

NOTICE OF MEETING

ADULTS & HEALTH SCRUTINY PANEL

Thursday, 1st November, 2018, 6.30 pm - Civic Centre, High Road, Wood Green, N22 8LE

Members: Councillors Pippa Connor (Chair), Nick da Costa, Mike Hakata, Sarah James, Felicia Opoku, Sheila Peacock and Yvonne Say

Co-optees/Non Voting Members: Helena Kania

Quorum: 3

1. **FILMING AT MEETINGS**

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

2. **APOLOGIES FOR ABSENCE**

3. **ITEMS OF URGENT BUSINESS**

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

4. **DECLARATIONS OF INTEREST**

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

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

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

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

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

5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

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

6. MINUTES (PAGES 1 - 8)

To approve the minutes of the previous meeting.

7. HARINGEY SAFEGUARDING ADULTS BOARD - ANNUAL REPORT 2017/18 (PAGES 9 - 72)

To consider the annual report of the Haringey Safeguarding Adults Board for the year 2017/18.

8. PRIORITY 2 BUDGET POSITION (QUARTER 1 - 2018/19) (PAGES 73 - 78)

To provide an overview of the financial performance of the services with Priority 2 of the Corporate Plan (Enable all adults to live healthy, long and fulfilling lives) as at the end of quarter 1 of 2018/19.

9. SUICIDE PREVENTION (PAGES 79 - 92)

To provide an overview of Haringey's multi-agency suicide prevention plan.

10. WORK PROGRAMME UPDATE (PAGES 93 - 100)

To consider potential issues for inclusion within the work plan for 2018-20.

11. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

12. DATES OF FUTURE MEETINGS

Dominic O'Brien, Principal Scrutiny Officer

Tel – 020 8489 5896

Fax – 020 8881 5218

Email: dominic.obrien@haringey.gov.uk

Bernie Ryan

Assistant Director – Corporate Governance and Monitoring Officer

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

Wednesday, 24 October 2018

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**MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY
PANEL HELD ON TUESDAY, 4TH SEPTEMBER, 2018, 6.30 - 8.27 pm**

PRESENT:

Councillors: Pippa Connor (Chair), Nick da Costa, Mike Hakata, Felicia Opoku and Yvonne Say

Non-voting Co-opted Member: Helena Kania.

1. 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'.

2. APOLOGIES FOR ABSENCE

Apologies for absence had been received from Cllr Sarah James and apologies for lateness had been received from Cllr Mike Hakata.

3. ITEMS OF URGENT BUSINESS

None.

4. DECLARATIONS OF INTEREST

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

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

5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

6. MINUTES

With regards to the minutes of the meeting held on 8th March 2018:

- Regarding Day Opportunities Development (item 69) it had been recommended that an engagement event be set up with service users and

officers to get a good understanding of the day opportunities provision. It was noted that the Joint Partnership Board has a number of reference groups involving service users already established and may therefore be able to help in obtaining input from services users about current day opportunities provision and service development.

- Regarding the Physical Activity for Older People Scrutiny Review Update (item 70) it was noted that a further progress report to the Panel would be required to monitor progress on the recommendations.
- Regarding Suicide Prevention (item 74) it was noted that an update on this item was already scheduled for the Panel meeting on 1st November 2018.

AGREED: That the Chair of the A&H scrutiny panel should email the co-Chairs of the Joint Partnerships Board to agree on the most appropriate way forward.

AGREED: That an update on Physical Activity for Older People be added to the Work Programme.

AGREED: That the minutes of the Adults and Health Scrutiny Panel meeting held on 8 March 2018 be approved as a correct record.

AGREED: That the minutes of the Adults and Health Scrutiny Panel meeting held on 8 February 2018 be approved as a correct record.

7. TERMS OF REFERENCE

Cllr Connor noted that although the Areas of Responsibility for the Adults & Health Scrutiny Panel (on page 33 of the agenda pack) included the item “tackling unemployment and worklessness” it had been agreed that this would be transferred to the main Overview & Scrutiny Committee.

AGREED: That the terms of reference, protocol for Overview and Scrutiny and the policy areas/remits and membership for each Scrutiny Panel for 2018/19 be noted.

8. APPOINTMENT OF NON VOTING CO-OPTED MEMBER

AGREED: That Helena Kania be appointed as a Non-Voting Co-Opted Member to the Adults and Health Scrutiny Panel for 2018/19.

9. PERFORMANCE UPDATE

Charlotte Pomery, Assistant Director for Commissioning, introduced the report on performance indicators for Priority 2 as at June 2018, noting that the Priority Dashboards illustrate progress towards objectives in the current Corporate Plan but that these measures may need to be amended when the Borough Plan and its required outcomes are introduced soon. Full details on specific performance indicators were provided on the performance “wheels” and charts included in the agenda pack.

In response to questions from the panel Charlotte Pomery, Will Maimaris, Director for Public Health and Paula Rioja, Senior Performance Officer said:

- In relation to the chart on care homes on page 64 of the agenda pack, which relates to the percentage of care homes in Haringey rated as Good or Outstanding, the latest figure is 26 out of 39 care homes which is 67%. Panel members requested that these numbers be provided for performance indicators in future and not just the percentage as this would provide a clearer picture.
- On why this figure of 67% (of care homes rated Good or Outstanding) was significantly below the London average of 83%, there are issues of capacity and also a general difference on this between the inner London boroughs and the outer London boroughs. The figures for Haringey are broadly comparable to the rest of North Central London.
- Most Haringey residents that are placed in care homes out of the borough are in Enfield or Barnet boroughs and there is a small quality assurance team that works closely with providers, the CQC and others in order to improve their processes.
- In relation to the STI figures on page 48, a significant number of condoms were distributed in Haringey through the national C Card scheme. A more detailed breakdown of the types of STIs diagnosed in the borough would be circulated to the panel **(Action: Will Maimaris)**
- In relation to the figures about falls on page 57 and whether the improvements were a consequence of health or social care funding, this was covered by the Better Care Fund which is jointly funded.
- In relation to the figures on social contact on page 54, this was an important indicator because social isolation has a significant impact on wellbeing but it should also be noted that the threshold for being included in this outcome indicator (percentage of users who have had as much social contact as they would like) is quite high.
- In relation to the figures on the time credits network on page 52 it was pointed out that membership might not necessarily mean active participation and so a more detailed breakdown would be circulated to the panel. **(Action: Charlotte Pomery)**
- In relation to the figures on hypertension on page 47 it was clarified that the undiagnosed hypertension figures were derived from modelled estimates by Public Health England based on the demographics of the borough.

AGREED: That the performance update be noted.

10. CABINET MEMBER Q&A

Cllr Peray Ahmet, Cabinet Member for Adults and Health, introduced herself to the panel and provided an update on recent developments on issues relating to her portfolio:

- A decision was taken by Cabinet in June to keep Osborne Grove nursing home open for existing residents and to conduct a feasibility study on future options for the home.
- A redesign group will be set up in the next month or so for adult social care to explore different models of working.
- Options are being looked at on delivering a manifesto pledge on ensuring that the Council pays the London Living Wage, including for home care workers.
- An 'expo' on adult social care was expected to be held in November for Councillors and others to provide information about services that are currently being delivered and to provide an opportunity to speak to practitioners.

In response to questions from the panel about the Osborne Grove nursing home, Cllr Ahmet along with Beverley Tarka, Director for Adults and Health and Charlotte Pomery, Assistant Director for Commissioning, said:

- In relation to the operation of Osborne Grove, various options were being explored but Cllr Ahmet ruled out working with a private sector operator.
- Since the last CQC report for Osborne Grove, the registered manager of the home had been changed and additional management support had been added to the governance structure. While the level of oversight and governance had been improved it was important to note that even before the CQC report there was a commissioning imposed embargo on new placements at Osborne Grove due to issues of safety of care and some of these issues remain. The Commissioning Quality Assurance manager carries out audits of the improvements made based on key performance indicators but this has not yet reached the point at which the embargo could be lifted has still not been reached. Beverley Tarka agreed to circulate a summary of the current status of the key performance indicators relating to Osborne Grove. **(Action – Beverley Tarka)**
- The Best Interests meetings are a process by which an Osborne Grove resident's families, friends, clinicians, care home staff and others are gathered to discuss any issue to determine the right action in the best interests of a resident.
- A report in 2015 highlighted fire safety shortcomings at Osborne Grove. A rigorous response by management followed and a subsequent inspection approved the changes that had been made. The Overview and Scrutiny Committee is currently in the process of conducting a fire safety review so this could be considered as part of that work.
- In terms of next steps, the co-design group will continue to meet on a monthly basis, a feasibility study is due to be carried out, there will also be further stakeholder engagement and then a report to Cabinet will follow sometime next year. Cllr Ahmet agreed to share the timeline of next steps. **(Action: Cllr Ahmet)**

AGREED: That a further update on Osborne Grove be provided to the panel in Feb/Mar 2019.

In response to questions from the panel about other issues Cllr Ahmet, Beverley Tarka, Charlotte Pomery and John Everson, Assistant Director of Adult Social Services said:

- In relation to homelessness, there is a rising trend in rough sleeping in Haringey as well as across London and also nationally. The Council is working to implement a new Rough Sleeping Strategy that was approved earlier in the year. A paper on a new Homelessness Hub was due to go to Cabinet for approval shortly which would deliver wraparound services to homeless individuals.
- Delays on carers' assessments have historically been a concern. Actions to improve this over the last 9-12 months has included simplified processes, more resource for the assessment teams, a wider range of options for people to have their assessments including an online self-referral process. These changes were still bedding in and the communication of the new options to carers is an ongoing process. John Everson agreed to provide a summary of recent developments on this. **(Action: John Everson)**
- In response to concerns about vulnerable tenants requiring repairs to their properties, Cllr Ahmet agreed to raise this with Homes for Haringey. **(Action: Cllr Ahmet)**
- A brief overview was provided on the circumstances under which adult advocacy services are provided.

11. COMMUNITY WELLBEING FRAMEWORK

Dr Negin Sarafranz-Shekary, Public Health Specialist, provided an update on the Community Wellbeing Framework, following on from her previous update to the Panel in March 2018.

The Community Wellbeing Framework is an approach to bring community-based interventions together under one umbrella. It has three key elements which are Local Area Co-ordination, Community Asset Mapping and Workplace Training for frontline staff.

Local Area Coordination is a community-based approach working with individuals to help them achieve their vision of a better life. This is a national model and Haringey Council is part of a national network called the Local Area Coordination Network. Two local co-ordinators have been in place in Haringey since November 2017, one in Hornsey and one in the Northumberland Park/White Hart Lane area and they have received over 200 introductions from people in the community.

Good progress had been made on integration with other services. However, there remains a wider need across parts of the borough not covered by the local area coordinators and obtaining further funding for this had proved to be challenging.

In response to questions from the panel, Dr Sarafraz-Shekary and the Director for Public Health, Will Maimaris, said:

- Leeds Beckett University is the independent evaluator of the project and the Five Ways to Wellbeing themes were being used as the main method of measuring effectiveness.
- In relation to the asset mapping, local area co-ordinators work closely with other community groups and build up knowledge of services to which they can signpost. The challenges of keeping the online directory up to date were acknowledged, including the issue that, while there are a lot of community groups that could potentially be added to the directory, it is necessary for them to go through some form of quality assessment before they can be added.
- A piece of evaluation work was currently being carried out concerning the demographics and location of service users along with their main issues. This report could be shared with the panel when it had been finalised.
- One of the area co-ordinators had been working with Cllr Weston to make ward councillors aware of the project so that they can signpost constituents to it where appropriate.

AGREED: That the update be noted and that the interim evaluation report be brought to the panel when available in approximately nine months.

12. WORK PROGRAMME UPDATE

Cllr Pippa Connor introduced this item noting that the panel would shortly need to add issues to its Work Programme for the year so this was an opportunity to suggest some ideas. A community engagement event known as the Scrutiny Café was due to take place later in September which would also enable local residents and community groups to feed into this process so the work programme would not be finalised until after this.

In addition, the previous panel had begun a scrutiny review on Care Homes late last year and although an interim report had been published in March 2018 the review had not been completed by the time of the local elections. An evidence session is therefore being held on 4th October which is expected to hear from the Care Quality Commission, Royal College of Nursing, UNISON and the National Association of Care & Support Workers (NACAS).

Suggestions for topics for the Work Programme from panel members included:

- How difficult it can be for residents to access services such as delays of carer assessments.
- Funding pressures on adult social care.
- Barriers to accessing GP services.
- Future links between the North Middlesex hospital and the Royal Free hospital.

13. NEW ITEMS OF URGENT BUSINESS

None.

14. DATES OF FUTURE MEETINGS

It was noted that the meeting scheduled for 4th October 2018 would now be used as an evidence session for the Panel's Care Homes scrutiny review.

The next full meeting of the Adults and Health scrutiny panel was scheduled for 1st November 2018.

CHAIR: Councillor Pippa Connor

Signed by Chair

Date

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Report for: Adults and Health Scrutiny Panel – 1st November 2018

Title: Safeguarding Adults Board Annual Report 2017-2018

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

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

1. Describe the issue under consideration

1.1. The annual report is for the period 1st April 2017 to 31st March 2018 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.

1.2. The Annual Report gives details of:

- progress on our Priorities and Strategic Plan 2015-18;
- sets out how effective the Haringey Safeguarding Adults Board (SAB) has been over the 2017-18 year;
- provides detail on the Safeguarding Adult Review (SAR) that it has commissioned;
- describes how partners have contributed to the work of the Board to promote effective adult safeguarding; and
- our Strategic Priorities for 2018-19.

1.3. SAR publication

In July 2017, the SAB published its first SAR since the Care Act 2014 was implemented. The SAR was carried out by an independent reviewer and considered the death of Robert who was sadly found hanged in early 2016 following an unsuccessful grant of tenancy application after his father's death.

In 2017/18, the SAR subgroup developed an action plan to ensure that implementation of the learning from the Robert SAR was overseen and monitored. In May 2018, two SAR learning workshops were held for staff from across Haringey SAB partner agencies to share learning from Haringey SAB's SAR Robert. The workshop provided an opportunity to reflect on how practice could be improved across the partnership in light of this key learning.

2 Recommendations

To note

3 Reasons for decision

Not applicable

4 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 Care Act 2014, Mental Capacity Act (MCA) 2005 and the Human Rights Act (HRA) 1998. Under the Care Act 2014 Haringey SAB has three core duties:

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

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

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

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

5 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.

6 Finance and Procurement

This report is for noting

7 Legal

This report is for noting

8 Equality

This report is for noting

9 **Use of Appendices**

N/A

10 **Local Government (Access to Information) Act 1985**

- **The Care Act 2014**
(<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>)
- **Care & Support Statutory Guidance – Update 9th July 2018**
(<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>)
- **London Multi-agency Adult Safeguarding Policy and Procedures**
(<https://www.haringey.gov.uk/sites/haringeygovuk/files/london-multi-agency-adult-safeguarding-policy-and-procedures.pdf>)

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HARINGEY SAFEGUARDING ADULTS BOARD Annual Report 2017/18

This report details the work carried out by the Haringey Safeguarding Adults Board in 2017/2018, and highlights our priorities for 2018/2019

Get smart to financial abuse

WHAT IS FINANCIAL ABUSE?

This is when someone takes money or belongings without your proper consent, or through pressure or control

WHO COULD DO THIS (TO ME)?

Anyone can perpetrate financial abuse, whether they know you or not. It could be a family member, a friend, neighbour, carer, stranger or anyone you come into contact with.

WHO CAN HELP ME?

Share your concerns with someone you trust: a friend or relative, your GP, care worker, or social worker. Remember that financial abuse can involve criminal activity and should be reported so that it can be stopped.

Useful contacts

Who can help ?

If you think a crime has been committed phone Police

Haringey Police

0207 230 1212(24 hour) :

Tottenham Police Station
398 High Road N17 9JA

Haringey Council

020 8489 1400
IAT@haringey.gov.uk

Victim Support

Free phone: 0808 1689 111
www.victimsupport.org.uk

Haringey Citizens Advice BureauTottenham

Citizens Advice - 551B High Road, N17 6SB
0300 300 1187

Haringey Law Centre

Ground Floor Offices, 7 Holcombe Road, Tottenham,
N17 9AA

020 8808 5354
Email: tottenhamlawcentre@tiscali.co.uk



1219.13

Are you a vulnerable adult experiencing domestic abuse?

WHAT IS DOMESTIC ABUSE?

It's any type of controlling, bullying, threatening or violent behaviour between people in a family, relationship or past relationship over the age of 16

WHAT COULD HAPPEN?

Stopping you going out or seeing friends, taking your phone away, controlling your money, using physical and/or sexual violence

WHO CAN HELP?

You can contact the independent domestic abuse advisor who will help you find the right support. You can also contact Haringey police, your doctor, Hearthstone or Solace.

Useful contacts

Independent Domestic Violence Advisor Service

0300 012 0213
www.niaendingviolence.org.uk
will help you find the best service to help you

Haringey Police

0207 230 1212(24 hour) :
Tottenham Police Station
398 High Road N17 9JA

Solace Women's Aid

Advice at home and Silver Project for older women
0808 802 5565

Council tenants should contact Homes for Haringey

Tenancy Management@homesforharingey.org
0208 489 5611

Hearthstone Domestic Violence Advice and Support Centre

10 Commerce Road, Wood Green N22 8ED
0208 888 5362

IMECE Women's Centre for Turkish, Kurdish and Turkish Cypriot women

Advice line: 0207 354 1359
or
info@imece.org.uk

Victim Support

Free phone: 0808 168 9111
www.victimsupport.org.uk

Men's Advice Line

0808 801 0327

For men seeking help for their abusive behaviour,
call RESPECT on: 0808 802 4040

London LGBT Domestic Abuse Partnership

0207 704 2040
referrals@galop.org.uk

If you are worried about a child – contact Children's

Services Single Point of Access (SPA) 020 8489 4470. Out of office hours/weekends: 020 8489 0000



Know someone affected by self-neglect or hoarding?

