

NOTICE OF MEETING

ADULTS & HEALTH SCRUTINY PANEL

Thursday 14th November 2019, 6.30 pm - Civic Centre, High Road, Wood Green, N22 8LE

Members: Councillors Pippa Connor (Chair), Patrick Berryman, Nick da Costa, Eldridge Culverwell, Mike Hakata, Felicia Opoku and Matt White

Co-optees/Non Voting Members: Helena Kania

Quorum: 3

1. **FILMING AT MEETINGS**

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

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

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

2. **APOLOGIES FOR ABSENCE**

3. **ITEMS OF URGENT BUSINESS**

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

4. DECLARATIONS OF INTEREST

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

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

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

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

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

5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

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

6. MINUTES (PAGES 1 - 8)

To approve the minutes of the previous meeting.

7. ST ANN'S HOSPITAL UPDATE (PAGES 9 - 20)

To receive an update on the redevelopment of St Ann's Hospital, including on plans to address the increasing demand for access to beds.

8. HARINGEY SAFEGUARDING ADULTS BOARD - ANNUAL REPORT 2018/19 (PAGES 21 - 98)

To consider the annual report of the Haringey Safeguarding Adults Board for 2018/19.

9. CQC UPDATE (PAGES 99 - 104)

To receive a general overview of CQC inspections recently carried out in the Borough.

10. DOMESTIC VIOLENCE PERPETRATOR SERVICE (PAGES 105 - 112)

To receive an update about the planned changes to Haringey's domestic violence perpetrator programme as part of the Violence Against Women and Girls (VAWG) strategy.

11. PERFORMANCE UPDATE - Q1 (2019/20) (PAGES 113 - 122)

To receive information about the progress against performance indicators for Priority 2 (People) for Q1 of 2019/20.

12. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

13. DATES OF FUTURE MEETINGS

- 6th January 2020 (6:30pm)
- 25th February 2020 (6:30pm)

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, 06 November 2019

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**MINUTES OF THE MEETING OF THE ADULTS & HEALTH
SCRUTINY PANEL HELD ON THURSDAY 5TH SEPTEMBER 2019,
6.30-8.40pm**

PRESENT:

**Councillors: Pippa Connor (Chair), Patrick Berryman, Nick da Costa,
Eldridge Culverwell, Felicia Opoku, Matt White and Helena Kania**

13. FILMING AT MEETINGS

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

14. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Mike Hakata.

15. ITEMS OF URGENT BUSINESS

None.

16. DECLARATIONS OF INTEREST

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

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

17. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

18. MINUTES

With regards to action points from the previous meeting, Cllr Connor referred to the Active Travel in Haringey briefing which she said was a really useful summary of policies and strategies in this area. She noted that there were quite a few initiatives mentioned in the briefing that were planned or currently in progress so it would be useful for the Panel to receive an update in around 6 months time. Will Maimaris, Director for Public Health, said that this would be possible but suggested that an

update in around 9-12 months would be more appropriate due to the likely timescales involved with the initiatives. **(ACTION)**

The accuracy of the minutes from the previous meeting was then agreed.

AGREED: That the minutes of the meeting held on 20th June 2019 be approved as an accurate record.

19. BUDGET OVERVIEW

Paul Durrant, Head of Finance for People, and Sandra Robb, Adults and Health Business Partner, presented an overview to the Panel 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 of 2019/20.

Paul Durrant reported that there was currently a projected overspend of £3.6m which comprises of overspends of:

- £2.9m on adult social care
- £0.3m on Public Health
- £0.4m on Commissioning

The overspend in adult social care includes a £2.7m overspend on care packages which is an overachievement on the expected £3.9m overspend for this area once the net savings and growth have been applied. The £2.7m overspend is broken down as follows:

- £1.7m on Adult Placements
- £0.6m on Learning Disabilities Placements
- £0.4m on Mental Health Placements

The overspend on Osborne Grove Nursing Home was projected to be £0.2m. Although an additional £0.3m had been provided for this in the current financial year, delays in the consultation on the staffing structure have still resulted in the overall projected overspend.

The £0.4m projected overspend on Commissioning was due mainly to salaries and a savings objective which has not been achieved.

The £0.3m projected overspend on Public Health was due mainly to budget setting with some service charges being higher than anticipated.

Priority 2 has a capital budget of £8.6m divided over ten projects as set out in Appendix 3:

- Though project 208 (on supported living schemes) is currently showing zero spend for 2019/20, some spend is expected to be brought forward in year at

some point and in the next financial year. This is because there has been other activity on the Linden House adaptation and on Canning Crescent assisted living (also shown in Appendix 3). Further programmes on supported living are being worked up, these just need to be programmed into the budget when possible.

- On project 209 (on assistive technology) there has been a pause in the delivery model and an update is expected in Quarter 2.
- On project 213 (on Canning Crescent assisted living) following the initial feasibility, architects are being appointed and moving forward to RIBA Stage 2 Concept Design and RIBA Stage 3 Developed Design by Spring next year. If there is slippage in 2019/20 then the capital budget can be carried forward to the following year.
- On project 215 (on Hornsey Town Hall supported living) this is now being funded through the Housing Revenue Account.

Asked about the expected capital spend on project 207 (new day opportunities offer), Charlotte Pomery, Assistant Director for Commissioning, said that there is a figure set aside (which is larger than the one shown in Appendix 3) to bring back into use the two properties in Waltheof Gardens. The capital outlay will be spent this year. Further spending in future years has not yet been identified and is not in the budget spreadsheet but she said that this is not necessarily reflective of wider ambitions and doesn't mean that there won't be further spending in this area in future years.

With regards to the delivery of savings on the revenue budget (as set out in Appendix 4), Paul Durrant said that the top three rows (on learning disabilities, mental health and physical support) are the core savings which are the toughest to deliver. All are reporting as 'amber' at present which means that there is confidence in delivering the majority of it but there is still a challenge to achieve overall delivery. Asked about the learning disability savings he said that it was anticipated that the achieved savings would be close to the £1.1m target.

Helena Kania asked why savings were being targeted at mental health when in fact there is an under-reporting of mental health problems at present. Beverley Tarka, Director of Adults & Health said that the majority of the spend is on existing care packages within adult social care and that the savings are targeted at reducing the cost of these existing care packages. Some mental health service users are placed in more high-needs arrangements than they need to be and could be 'stepped down' as they make progress. A review is in progress to see how many people can be 'stepped down' and this involves a thorough reassessment process. Increasing the range of supported living opportunities, as referred to earlier, will be important in achieving this stepping down to less expensive services.

Asked about a resilience reserve, Paul Durrant said that there was a specific resilience reserve of £2m applied to the Adults & Health budget last year but there is

no specific reserve to be applied this year. Beverley Tarka added that it is important to separate the savings target from the underlying overspend in the budget caused by care package pressure. The £2m resilience reserve was applied to the Adults & Health budget last year but in this year that has been some accommodation for that reserve already built in to the Adults & Health budget for this year. She said that there is a collegiate approach to supporting adult social care across the Council and that corporate finance colleagues constantly review the budget and there is recognition of the stress that adult social care is under.

Cllr Connor requested that future budget updates identify any savings being achieved through 'invest to save' measures.

Asked to expand on the causes of the "reported pressures on the Commissioning budget", as set out in paragraph 2.4 of the main report, Charlotte Pomery said that this largely related to staffing and rent payments from community organisations for Council premises. It does not include contracts or commissioned services which are generally funded from the care services budget.

20. PREVENTION AND EARLY INTERVENTION

Rochelle Jamieson, Head of Strategy – People, and Andrea Wershof, Local Area Coordinator, introduced this item with a presentation on early intervention and prevention in Haringey which included the following points:

- That services are geared to solve problems for people and that solutions are based on what would work best from the services available.
- The approach aims to intervene to enable people to access help at an earlier stage and stay as independent as possible.
- The feedback from residents is consistently that they want help to prevent things from going wrong, they want to be involved in helping to shape services and they want services to be well joined up and for any long-term support to be holistic when needed.
- Other suggestions from residents have included:
 - That there needs to be a care navigator to help people access the internet and available services.
 - That services need to be close to people as it can be difficult for people with mobility issues to travel far.
 - That older people want to stay in their own home for as long as possible and have a better quality of life rather than live in a residential care home.
- A critical part of the approach is providing information, support and guidance and developing a network of options to provide people with the support that they need. The aim is to create an environment that enables and empowers all residents to live well and achieve their potential including by helping people to find their own solutions.

- There are no access criteria for the early intervention and prevention service and this prevents the need for people to ‘jump through hoops’ before they can get access to help.
- The different levels of intervention were displayed in one slide as a “care cone” with four levels:
 - Keeping people healthy, safe and well through public health services.
 - Early intervention and prevention to provide a network of options to help people.
 - Care and support through coordinated multi-agency teams.
 - Specialist/emergency, including specialist palliative care.
- The Local Area Coordinator role was described as person-centric because it aims to be led by the residents including those who are needy and may have felt disenfranchised previously. By being on their side it can be transformative for someone who is on their own and by helping to connect them with various types of support it can help them to achieve their vision of a ‘good life’. Examples were given including helping an isolated individual with learning disabilities through his re-housing assessment process after his parents had died.

Will Maimaris, Director of Public Health, advised the Panel that there are currently just two Local Area Coordinators covering Hornsey and Northumberland Park but there are plans in place to expand the programme with an additional four to operate mainly in the east of the borough.

In response to questions from the Panel, Will Maimaris, Rochelle Jamieson and Andrea Wershof said:

- That there are usually three or four ‘touch-points’ that the Local Area Coordinators visit each week but there are other assets such as libraries, schools and community cafes where they also might visit people. Populations of each area covered is limited to about 18,000-20,000.
- Asked about how to reach isolated people, Local Area Coordinators are well known in the local community by, for example, shopkeepers, cafes, schools and faith groups. These often let the Local Area Coordinators know about people who need help who might not otherwise ask for help.
- Asked about evidencing the savings from this programme, this is always a challenge but there is an evaluation and also a collection of case studies with professionals who can set up what would have happened had the Local Area Coordinators not been in the area. This type of evidence can be incrementally built up over time and there is work ongoing on continuing to evaluate this work. The investment in the programme so far is relatively modest with £120,000 per year provided to cover two Local Area Coordinators plus the evaluation work. Will Maimaris said that he was convinced that there are significant savings resulting from this across the system, particularly if it

prevents the need for just a few high-cost packages. However, it can be difficult to quantify savings to adult social care, including because some individuals helped by the Local Area Coordinators may not have been in contact with adult social care system at that stage without this contact being made.

- In terms of small grants for community groups, the embedded nature of the Local Area Coordinator work can help to generate intelligence to help shape what the Council commissions. They can also help advise community groups about consulting their user groups and evaluating projects that they have done which can help them to improve their funding applications.
- Asked about continuation of service when a Local Area Coordinator is on leave or in the event that they leave the Council, it was acknowledged that it can be difficult to delegate the relationships that Local Area Coordinators build up. However, it is not an emergency service and issues can generally be picked up after a short period of leave. By expanding the number of Local Area Coordinators from two to six in future will also help, with a larger team better able to cover for a colleague where necessary.
- On why there were significantly more 'Level 2' interventions in Hornsey than in Northumberland Park, this was likely to be because in Hornsey there are typically more inventions involving older people who often require longer-term support whereas the populations in Northumberland Park was more likely to involve younger people and families.
- On why a large proportion of outcomes that were not captured in Graph Eight in the report, this was due to inadequacies of the form with limited options and so many outcomes were captured as 'other'.

Florence Guppy, Programme Lead – Connected Communities, then presented to the Panel with an overview about the Connected Communities programme. It had started about a year previously as a migrant integration programme funded by the Ministry of Housing, Communities and Local Government (MHCLG) and focused on support for new arrivals to the borough in employment, housing, parenting & early years, English language and community groups. As the programme has developed it has become clear that it works to the same principles as other initiatives such as the Local Area Coordinators and the Community First trial, including by being resident-led, strength-based, locality-based and without entry thresholds, and so these programmes were becoming more closely linked.

Data collected in relation to the Connected Communities programme has shown that it had worked with 1,186 residents between September 2018 and July 2019, 931 of whom were female. There were also a higher than expected number of Albanian nationals in contact with the programme than had been expected. Showing the impact of the early intervention work is a challenge but the team is looking at ways of measuring the social value, social connections and the savings to the Council. The

programme is not a stand-alone service, but more a part of a wider network of support including other existing Council services.

In response to questions from the Panel, Florence Guppy, Beverley Tarka and Charlotte Pomery said:

- That the programme has two funding streams, the original one from the MHCLG with a focus on migrant integration including employment advisers, housing support, etc, and then the additional funding from the Transformation Board to embed the principles of Local Area Coordination.
- That next steps include working with health provision which will involve trialling Connected Communities/Community First at two GP practices and also at North Middlesex Hospital's A&E department and so this will involve linking up with Enfield colleagues as the hospital serves both boroughs.
- That there are different funding streams for the various programmes, but there are a range of different ways of working with residents so this has enabled various approaches to be tested and evaluated.

Cllr Pippa Connor asked whether a basic guide of the main officers and points of contact for each programme could be distributed to Councillors. **(ACTION)**

Andrea Wershof said that if any Councillors were interested in shadowing either of the Local Area Coordinators for a half-day or full-day they would be very welcome to do so.

Cllr Pippa Connor thanked all the officers for their presentations and for the useful information provided.

21. OSBORNE GROVE UPDATE

Charlotte Pomery, Assistant Director for Commissioning, introduced this item noting that the report in the agenda pack had previously been provided to the Cabinet in July 2019 with the recommendations in section 3 that were approved. Work is now ongoing to delivery Option 4 from the feasibility study, which is for the demolition of the current building and to build a 70-bedroom nursing home on the site. This option also provides for the delivery of additional services for older people on site which are aligned to nursing care. Further details about the next stages will be shared with stakeholders in the autumn and again in January. The opening of the new nursing home is anticipated in 2022.

In response to questions from the Panel, Charlotte Pomery said:

- The costings for the four options are given in paragraph 6.36 of the report and are approximately in the £20-30m range. The previous figures for estimated costs given last year were significantly lower as they were based on some initial high-level intermediate work to estimate the likely costs. The detailed

work that was subsequently carried out was based on a whole new set of requirements and factored in different use types, high-spec environmental sustainability, the layout of the building and a future-proofed building.

- The Council needs to account for the significant amount of borrowing and the cost associated with that. The table in paragraph 8.1.3.4 of the report sets out the calculations for the overall savings for each of the various options once these costs have been accounted for based on an expected asset life of 45 years.
- The additional consultation with stakeholders from the autumn will be to consider more detailed designs as this was not in the remit of the feasibility study. The stakeholders are expected to remain involved all the way throughout the project up to, and probably also after, the opening of the new nursing home.
- Having a 70-bed capacity makes the new nursing home more economically viable while the environmental standards and the more flexible use of the rooms make it a more cost effective home to run.
- A paper on the consultation would be going to Cabinet in September for a decision.
- The feasibility study itself is a large document and had not been circulated to Members. Any Members interested in viewing the document could do so at River Park House by contacting Charlotte Pomery.

