Deputy Director of Nursing and the Safeguarding Lead.</p> <p>The Trust is also represented at both the Enfield and Haringey Safeguarding Adult Board subgroups by the Safeguarding Adult Lead. The Trust is represented at NHS England Safeguarding Network meetings by the Safeguarding Adult Lead.</p>
Safeguarding adults work undertaken and key achievements in 2016-2017. To include specific examples of work undertaken.	<ul style="list-style-type: none"> • Training compliance is increasing to Level 1 84% and Level 2 is 80% in April 2017. • An external provider has been brought in to provide MCA and DoLS training. • There is a monthly safeguarding meeting with attendance from all departments and partner agencies. The meeting looks at all safeguarding

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	<p>adult concerns identified by staff to ensure correct processes have been followed. An escalation plan is in place and triangulation of concerns enables us to liaise with local authority.</p> <ul style="list-style-type: none"> • Harm free panels for falls and pressure ulcers weekly to give assurance plans are in place and prevention of further deterioration. Safeguarding Lead attends meeting to identify vulnerable patients early. • Prevent Training takes place on hospital induction and regular roll out of training is offered to all staff. • Attendance at SAR Panels and subsequent action plans to share the learning. • Attendance from NMUH at the sub-group for MCA and DoLS.
<p>Key challenges</p>	<ul style="list-style-type: none"> • Keeping up with changes to Mental Health Act and DoLS legislation. • Staff fully compliant with mandatory training. • Training for Volunteers.
<p>Safeguarding adults work planned for 2017-18</p>	<ul style="list-style-type: none"> • Roll out of sustained PREVENT training to comply with statutory obligations under the Counter Terrorism and Security Act 2015. • Continue to embed the use of MCA in the organisation. • Development of a centralised monitoring system for DoLS to ensure full compliance. • Continue to embed identification of patients deprived of their liberty and legal responsibilities. • Continue training programme for DOLs. • Audit DOLs compliance with Senior Nurses on visible leadership programme. • Continued development of robust data collection system to monitor more activity in relation to safeguarding and utilise this data to target specific practice.
<p>Details of internal arrangements for providing staff (and others) with safeguarding adults training.</p>	<ul style="list-style-type: none"> • Safeguarding training is part of the Trust induction programme. • Safeguarding Adult Level 2 training is provided as face to face training for relevant groups of staff and covers the Mental Capacity Act and

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	<p>Deprivation of Liberty Safeguards. Bespoke training is targeted to band 6 and above.</p> <ul style="list-style-type: none"> • A brief overview of Domestic abuse has been added to this training and will be delivered in 2017/2018. • Bespoke training sessions around use of MCA and DoLS from an external provider. • Roll out of PREVENT WRAP 3 training across the organisation to comply with statutory obligations under the counter Terrorism and Security Act 2015.
<p>Case studies</p>	<p>A SAR was commissioned by Enfield Council Safeguarding Adult Board. The Learning Outcome meeting has taken place in Quarter 1. There is a further follow up meeting to take place. The adult has not attended the hospital in the 12 months prior to his demise.</p> <p>The IMR has identified poor documentation, no DoLS was found to be in place and limited recordings from the hospital social work team. An action plan is to be put place when learning outcomes identified.</p> <p>A SAR was commissioned in 2016 for an LD patient who attended ED on consecutive days and was subsequently found to have life changing health conditions. The Trust has delayed in providing an IMR after a decision was made to review the original reports. There are no concerns about clinical practice. Inadequate recordings and the lack of a wheelchair in ED was ameliorated in 2016 by embedding improved practice and regular audit.</p>
<p>Examples of good partnership working</p>	<p>Close monitoring of care provision Case studies and SARs External partners sit on local safeguarding board</p>



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Whittington Hospital

Whittington Health 

Name of organisation:	Whittington Health
Completed by:	Theresa Renwick
Title/Designation:	Safeguarding Adult Lead

Overview 2016-17	
Internal safeguarding adults' governance arrangements.	<p>Whittington Health has the following governance structure in place to ensure safeguarding adults is embedded within the organisation:</p> <p>Executive lead for safeguarding: Philippa Davies, Director of Nursing</p> <p>Named doctor for Safeguarding Adults: Dr Rhodri Edwards, consultant geriatrician</p> <p>Deputy executive lead for safeguarding: Sarah Hayes, deputy director of nursing</p> <p>Safeguarding Adults Lead: Theresa Renwick</p>
Safeguarding adults work undertaken and key achievements in 2016-2017. To include specific examples of work undertaken.	<ul style="list-style-type: none"> • Training compliance remains high, with 90% for level 1 and 85% for level 2 in March 2017. • Roll out of PREVENT WRAP 3 training has commenced. • Development of an in-depth action plan, incorporated in SAR for Ms BB and Ms CC which includes dementia awareness, and safeguarding responsibilities for carers. The comprehensive action plan was commended in the final SAR report by the Panel Chair. • Series of sessions in the community with staff looking at self-neglect and the use of the MCA 2005. • Weekly emergency department safeguarding adult meetings continue. • Attendance at ward MDT meetings to provide advice around complex safeguarding adult issues, use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and discharges. • Commencement of work looking at implication of MCA for 16 and 17 year olds with a learning disability. • Increase in numbers of Capacity assessments logged on Anglia Ice. • Hosting of DoLS event with the vice-president of the Court of Protection as the keynote speaker.



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	<ul style="list-style-type: none"> • Hosting of Modern Slavery workshop, and participation in NHS England film to promote awareness of modern slavery. • White Ribbon event looking at how domestic abuse impacts on families. • Development of pressure ulcer information pack, for patients, families and informal carers, GPs, care agencies and social workers. • Development of Learning Together from Patient Safety Incidents and Complaints sessions, which are open to all partner agencies, and look in depth at one serious incident investigation for each session. • Establishment of Integrated Care Network meetings (which have GPs, adult social care, Age UK and Camden and Islington NHS Foundation Trust present) to consider complex cases of safeguarding adults and issues around use of the Mental Capacity Act 2005. • Increase in numbers of DoLS identified within Whittington Health. • Increase in numbers of safeguarding adult concerns raised by both inpatient and community staff. • Pilot site for the Learning Disabilities Death Mortality Review.
<p>Key challenges</p>	<ul style="list-style-type: none"> • Ensuring understanding and awareness of safeguarding adults remains high across the organisation, and all staff are aware of their statutory obligations regarding safeguarding adults. • Ensuring compliance with training remains high. • Ensuring all relevant staff receive WRAP 3 training within legislative deadlines. • Continuing work around use of the Mental Capacity Act, specifically around assessments of capacity, and Best Interest decisions and meetings. • The loss of a dedicated domestic abuse lead post has greatly impacted on awareness of domestic abuse within the organisation. This continues to be an area to be monitored. • Embedding lessons learned from SARs, DHRs and SIs.

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	<ul style="list-style-type: none"> • Ensuring lessons from mortality reviews are disseminated and embedded across the organisation where relevant. • Continue to ensure DoLS are applied for where relevant. • Working in partnership with key agencies to ensure adults are safeguarded.
<p>Safeguarding adults work planned for 2017-18</p>	<ul style="list-style-type: none"> • Use of MCA for 16 & 17 year olds – this has been an issue particularly in raising awareness amongst education staff, and so will require a multi-agency approach. • Compliance with WRAP 3 training requirements by March 2018. • Development of safeguarding adult forums in the community. • Embed messages learned from SARs within the organisation. • Ongoing safeguarding adults training to maintain the existing knowledge base within Whittington Health, whilst also developing staff's expertise and confidence. • Working with partner agencies to ensure the Mental Capacity Act is embedded in day to day practice. • Development of learning from internal SIs.
<p>Details of internal arrangements for providing staff (and others) with safeguarding adults training.</p>	<ul style="list-style-type: none"> • Training is provided at the monthly induction face to face. • Monthly refresher sessions are provided. • Bespoke safeguarding adult sessions are provided upon request.
<p>Case studies</p>	
<p>Examples of good partnership working</p>	<p>Gloria* lives in a residential care home, and had attended the Whittington. The residential care home had previously been identified as causing concern about the care offered to residents. The safeguarding adult concern was forwarded to the manager of the safeguarding adult team within Haringey, to ensure a timely and appropriate response. This also allowed for the concern about Gloria to be added to general concerns about the quality of care given to residents at this care home.</p> <p>Jeff* has a forensic history, and his discharge required careful planning, to ensure he received the support he required, whilst also assessing any risk he may pose to</p>



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	<p>the public, or the public may pose to him. A multi-disciplinary meeting including the police, social services and WH was held to ensure an agreed, robust plan was in place prior to discharge, and that this care plan could also be monitored upon discharge.</p> <p>Faraj* is paraplegic, uses a wheelchair to mobilise and requires district nurse input to dress his pressure ulcers. He had been refusing input prior to admission from the district nurses, and had presented as aggressive and racist towards staff. Faraj's refusal to allow access to the District Nurses, and subsequent non-attendance at appointments at his GP resulted in a decline in his physical health, and an admission to hospital due to serious infection. Prior to discharge, a number of multi-disciplinary meetings were held to ensure risks were correctly identified, robust assessments of capacity were undertaken regarding care and treatment for his pressure ulcers in the community, and a protection plan put in place to ensure a rapid and appropriate response should Faraj again refuse community intervention, and/or be aggressive and/or racist towards staff.</p>
<p>Safeguarding Reports <i>(please embed or provide links to any reports)</i></p>	



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Haringey Adult Social Services



Name of organisation:	Adult Social Services
Completed by:	Helen Constantine
Title/Designation:	Strategic Lead Governance and Improvement Service