WHAT IS SELF NEGLECT?

Self-neglect is when a person does not attend to their basic care and support needs, such as personal hygiene, appropriate clothing, feeding or taking care of their health or any medical conditions they may have.

WHAT COULD HAPPEN?

High levels of clutter make it much easier for a fire to start and create a greater risk of fire spreading, increasing the risk of injury and death.

WHO CAN HELP?

If you are concerned about immediate safety call emergency services. You can contact the Fire Brigade for a home fire safety visit. Contact the council for safeguarding concerns and a range of organisations can provide support.

Useful contacts

Haringey Council

020 8489 1400 IAT@haringey.gov.uk

Council tenants should contact Homes for Haringey

Tenancy Management@homesforharingey.org
0208 489 5611

London Fire Brigade - Haringey

To book a free Home Fire Safety visit call 0800
028 4428 or for an urgent out of hours referral
ring: 0208 555 1200

Hoarding UK

<http://hoardinguk.org/>
Free helpline, advice and advocacy
020 3239 1600

The A Team

Clarendon Centre, Clarendon Road, N8
0208489 4860 to help with clearance

Contact the Elderly

www.contact-the-elderly.org.uk
Network of volunteers 0800 716 543

MIND in Haringey

admin@mih.org.uk
020 8340 2474
Counselling available



Foreword by the Chair

I am very pleased to introduce the Annual Report published on behalf of the Haringey Safeguarding Adults Board (HSAB) that contains contributions from its member agencies. The Board is statutory and coordinates local partnership arrangements to safeguard adults at risk of harm. This report details the work carried out by the HSAB last year (2017/2018) and highlights the priorities for 2018/2019.

Over the last year we have strengthened and improved our quality assurance processes to measure the effectiveness of what we do, and identify improvements. The key challenge is to ensure that everyone involved in the HSAB is clear about who is doing what, when, how and why. Whilst safeguarding adults is a lead duty of the local authority, the responsibility for identifying, investigating and responding to concerns regarding abuse, lies with staff across all organisations. This means that all agencies must share a common understanding of what constitutes abuse, how to respond to any concerns, how wherever possible to help prevent abuse in the first place, and know what their responsibilities are.

Following the death of a Haringey resident in 2016, the Board commissioned an independent author to lead the process of a Safeguarding Adult Review (SAR) on reviewing the work of all agencies and seeking to identify learning. Agencies have engaged fully in the review, and have worked hard to agree on areas of learning. The SAR was completed and published last year and those findings are being reported on within this report. The HSAB will, during 2018, review the SAR Procedure to ensure that our process is efficient and effective in implementing learning to improve practice. We will also work with other key partnerships to share learning arising from all statutory review processes. This work is led by the HSAB's SAR subgroup.

Over the next few months, we will be working together across the North Central London (with Camden, Islington and Barnet) to align a number of Strategic Priorities to take forward in our revised HSAB 2018-2021 Strategy and 2018-19 Priorities. To help us do this, we have already consulted with you (members of the public and professionals) to hear your views and comments we should take in the next three years to help people stay safe in Haringey.

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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1. Introduction

This HSAB annual report is for the period 1st April 2017 to 31st March 2018 and is produced as part of the Board's statutory duty under *The Care Act 2014* and Chapter 14¹ 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.

The report gives details of progress on our priorities and the Haringey Strategic Plan 2015-18. It sets out how effective the HSAB has been over the 2017-18 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.

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 HSAB activities and achievements during 2017-18; it summarises the effectiveness of safeguarding activity in Haringey including the work of individual member agencies.

1.1. Understanding what safeguarding is?

The Care and Support Statutory guidance defines safeguarding as:

“people and organisations working together to prevent and stop the risks and experience of abuse or neglect, while at the same time making sure the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action”
(Care and support Statutory Guidance, Oct 2014)

1.2. About Haringey Safeguarding Adults Board

The HSAB is a statutory body that works to make sure that all agencies are working together to help keep adults in Haringey safe from harm and to protect the rights of citizens to be safeguarded under the Care Act 2014, Mental Capacity Act (MCA) 2005² and the Human Rights Act (HRA) 1998³.

1.3. Our 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.

¹ <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

² <https://www.legislation.gov.uk/ukpga/2005/9/contents>

³ <https://www.legislation.gov.uk/ukpga/1998/42/contents>

1.4. Our Strategic Role

The HSAB provides a forum for strategic discussion and agreement on:

- areas for improvement;
- policy issues;
- guidance for practitioners, commissioners and service providers;
- approaches to self-neglect;
- preventing abuse and neglect;
- addressing antisocial behaviour, hate crime and domestic abuse; and
- the respective roles of the board, other boards and partners.

1.5. 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.

1.6. Overarching purpose of the HSAB

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

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

1.7. The Safeguarding Principles

The work of the HSAB is underpinned by the safeguarding principles which were set out by the government in the statutory guidance accompanying the Care Act 2014. The following six principles apply to all sectors and settings including care and support services. The principles inform the ways in which we work with adults.

The Safeguarding Principles

<p>Empowerment</p> <p>The presumption of person-led decisions and informed consent, supporting the rights of the individual to lead an independent life based on self-determination.</p>	<p>Prevention</p> <p>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.</p>	<p>Proportionality</p> <p>Proportionate and least intrusive response appropriate to the risk presented.</p>	<p>Protection</p> <p>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.</p>	<p>Partnership</p> <p>Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.</p>	<p>Accountability</p> <p>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.</p>
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1.8. Governance

HSAB 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 (LFB), London Ambulance Service (LAS), Haringey Clinical Commissioning Group (CCG), 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 HSAB and overseeing its work programme. However, the Chair is accountable only to the Board for the decisions taken in that role. The role of Vice-Chair is undertaken by the Director of Adult Social Services (DASS).

The Board is attended by representatives of the partner agencies with a high level of engagement.

The HSAB has a number of subgroups chaired by senior members from across the partner agencies. In 2018, the structure of the Board changed to reflect our strategic priorities (*see page 40 for the 2018/19 HSAB structure*).

1.9. Financial Arrangements

The work of the Board is financed by contributions from partner agencies, of which currently over 60% 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.

1.10. Relationship between the HSAB and other Strategic Boards

The Chair meets regularly with the Chief Executive and Deputy Chief Executive, the DASS, the Lead Member for Adult Safeguarding, the Leader of the Council, and the Chair of the Haringey Local Safeguarding Children Board (LSCB). Links are maintained through representation on key strategic partnerships:

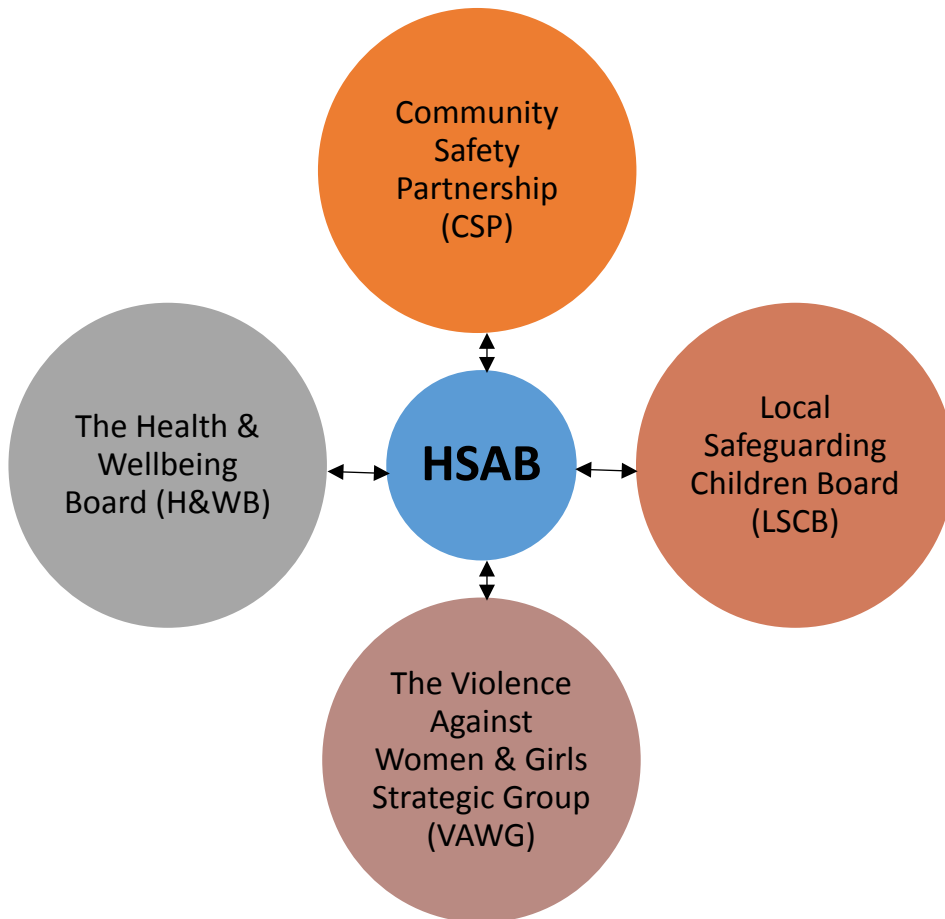


Figure 1 HSAB relationship with other Strategic Boards

2. What we have done 2017-18

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.

2.1. Adult Safeguarding Practice – Safeguarding Improvement Plan

The Chair of the HSAB and the Assistant Director of Adult Social Services carried out an internal review in 2017, on safeguarding adult practice in Adult Social Services in Haringey Council. The purpose was to provide a constructively critical eye on all areas of practice, process, quality and performance with the stated objectives focused on:

- Assessing for Care Act 2014 compliance;
- Evaluating the level at which the Making Safeguarding Personal (MSP) approach is embedded in knowledge and practice;
- Informing service improvement and development throughout the period of investigation;
- Informing workforce development planning needs identified; and
- Assuring the Chair of the HSAB of safeguarding practice effectiveness.

The review provided insights into the adult safeguarding practice in Haringey, utilising a range of evidence sources. In terms of the stated objectives, the reviewers concluded that the services are broadly compliant with the Care Act (2014) although there were areas for improvement clearly identified.

These have been captured under four themes listed below. A Safeguarding Adults Improvement Plan has been developed to address the issues identified. The plan explicitly addresses the needs of vulnerable adults who are at risk of abuse and neglect. This informed service improvement and development throughout the period of investigation; as well as workforce development planning and training needs.

Good progress has been made to implement improvements; and there is ongoing monitoring of the Safeguarding Adults Improvement Plan through the Adults Services Redesign Steering Group and Safeguarding Adults Board;

1. Systems and Process

- The Mosaic⁴ safeguarding processes must be fit for purpose and support best practice allowing for performance data to be easily accessed from the system with a key focus on 'Making Safeguarding Personal' and mapping against service user outcomes - **COMPLETED**.
- Current safeguarding alert/concern form requires amendments to ensure that the necessary information is being collated and that outcomes are mapped - **COMPLETED**

⁴ Mosaic: Haringey Council Adult Social Services Client Database

- Safeguarding responsibilities must be shared across all service areas to ensure that the safeguarding team resources are effectively managed and that the principles of 'Making Safeguarding Personal' are implemented – **by 01/04/2019**
- Practitioners within service areas need to have clarity of how the safeguarding process works and how decisions are made regarding the triaging of safeguarding concerns and the allocation of s.42 enquiries - **COMPLETED**
- Supporting the role of First Response Team in managing how safeguarding concerns are received, analysed and recorded ensuring professional decision making, accurate recording and prevention is evident in the work that we do - **by 01/10/2018**
- Safeguarding lead to have an overview of progress of all s.42 enquiries that go to the community teams to ensure that we are responsive in the work that we undertake - **by 01/11/2018**

2. Performance Monitoring

- Ensure that the audit process has sufficient depth and focuses on key areas of safeguarding practice and processes allowing it to be used as a reporting tool to the HSAB - **COMPLETED**
- Mosaic System needs to accurately reflect interventions made by adult social care when safeguarding concerns are raised but do not lead to s.42 enquiry. Ways on capturing this information should be highlighted as preventative work where it is relevant - **COMPLETED**
- Repeat referrals need to be identified, mapped and managed - **COMPLETED**

3. Learning and Development

- Safeguarding Competency Framework to be developed to provide more efficient and consistent safeguarding practice across adult social care - **COMPLETED**
- Exploration through our Teaching Partnership to look at how our HEI might be able to support training and learning opportunities in safeguarding - **COMPLETED**
- Working closer with our provider market to support learning and development opportunities in safeguarding – **Ongoing support to improve standards of care**

4. Staffing

- A number of staffing vacancies within the safeguarding service continue to be filled by locum workers and these workers have been regularly rotated. There needs to be a real focused drive on recruitment to fill the outstanding positions to provide some stability to this critical function - **by 01/09/2018**

The Chair of the HSAB was assured that senior managers were committed to improvement and demonstrating safeguarding practice effectiveness. A review of progress will be undertaken in 2018-19, focusing on practice.

2.2. Making Safeguarding Personal (MSP) Temperature Check

The Care and Support Statutory guidance states that MSP means that safeguarding should *“be person-led and outcome-focused. 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”*. DH, March 2016 (para 14.15)⁵. This is in the context of a definition of safeguarding that embraces partnership and prevention to achieve personalised outcomes, addressing both safety and wellbeing for the person. (DH, March 2016, para 14.7)⁶.

The MSP temperature check was developed and agreed in March 2016, following discussions at the MSP Task and Finish group and the Association of Directors of Adult Social Service (ADASS) Adult Safeguarding Policy Network⁷. The London region MSP temperature check in 2017 includes a series of recommendations from the five Strategic recommendations for local SABs to progress.

The HSAB completed the MSP check and identified areas for improvement that are embedded in the new HSAB Strategic Plan 2018-2021 and 2018-2019 Priorities.

2.2.1. MSP Haringey Adult Services

Local data showed that not all staff were entirely clear on their responsibilities around MSP or how to carry it out in practice. In August 2017 only 24% of all people with a safeguarding concern were asked about their desired outcomes. A large percentage also were recorded as “unable to express desired outcome”. This indicated that staff may also have lacked understanding of how to apply the MCA in these situations and how to engage a formal or informal advocate.

Consequently, a combination of learning and process development was put in place, including the following:

- Improvements to the safeguarding reporting process and work flow;
- More emphasis in the Section 42 training on what MSP means in practice;
- Additional sessions on MCA that included training on the use of advocates;

⁵ Department of Health (2016) Care and Support Statutory guidance.

⁶ Cooper, A; Briggs, M; Lawson, J; Hodson, B; Wilson, M (2016) *Making Safeguarding Personal Temperature Check*, London: ADASS

⁷ <https://www.adass.org.uk/safeguarding-policy-page>

- Letting of a new contract to increase the number of advocates available to practitioners in Haringey;
- Continued safeguarding case file audits and an improvement plan; and
- Case discussion groups focussing on safeguarding to gain coaching support.

Following improvements put in place, there has now been a month on month improvement in number of people asked about their outcomes, to 94% by the end of March 2018.

2.3. Safeguarding Adults at Risk Audit Tool and Joint North Central London Challenge Event

The Safeguarding Adults at Risk Audit Tool has been developed by the London Chairs of SAB Network and NHS England. The aim of this audit tool is to provide all organisations in the borough with a consistent framework to self-assess, monitor and/or improve safeguarding adult arrangements.

On the 1st November 2017, Islington Council hosted the North Central London (NCL) Challenge and Learning event.

The objective of the challenge event was to bring partners together across NCL to share learning; to identify priorities for improvement; and to formulate next steps.

In preparation for the NCL challenge event, HSAB partners were requested to complete the Safeguarding Adults at Risk Audit Tool to identify areas of good practice as well as areas for improvement.

The Safeguarding Adults at Risk Audit Tool findings identified the following issues for further development:

- a) Explore more opportunities for more effective and efficient response to Deprivation of Liberty Safeguards (DoLS) across the sector;
- b) Continue to develop multi-agency response to safeguarding;
- c) Learning from exemplar MSP organisations and national/London peers;
- d) Implementation and monitoring of the Boards performance framework; and
- e) MSP qualitative evaluation.

Where possible, the above areas for improvement have been embedded in to the Strategic Priorities for 2018-19.

2.4. HSAB Subgroups

The HSAB subgroups facilitate focused work in line with the objectives of the 3-year strategic work plan. Each subgroup is chaired by a member of the

Board. There has been a significant amount of work undertaken and completed by the Board during the period 2017-18 some of which is detailed below.

2.4.1. Prevention and Learning Subgroup

Chair: Workforce Development Change Manager (Haringey Council)

Co-Chairs: Haringey Borough Metropolitan Police Service

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 2017-18 have included:

- Poster safeguarding information campaign launched in June 2017 and circulated to the Voluntary Community Sector (VCS) and schools.
- Improvements to safeguarding data collection by addition of first language and ethnicity reporting.
- Mechanism and feedback loop introduced to embed learning from Safeguarding Adult Reviews (SAR's).
- Improvements to evaluate employee training and reporting across partners, including presentations for quality assurance.
- Staff from private sector providers and voluntary sector staff and volunteers continue to access the free safeguarding e-learning from the council's website that covers issues of child and vulnerable adults safeguarding and the Prevent Duty.
- Over 9550 face-to-face safeguarding training sessions were delivered in the regions covered by our partners, which is over 2250 more face-to-face sessions than last year.
- Full day face-to-face adult safeguarding training has also been delivered to managers of private care organisations. This will be repeated in 2018.
- An introductory level e-learning course has been placed on the council's website for easy access, providing accessible information and advice to small community groups and the wider public.
- Discussions held with the Bridge Renewal Trust (BRT) in the VCS on how to continue communication with the VCS.

Training

Haringey is committed to providing high quality safeguarding adults training and the focus has been on each agency providing their own Level 1 and Level

2 awareness training. External partners still make use of places on council run courses for more specialist areas.

During 2017, 478 people received training through short briefing sessions, full-day and half-day training sessions, as well as twilight sessions delivered over a number of evenings and a recovery college course over 6 weeks.