22. DATES OF FUTURE MEETINGS

- 6th Jan 2020 (6:30pm)
- 25th Feb 2020 (6:30pm)

CHAIR: Councillor Pippa Connor

Signed by Chair

Date

**Haringey Adults and Health Scrutiny Panel
14 November 2019**

**Update on redevelopment of St Ann's
Hospital and mental health beds**

**Andrew Wright, Director of Strategic Development
and
David Kovar, Interim Managing Director – Haringey**

Introduction

- Very pleased to be joining you today
- Will give an update on:
 - Redevelopment of St Ann's Hospital
 - Potential future capacity on the St Ann's site
 - Current demands on Trust beds and out of area placements
 - Plans to address increasing demand for access to beds

Update on redevelopment of St Ann's Hospital

- **New mental health inpatient building**
 - Construction commenced in January and is on time and budget
 - New building due to open in summer 2020 – July / August
 - Work underway with staff to prepare them for working in the new facilities
- **Phase 2**
 - Involves improvements to the rest of the site and site infrastructure
 - Will start in autumn 2020 and be completed by late 2021
 - Will ensure all Trust services vacate the land bought by the GLA ahead of residential development beginning
 - All services will continue on the site during the construction process

New mental health inpatient building



New mental health inpatient building



Inpatient environment



Potential future health campus development



Demands on beds and out of area placements

- BEH-MHT, like most other MHTs in London and nationally, faces increasing demands for admission to beds
- National NHS Policy in *NHS Long Term Plan* commitments increased investment in Crisis Teams and Community Mental Health Teams
- This is important and welcome, but pressures on beds are real and immediate
- Trust is creating 10 additional beds at Edgware Hospital from December
- These will replace 5 beds currently being used in East London, plus create 5 additional beds

Demands on beds and out of area placements

- Trust is clear that we need another mental health ward (c. 18 beds) within our area, to meet increasing demand
- This conclusion is supported by a recent study looking at demand and capacity, which concludes BEH-MHT does have a need for additional mental health beds
- Trust is working with partners across North Central London to seek to address this as quickly as possible, but is a need for capital investment

Out of area placements

- Trust current acute adult bed provision:
 - Barnet – 41
 - Enfield – 51
 - Haringey – 50
 - Recovery House beds (one per borough) – 30
 - Male psychiatric intensive care beds (whole Trust) – 14
- Currently an average of c. 20 patients who cannot be admitted to a local bed each day across the Trust – out of area placements
- Numbers vary from day to day and no clear cause of peaks and troughs in demand (at BEH and across London)
- National target is to eliminate all out of area placements by 2021
- Trust is working hard to achieve this, through joint working with partners, but clear need for additional ward

Questions and discussion



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Report for: Adults and Health Scrutiny Panel – 14th November 2019

Title: Safeguarding Adults Board Annual Report 2018-2019

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

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

1. Describe the issue under consideration

1.1. The annual report is for the period 1st April 2018 to 31st March 2019 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 against the Strategic Plan 2018-19;
- sets out how effective the Haringey Safeguarding Adults Board (SAB) has been over the 2018-19 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 2019-20.

1.3. SAR publication

In February 2019, the SAB published its second SAR¹ since the Care Act 2014 was implemented. The SAR was carried out by an independent reviewer and considered the death of Ms Taylor who sadly died in a fire at her home in October 2017, aged 71.

Following publication of the review, the SAR Subgroup has developed an action plan to ensure that implementation of the learning from the SAR is overseen and monitored. A SAR learning event is also planned for Autumn 2019 to share the findings of the SAR, look at actions taken since the review was completed and consider whether any further improvements are needed. The workshop will provide an opportunity to reflect on how practice could be improved across the partnership in light of this key learning.

¹ https://www.haringey.gov.uk/sites/haringeygovuk/files/sar_report_ms_taylor_2019_pdf_549kb.pdf

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 2015-18

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 2018/19

This report details the work carried out by the Haringey Safeguarding Adults Board in 2018/2019, and highlights our priorities for 2019/2020

Safeguarding and Preventing Abuse

Where can you go for Support?

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

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

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

If you think someone else is being abused, you must tell someone:

Call the Police

- If the danger is not immediate telephone 101
- **If the danger is immediate, always call the police on 999**

Contact the First Response Team (adult social services):

- Telephone 020 8489 1400
- Email Firstresponseteam@haringey.gov.uk

Information that would be helpful:

- Why you are concerned
- The name, age and address of the adult at risk
- If anyone lives with them
- If they're getting help from any organisation
- Who may be doing the abuse

Don't delay in reporting abuse if you're not sure about some of these details.

Out of Hours Emergency Contact Numbers

The numbers below are for emergency contacts only. For all other queries please use our [online self-service tools \(https://www.haringey.gov.uk/contact-haringey-council\)](https://www.haringey.gov.uk/contact-haringey-council) which will get you to the information you need quickly and easily, and help you get a message to a Customer Service Officer if you have a complicated problem.

National emergency numbers

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

Haringey Council out of hours number

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

Forward 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 (2018/2019) and highlights the priorities for 2019/2020.



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 (Ms Taylor) in October 2017, 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. A number of changes and improvements have already been made by all of the agencies involved. These include improvements to fire safety policies and provision of fire safety equipment, staff training, assessment of risk, and communications with the fire brigade. The SAR was completed and published last year, and those findings are being reported on within this report. The Haringey Safeguarding Adults Board will continue to work with the agencies involved to monitor the actions arising from this review and ensure that practices change as a result.

I was delighted to be invited to a Special Joint Adults Partnership Board (JPB) meeting in December 2018, to give a presentation on the work of the HSAB. Over 30 people attended from different agencies and reference groups (autism, carers, dementia, etc). The presentation was followed with a question and answer session and attendees found this very informative. As a result, the Board has been invited to a future JPB meeting in 2019 to discuss Adult Safeguarding 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 2018 to 31st March 2019 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 2018-21². It sets out how effective the HSAB has been over the 2018-19 year; provides detail on the SARs that it has commissioned and describes how its partners have contributed to the work of the Board to promote effective adult safeguarding.

1.1. Understanding what safeguarding is?

Safeguarding is defined as '*protecting an adult's right to live in safety, free from abuse and neglect.*' (Care and Support statutory guidance, chapter 14ii). Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults. Staff should work together in partnership with adults so that they are:

- Safe and able to protect themselves from abuse and neglect;
- Treated fairly and with dignity and respect;
- Protected when they need to be; and
- Able easily to get the support, protection and services that they need.

1.2. The aims of Adult Safeguarding are to:

- Stop abuse or neglect wherever possible;
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- Safeguard adults in a way that supports them in making informed choices and having control about how they want to live;
- Promote an approach that concentrates on improving life for the adults concerned;
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- Address what has caused the abuse.

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

² <https://www.haringey.gov.uk/social-care-and-health/safeguarding-adults/haringey-safeguarding-adults-board-sab#strategicplan>

1.3. 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) 2005³ and the Human Rights Act (HRA) 1998⁴.

1.4. 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.

1.5. 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 behavior, hate crime and domestic abuse; and
- the respective roles of the board, other boards and partners.

1.6. 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.

1.7. 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;

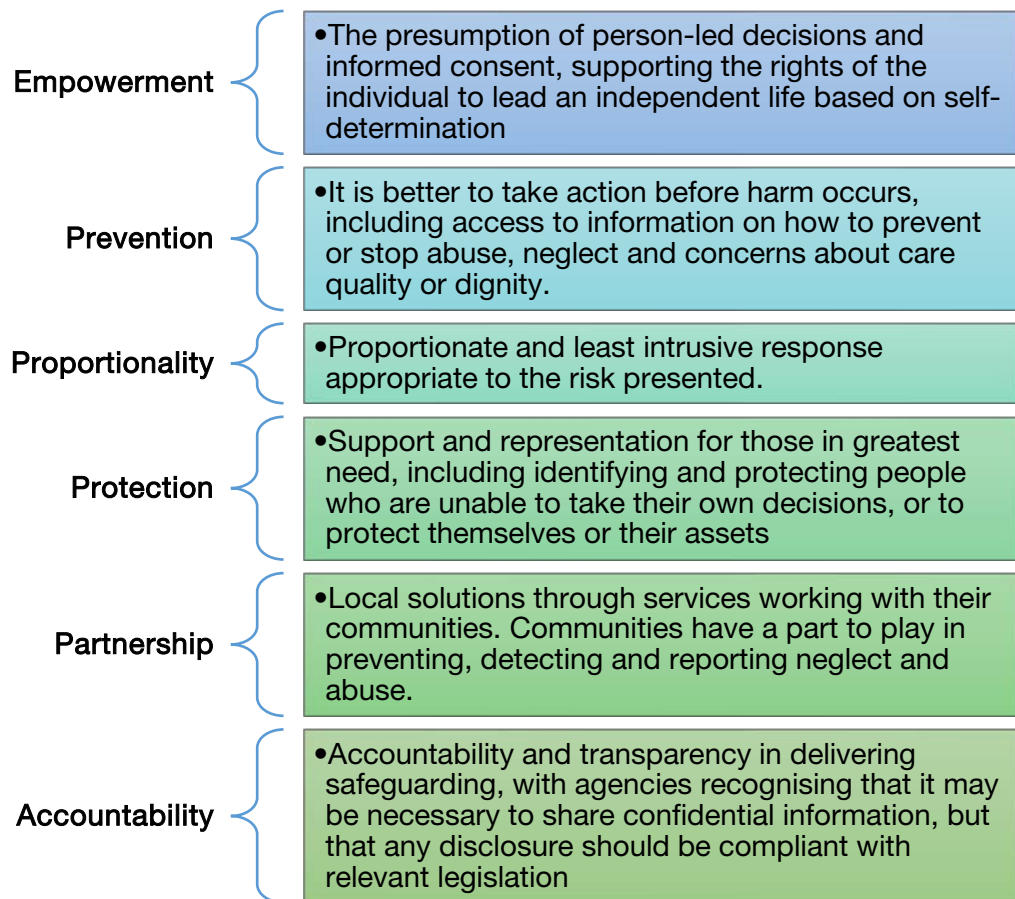
³ <https://www.legislation.gov.uk/ukpga/2005/9/contents>

⁴ <https://www.legislation.gov.uk/ukpga/1998/42/contents>

- assuring itself that safeguarding practice is person-centered 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.

1.8. 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.



1.9. Governance and Membership

HSAB is chaired by its Independent Chair, Dr Adi Cooper, and meets four times a year bringing partners together from: Haringey Council, Haringey Clinical Commissioning Group (CCG), Health Trusts, Haringey Borough Police, London Fire Brigade (LFB), London Ambulance Service (LAS), , probation services, the

voluntary sector (Healthwatch/Bridge Renewal Trust (BRT)) 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 Adults and Health.

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

The HSAB has a number of subgroups (see 2.1) chaired by senior members from across the partner agencies.

1.10. 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.

2. What have we done in 2018/19 through the Haringey Subgroups?

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 subgroups to ensure clear lines of governance and accountability

2.1. 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 2018-19 some of which is detailed below.

2.1.1. Safeguarding Adults Reviews (SAR) Subgroup

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 44⁵ of the Care Act 2014 requires the SAB's 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 2018-19 have included:

This year, one referral was received for consideration of a SAR but was found not to meet the SAR criteria. However, the referral mirrored national concerns around homeless deaths identified in the 2018 *Rough Sleeping Strategy*⁶, which has contributed to the identification of a new priority for the HSAB in 2019/20 to ensure that people who are homeless are appropriately safeguarded and

⁵ <http://www.legislation.gov.uk/ukpga/2014/23/section/44/enacted>

⁶ <https://www.haringey.gov.uk/housing/housing-advice/rough-sleeping>

mechanisms established to improve professional awareness and response to the complexity of health and care needs of the homeless.

The SAR Subgroup has also identified a new priority for 2019/20 to review the transition pathway in conjunction with Children's Services, ensuring the safeguarding needs of those transitioning to adulthood are addressed. This priority has arisen through learning identified in SARs where Haringey had placed clients in other boroughs and through national learning.

As well as reviewing learning reports on cases that did not meet the SAR criteria in the previous year, the SAR Subgroup has monitored progress against the SAR Robert⁷ action plan throughout 2018/19. Key improvements made following the SAR include:

- An overhaul of policies and procedures for the Homes for Haringey (HfH) Housing Decision Panel, which makes discretionary decisions on exceptional rehousing and tenancy issues for existing tenancies;
- Strengthened HfH safeguarding training programme;
- Bereavement training for tenancy management staff and Housing Decision Panel;
- New procedures requiring HfH staff to increase face to face contact with vulnerable people facing the loss of their home;
- A new pathway protocol between HfH, Adults and Children's Services; and
- Better monitoring of referral and assessment timescales within Adult Social Services.

In May 2018, learning workshops were held with around 60 staff from SAB partner agencies to share the findings of SAR Robert and improvements made as a result of the review. Learning was also shared from the London Association of Directors of Adult Social Services (ADASS) *Learning from SARs*⁸ report. Some key recommendations from the workshops were to:

- hold multi-agency workshops to improve understanding of different services and their thresholds;
- deliver multi-agency safeguarding and mental capacity training;
- hold further SAR learning workshops.

These are currently being taken forward with further workshops planned for Spring and Autumn 2019.

⁷ https://www.haringey.gov.uk/sites/haringeygovuk/files/sar_report_robert_2017.pdf

⁸ <http://londonadass.org.uk/wp-content/uploads/2014/12/London-SARs-Report-Final-Version.pdf>

SAR Ms Taylor

In February 2019, the SAB published its second SAR⁹ since the Care Act 2014 was implemented. The SAR was carried out by an independent reviewer and considered the death of Ms Taylor who sadly died in a fire at her home in October 2017, aged 71.

Ms Taylor was a heavy smoker with severely impaired mobility following a stroke, who lived alone in supported housing. She was bedbound and received four care and support visits a day, with additional support from the supported housing scheme manager. She had multiple health needs and a complex mental health history, including recurrent depression and alcohol dependency. In the past she had been abused by a friend and had made suicide attempts. Home Fire Safety Visits were made by the LFB in 2016 and 2017 but a recommendation for fire retardant bedding was not actioned. The presence of cigarettes and lighters in and around her bed, the absence of flame retardant bedding and the presence of an airflow mattress contributed to her death.

A number of changes and improvements have already been made by all of the agencies involved. These include improvements to fire safety policies and provision of fire safety equipment, staff training, assessment of risk, and communications with the fire brigade. In addition, a Fire Prevention Task and Finish Group has established improved arrangements for routinely monitoring clients at a high risk of domestic fire.

This SAR has also recommended further changes in some of these areas, including:

- further work on fire safety relating to healthcare products;
- identification of people at high risk;
- multi-agency communications and case coordination for people with complex needs;
- staff training and guidance on mental capacity; and
- review of the Board's self-neglect and hoarding policy to incorporate the learning from this review.

Following publication of the review, the SAR Subgroup has developed an action plan to ensure that implementation of the learning from the SAR is overseen and monitored. A SAR learning event is also planned for Autumn 2019 to share the findings of the SAR, look at actions taken since the review was completed and consider whether any further improvements are needed.

⁹ https://www.haringey.gov.uk/sites/haringeygovuk/files/sar_report_ms_taylor_2019_pdf_549kb.pdf

Strategic Objectives 2019/20:

- Routine monitoring and management of clients at high risk of domestic fires
- Develop a consistent approach to conducting and sharing learning effectively across the North Central London (NCL) area for a range of serious incidents including SARs, Domestic Homicide Reviews (DHRs), Coroner's inquests
- Develop mechanisms to provide assurance of impact of change and learning from SAR's
- Carry out an annual review to assess the impact and effectiveness of the work of the SAR Subgroup

SAR Subgroup Priorities for 2019/20:

- Deliver SAR learning workshops to ensure that learning from SARs is widely disseminated;
- Carry out a review to assess the impact and effectiveness of the work of the SAR Subgroup, including consideration of a pilot for a learning log to be monitored by the SAR Subgroup;
- Review transition pathway in conjunction with Children's Services to ensure the safeguarding needs of those transitioning to adulthood are addressed.

2.1.2. **Multi-Agency Quality Assurance Subgroup**

Co-Chairs: Assistant Director Commissioning (Haringey Council); and Designated Professional for Safeguarding Adults (Haringey Clinical Commissioning Group)

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

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

Achievements in 2018-19 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;
- 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 (See Haringey Adults Commissioning and Haringey Clinical Commissioning Group (HCCG) quality assurance below);
- All partner agencies were invited to contribute to the completion of the MSP temperature check; and was submitted by the deadline set by London SAB on 26 September 2018. The MSP 'temperature check' was developed and agreed in March 2016, following discussions at the MSP Task and Finish group and the ADASS Adult Safeguarding Policy Network. Areas for improvement have been noted in all partner agency Safeguarding Adults at Risk Audit Tool (SARAT) 2018/19;
- Participated in consultation in developing NICE¹⁰ guidance to Safeguarding Adults in Care Homes;
- Consultation on the revisions to the London-wide Multi-Agency Adult Safeguarding Policy & Procedure; and
- 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 Adult Review Protocol;
 - Haringey's Joint Establishment Concerns Procedure;
 - Multi-Agency Pressure Ulcer Protocol and Decision Pathway; and
 - Managing Provider Failure and Other Service Interruptions Procedure.