<p>Overview 2016-17</p>	<p>Adult Social Services continues to make great strides in further enhancing its safeguarding practice. In 2016/17, we started to make some significant changes in the way in which safeguarding work in Adult Social Services is undertaken. Given the focus of the Care Act 2014 and the Making Safeguarding Personal agenda, which ensures that the individual is always central to the process, we have made sure that safeguarding is no longer held by a specialist team alone, but instead that the responsibility for undertaking safeguarding work is now with all social work practitioners. This has meant a new training programme for our staff to ensure the skills and knowledge in these areas are to the high standards expected. It has also provided us with opportunities to improve our safeguarding processes and update our computer systems to reflect the changes made.</p> <p>As part of the Care Act 2014, it is a legal requirement that local authorities have in place a Safeguarding Adult Board (SAB) to develop, share and implement a joint safeguarding strategy. Haringey has a well-established local SAB, led by an independent chair.</p> <p>The work of the SAB is underpinned by the safeguarding principles which were set out in the statutory guidance accompanying the Care Act 2014. The principles inform the ways in which Adult Social Services and our partners work with adults:</p> <ol style="list-style-type: none"> 1. Empowerment – ensuring that decisions are driven by the adult at risk; 2. Prevention – Taking action before harm occurs; 3. Proportionality – responding in the most proportionate way possible; 4. Protection – securing support and representation for those most in need; 5. Partnership – working with our communities to promote local solutions 6. Accountability – being accountable and transparent in delivering safeguarding.
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	<p>These six principles form the basis of our <i>Safeguarding Adults Strategy 2015-18</i> which has been developed in partnership with Board members.</p>
<p>Internal safeguarding adults' governance arrangements.</p>	<p>The Haringey Safeguarding Adult Board (SAB) oversees safeguarding governance and the safeguarding strategy for Haringey. The SAB has four sub-groups which support the development of specific areas in preventing and responding to the abuse of adults at risk. The four subgroups are:</p> <ul style="list-style-type: none"> – Safeguarding Adults Prevention and Training and Development Subgroup. – Multi-agency Mental Capacity Act and Deprivation of Liberty Safeguards. – Multi Agency SAB Quality Assurance Subgroup. – Safeguarding Adults Review Subgroup. <p>The newly formed Safeguarding Adults Review (SAR) Subgroup was established by the SAB to consider referrals of any case which may meet the statutory criteria and to ensure recommendations are made, messages disseminated and lessons are learned in relation to SARs. The Director of Adult Social Services is a key member of this group.</p> <p>In addition to the subgroups, there may be occasions when the SAB will establish specific, time-limited task and finish groups to report on particular topics according to the work required.</p> <p>Safeguarding adults' governance is also overseen by the Adult Social Services Quality Assurance Board (QAB) which meets quarterly to ensure that quality assurance arrangements are in place across Adult Social Services.</p> <p>This includes monitoring the quality of safeguarding services through overseeing safeguarding service data, Deprivation of Liberty Safeguards (DoLS) data, external provider safeguarding monitoring and the safeguarding user survey.</p> <p>Safeguarding referral data is reported to the Quality Assurance Board, Safeguarding Prevention Subgroup and Safeguarding Adults Board on a quarterly basis. This information has fed into work with the Commissioning Unit around establishment concerns to determine whether or not the Council should continue to use a service provider</p>



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	<p>where there are concerns. Alerts raised against hospitals are also reviewed with health and CCG colleagues to identify learning.</p>
<p>Safeguarding adults work undertaken and key achievements in 2016-2017. To include specific examples of work undertaken.</p>	<p>Work has been undertaken as part of the Making Safeguarding Personal (MSP) initiative to introduce a new adult safeguarding user survey looking at the outcomes of safeguarding investigations. The survey helps us to capture information about whether our services are meeting the principles set out within the Care Act 2014.</p> <p>In collaboration with partner agencies and on behalf of the Safeguarding Adults Board (SAB), Adult Social Services has developed a joint Section 42 Enquiry Framework and guidance for staff. This consolidates the process for working in partnership to make safeguarding enquiries in response to a reported concern that abuse or neglect may be taking place, helping to safeguard vulnerable adults from abuse.</p> <p>In response to the Care Act 2014, we have established a tri-borough contract for an advocacy service. The new service ensures that Haringey meets its new statutory duty to arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate individual to help them.</p> <p>We have also published a comprehensive Deprivation of Liberty Safeguards (DoLS) procedure and guidance for staff which has been embedded into practice to manage the identification, avoidance and assessment of a deprivation of liberty. The management of DoLS assessments is closely monitored by Adult Social Services to ensure that the increased level of assessments associated with our Care Act 2014 responsibilities is robustly managed. Good progress has been made in clearing a backlog of DoLS applications resulting from the enhanced process for applications to the Court of Protection. Between 1 April 2016 and 10 May 2017, a total of 953 DoLS applications were dealt with. The demand on the service means that we are not in a position to undertake all DoLS assessments in house. We have been successful in signing up 11 external Best Interest Assessors on a contract basis, which is providing a cost effective solution to meeting demand, and we are continuing to train internal staff to undertake this role.</p>



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	<p>We have been working to develop a targeted safeguarding public awareness campaign to continue to promote awareness of adult safeguarding and further increase the reporting of adult safeguarding concerns. The campaign will focus its activities at public events around the borough during the summer.</p> <p>The newly-established Safeguarding Adults Review (SAR) Subgroup completed a SAR in 2016/17. The learning identified included the need for improved inter-agency work to enable clarification of pathways and roles of agencies such as Adult Social Services, Homes for Haringey, Children and Young People's Services and Housing Related Support. These improvements aim to minimise the potential for vulnerable people to fall through the net, in particular those with lower level needs.</p>
<p>Key challenges</p>	<p>In 2015/16, we saw a 28% increase in the number of individuals for whom a safeguarding concern had been identified in the London Borough of Haringey, from 860 in 2014/15 to 1101 in 2015/16. The increase in safeguarding referrals poses a challenge to the service and we have responded by ensuring that our safeguarding resources, policies and procedures, and our performance framework are robust and closely monitored.</p> <p>We are continuing to implement the MCA/DoLS policy and training with staff and acting as a reporting mechanism to the SAB on DoLS referrals.</p> <p>We are also continuing to ensure that staff understand the Making Safeguarding Personal agenda so that service users' voices and experiences are listened to.</p>
<p>Safeguarding adults work planned for 2017-18</p>	<p>A multi-agency group has been formed to deliver a safeguarding public awareness campaign in order to continue raising awareness of adult safeguarding. The campaign is looking to focus on elder abuse and financial abuse, and information leaflets will be developed and distributed at events. The campaign will focus its activities at public events in the borough during the summer.</p> <p>We will continue to monitor our performance framework which has been developed explicitly to measure user and carer involvement, with specific Key Performance Indicators to demonstrate that safeguarding is person-led and outcome-focused; that it engages the person in a conversation about how best to respond to their</p>



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	<p>safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.</p> <p>We will build on work using safeguarding ‘heat maps’ to identify the geographical location of safeguarding referrals, developing a case work forum to share learning across partner agencies. This will involve invitation to all Haringey safeguarding heads, the use of heat maps and local data to generate discussions and identify any risks and mitigating actions needed.</p> <p>To ensure that there are safeguards in place to protect people who organise their own care via personal budgets, we will carry out an annual review of care packages, including those receiving their personal budget via a direct payment.</p> <p>We will continue to train internal staff and secure a value for money service to manage the increased demand for Deprivation of Liberty (DoLS) assessments.</p> <p>We are making further changes to how we deliver adult safeguarding and have begun an audit which is being led by our SAB chair and Assistant Director for ASS that will look at delivering more positive changes to the way we work in the summer of 2017. The audit will focus on working with frontline staff around delivery and improving practice, ensuring audits are more focused around specific aspects of the safeguarding process and developing a safeguarding competency framework and risk matrix.</p>
<p>Details of internal arrangements for providing staff (and others) with safeguarding adults training.</p>	<p>Haringey is committed to providing high quality multi-agency safeguarding adults training. We have developed a Safeguarding Development and Learning Opportunities work programme which is available to all staff working with adults at risk. The training available covers courses from an introductory level, through to alerter, practitioner, investigator and manager levels. The courses are designed to meet occupational competencies in health and social care and also include the Mental Capacity Act and Deprivation of Liberty Safeguards at all levels.</p> <p>We continue to offer safeguarding adults training to Haringey’s large voluntary and community sector. Those who have taken up places over the last year include the Haringey Home from Hospital Service and Healthwatch</p>

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	<p>Haringey. Places have also been booked by CARIS Haringey and One Housing for upcoming courses.</p>
<p>Case studies</p>	<p>A safeguarding alert was raised by the London Ambulance Service (LAS) and a local hospital after an elderly resident had a fall. The resident lived independently in the community and had a package provided by a domiciliary care provider.</p> <p>A neighbour (and key-holder) was concerned that the newspaper was still in the letterbox and accessed the flat. The resident was unable to get up after the fall or call for help. The medical evidence indicated that the resident must have been on the floor between 18 to 24 hours. This was based on skin damage and resulting pressure sores. After 3 weeks the resident was discharged with a referral for the District Nurse to dress the sustained pressure sores twice weekly.</p> <p>The views of the resident and next of kin were obtained that the Domiciliary Care provider was held accountable for the neglect. On discharge from hospital a new provider was identified.</p> <p>The Section 42 enquiry focused on neglect and was substantiated and closed.</p>
<p>Examples of good partnership working</p>	<p>The High Risk Panel (HRP) has been established to provide a multi-agency way of supporting work on complex and high risk cases, including but not limited to hoarding, fire risk, and self-neglect. The HRP took forward discussion and progressed the setting up of a Haringey Multi-Agency Hoarding Protocol. The panel consisted of representatives from the London Fire Brigade, Homes for Haringey, Mental Health services, and Haringey Council. In July 2015, the Haringey Borough Multi-Agency Hoarding Protocol was approved and published by the Safeguarding Adults Board.</p> <p>The protocol is now well embedded in practice and staff are routinely seeking fire risk assessments for at-risk residents. In the last year, Adult Social Services, Environmental Health, Legal Services and the Locality Team worked jointly to help an elderly couple whose privately owned home had become uninhabitable due to hoarding, disrepair and infestation. Temporary accommodation was provided for the couple in a step-down unit and they were supported to seek legal advice regarding the mortgage on the property.</p>



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	<p>The Commissioning Unit together with Adult Social Services also have an established safeguarding and quality assurance process with regard to service providers, based on the approach set out clearly and published in the Market Position Statement. We have continued to work in partnership with our external care providers, Haringey CCG and the Care Quality Commission around the monitoring of adult social care services for residents in Haringey. We have developed a close working relationship with the Care Quality Commission, the independent regulator of health and adult social care in England, enabling us to share information and intelligence about the quality of care provision in the local area. This approach enables concerns to be identified at an early stage and appropriate action to be taken to keep people safe. Where there have been major safeguarding concerns regarding a provider, we have used the Joint Establishment Concerns Procedure to work in partnership to investigate concerns and to take action where necessary, such as increased provider monitoring.</p>
<p>Safeguarding Reports <i>(please embed or provide links to any reports)</i></p>	<p>Please see: http://www.haringey.gov.uk/social-care-and-health/safeguarding-adults/haringey-safeguarding-adults-board-sab</p>



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Prevention and Training Subgroup

Name of organisation:	Prevention and Training Subgroup
Completed by:	Marianne Ecker
Title/Designation:	Haringey Council Workforce Development Change Manager, Health & Social Care

Overview 2016-17	
Internal safeguarding adults' governance arrangements.	The subgroup reports to Haringey SAB. Links have also been formed with the SAR subgroup to enable a clear flow of learning between the group members.
Safeguarding adults work undertaken and key achievements in 2016-2017. To include specific examples of work undertaken.	<ul style="list-style-type: none"> • Design of posters as start to safeguarding public information campaign • Improvements to safeguarding data collection by addition of first language reporting • Improvements to evaluation of employee training and reporting across partners, including presentations for quality assurance • New Prevention Strategy for 2017-20 agreed • Conference places opened to partner organisations • Community and voluntary sector groups attending council courses
Key challenges	Lack of funding for activities
Safeguarding adults work planned for 2017-18	<ul style="list-style-type: none"> • Launch of Safeguarding Public Awareness campaign June 2017 • Planning of outreach work to inform community groups of abuse types and support groups available • Increased membership of subgroup from community groups • Use data to conduct deep dives to better identify vulnerable residents and areas of possible under reporting • Further develop training offer to include mental health
Details of internal arrangements for providing staff (and others) with safeguarding adults training.	Each partner provides staff training at level 1 and most at level 2. The Council offers places for Level 3 and 4 courses. Basic e-learning available to all freely from Council website.