Following the roll out by London ADASS of Human Trafficking and Modern Slavery training using a Train the Trainer format, agencies are now starting to roll this out to their employees. For Adult Services, sessions have been offered and also linked this training with a short briefing on understanding Hate Crime as effective use of staff time in a single half day.

The council also organised courses for staff and partners on Financial and Material Abuse and Self Neglect and Hoarding. Special briefings were also organised to help 99 staff understand domestic fires involving vulnerable adults. These sessions were run by the LFB as a result of learning gained from the High Risk Panel (HRP) and earlier SAR.

Prevention and Delivery Plan 2017-20

Prevention of abuse has been an important part of the ongoing work of the HSAB and is an essential part of the HSAB Strategic Plan. HSAB has recognised the need to empower and offer choice to people (as part of MSP) as well as giving them the information and tools to protect themselves.

The 2017-2020 Haringey Adult Safeguarding Prevention Strategy continues the work of the previous strategy showing the ongoing commitment of different agencies and partners involved with adults to promote safety, prevent abuse and protect vulnerable adults, whilst promoting an approach to enable adults to protect themselves; living their own lives and making their own decisions.

The Strategy sets the strategic direction for prevention in adult safeguarding and the main priority areas of work for the different agencies and partners that care and support vulnerable adults in our community. It represents an ongoing collaboration between these partners using the Strategy as a framework for the partnership work in safeguarding adults at risk from abuse.

Priorities moving forward include:

- Continued collaboration between training leads in partner organisations with a view to sharing training offered and best practice;
- On-going partnership with BRT to ensure the VCS is supported in delivering training to staff and volunteers and progress new developments to support Charity Trustees;
- Better links with private care providers to ensure they meet their safeguarding training requirements ;
- Continued provision of training priorities identified in the 2017-20 Prevention Delivery Plan ;

- Continued work to improve how evaluation is carried out so partners can ensure training effectiveness and value for money; and
- Training planned for 2018 for Trustees of charities and managers of VCS groups.

Strategic Objectives 2018-19

- 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;
- Use intelligence to identify key themes and raise awareness of abuse and neglect with staff, partners and the public through improved communications and campaigns;
- Improve understanding of and responses to older people at risk of or experiencing domestic abuse across the partnership and make links to the Violence Against Women & Girls (VAWG) Strategy;
- Improve multi-agency knowledge and awareness of mental health including Mental Capacity and the use of Advocates in safeguarding work;
- Evaluate dissemination of learning from SARs, including MSP;
- Ensure MSP is embedded in safeguarding standards across the partnership;
- Share awareness-raising materials across the NCL area;
- Develop a consistent approach to conducting and share learning effectively across the NCL area for a range of serious incidents including SARs, Domestic Homicide Reviews (DHR's), Coroner's inquests; and
- Improve and sustain quality of care providers in all sectors in order to improve safeguarding practice

2.4.2. Multi-Agency Quality Assurance Subgroup

Chair: Assistant Director Commissioning (Haringey Council)

Co-Chair: Designated Professional for Safeguarding Adults (Haringey Clinical Commissioning Group)

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

The QAF acts as the mechanism by which the Board hold local agencies to account for their safeguarding work, including prevention and early intervention. The QAF aims to, through a variety of means, provide a robust framework for understanding how effectively adults at risk of harm and neglect are protected, how well partners are working together to do this, and where

safeguarding arrangements could be improved to ensure better outcomes for those adults at risk.

Achievements in 2017-18 have included:

- Continued to refine and improve the multi-agency adult safeguarding dataset 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.
- Multi-agency performance framework is in place and data analysis is provided every quarter to the HSAB.
- The subgroup continued its cycle of policy development and review, and has worked to update and review a range of multi-agency policies and procedures including:
 - Safeguarding Adults Prevention Strategy and Delivery Plan
 - Escalation Policy
 - Joint Safeguarding Adults Section 42 Enquiry Framework
 - HSAB Risk Register
- Continued to liaise with other subgroups and working groups to ensure a joined up and consistent approach to the work is undertaken.
- The subgroup has continued to monitor the quality of care providers in all sectors to assure the Board that services provided and commissioned on behalf of Haringey residents meet specified quality standards, can prevent safeguarding incidents and respond effectively when they occur.
- The subgroup discussed and agreed the Haringey Safeguarding Pathway which shows the safeguarding process for the Mental Health Team (MHT) and Safeguarding Adults Team (SAT) from the initial First Response screening.

Strategic Objectives 2018-19

- Continue to develop and test the QAF, including both performance data, analysis and auditing that explicitly considers how person-centred safeguarding interventions are, and how reflective of users' views and needs through MSP specific measures
- Adopt multi-agency case file audit tool to ensure learning from safeguarding cases is embedded in practice, with a suggested theme of neglect/self-neglect, including mental capacity and MSP
- Improve targeting and prevention by monitoring and identification of poor quality safeguarding practice, increased risks and vulnerabilities to abuse, safeguarding themes, trends and locations
- Ensure engagement of service users, carers and community and voluntary sector to current concerns and trends are captured
- 'Think Family'⁸, approach to practice and safeguarding strategic links to the LSCB (in response to the Joint Targeted Area Inspections (JTAI))

⁸ <https://www.scie.org.uk/publications/guides/guide30/introduction/thinkchild.asp>

- Improve understanding of and responses to older people at risk of or experiencing domestic abuse across the partnership and make links to the VAWG strategy
- Assess and monitor regional and local structural changes for impact in safeguarding people at risk
- Improve and sustain quality of care providers in all sectors in order to improve safeguarding practice

In 2018/19, the QA subgroup will be reviewing the following multi-agency policies and procedures:

- Safeguarding Adult Review Protocol;
- Haringey's Joint Establishment Concerns Procedure;
- Multi-Agency Pressure Ulcer Protocol and Decision Pathway;
- Safeguarding Adults Multi Agency Procedure (in conjunction with the refreshed London Multi-agency Policy and Procedure (General Data Protection Regulation (GDPR) compliant); and
- Information Sharing Agreement (ISA).

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

Chair: Head of Adults and Safeguarding (Haringey Adults Social Services)

Co-Chair: Safeguarding Adults Lead (Whittington Hospital)

Remit: To oversee the ongoing implementation and operation of the MCA 2005, including the DoLS.

Achievements in 2017-18 have included:

- Best Interest Assessor (BIA) multi-agency/partner training plan in place
- MCA training multi-agency/partner training in place
- No backlog of assessments in Adult Services
- All applications are allocated on a weekly basis
- Increased bank of Section 12 Doctors and BIA under contract with the Local Authority
- Trained a number of Local Authority staff in order to develop pool of BIA available
- Trained a number of staff across partner agency in role of BIA and support them to undertake the role to develop practice within health settings.
- Worked with IT department and client information system to ensure that Mental Capacity Assessments are a standalone process as well as part of Care Act Assessments.

- Through practitioner forums raised expectation of Mental Capacity Assessments being part of business as usual around decision-making and not only as part of a Care Act assessment.

Case Study

MD is an 89 year old who resides at one of the residential homes, a DoLS application form was received and the case was allocated to the independent Mental Health Doctor, and a BIA (Haringey Council). The Mental Health Doctor carried out the assessment and initially found that MD lacked capacity and was eligible for the DoLS authorisation however when the internal BIA then made her visit and carried out her assessment after a period, it was found that MD did have capacity at the time of her assessment and her findings were discussed with safeguarding lead who advised that the Mental Health Doctor be informed and for both professionals to arrange a joint visit as capacity can sometimes fluctuate, depending on the circumstances surrounding the initial application.

The Doctor agreed after the visit that MD's circumstances may have changed in relation to capacity. The Mental Health Doctor and Internal BIA subsequently were in agreement that the DoLS authorisation would not be granted in this instance as MD regained capacity at the time of the Internal BIA's visit. The internal BIA explained that the Doctor saw the client within the first 2 days of the move to the care home and MD may have still been disorientated and unwell from the hospital admission and fall.

The Doctor accepted the BIA's findings, as MD had settled in the care home and was more responsive as of the time of their second visit as advised by the safeguarding lead.

Priorities moving forward include:

- MCA audit across partner agencies
- To work with Board members and partners to develop a process of assurance around the use of MCA and Assessments by practitioners and professionals.
- Develop links with wider organisations including voluntary and community agencies, Community Education Provider Network (CEPN) around the awareness raising of mental capacity.

- Review links with the Workforce Development Officer and the Principal Social Worker (PSW) with regards to support, and forums available to multi-agency and partner organisations.
- Consider setting up a MCA/DoLS task and finish group to plan for potential changes in practice. (On hold pending new legislation following the Law Commission's proposals on replacement for the DoLS and amendments to the MCA)⁹.

2.4.4. Safeguarding Adults Reviews (SAR) Sub-group

Chair: Chair of HSAB

Purpose: 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 SAR's; and to ensure recommendations are made, messages are disseminated and that lessons are learned.

Section 44 of the Care Act 2014 requires the HSAB to arrange a SAR when a case meets the statutory criteria: that is 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.

The completion of a SAR is to ensure that relevant lessons are learnt, professional multi-agency safeguarding practice is improved, and to do everything possible to prevent the issues in question happening again.

Achievements in 2017-18 have included:

This year there have been six new referrals for consideration of a SAR, although only one of these referrals met the SAR criteria. This will be taken forward as a SAR in 2018 and will be reported on in next year's annual report. One referral received at the end of 2017/18 did not meet the criteria for a SAR but the subgroup felt that there is learning to be gained from this case and a learning event will be held for the agencies involved later this year.

An analysis of the six SAR referrals received in 2017/18 shows that 67% were for females and 33% for males. Although the number of SAR referrals is small, this is broadly similar to the pattern of Section 42 enquires in 2017/18, of which 61% involved females. The SAR referrals involve a higher proportion of people aged over 65 (83%) than the Section 42 enquiries (65%)

⁹ <http://www.lawcom.gov.uk/people-with-dementia-and-learning-difficulties-detained-in-care-without-checks-due-to-failing-law-law-commission/>

in 2017/18. This will be monitored in 2018/19, as the small numbers of SAR referrals makes it difficult to draw significant conclusions from this.

Half of the SAR referrals involved people from a White background and 17% involved people from a Black/African/Caribbean/Black British background, compared with 46% and 24%, respectively, of safeguarding concerns in 2017/18. For a third of the SAR referrals, the ethnicity was not known but this information is now routinely collected on SAR referrals.

The type of abuse described in the SAR referrals relates to neglect in 75% of cases, self-neglect in 13% and financial abuse in 13% of cases. This reflects the proportion of financial abuse cases within all safeguarding concerns in 2017/18 (13%) but represents a far higher incidence of neglect and self-neglect than the safeguarding concerns raised in 2017/18 (31%). In all six SAR referrals, the person involved had died. This suggests that there may be an over-representation of SAR referrals where an older person has died and there are concerns about neglect leading to the death.

Further work may be needed to promote the SAR referral process to ensure referrals involving emotional/psychological abuse and physical abuse, which may be more likely to involve people who have not died, are appropriately referred. In addition, all of the SAR referrals made in 2017/18, involved a person living in their own home in the community, suggesting that work may be required to encourage appropriate referrals from hospitals and residential homes in the borough.

SAR 'Robert'

In July 2017, the SAB published¹⁰ its first SAR since the Care Act 2014 was implemented. The SAR was carried out by an independent reviewer and considered the death of Robert who was sadly found hanged in early 2016 following an unsuccessful grant of tenancy application after his father's death.

Robert was a young man in his early 30s who had been diagnosed with Foetal Alcohol Syndrome and was referred to as having a learning disability. He lived with his father in a Homes for Haringey property. Robert's father acted as his informal carer, with responsibility for his finances and housing. When Robert's father was diagnosed with cancer in 2010, Robert acted reciprocally as his father's registered carer. Robert's father died in 2015 and Robert was reported to be suffering low mood and depression. Subsequently, Robert's application for a grant of tenancy was turned down due to a lack of evidence of exceptional reasons. On the day that he was served a 'Notice to Quit' the property, Robert was found hanged. The Coroner's inquest into the death recorded an open verdict.

The main recommendations of the SAR were to develop a multi-agency protocol to better coordinate arrangements for vulnerable adults at risk of

¹⁰ <http://www.haringey.gov.uk/social-care-and-health/safeguarding-adults/haringey-safeguarding-adults-board-sab/safeguarding-adults-reviews>

homelessness; provide clear information and training for staff on new housing policies; review the Housing Decision Panel; provide training to housing staff on safeguarding and mental capacity awareness and their responsibilities; and complete adult social care referrals and assessments within Care Act timescales.

In 2017/18, the SAR subgroup developed an action plan to ensure that implementation of the learning from the Robert SAR was overseen and monitored. As part of the implementation of learning, staff from the agencies involved in the SAR came together in May 2017 to understand the pathways into each other's services. Learning from the SAR was also shared with the Haringey Suicide Prevention Group (HSPG) hosted by Mind in Haringey¹¹.

Additional SAR learning events are planned for early 2018 to share the detailed findings of the Robert SAR with staff from SAB partner agencies, as well as learning identified in the London ADASS Learning from SARs Report (July 2017). These events will provide an opportunity for agencies to consider whether any further improvements are needed.

Priorities for 2018/19

1. Deliver SAR learning workshops to ensure that learning from SARs is widely disseminated;
2. Establish Fire Prevention Task and Finish Group to improve arrangements for monitoring clients at a high risk of domestic fire;
3. Update SAR Protocol in light of national/best practice guidance;
4. Carry out a review to assess the impact and effectiveness of the work of the SAR Subgroup, including consideration of methods to promote the SAR referral process to all SAB partners to ensure appropriate SAR referrals are made.
5. Haringey and the London Borough of Camden to lead on NCL task and finish SAR learning subgroup, to develop a repository of safeguarding learning, accessible to NCL. In addition, to organise a joint SAR learning event, looking at themes such as MCA and complex case management.

¹¹ <http://www.mindharingey.org.uk/suicide-prevention.asp#.WziglFJILuj>

3. Partner Statements

The agencies that make up the HSAB are all committed to improving their ability to prevent harm as well as to identify and react to allegations of abuse towards the people they work with. Every year, we ask our partners to write up their SAB partner statements which highlights their key achievements throughout the year and what are the plans for the coming year. Details of how each partner has contributed to the work of the HSAB in 2017/18 can be found below.

3.1. Barnet Enfield & Haringey Mental Health NHS Trust (BEHMHT)

Key achievements' in 2017/18

- The aims and objectives of year 2 of our 3 year safeguarding work plan for BEHMHT have largely been met
- We have led on an innovative domestic abuse pilot project (LINKS) which demonstrates how an independent domestic violence advocate based directly with the mental health team significantly improves responses to service users who disclose domestic abuse.
- We have developed a safeguarding newsletter to ensure staff are regularly updated.
- We have developed a safeguarding adult handbook for all staff.
- We have refreshed our easy read safeguarding information for service users.
- We continue to improve and learn from our safeguarding data collection systems.
- We have developed new policies on the management of safeguarding allegations against staff and we now have new chaperone policy.
- We have designed and rolled out level 3 safeguarding adult training.
- We have reviewed the role and function of the MHT safeguarding champions to ensure improved practice and cascade of learning.
- We have improved the way we triangulate information relating to safeguarding alerts, complaints and Datix¹² incident reports.
- We continue to raise the profile of the “Think Family” approach across all services
- We have developed a new safeguarding adult audit strategy aligned to the principles of safeguarding as defined in the Care Act (2014).
- We have consistently maintained Level 1 and 2 safeguarding adult training at the Trust target of 90%

How has the organisation contributed to the HSAB 2017/18 priorities?

Our audit strategy give assurance that we are assured that safeguarding practice is person-centred and outcomes focused.

¹² web-based incident reporting and risk management software for healthcare and social care organizations

Our key achievements demonstrate improved targeting and prevention by monitoring and identification of poor quality safeguarding practice, and increased risks and vulnerabilities to abuse; as well as safeguarding themes, trends and locations and ensure engagement of service users, carers and the VCS to current concerns and trends

Case studies illustrating good practice

A safeguarding concern was instigated regarding a service user who was found neglecting herself. Her home was full with clutter and causing congestion in the living spaces and was impacting on the use of her living space. A safeguarding meeting was held that involved partners; local authority, GP, Fire Service and the Housing department. This ensured a robust and co-ordinated response across the key partnership to plan the interventions required. A robust multi-agency risk assessment was completed. The victim was referred for psychological intervention, free safety checks. With consent, her flat was cleaned by the Housing department and she was referred for on-going support.

The case came to the attention of the safeguarding team via the Multi-Agency Risk Assessment Conference (MARAC). A female service user had attacked her husband therefore she was deemed to be the perpetrator of domestic abuse. The multi-disciplinary team had concerns about the characterisation of the service user as a perpetrator and they felt she was being exploited by her husband who routinely attributed incidents and her refusal to comply with his demands to her mental illness. There were also allegations that he often gave her cannabis stating that it was an herbal/natural cure for her mental illness. This information was shared with MARAC and a safeguarding plan was put in place including:

- Conditions around engaging with Dual Diagnosis services and accessing support and Domestic Violence counselling where to be included as conditions on the CTO
- An Independent Domestic Violence (DV) Advocate (IDVA) was engaged to support the service user for the duration of the in-patient stay as well as for on-going support in the community. The IDVA was asked to address the issues in a culturally sensitive manner as well as support the service user with protection planning and reporting any further abuse to the Police

Planned Safeguarding activities for 2018/19

1. Work continues to ensure data is captured and analysed effectively.
2. To continue to develop and improve systems to promote effective lessons learnt from reviews such as SARs and DHR's.
3. To respond effectively to the increasing number of SARs and DHR's
4. To ensure consistency of safeguarding adult practice across three boroughs with separate commissioning arrangements and different safeguarding pathways.

5. To ensure the challenge of working across three borough Safeguarding Adult Boards and their associated sub-groups is managed effectively.
6. To respond to the ever increasing and competing issues across the safeguarding landscape.