Haringey Adults Commissioning and Haringey Clinical Commissioning Group (CCG) Quality Assurance

We continue to commission only with providers that are rated 'Good' or 'Outstanding'. Such robust commissioning and procurement processes coupled with QA visits and input from CCG and local authority has increased the number of Council commissioned 'Good' services located in Haringey to 85%.

¹⁰ National Institute for Health and Care Excellence

Provider market continue to be supported with guidance and information about competent fire risk assessors and person centred fire risk assessments. Fire audits are being collated. Quarterly meetings with London Fire Brigade (LFB), Care Quality Commission (CQC) and other partners to share information related to fire safety in care homes and high fire risk service users.

We have disseminated learnings from SARs across different teams, professionals and provider market. As part of learning we have strengthened our communication process between the local authority, LFB, CCG and CQC. Pro-active work in tracking high fire risk service users and establishments with the aim to jointly mitigate associated risks.

Priscilla Wakefield Care Home (PWCH) has recently been awarded 'Commend' status by the Gold Standards Framework (GSF)¹¹. To qualify for accreditation, care homes must have undertaken the full GSF Care Homes training programme over 9 months, embedded this into their homes for at least 6 months and then undertaken a rigorous accreditation process 'Going for Gold'. To attain commend status a home must show innovative and established good practice in at least six of the 20 standards. The care home has also been selected to participate in the Foundation of Nursing Studies Teaching Care Homes programme following a competitive selection round with other care homes across the country. Senior staff at the home in conjunction with their named GP, Haringey CCG and Whittington Health NHS Trust Diabetes service have developed a project to enhance diabetes care in the home, to share best practice with other care homes with a focus on actively engaging with the community.

Training

Working very closely with the LFB to promote awareness amongst the provider market and professionals around 'Fire safety in the community' and 'Fire Risk Assessments'. LFB and the Council gave presentations to the provider market addressing these areas. And as a part of ongoing work, will continue to meet with home care providers and their frontline staff particularly to educate and support to recognise indicators of fire risk and support them appropriately to minimise these risks for people receiving service in their own homes.

Working with Islington & Haringey Community Education Provider Network (CEPN) in collaboration Camden and Hackney CEPNs funding secured from University College London (UCL) Partners for MCA and Mental Health Assessment Multi professional simulation training. The one-day free training course was open to Camden, Haringey and Islington health and social care staff; split into an introductory session in the morning, followed by simulation training in the afternoon. This training was facilitated by Whittington Health NHS Trust, Adult Safeguarding team, facilitators from other organisations

¹¹ <http://www.goldstandardsframework.org.uk/>

and professional actors. Attendees evaluated the training very positively, particularly the use of simulation training to enhance and embed learning.

QA Strategic Objectives 2019/20

- Collaborate and conduct deep-dives on areas of practice, such as MSP, Deprivation of Liberty Safeguards (DoLS), use of MCA or the victim and survivor's journey;
- Ensure MSP is embedded in safeguarding practice across the partnership;
- Embed multi-agency case file audit to ensure learning from safeguarding cases is embedded in practice;
- Improve understanding of and responses to older people at risk of or experiencing domestic abuse across the partnership and make links to VAWG strategy; and
- Improve multi-agency knowledge and awareness of mental health including Mental Capacity.

QA Subgroup Priorities for 2019/20

- Monitor the effectiveness of the application of mental capacity assessments through multi-agency case file audits;
- Monitor implementation of Making Safeguarding Personal (MSP) through multi-agency case file audits;
- Undertake multi-agency MCA Audits to provide assurance to the Board that partner agencies are identifying and delivering training on MCA, and that MCA assessments are being completed as required; and that practice is being impacted as a result. This will also include the opportunity for partners to provide examples of exemplary practice in the area of mental capacity and share any tools;
- Using the MSP outcomes framework¹² to provide a means of promoting and measuring practice that supports an outcome focus for safeguarding adults work;
- Ensure that all staff/professionals from all organisations ask people about outcomes at the point of concern; that this is recorded and analysed so that HSAB can see the extent of partner engagement in MSP;
- Monitor the effectiveness of practice and learning from SARs through multi-agency case file audits;
- Identify patterns in Violence Against Women Group (VAWG) data for targeting intervention;

¹² <https://www.local.gov.uk/sites/default/files/documents/msp-outcomes-framework-final-report-may-2018.pdf>

- Evidence from audits, and practitioner clinics demonstrates issues of capacity and self neglect are being identified and addressed by practitioners, and the audits to inform workforce development across the partnership;
- Work to increase the percentage of commissioned providers rated 'Good' or 'Outstanding' by CQC; and
- Continue collaborative work with our NCL partners to jointly negotiate and manage market rates; to jointly agree on using a common quality assurance framework and self-assessment tool for the provider market.

2.1.3. Prevention and Learning Subgroup

Co-Chairs: Workforce Development Change Manager (Haringey Council), and Haringey Borough Metropolitan Police Service

Remit: Oversee the delivery of the Haringey Safeguarding Adults Prevention Strategy 2017-20¹³, 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 2018-19 have included:

- Production of new leaflets on self-neglect & hoarding and Modern Slavery;
- Production of pocket size guide distributed to GP's and community pharmacists;
- Information stalls at GP surgeries and community centres; Information stall at VCS Expo November 2018;
- Circulation of free e-learning to voluntary sector coordinators;
- Contribution to Bridge renewal trust to support development of safeguarding training to managers and charity trustees;
- Worked with LSCB to develop and deliver training on parental mental ill health; and
- Collation of safeguarding case studies to inform production of new awareness videos.

In November 2017 the LFB Haringey Borough Commander ran a number of information sessions for social care and housing

¹³ https://www.haringey.gov.uk/sites/haringeygovuk/files/haringey_adult_safeguarding_prevention_strategy_2017-2020.pdf

practitioners to increase their understanding of common fire risks for service users in their own homes. Following up a year later there was a unanimous view that the sessions were a good use of their time and increased their understanding of key fire risks. In addition, the following are few examples of practical steps practitioners have taken to implement their learning;

- Discussed fire risks with all their service users;
- Explained to others in team the associated risks of using emollient creams;
- Undertake more detailed risk assessments and understand what to look for in home visits;
- Test smoke detectors;
- Discuss use of fire-retardant bedding with family members; and
- Watch out for other fire risks associated with memory loss such as gas left on and unfilled kettle.

Domestic Abuse Campaign

Haringey Council is committed to ending violence against women and girls, so that all of our residents can lead safe, healthy and fulfilling lives. Each year, we celebrate the 16 Days of Action by marking each day with a different activity, training opportunity, workshop or partner event. The 16 Days of Action is a great opportunity to celebrate our partner services who do amazing work to support gender equality. We know that working in partnership is the only effective way to end violence against women and girls.

A 'Celebrating Survivors, Celebrating Services' event was held on Thursday 6th December 2018 at Chestnuts Community Centre. The event was an opportunity to recognise what has been achieved by the women's movement locally and reflect of how services and support can be improved in the future. This celebratory event included an exhibition, food and self-care sessions.

The Prevention and Learning 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 Making Safeguarding Personal (MSP)) as well as giving them the information and tools to protect themselves.

The 2017-2020 Haringey Adult Safeguarding Prevention Strategy continues 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.

The Prevention and Delivery Plan will be refreshed following the revised 2019/20 HSAB priorities.

The Prevention and Learning subgroup Strategic Objectives 2019-20:

- Collaborate and conduct deep-dives on areas of practice, such as MSP, DoLS, use of MCA or the victim and survivor's journey;
- Ensure MSP is embedded in safeguarding practice across the partnership;
- Ensure engagement of service users, carers and community and voluntary sector to ensure current concerns and trends are captured;
- Use intelligence to identify key themes and raise awareness of abuse and neglect with staff, partners and the public through improved communications and campaigns;
- People who are homeless are appropriately safeguarded and mechanisms are established to improve professional awareness and response around the complexity of health & care needs within the homeless cohort;
- Undertake preventative and proactive work to support those subjected to modern slavery/ human trafficking /forced labour/criminal exploitation/domestic servitude and continue to raise public awareness; and
- Improve multi-agency knowledge and awareness of mental health including Mental Capacity.

The Prevention and Learning subgroup priorities 2019/20

- Increase MCA awareness and plan training of MCA following MCA new Code of Practice being published;
- Disseminate campaign/information/ posters (easy read) to raise awareness of safeguarding issues in wider public and make easily accessible;
- Producing and promoting safeguarding animated videos;
- Undertake impact assessment of public awareness material;
- Promote safeguarding awareness through Safeguarding Awareness Week;
- Continue cycle of awareness raising campaigns for safeguarding adults informed by statistical data;
- Support multi-agency MCA training and look for flexible funding options. Continue to use multi-agency offer of MH awareness training;
- Commission in-house training around MCA in conjunction with Adult Social Services and Legal Services;
- Evaluate dissemination of learning from SARs;
- Evaluate the learning impact of SAR workshops;

- Develop and roll out homelessness awareness training for social work teams, hospital discharge teams, inpatient staff and district nursing services;
- Investigate public information events in conjunction with Office of Public Guardian (OPG) to understand mental capacity and use of advocates;
- Launch new awareness raising training videos;
- Review provision of training on modern slavery and consider further multi-agency approach; and
- Develop training strategy to support updated Self-Neglect Policy.

2.2. Haringey Adult Services – Safeguarding Improvement Plan

As mentioned in last year's annual report, the chair of the HSAB and the Assistant Director of Adult Social Services (ASS) carried out an internal review in 2017, on safeguarding adult practice in ASS. The purpose was to provide a constructively critical eye on all areas of practice, process, quality and performance.

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

As a result, a Safeguarding Adults Improvement Plan was developed to address the issues identified and explicitly addressed the needs of vulnerable adults who are at risk of abuse and neglect.

Good progress has been made to implement improvements and the following outstanding actions in the improvement plan have been completed in 2018/19:

- Safeguarding responsibilities is 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;
- Supporting the role of First Response Team (FRT) 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;
- Safeguarding lead have an overview of progress of all Section 42 (s42) enquiries that go to the community teams to ensure that we are responsive in the work that we undertake; and
- Working closer with our provider market to support learning and development opportunities in safeguarding, ongoing support to improve standards of care.

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

The Safeguarding Adults at Risk Audit Tool¹⁴ (SARAT) 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 12th December 2018, Barnet 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 SARAT to identify areas of good practice as well as areas for improvement.

The SARAT findings identified the following strengths across the NCL:

- Where services are commissioned, agreements reflect the requirement between commissioners and providers to have regard to the need to safeguard, and promote the wellbeing of people who use services, including compliance with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS);
- Organisations' staff supervision policy and reflective practice supports effective safeguarding. It recognises that skilled and knowledgeable supervision focused on outcomes for adults is critical in safeguarding work and enable staff to work confidently and competently with difficult and sensitive situations;
- Organisations' are represented and engaged at the SAB and/or its sub-groups;
- Organisations' have robust and safe recruitment procedures and practices in line with guidance from the SAB's and relevant learning from reviews; and
- Organisations' deliver in accordance the public sector Equality Duty. This is used to inform safeguarding strategy, including taking measures to promote equality and reduce inequalities in access to and outcomes from services.

The following issues were identified for further development:

- Organisations' is assured that the learning from the SARs have been disseminated to staff;
- Organisations' can assure the Board that the key findings from the SARs have been effectively incorporated into organisations' culture;

¹⁴ <https://londonadass.org.uk/safeguarding-adults-at-risk-audit-tool/>

- Organisations' are aware of the SARs, the recommendations from the SARs and the resulting action plans; and have been translated into changes in partner agencies' processes to prevent repeat of similar concerns; and
- Principles of MSP are at the heart of organisations' safeguarding practice.

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 2018/19 can be found below.

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

Key achievements' in 2018/19

- Implementation of our three-year integrated safeguarding strategy has been successful, and we have seen continued improvements in our response to the safeguarding agenda;
- We have developed supportive information leaflets regarding domestic abuse for our service users;
- We have improved and updated our safeguarding intranet site so that staff can easily access information they need to safeguard patients and service users;
- We have developed the role of our safeguarding champions across the trust;
- We have worked to increase staff awareness of under reported categories of abuse such as modern slavery and human trafficking;
- We have reviewed and updated our domestic abuse policy;
- In conjunction with the Pathfinder Project we have set up a domestic abuse steering group and continue to champion the need for Independent Domestic Violence Advisors in mental health settings;
- We have improved the way we triangulate information relating to safeguarding alerts, complaints and incident reports;
- We continue to raise the profile of the “Think Family” approach across all services; and
- We have raised the profile of safeguarding across our adult community health services.

How has the organisation contributed to the HSAB 2018/19 priorities?

- We have worked to ensure consistent practice which reflect the principles of MSP;
- The development and embedding of our Safeguarding Strategy have ensured that safeguarding is “everyone’s business”; and
- 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 Voluntary Community Sector (VCS) to current concerns and trends.

Training and awareness

- We continue to ensure appropriate staff receive level 3 safeguarding adult training;
- We have consistently maintained Level 1 and 2 safeguarding adult training at the trust target of 90%; and
- Our safeguarding champions attended an awareness raising day led by the trust safeguarding team.

Case study illustrating good practice

The case involves an elderly gentleman referred to our memory services as he had been showing signs of memory loss and confusion. As part of the assessment the main carer (elderly wife) disclosed that at times when her husband was confused, he lashed out and pushed her resulting in bruising and on one occasion a fall.

A safeguarding concern was raised, and a Multi-Agency Risk Assessment Conference (MARAC) referral was done. At the MARAC information was shared and it was established that Domestic Abuse had been an on-going issue for many years and this episodes of memory loss and confusion where especially dangerous as the wife had a blood disorder which was managed by taking warfarin and she would bleed and bruise very easily.

It was recommended that as a matter of urgency a respite placement should be sourced via continuing health care, whilst long term support for the wife who wanted to continue caring for her husband at home was organised. While in respite care, a package of care commensurate with both their needs was put in place.

Planned Safeguarding activities for 2019/20

- Develop an integrated safeguarding supervision strategy;
- Ensure we are responsive to the growing agenda of Human Trafficking;
- Promote and develop material to ensure awareness of sexual safety on mental health ward; and
- The BEH Trust Strategy has recently been published and we will be ensuring our safeguarding strategy is refreshed and aligned with the trusts overarching vision and values.

3.2. NHS Haringey Clinical Commissioning Group

Key achievements' in 2018/19

NHS Haringey Clinical Commissioning Group (HCCG) is committed to working with partner agencies to ensure the safety, health and well-being of the local people in Haringey. Protecting the vulnerable is a key part of HCCG's approach to commissioning and together with a focus on quality

and patient experience, is integral to our working arrangements. Our approach to Adult Safeguarding is underpinned by quality and contracting systems and processes that aim to reduce the risk of harm and respond quickly to any concerns.

- Implemented the NCL acute provider QAF to report on safeguarding adult data which informs the SAB QAF;
- Developed thematic multi-agency quality assurance audit for the HSAB;
- In conjunction with London Borough of Haringey (LBH) refreshed the HSAB Provider Concerns and Provider Failure Policy;
- Supported the LFB task and finish group to develop Fire Prevention Strategy for the HSAB;
- Implemented routine monitoring and management of clients at high risk of domestic fires by implementing the fire safety check referral form as part of practice within HCCG Continuing Health Care Team (CHC);
- Worked with LBH to develop CHC Standard Operating Policy and Process including CHC transition pathway;
- Supporting the Making Every Adult Matter steering group;
- Instigated an NCL NHS provider quarterly meeting to develop common policies, procedures, data sets and share learning from S42, SARs and DHR;
- Supported LBH with provider quality assurance visits;
- Support HCCG quality team with insight and learning visits;
- Implemented and embedded the Learning Disabilities Mortality Review (LeDeR) and learning from incidents;
- Supported North Middlesex University Hospital (NMUH) to implement the Pathfinder project which is to establish comprehensive health practice in relation to domestic abuse in acute hospital trusts over a three-year period;
- Carried out NHS England Enhanced Health in care homes benchmarking exercise to identified areas of best practice and service developments to support care homes;
- Implemented the red bag hospital transfer pathway to provide better outcomes for patients transferred to and out of acute trusts;
- Supported a local nursing home to successfully bid to become part of the Foundation of Nursing Studies (FoNS) Teaching Care Homes programme for enhance diabetes care diabetes care; and
- Securing and overseeing primary care engagement for DHRs, SARs, providing support and overseeing implementation of actions for health.