<p>Case studies</p>	<p>BEH Mental Health Trust A safeguarding concern was instigated regarding a service user who was found neglecting herself. Meetings held that involved local authority, GP, health, Fire Service and the Housing Department ensured a robust and co-ordinated response across the key partnership to plan the interventions required. The roles and responsibilities for key partners were well understood ensuring that actions are agreed, owned and delivered and that there are clear lines of accountability.</p> <p>Learning Disabilities Partnership</p> <ul style="list-style-type: none"> • A married couple known to our service both having a learning disability. • The husband died suddenly. He had been unwilling to engage with health services and receive appropriate preventative medical care. The wife was in shock due to sudden loss. • Living conditions were extremely poor, neglect of environment and self. • Joint work with Day Opportunities at Ermine Road and a local Care Home. • After a period in hospital work continued to find new placement until a permanent home was found in extra care supported housing. • HLDP continues to support the woman who now receives a high level of support with her health and social care needs.
<p>Examples of good partnership working</p>	<p>Whittington Hospital NHS Trust have organised a number of events and invited SAB partners including a DoLS event in May 2016 with Vice President of the Court of Protection as keynote speaker and the Domestic Abuse event in November 2016 marking white ribbon day.</p> <p>The Council continue to offer places on safeguarding training and have run events on financial abuse, self-neglect and hoarding and raising a concern, which have been attended by staff, partners and volunteers from the community sector.</p>



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MCA DoLS Subgroup

Name of organisation:	HSAB Mental Capacity Act and Deprivation of Liberty Subgroup.
Completed by:	Jeni Plummer
Title/Designation:	Chair

Overview 2016-17	<p>The Safeguarding Adults Board works to safeguard the rights of people who lack the mental capacity to make decisions for themselves.</p> <p>The Multi-Agency Mental Capacity Act and Deprivation of Liberty Safeguards Subgroup is a steering group, which oversees the ongoing implementation and operation of the Mental Capacity Act (MCA) 2005, including the Deprivation of Liberty Safeguards (DoLS).</p> <p>The Supreme Court judgment of 2014 in the case of Cheshire West clarified an “acid test” for what constitutes a “deprivation of liberty”: an individual is deprived of their liberty for the purposes of Article 5 of the European Convention on Human Rights if they:</p> <ul style="list-style-type: none"> • Lack the capacity to consent to their care/ treatment arrangements • Are under continuous supervision and control • Are not free to leave. <p>The Deprivation of Liberty Safeguard (DoLS) is a statutory administrative arrangement managed by the local authority in its capacity as the supervisory body and through which a person can lawfully be deprived of his liberty. The arrangement comprises:</p> <ol style="list-style-type: none"> 1. the procedure where under a supervisory body may authorise a deprivation of liberty, ("standard authorisation"); 2. the procedure where under the managing authority of a care home of hospital may authorise a deprivation of liberty for the period pending the grant of a standard authorisation ("urgent authorisation"); 3. the qualifying requirements for making authorisations; 4. procedures for carrying out of assessments to establish whether the requirements are satisfied, including an assessment by a best interest assessor ("BIA");
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	<p>5. a process for instigating and carrying out a review of a standard authorisation;</p> <p>6. provisions concerning "relevant person's representatives" ("RPRs"); and</p> <p>7. provisions concerning independent mental capacity advocates ("IMCAs").</p> <p>In being able to authorise a deprivation of liberty under DoLS, the local authority must make sure that a number of assessments are undertaken by a Best Interest Assessor (BIA) and a Doctor approved under the Mental Health Act 1983. These assessments are Age, Mental Capacity, Mental Health, Eligibility, No Refusals and Best Interest Assessments. Given the complex nature of this work assessments must be very detailed and comprehensive and require the input of family members and professionals.</p> <p>The potential risk to the council for unlawful detention will depend on each case. However recent rulings by the court have seen payouts of £3500 and £4600 per month for unlawful deprivation of liberty (<i>Essex County Council v RF 2015</i>). There is also the impact that the negative publicity would have on the local authority. Given the very large backlog, most cases have not been managed within the required timescales. In some cases, these timescales have been exceeded by 6+ months.</p> <p>Each member organisation of the Board promotes awareness and good practice under the MCA within their services, training and through commissioned services.</p> <p>The sub-group works towards the strengthening of inter-agency relationships and to facilitate the ongoing implementation of the MCA including the Safeguards in addition to providing assurances around governance and quality, sharing practice and improving DoLS compliance. The sub-group supports the aim of Government to embed rights and responsibilities of the MCA in mainstream work. The key message is that the MCA applies to everyone who works with and/or cares for an adult who may lack capacity to make specific decisions.</p>
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<p>Internal safeguarding adults' governance arrangements.</p>	<p>The MCA and DoLS SAB Subgroup meet quarterly and provides reports to the Haringey Safeguarding Board.</p>								
<p>Safeguarding adults work undertaken and key achievements in 2016-2017. To include specific examples of work undertaken.</p>	<p>Participated in the Law Commission consultation of DoLS. The MCA and DoLS Subgroup reviewed the proposal to reform Deprivation of Liberty Safeguards and provided a response on behalf of the SAB.</p> <p>Raised awareness of the amendment to the Coroners and Justice Act 2009. People subject to authorisations under the Deprivation of Liberty Safeguards (known as DoLS) will no longer be considered to be 'otherwise in state detention' for the purposes of Section 1 of the Coroners and Justice Act 2009.</p> <p>Raised awareness and briefed the SAB in relation to the Law Commission's response to DoLS which sets out wider reforms to the Mental Capacity Act recommendations, together with a draft Bill for DoLS.</p> <p>Monitored implementation of the MCA/Deprivation of Liberty Safeguards (DOLs) policy and in particular assuring of demand management.</p> <p>Agreed data set for monitoring of DoLS.</p> <p>Reviewed and supported the implementation of the revised DoLS forms with providers.</p> <p>Agreed the data set for DoLS.</p> <p>Monitored the DoLS back log and associated actions.</p>								
<p>Key challenges</p>	<p>The Supreme Court ruling in regards to the Deprivation of Liberty Safeguards and the 'acid test' (lacks capacity, under constant supervision and not free to leave) in March 2014 led to an unprecedented demand for DoLS.</p> <table border="1" data-bbox="639 1731 1369 1877"> <tr> <td>2013/2014</td> <td>80</td> </tr> <tr> <td>2014/2015</td> <td>346</td> </tr> <tr> <td>2015/2016</td> <td>508</td> </tr> <tr> <td>2016/2017</td> <td>655</td> </tr> </table> <p>All Local Authorities have experienced the same uplift and there has been a general failure by Authorities to meet the statutory timeframes.</p>	2013/2014	80	2014/2015	346	2015/2016	508	2016/2017	655
2013/2014	80								
2014/2015	346								
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	<p>The DoLS can be granted up to 12 months and a renewal is required if there has been no change in circumstances. Subsequent Case Law has recognised that there are times where a renewal is required earlier (e.g. covert medication).</p> <p>A new DoLS is required for each hospital admission and LBH remain responsible for the DoLS of any ordinary resident who is placed outside of the borough.</p> <ul style="list-style-type: none"> • Resources have been identified to fulfil this statutory duty. • The Local Authority awarded a contract to an external provider to complete the backlog of BIA assessments. • An increase in external s12 Psychiatrists to complete the assessments has taken place. • Internal BIA's who have recently qualified complete assessments. • Managers continue to identify eligible staff during supervision that can be trained as BIAs. • Mandatory annual refresher training for internal BIAs • Invested in ongoing training, peer group support and a forum for internal staff to manage the 'business as usual' applications.
<p>Safeguarding adults work planned for 2017-2018</p>	<p>Monitor the implementation of MCA/DoLS, policy and practice across multi-agency partners.</p> <p>Co-ordinate the implementation of Law Commissions draft legislation "Liberty Protection Safeguards".</p> <p>Develop awareness, knowledge and understanding in regards to Children's legislation the MCA and consent for 16-17 year olds.</p>
<p>Details of internal arrangements for providing staff (and others) with safeguarding adults training.</p>	<p>Safeguarding training is ongoing across the Local Authority and the CCG. This is delivered using different models - face to face, e-learning, supervision and in practice forums.</p>
<p>Case studies</p>	<p>Mr X is a 78-year-old gentleman who lives with his daughter Y in a ground floor council rented flat. Mr X has been diagnosed with heart failure and cognitive impairment following a stroke. His mobility is significantly impacted and he requires the support to ensure his safety.</p>

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	<p>In March 2017 a report was received that Mr X had fallen whilst care was being administered. CCTV was previously installed to monitor his general wellbeing. A safeguarding alert was raised. In response, an email was sent to the care provider requesting a report in relation to events leading to Mr X's fall, as provider's account of incident differed.</p> <p>Following an investigation, which included the Commissioning and Brokerage teams and a joint visit with an Occupational Therapist to Mr X, the provider withdrew both carers for training purposes.</p> <p>The relationship between client/family and care provider broke down beyond repair. Mr. X's daughter sought alternative carers to be financed via Direct Payments.</p> <p>The Learning Disability team have a client (P) who is placed in a 24 hour supported placement. In addition to his learning disability he has a mental health diagnosis. He visits his mother Q (who also has an established mental health diagnosis) on weekends.</p> <p>A safeguarding alert was raised by the Learning Disability team when Q refused to allow her son to return to his placement, denying him access to his physical/mental health medication. It was felt she was experiencing a relapse in her mental illness and if left unresolved, so could he.</p> <p>In response the safeguarding team called the Police and liaised with the authority's Approved Mental Health Professionals team. As a result, the Police visited and extracted P from his mother's address and the following day Q was assessed and detained under the Mental Health Act.</p>
<p>Examples of good partnership working</p>	<p>The Local Authority's Safeguarding Service and Commissioning Team work closely with the CCG when there are allegations about health care provision and with providers where there are concerns around delivery of care. Joint learning plans have been developed and shared with provider forums via commissioning colleagues in the Authority.</p>



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<p>Safeguarding Reports <i>(please embed or provide links to any reports)</i></p>	<p>http://www.haringey.gov.uk/social-care-and-health/safeguarding-adults/safeguarding-adults-policies-and-procedures</p>
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Metropolitan Police Service (MPS)

Name of organisation:	Haringey Police
Completed by:	A/DCI David Courcha
Title/Designation:	Haringey Police Adult Safeguarding

Overview 2016-17	<p>Haringey Police is committed to its responsibility to safeguard and protect the interests and welfare of children and adults across the borough.</p> <p>The Care Act 2014 places a requirement on police to operate as a statutory partner on the Local Safeguarding Adults Board. This is complemented in Haringey by our close and continuous working relationship with both our statutory and voluntary sector partners.</p> <p>Haringey Police seek to provide a visible and approachable service to our communities with the aim of making the borough a safer place for all. This is achieved through the appropriate sharing of information, identification & assessment of risk and coordinated positive action.</p> <p>The Safeguarding Detective Chief Inspector Co-Chairs the Prevention and Training Safeguarding Sub-group alongside LBH Social Care colleagues. This is critical to ensure continued joint learning for the partnership.</p>
Internal safeguarding adults' governance arrangements.	<p>The Haringey Police Borough Commander is a statutory member of the SAB, supported by the Detective Superintendent and Safeguarding Detective Chief Inspector. The subgroups that sit under the SAB are attended and co-chaired by police representative from Detective Superintendent to Detective Inspector level.</p> <p>Safeguarding is a priority for all of the Haringey Police Senior Leadership Team. However, on a day by day basis the Safeguarding Detective Chief Inspector has oversight for all safeguarding aspects and activity. This provides continuity and provides a SPOC for both Statutory and non-statutory partners at a strategic level.</p> <p>All safeguarding matters that arise in a 24-hour period are discussed in the daily management meeting, they are then tracked through the day at each further meeting to ensure governance, oversight and progression. These</p>