3.2. NHS Haringey Clinical Commissioning Group

Key achievements' in 2017/18

NHS Haringey CCG 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 Haringey CCG'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.

- Hosted a Multi-Agency Accountability and Assurance learning event for the Sustainability and Transformation Partnership (STP), forty-five participants attended on the day from across NCL.
- Implemented the Learning Disabilities Mortality Review (LeDeR) to drive improvement in the quality of health and social care service delivery for people with learning disabilities and to help reduce premature mortality and health inequalities in this population support local areas to review the deaths of people with learning disabilities.
- Successfully won a joint bid to become one of three Pathfinder sites to establish comprehensive health practice in relation to domestic abuse in acute hospital trusts over a three year period.
- Developed a Safeguarding Adults front facing Internet page to provide safeguarding information to the general public.
- Participated in raising SAB awareness raising by holding awareness sessions in local GP surgeries.
- Developed a referral pathway for care homes to support mental wellbeing with BEHMHT.
- Implemented NHS Scotland Falls Tool and guidance in three care homes including developing falls champion model.
- Reviewed and updated the HSAB Safeguarding Pressure Ulcer protocol to increased awareness of health indicators of neglect such as pressure ulcers.
- Carried out NHS England Enhanced Health in care homes benchmarking exercise to identified areas of best practice and service developments to support care homes.
- Trained 150 care home staff on significant 7 to improve systematic identification of early signs of deterioration in residents to ensure residents have access to preventative care.
- Securing and overseeing primary care engagement for DHRs, SARs, providing support and overseeing implementation of actions for health.

- Continue to embed safeguarding in commissioning, contracting and quality monitoring of all existing provider contracts and Service Level Agreements.

How has the organisation contributed to the HSAB 2017/18?

Haringey CCG support the work of the SAB in working towards achieving its strategic plan by active contribution and participation. It has further supported the SAB by means of contributions for staffing resources for the period 2017/2018.

- Completed the MSP Temperature Check for Haringey CCG.
- Completed the Safeguarding Adults Assurance Framework for Haringey CCG.
- Supported the development of the Multi-Agency QAF and provide safeguarding adults health data on a quarterly basis.
- Supported the development of the HSAB risk framework.
- Support quality assurance program for care homes and domiciliary care and care homes and provide a quarterly joint provider quality assurance report to the HSAB.
- Supported the targeted awareness raising campaign within GP practices.
- Care homes team have delivered a number of quality preventative initiatives e.g. falls champion, significant 7 training.
- Rolled out mandatory Prevent awareness eLearning training to Haringey CCG staff.
- Contribute and attend Section 42 enquiries, SAR's, DHR's and Establishment Concerns and Provider Failure.
- Safeguarding Adults key Performance Indicators (KPI) including quarterly reporting for activity within provider organisations.
- Quality Incite and learning visits to provider trusts are completed by Haringey CCG Quality Team.
- Delivered MCA and DoLS training to Haringey CCG Continuing Health Care Team, developed a method of capturing judicial DoLS data within the team, audit cycle for compliance.
- Securing and overseeing primary care engagement for DHRs, SARs, providing support and overseeing implementation of actions for health.
- Developed a front facing safeguarding page with relevant information for patients.
- Hosted a Multi-Agency Accountability and Assurance learning event for the STP, forty-five participants attended on the day from across NCL.

Case studies illustrating good practice

NHS Haringey CCG has a role in ensuring that good quality care is delivered in care homes and that underperforming homes are identified, action plans put in place and progress monitored. London Borough of Haringey (LBH) and Haringey CCG put in place effective processes to ensure that there is

assurance that Care Homes in Haringey are delivering good quality and safe services. Haringey CCG and LBH do this through:

- Monthly quality LBH and Haringey CCG care homes meeting;
- Quarterly joint Information Sharing Panel with the Care Quality Commission (CQC);
- Weekly care home quality assurance visits;
- Submission of monthly quality assurance dashboard for care homes;
- Presence at Section 42 enquires for Care Homes;
- Production of Joint Provider Quality Report for the HSAB; and
- Presence at Establishment Concerns and Provider Failure meetings.

Planned Safeguarding activities for 2018/19

1. Haringey CCG year 3 work plan to support our Safeguarding Strategy 2016 - 2019 is currently under development.
2. Haringey CCG will continue to actively contribute and participate in delivering the HSAB Strategic Objectives.
3. Haringey CCG will work in collaboration with NCL CCG Safeguarding Designated Leads to reduce variation of Safeguarding practice across provider organisations.

3.3. Haringey Council Adult Social Services (Safeguarding Team)

Key achievements' in 2017/18 included:

- Recruitment into team of permanent staff, including Team Manager, Business Support and Social Work staff.
- Changes to client information work flow system that supports the accurate recording and reporting of data to the HSAB
- Changes to client information system that allows capturing of evidence in practice around MSP throughout the process.
- Agreed a streamlined process for reporting of safeguarding concerns from MHT into the Local Authority.
- Flow chart and safeguarding process map for Mental Health developed in conjunction with Trust Adult Safeguarding Lead. Attendance at manager forums within the Trust to build relationships and problem solve.
- Improved joint working with MHT in regards to identification of cases and ensuring that MSP has been included at the start of the process and evaluated at the end.
- Introduced rotation of social work staff across the service into the safeguarding team in order to improve knowledge and practice across the organization in regards to safeguarding.
- Dedicated duty Officer to address all safeguarding queries Monday to Friday
- All Section 42 backlogs have been cleared

How has the organisation contributed to the HSAB 2017/18?

- Contributed to joint reporting of safeguarding activity across partners into HSAB
- Protection plans are implemented at triaging stage
- LBH is one of the top 10 Authorities in regards to action of preventative work
- Protection plans are implemented at triaging stage

Case studies illustrating good practice

A concern was raised from the safeguarding lead of the church and by the Mental Health Team regarding alleged neglect. Mr M's advanced dementia was impacting negatively on him leading to both verbal and physical assault on Mrs M. As part of the protection plan, he was initially offered a carers' assessment. However, Mr M's condition further deteriorated and became unbearable for Mrs M who also had her health problems to deal with and needed to be safeguarded. The safeguarding team continued to provide support and an action plan was put in place to mitigate further risks. The safeguarding outcome was for Mr M to be placed in a dementia care home for respite with the view of making it permanent. Mr M is now under DoLS in a care home in his best interest receiving support with all activities of daily living and medicine administration. Mrs M expressed her gratitude for the enormous support she received from the safeguarding team for both of them during the safeguarding process.

An allegation of physical abuse of AH by a paid carer was received. Investigating officer visited the person twice at home as part of the safeguarding process to gather more information and arrange a safeguarding meeting, which was attended by wife, daughter, care provider and commissioners. Concern was wholly substantiated which led to training for all carers, part of measures implemented from safeguarding point of view was for provider to also review their policy around out of hours and reporting incidents. Both AH and his family expressed appreciation and the manner in which the whole safeguarding enquiry and meeting was carried out and the efforts the local authority made to safeguard the vulnerable people.

Both concerns was dealt with in a timely manner, with protection plans promptly and involvement of the vulnerable person and their families.

Planned Safeguarding activities for 2018/19

- Review process of referrals into the service to improve direct access to the safeguarding team for incoming alerts
- Work with children's services around learning, to improve recording and reporting of safeguarding adults concerns
- Develop links with the LSCB in regards to joint areas of concern around those young people transitioning to adults, such as modern slavery and Child Sexual Exploitation (CSE).

3.4. North Middlesex University Hospital NHS Trust (NMUH)

Key achievements' in 2017/18 included:

- Training compliance has increased to 84% (Level 1), and 87% (Level 2) by April 2018
- MCA and DoLS training continues to be poorly attended and levels are 73%. MCA and DOLs is included in Level 2 safeguarding training but not in great detail. The safeguarding lead is doing some focused training over coming months
- There had been a backlog of Enfield Safeguarding alerts raised against the Trust, which had not previously been reported to the Trust. all cases are progressing and the backlog is cleared
- There is a monthly safeguarding meeting with attendance from all departments and partner agencies. The meeting looks at all safeguarding 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.
- Weekly Harm Free Panels are held for falls and pressure ulcers. This provides 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

How has the organisation contributed to the HSAB 2017/18?

In June 2017, the Trust recruited a new Safeguarding Adult Lead, having covered the post for six months with interim appointments, following the retirement of the previous post holder. The Safeguarding Lead manages a centralised safeguarding email inbox to enable partners to send safeguarding concerns direct to the SAT. All concerns or enquiries are then forwarded to the relevant Local Authority SAT.

Trust staff attend Safeguarding Adult Strategy Meetings and Case Conferences as required. Recommendations from Case Conference Investigations are fed back to the relevant ward managers and matrons and the Trust has introduced monthly 'Lessons Learned Events' for Ward Managers and Matrons and other members of the multi-disciplinary team to enable reflection of recommendations from safeguarding adult enquiries.

NMUH has the following governance in place to ensure safeguarding adults is embedded within the organisation (Director of Nursing & Midwifery, Deputy Director of Nursing, Safeguarding Lead).

The Trust is represented at Haringey SAB subgroups by the Safeguarding Adult Lead and Deputy Director of Nursing. The Trust is also represented at

NHS England Safeguarding Network meetings by the Safeguarding Adult Lead.

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.

Adult Safeguarding enquiries are coordinated by Haringey ASS and the Trust is a partner agency of the Enfield and HSAB. The Trust is represented on both these boards by the Deputy Director of Nursing and the Safeguarding Lead.

The Trust is also represented at both the Enfield and HSAB subgroups by the Safeguarding Adult Lead.

The Trust is represented at NHS England Safeguarding Network meetings by the Safeguarding Adult Lead

Case studies illustrating good practice

A Patient was discharged in inappropriate clothing.
Actions in place: organisation of a clothing bank to ensure patients have access clothes on discharge. In conjunction with this our Transport team are providing disposable blankets for all patients on discharge.

In response to the safeguarding alerts raised on Pressure Area Damage on discharge, a harm free panel has been set up to review all Grades of pressure damage to give assurance that a plan of care is in place for patients. The Trust has had a 57% reduction in Grade 3 pressure damage

Planned Safeguarding activities for 2018/19

- 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.

3.5. Whittington Health NHS

Key achievements' in 2017/18

- Consistently high training compliance for levels 1 and 2, and 74% compliance for PREVENT WRAP¹³ 3 training.
- Increase in numbers of safeguarding adult concerns raised by Whittington Health staff.
- Effective process for recording DoLS, and ensuring an accurate database is kept
- CQC inspection report published February 2018 notes staff awareness of safeguarding adult processes, and also good knowledge of use of MCA
- Completion of LeDeR review, and holding learning event for staff across the partnership.

How has the organisation contributed to the HSAB 2017/18 priorities?

Regular attender at HSAB and subgroups, working to subgroup priorities.

Case studies illustrating good practice

Concerns were raised when a patient was admitted to hospital with hypothermia – the patient resided in a residential care home. The concern was flagged to the safeguarding adults' team leader within Haringey, in case of other concerns about the care home. This ensured any risks to other residents were considered – the safeguarding adult concern in this instance was not upheld.

A woman was admitted to the Intensive treatment Unit (ITU) having collapsed in the street. She had a 17 year old son, with severe autism. The patient had consistently refused input from social services, and there were concerns about her mental health.

Via a swift referral to the Multi-Disciplinary Team (MDT) Teleconference, we were able to ensure all relevant agencies were involved in discussions around how best to support this family.

Planned Safeguarding activities for 2018/19

- Development of new MCA training to be offered within the Trust.
- Achieve 85% compliance for WRAP 3, and safeguarding adults levels 1&2
- Increase knowledge and awareness amongst staff in working with people with a learning disability
- Work with senior staff to ensure clear pathways are identified for people with learning disabilities in Whittington Health.

¹³ Workshop to Raise Awareness about PREVENT, a Home Office initiative.

- Commence development of accessible information being widely available across the Trust.

3.6 Haringey Borough Police

The Metropolitan Police Service (MPS) is undergoing significant changes. These changes are vital to ensure the communities of London receive the very best service. The Basic Command Unit (BCU) programme will be implemented this financial year between Enfield and Haringey Police. The new BCU will be named 'North Area'. The Strategic leads will be responsible for both geographical areas. This provides opportunities for shared best practice, streamlining of processes and improved service through collaborative problem solving across boundaries. North Area BCU is committed to making the community a safe place to live, work and visit by working together with partners, communities and local people to protect the most vulnerable.

Senior officers will continue to attend the HSAB and co-chair the Prevention and Learning subgroup. We look forward to continuing this partnership and contributing effectively to ensure that organisations are safeguarding effectively.

Key achievements' in 2017/18

Haringey Borough Police remain committed to the continued success of the MASH where close collaboration ensures a partnership led approach to problem-solving thus maximising the ability to safeguard vulnerable adults.

- Focus continues for our front line staff to correctly identify and record safeguarding matters on the MPS Merlin system, which is the primary pathway to strategic partners for any risks identified.
- Enhanced ties between police safeguarding units and other crime units such as the Gangs and the Major Crime Unit continues.
- Safeguarding training continues to be mandatory for all officers to assist with the identification of safeguarding matters and recording procedures.
- Where cases have been referred for consideration as SAR's, Haringey Police have supported and contributed openly and transparently with all such enquiries with the objective of ensuring best practise identified and areas of development recognised and improved.

Planned Safeguarding activities for 2018/19

North Area BCU will have a Safeguarding strand. This will allow the collaboration and oversight of a number of police units with Safeguarding vulnerable members of the community at its core. North Area BCU Safeguarding will be led by Detective Superintendent Tony Kelly who has an extensive background in Safeguarding and Public Protection.

- We will continue to engage with all communities across Haringey to build trust and confidence. Specific work will be undertaken to identify and target under reporting within community groups that have protected characteristics. This will be done to improve service to those who for whatever reason do not report instances to Police or services.
- We will continue to develop and contribute to the MASH, with the aim of ensuring safeguarding adult concerns are referred to appropriate services in a timely manner.
- We commit to ensuring that no opportunity to safeguard the vulnerable is missed, and that it is clearly understood that Safeguarding is everyone's responsibility.

3.7 Bridge Renewal Trust (BRT)

Key achievements' in 2017/18 included:

Safeguarding adults work undertaken and key achievements in 2017-18 included:

- Ongoing review of our safeguarding policy and procedures. Key areas included safer recruitment and DBS checks, and induction for staff and volunteers.
- Ongoing training for staff and volunteers via Haringey Council online service and took up training places offered by partner agencies
- Collaborated with Hackney CVS and delivered a Making Safeguarding Personal workshop at the Voluntary and Community Sector Forum.
- Supported Volunteer Involving Organisations (VIOs) to improve awareness of safeguarding and share learning at quarterly network meetings.
- Delivered best practices of safer recruitment and training to our Befriending Service and Home from Hospital Service. The services are provided by 9 members of staff and volunteers who are trained to ensure safeguarding of vulnerable adults.
- Established safeguarding adults as a standard item in our quarterly Volunteer Co-ordinators' meetings.

Planned Safeguarding activities for 2018/19

- Accessing resources to promote Making Safeguarding Personal within the voluntary and community sector.
- Ongoing review of our safeguarding policy and procedures.
- Ongoing training for staff and volunteers to take account of changes in legislations and/or best practices.

3.8 London Ambulance Service (LAS)

2017-18 has been another busy year for the London Ambulance Service NHS Trust. We have seen an increase in incidents and an increase in Safeguarding Concerns raised by our staff. Safeguarding is a priority for the Trust and we

have this year recruited a full time administrator to assist with the increased workload.

During 2017/18, the LAS have introduced two new policies; Safeguarding Supervision and Chaperone Policy. We continue to provide annual safeguarding training to clinical staff which this year was delivered via e-learning and reflected learning from SARs, or audits undertaken.

The Trust has undertaken a number of quality audits throughout the year these include:

- Auditing knowledge and retention of staff learning;
- Quality of concerns/referrals raised;
- Quality of training delivery;
- Modern slavery referrals;
- Child sexual abuse and child sexual exploitation;
- Adult sexual abuse; and
- Child female genital mutilation.

Full LAS safeguarding governance and assurance can be found in our annual report for 2017/18 which will be published on our website when agreed.

3.9 Homes for Haringey

Key achievements' in 2017/18

It is always unacceptable for a vulnerable person to experience abuse of any kind and we recognise our responsibility to safeguard their welfare by a commitment to working practices that protect them.

Housing officers, support staff, concierges, caretakers, repairs operatives, surveyors and contractors are most likely to visit homes and see action or signs that gives cause for alarm. Homes for Haringey equips front line staff to identify abuse or neglect and to take a pro-active approach to safeguarding. This commitment and responsibility is explicitly stated as part of recruitment documentation and embedded through induction and regular refresher training.

Homes for Haringey has a designated safeguarding champion, a senior manager who provides strategic direction and champions safeguarding throughout the organisation.

Through the nature of our work and our presence in the local community, we are uniquely placed to contribute to keeping people and communities safe. Specific key achievements for 2017/18 include:

- Full implementation of the revised Housing Decision Panel policy and procedure, which was reviewed following the Robert SAR and this

document is now reviewed annually to make sure it reflects the learning points from the annual safeguarding review report.

- We have completed the first annual safeguarding review report in November 2017 to identify and embrace any learning points. The report highlighted that the revised Housing Decision Panel policy & procedure had a positive impact on the outcome of cases.
- The Housing Decision Panel includes senior officers from Adult Social Care and Children's Services to make sure that any decision is made based on expert advice relating to the well-being of adults and children.
- We have developed our support and well-being hubs (4 in the East and 4 in the West of the Borough) to bring well-being services closer to our vulnerable residents and to the local community, which allows more focus on prevention and early intervention.
- We fully embrace any learning points from internal management reviews and SAR reviews promptly as soon as these become apparent.
- We work with young vulnerable people as part of our Project 2020 activities in Northumberland Park, where we run homework clubs, holiday clubs, life skills training and support with securing apprenticeships and employment and these activities are designed to improve our young people's life chances and minimises their involvement in gang activity or other risks.
- We got nominated for an award for 'Hearthstone¹⁴' our integrated domestic violence one stop shop to help victims.
- We have developed a pledge as corporate parent to help care leavers cope and the commitments of each team are regularly monitored to make sure our actions have the desired impact.
- We have carried out a support plan audit and are implementing the findings to ensure timely and quality plans are being used pro-actively to enhance people's well-being.
- We carry out visits twice a year to known vulnerable residents in our general needs stock to make sure that their care and support framework is adequate.
- We visit residents who have not been in touch for 2 years to make sure everything is fine.
- We have carried out a safeguarding audit and the outcomes are reported to the Audit and Risk Committee, a sub-committee to the HfH Board.