How has the organisation contributed to the HSAB 2018/19 priorities?

- Supported the SABs, safeguarding awareness campaign by holding safeguarding awareness sessions in local GP surgeries, supporting the voluntary expo event in Haringey, shared learning and information through the GP bulletin, supported primary care through attendance at

the practice manager's forum and provision of SAB awareness raising material to all GP practices and pharmacy;

- Support quality assurance program for care homes and domiciliary care and care homes and provide a quarterly joint provider quality assurance report to the SAB;
- Completed the SAB MSP deep dive audit developed action plan;
- Care Homes team have delivered a number of quality preventative initiatives e.g. falls champion, significant 7 training;
- Support LBH with provider quality assurance visits; and
- Supported the Islington & Haringey Community Education Provider Network (CEPN) MCA simulation training.

Training and awareness

Islington & Haringey CEPN in collaboration Camden and Hackney CEPNs secured funding from UCL partners for MCA simulation training. The one-day free training course was open to Camden, Haringey and Islington Health and Social care staff; split into an introductory session in the morning, followed by simulation training in the afternoon. This training was facilitated by Whittington Health NHS Trust, facilitators from other organisations including HCCG and professional actors. Attendees evaluated the training very positively, particularly the use of simulation training to enhance and embed learning.

Case studies illustrating good practice

HCCG 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. LBH and the HCCG put in place effective processes to ensure that there is assurance that Care Homes in Haringey are delivering good quality and safe services. HCCG and LBH do this through:

- Monthly quality LBH and HCCG care homes meeting;
- Quarterly joint Information Sharing Panel with CQC;
- Weekly care home quality assurance visits;
- Submission of monthly quality assurance dashboard for care homes;
- Presence at S42 enquires for Care Homes, Primary Care and NHS providers;
- Production of Joint Provider Quality Report for the SAB;
- Presence at Establishment Concerns and Provider Failure meetings;
- Member of the Making Every Adult Matter Steering Group;
- Member of the LBH High Risk Panel;
- Member of the Channel panel; and
- Member of the Prevent strategic group.

Planned Safeguarding activities for 2019/20

- HCCG year 3 work plan to support our Safeguarding Strategy 2016-2019 is currently under review;

- HCCG will continue to actively contribute and participate in delivering the Haringey Safeguarding Adult Board Strategic Objectives; and
- HCCG will work in collaboration with NCL CCG Safeguarding Designated Leads to reduce variation of Safeguarding practice across provider organisations.

3.3. LBH Safeguarding Adults and DoLS Team

Key achievements' in 2018/19

- A restructure within Adult Services afforded the opportunity for a safeguarding team to create a new post of Assistant Team Manager. The role was filled on an interim basis in November last year with a view to making the post permanent. Following the pending Liberty Protection Safeguards due to come in to force in spring 2020, there will be a review of the structure of the safeguarding team to ensure that the new functions can be implemented. This is planned to be in place by February 2020;
- The Safeguarding Team now have a full complement of permanent staff;
- Following consultation with the District Nursing Service a Safeguarding referral pathway has now been successfully developed along similar lines to that of the work done with Mental Health Services;
- The DoLS service have entered into an arrangement with neighboring Boroughs (Enfield and Haringey) where they visit one another's service for best practice sharing purposes;
- There have been visits to other Boroughs regarding DoLS to see what the Haringey Team can learn from others to support a smarter working approach;
- A system to better monitor s42 enquires has been developed with performance and other teams to ensure work is progressing in a timely manner; and
- Closer working with the Mental Health Teams (MHT) continues with the delivery of safeguarding training and shadowing.

How has the organisation contributed to the HSAB 2018/19 priorities?

- The safeguarding team has reintroduced tri-borough (Enfield and Barnet other participates) meetings with the advocacy service Voice Ability to improve lines of communication with the aim of achieving best outcomes for service users;
- The safeguarding service continues to have its casework audited therefore ensuring maintenance of best practice;
- The Safeguarding Team remain closely linked to the Adults Commissioning Quality Assurance Team (QAT). On occasions where an alert is raised relating to concerns around the conduct of a care home or agency the QAT are notified immediately. Such incidents are then logged in an attempt to establish possible trends themes and locations of abuse.

In identifying “hotspots” of abuse, actions considered appropriate can be taken in an attempt to address these areas; and

- Through supervision, training and team meetings the importance of MSP is reiterated. The performance team produce reports on referral outcomes to ensure that the adult’s expectations have been captured.

Training and awareness

The following Safeguarding training was made available:

- Parental mental illness and safeguarding;
- Level 3 safeguarding training;
- Basic safeguarding training;
- Safeguarding basic awareness e-learning;
- Chairing and leading for safeguarding Adults;
- County lines: Gangs and safeguarding training;
- The role of managers in Adult safeguarding;
- Safeguarding, raising a concern; workshop for voluntary partners;
- Safeguarding; making s42 enquiries;
- Safeguarding; self-neglect and hoarding;
- Financial abuse and scams; what your service users must watch out for;
- Safeguarding; MCA and DoLS briefing; and
- DoLS a new beginning - Liberty Protection Safeguards.

To increase awareness of safeguarding issues the following has been undertaken:

- Newly qualified Social Workers (SW) working across a number of different client groups are shadowing the Safeguarding Team in an attempt to fully understand the safeguarding process;
- Safeguarding SW attend meetings of other teams to promote understanding of roles and responsibilities under the safeguarding process;
- The local authority is in the process of completing an animated film around safeguarding. It covers all aspects including how/when to raise an alert. It is aimed at raising awareness amongst council staff, partnership agencies and members of the public;
- Late last year a member of the Safeguarding Adults Team attended a housing roadshow in an attempt to highlight their service and how/when and whom to refer to when you have concerns around an Adults wellbeing; and
- Ties are being forged with Haringey Children’s Multi-Agency Safeguarding Hub (MASH) Police team in order to promote collaborative working.

Case studies illustrating good practice

A safeguarding alert was raised by a Social Worker to the safeguarding team and the Safeguarding Team advised that it should be case managed. Provider failed to send incident reports to local authority. Staff recorded conversation with individual concerned on mobile phone without consent.

A protection planning meeting took place on the same day with allocated social worker /commissioning team / safeguarding team and managers. A discussion took place as to whether the client could remain at the placement or removed on the same day. Mother had request daughter returns home tomorrow with support package. Protection plan required to ensure safety overnight. Commissioning team agreed to do a late visit to ensure adequate staff levels and ensure the alleged PATCH (Person Alleged to Have Cause Harm) was not working. When commissioning officer completed visits it highlighted further concerns, which were address with the provider and was part of the safeguarding concerns that were address at a later stage. All residents in the unit were safe and well. Individual returned home the following day with a care package. Other residents were monitored and were safe and well.

The provider was referred to the Adults Commissioning Team for the Establishment Concerns process. This process was followed and CQC was involved and the provider was closed down and the other residents moved on successfully.

Planned Safeguarding activities for 2019/20

- Refresher training for Section 5 signatories;
- DoLS team to adopt system where they record activities entirely on Councils Client Information System therefore increasing efficiency and accuracy of data compiled;
- Local Authority and MHT to combine training programmes to promote consistency, quality in referrals and accountability;
- Safeguarding Team to provide a greater presence in activities with partners (i.e. attending team meetings, providing targeted training, and offering opportunities to shadow) to raise the profile of the service;
- Safeguarding Team to encourage potential referrers (when appropriate) to discuss concerns with duty, to be more proactive; and
- Safeguarding Team to conclude animated video for which the target audience are non-specialist workers across the borough is all different jobs, volunteers and members of the public.

New Liberty Protection Safeguards

The new Liberty Protection Safeguards (LPS) replaces the Deprivation of Liberty Safeguards (DOL's), the Code of Practice and Statutory Regulations are being drawn up with an implementation date of Spring 2020. A meeting has been arranged by Haringey with partners, including Haringey CCG and Whittington Health, to discuss a local implementation network, planning LPS multi-agency preparation & staff briefings. There is also an NCL network

coming together to think about whether we need to convene a working group across NCL to look at the implementation of LPS. The aim would be to share ideas/good practice in relation to implementation and to aim for a consistent approach, timescales in relation to Responsible Bodies such as Hospitals/Trusts who cut across two Local Authorities.

3.4. Bridge Renewal Trust (BRT)

Key achievements' in 2018/19

- Ongoing safer recruitment, induction and training for frontline staff and volunteers including Disclosure and Barring Service (DBS) check; and
- BRT delivered face to face training on safeguarding to the (Voluntary Community Sector (VCS) in 2018/19. The aim was to raise awareness of safeguarding and equip VCS employees with the knowledge, skills and confidence to embed safeguarding practices within their organisation.

How has the organisation contributed to the HSAB 2018/19 priorities?

Prevention – The Bridge delivered activities to raise awareness of safeguarding and MSP to employees and volunteers from the VCS.

Training and awareness

- 64 Safeguarding 'pocket guides' distributed via forums and network meetings;
- 96 leaflets distributed, covering financial scamming, hoarding and modern slavery;
- We have commenced delivery of training to VCS organisations, initially targeting Trustees and Senior Managers;
- To date, 20 people have attended 2 training sessions, representing 13 organisations; and
- 20 participants who attended our face to face training sessions have gained skills and confidence to embed safeguarding practices within their organisation. The training recipients come from infrastructure, faith, community center and small grass roots community groups. The overall evaluation was excellent (83%) and good (17%).

Planned Safeguarding activities for 2019/20

- More training sessions; and
- Distribution of safeguarding materials at BRT and other public events, e.g. Volunteering Fairs and Forums.

3.5. Homes for Haringey

Key achievements' in 2018/19

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. Our Housing Needs staff work with people who are facing homelessness who may be vulnerable to abuse and exploitation. Hearthstone, our integrated domestic violence one stop shop, supports women and men who are experiencing domestic abuse. HfH 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.

HfH has a designated Executive Director to lead on safeguarding, a senior manager who provides strategic direction and champions safeguarding throughout the organisation. A Head of Service leads on adult safeguarding and represents HfH on the HSAB. Key managers from across HfH attend our Safeguarding Group, which meets monthly and co-ordinates actions across HfH to improve our safeguarding response. A group of staff are designated and trained as Safeguarding Champions, to participate in training and awareness raising amongst staff and promote good practice.

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 2018/19 include:

- Continued effective operation of the Housing Decision Panel to make discretionary decisions on housing, ensuring that each case is considered on its unique circumstances. The policy was revised this year to enable a more compassionate and tailored approach to single vulnerable people who remain living in a council property after death of a parent or close relative. Effective working relationships are in place with Adults and Children's Services so that decision is informed by expert opinion;
- Participated in the Ms. Taylor SAR and implemented improvements to how we reduce the risk of fire deaths among residents who are bed-bound and/or smokers. We worked with London Fire Brigade and Adult Services to strengthen the identification of high-risk residents and the measures in place to protect them;
- 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;
- We continued development of our sheltered housing as a Support and Well-Being service, providing individually tailored support to older people. Our eight Support and Well-Being Hubs are playing a key role in bringing services and activities into local communities, reducing social isolation and allowing more focus on prevention and early intervention;
- 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, helping to improve our young people's life chances and minimise their involvement in gang activity or other risks;

- Hearthstone continued to support victims of domestic abuse and was nominated for a National award. The service offer has been strengthened this year following the recruitment to an additional 0.5 support worker post, co-location of a Police Officer for part of the week and the offer of additional pro-bono legal advice services;
- Housing Needs have extended the range of outreach working that they offer to maximize the opportunities to reach people earlier and prevent homelessness. Outreach is now offered at St Ann's Hospital, Probation, Job Centres and through drug and alcohol services;
- We are continuing to deliver on our corporate parenting pledge to help care leavers to be able to sustain a tenancy and successfully live independently;
- 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 are further developing our programme of vulnerability visits to residents in general needs housing known to be vulnerable, and these will now be risk rated to ensure we visit more regularly to the most vulnerable people;
- 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. As from 2019 we also report annually on safeguarding to our Board of Directors;
- Our "Winter Readiness programme" in January and February 2019 saw us visit our residents living alone aged 75+, the visits being carried out by staff on a voluntary basis. This was very positively received and resulted in 4 safeguarding referrals as well as 27 referrals to other agencies and resolution of 53 repair issues; and
- We have reviewed our Modern-Day Slavery Statement as a result of learning from cases where we have been involved. Our staff have completed e-learning and have attended training on the homelessness code of guidance relating to modern day slavery.

How has the organisation contributed to the HSAB 2018/19 priorities?

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

- We are continuing representation on HSAB as well as the SAR Subgroup and Training & Development Subgroup
- We have participated in SAR's and worked with partners to implement recommendations
- We participated in the recent workshop to present learning from SARs and enable staff from different services to understand each other's service pathways and thresholds so we can collaborate more effectively

- 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.
- We have worked with partners to support residents at high risk of fire, through information sharing, closer monitoring and actions to reduce risks
- We are working to co-ordinate our efforts within HfH, to identify and promote good practice and ensure our procedures are robust. We underwent an internal audit of safeguarding in 2018/19 and the recommendations of this are being implemented.

Training and awareness

We have continued our commitment to train staff to be able to identify and tackle safeguarding issues effectively, as well as to develop wider awareness of vulnerability. As well as general update and induction training, this has included; the majority of staff becoming Dementia Friends; training by LFB in the use of person-centered fire risk assessments; and increasing the number of Safeguarding Champions in HfH.

Training carried out during 2018/19, with numbers of staff completing are below:

- Safeguarding adults/children e-learning – 68
- Modern slavery e-learning – 75
- Dementia Friends -420
- Safeguarding workshop – 41
- Safeguarding ‘train the trainer’ – 4
- Person-centered fire risk assessments – 14
- Mental health first aid – 97
- Mental health and well-being for leaders and line managers – 27
- LGBT awareness – 161
- Deaf awareness – 30
- HAGA drugs and alcohol - 33

Staff have also attended related conferences on safeguarding in housing; domestic violence; working with male victims of CSE; the winter health crisis; and youth violence, gangs and county lines.

Case studies illustrating good practice

We worked with other agencies to manage the housing situation for a chaotic substance misuser whose home was subject to a Closure Order. The flat had been in use as a base for drug dealing by people taking advantage of the tenant’s vulnerability. The order was obtained to address the impact this had on the surrounding community. The tenant was initially unwilling to respect the order, to engage with services or make changes to his lifestyle. However, through joint work across HfH teams and with Adult Social Care, the Enforcement Service and his support provider, we were able to develop a strategy which resulted in him successfully moving into one of our

sheltered housing schemes and reducing his risky behaviour, thus preventing him becoming homeless.

A tenant with very high care needs was not getting her full needs met, in part because of the effect of hoarding and having a large number of cats in the property. Through joint working with ASS and the Royal Society for the Prevention of Cruelty to Animals (RSPCA) we were able to arrange deep cleaning and removal of cats that ensured the property became safe for care workers. This enabled her to sustain her tenancy and her independence. Subsequently this led to re-engagement with services and she moved on to an extra care housing scheme.

Planned Safeguarding activities for 2019/20

- We are publicising the Housing Decision Panel purpose, remit and process more explicitly and more widely, with partner agencies;
- We will carry out a further review of the policy to ensure it is fair and robust and enables vulnerable people in exceptional circumstances to access the housing they need;
- We continue to work with Adult Social Care and Children's Services on keeping the multi-agency pathway aligned;
- We will continue to increase the range of services and activities available to older people in our Support and Well-Being Hubs, including opening up access to residents from the surrounding community. We aim to begin a programme of refurbishment of hubs to make them more attractive and welcoming spaces;
- We are increasing the number of residents that are visited in their home and ensuring that all staff are trained and confident to identify and report safeguarding concerns;
- We will continue our programme of creating opportunities for staff to carry out voluntary work within the community and using this to reach out to our more socially isolated customers;
- We will review our safeguarding training and consider the need for refresher training for longer standing staff;
- Further development of the homelessness prevention outreach offer and piloting of the use of analytics (Policy in Practice) to reach households in need of support;
- We will specifically revise our induction and safeguarding training to increase awareness of how to identify cases of modern-day slavery;
- We are implementing the recommendations of our internal audit of safeguarding, including establishing a system of management information and performance reporting; and
- We are pursuing DAHA (Domestic Abuse Housing Alliance) accreditation to ensure that all of our staff are aware of the impact of domestic abuse and how they can offer support to victims.