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	<p>meetings take place at 0930, 1500 and 2100 hours. They are chaired by a Chief Inspector or Superintendent.</p> <p>Problem profiles for safeguarding are now discussed at the monthly borough tasking meeting. This is chaired by the Detective Superintendent or a Detective Chief Inspector. This meeting ensures police task their resources to the relevant priorities and plan against emerging issues.</p> <p>The MASH, Community Safety Unit and Criminal Investigation Main Office are each managed by a Detective Inspector. These officers report into the Safeguarding Chief Inspector in regards to Safeguarding investigations and issues.</p>
<p>Safeguarding adults work undertaken and key achievements in 2016-2017. To include specific examples of work undertaken.</p>	<p>At present all safeguarding notifications reported by police are via the MERLIN system. These notifications are then processed by the MASH and shared with partners. To enhance the local knowledge held within the MASH from a police perspective and to reduce research time. We have attached both a Gangs Unit officer and a Missing Persons Unit officer to the MASH. This effectively means they have a current and working knowledge of their respective units and are able to provide an input from that perspective to assist in assessing the risk and opportunities in each case. Their relationship with colleagues on their respective units also provides an opportunity for expedient tasking of action should a safeguarding risk arise. In September 2017 the MASH is due to re-locate to River Park House, the proposed site provides a greater capacity to increase the number of police working within the partnership.</p> <p>All front line officers have received Adult Safeguarding training. This provided a focus on identification, support and action. 11 sessions were delivered to 165 officers.</p> <p>In this reporting period, Haringey Police have completed 554 Adult concern Merlin reports that have been shared with LBH Social Care. 275 of these were referred to Mental Health Services, 95 were signposted for further assistance and 45 were transferred to other areas within Adult Services.</p>

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	<p>Haringey Police continue to work closely with partners to ensure a clear communications strategy, this year part of our joint work has been the creation and publishing of posters to raise awareness and reporting pathways for domestic abuse, financial abuse and hoarding.</p> <p>We have conducted analysis of LA data to identify vulnerable adult hotspots and repeat locations to identify the highest risk cases and increase support / safeguarding.</p> <p>Authority obtained from HSAB that police co-chair of P + T Sub Group would become a permanent member of SAR Sub-Group to ensure a consistent approach to conducting and learning from SARs, Domestic Homicide Reviews and Fire Death.</p> <p>Awareness of MCA and DoLS cascaded to front line staff to increase knowledge of practitioners, also the use of advocates in Safeguarding work.</p>
Key challenges	<p>Moving forward into the new financial year there is a potential for a merger of Haringey and Enfield boroughs from a policing perspective. This would mean that both local authorities would be partnered with the new police merger. This proposition brings both challenges and opportunities.</p> <p>The full design of this is not yet mapped. However, it is critical that the service delivery and professional relationships that currently exist are not compromised. The opportunities presented are the closing of boundaries, expedient information sharing and a safer Haringey and Enfield for all.</p> <p>This is set against the forever changing financial landscape also impacts on our ability to involve ourselves not just only with financial contributions but also the commitment of managers to the increasing number of strategic programmes. That said the commitment remains for investment to continuously improve and adapt moving forward.</p>
Safeguarding adults work planned for 2017-18	<p>The merger mentioned above will have a significant impact on the design of the local police structure. Whilst much of this is work in progress, it is clear that safeguarding will be a key priority and one of the four</p>

	<p>main strands. This is likely to have focused governance at Senior leadership level (Superintendent Safeguarding).</p> <p>Haringey Police place great importance on victim care and crime prevention, linking into public confidence and satisfaction. We therefore are dedicated to fulfil our responsibilities under the MPS Total Victim Care Strategy.</p> <p>We recognise the prevention and management of safeguarding matters is a key contributor to this and we are committed to the provision of outstanding service to adults at risk of, or who have experienced abuse.</p> <p>Haringey Police will ensure expertise and processes continue to develop in the early identification of Vulnerable Adult victims of abuse and/or crime and that these cases are appropriately resourced by specialist officers to improve victim care and case outcomes.</p> <p>As mentioned above the MASH is due to be relocated to RPH in September, this move opens up the opportunity for greater police representation within the MASH.</p> <p>In terms of VAWG the CSU continue to take primacy for this portfolio. The MARAC and MARAC steering group ensure a joined up approach to those cases that present the greatest risk from both a practitioner and governance perspective.</p> <p>The roll out of body warn video is a positive development for the partnership. This now allows officers to record the initial incident that they arrive to in all policing scenarios. The impact of this on domestic abuse cases is significant. The footage recorded shows the initial fear and distress faced by victims of domestic abuse. The picture painted from this is often far more reflective of the victim's experience than a written statement. Additionally, we know that victims of domestic abuse are caught in the DA cycle and often wish to withdraw their allegation through fear of the consequences should they support a prosecution against a partner. This footage makes the prospect of a victimless prosecution a reality in many cases and we</p>
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	<p>look forward to monitoring this as the year progresses. Clearly BWV is not exclusive to DA and can be utilised to capture the scenes in neglect and hate crime investigations.</p> <p>Work is currently under way to establish how we can increase opportunities for 3rd party reporting of domestic abuse and hate crime. This may be through methods such as an anonymous reporting portal, reporting pot boxes at key public venues etc.).</p> <p>Additionally, there is the development of IT for the public to report crime directly via their mobile phone/tablet via an approved App that can be downloaded. This allows the victim to capture evidence first hand and submit to the police directly via their device.</p>
<p>Details of internal arrangements for providing staff (and others) with safeguarding adults training.</p>	<p>Safeguarding Adults training is mandatory across the MPS - Haringey Police ensures all staff comply with such training requirements. All officers across the Borough have dedicated training days set within their working shift pattern and these days are utilised for such topics. This training is IT and focus group based, ensuring positive examples of early identification, effective risk management and positive interventions are shared locally and across London as well as with external partners.</p> <p>Further, Haringey Police SLT hold regular “staff briefing” days in which safeguarding is placed at the heart of the days learning and development. This promotes the importance the Police Leadership team places on Safeguarding.</p> <p>Moving forward there will be further training around awareness of the mental capacity act and the indicators of offences that fall within this legislation.</p>



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Voluntary Sector: Bridge Renewal Trust

Name of organisation:	The Bridge Renewal Trust
Completed by:	Geoffrey Ocen
Title/Designation:	Chief Executive

Overview 2016-17	
Internal safeguarding adults' governance arrangements.	The Board of Trustees of the Bridge Renewal Trust has overall accountability for safeguarding. The executive responsibility for safeguarding children and adults is delegated to the Chief Executive who is charged with ensuring that the Board's responsibilities are fulfilled including investigations into any allegations and annual review of safeguarding policy.
Safeguarding adults work undertaken and key achievements in 2016-2017. To include specific examples of work undertaken.	<p>Safeguarding adults work undertaken and key achievements in 2016-17 included:</p> <ul style="list-style-type: none"> • Safer recruitment, induction and training for staff and volunteers including DBS check and safeguarding training to support vulnerable adults. Our staff also attended face-to-face training provided by partner organisations. • Worked with Chair of HSAB and Haringey Council to raise awareness of the safeguarding adults at voluntary and community sector forums. • Reviewed our procedures and policies including procedures for referrals, how we manage safeguarding allegations and what support is given to staff, service user and complainant during and after safeguarding investigation.
Key challenges	Accessing resources to promote and mainstream safeguarding adults across the voluntary and community sector.
Safeguarding adults work planned for 2017-18	<p>Work planned for 2017-18 includes:</p> <ul style="list-style-type: none"> • Ongoing review of our safeguarding policy and procedures.

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	<ul style="list-style-type: none"> • Ongoing training for staff and volunteers to take account of changes in legislation and/or best practice. • Accessing resources to promote Making Safeguarding Personal within the voluntary and community sector.
<p>Details of internal arrangements for providing staff (and others) with safeguarding adults training.</p>	<p>We keep service users safe by ensuring staff, volunteers and vulnerable adults receive training on our safeguarding and H&S policies, risk assessment toolkit and best practices to ensure they are safe at work or during home visits.</p> <p>Staff and volunteers are trained to recognise different kinds of abuse including Physical Abuse, Sexual Abuse, Psychological Abuse, Financial or Material Abuse, Neglect or Acts of Omission and Institutional Abuse.</p>
<p>Case studies</p>	<p>Our Home from Hospital service has grown to provide home accompaniment and practical support to vulnerable adults aged over 18 years old. The service is provided by 8 members of staff and volunteers who are trained to ensure safeguarding of vulnerable adults.</p>
<p>Examples of good partnership working</p>	<p>Delivered presentation and constructive discussion on safeguarding adults at our voluntary and community sector (VCS) forum meetings. This has laid the foundation for planned ongoing VCS engagement.</p>
<p>Safeguarding Reports <i>(please embed or provide links to any reports)</i></p>	<p>N/A</p>



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National Probation Service

Name of organisation:	National Probation Service
Completed by:	Andrew Blight
Title/Designation:	Assistant Chief Officer, Head of Haringey, Redbridge and Waltham Forest

Overview 2016-17	
Internal safeguarding adults' governance arrangements.	The NPS has a national lead Director who chairs a national meeting with attendance from each of the 7 divisions across the country. London division has a lead ACO who provides regular safeguarding adult briefings and updates to local ACOs and operational champions. The local ACO is the Safeguarding Adult Lead for the boroughs he or she covers.
Safeguarding adults work undertaken and key achievements in 2016-2017. To include specific examples of work undertaken.	The National Probation Service has implemented a national partnership framework and the <i>Safeguarding Adults at Risk Offenders in the Community with Care and Support Needs NPS Practice guidance</i> (Jan 2016) this year. This encourages staff to Think Safeguarding Adults at all stages of involvement with an offender from Pre-Sentence Report stage at Court, whilst in prison and through to supervision in the community including residence in Approved Premises. The guidance also addresses the links between Safeguarding Adults and domestic abuse, extremism and hate crime.
Key challenges	There is an increasing elderly prison population and one of the challenges the NPS faces is ensuring any adult social care needs are met by the appropriate LA so that release back into the community is undertaken safely and in good time. This is complicated by the fact that often these prisoners are being released from prisons geographically distant from Haringey.
Safeguarding adults work planned for 2017-18	Next year the NPS in Haringey will continue to focus on training staff appropriate to their grade so that they understand their safeguarding adults' responsibilities and refer appropriately to adult social care. We will also focus on recording adult social care and safeguarding issues using our case management system so that we are better able to produce management information that enables the partnership to understand needs in the offender cohort.