How has the organisation contributed to the HSAB 2017/18 priorities?

We are committed to contributing to the strategic plan relating to safeguarding and examples include:

- HfH is now represented on the SAR group;

¹⁴ Hearthstone Domestic Violence Advice and Support Centre
<https://www.haringey.gov.uk/community/community-safety-and-engagement/domestic-violence/hearthstone>

- We implemented the Robert SAR action plan swiftly as action points arose;
- We participated in the recent Safeguarding workshop;
- We provided our safeguarding annual report to the SAR subgroup and this is now used as an example and template for similar annual reviews;
- We have representation in two sub groups of SAR; and
- We contribute pro-actively in shaping and aligning the multi- agency partnership model, which is constantly under review to ensure any changes in team structures and introduction of technology are aligned.

Case studies illustrating good practice

Case 1 – Young Adult

- As part of our project 2020 activities, we work with young people to give them life skills, including tools on how to identify risks and how best to stay away from such risks.
- Our young adults, who attend the scheme trust our dedicated team of staff and based on the training and skills we provided, two young people raised a concern about a friend.
- They shared concerns with us that she may be groomed and exploited.
- We identified the address and landlord and made contact together with relevant services to provide support to the young women and to her family.
- The young women moved away from the area and through support for education, she has secured employment.

Case 2 – Elderly Gentleman

- A number of street dwellings rented as general needs are being renovated under the decent homes programme.
- Our contractor started working in one home and flagged their concern about the tenant not being able to cope.
- We visited the resident and found that his brother who cared for him was away and that our tenant was neglecting himself.
- We arranged relevant support with adult social services and we carried out a deep clean to the property.
- Our resident copes well with the support mechanism put in place.
- We have no information on the brother's return.

Planned Safeguarding activities for 2018/19

A number of reviews and activities carried out in 2017/18 result in key action points for completion in 2018/19 and these include:

- We are carrying out the annual review of the Housing Decision Panel policy and procedure and the annual safeguarding report in November.
- We are publicising the Housing Decision Panel purpose, remit and process more explicitly and more widely, in particularly with partner agencies.

- We continue to work on keeping the multi-agency pathway aligned.
- We are implementing the action points from the safeguarding audit.
- We are finalising the revised support plans with dashboards to highlight actions and impact.
- We are implementing a staffing structure where front line staff are more generic and therefore have a more holistic overview and knowledge on residents' circumstances to help highlight potential problems or concerns.
- We are developing a pledge to identify and support vulnerable residents from as early on as possible.
- Together with key partners, we are embarking on an approach with relevant staff training to promoting and nurturing for people to help themselves, including through local community based partners in the voluntary sector.
- We are working pro-actively for Housing to be involved in strategic discussions and decisions about relating to the wellbeing of people.

4 Haringey Adult Safeguarding Activity 2017-18

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

Data¹⁵ 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 QA Subgroup who report key issues and trends to the HSAB.

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.

Adult Safeguarding Performance Summary

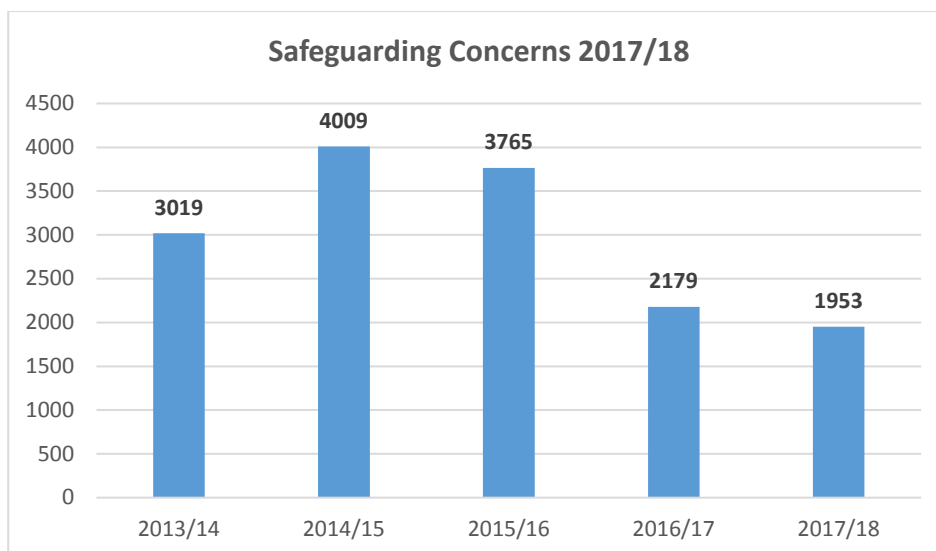
When someone reports a concern about abuse or neglect of an adult with care and support needs, it is known as a **safeguarding concern**. A safeguarding concern that goes on to be investigated is known as an **enquiry**.

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**.

In 2017-18, **1953** safeguarding concerns were raised. This represents a **10%** decrease in the safeguarding concerns raised from **2179** in 2016-17. This follows a previous **49%** increase in 2016-17, and may be due to ongoing safeguarding awareness being raised amongst providers and more preventative work being carried out by the Haringey safeguarding team.

¹⁵ Source: Haringey Statutory Return Analysis and April 2017 - March 2018 Analysis

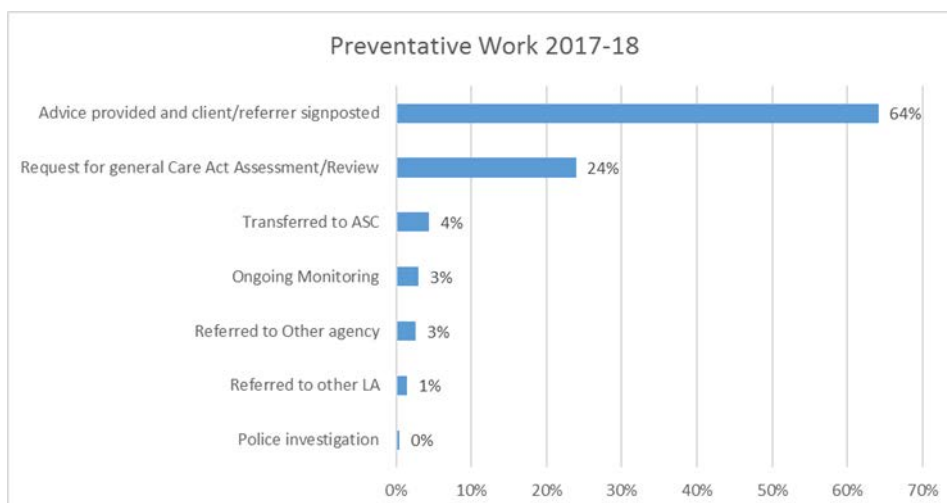


In 2017-18 of the **1953** safeguarding concerns raised **1177 (60%)** were dealt with via preventative measures such as signposting or referral for a Care Act Assessment/Review. **266 (14%)** went on to a Section 42 enquiry and **511 (26%)** went onto other safeguarding enquiries.

Most safeguarding concerns are reported by the NHS (**36%**). Around a quarter of safeguarding concerns came from the Police, with **90%** 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.

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 SAR. 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.

Of the **1953** concerns, **1104 (57%)** went onto a safeguarding triage, the outcomes of which are shown in the graphs below. **68%** of safeguarding triage have been addressed through preventative work, the majority signposted or advice provided (**64%**). **24%** of these were referred for a Care Act assessment or review and **4%** were transferred to Adult Social Care. A smaller proportion were signposted to other Local Authorities and other agencies.



Gender and Age

At the initial safeguarding concern stage, **52%** of individuals are aged 18-64. The next most common age groups are 75-84 (**17.5%**) and 85-94 (**16%**). Overall there is an over representation of 65+ individuals, accounting for **48%** of concerns, compared to only **9.1%**¹⁶ of the general population. **55%** of concerns are from Females, compared to **49.9%** of the Haringey overall Population, another slight over representation.

There's a significant movement in the proportions when at the Section 42 stage. **65%** of Section 42 enquiries in 2017-18 were for people aged 65 and over a significant further over representation than at the concern stage (**48%** and above). This indicates that a significant proportion of the concerns from 18-64 year olds are dealt with via preventative measures or other safeguarding enquiries. Within the over 65 age group, the largest percentage of Section 42 enquiries involve people aged 85-94 years (**39%**) and 75-84 (**30%**). The percentage of Section 42 enquiries which are from Females is **61%**, higher than at the concern stage above, again a further over representation compared to the general population.

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 (**46%**) and Black/African/Caribbean/Black British (**24%**). These percentages have been relatively consistent each year, with the main movement simply being the proportion where ethnicity is unknown (**17%** in 2017-18 and 2016-17).

Compared to Haringey's general population Black/African/Caribbean/Black British is significantly over represented as they account for **19%** of Haringey's population only. White and Asian/Asian British are both conversely under

¹⁶ https://www.haringey.gov.uk/social-care-and-health/health/joint-strategic-needs-assessment/figures-about-haringey#ethnic_profile_of_residents_of_haringey

represented, as they account for **61%** and **9%** of Haringey's population respectively, but only **46%** and **6%** of concerns raised. Breaking down ethnicity further, the most over represented sub categories are Caribbean (accounting for **16.1%** of enquiries but only **7.1%** of the population), and Greek Cypriot (**3.8%** of enquiries but only **0.8%** of the population).

Languages and Religion

The **1,104** concerns that went onto triage related to **903** individuals. From these, **726 (80.4%)** have English as their first language. From the remainder the most over represented first language is Greek which accounts for **4.2%** of Triages but only **1.2%** of the Haringey population have Greek as their first language.

The most common first languages spoken are Greek (**4.2%**), Turkish (**3.8%**), Somali (**1.3%**), and Polish (**0.7%**).

Of the **903** individuals who went onto Triage **518 (57.4%)** had an unknown or not stated religion. From those that did state their religion **53%** were Christian and **10.6%** Catholic, which is an over representation as they account for **49.4%** of the Haringey population. Those with no religion are significantly under represented with only **8.6%** of individuals going onto triage having no religion, but **27.7%** of the Haringey population.

Abuse Type

In 2017-18, the majority of safeguarding concerns were recorded as Emotional-Psychological abuse **23%** compared to **21%** the previous year. Compared to last year, the largest movements have been a decrease in Neglect and Self Neglect from **39%** combined down to **31%** in 2017-18. Financial abuse has also seen a significant reduction this year, **20%** in 2016-17 to **13%** in 2017-18. Physical abuse occurred in **15%** of safeguarding concerns raised in 2017-18, down from **21%** in 2016-17.

Abuse Location

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

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, **55%** in 2017-18). Abuse occurring in residential care homes has seen a decrease in 2017-18, down to **8%** from **15%** in 2016-17.

Safeguarding Enquiries Conclusion

93% of closed cases had the risk removed or reduced in 2017-18, this is an improvement on **90%** in 2016-17. This is really positive as it shows that our actions and interventions have had an impact.

Over time the proportion of outcomes fully and partially achieved through safeguarding work has increased to **94%** in 2017-18 from **73%** in 2016-17. This information is sought from people as part of the MSP approach to safeguarding practice. In 2017/18, **94%** of people were asked about their desired outcomes of safeguarding work, which is above or **90%** target.

By using this safeguarding data to monitor local trends, the HSAB has identified priority areas of work for 2018-19, which the Multi-Agency QA subgroup will monitor and drive forward the delivery of the HSAB Strategic Plan and its Priorities.

5 Haringey Safeguarding Adults Strategic Plan 2018-2021 and 2018-2019 Priorities

A part of our Strategic role, the HSAB must publish a strategy plan outlining how it will achieve its objectives and what each member will take to implement the strategy.

The six safeguarding principles form the basis of our refreshed strategy, in which we set ourselves, the partnership and community specific actions to prevent and respond to abuse. The framework for the strategic plan is built around the four statutory SAB purposes under the Care Act 2014:

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

Each strategic aim in our plan has a clear leadership and accountability pathway with delegated responsibilities within the Board's governance structure across its sub-groups, Chair, Business Manager and partner agencies to ensure robust scrutiny.

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. The strategic plan has two main purposes:

1. specify the actions required by the SAB and each of its member agencies to implement the strategy, including timetables, and
2. inform the local community and all interested parties, including practitioners, about the work programme of the SAB.

How we put the strategy together?

We wanted to make sure that this strategy truly reflects the views and aspirations of residents, service users, carers and professionals. To ensure meaningful consultation and 'voice-led' development of our strategy, we involved a range of stakeholders. We listened to what local people and professionals had to say and analysed the data before drafting this strategy.

- Camden, Barnet, Islington and Haringey worked together in autumn and winter of 2017 to consult with local communities.
- A focus-group of service users, carers and professionals co-produced the consultation survey questions. The on-line public consultation was open for 5 weeks and elicited 171 responses from professionals and 64

responses from residents, service users and carers. These responses have been carefully analysed and used to inform this strategy using the agreed aims across the Boroughs.

Why align priorities across the NCL area?

There are clearly many initiatives we can work together in order to achieve greater impact. Additionally, many of our partners fed back to us that they were duplicating effort across borough boundaries. In times of constrained resources, it is useful to collaborate where we can across the sector. NCL agreed that we would work in partnership to develop common objectives in an aligned strategy.

Aligning only some of our Strategic Priorities give each SAB flexibility to tailor each Strategy according to the local needs and variation.

Aligned Priorities across the NCL

The HSAB and partners across the NCL has agreed the following aligned priorities:

- Work towards a national or London region Quality Assurance Framework and Safeguarding Adults Audit Framework (SAAF)
- Lobby for London-wide consistency of safeguarding thresholds and processes
- Collaborate and conduct deep-dives on areas of practice, such as MSP, DoLS, use of MCA or the victim and survivor's journey
- Develop consistent policies across the NCL area as far as practical
- Share awareness-raising materials across the NCL area
- Develop a consistent approach to conducting and sharing learning effectively across the NCL area for a range of serious incidents including SARs, DHRs, Coroner's inquests
- Work together across the NCL area to innovate and implement culture change to enhance empowerment, co-production and transparency

At the time of writing this report, the Strategic Plan 2018-2021 and 2018-2019 Priorities has been ratified by the HSAB (**see Appendix A**)

How will we deliver the 2018-19 priorities?

The HSAB subgroups will support the work of the Board and deliver on its strategic and annual plans. There are currently four subgroups all with individual terms of reference and delivery plan that is reviewed annually to ensure that they support the HSAB's strategic priorities. A further three Task and Finish subgroups is planned to be set up in 2018 to support the work on Fire Prevention, multi-agency case file audit, and MCA DoLS.

All subgroups will be led by a nominated Board member to ensure governance accountability and reporting structures to the HSAB. Each subgroup will produce a quarterly report regarding progress on their activity

against the Strategic Priorities 2018/19 and this will inform the Safeguarding Annual Report.

Figure 2 - HSAB Structure 2018-19

6 Findings from the North Central London (NCL) Consultation

6.1 Summary of Public Survey Consultation

There were 63 responses to the online public survey, 8 of which were Haringey residents. The survey identified that 'help and support from an advocate' and 'information on knowing how to contact social services when experiencing or witnessing abuse' would encourage the public to report abuse. Other top 2 areas 'identifying my rights' and more 'keeping safe' events.

Respondents felt safest at home and in health care environments. Text responses reflected a sense of safety where there were other people around.

The public was most in favour of working more closely with culture specific organisations and faith groups in helping those who do not have English as a first language or have lower literacy levels to feel safer. This was followed by running 'Keeping Safe Awareness Campaigns', 'holding more community events', and 'Make Easy-Read information about keeping safe'.

There were varied responses to the question about 'What is important to you about keeping safe?' across the all boroughs, Haringey responders:

- Community Links
- Having a police presence, or presence of other vigilant person
- Experienced and trustworthy staff
- Knowing who to contact in an emergency
- Health and Well-being
- Being secure from crime and violence

When asked 'What stops you from feeling safe' responses mirrored that of the previous answers:

- Isolation, being alone
- Lack of police presence
- Abusive and aggressive behaviour
- Not being understood or respected

When asked how adults could be better supported who have been abused or neglected a strong theme emerged of provision of professional support within a trusted relationship.

We asked 'What would help you understand your rights better'? A variety of options were offered and ranked. Overall, leaflets were the favourite vehicle for information followed by coaching and mentoring.

Respondents were asked to identify the importance of a number of priorities for the SAB, highest overall was 'tackling poor quality care' followed by 'working in a person centred way'. In terms of tackling specific types of abuse, 'stopping financial abuse and scams' was prioritised but other abuse categories rated very similarly.

6.2 Summary of Professionals Survey Consultation

Raising Public Awareness of safeguarding adults came out as the significantly most popular response to what activities could be undertaken to encourage people to raise a concern across all sector responses in Haringey. 'Working closely with community organisations' and 'produce more accessible information' came out joint as the second most popular action.

Participants were asked to give a ranked response on where they believed adults at risk were safest (1 being most at risk - 6 being a place where a vulnerable adult is least at risk). The response reflects what Haringey statistics have told us about where abuse happens most frequently: the home. This was followed by the community. People believe that adults are safest within the hospital or ambulance environment. Respondents were given the opportunity to give a text response to this question: responses ranged from the adult being at risk of abuse from family and friends, to transition between services. There was recognition in the responses that the risk of abuse was dependent upon the type of abuse and the particular vulnerability of the adult.