3.6. London Ambulance Service

Key achievements' in 2018/19

- In 2018/2019 the London Ambulance Service NHS Trust (LAS) has continued to ensure the safeguarding of children and “adults at risk” remains a focal point within the organisation and the Trust is committed to ensuring all persons within London are protected at all times;
- The Safeguarding Team have worked hard to support staff, monitor and review safeguarding practice and raise the profile of safeguarding during 2018/19 and have undertaken a number of audits and established several review groups to assure practice;
- The Trust responds to over 5000, 999 calls every day and in 2018/19 we raised safeguarding concerns for an average of 2.1% of incidents received;
- The Trusts 111/ Integrated Urgent Care services in South East and North East London also raised safeguarding referrals and concerns via the Trusts reporting process. This report provides evidence of the Trusts commitment to effective safeguarding processes and procedures. The report details the structure and assurance measures within the Trust to ensure compliance with the CQC Key Lines of Enquiry, the Children Act 1989/2004, the Care Act 2014 and the NHS contract requirements;
- The Trust has 64 Safeguarding Boards it engages with. Whilst it is not possible for the Trust to attend all Boards, we do support local Strategy and Rapid Response meetings and provide information to support the work of the Boards;
- The Trust has Brent Children and Adult Boards as its lead Safeguarding Board; and
- Scrutiny of the Trusts practice is assured through Brent. Reports and audits provided for Brent are also available to other boards across London.

Training and awareness

- An extensive amount of safeguarding training has been undertaken during 2018/19;
- We have developed a range of educational materials to support safeguarding education and training. This included four posters which have been distributed to staff within the Trust; and
- The Trust also produced third edition Safeguarding Pocket Books which were issued to all clinical staff.

Planned Safeguarding activities for 2019/20

- To recruit new members to Safeguarding Team to enable outstanding safeguarding practice across the Trust;
- Introduce Trust Safeguarding Twitter Account to raise safeguarding awareness;
- To improve quality of Safeguarding Governance and Assurance;

- Embed new legislation and best practice, particularly new Child Death procedures and MCA;
- Work with partners to pilot & develop contextual safeguarding arrangements, develop Trauma informed care, improve safeguarding response to Prisons and Think Family; and
- Provide a varied safeguarding educational program across the Trust as well as safeguarding Specialists delivering training at a variety of levels in line with intercollegiate documents and trajectory agreed with commissioners.

3.7. London Fire Brigade (LFB)

Key achievements' in 2018/19

Haringey LFB have carried out 4332 home fire safety visits in the last 12 months, of which approximately 85% are classified as Priority 1. The target for this period was 2112.

We have a target of 10% of our available time to be spent on community safety engagement, in the last 12 months we have achieved 9.53%.

How has the organisation contributed to the HSAB 2018/19 priorities?

Haringey LFB now receiving referrals from Person-Centered Fire Risk Assessment forms. LFB will be delivering training on Person-Centered Risk Assessment to partner agencies at monthly drop-in sessions at the Haringey Civic Centre.

Training sessions commenced in February 2019. There is an ongoing programme of training with HfH Scheme Managers and various providers of supported living employed by Haringey Council. Further opportunities for training are now available at monthly sessions held at Haringey Civic Centre. With the support of Haringey Adults Commissioning, these sessions are being promoted to all required agencies.

All providers, including home care providers, must complete a person-centered fire risk assessment for each service user. On a monthly basis, all providers (care homes, supported living and home care) are completing a Fire Safety Audit and High Fire Risk notification which is being shared with LFB and performance regularly.

LFB (2018) Fire Safety Advice for Users of Health Care Products and Equipment shared electronically with SAB for dissemination to partner agencies. SAB have disseminated LFB guidance to all agencies for circulation, including housing and domiciliary care providers.

The assisted living technology catalogue provides information and guidance on fire safety interventions for high risk clients, such as telecare, water suppression systems and flame-retardant bedding. Assisted living

technology can be purchased by the resident or care/housing provider. The LFB are able to fund smoke alarms and fire-retardant bedding, in line with the flame-retardant bedding policy.

The catalogue and policy will be shared with all SAB partners and the Haringey High Risk Panel (HRP) to ensure that appropriate safety measures are considered for high risk clients.

Training and awareness

To ensure that our partner agencies have an awareness of fire safety and know what triggers warrant a Home Fire Safety Visit (HFSV) we are delivering training to:

- Provider Forums;
- Care workers, care providers;
- Haringey and HfH Housing Support Officers; and
- Haringey Social Services.

Internal training is regularly carried out to all staff in relation to safeguarding.

Case studies illustrating good practice

Haringey ASS are providing LFB with an updated monthly list (over 100 on the list) of the most vulnerable people in the Borough. The LFB are undertaking HFSV at these premises.

We have developed and disseminated a Person-Centered Fire Risk Assessment to identify fire risks and prompt referral to the LFB for a HFSV.

LFB are delivering information sharing sessions to providers/carers and housing support officers to make them fully aware of the Person-Centered Risk Assessment concept. These training sessions commenced in February 2019. There is an ongoing programme of training with Homes for Haringey Scheme Managers and various providers of supported living employed by Haringey Council. Further opportunities for training are now available at monthly sessions held at Haringey Civic Centre. With the support of Haringey Adults Commissioning, these sessions are being promoted to all required agencies

Planned Safeguarding activities for 2019/20

- To reach the most vulnerable people in the community and make them safer from fire;
- To provide awareness and training to those that provide care in the community;
- To embed LFB's person centered risk assessment in the day to day activities of all those who enter homes to assess residents' needs;
- To respond to risk critical interventions on behalf of partners;
- Assist partners by reporting the homeless when encountered; and
- Making safeguarding referrals when necessitated to do so.

Risk critical intervention will continue to take place through referrals from partners at the HRP, the MARAC, and through work by crews post incident or simply when undertaking HFSV.

Safeguarding referrals are becoming increasingly a way of highlighting the more vulnerable in the community; through notification to the FRT in Haringey Council we aim to get them the support required with a view to making them safer.

Through joint working with Haringey ASS, we aim to give fire safety information to all carers working on behalf of Haringey Council so that they can identify individuals who may require a HFSV and refer them to us. The sharing of fire safety information will not only give carers a greater level of awareness in things to look for but also drives the fire safety in the home message to all members of the community who require care.

3.8. Metropolitan Police

Key achievements' in 2018/19

- Creation of an enhanced dedicated MHT to reduce risk and demand; and
- Successful and sustainable implementation of all recommendations of the Joint Targeted Area Inspection (JTAI).

How has the organisation contributed to the HSAB 2018/19 priorities?

- Assure practice – Working closely with partner agencies to ensure that joint training is the bedrock of assuring practice within the police. Performance and Practice meetings together with dip sampling help to ensure that local safeguarding arrangements are in place and person-centered and outcome focused;
- Prevent – Processes in place to identify poor practice and identify learning opportunities. Focus efforts on identifying patterns of risk and target these areas to prevent suffering. Areas include domestic abuse, hate crime, neglect, anti-social behaviour. Development of a Community MARAC will help identify themes further. Haringey Police have one of the highest rates of domestic violence disclosures across London;
- Respond – Police public protection desk within MASH risk assess all adults coming to notice and share information with partners and ensure a proportionate response; and
- Learning – Dip sampling of cases by the Dedicated Inspection Team ensure that safeguarding practice is continuously improved, and learning is identified.

Training and awareness

- All local police have had Safeguarding training and awareness sessions in the form of professional development days;
- Joint training has taken place within the partnership for neglect; and

- Workshops for SAR's have taken place, helping front line staff understand the process and alleviate concerns over practice.

Case studies illustrating good practice

North Area's MHT was formed with the merger of Enfield and Haringey Police in January 2019. Significant work has already taken place with the BEH Mental Health Trust. Work has been undertaken to address repeat callers from the community and from institutions. The work has focused on truly identifying the needs of the individual and listening to their needs. By taking the person-centered approach more has been done to address concerns and solve problems. This has resulted in a significant reduction in calls to police and an increase in addressing completely the needs of individuals and partners. Through this approach in February 2019 there was a 49% reduction in calls to St Ann's Hospital (from 102 in January to 50 in February).

Planned Safeguarding activities for 2019/20

- A plan is currently under way to develop a team to identify and address vulnerable adults subjected to modern slavery. The team will seek to identify and understand the local issues, increase National Referral Mechanism referrals, and increase the level of care and support for victims; and
- Create focus groups for different vulnerable groups to understand the impact and effectiveness of the police response to their needs and increase the effectiveness of the person-centered approach.

3.9 North Middlesex University Hospital

Key achievements' in 2018/19

- Training compliance continues to maintain above 85% however this is not achieving the target of 90%. This can be attributed to the turnover of staff and the rotation of medical staff across hospital;
- MCA and DoLS training compliance have increased and a total of 18 trainers have completed the Train the trainer sessions rolled out for Matrons and Educators. MCA and DoLS is now a standalone training program;
- The consistent theme of safeguarding's raised against the trust remains predominately pressure ulcers, communication and discharge planning;
- The weekly meetings with Enfield social services to review all safeguarding's continues and a robust tracker in place to review progress;
- There is a fortnightly safeguarding s42 panel meeting with attendance from all departments. 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;

- Harm free panels for falls and pressure ulcers takes place weekly to give assurance plans are in place and prevention of further deterioration. Safeguarding Lead attends meeting to identify vulnerable patients early;
- Prevent Training takes place on hospital induction and regular roll out of training is offered to all staff. Additional trainer session was planned but was postponed to June 2019;
- Two IDVA's (Independent Domestic Violence Advocates) commenced in post in February 2019 following successful bids to the Pathfinder fund for money to support victims of domestic abuse within healthcare. There has been a significant improvement seen in support offered already to patients despite the short timeframe of the IDVA's being in post. The IDVA's have made links within the Accident & Emergency department and Maternity services and provided additional training to staff. They also now deliver training at Trust Induction on Safeguarding induction day. A formal launch date had been confirmed for the 30/04/19;
- Continued commitment in attendance at DHR/SAR Panels and subsequent action plans to share the learning;
- Successful completion and approval of a business to expand the Safeguarding Adults team to include 1x PA for Named Dr for Safeguarding Adults, 2 x Band 7 WTE Safeguarding Adults Advisors, 1 X band 7 WTE Learning Disability Liaison Nurse and 1 x Band 4 WTE safeguarding team administrator. Recruitment to commence in Quarter 1 2019/20;
- Developments within the links between NMUH, Enfield and Haringey Rough sleeper and Homelessness coordinators and local Homelessness and Rough Sleeper charities has improved with weekly visits from St Mungos to support rough sleepers on site and direct referrals to Street Link has increased;
- 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 Section 42 panel meetings fortnightly for Matrons to ensure there is on-going governance of safeguarding cases;
- The Trust is represented at Enfield and HSAB Subgroups by the Safeguarding Adult Lead or Deputy Director of Nursing. The Trust is also represented at NHS England Safeguarding Network meetings by the Safeguarding Adult Lead, who is now the deputy chair;
- 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; and
- The safeguarding lead has updated the Restraint policy which has been approved, this was a requirement from our last CQC inspection. A

program of training for staff regarding the Restraint and Restrictive practices is in development. The Safeguarding Adults Lead has also updated the Hand Mittens policy as part of the restraint review.

Case studies illustrating good practice

This case is about a female 'A' who has been a regular attender at A&E. She was referred to the IDVA service by the surgical ward. A had been a survivor of domestic abuse for the past 1 year but did not acknowledge that it was abuse.

A has known the perpetrator for 15 years, has been in a relationship with him for one year, and they have now separated. Currently he is her carer. A disclosed to the nurse that she had fractured her ankle due to the fact that her partner had attempted to sexually assault her, and she wanted to get away from him. She told the nurse that she did not want to report this to the police. She had previously told a different staff member that she had tried to get away from him due to him starting an argument with her.

A spoke about historic sexual abuse and appeared confused over what had led to her current injury. She disclosed that she was a regular attender at NNUH as her partner was keeping the house very cold resulting her in having respiratory problems and pneumonia. She stated that her partner continuously removed her oxygen during the night as he did not like the beeping sound the machine made. A also stated that her ex-partner was using her bank card to go gambling daily. A self-discharged from the hospital but it was unclear whether her partner took her home after she asked him to take her for a walk, or whether she did not want to return to hospital after a disagreement with her consultant over managing her own medication.

The case was referred to MARAC due to her vulnerability and neglect for her care needs. It was stated that she was aggressive towards males and had been convicted due to this, that she had made sexual assault allegations against male carers and staff at the hospital.

A was asked by her IDVA and social worker if she wanted to leave her ex-partners home, that support could be given if she wanted to approach as homeless to the council and a care package could be put in place for her. A declined stating that she had no confidence to leave but would consider this in the future.

An action from MARAC was for A to be seen on her own by social workers without the perpetrator being present as this had not been done before. A was seen with the perpetrator next door by social workers. Again, she stated that she did not want to leave yet but would consider this in the future. She was being considered for sheltered housing but was on a waiting list.

What was concerning was that there were no carers, or family members to keep an eye on A and identify any safeguarding concerns within the home. She refused a care package because she did not think the perpetrator would like to have people in his home, and she was assessed as having full

capacity to make this decision. Safelives¹⁵ recommend to not force older women to leave the home, and to support them to stay safe within their home, even if this is considered to be an unwise decision. To make sure that A was not left alone with the perpetrator without monitoring her care needs, the IDVA referred A to the Wiser project who could do some intense work and gain support for the flashbacks that A was experiencing due to a long history of sexual abuse. It could also mean that A could meet with the Specialist Advocate from the Wiser Project¹⁶ in a safe environment in the hospital and could make a disclosure of domestic abuse and build her confidence in leaving the perpetrator if she wanted too. It would also mean there was someone to keep an eye on her and make sure that her health needs were not increasing due to neglect.

The above support enables and encourages A to get support for the trauma she had experienced 50 years ago that had led her to suffer from flashbacks and a fear of males. The reason for her aggressive behaviour towards males was dismissed due to her being a difficult person and the underlying cause for her 'challenging behaviour' had never been looked into.

Support from the Wiser Project will ensure there is someone to give her the time she needs to feel safe and secure, develop a relationship with a keyworker and allow her to stay in control of her decisions to move home when she is ready. Services may otherwise rush A to a decision as they can only work with her for a short time and need to ensure she is safe.

A had been a regular attender into hospital due to neglect. By staff identifying domestic abuse and referring into the IDVA service allows for A to not slip through the net and the Specialist Advocate can ensure that the abuse and neglect is not escalating.

Planned Safeguarding activities for 2019/20

- Formal IDVA launch 30/04/19 (Completed);
- Implementation of new team structure;
- Review of all safeguarding training;
- Continuation of the Train the Trainers approach to increasing the number of safeguarding subject trainers;
- Additional Training for all Prevent trainers from NHE England Prevent lead;
- Continue to embed the use of MCA in the organisation, including the changes relating to the amendment Bill;
- Keep a centralised monitoring system for DoLS to ensure full compliance and ensure all Standard Authorizations are notified to the CQC;
- Continue to embed identification of patients deprived of their liberty and legal responsibilities;
- Continue training with the Trainers for MCA and DOLs;

¹⁵ <http://www.safelives.org.uk/>

¹⁶ <https://www.solacewomensaid.org/about-us/our-partnerships>

- 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;
- Implementation of Perfect Ward audit data for MCA and DOLS, Safeguarding and restraint by Q1 2019/20;
- Implementation of an effective and responsive Domestic Abuse service, including embedding of training, policy, services and support for both patients and staff;
- Review of Safeguarding Champion role as a developmental opportunity for aspiring band5/6's;
- Implementation of a Domestic Abuse champion role;
- Development of robust service provision to support people who are rough sleeping or are homeless, including policy and pathway development across the local MDT, training and development of links with housing departments and providers;
- Improve identification of victims and perpetrators of modern slavery with increased training and additional resources to help staff spot the signs;
- Revise Learning Disability strategy in line with the NHS Improvement Standards; and
- A Level 3 combined adults and children's safeguarding training pathway is in development with key modules for all staff to completed as part of a module-based approach.