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<p>Details of internal arrangements for providing staff (and others) with safeguarding adults training.</p>	<p>This year, the National Probation Service has also developed training for probation staff. There is e-learning which all staff are expected to attend and classroom training for practitioners and first line managers.</p> <p>Managers have ensured that staff have completed adult safeguarding training this year or, where not, that it is part of their appraisal objectives for next year.</p>
<p>Case studies</p>	
<p>Examples of good partnership working</p>	<p>One of the key objectives of the NPS is to prevent abuse and neglect taking place. In Haringey, the NPS has been involved in a number of multi-agency fora to this end; including MARAC, MAPPa and the Integrated Offender Management panel. Particularly at MAPPa, which the NPS chairs, we have ensured that the right people are present to meet the needs of adults needing social care and manage the risks posed to themselves, victims and the wider public</p>
<p>Safeguarding Reports <i>(please embed or provide links to any reports)</i></p>	<p>N/A</p>

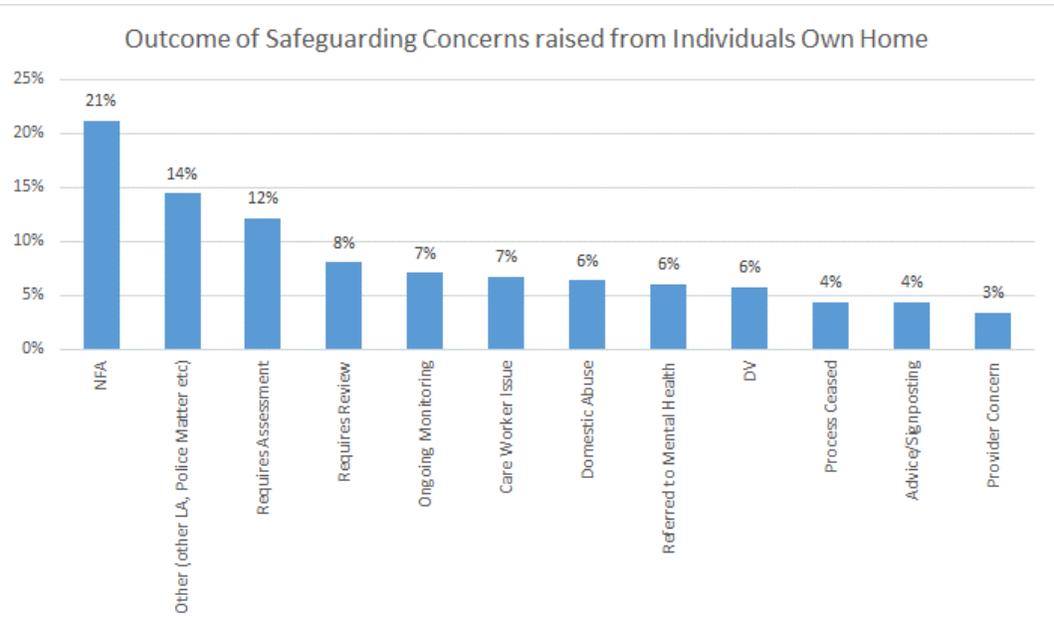
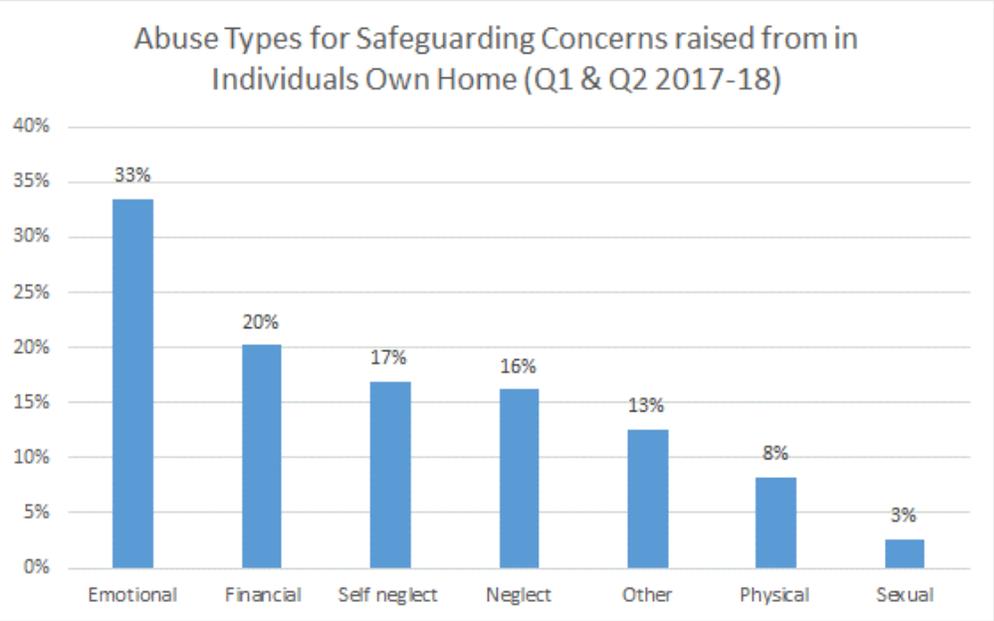
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The following slides illustrate granular data analysis work carried out by Quality Assurance namely:

- Location of abuse: why this is increasingly in people's own homes, the changing nature of Adult Social Care being provided in people's homes
- Making Safeguarding Personal 2016-17 figures: why this has been low and what is different in 2017-18
- P2 Indicator, rate of section 42 enquiries per 100,000 People, Objective 5 (Vulnerable adults will be safeguarded from abuse): identification of S42 enquiries and the significant preventative work that is undertaken where S42 not appropriate).

Why Safeguarding concerns are increasingly in peoples own Homes

The majority of care given to individuals takes place in their own homes, with approximately 60% of packages being delivered at the persons home (15% Residential, 5% Nursing, 14% Supported Accommodation). This is in line with approximately 60% of all safeguarding concerns being raised sourcing from individuals own homes in Q1 and Q2 2017-18.

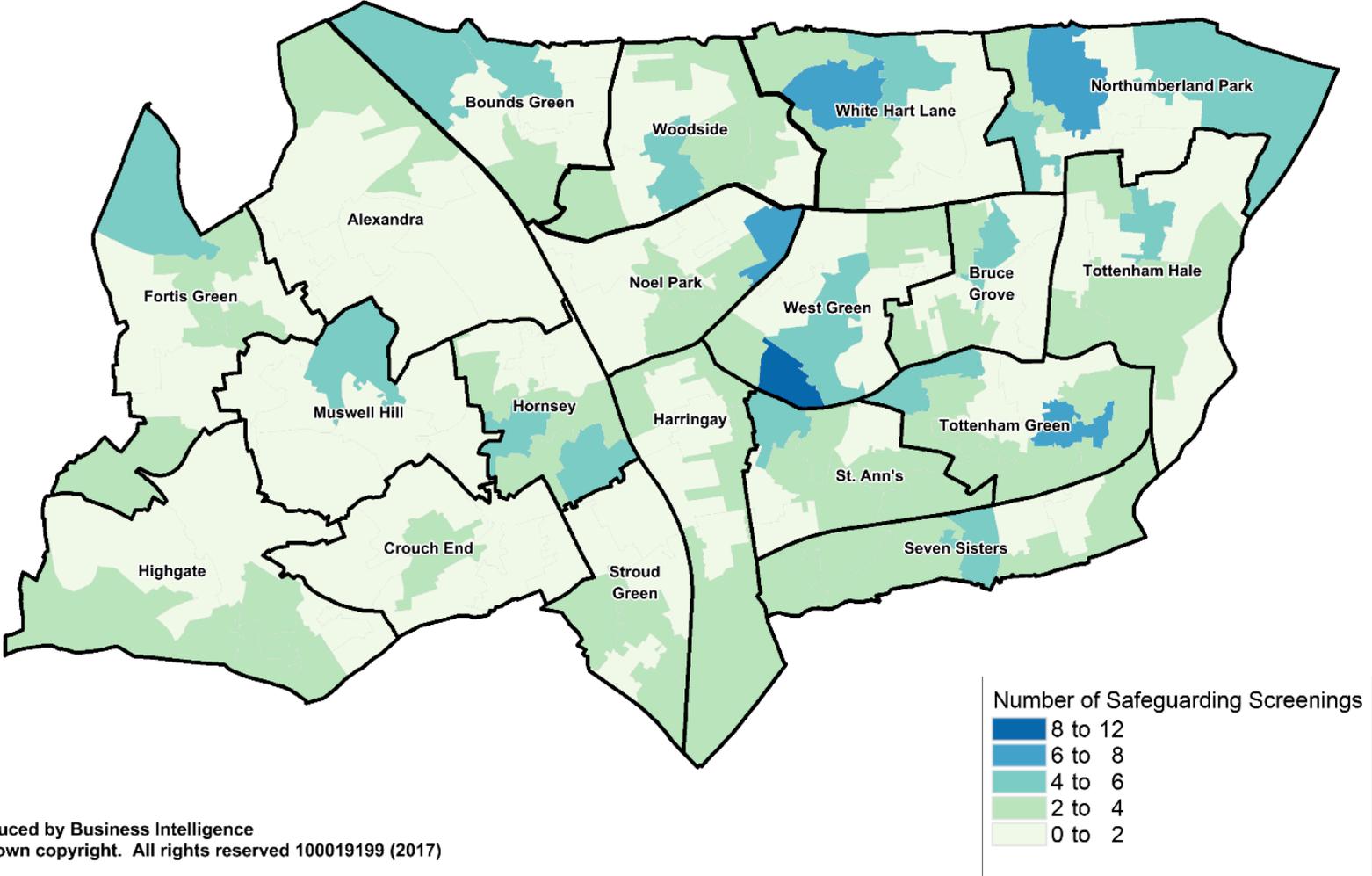


The most common type of abuse was emotional in 1/3rd of cases, followed by financial in 1/5th of cases.

Although 21% of cases have no further action this is part of Making Safeguarding Personal, as the person has capacity and does not wish to proceed with safeguarding, however measures have been put in place to mitigate future risks. 20% of concerns ended up with an assessment or review requirement, whilst 10% had a provider or worker issue.