When asked about types of support that could be put in place to help staff recognise and report abuse training on specific safeguarding adults and basic training came out highest; the addition of more safeguarding champions was also popular. This was reflected across the boroughs with the exception of Camden.

Across the consultation a high level of respondents were dealing with safeguarding in their everyday work. The responses reveal that training lags behind policy on female genital mutilation and modern slavery.

When asked what are good measures or standards for safeguarding, professionals said:

- Complying with legislation, regulations and delivering cost effective care.
- A duty to safeguarding adults, joint planning and capability, prevention of abuse and neglect in the community, within the service delivery, Training standards, upholding human rights, Effective procedures, Equal access to safeguarding services,
- Benchmarking - Looking at how organisations can be supported to promote an open no-blame culture as this would help to raise good practice within social care organisations
- Understanding the different types of abuse and signs of. Proactive measures to avoid safeguard concerns and reflective practice when it does.

- Clear reporting processes including clear guidelines on what is and what isn't a safeguard. Clear guidelines on roles and responsibilities across stakeholders on who is responsible for what in terms of process.
- Clear timelines within the process including Police investigations. Standard paperwork across local authorities that is used by all. Clear process on safeguard closures and improved communication between local authority and referrer.
- Promote more awareness more community involvement e.g. other faith and churches more information for people with both language and literacy problems more conferences more on line alerts to report

Participants were asked what gets in the way of safeguarding adults with care and support needs. There are some general themes emerging from the free text responses around the length and clarity of the safeguarding process, appropriate referrals, timeliness and transparency of partner communications, and insufficient resources. Haringey free text responses are sampled below:

- Failure to identify signs of abuse.
- Lack of support from Health and Social working collaboratively to supporting community placements where there are crisis situations.
- Understanding the MCA and what constitutes having capacity and making poor decisions.
- Lack of flexibility in funding for those who receive community support, where there is not funding beyond a certain point for their support, meaning that should a safeguarding need arise, it may mean they lose out on other vital support - time may be needed for staff/support workers to attend meetings, arrange support and complete a lot of admin work which is unavoidable but underfunded.
- They may not always be aware there is a safeguarding issue and sadly just accept the way they are treated. Alternatively, they themselves (for possibly cultural reasons) may be reluctant to accept there is an issue, particularly if they feel it will not be dealt with.

When asked what stops good outcomes for people where there are safeguarding concerns, the common themes reflect 'lack of sufficient service and capacity' to deal with safeguarding concerns in a timely and effective way. Another issue commonly raised was the 'challenges of working as a partnership', either through information systems or a 'blame culture', the mention of 'fear' and 'reprisals' were common words used as an impediment to good working relationships and willingness to report concerns.

Participants were asked how we can offer more personalised support in the safeguarding process. Many of the responses focused on the relationship with the adult, making sure that adults understand the services available to them and the processes involved, and that this information is made available in accessible formats. Individualised care planning, giving social worker sufficient time to work with adults, developing service user outcomes and providing advocacy were all common responses.

Other feedback, views and input have been gathered from a range of sources including:

- The results of our partner self-audits and NCL Challenge and Support Event identified areas for development
- Learning from SARs, DHR's and other serious cases
- Requirements of the Care Act 2014, statutory guidance and other national policy developments
- London Region MSP Temperature Check
- Discussions at subgroup meetings, chairs executive meetings, HSAB and NCL Board Managers meetings.

Appendix A – Haringey Safeguarding Adults Board Strategic Priorities 2018 – 2019

Haringey Safeguarding Adults Annual Strategic Priorities 2018 – 2019 (*North Central London area aligned)

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

	Objective/aim	Key Principle	Lead	Success Criteria	Actions to ensure achievement of aim?	By when
A1*	Work towards a national or London region Quality Assurance Framework and Safeguarding Adults Audit Framework (SAAF)	Accountability Partnership	NCL task and finish group	Boards across London will be working within the same quality assurance framework reducing tensions across borough boundaries	Enfield & Barnet to set up and lead an NCL Audits & Assurance task and finish group Develop a common methodology to audit specific themes across the partnership	Ongoing
A2*	Lobby for London-wide consistency of safeguarding thresholds and processes	Protection Partnership	SAB Chair	Thresholds will be consistent across London with fewer inappropriate safeguarding referrals from partner organisations	Enfield & Barnet to set up and lead an NCL Audits & Assurance task and finish group.	Ongoing
A3*	Collaborate and conduct deep-dives on areas of practice, such as MSP, DoLS, use of MCA or the victim and survivor's journey	Protection Proportionality Prevention	NCL task and finish group	Assurance that partner organisations across the NCL footprint are working to best practice and working to improve any areas of concern.	Camden & Haringey to set up lead an NCL Learning & Culture change task and finish group.	Ongoing
A4	Continue to develop and test the Quality Assurance Framework, including both performance data, 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	QA Subgroup	The Board is assured that safeguarding is person-led and outcome-focused and; 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.	Quarterly data reporting and tracking Address any inequalities gaps Escalate to the HSAB where relevant Consider testing the new MSP Outcomes Framework during 2018/19.	March 2019

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

	Objective/aim	Key Principle	Lead	Success Criteria	Actions to ensure achievement of aim?	By when
A5	Ensure MSP is embedded in safeguarding standards across the partnership	Prevention Empowerment	SAB Manager	The Board is assured that the safeguarding workforce is person-centred and understands MSP; and the system is focused on prevention	<p>Use the MSP temperature check as a tool to identify gaps and ensure appropriate plans of actions put in place</p> <p>Local authority to carry out minimum of 5 surveys per month analyse outcomes and trends</p> <p>Using MSP resources for SABs, HSAB partners to report on implementation of MSP standards and competencies (via annual self-audits and data returns).</p>	<p>Ongoing</p> <p>Quarterly report to HSAB</p> <p>October / November 2018 Challenge Event</p>
A6	Adopt multi-agency case file audit tool to ensure learning from safeguarding cases is embedded in practice	Protection Prevention	QA Subgroup Multi-Agency Case File Audit Task and Finish Group	The Board is assured that learning from case file audits is embedded and leads to improved safeguarding practice	<p>Monitor the effectiveness of the application of mental capacity assessments through multi-agency case file audits.</p> <p>Monitor implementation of MSP through multi-agency case file audits.</p>	<p>September 2018 QA Subgroup meeting</p>

PREVENT – We prevent abuse and neglect where possible

	Objective/aim	Key Principle	Lead	Success Criteria	Actions to ensure achievement of aim?	By when
P1*	Develop consistent policies across the NCL area as far as practical	Protection	NCL task & finish group	Partner organisations will be working to aligned policies across borough boundaries in the NCL footprint.	Islington & Barnet to set up and lead an NCL Prevention task & finish group to identify multi-agency policy to be reviewed jointly to produce an NCL policy with scope for local sections	Ongoing
P2*	Share awareness-raising materials across the NCL area	Prevention	NCL task & finish group SAB Manager	Successful community awareness-raising campaigns from one borough can be replicated in neighbour boroughs resulting in efficiency savings.	Islington and Barnet to set up and lead an NCL Prevention task and finish group Identify specific awareness raising materials that can be shared and use across the NCL Islington and Barnet to lead, development of a repository of training/awareness materials promoting access across the NCL	Ongoing
P3	Improve targeting and prevention by monitoring and identification of poor quality safeguarding practice, increased risks and vulnerabilities to abuse, safeguarding themes, trends and locations. Ensure engagement of service users, carers and community and voluntary sector to current concerns and trends are captured	Prevention	QA Sub-group Bridge Renewal Trust Prevention and Learning Sub-group	The Board is assured that partnership safeguarding priorities, responses and prevention planning and are informed by local intelligence about risk. The Board is assured that the engagement of service users and the voluntary community sector and their priorities is feedback to the Board	Work with priorities established by the QA subgroup, analysing safeguarding data to identify risk factors including 'Hate Crime', Police statistics and Council data. Focus on underreporting working with communities. Establish a feedback mechanism for priorities to be fed back to SAB.	Ongoing HSAB October 2018
P4	Use intelligence to identify key themes and raise awareness of abuse and neglect with staff, partners	Prevention Empowerment	Prevention and Learning Sub-group	The Board is assured that there is a cycle of well-informed public campaign and communications in place with	Use links with user and Provider forums, carer groups, and other community groups such as the BRT to	Ongoing

PREVENT – We prevent abuse and neglect where possible

	Objective/aim	Key Principle	Lead	Success Criteria	Actions to ensure achievement of aim?	By when
	and the public through improved communications and campaigns			evaluation criteria that includes measuring access and impact.	<p>share information and raise awareness of emerging issues</p> <p>Support development of capacity in the community and voluntary sector to raise awareness of adult safeguarding and working with risk.</p> <p>Use Council and CCG websites to disseminate information and useful resources</p> <p>Disseminate campaign/information/posters (easy read) to raise awareness of safeguarding issues in wider public and make easily accessible.</p> <p>Seek funding to launch outreach campaign to community groups and key access points</p>	October HSAB Subgroup report update
P5	'Think Family' – approach to practice and safeguarding strategic links to the LSCB	Partnership Prevention Accountability Empowerment Proportional Protection	SAB Chair QA Subgroup	<p>The Board is assured that links between adults and children services are effective.</p> <p>The Board has a clear understanding of the issues affecting both adults and children at risk of sexual exploitation and grooming</p> <p>Ensure identification of risks to young people is embedded in practice amongst SAB partners.</p>	<p>Effective links with Children Services and LSCB</p> <p>In conjunction with the LSCB, commence work on understanding the impact of the Newcastle serious case review into sexual exploitation and grooming.</p> <p>Domestic abuse modelling learning to be delivered to Children's Services and Adults Social Services.</p>	March 2019

PREVENT – We prevent abuse and neglect where possible

	Objective/aim	Key Principle	Lead	Success Criteria	Actions to ensure achievement of aim?	By when
P6	Establish routine monitoring and management of clients at high risk of domestic fires	Prevention Protection	SAR Subgroup/Fire Prevention task and finish subgroup	The Board is assured that a mechanism to monitor and manage high fire risk clients (smokers, hoarders, bed bound, etc.) is in place.	Set up fire prevention task and finish subgroup to improve multi-agency monitoring and management of people at high risk of domestic fires. Consider links to the High Risk Panel.	October HSAB

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

	Objective/aim	Key Principle	Lead	Success Criteria	Actions to ensure achievement of aim?	By when
R1 *	Develop a consistent approach to conducting and sharing learning effectively across the NCL area for a range of serious incidents including SARs, DHRs, Coroner's inquests	Prevention	NCL task & finish group SAR subgroup SAB Manager	The Board is assured that all deaths and other incidents involving serious abuse or neglect are assessed within the protocol and the process managed well with the focus from a range of experiences across the NCL area to inform improvements.	Update SAR Protocol in light of national/best practice guidance (e.g. London SAR learning) Taking forward SAR learning across NCL and continue to disseminate lessons learnt from SARs High Risk Panel Annual Report Domestic Homicide Annual Report Haringey and Camden to lead on NCL task and finish SAR learning subgroup, to develop a repository of safeguarding learning, accessible to NCL. In addition, to organise a joint SAR learning event, looking at themes such as MCA and complex case management. Deliver SAR learning workshops to SAB partners looking at London SAR learning and the Robert SAR report, including learning around MSP.	March 2019
R2	Improve understanding of and responses to older people at risk of or experiencing domestic abuse across the partnership and make links to the Violence Against Women and Girls (VAWG) strategy	Protection Prevention Empowerment Partnership	QA Subgroup Prevention and Learning Subgroup	The Board is assured through improved reporting of domestic abuse Training on domestic abuse to identify and inform risk assessment(s)	Identify patterns in data for targeting intervention Strategic link with VAWG strategy Priority 1 – developing a coordinated response and Priority 2 – Prevention; work in partnership to manage victims/survivors at risk and hold perpetrators to account. Plan and deliver joint training for staff in domestic abuse and VAWG.	Ongoing March 2019

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

	Objective/aim	Key Principle	Lead	Success Criteria	Actions to ensure achievement of aim?	By when
R3	Consider development of an Adult/Family MASH Board to include in particular a focus on transition into adulthood	Partnership Protection	Director of Adult Social Services Police	The Board is assured of a more effective use of resources development of a whole family approach to safeguarding; and improved approach and early help to safeguarding during transition periods.	Consider the feasibility and whether adult safeguarding could be integrated into the existing Children's MASH.	March 2019
R4	Improve and sustain quality of care providers in all sectors in order to improve safeguarding practice	Partnership Prevention	QA Subgroup	The Board is assured that services provided and commissioned on behalf of Haringey residents meet specified quality standards, can prevent safeguarding incidents and respond effectively when they occur.	Quarterly reporting to the QA Subgroup, with identified actions and recommendations. By exception reporting to the SAB on a quarterly basis.	Quarterly

LEARN – We are committed to learning and improving

	Objective/aim	Key Principle	Lead	Success Criteria	Actions to ensure achievement of aim?	By when
L1*	Work together across the NCL area to innovate and implement culture change to enhance empowerment, co-production and transparency	Partnership	NCL task & finish group	Culture change tools are agreed and implemented across the NCL footprint to ensure maximum impact but avoid duplication for organisations working across borough boundaries	Camden and Haringey to set up lead an NCL Learning and Culture change task & finish group	Ongoing
L2	Improve multi-agency knowledge and awareness of mental health including Mental Capacity and the use of Advocates in safeguarding work	Empowerment Protection	Prevention and Learning Subgroup	The Board is assured that practice has improved through auditing of the quality of assessments and increased use of advocates. Evidence around audits, practitioner clinics to ensure documentation identifies issues of capacity and self-neglect Increased public awareness of mental capacity and access to advocacy	Commission in-house training around MCA Consider setting up a MCA/DoLS task and finish group to plan for potential changes in practice. [On hold pending new legislation following the Law Commission's proposals on replacement for the DoLS and amendments to the MCA] Work in partnership with Children's Services and BEHMHT to deliver partner workshops around awareness of mental capacity and promote use of advocates.	Quarterly On Hold Ongoing
L3	Assess and monitor regional and local structural changes for impact in safeguarding people at risk	Partnership	QA Subgroup	The Board is assured that there is effective use of resources The HSAB has a clear understanding of the risks and threats of not meeting the strategic objectives, as well as the statutory duties under the Care Act 2014.	Escalation to the HSAB. Renew the HSAB Risk and Issues Management Register. Identify new risks and ensure mitigation plan is in place.	Quarterly
L4	Carry out an annual review to assess the impact and	Partnership Accountability	SAR Subgroup	The Board is assured that the SAR subgroup and chair is delivering its	Evaluate impact and delivery of action plan. Review actions and areas of improvements from the self-audit tool.	March 2019

LEARN – We are committed to learning and improving

	Objective/aim	Key Principle	Lead	Success Criteria	Actions to ensure achievement of aim?	By when
	effectiveness of the work of the SAR Subgroup		Prevention and Learning Subgroup	objectives and priorities as outlined in its Terms of Reference. Demonstrate that HSAB partners have applied the learning from SARs to practice	Evaluate dissemination of learning from SARs, including MSP. Evaluate impact of SAR workshops.	
L5	Carry out review of the SAB's effectiveness, considering how user engagement can be enhanced to inform the priorities of the Board	Accountability Partnership	SAB Chair SAB Manager	Delivery of SAB Strategic Plan Priorities 2018-19.	To look at options for user involvement in the HSAB Establish robust service user engagement in leadership of MSP agenda.	March 2019

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Report for: Adults and Health Scrutiny Panel - 1st November 2018

Title: Priority 2 Budget Position (Quarter 1 2018/19)

Report authorised by : Beverley Tarka, Director of Adults Services

Lead Officer: Paul Deeney
Telephone: 020 8489 2829
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Ward(s) affected: All

**Report for Key/
Non Key Decision:** Not a key decision

1. Describe the issue under consideration

This report provides an overview of the financial performance of the services within Priority 2 (Enable adults to live healthy, long and fulfilling lives) as at the end of quarter 1, 2018/19.

2. Recommendations

That Members note the financial position of Priority 2 services.

3. Reasons for decision

This is a report for information and discussion.

4. Alternative options considered

As this is an information and discussion paper, there are no alternatives.

5.1 Background information

5.1.1 Priority 2 services are those services relating to Adults and which are managed by the Director of Adults and Health. These include Adults Social Care services and those adults-focused services managed by the Director of Public Health and the Assistant Director of Commissioning.

5.1.2 **Table 1** sets out the main components of those services funded from Council budgets and shows that as at quarter 1, Priority 2 is forecast to overspend by £3.5m in 2018/19.

Table 1: Priority 2 budget position Quarter 1 2018/19

	budget	outturn	variance	release from reserve	adjusted variance
	£m	£m	£m	£m	£m
Adults Social Care					
Care packages	63.4	67.0	3.5		
Directly provided services	3.5	4.2	0.7		
Other	13.8	13.8	0.0		
	80.8	85.0	4.2		
Public Health	11.9	11.9	0.0		
Commissioning	9.5	9.7	0.1		
P2 total	102.2	106.6	4.4	(2.0)	2.4

5.1.3 The projected overspend confirms difficulties in delivering on savings measures on time, and, in particular, being able to contain demand for Adults Social Care. There have nonetheless been reductions in expenditure, albeit not at the pace and scale expected by savings targets.

5.1.4 This report attempts to convey a sense of the pressures and gaps facing Priority 2 in financial terms.

5.2 Adults Packages of Care £3.5m adverse

5.2.1 Care Packages is projected to overspend by £3.5m.

5.2.2 The forecast outturn is based on committed spend at the end of quarter 1, as recorded in Mosaic, the department's care management system and is then adjusted for the financial effect of –

- Future savings and management action plans;
- Packages which have not yet been entered or authorised;
- An estimate of the level of overstatement of commitment due to eg services not being closed or not being fully utilised

5.2.3 The overspend is attributable to –

- £2.9m in relation to underlying care package pressures brought forward from the previous year;
- £0.6m slippage on the savings measures that were planned (Section 6.7 considers this further).