3.10 Whittington Health

Key achievements' in 2018/19

- Increase by 58% in safeguarding adult concerns raised by Trust staff when compared to 2017-2018 figures;
- Increase of 10% in urgent DoLS applications;
- A new Learning Disability Acute Liaison nurse has started in post, and the learning disability steering group is now meeting monthly to support learning disability awareness across the Trust;
- Whittington Health is leading on multi-agency training around use of the MCA, with facilitators joining from Haringey CCG and Adult social care amongst others; and
- Establishment of regular safeguarding adult supervision for community matrons.

Training and awareness

- Level 1 safeguarding adults training consistently above 85% throughout the year;
- Safeguarding adults L2 average 75%;

- Workshop to Raise the Awareness of Prevent (WRAP) 3 compliance is 75%; and
- A successful series of awareness events around learning disability were during learning disability awareness week.

Case studies illustrating good practice

Mr. A is in his 20s and lives with his grandmother Mrs. B who is in her 70s. The two share a bed and it is believed Mrs. B has dementia. They were brought to Accident and Emergency as Mrs. B had called an ambulance as they had little furniture, and no electricity or food in the flat, and Mr. A had his benefits stopped.

Mr. A presented three times in a matter of days, and referrals were made to ASS for assistance. Mrs. B had reportedly become increasingly confused over a period of time, disclosed financial, physical and emotional abuse by Mr. A, who presented with a degree on learning disability.

Whilst Mrs. B was admitted to hospital on the second presentation, Mr. A represented on two further occasions before agreeing to admission whilst he could receive an assessment of his care needs, and support with his benefit claims.

There was close liaison between Whittington Health and ASS to ensure appropriate assessments of need for both Mr. A and Mrs. B.

Planned Safeguarding activities for 2019/20

- Embed Liberty Protection Safeguards (LPS) within the Trust, reliant on agreed statutory guidance being published;
- Establish a programme for level 3 safeguarding adults training; and
- Compliance rates to be achieved for safeguarding adult and WRAP 3 training.

4 Haringey Safeguarding Adults Activity 2018/19

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

Data¹⁷ in relation to all safeguarding issues is monitored both locally and nationally. All safeguarding concerns and enquiries are recorded and co-ordinated by Haringey Council. Progress from initial concern through to conclusion is monitored for timeliness and quality across a wide variety of measures, including the nature and location of harm, service user group, outcomes, age, gender, ethnicity, etc. This information is scrutinised by the Quality Assurance Subgroup who report key issues and trends to the HSAB.

The safeguarding statistics over the past three years are 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; and
- the most common abuse types are neglect, psychological/emotional, physical abuse and financial abuse.

Adult Safeguarding Performance Summary

Number of safeguarding concerns and Section 42 Enquiries.

The Care Act 2014 sets out our statutory duties and responsibilities for safeguarding, including the requirement to undertake Enquiries under Section 42 of the Care Act to safeguard people. Below and on the next page is a summary of safeguarding activity recorded during 2018/19 for both safeguarding concerns raised, and Section 42 Enquiries undertaken.

There have been **1,626** concerns raised during the year 2018/19 of which **167** went on to a Section 42 Enquiry. The number of safeguarding concerns has reduced over time; there has been a **17%** reduction from last year due to the reducing number of Merlin¹⁸ referrals being sent to the Local Authority by the Police. The number of Section 42s also reduced by **37%** from last year.

The Section 42 rate per 100,000 ppn has reduced from 126 to 79 in 2018-19, this is significantly below the 2017-18 national and regional data that stands at 343.

Overall the National and Regional data showed an increase in safeguarding concerns with a reduction in the number determined to be S42 enquires by 1.1% and an increase of Other enquires by 1.8% overall.

The way Section 42s are determined varies within local authorities, a new framework has been developed by the Local Government Association (LGA), the Association of Directors

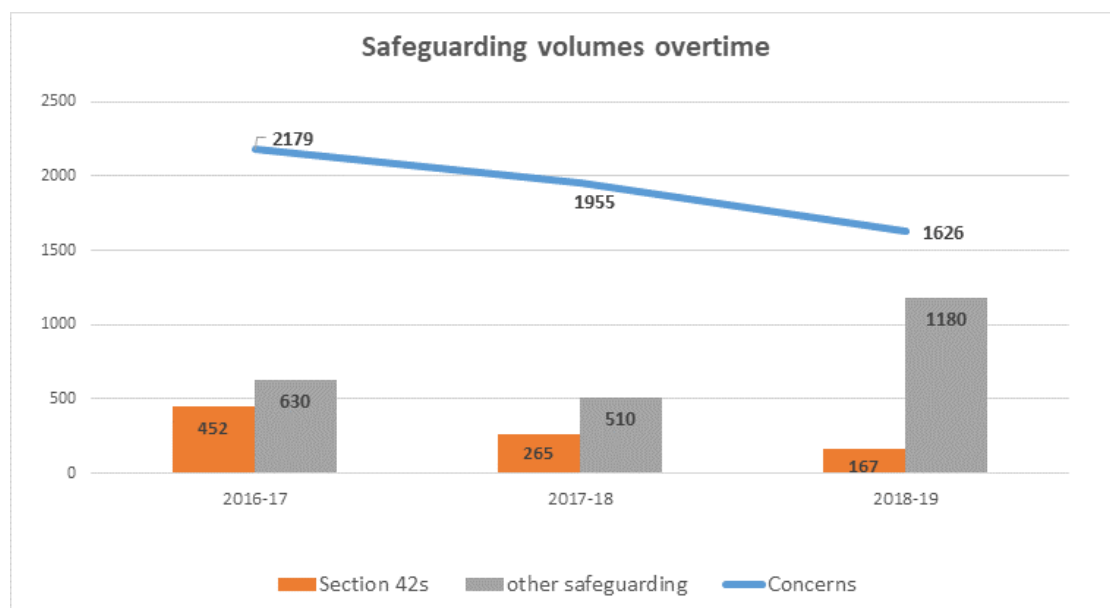
¹⁷ Source: *Haringey Statutory Return Analysis and April 2018 - March 2019 Analysis*

¹⁸ a database run by the Metropolitan Police that stores information on children and vulnerable adults who have become known to the police for any reason

Adult Social Services (ADASS) and Local Authorities to provide better guidance and consistency.

Haringey is part of the working group together with neighbouring authorities to address the Section 42 inconsistency. However, it is recognised that variances in conversion rates from concerns to S42 and Other safeguarding, may be a reflection of local practices, there is no concept of a 'good' conversion rate and data should be used as a tool to understand local practice. The monthly safeguarding audits, new framework and guidance will serve as a key tool for monitoring local practice and ensuring that there is consistency across the team as well as Local Authorities.

However, the number of 'other safeguarding' (see definition of 'other' below) increased by more than double from last year from 510 in 2017/18 to 1180 in 2018/19.



What do we mean when we say 'Concern'?

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

What do we mean when we say a Section 42 Enquiry?

There are two different types of safeguarding enquiry, depending on the characteristics of the adult at risk: If the adult fits the criteria outlined in 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**.

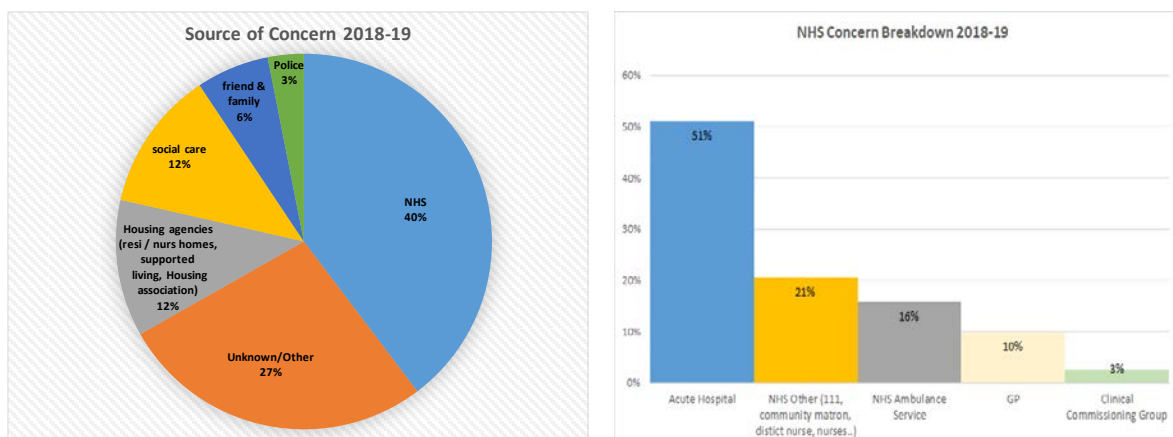
Local authorities will sometimes decide to make safeguarding enquiries for adults who do not fit the Section 42 criteria. These enquiries are not required by law and are referred to as **Non-Statutory Enquiries**.

The number of referrals that are assessed as not meeting the criteria for S42 are still significant, they are known as 'Other' safeguarding concerns. The safeguarding service performs an important role in identifying safeguarding concerns that should progress to a Section 42 enquiry, undertaking these enquiries and ensuring that any further actions required are progressed, such as referral for a Safeguarding Adult Review (SAR). The

service also takes responsibility for significant preventative action, such as a referral to other services or support, where a Section 42 Enquiry is not required, so that Other safeguarding concerns are managed appropriately.

Definition of ‘Other Safeguarding Enquiries’ - Those enquiries where an adult does not meet all of the Section 42 criteria (*Non-Statutory Enquiries*), but the local authority considers it necessary and proportionate to have a safeguarding enquiry. Whilst each local authority has the jurisdiction to decide what Safeguarding activity they undertake for adults who do not meet the Section 42 criteria, some examples could include safeguarding to promote an individual’s well-being as related to the areas in Section 1 of the Care Act, or for carers who do not qualify for Section 42. (*Source: SAC guidance NHS Digital*). The doubling of ‘Other’ or non-statutory safeguarding shown in the data is evidence that despite a concern not being defined as a S42, staff are undertaking activity to ensure the safety and wellbeing of residents.

Safeguarding Source of referrals



There have been very few concerns from the Police in 2018-19: 3% compared to the previous year of **26%** of all referrals.

There has been significant work with the Police and particularly the team working within the children’s Multi Agency Safeguarding Hubs (MASH) in regards to the work coming from the Police to Adults and what actions are needed as a result. The FRT attend weekly meetings with the MASH, the concerns are BRAG rated, (Blue/Red/Amber/Green) from requiring immediate attention to for information only. This means that we do not require to progress all the MERLIN’S through the Safeguarding team. This explains the reason for the significant decrease in Police referrals in 2018/19.

There has been a slight increase in the proportion of concerns from Housing Agencies: 12% in 18-19 compared to 11% last year, and in NHS: 40% from 34%. 27% had the source of concern recorded as other or unknown.

Housing referral increases can be contributed to a raising of awareness around safeguarding from lessons learnt forums following SAR’s for e.g. There is a Homelessness Fatality Review Meeting to be held in November facilitated by Strategic Lead for Single Homelessness & Vulnerable Adults.

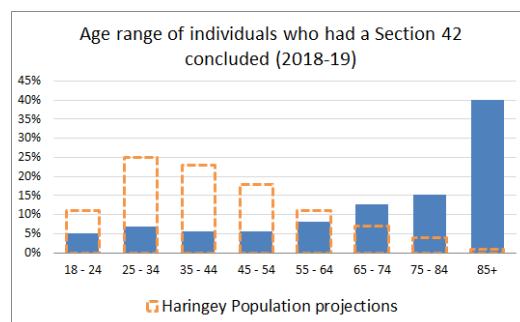
The service has been raising the profile of safeguarding and the referral process e.g. SAB workshop, a video produced online tailored for frontline staff around recognising concerns and how they should be raised.

There is information sharing through various forums such as the Prevent and Learning group; Safeguarding team invited to attend briefing sessions about the relationship between homelessness and safeguarding by Strategic Lead for Single Homelessness & Vulnerable Adults

Looking at the NHS source of concerns, there has been an increase in the proportion of concerns coming from Acute Hospitals, accounting for 51% of concerns in 2018-19 compared to 35% in 2017-18. The second largest comes from NHS other e.g. community matron or nurse, NHS 111, consultant psychiatric hospital, NHS IAP service (21%).

Age of individuals involved in safeguarding concerns and Section 42 Enquiries

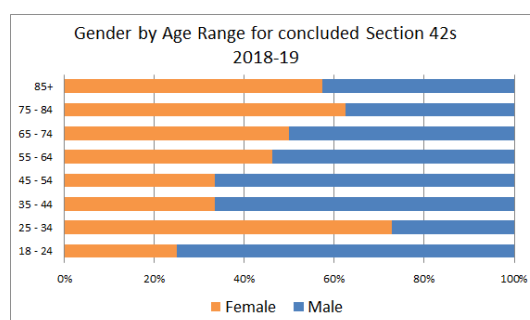
The data below shows that age plays an important role in determining whether a concern progresses to an enquiry. In short, concerns involving people over the age of 64 are much more likely to progress to enquiry than concerns involving people under the age of 64.



68% of individuals with a Section 42 enquiry are aged 65 and over, over-represented when compared to the age structure of Haringey’s adult population. The largest percentage of Section 42s (40%) are from individuals aged 85+. That is in line with the national data* published in November 2018 noting that the majority of concerns raised in England as a whole relate mostly to those aged 85+.

Gender of individuals involved in Section 42 Enquiries.

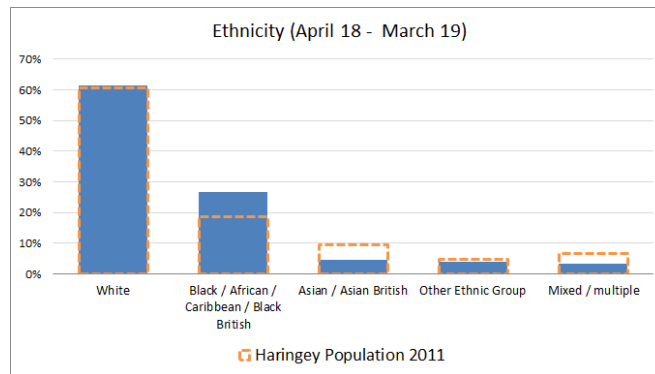
53% of individuals who had a Section 42 concluded are females, a 6 % decrease from the previous year. The highest proportion of females who had a section 42 concluded were aged between 25-34. For concluded cases approx. 75% (6 cases) were from males aged 18-24.



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

Ethnicity of individuals involved in Section 42 Enquiries

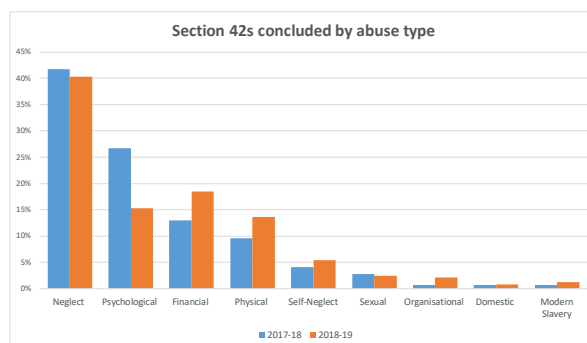
Year on year the ethnic background of people for whom a safeguarding concern has been raised remains similar, with the two main ethnic groups being White and Black/African/Caribbean/Black British



61% of individuals who had Section 42 concluded are White, a 5% increase compared to previous year but in line with Haringey’s population. 27% are Black, a decrease of 9% from previous year but over-represented when compared to the Haringey population 19%. 50% of Black individuals were Caribbean, 21% African, and 16% Black British. 28% of Asians were Indian with a further 18% Pakistani.

Safeguarding Concerns by abuse type

Proportionately, Neglect and Acts of Omission account for the majority of risk types, accounting for 40% of all risk types in 2018-19, down from 42% in the previous year. This is in line with the 2017-18 national data.



There has been an increase in Finance abuse cases (6%) and a decrease in Emotional/ Psychological cases by 11% and an increase in physical abuse cases (4%) when compared to previous year. Only 4% of the safeguarding concerns were related to domestic abuse, similar to 2017-18 reporting.