Why Safeguarding concerns are increasingly in peoples own Homes

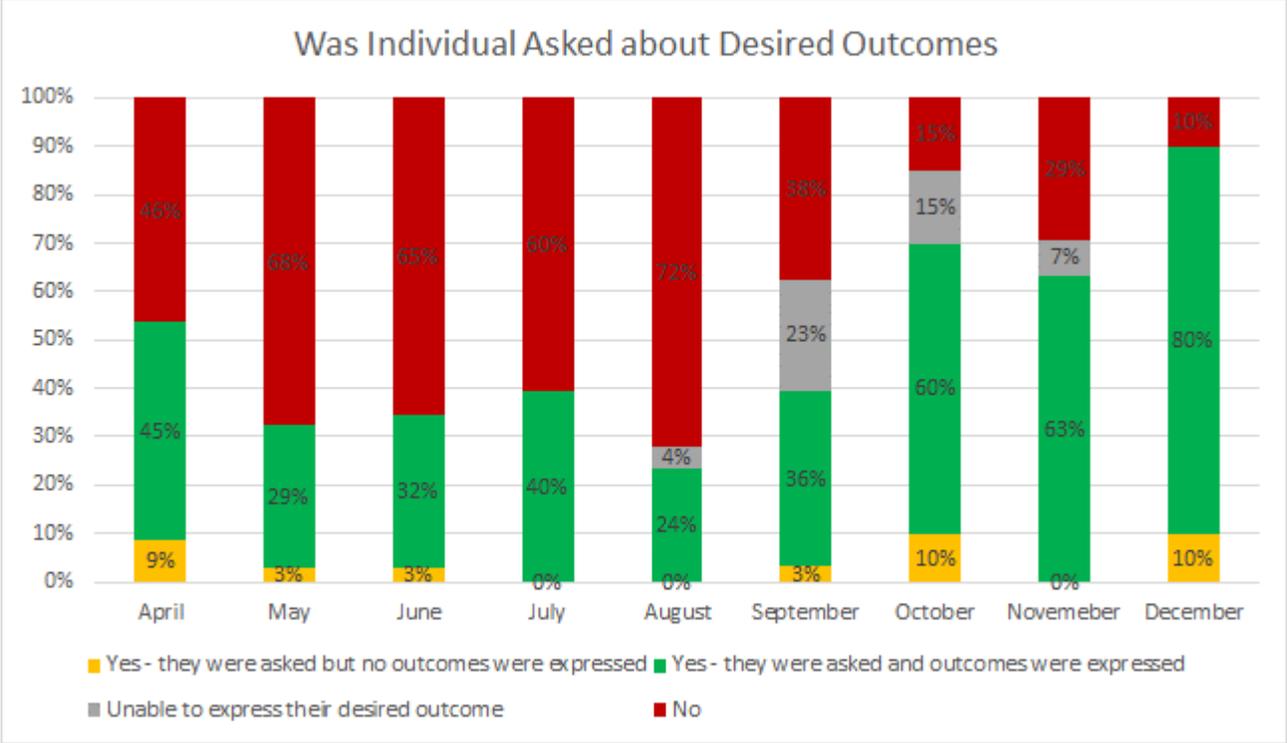
Safeguarding Screenings (for Own Home location) by LSOA (April - October 2017)



Safeguarding screenings taking place for concerns from individuals own home are spread across the borough with no significant hotspot.

Safeguarding prevention subgroup is currently looking at providing awareness via GP's and Colleges.

Why MSP figures are low and what is different in 2017-18

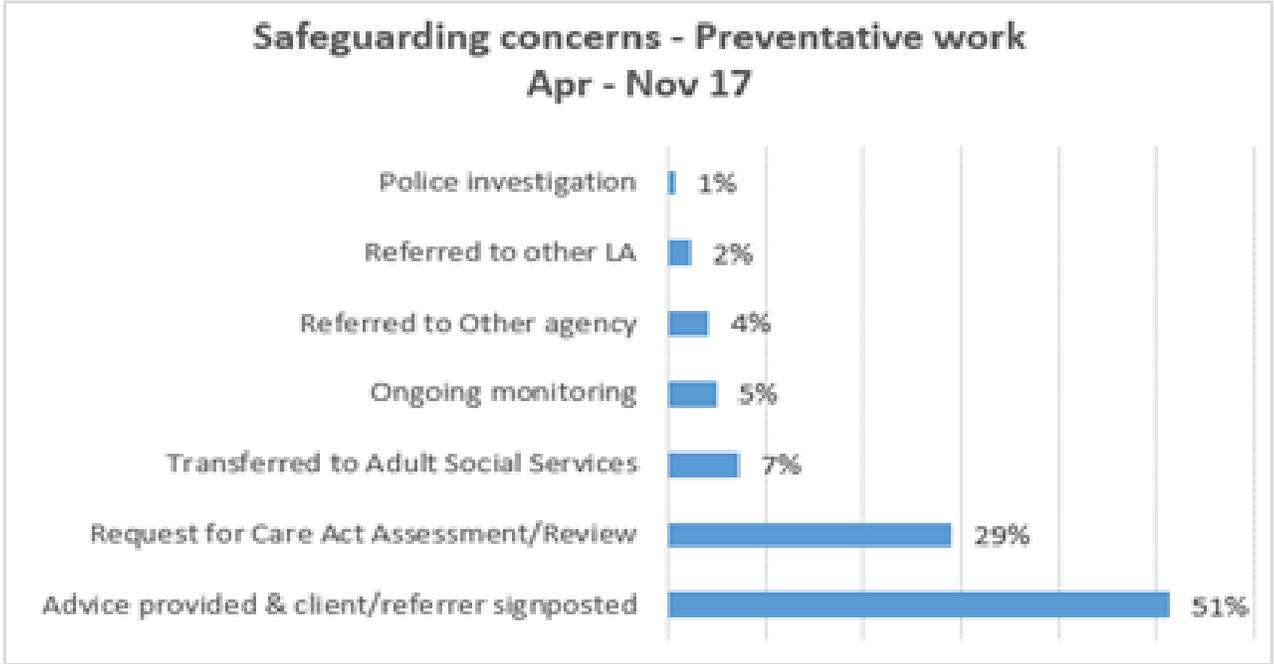
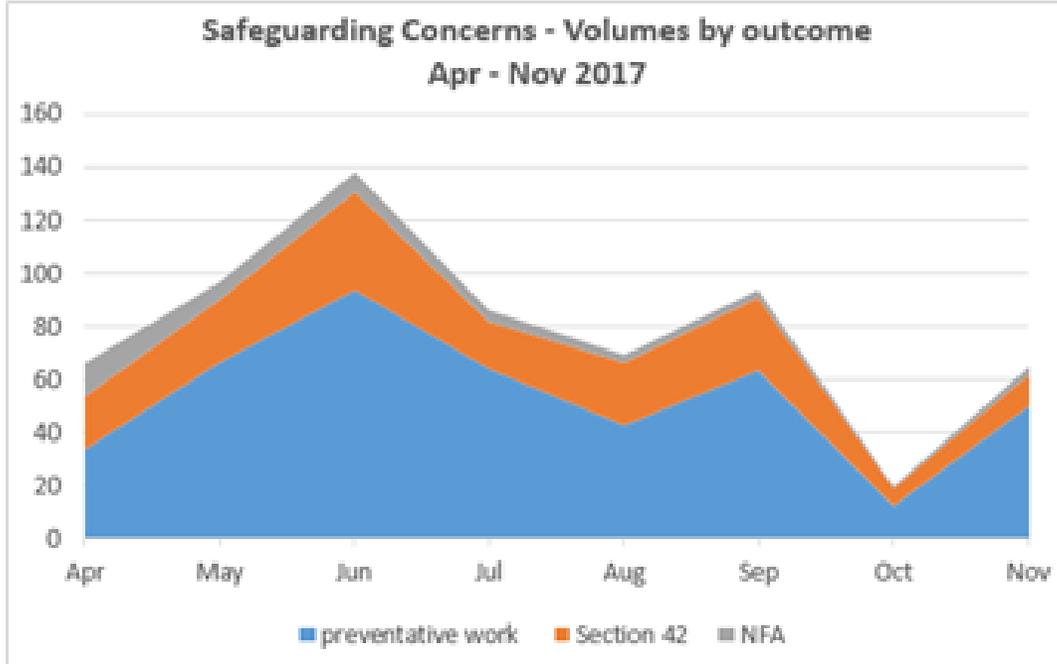


Prior to October 2017 there was an issue with Mosaic with the requirement to ask the service user about their desired outcomes not being mandatory. Further to this the question was being asked too early in the process, in a lot of cases prior to contact with the individual concerned, meaning the question was unable to be asked. This has since been resolved and is now mandatory and asked at a later stage (part of the safeguarding Triage) as can be seen by the improvement in the percentage of individuals being asked (90% in December 2017).

Why objective 5 indicator for P2 is red

At the P2 Board on 20th December, it was agreed that the way we report on the section 42 enquiries rate is not very helpful. The low rate does not look positive considering the amount of preventative work that Haringey does at the safeguarding concern stage. The Board agreed that it would be useful to look at the proportion of safeguarding concerns leading to preventative work.

2/3 of Safeguarding concerns are being addressed through preventative work, the majority signposted or advice provided. Only a small proportion result in NFA and under 1 in 3 result in section 42 enquiry.



The advice and signposting covers a wide variety of extra work carried out including monitoring home visits, safeguarding social worker visits, and follow up phone calls. From the adult social care survey 16-17 89% of service users feel safe and secure.

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Report for: Adults and Health Scrutiny Panel, 8th February 2018
Item number:

Title: Learning from a Safeguarding Adults Review (SAR): Robert

Report authorised by: The Independent Chair of Haringey Safeguarding Adults Board

Lead Officers: Helen Constantine, Strategic Lead Governance and Improvement, Adult Services
Rebecca Waggott, Governance and Improvement Officer, Adult Services

Ward(s) affected: All

**Report for Key/
Non Key Decision:** Non Key Decision. To note

1. Describe the issue under consideration

- 1.1 Under the Care Act 2014 Haringey Safeguarding Adults Board (HSAB) 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 safeguarding adults review (SAR) where serious abuse or death has occurred and learning can take place.
- 1.2 In February 2016, Haringey SAB's SAR Subgroup commissioned a SAR into the circumstances leading to Robert's death, as the threshold for a SAR under Section 44 of the Care Act 2014 was met.
- 1.3 The SAR was carried out by an Independent Reviewer using:
- Individual Management Reviews by Adult Social Services (ASS); Homes for Haringey (HfH); Metropolitan Police; North Middlesex University Hospital NHS Trust; One Housing Group (key support provider).
 - Information provided by the HfH Vulnerable Adults Team.
 - Notes and a telephone conversation with Robert's GP.
 - Information from a meeting with Robert's family and family friend.
- 1.4 The [SAR Robert report](#) was published on the SAB's webpage in July 2017. The report identified a number of areas of learning for the agencies involved in supporting Robert and made six key recommendations.
- 1.5 An action plan was put in place following the publication of the SAR Robert report, addressing the report's recommendations. This action plan will be monitored by the SAB's SAR Subgroup until completion.

1.6 Circumstances leading to the SAR Robert:

- Robert was diagnosed with Foetal Alcohol Syndrome and was referred to as having a learning disability.
- He lived with his father in a Homes for Haringey (HfH) managed property, as his father's registered carer.
- Robert's father died in July 2015 and Robert was reported to be suffering low mood and depression, and was on anti-depressants.
- In December 2015, HfH turned down Robert's application for the Grant of a Tenancy due to lack of evidence of exceptional reasons.
- On 6 January 2016, Robert was served a Notice to Quit the property. Later that day, Robert was found hanged.

1.7 SAR analysis:

- An inquest into Robert's death recorded an open verdict, with the cause of death asphyxiation by strangulation; further recording that Robert was full of sorrow about the death of his father and full of worry about his future.
- The SAR Subgroup considered that agencies may have failed to take into account Robert's vulnerability and whether they could have worked more effectively to seek to protect Robert.
- Although HfH considered Robert to be vulnerable, at the time of the HfH Decision Panel, there had been no completed assessment of his vulnerability or his care and support needs.
- There was a delay by Adult Social Services of about 3 months to consider the referral for an assessment of Robert's needs and a delay in HfH referring Robert to HfH Vulnerable Adults Team (VAT).
- It is not certain that an assessment of needs would have made any difference to the grant of tenancy decision.