5.2.4 In order to reduce spend, officers are continuing to develop strategies of operational, demand and market management including -

- Review of all clients' needs in the context of a policy of Promoting Independence;
- changes to the processes for averting from care those unlikely to meet standard thresholds;
- streamlining arrangements for undertaking assessments;
- developing more preventative initiatives in collaboration with health colleagues.

5.3 Directly Provided Services £0.7m adverse

5.3.1 The £0.7m adverse variance is attributable to Osborne Grove Nursing Home. An embargo is in place on placing new clients in the home and the home is operating significantly below capacity. The home continues to incur the management and staffing costs to run the service for in addition to costs of professional support to improve care standards and the reduction in income achieved through client contributions and health funding.

5.4 Commissioning £0.1m adverse

5.4.1 Commissioning budgets in Priority 2 are projecting an adverse variance of £0.1m at quarter 1 on voluntary sector contracts.

5.5 Public Health nil

5.6 Status of MTFs savings measures

5.6.1 **Table 2a** summarises the 2018/19 savings targets for all the services in Priority 2 and their delivery status.

Table 2a: Summary of Priority 2 MTFs Savings Targets

	target	projected at quarter 1	under- achievement
	£m	£m	£m
Learning Disabilities	(1.1)	(0.8)	0.3
Mental Health	(0.4)	(0.3)	0.1
Physical Support	(0.9)	(0.7)	0.2
	(2.4)	(1.8)	0.6

5.6.2 The slippage on savings and the continuing demand have contributed to the existing financial position. The revised MTFs, insofar as it can afford to, will need to

recognise the size of the gap (ie close the gap), even if it requires subsequent, new savings to assist in managing the Council's overall financial position.

6. Contribution to strategic outcomes

6.1 This report is dealing with the financial position of those services which are contributing to the Council's Priority 2: Enable adults to live healthy, long and fulfilling lives.

7. Statutory Officers comments

7.1 Assistant Director of Corporate Governance, Equalities

7.1.1 The Assistant Director of Corporate Governance has been consulted on this report.

7.2 Finance and Procurement

7.2.1 This is a financial report which has been prepared in collaboration with the Chief Finance Officer.

7.3 Legal

7.3.1 Section 28 of the Local Government Act 2003 imposes a statutory duty on the Council to monitor during the financial year its expenditure and income against the budget calculations. If the monitoring establishes that the budgetary situation has deteriorated, the Council must take such action as it considers necessary to deal with the situation. This could include, as set out in the report, action to reduce spending in the rest of the year.

7.3.2 The Council must act reasonably and in accordance with its statutory duties and responsibilities when taking the necessary action to reduce the overspend.

7.4 Equality

7.4.1 The Council has a public sector equality duty under the Equality Act (2010) to have due regard to:

- Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;

- 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.

7.4.2 This report provides an update on the current budgetary position for Priority 2 in relation to the MTFS. All MTFS savings were subject to equalities impact assessment.

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Report for: Adults and Health Scrutiny Panel, 1st November 2018

Title: Haringey Suicide Prevention Action Plan Update

Report authorised by: Dr Will Maimaris, Interim Director of Public Health

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Co-authors: Tim Miller, Lead Commissioner for Adult Mental Health
Prof David Mosse, Chair of HSPG

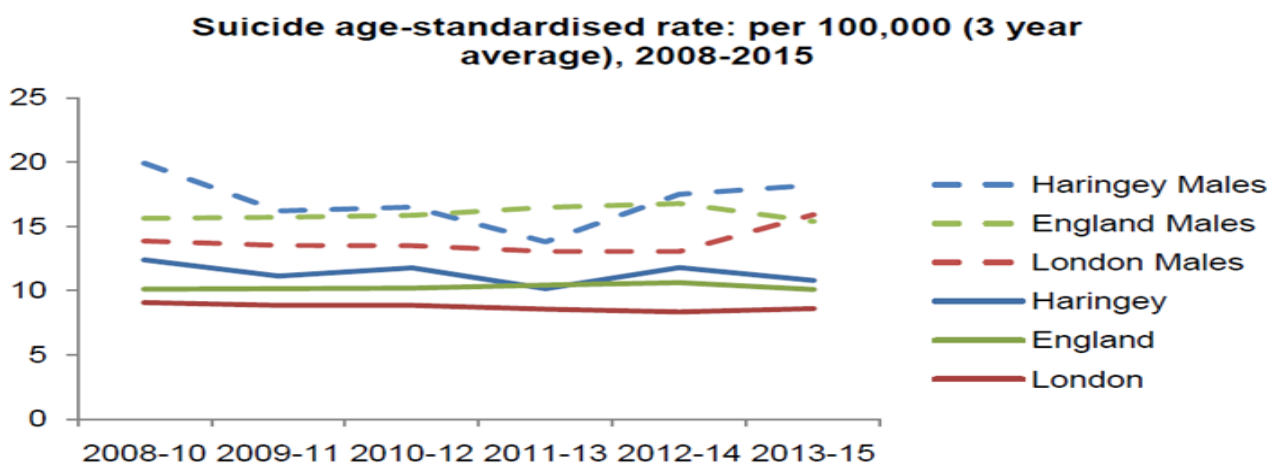
Ward(s) affected: All

Report for Key / Non Key Decision: Non Key Decision

1. Describe the issue under consideration

- 1.1 The death of someone by suicide has a devastating effect on families, friends, workplaces, schools and communities, as well as an economic cost. Each death from suicide seriously affects at least 10 people.
- 1.2 In 2014-2016, 55 people died by suicide in Haringey. The age-standardised suicide rate in Haringey was 10.3 per 100,000 people. This was the fifth highest in London, and higher than the England rate of 9.9 per 100,000. For Haringey's comparator boroughs in 2014-2016, the age-standardised suicide rate per 100,000 in Hackney was 8.1, Lambeth 10.2, Lewisham 7.2 and Southwark 10.6.
- 1.3 Figure 1 highlights the trend in age-standardised suicide rates from 2008-2015. In 2013-15 the Haringey rate was higher than both London and England. The male suicide rate in Haringey is also higher than in both London and England.

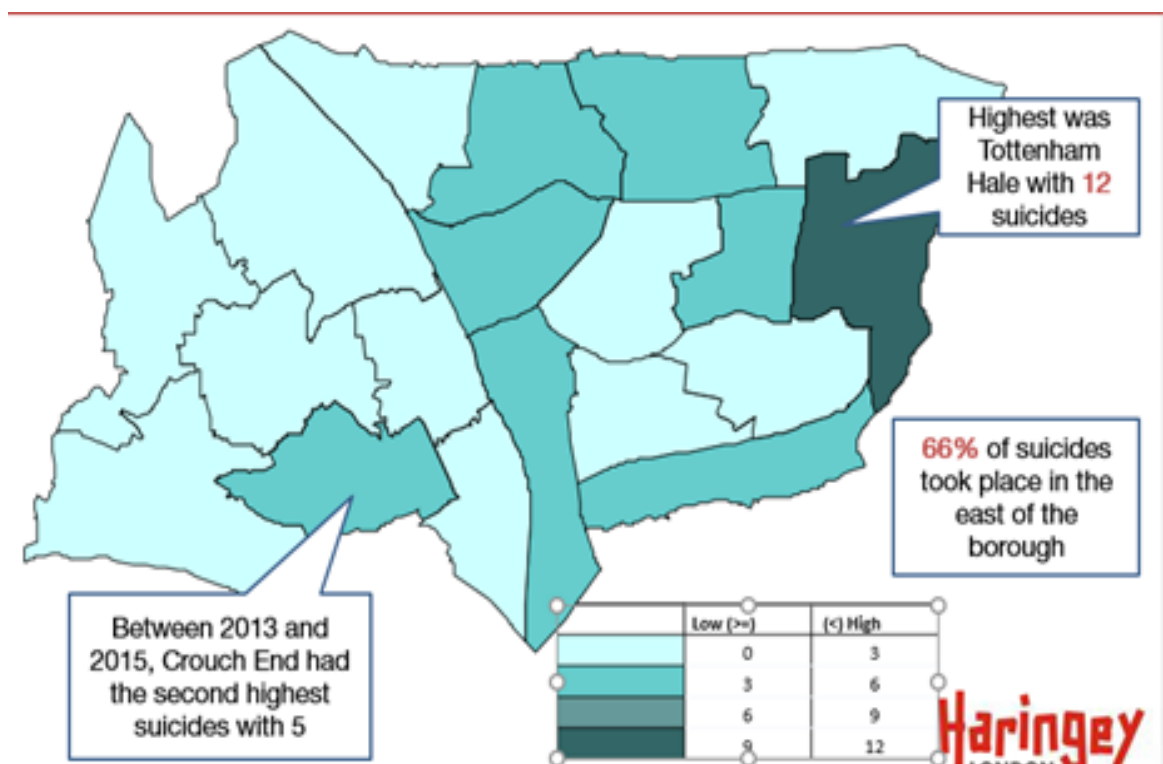
Figure 1: Age- standardised suicide rate 2008-2015 (ONS, 2016)



1.4 The Haringey 2016 suicide audit found several salient features of deaths by suicide including:

- 75% of deaths were men, the highest rate being among men aged 25-44 years
- Only half of those who died by suicide had a record of employment. Of those, 35% were amongst those in “higher managerial, administrator and professional occupations” e.g. financial advisor or head-teacher, followed by 24% in routine and manual employment
- 18% of people completing suicide were retired and a further 12% were students
- 66% of suicides in 2013-15 took place in the east of the Borough (Figure 2)
- The main method of suicide was hanging. The main places where people died from suicide were homes, followed by train stations
- Between 2013 and 2015, 36% of people who died from suicide were born abroad. Recording of ethnicity and nationality was very limited and not consistent. Despite this there was a noticeable prevalence of Eastern European migrants, Black African and Black Caribbean in the coroner’s data.

Figure 2: Suicide rate 2013-15 by ward



1.5 Risk factors for suicide include previous suicide attempt(s), mental health problems and disorders (diagnosed or undiagnosed), problematic substance use, loss (relationship breakdown, job or financial loss, debt, housing), trauma or abuse, and

chronic pain or illness. Mental ill health is one of the most important risk factors for suicide. The early identification and prompt, effective treatment of mental ill health has a major role to play in preventing suicide across the whole population.

- 1.6 Those particularly at risk in Haringey include young and middle aged men in employment, those experiencing various forms of crisis (e.g. financial, relationship, housing or health problems), those with mental health conditions and those with limited or late access to health services.
- 1.7 The factors leading to someone taking their own life are complex. No one organisation is able to directly influence them all. Organisations and communities can reduce risk and reinforce protective factors by providing social support to vulnerable individuals, engaging in follow-up care, raising awareness, fighting stigma and supporting those bereaved by suicide.
- 1.8 The Haringey Suicide Prevention Group (HSPG) is an inter-agency partnership that has been established to guide the Borough's suicide prevention strategy. It aims to shape and strengthen community-based suicide prevention planning and implementation. The Group, which is chaired by Mind in Haringey, meets on a quarterly basis and has broad membership from statutory and non-statutory organisations including: Haringey Public Health, the Clinical Commissioning Group, Metropolitan Police, Barnet Enfield Haringey Mental Health Trust, British Transport Police and local charities. Networks and partnerships contribute to building and strengthening the commitment to work together to address suicide. The chair of the Group is a Mind trustee, who is a national figure in suicide prevention and brings huge expertise and commitment to the group and its work.
- 1.9 The HSPG is coordinating local action planning to reduce deaths from suicide and supporting those affected by suicide, as well as ensuring that data and intelligence on suicide is collected and shared across agencies.

- 1.10 The HSPG annually reviews the Haringey Suicide Prevention Action Plan and identifies areas on which to focus, using the Preventing Suicide in England, Public Health England and National Institute for Health and Care Excellence guidelines as frameworks for best practice. The Plan identifies targeted actions of specific agencies to deliver priority areas of intervention, which are:
- Reduce the risk of suicide in key high-risk groups
 - Tailor approaches to improve mental health in specific population groups
 - Reduce access to the means of suicide
 - Expand and improve the systematic collection of and access to data and research on suicide

Broader goals include:

- Preventing deaths by suicide and suicide attempts
- Increase awareness of the problem of suicide e.g. being able to talk about suicide
- Knowing where to seek help and assisting others in seeking help
- Establishing self-help groups or helping others who have lost someone or who are affected
- Promoting mental health and wellbeing
- Educating about early identification and support for those experiencing suicidal thoughts and vulnerable to acting on those thoughts

2. Recommendations

- 2.1 That the Adults and Health Scrutiny Panel notes progress on the Suicide Prevention Action Plan and in particular, the ongoing progress made through multiagency working led by Mind in Haringey.

3. Reasons for decision

- 3.1 The Panel asked for a progress update in November 2018.

4. Alternative options considered

N/A

5. Background information

- 5.1 Introduction to suicide

There are indications that for each adult who dies from suicide there may be more than 20 others attempting suicide. The impact on families, friends and communities is devastating and far-reaching, long after persons dear to them have taken their own lives. Suicide bereavement is a significant risk factor for suicide. One in ten people so bereaved will make a suicide attempt.

Social, economic, psychological, cultural and other factors can interact to lead a person to suicidal behaviour and the stigma attached to suicide means that many people, especially men who are at greater risk of suicide, feel unable to seek help.

Organisations and communities can play a critical role in suicide prevention. They can provide social support to vulnerable individuals and engage in follow-up care, fight stigma and support those bereaved by suicide. They can help to give individuals a sense of belonging and a feeling of connectedness by being part of a community.

5.2 Why is it important to prevent suicide?

In 2013, the Mental Health Action Plan 2013-2020 was adopted by the World Health Assembly (WHO, 2013). This action plan outlines suicide prevention as a priority, with the global target of reducing the rate of suicide in countries by 10% by 2020.

In the Sustainable Development Goals (SDGs) for 2030, suicide is a proposed indicator for the health target 3.4, which is to reduce by one third premature mortality from non-communicable diseases through prevention and treatment, and to promote mental health and wellbeing.

The Preventing Suicide in England Strategy (2012) highlighted improving the mental health of the population as a whole as an important way to reduce suicide. It also advised implementing tailored approaches to improving mental health in a range of groups with specific needs and characteristics that may expose them to more risk factors for suicide. These include children and young people, those with long-term physical health conditions and people with untreated depression.

The prevention of suicide is not only important for individuals and families but also benefits the wellbeing of communities, the health-care system and society at large. Community-level approaches should be employed as part of an effective strategy.

Preventing suicide can have a positive impact on communities by:

- Promoting health and wellbeing of community members
- Empowering communities to identify and facilitate interventions
- Building capacity of local health-care providers and other gatekeepers
- Prevention and early intervention of morbidity from developing mental illness

5.3 Key successes for suicide prevention over the past 6 months

Partnership working across organisations and with communities plays an essential role in suicide prevention when they provide bridges between community needs, national policies and evidence-based interventions that are adapted to local circumstances. The HSPG serves to co-ordinate diverse suicide prevention activities across the borough.

The Preventing Suicide in England Strategy (2012) committed to tackling suicide in six key areas for action. These are:

1. Reducing the risk of suicide in high risk groups

2. Tailoring approaches to improve mental health in specific groups
3. Reducing access to means of suicide
4. Providing better information and support to those bereaved or affected by suicide
5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Supporting research, data collection and monitoring

The work of the HSPG aligns to these areas of action and reflects the direction of the national strategy. Table 1 summarises Haringey's Suicide Prevention Action Plan and progress on the 6 areas for action to date. The HSPG has actively contributed to existing work streams and implemented actions that correspond to pertinent issues that need to be tackled.

Key successes of the HSPG to date include:

- Increased uptake of training around suicide awareness and prevention in key partner areas, for example supported housing services
- Developed a business case for a new service for people bereaved by suicide under the North Central London Sustainability and Transformation Programme
- Ongoing analysis of data on suicides in the area to inform interventions, and contribution to developing a London-wide and real-time data system (with Thrive London)
- Supporting the process of securing planning approval for safety features on the Archway Bridge
- Rolling out pop-up reminders to GP computer systems to alert and prompt doctors if a patient has previously self-harmed or attempted suicide, so they can improve their care and consider current risk issues

In the next 12 months the HSPG will continue its vital role as a forum for sharing experience and knowledge on suicide prevention. It will broaden participation, especially to representatives of different communities in the borough, as well as to relevant agencies not currently involved. HSPG will work to increase awareness of the issue of suicide locally, and actively seek to contribute to initiatives to improve mental health and wellbeing in the general population and within high risk groups.