Hate crime is monitored through our safeguarding process however small numbers have been reported, 2% of all concerns received in 2018-19.

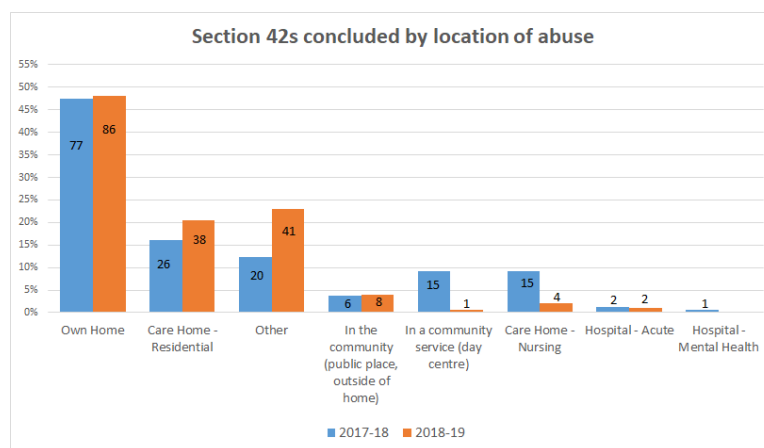
The number of organisational abuse cases has increased slightly, this is due to the increased scrutiny of care homes from the Commissioning arm of the Local Authority and the Clinical Commissioning Group Quality Assurance nurses. However, this is driving up quality which is monitored by the multi-agency Quality Assurance subgroup.

Section 42s concluded by location of abuse

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

The abuse location profile remains similar for the last two years, with abuse most commonly occurring in the person’s own home.

The home of the adult at risk accounted for 48% of the risk locations in 2018-19, similar to the previous year. This is in line with the 2017-18 national data. Abuse location in residential care homes increased by 4% this year.

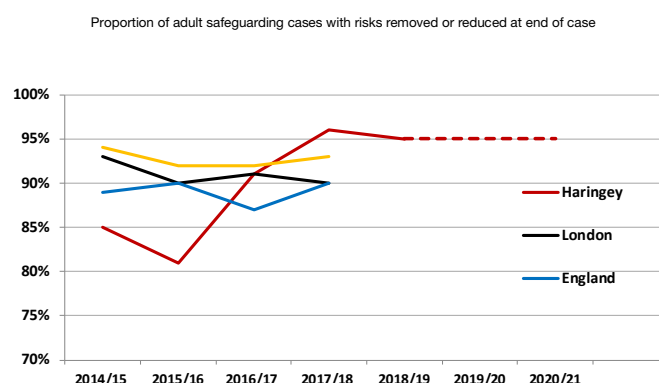


In a community service (e.g. day centres) abuse location decreased by 9%. Care home nursing decreased by 7%.

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

Risk outcomes

At the conclusion of a Section 42 Enquiry, where a risk was identified during the Enquiry, an outcome concerning the status of this risk is recorded.



95% of the safeguarding cases concluded had their risks either removed or reduced in 2018-19, achieving the end of year target of 95%.

Making Safeguarding Personal

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

MSP is challenging work, not least because not all vulnerable people have the capacity to decide what is in their best interests and may need assistance to do so. As a result there is a focus on increasing the knowledge and understanding of staff to ensure they undertake Mental Capacity Assessments and that the best interest process is followed, including the use of independent advocacy as best practice. The use of the Mental Capacity Act has been a feature in a number of safeguarding adult reviews and has formed part of the agenda at learning forums.

Also, many safeguarding situations are complex, often involving the actions of friends or relatives, and the problems created are seldom easy to resolve.

The person's desired outcome may not always be achievable (for example if they wish for the Police to prosecute, but there is no evidence that a crime has been committed). During 2018/19 we recorded these outcomes for the **68%** of enquiries undertaken (see breakdown below of those that expressed their outcomes and those that did not). This is an increase compared to last year where **38%** of s42 enquiries were asked to express their outcomes.

Breakdown of individuals who expressed an outcome and those that did not:

- **51%** of individuals who had a section 42 concluded were asked and their outcomes were expressed; and
- **17%** of individuals who had a section 42 concluded were asked but did not express their outcomes.

For those individuals who expressed their desired outcomes, **93%** had their outcomes fully or partly met in in 2018-19.

A combination of learning and process development has been put in place to ensure that all people with a safeguarding concern are asked about their desired outcomes, including the following:

- Improvements to the safeguarding reporting process and workflow; mandatory field now introduced at the front and end of the triage process compelling staff to document discussion with the adult/family under MSP;
- More emphasis in the S42 training on what MSP means in practice;
- Additional sessions on MCA that included training on the use of advocates.
- Importance of recording (i.e. good practice, empowering for Adult, accountability) reiterated to team in huddles
- Where discussions with Adult/family clearly not documented, work returned by management and triaging Officer asked to demonstrate discussion or attempts to have discussion undertaken and outcomes recorded
- Mandatory field now introduced at front and end of triage process compelling staff to document discussion with Adult/family under MSP

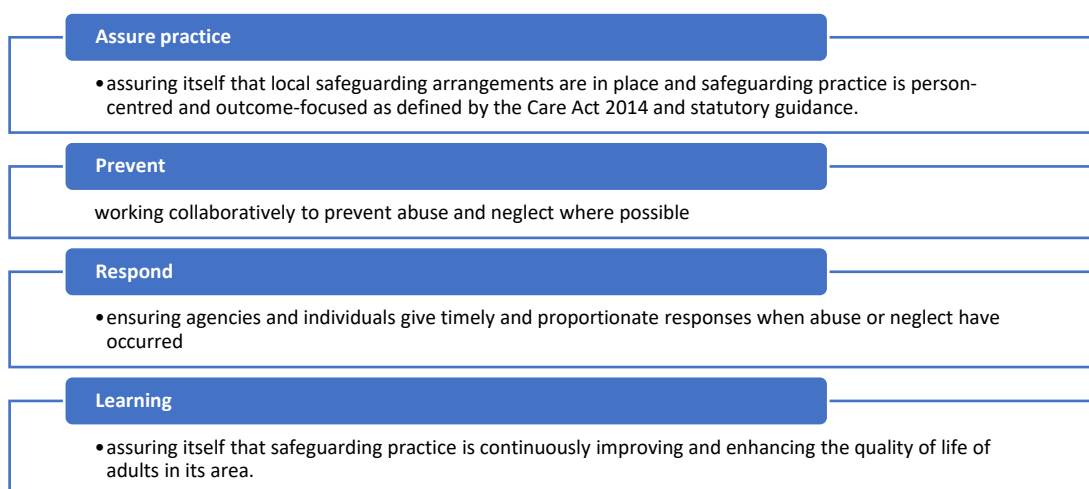
References

*Safeguarding Adults England, 2017-2018, Experimental Statistics – Published 20th November 2018 by NHS Digital

5 Haringey Safeguarding Adults Strategic Plan 2018-2021 and 2019-2020 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 the 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:



Each strategic aim in our plan (see Appendix 2) has a clear leadership and accountability pathway with delegated responsibilities within the Board's governance structure across its sub-groups, Chair, 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 will we deliver the 2019-20 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.

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 2019/20 and this will inform the Safeguarding Annual Report.

Appendix 1 - HSAB Strategic Priorities 2018 – 2019

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

	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Progress as at 31 st March 2019
A1*	Work towards a national or London region Quality Assurance Framework and Safeguarding Adults Audit Framework (SAAF)	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	At NCL T&F group meeting 30/7/18, QAF and Performance dashboards were shared across the sector. Worked with London ADASS to review London SAB Safeguarding Adults at Risk Audit Tool (SARAT) for use in 2018/19. We will continue to work with the LSAB to review the Framework in 2019/20.
A2*	Lobby for London-wide consistency of safeguarding thresholds and processes	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.	Continue to work with LSAB and national initiatives on thresholds and processes. National work been deferred due to consultation
A3*	Collaborate and conduct deep-dives on areas of practice, such as MSP, DoLS, use of MCA or the victim and survivor's journey	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.	Multi-agency MCA/DoLS audit - HSAB partner audit being developed following feedback from MCA/DoLS forum. MCA Audit tool examples received from organisations across London.
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	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.	Safeguarding dashboard is presented to QA and prevention sub-groups and SAB quarterly. Inequalities analysis is part of the Multi-agency dashboard and discussed at the QA and Prevention sub-groups MSP outcomes measure is part of the Safeguarding Adults collection. The outcomes are monitored in our multi-agency dashboard and reported to SAB quarterly.

	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Progress as at 31 st March 2019
				Experience of Safeguarding enquiry – a survey questionnaire was developed and implemented in Mosaic system (Adult Social Care Database).
A5	Ensure MSP is embedded in safeguarding standards across the partnership	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>All partner agencies were invited to contribute to the completion of the MSP temperature check (Separate toolkit devised for non-statutory agencies); and was submitted by the deadline set by London SAB on 26 September 2018. Areas for development identified (including MSP) and relevant improvements/actions are now embedded in HSAB Strategic Plan.</p> <p>Worked with London ADASS to review London SAB Safeguarding Adults at Risk Audit Tool for use in 2018/19.</p> <p>The principles of MSP have been incorporated and reference to MSP framework (published by LGA 2017) - https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal/resources).</p>
A6	Adopt multi-agency case file audit tool to ensure learning from safeguarding cases is embedded in practice	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>Multi-agency case file toolkit agreed at September 2018 QA subgroup. Agreed first audit theme to be vulnerable people in housing. Multi-agency case file audit to take place in Jan 19 using toolkit. 6 cases identified where a housing agency was also involved.</p> <p>This action is progressing, 6 cases identified and reviewed, update to be presented to a future Board meeting.</p>

	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Progress as at 31 st March 2019
P1*	Develop consistent policies across the NCL area as far as practical	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	London ADASS with LSAB, currently reviewing Pan London Multi Agency Safeguarding Adults Policy & Procedure, with a view to relaunch 2019. HSAB procedure reads in conjunction with Pan-London P&P and will be updated accordingly. Adopt the Pan London Multi Agency Safeguarding Adults Policy & Procedure.
P2*	Share awareness-raising materials across the NCL area	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	A number of materials have been shared and will continue to do so.
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 capture	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.	Hate crime data is captured in the Adults Safeguarding forms and is monitored in the multi-agency safeguarding dashboard. Continue to use the quarterly performance reports to target information and training. Partners provided case study examples of how training is making a difference. Council Safeguarding training has enabled social workers across the service to take on role of undertaking S42 Enquiries which has provided a more responsive service
P4	Use intelligence to identify key themes and raise awareness of abuse and neglect with staff, partners and the public through	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 share information and	Data used to identify key themes of neglect, self neglect & hoarding (including fire prevention, modern slavery, trafficking and sexual exploitation, and financial Abuse.

	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Progress as at 31 st March 2019
	improved communications and campaigns	evaluation criteria that includes measuring access and impact.	<p>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 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>	<p>New information material produced on modern slavery being circulated to partners, community organisations, GPs & handed out at VCS Expo in November 2018</p> <p>Combined leaflet produced summarising types of adult abuse and contacts to help. Hoping to send to community pharmacies around borough in 2019</p> <p>Leaflets and posters circulated in person at events and GP surgeries, and via email to community organisations. Yet to develop materials specifically for neglect. Review in 2019.</p> <p>A financial abuse and scams event was held at Wood Green Cinema with over 90 people attended. The event was opened by the HSAB Independent Chair and hosting speakers from Haringey Police, Citizen's Advice, Haringey Trading Standards, and VAWG Service.</p>
P5	'Think Family' – approach to practice and safeguarding strategic links to the LSCB	<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>	<p>LSCB currently developing a new group.</p> <p>Meeting purpose has been reviewed and name change to Priorities subgroup and will be chaired by a MET Police representative.</p> <p>Multi-agency training approach to enable staff in the identification, signposting and support of parents who might be suffering from a mental health disorder. Places shared across Children's services, Adults Services and LSCB partners. Attendees said they are now clearer about enduring mental illnesses, referral pathways & how to access support. Training planned on child neglect for Adult services to be delivered by Children's services in January, February and March 2019.</p>
P6	Establish routine monitoring and management of clients at high risk of domestic fires	The Board is assured that a mechanism to monitor and manage high fire risk clients	Set up fire prevention task and finish subgroup to improve multi-agency monitoring and	ToR for T&F group drafted, and suggested membership shared with the LFB (Simon Amos).

	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Progress as at 31 st March 2019
		(smokers, hoarders, bed bound, etc.) is in place.	management of people at high risk of domestic fires. Consider links to the High Risk Panel.	Feedback presented to the SAR Subgroup in December; work is progressing to establish routine monitoring of high risk clients through delivery of the task and finish group terms of reference. High risk client information provided to LFB by HfH and ASS but further work is being undertaken to formalise this on an ongoing basis. Further update to be provided at next SAR Subgroup meeting. Task and Finish group continuing in to 2019/20

	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Progress as at 31 st March 2019
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	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.	<p>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.</p> <p>Taking forward SAR learning across NCL and continue to disseminate lessons learnt from SARs</p> <p>Update SAR Protocol in light of national/best practice guidance (e.g. London SAR learning)</p> <p>High Risk Panel Annual Report Domestic Homicide Annual Report</p> <p>Deliver SAR learning workshops to SAB partners looking at London SAR learning and the Robert SAR report, including learning around MSP.</p>	<p>The NCL Learning and Culture change task & finish group held their first meeting in September 2018. The group proposed to share learning from SARs and training/awareness campaigns and events, where possible.</p> <p>Shared posters and handouts digitally to NCL partners. Meeting held with a cross-agency representation from NCL to discuss available material that could be used across sub-sector.</p> <p>The HSAB SAR Procedure was ratified at the HSAB at October meeting. Changes included Learning from SAR Robert, London SAB's Learning from SAR.s Report, and SCIE's Quality Markers.</p> <p>To be presented to the HSAB in 2019.</p> <p>Previously (May 2018), two SAR learning workshops were held for staff from across SAB partner agencies to share learning from Haringey SAB's SAR Robert, as well as the wider learning themes identified in the ADASS London SAR Learning Report.</p> <p>Further SAR learning workshops to be arranged in Spring 2019 focusing on service pathways/thresholds to follow up SAR learning workshop recommendations.</p> <p>Learning from SAR's have been applied to practice. Recommendations from the SARs and the resulting action plans have been included in organisations' processes to prevent repeat of similar concerns.</p>
R2	Improve understanding of and responses to older people at risk of or experiencing domestic abuse	The Board is assured through improved reporting of domestic abuse	<p>Identify patterns in data for targeting intervention</p> <p>Strategic link with VAWG strategy Priority 1 – developing a coordinated response and Priority 2</p>	<p>SAB Chair and Director of Public Health progressing HSAB links to the VAWG.</p> <p>Domestic violence safeguarding concerns performance dashboard created and reported to the QA subgroup. Data analysis by ethnicity, gender, abuse type, location etc.</p>

	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Progress as at 31 st March 2019
	across the partnership and make links to the Violence Against Women and Girls (VAWG) strategy	Training on domestic abuse to identify and inform risk assessment(s)	<p>– Prevention; work in partnership to manage victims/survivors at risk and hold perpetrators to account.</p> <p>Plan and deliver joint training for staff in domestic abuse and VAWG.</p>	<p>Following discussions, it was agreed that the VAWG team will lead on training for staff. A multi-agency training task and finish group has been set up to deliver training.</p> <p>Currently investigating options for training delivery with the VAWG team.</p>
R3	Consider development of an Adult/Family MASH Board to include in particular a focus on transition into adulthood	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.	Ongoing development with the scoping of Community First initiative. Community First is an intervention that takes a council wide and partnership approach to prevention and early intervention.
R4	Improve and sustain quality of care providers in all sectors in order to improve safeguarding practice	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.	<p>Prioritised Providers of Concern for safeguarding training.</p> <p>Responded to a NICE consultation on Safeguarding in Care Homes.</p> <p>Joint working between Haringey commissioning, CCG and Work force development manager to upskill providers (frontline staff and management) with training needs particularly safeguarding and reporting.</p>

	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Progress as at 31 st March 2019
L1*	Work together across the NCL area to innovate and implement culture change to enhance empowerment, co-production and transparency	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	Further discussions with the NCL to progress.
L2	Improve multi-agency knowledge and awareness of mental health including Mental Capacity and the use of Advocates in safeguarding work	<p>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</p> <p>Increased public awareness of mental capacity and access to advocacy</p>	<p>Commission in-house training around MCA</p> <p>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]</p> <p>Work in partnership with Children's Services and BEHMHT to deliver partner workshops around awareness of mental capacity and promote use of advocates.</p>	<p>Delivered 2 training sessions on Interprofessional Simulation Training on Mental Capacity Act on 25th June 2018 and 6 July 2018. Range of attendees across the Partnership, from GPs to care home staff to community navigators and support workers.</p> <p>Self Neglect & Hoarding training run in 2018 will continue in 2019. 58 attended during 2018. Follow up work shows practitioners reporting greater awareness of what to look for, more confidence in making referrals. Neglect & Hoarding still remain the highest category of reported safeguarding concerns.</p> <p>New training being planned in 2019/20.</p>
L3	Assess and monitor regional and local structural changes for impact in safeguarding people at risk	<p>The Board is assured that there is effective use of resources</p> <p>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.</p>	<p>Escalation to the HSAB.</p> <p>Renew the HSAB Risk and Issues Management Register. Identify new risks and ensure mitigation plan is in place.</p>	<ul style="list-style-type: none"> The organisation has moved into a more defined pathway structure. Safeguarding is prioritised and completion of roll out to all teams has taken place Areas still in development include discussion around working with health partners such as alerts coming from BEHMHT; as well as the effective management of Police Merlins in the LA and with health partners Update on Police restructure and impact on safeguarding being presented to October SAB. Haringey SAB Risk and Issues Management Register is discussed at the HSAB QA subgroup and is reported to the HSAB quarterly.