1.8 SAR learning: Homes for Haringey

- Lack of face-to-face contact with Robert and his sister led to poor quality information about Robert's needs being provided to the Decision Panel.
- Personal contact with Robert and his sister may have resulted in a more thoughtful way of delivering the Decision Panel outcome. Robert received a letter informing him of the unsuccessful outcome six days before Christmas.
- Alternative housing options involving independent living/housing support were not adequately explained to Robert and his sister.
- Robert's needs assessment was delayed/deficient as HfH staff were not clear about the referral pathways into Adult Social Services and the HfH Vulnerable Adults Team.
- Staged implementation of new allocations policy and staff training may have impacted on function of Decision Panel.
- Staff may not have been familiar with the Mental Capacity Act: taken for granted that Robert's sister could represent him. Crucially, relevant enquiries of mental capacity could have resulted in Robert having an assessment of his needs and vulnerability.
- Delays in communication between agencies, including a delay in the Vulnerable Adults Team processing a referral from key support service.
- Staff did not appear familiar with Care Act 2014 safeguarding guidelines. There was an opportunity to refer Robert for an assessment when his sister reported that he was suicidal but this was not acted upon.

1.9 SAR learning: Adult Social Services

- Delays in communication between agencies, including 4 week delay in passing GP referral from the Safeguarding Adults Team to Haringey Learning Disability Partnership (HLDP).
- Community Mental Health Team may have been more appropriate to respond to GP/key support referral, and decision should have been made sooner by the HDLP.
- Lack of coordination between frontline staff from different organisations trying to support Robert.
- Lack of understanding of which services were the most appropriate to support Robert. The referral pathways need to be clear to all staff involved in dealing with adults who may be vulnerable.

1.10 SAR learning: Housing Related Support

- Robert's key support worker did not consider he had a learning disability. He recognised Robert was vulnerable but the main risk was noted as potential homelessness.
- Key worker reported no concerns about Robert's independent living skills but did not clarify the support needed to facilitate this. This appears to have been fundamental to the decision by the HfH Decision Panel not to grant Robert a tenancy.
- Support worker's referral to VAT and HDLP stated that Robert had 'severe depression' but no reference was made to him being at risk of self-harm, nor that Robert was being evicted, which would have been picked up as a trigger for an urgent response.
- Completion of referral forms should be more thorough and consistent to avoid ambiguity when making referrals.

1.11 Improvement actions: Homes for Haringey

- Multi-agency protocol in development, setting out roles and responsibilities of HfH, ASS and other agencies. Workshop held in May 2017 with staff from different agencies to seek feedback.
- Housing Decision Panel procedure/composition reviewed. ASS staff now attend the panel where vulnerability is an issue.
- Home visits now carried out for tenancy requests in lieu of succession to better understand people's needs and vulnerabilities.
- Staff given guidance on preparing reports to the Decision Panel.
- Notice to Quit procedures now require tenancy management officers to meet with the tenant and support worker before serving the NTQ. Information leaflet developed to support this.
- Period for serving NTQ can be extended for grieving or vulnerable tenants.
- Staff received training from Mind bereavement counsellors.
- Safeguarding Adults policies and procedures updated, and regular safeguarding adults training in place, covering mental capacity.
- A Tenancy Management restructure has introduced a specific group of caseworkers who deal with more complex cases.

1.12 Improvement actions: Adult Social Services

- ASS have contributed to initial work on the development of a multi-agency protocol and workshop setting out referral pathways.
- New performance management framework tracks performance in responding to referrals and timeliness of assessments across ASS.
- Case file audits monitor timeliness of assessments, overseen by Principal Social Worker.
- First Response Team redesigned to streamline approach to referrals, supported by 2 OTs and 2 social workers.
- Refreshed supervision policy in place to support case management.
- Staff receiving training on the Care Act 2014 and Care and Support Assessments.
- HLDP launching new Target Operating Model to enhance capacity to respond to crisis/urgent mental and physical health needs.

1.13 Improvement actions: Housing Related Support

- Safeguarding and incident reporting policies and procedures updated with HRS providers in 2015/16.
- All services cyclically reviewed using Supporting People QA Framework criteria, including support planning and safeguarding.
- New HRS Risk Management Framework being developed.
- HRS contract review with key support provider and internal review taking place, informed by SAR findings.
- Key support provider introduced additional information form to record relevant info, views or observations at initial assessment.
- Key support referral and assessment forms merged to ensure all information recorded on one form to get a comprehensive picture of people's needs and risks.

1.14 To address some of the lessons learned from the SAR Robert, Homes for Haringey has enhanced staff training in particular areas and an inter-agency pathway workshop was held in May 2017 to provide greater clarity about the pathways into services for Council and Homes for Haringey Teams involved in safeguarding processes.

1.15 The SAR Subgroup is responsible for ensuring that wider findings and lessons learned from SARs are disseminated to partners and staff in relevant agencies. As such, it is proposed that 2 half-day workshops are held for SAB partner agencies to consider learning from the Robert SAR in the context of the learning themes identified by London ADASS in the [Learning from SARs Report](#). It is also recommended that this is followed by workshops for frontline staff from relevant agencies to disseminate learning from the Robert SAR and to launch the multi-agency protocol developed in response to this learning.

1.16 The SAR Subgroup also delivered a learning presentation, on request, to the Haringey Suicide Prevention Group in November 2017 to share learning from the Robert SAR.

2. Recommendations

To note

3. Reasons for decision

Not applicable

4. Alternative options considered

Not applicable

5. Background information

Section 44 of the Care Act 2014 requires the Safeguarding Adult Board (SAB) to arrange a Safeguarding Adults Review (SAR) when a case meets the statutory criteria: that is that when an adult 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. SABs may arrange a SAR in other situations where it believes there will be value in doing so.

- **Section 44 of The Care Act 2014**
- **Paras 14.122-137 Care and Support Statutory Guidance issued under the Care Act 2014**
- **Para 2.9 London Multi- Agency Adult Safeguarding Policy & Procedures**
- **Haringey Safeguarding Adults Review Procedure**

PURPOSE

The purpose of the HSAB SAR Sub-group is:

- to consider referrals of any case which may meet the statutory criteria and to make decisions on this basis;
- to make arrangements for and to oversee all SARs;
- to ensure recommendations are made, messages are disseminated and that lessons are learned.

PRINCIPLES

The SAR Sub-Group will operate according to the 6 principles cited in the Adult Safeguarding Guidance of the Care Act (2015). It will:

- Recognise that SARs are not inquiries into how an incident happened or who is culpable. This is a matter for Coroners, criminal courts and other relevant bodies respectively to determine, according to the specific issues of the individual SAR;
- Act in a manner that promotes the confidentiality of all of those involved in the process and which recognises the sensitivity of the information being shared;
- Retain a vulnerable adult focus to its work and have a regard to racial diversity, language, culture, sexual identity, age and gender in its approach to all its activities.

6. Contribution to strategic outcomes

Strategic Priority 2: Enable all adults to live healthy, long and fulfilling lives

Objective 5: All vulnerable adults will be safeguarded from abuse - we will work with our partners to protect adults in vulnerable situations and ensure that residents will have increased awareness of the early signs of potential abuse.

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

The report is for noting

Finance and Procurement

The report is for noting

Legal

The report is for noting

Equality

The report is for noting

8. Use of Appendices

N/A

9. Local Government (Access to Information) Act 1985

[The Care Act 2014](#)

Report for: Adults and Health Scrutiny Panel – 8 February 2018

Title: Work Programme Update

Report authorised by : Bernie Ryan, Assistant Director of Corporate Governance

Lead Officer: Christian Scade, Principal Scrutiny Officer, 0208 489 2933, christian.scade@haringey.gov.uk

Ward(s) affected: All

**Report for Key/
Non Key Decision:** N/A

1. Describe the issue under consideration

1.1 This report gives details of the proposed scrutiny work programme, including planned project work, for the remainder of the municipal year.

2. Cabinet Member Introduction

N/A

3. Recommendations

3.1 (a) That the Panel considers its work programme including planned project work, attached at **Appendix A**, and considers whether any amendments are required.

(b) That the Overview and Scrutiny Committee be asked to endorse any amendments, at (a) above, at its next meeting.

4. Reasons for decision

4.1 The work programme for Overview and Scrutiny was agreed by the Overview and Scrutiny Committee at its meeting on 17 July 2017. Arrangements for implementing the work programme have progressed and the latest plans for the Adults and Health Scrutiny Panel are outlined in **Appendix A**.

5. Alternative options considered

5.1 The Panel could choose not to review its work programme however this could diminish knowledge of the work of Overview and Scrutiny and would fail to keep the full membership updated on any changes to the work programme.

6. Background information

6.1 The careful selection and prioritisation of work is essential if the scrutiny function is to be successful, add value and retain credibility. At its first meeting of the municipal year, on 13 June 2017, the Overview and Scrutiny Committee agreed a process for developing the 2017/18 scrutiny work programme.

- 6.2 Following this meeting, a number of activities took place, including various agenda planning meetings, where suggestions, including a number from members of the public, were discussed. From these discussions issues were prioritised and an indicative work programme agreed by the Overview and Scrutiny Committee in late July.
- 6.3 Whilst Scrutiny Panels are non-decision making bodies, i.e. work programmes must be approved by the Overview and Scrutiny Committee, this item gives the Panel an opportunity to oversee and monitor its work programme and to suggest amendments.

Forward Plan

- 6.4 Since the implementation of the Local Government Act and the introduction of the Council's Forward Plan, scrutiny members have found the Plan to be a useful tool in planning the overview and scrutiny work programme. The Forward Plan is updated each month but sets out key decisions for a 3 month period.
- 6.5 To ensure the information provided to the Panel is up to date, a copy of the most recent Forward Plan can be viewed via the link below:

<http://www.minutes.haringey.gov.uk/mgListPlans.aspx?RP=110&RD=0&J=1>

- 6.6 The Panel may want to consider the Forward Plan and discuss whether any of these items require further investigation or monitoring via scrutiny.

Recommendations, Actions and Responses

- 6.7 The issue of making, and monitoring, recommendations/actions is an important part of the scrutiny process. A verbal update on actions completed since the last meeting will be provided by the Principal Scrutiny Officer.

Contribution to strategic outcomes

- 6.9 The individual issues included within the Adults and Health Scrutiny Panel work programme were identified following consideration, by relevant Members and officers, of the priorities within the Corporate Plan. Their selection was based on their potential to contribute to strategic outcomes, specifically in relation to Priority 2 – *“Enable all adults to live healthy, long and fulfilling lives”*.

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

Finance and Procurement

- 7.1 There are no financial implications arising from the recommendations set out in this report. Should any of the work undertaken by Overview and Scrutiny generate recommendations with financial implications then these will be highlighted at that time.