Table 1. Haringey’s Suicide Prevention Action Plan - Progress on 6 Areas for Action

Area for action	Description
Action 1: Reduce risk of suicide in key high risk groups	
Suicide prevention respite retreat	This is currently being provided by Maytree which is a registered charity supporting people in suicidal crisis in a non-medical setting. Individuals are offered a free 4-night/5-day stay, and the opportunity to be befriended and heard in complete confidence, without judgement and with compassion.
People with mental health crisis	<p>The Psychiatric Liaison service in A&E North Middlesex University Hospital, has introduced peer workers to support those in crisis, and reduce levels of absconding from A&E. The aim is also to support a group known to be at the highest risk of suicide – survivors of suicide attempts. The experience of this reported to HSPG by some of the peer workers is positive.</p> <p>The HSPG Chair has joined the BEH-MHT Serious Incident Review Group to ensure that lessons are learned in cases which involve suicidal behaviour.</p> <p>The BEH Trust (Crisis Team and Locality teams) are trialling a new approach to mental health crisis, Peer-supported Open Dialogue (POD) which promises a more effective approach to reducing risk through early response, continuity of contact, involvement of family and the social network. This aims to address transitions into and out of in-patient care, and early days under Home Treatment known to be moments of high risk of suicide. POD is subject to a large RCT study.</p> <p>Many in suicidal crisis are not treated in IAPT and do not get picked up by secondary care. HSPG has encouraged promotion of specialist services such as The Listening Place http://listeningplace.org.uk as a non-clinical context for people to talk about their wish to die and to find a way to a different perspective on problems that overwhelm.</p>
People bereaved or exposed to death by suicide	See postvention below

Area for action	Description
Action 2: Tailor approaches to improve mental health in specific population groups	
Training for frontline workers in how to talk about suicide and how to intervene to support someone at risk	Mind in Haringey delivers mental health first aid training once month to front line workers and residents of Haringey free of charge. Over the past year training has been delivered to over 200 attendees, representing a cross section of Haringey’s diverse organisations and population. Each attendee receives a mental health first aid certificate and an evidence based ‘It’s Safe to Talk’ leaflet. The Samaritans ‘Managing Suicidal Conversations’ has also been commissioned and is available to service providers across the borough.
Eastern European migrants	The Connected Communities project has been set up to help migrants to settle into Haringey and navigate through public services. This is a 2 year programme. A launch event took place in September 2018. The programme is estimated to benefit 1000 people.
People who are unemployed, have disabilities and health conditions	<p>The Work and Health Programme is providing employment support for long term unemployed, people with disabilities and those with long term health conditions to seek employment. Participants can obtain support for work focused activities: e.g. how to build a curriculum vitae, interview skills, budgeting in work. They can gain access to vacancies and partnership work with employers to enhance disability awareness and job adjustments.</p> <p>The programme is being delivered by Ingeus. It includes: regular (minimum fortnightly) appointments with a designated caseworker, face-to-face access to personalised support team, including hub guides, health team, employer services team, and specialist caseworkers. It also includes 24/7 access to online information and services through a personalised ingeushub app account including digital literacy support, access to online cognitive behavioural therapy as required, enhanced job search tool and a personalised better off calculator. People can access both face-to-face training and an online library of training courses, activities and interventions. There is also a directory of local services. The programme is expected to benefit 1848 people from 2018-2023.</p>
Area For Action	Description

Children and young people	The Anchor Project supports school staff to work with parents/carers so that communication with their children and young people becomes stronger and parent/carer confidence is increased. The work also supports parents and carers to manage behaviour and promote the emotional growth needs of their children and young people. The project is being delivered by Public Health. A 'How to Be' home tool has been created. It informs and increases confidence to manage behaviour, helping children to regulate their emotions and to have a common language to speak confidently with education, health and social care staff. To date representatives from 50 schools have been trained and 15 schools are in the process of embedding the programme.
Child and adolescent mental health services (CAMHS) trailblazer bid	Haringey CCG and partners have expressed interest in being selected to be a trailblazer site to deliver a Mental Health Support Team (MHST). If successful, the MHSTs will be based in secondary schools in the most deprived areas and will include experienced CAMHS staff, a family support worker with therapeutic training, therapy trainees, psychology, speech and language therapists, Health Education England trainees, and an administrator.
Depressed young people	Open Door is a voluntary sector counselling and psychotherapy service provided for young people aged 12-24 years. The service is piloting a home based intervention with a digital component to engage depressed young people who are 'stuck' at home.

Area for action	Description
Mental Health and Employment	<p>As part of the Mental Health and Employment Devolution Project, Haringey Council have submitted a bid to the challenge fund to develop a whole systems approach in North Central London (NCL) to support people with mental health issues in employment. The bid proposes a range of interventions including support for small and medium sized employers to retain employees and a range of resources to help employees including a Digital App to manage mental health.</p> <p>Good partnerships have been established across the NCL area as part of this project. The outcome of this proposal will be known by November 2018.</p>
Those with serious mental health conditions	<p>Interventions to improve physical health and wellbeing of those diagnosed with serious mental health issues are being planned. An evidence review conducted by public health was discussed at the Mental Health Executive in September 2018. The group agreed to develop a model.</p>
Integrating mental health support services	<p>The Haringey Wellbeing Network has been set up and will provide an integrated mental health support service offering prevention and recovery services, acting as the front door/gateway for clients to access a range of wellbeing activities and services within the voluntary sector. These include:</p> <ul style="list-style-type: none"> • Social prescribing and brief support – will be led by Mind in Haringey • Wellbeing activities - led by Mind in Haringey and delivered in venues across the Borough • Peer support delivered by Mind in Haringey and Key Ring, which includes resilience building • Mental Health First Aid – for Haringey frontline staff led by Mind in Haringey • Community Asset Development – led by Bridge renewal trust working with organisations including faith groups and housing provisions. • Community Co-production & Reach – led by Spice Innovation

Area for action	Description
Developing and using personal and local networks	<p>Two Local Area Co-ordinators based in Northumberland Park/White Hart Lane and Hornsey, work alongside individuals and families of all ages including those with disabilities, mental health needs, older people and carers, to help create a vision for the future and build a good life. The programme helps to empower individuals, build trust and access relevant information and advice at the right time.</p> <p>The aim of this approach is to use the existing community assets to prevent people from getting into crisis (by building their resilience using their immediate support network), and increase health and wellbeing in order to reduce demand on services. It also has a focus on reducing inequalities by targeting the hard to reach-to- reach communities. Support is free, there are no referral criteria and no time limits. Over 220 introductions (including self-referrals) have been made since the project initiation in Nov 2017.</p>
Action 3: Reduce access to means of suicide	
Archway bridge	<p>HSPG has been liaising with Haringey and Islington Councils. Planning committees of both councils have recently been given approval and Transport for London will implement the suicide prevention fencing. There is good evidence of effectiveness for this type of intervention in reducing deaths by suicide. The timetable for implementation is to be established.</p>
Action 4: Provide better information and support to those bereaved or affected by suicide	
Suicide liaison service	<p>A business plan for a 5-borough Suicide Liaison Service was submitted to the NCL STP and was endorsed by the board on 25 July 2018. The service will make available immediate practical and emotional support to families/social networks affected by the approximately 100 suicides each year in this part of North London. The chair has referred the proposal to the Executive Committee and is writing to the directors of Public Health to agree a funding instrument.</p>
People bereaved by suicide	<p>Police and the Coroners Court are encouraged to provide information to those bereaved through the 'Help is at Hand' booklet as well as signposting to a range of charities including Samaritans.</p>

Area for action	Description
Self-help group	Mind in Haringey is hosting a local branch of Survivors of Bereavement by Suicide (SOBS). This is a volunteer run peer-support group.
Postvention in schools	Samaritan's Step-by-Step programme of postvention support is drawn on in schools and other institutions exposed to a death by suicide in the borough. This is important given the vulnerability of young people especially after a suicide in their community.
Action 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour	
Raising awareness about suicide	Mind in Haringey have worked with film maker Matt Harmer to create a beautifully shot and compelling short documentary 'Take a Minute' highlighting the issues around male suicide and isolation. The film is based on male suicide and its impact on loved ones, work colleagues and our community; it raises awareness on how to identify the signs of somebody in distress and how to respond appropriately. Tottenham Hotspur Foundation hosted a screening of the film, followed by Q&A and networking sessions on 12th September. Mind hosted 3 Q&A panels at the Park Theatre during their September run of 'Distance' a play of one man's mental health journey.
World suicide prevention day	As part of World Suicide Prevention Day, which is held on 10 th September each year. Mind hosted a screening of 'Take a Minute' followed by a Q&A session at Macfarlanes (City Law Firm) the event was chaired by Catherine West MP. The panel included Professor Stephen Platt, Natalie Howarth, Director of the Maytree, Lynette Charles, CEO Mind in Haringey and Professor David Mosse. The event was attended by 60 people who were a mixture of professionals, those bereaved by suicide and other interested parties.
Action 6: Support research, data collection and monitoring	
Real time data collection	The HSPG is involved with Thrive London and neighbouring boroughs ongoing development of data sharing with the Metropolitan Police, British Transport Police, and Coroners' Courts. The Working Group (HSPG and Thrive London) is pulling together a more reliable system of data collection, sharing and reporting.

Area for action	Description
Suicide audit and data analysis	The HSPG coordinated and led the updated suicide audit in 2016 and has undertaken in-depth qualitative analysis of one year's Coroner Court records (Nov 2015-March 2017) to inform the suicide prevention planning (led by expert Dr Rachel Gibbons).
Young people at risk of violence	A comprehensive needs assessment of young people at risk of violence which adopts a public health approach has been shared with HSPG and is being used to inform Haringey's Young People at Risk Strategy. The document describes vulnerable groups and high risk children including those involved in gangs and part of the youth justice system.
Joint strategic needs assessment	The mental health chapter for Haringey's Joint Strategic Needs Assessment will include data on Suicide. This is due to be completed by December 2018.
School health profile	Haringey Council and Whittington Health have sent out a questionnaire to all schools as part of the 5-19 year old Healthy Child Programme. The outcome will be a profile of each school which includes information about the number of pupils with mental or emotional ill health and the number of emotional wellbeing co-ordinators. The information collected will be used to inform planning of services and interventions.

6. Contribution to strategic outcomes

Priority 1 and 2 of the Corporate Plan, Haringey's Community Strategy, Better Care Fund and Health and Wellbeing Strategy 2015 – 2018.

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

7.1 Finance and Procurement

This is an update report for noting and as such there are no direct financial implications associated with this report.

7.2 Legal

This is an update report for noting and as such there are no recommendations for action that have a direct legal implication.

7.3 Equality

The Haringey Suicide Prevention Action Plan uses a multi stranded, multi-sectorial approach and will allow inequalities and isolation issues related to protected characteristics to be addressed. The implementation of the Action Plan will have a prevention-based approach to proactively identify high risk and hard-to-reach communities, in particular older people, those living with disabilities and people with long-term health conditions. A range of activities are occurring across the borough and in areas with high deprivation, health inequality and poor life expectancy.

8. Use of Appendices

N/A

9. Local Government (Access to Information) Act 1985

N/A

Report for: Adults & Health Scrutiny Panel – 1st November 2018

Title: Work Programme Development 2018-19

Report authorised by: Ayshe Simsek, Democratic Services and Scrutiny Manager

Lead Officer: Dominic O'Brien, Principal Scrutiny Support Officer
Tel: 020 8489 5896, e-mail: dominic.obrien@haringey.gov.uk

Ward(s) affected: N/A

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

1. Describe the issue under consideration

1.1 This report reports on the development of the Panel's work plan for 2018/19.

2. Recommendations

2.1 That the Panel considers, amends if necessary, and agrees its draft work programme, attached at Appendix A, for approval by the next meeting of the Overview and Scrutiny Committee.

3. Reasons for decision

3.1 Each scrutiny panel is required to develop a work plan on the areas and issues that it wishes to look at for the year for recommendation to the Overview and Scrutiny Committee. In putting this together, they need to have regard to their capacity to deliver the programme and officers' capacity to support them in that task.

4. Approach

Introduction

4.1 The Overview and Scrutiny Committee is responsible for developing an overall scrutiny work programme, including work for its four standing scrutiny panels. Careful selection and prioritisation of its work is important if scrutiny is to be successful in achieving outcomes.

4.2 An effective scrutiny work programme should include a balanced range of activities:

- Holding the Executive to account;
- Policy review and development – reviews to assess the effectiveness of existing policies or to inform the development of new strategies;
- Performance management – identifying under-performing services, investigating and making recommendations for improvement;

- External scrutiny – scrutinising and holding to account partners and other local agencies providing key services to the public; and
- Public and community engagement – engaging and involving local communities in scrutiny activities and scrutinising those issues which are of concern to the local community.

4.3 An effective work programme should also;

- Reflect local needs and priorities – issues of community concern as well as Corporate Plan and Medium Term Financial Strategy priorities;
- Be selective. It will not be possible to cover everything;
- Draw on evidence available;
- Prioritise issues that have most impact or benefit to residents;
- Involve local stakeholders; and
- Is flexible enough to respond to new or urgent issues.

4.4 Scrutiny work can be carried out in a variety of ways and use whatever format that is best suited to the issue under consideration. This can include a variety of “one-off” reports as well as in-depth scrutiny review projects, that provide an opportunity to investigate issues in detail. It is nevertheless important that there is a balance between depth and breadth of work undertaken so that resources can be used to their greatest effect. There is finite capacity as well so the work programme that is set will should also be achievable in the time available.

4.5 Once the work programme has been agreed, there are both formal and informal systems in place to monitor the progress of the work plan. It is important that there is flexibility within the work plan so that it is possible to respond and adapt to matters that arise and changing circumstances. Regular agenda planning meetings with the Chair and senior officers and discussion at panels and the Overview and Scrutiny Committee will provide an opportunity to discuss the scope and approach to each area of inquiry.

Approach for 2018/19

4.6 At its meeting on 4 June, the Overview and Scrutiny Committee approved a report outlining the proposed approach to the development of a two-year work plan for the Committee and its panels. This included measures to ensure that the views of residents and stakeholders were taken into account in developing, including the setting up of a “Scrutiny Café” event.

4.7 Following further discussion, the following was agreed by the Committee at its meeting on 23 July;

- All Panel Chairs to meet informally with relevant directors and Cabinet Members before the August recess for a preliminary discussion about priorities and challenges for the year ahead and potential areas for their Panels to focus on;
- The September round of Panel meetings to consider provisional items for inclusion in work programmes. This was informed by the following items on each Panel agenda:
 - An overview of service areas covered;

- A performance update on the Corporate Priorities that each Panel covers; and
- Cabinet Member Questions. This to focus, in particular, on key priorities within portfolios

4.8 The Scrutiny Café took place on 13 September. Prior to this, suggestions were sought from a wide range of sources, including partners, community organisations and Councillors. These were obtained via an on-line questionnaire. Suggestions from this process, as well as the provisional items identified by each of the Panels, were discussed at the Scrutiny Café. The Café also provided an opportunity for issues not already highlighted to be raised.

4.9 The outcomes from the Scrutiny Café were reported to the Overview and Scrutiny Committee on 2 October. The Chairs of each of the scrutiny panels and the Committee have also met with relevant service officers to discuss this and how to best take forward the issues identified and, in particular;

- Which issues would be best suited to dealt with by an in-depth scrutiny review;
- Which issues might be better suited to “one-off” item at a regular meeting. In addition, there are also routine items such as performance data, budget scrutiny and Cabinet Member Questions which may also provide a means of addressing issues;
- What other work may be taking place within the Council on issues raised so that any overview and scrutiny involvement complements rather than conflicts with this;
- Whether issues may have already been looked at recently by overview and scrutiny recently and, if so, whether to re-visit them.

4.10 There may also be some issues that have been raised on which overview and scrutiny is likely to have limited or no influence and therefore consideration needs to be given to where impact is likely to be the greatest in prioritising work.

4.11 An updated copy of the draft work plan for the Adults & Health Scrutiny Panel is attached as Appendix A.

5. Contribution to strategic outcomes

5.1 The contribution of scrutiny to the corporate priorities will be considered routinely as part of the OSC’s work.

6. Statutory Officers comments

Finance and Procurement

6.1 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 these will be highlighted at that time.

Legal

- 6.2 There are no immediate legal implications arising from the report.
- 6.3 In accordance with the Council's Constitution, the approval of the future scrutiny work programme falls within the remit of the OSC.
- 6.4 Under Section 21 (6) of the Local Government Act 2000, an OSC has the power to appoint one or more sub-committees to discharge any of its functions. In accordance with the Constitution, the appointment of Scrutiny Panels (to assist the scrutiny function) falls within the remit of the OSC.
- 6.5 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

- 6.6 The Council has a public sector equality duty under the Equalities Act 2010 to have due regard to:
- Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
 - 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.
- 6.7 The Panel should ensure that it addresses these duties by considering them within its work plan, as well as individual pieces of work. 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 services 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.

6.8 The Panel should ensure equalities comments are based on evidence. Wherever possible this should include demographic and service level data and evidence of residents/service users views gathered through consultation.

7. Use of Appendices

Appendix A – Adults & Health Scrutiny Panel – Draft Work Plan for 2018/19

8. Local Government (Access to Information) Act 1985

N/A

APPENDIX A - Adults and Health Scrutiny Panel - Draft Work Plan 2018-19

1. Scrutiny review projects; These are dealt with through a combination of specific evidence gathering meetings that will be arranged as and when required and other activities, such as visits. Should there not be sufficient capacity to cover all of these issues through in-depth pieces of work, they could instead be addressed through a “one-off” item at a scheduled meeting of the Panel. These issues will be subject to further development and scoping. It is proposed that the Committee consider issues that are “cross cutting” in nature for review by itself i.e. ones that cover the terms of reference of more than one of the panels.

Project	Comments
Care Home Commissioning	<ul style="list-style-type: none"> ● Interim report published March 2018. ● Further evidence session held October 2018. ● To be completed.
Day Opportunities	<ul style="list-style-type: none"> ● Review to run from November 2018 to March 2019. ● Draft objective of review: <ul style="list-style-type: none"> ○ To review Haringey’s Day Opportunities provision and what services are currently offered in order to learn from the past to improve care in the future for residents. ● Draft sub-headings: <ul style="list-style-type: none"> ○ Looking at services from a residents’ perspective, what has happened to service users and their carers since the day care closure? ○ Has the move from day centre based care to community settings made overall financial savings? ○ Where are our residents currently being cared for? ○ What is the evidence from external witnesses?

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

Date	Potential Items
4 September 2018	<ul style="list-style-type: none"> • Terms of Reference • Appointment of Non-Voting Co-opted Member • Performance Update • Cabinet Member Questions; Adults and Health • Community Well-Being Framework
4 October 2018	<ul style="list-style-type: none"> • Care Homes Review – Evidence Session
1 November 2018	<ul style="list-style-type: none"> • Haringey Safeguarding Adults Board Annual Report 2017-18 • Financial Monitoring; To receive an update on the financial performance relating to Corporate Plan Priority 2. • Suicide Prevention
13 December 2018	<ul style="list-style-type: none"> • Budget Scrutiny

29 January 2019	<ul style="list-style-type: none">• Cabinet Member Questions; Adults and Health• Mental Health
4 March 2019	<ul style="list-style-type: none">• Physical Activity for Older People – update• Osborne Grove care home - update