Legal

- 7.2 There are no immediate legal implications arising from this report.
- 7.3 Under Section 21 (6) of the Local Government Act 2000, an Overview and Scrutiny Committee has the power to appoint one or more sub-committees to discharge any of its functions.
- 7.4 In accordance with the Council's Constitution, the approval of the future scrutiny work programme and the appointment of Scrutiny Panels (to assist the scrutiny function) falls within the remit of the Overview and Scrutiny Committee.
- 7.5 Scrutiny Panels are non-decision making bodies and the work programme and any subsequent reports and recommendations that each scrutiny panel produces must be approved by the Overview and Scrutiny Committee. Such reports can then be referred to Cabinet or Council under agreed protocols.

Equality

- 7.6 The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:
- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
 - Advance equality of opportunity between people who share those protected characteristics and people who do not;
 - Foster good relations between people who share those characteristics and people who do not.
- 7.7 The three parts of the duty applies to the following protected characteristics: age; disability; gender reassignment; pregnancy/maternity; race; religion/faith; sex and sexual orientation. In addition, marriage and civil partnership status applies to the first part of the duty.
- 7.8 The Panel should ensure that it addresses these duties by considering them during scoping, evidence gathering and final reporting. This should include considering and clearly stating: How policy issues impact on different groups within the community, particularly those that share the nine protected characteristics; Whether the impact on particular groups is fair and proportionate; Whether there is equality of access to service and fair representation of all groups within Haringey; Whether any positive opportunities to advance equality of opportunity and/or good relations between people, are being realised.
- 7.9 The Panel should ensure that equalities comments are based on evidence, when possible. Wherever possible this should include demographic and service

level data and evidence of residents/service-users views gathered through consultation

8. Use of Appendices

Appendix A – Work Programme

9. Local Government (Access to Information) Act 1985

- 9.1 External web links have been provided in this report. Haringey Council is not responsible for the contents or reliability of linked websites and does not necessarily endorse any views expressed within them. Listings should not be taken as an endorsement of any kind. It is your responsibility to check the terms and conditions of any other web sites you may visit. We cannot guarantee that these links will work all of the time and we have no control over the availability of the linked pages.

Adults and Health Scrutiny Panel – Work Programme 2017/18

Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
29 June 2017	Terms of Reference / Membership	To set out the terms of reference and membership for Overview and Scrutiny	Christian Scade, Principal Scrutiny Officer
	Appointment of Non Voting Co-opted Member	To appoint Helena Kania as a non-voting co-opted Member of the Panel for 2017-18	Christian Scade, Principal Scrutiny Officer
	Update and Lessons Learnt from the Physical Activity for Older People Scrutiny Project	To provide an update on the Cabinet Response and to consider lessons learnt from the review (methodology, outcomes, barriers etc).	Jeanelle de Gruchy, DPH Christian Scade, Principal Scrutiny Officer
	Work Programme Development	To receive an update on the work programme development process with officer input at the meeting (no Scrutiny Cafe this year)	Christian Scade, Principal Scrutiny Officer
	P2 Transformation Update (Presentation)	To receive an update, via presentation, on the funding and resources available for P2. This will include updates on BCF, the model for Day Opportunities and how the social care precept is being used.	Beverley Tarka, Director Adult Social Services John Everson, AD, Adult Social Services Charlotte Pomery, AD Commissioning
	Urgent Item on Osbourne Grove	Update following the recent Cabinet Member signing	Beverley Tarka, Director Adult Social Services

Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
10 October 2017	NCL JHOSC Update	Verbal update from the Chair on following the NCL JHOSC meeting on 19 September 2017. Panel Members will be sent the agenda / papers for the NCL JHOSC meeting.	Cllr Pippa Connor (Chair)
	Future Model of Health and Care in Haringey (Discharge pathways and market development)	An update on the Design Framework – focusing on discharge pathways and market development – with case studies. This will build on the AHSP meeting in September 2016 and the MLD sessions that took place during 2016/17 on ITOM.	John Everson, AD, Adult Social Services
	Primary Care Update	An update was requested by the Panel in March. This item will follow on from the discharge pathways item above.	Cassie Williams, AD Primary Care Quality and Development
	Cabinet Member Q&A	An opportunity to question relevant Cabinet Members on their areas of responsibility relevant to the Panel's TofR. To include any questions, on the consultation process, relating to Osborne Grove and/or Community Meals.	Cllr Arthur, Cabinet Member for Finance and Health Cllr Vanier, Cabinet Member for Adult Social Care and Culture
	Foot Care Update FOR NOTING ONLY	<u>An update for 2017/18 was requested at the September 2016 AHSP meeting.</u> The Chair has agreed this should be prepared as a (short) briefing paper for noting i.e. it will be published with the agenda but not discussed at the meeting.	Andrea Cronin, Commissioning Manager, CCG

Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
<p>16 November 2017</p>	<p>Budget Monitoring</p>	<p>An update on the financial performance of P2 Services (Adults Social Care, Commissioning & Public Health)</p> <p>Short covering report with further information provided via PowerPoint (attached to the report) on “the budget build”, “the strategy” etc.</p>	<p>Cllr Arthur, Cabinet Member Finance and Health</p> <p>Cllr Vanier, Cabinet Member Adult Social Care and Culture</p> <p>Beverley Tarka, Director Adult Social Services</p> <p>Dr. Jeanelle de Gruchy Director of Public Health</p> <p>Charlotte Pomery, AD Commissioning</p> <p>Paul Deeney, Business Partner</p> <p>John Everson, AD, Adult Social Services</p>
<p>14 December 2017</p>	<p>Budget Scrutiny</p>	<p>Scrutiny of P2 Budget Proposals</p>	<p>Cllr Arthur, Cabinet Member for Finance and Health</p> <p>Cllr Vanier, Cabinet Member for Adult Social Care and Culture</p>

Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
8 February 2018	Adult Safeguarding (Themed Meeting)	<p>Following scrutiny work undertaken over the last couple of years it is likely KLOE for this meeting will focus on <i>“what does good look like for an adult at risk?”</i></p> <p>The items listed below will enable scrutiny to ask questions / look for evidence in terms of: continuity of relationships for the adult with professionals; adults at risk being heard and involved in decisions – “Nothing about me without me”; understanding the person; Safeguarding being personalised; partnership working – with the adult and between agencies; and professionals showing concerned curiosity and due regard.</p>	
	SAB Dashboard	To set the scene for this themed adult safeguarding meeting officers will provide an update on the multi-agency dashboard for the SAB.	<p>Charlotte Pomery, AD Commissioning</p> <p>Margaret Gallagher Performance Manager</p> <p>Paula Rioja, Senior Performance Officer</p>
	Care Quality Commission – Inspection Programme	An opportunity for Members of the panel to hear about the CQC’s strategic approach to their work as well as to understand issues and trends arising from (adult social care) inspections locally as they affect Haringey residents.	<p>Charlotte Pomery, AD Commissioning</p> <p>CQC Representative TBC by Charlotte Pomery</p>

Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
	Safeguarding Adults Board – Annual Report 2016/17	<p>A covering report will need to be prepared for this item with an appendix included to update on the granular data analysis work carried out by the Quality Assurance Sub Group concerning “abuse locations”.</p> <p>In addition, officers will provide an update on MSP as part of the discussion on the Annual Report.</p> <p>The minutes from last year’s meeting, outlining actions for completion, can be found via online here.</p>	<p>Dr Adi Cooper, Independent. Chair of Haringey's SAB</p> <p>Helen Constantine, Governance and Improvement</p> <p>Beverley Tarka, Director Adult Social Services</p> <p>Charlotte Pomery, AD Commissioning</p>
	Learning from a Safeguarding Adults Review: Robert	<p>To receive a presentation from the Chair of Haringey’s SAB</p> <p>Presentation, with a short covering report, to go out with agenda.</p>	<p>Dr Adi Cooper, Independent. Chair of Haringey's SAB</p> <p>Rebecca Waggott / Helen Constantine</p>
	Osborne Grove Nursing Home	Verbal Update following the decision made by Cabinet in December 2017	Beverley Tarka, Director Adult Social Services
8 March 2018	Community Wellbeing Framework	As discussed in March 2017 an update on the framework will be considered by the Panel in March 2018	Dr Tamara Djuretic, AD, Public Health
	NCL JHOSC Update	Verbal update from the Chair on work being led by the NCL JHOSC	Cllr Connor

Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
	Physical Activity for Older People	Monitoring of previous recommendations following Cabinet's response in June 2017	Dr. Jeanelle de Gruchy Director of Public Health Andrea Keeble, Commissioning Manager for Active Communities
	Day Care Re-Provisioning Costs	As discussed in November 2017 as part of the discussion on the P2 budget position. To include input from Property Services.	Charlotte Pomery, AD Commissioning Steve Carr, AD, Economic Development and Growth
	Cabinet Member Q&A	Review of the year	Cllr Arthur, Cabinet Member, Finance and Health; and Cllr Vanier, Cabinet Member for Adult Social Care and Culture

Care Home Commissioning Scrutiny Project

The overarching aim of this project is to ensure residents in Haringey receive high quality care in care home settings (residential and nursing) and that contracts incentivise care homes to provide high quality care. This will be done by looking at Haringey's current care home offer, with consideration given to both the user/carer experience and workforce support and planning.

This piece of work will be scoped in October with evidence gathering taking place during November – January. A final report will be prepared for consideration by the Overview and Scrutiny Committee on 26 March.

FUTURE ITEMS TBC

Care Home Commissioning – NCL Update

- Update item – timing / scope of item TBC based on the Panel's project work
- This item will be discussed further with the Chair / officers in early January 2018.

Adult Packages of Care

- For further consideration following discussion at the November budget monitoring meeting.
- Information from the Corporate Delivery Unit was circulated to the Panel in November 2017.
- Details TBC

Meals on Wheels

- Feedback on the consultation exercise that was agreed by a Cabinet Member signing in June (date TBC)

Fees and Charges / Disability Related Expenditure

- Feedback on the consultation exercise that was agreed by a Cabinet Member signing in June 2017 (date TBC)
- In addition, as part of last year's budget scrutiny it was agreed that an update should be given to a future meeting of the Panel (date TBC) on the impact of the proposed revenue savings proposals. This should include monitoring of the EqIA action plan and consideration of how changes are monitored via annual care assessments.
- <http://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CIId=804&MIId=7967&Ver=4>

Estate Regeneration

- Health related issues and concerns relating to estate regeneration (scope TBC)

Carers' Services/ Strategy Update

- As discussed [in March 2017](#) under the Cabinet Member Q&A with input from the CCG.

Haringey's Design Framework for Integrating Health and Social Care

- As discussed by the Panel [in October 2017](#), this will include information on targets, outcomes and the financial implications for each discharge from hospital pathway (2018/19 – date TBC)

Primary Care Update

- As discussed with Cassie Williams, AD Primary Care Quality and Development, Haringey CCG, [in October 2017](#) (2018/19 – date TBC)

Suicide Prevention Planning – see Appendix 3 from the July 2017 scrutiny work programme item below
<http://www.minutes.haringey.gov.uk/documents/g8348/Public%20reports%20pack%2017th-Jul-2017%2018.00%20Overview%20and%20Scrutiny%20Committee.pdf?T=10>

Items to be considered / raised elsewhere:

NCL JHOSC / BEH Sub Group

- North London Partners in Health & Care, Sustainability and Transformation Plan (STP)
- Quality Accounts for Healthcare providers, including the North Middlesex University Hospital NHS Trust, and BEH Mental Health NHS Trust.