	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Progress as at 31 st March 2019
L4	Carry out an annual review to assess the impact and effectiveness of the work of the SAR Subgroup	<p>The Board is assured that the SAR subgroup and chair is delivering its objectives and priorities as outlined in its Terms of Reference.</p> <p>Demonstrate that HSAB partners have applied the learning from SARs to practice</p>	<p>Evaluate impact and delivery of action plan. Review actions and areas of improvements from the self-audit tool.</p> <p>Evaluate dissemination of learning from SARs, including MSP.</p> <p>Evaluate impact of SAR workshops.</p>	Discussion at the London SAB Managers Network. London ADASS to set up a Task and Finish group to take forward.
L5	Carry out review of the SAB's effectiveness, considering how user engagement can be enhanced to inform the priorities of the Board	Delivery of SAB Strategic Plan Priorities 2018-19.	<p>To look at options for user involvement in the HSAB</p> <p>Establish robust service user engagement in leadership of MSP agenda.</p>	<p>The Independent Chair has reviewed service user engagement mechanisms used in the last 3 years, including options promoted in national MSP Resources for SABs.</p> <p>VCS and Public Voice/Healthwatch to continue collaboration and partnership working as vehicles to build stronger user engagement in 2019/20 through co-production; to inform the priorities of the Board; and to ensure more robust service user engagement, consistent with the Making Safeguarding Personal agenda.</p>

Appendix 2 HSAB 2019/20 Priorities

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	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	Quality Assurance Subgroup	Assurance that partner organisations are working to best practice and working to improve any areas of concern.	Monitor the effectiveness of the application of mental capacity assessments through multi-agency case file audits.	July 2019
					Monitor implementation of MSP through multi-agency case file audits.	July 2019
			Quality Assurance Subgroup		Undertake multi-agency MCA Audits to provide assurance to the Board that partner agencies are identifying and delivering training on MCA, and that MCA assessments are being completed as required; and that practice is being impacted as a result. This will also include the opportunity for partners to provide examples of exemplary practice in the area of mental capacity and share any tools.	Ongoing
				Support delivery of the proposed changes in Liberty Protection Safeguards legislation (due to come into force in 2020).	TBC (expected mid-2020)	

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
			Prevention and Learning Subgroup		Increase MCA awareness and plan training of MCA following MCA new code of Practice being published.	March 2020
A2	Ensure MSP is embedded in safeguarding practice across the partnership	Prevention Empowerment	Performance Team and Haringey Safeguarding Adults Team	The Board is assured that the safeguarding workforce is person-centred and understands MSP; and the system is focused on prevention.	Local authority to carry out minimum of 5 surveys quarterly and analyse outcomes and trends. Using the MSP outcomes framework to provide a means of promoting and measuring practice that supports an outcomes focus for safeguarding adults work	Quarterly
			Quality Assurance Subgroup	The principles of MSP are at the heart of the organisation's safeguarding practice by threading MSP across all SAB's subgroup activity, including communications, community engagement, quality assurance, learning and development, and workforce development		March 2020
			Quality Assurance Subgroup		Ensure that all staff/professionals from all organisations ask people about outcomes at the point of concern; that this is recorded and analysed so that SAB can see the extent of partner engagement in MSP.	March 2020
			HSAB		Seek assurance on the impact of MSP through the annual SaRaT	Dec 2019
			Prevention and Learning Subgroup		MSP is integral in all training commissioned by the board and partner organisations; which staff are trained and areas of staff development	March 2020
			SAB Management		Consider an MSP workshop at a future SAB meeting, working around case studies across the partnership	March 2020
			Bridge Renewal Trust/		The Bridge Renewal Trust to assist VCS organisation to understand their roles in MSP	Dec 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
					through attendance at VCS forums and regular e-bulletins.	
A3	Embed multi-agency case file audit to ensure learning from safeguarding cases is embedded in practice	Protection Prevention	Quality Assurance Subgroup Multi-Agency Case File Audit T&F Group:	The Board is assured that learning from case file audits is embedded and leads to improved safeguarding practice Regular cycle of audits planned	Monitor the effectiveness of practice and learning from SARs through multi-agency case file audits.	March 2020

PREVENT – We prevent abuse and neglect where possible

	Objective/aim	Key Principle	Lead	Success Criteria	Actions to ensure achievement of aim?	By when
P1	Ensure engagement of service users, carers and community and voluntary sector to ensure current concerns and trends are captured	Prevention	Bridge Renewal Trust (BRT) / Healthwatch Prevention and Learning Subgroup	The Board is assured that the engagement of service users and the voluntary community sector and their priorities is feedback to the Board	Focus on underreporting within specific communities. Establish and maintain a feedback mechanism for priorities to/from Joint Partnership Board	March 2020 Ongoing
P2	Use intelligence to identify key themes and raise awareness of abuse and neglect with staff, partners and the public	Prevention Empowerment	Bridge Renewal Trust Prevention and Learning Subgroup	The Board is assured that there is a cycle of well-informed public campaign and communications in place with evaluation criteria that includes measuring access and impact.	Support development of capacity in the community and voluntary sector to raise awareness of adult safeguarding and working with risk. Disseminate campaign/information/ posters (easy read) to raise awareness of safeguarding issues in	March 2020 Ongoing

PREVENT – We prevent abuse and neglect where possible

	Objective/aim	Key Principle	Lead	Success Criteria	Actions to ensure achievement of aim?	By when
	through improved communications and campaigns				<p>wider public and make easily accessible. Producing and promoting safeguarding animated videos.</p> <p>Undertake impact assessment of public awareness material</p> <p>Promote safeguarding awareness through Safeguarding Awareness Week</p> <p>Continue cycle of awareness raising campaigns for safeguarding adults informed by statistical data</p>	<p>Dec 2019</p> <p>Nov 2019</p> <p>From June 2020</p>
P3	Routine monitoring and management of clients at high risk of domestic fires	Prevention Protection	SAR Subgroup	The Board is assured that a mechanism to monitor and manage high fire risk clients (smokers, hoarders, bed bound, etc.) has been embedded in practice.	<p>Provision of monthly data relating to clients at risk of domestic fire to LFB.</p> <p>LFB to undertake Home Fire Safety Visits at clients' homes.</p> <p>High Risk Annual Report to SAR Subgroup/SAB</p>	Ongoing
P4	People who are homeless are appropriately safeguarded and mechanisms are established to improve professional awareness and response around the complexity of health & care	Prevention Partnership	<p>Prevention and Learning Subgroup</p> <p>SAT</p> <p>SAT</p> <p>Commissioning</p>	<p>The Board is assured that people who are homeless are appropriately safeguarded.</p> <p>Develop links with the Homelessness/Rough Sleepers Strategy</p>	<p>Develop & deliver awareness training for staff and partners</p> <p>Embed learning from Homelessness Fatality Review process into safeguarding practice</p> <p>Widen the scope & membership of the High-Risk Panel to include people who can advise on homelessness and include cases where people are homeless or rough sleeping</p> <p>Homelessness and Rough Sleeping Annual Report to SAB</p>	<p>Dec 2019</p> <p>March 2020</p> <p>March 2020</p> <p>March 2020</p>

PREVENT – We prevent abuse and neglect where possible

	Objective/aim	Key Principle	Lead	Success Criteria	Actions to ensure achievement of aim?	By when
	needs within the homeless cohort.		Commissioning/ ASS		Develop a toolkit for safeguarding and social care practitioners working with homeless people	March 2020
P5	Undertake preventative and proactive work to support those subjected to modern slavery/ human trafficking /forced labour/criminal exploitation/domestic servitude and continue to raise public awareness	Empowerment Partnership Prevention Protection	Prevention and Learning Subgroup/ Public Health	The Board is assured that there is a cycle of well-informed campaigns and communications to raise public awareness	Monitor effectiveness of awareness briefing sessions run in 2017/18. Develop Multi-Agency options training in line with the new Modern Slavery Policy. Modern Slavery awareness raising and financial exploitation.	Dec 2019 TBC (following publication of policy) TBC following publication of policy
			ASS Lead	Local services will gather evidence, analyse risk, design interventions, and evaluate results. The Local Authority's anti-slavery strategy will be built on partnerships across the borough and with North Central London.	Incorporate overarching priority into Outcome 3 (Exploitation) of Haringey's Community Safety Strategy 2019 - 2023. Agree the inclusion of the following associated milestone actions, timelines for delivery and action owners, into the delivery plan of Haringey's Community Safety Strategy 2019 – 2023: <ul style="list-style-type: none"> • Monitor effectiveness of awareness briefing sessions developed & delivered • Develop Multi-Agency options for stage 2 training • Modern Slavery awareness raising 	June 2019 July 2019

PREVENT – We prevent abuse and neglect where possible

	Objective/aim	Key Principle	Lead	Success Criteria	Actions to ensure achievement of aim?	By when
					<ul style="list-style-type: none"> The council will work to build a formal partnership across on modern slavery. This will set joint outcomes, progress monitoring and lines of accountability The council will connect survivors to mental health and trauma services as quickly as possible, following the guidance set out in the Human Trafficking Foundation’s Slavery and Trafficking Survivor Care Standards <p>Agree twice yearly reporting to HSAB progress with Community Safety Partnership lead. (Note: The development and delivery of all actions will be monitored and managed by the Community Safety Partnership.)</p>	October 2019 and April 2020
P6	Development of partnership wide transitional safeguarding response	Partnership Protection	Adults and Children Services	<p>The Board is assured of a more effective use of resources and the development of a Think Family approach to safeguarding.</p> <p>Improved approach and early help to safeguarding during transitional period</p>	<p>Joint CYPS & Adult Social Services to agree actions to progress start-up of joint working.</p> <p>Develop evidence based summary paper that outlines the vision and purpose of the approach.</p> <p>Develop and agree key milestones & success factors to deliver against vision and purpose.</p> <p>Progress a 'test and learn' approach to the following approaches to inform transitional safeguarding development: 'Think Family' & 'Community Parenting' connected to contextual safeguarding.</p> <p>Action plan and implementation plan to be developed and agreed.</p>	<p>May 2019</p> <p>July 2019</p> <p>August 2019</p> <p>Sept 2019</p> <p>Dec 2019</p>

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	SAR Subgroup	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.	High Risk Panel (HRP) Annual Report to SAB	July 2019
					Domestic Homicide Review Annual Report to SAB	Oct 2019
					Provide HSAB assurance that key findings from the SARs have been effectively incorporated into organisations' culture	March 2020
					Commissioners are assured that providers are meeting their responsibilities in relation to the SARs	March 2020
					Share 7 minute Ms Taylor briefing to the NCL.	Dec 2019
		Prevention and Learning Subgroup		LeDeR Annual Report to Prevention and Learning Subgroup	March 2020	
		SAB Management		Taking forward SAR learning across NCL and continue to disseminate lessons learnt from SARs	March 2020	
		SAR Subgroup and Prevention and Learning Subgroup		Deliver SAR learning workshops (open to NCL) in 2019 looking at service thresholds and Ms Taylor.	Dec 2019	
				Assurance that learning from the SARs has been disseminated to staff	March 2020	

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
R2	Review transition pathway in conjunction with Children’s Services to ensure the safeguarding needs of those transitioning to adulthood are addressed [Link with P6]	Prevention Protection Empowerment Partnership Accountability	SAR Subgroup	The SAB and LSCB is assured of a more effective plan and approach for those transitioning to adulthood; and the independence of young adults is promoted to reduce long term needs for care and support.	Consider implications for Haringey of Colin SAR and Enfield SAR into the care and risk management of P (Enfield SAR)	March 2020
			Haringey Adult Services		Develop and agree key milestones and success factors to deliver against vision and purpose.	August 2019
			Haringey Children Services		Transitions Steering Group and SEND Improvement Group responsible for oversight and tracking of development and actions	August 2019
R3	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	Quality Assurance Subgroup	The Board is assured through improved reporting of domestic abuse	Identify patterns in data for targeting intervention	Ongoing
			Prevention and Learning Subgroup	Training on domestic abuse to identify and inform risk assessment(s)	Maintain a strategic link with Haringey VAWG Strategy Priorities through presenting the VAWG annual report to the HSAB	March 2020
			Public Health		Plan and deliver joint training for staff in domestic abuse and VAWG.	March 2020

LEARN – We are committed to learning and improving

	Objective/aim	Key Principle	Lead	Success Criteria	Actions to ensure achievement of aim?	By when
L1*	NCL to undertake case audits		LB Barnet	TBC	NCL to undertake case audits regarding Service Refusal and Mental Capacity; and Fire Safety	TBC
L2*	Develop mechanisms to provide assurance of impact of change and learning from SAR's	Partnership Accountability	LB Barnet	TBC	Barnet to set up a Task and Finish Group to develop mechanisms to provide assurance of impact of change and learning from SAR's	TBC
			SAR Subgroup	The SAB is assured that issues identified in the learning log are followed through and are not repeated in practice.	Consider pilot for a learning log to be monitored by the SAR Subgroup.	March 2020
L3	Improve multi-agency knowledge and awareness of mental health including Mental Capacity.	Empowerment Protection	Quality Assurance 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	Evidence from audits, and practitioner clinics demonstrates issues of capacity and self neglect are being identified and addressed by practitioners, and the audits to inform workforce development across the partnership	March 2020
			Prevention and Learning Subgroup	Positive feedback from briefing sessions.	Support multi-agency MCA training and look for flexible funding options. Continue to use multi-agency offer of MH awareness training. Commission in-house training around MCA in conjunction with Adult SS and Legal services	Dec 2019 Nov 2019
L4	Carry out an annual review to assess the impact and effectiveness of the work of the SAR Subgroup	Partnership Accountability	SAR Subgroup	The Board is assured that the SAR subgroup and chair is delivering its objectives and priorities as outlined in its Terms of Reference.	Evaluate impact and delivery of action plan. Review actions and areas of improvements from the SaRaT. Seek feedback from partners on effectiveness of Ms Taylor SAR briefing. Consider pilot for a learning log to be monitored by the SAR Subgroup. Evaluate dissemination of learning from SARs.	March 2020 March 2020 March 2020 March 2020

LEARN – We are committed to learning and improving

	Objective/aim	Key Principle	Lead	Success Criteria	Actions to ensure achievement of aim?	By when
			Prevention and Learning Subgroup	Demonstrate that HSAB partners have applied the learning from SARs to practice	Evaluate the learning impact of SAR workshops.	March 2020

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 168 9 111
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

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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

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Report for: Adults and Health Scrutiny Panel, 14th November 2019

Title: CQC Update

Report

authorised by : Sujesh Sundarraj, Commissioning and Safeguarding Officer

Lead Officer: Farzad Fazilat, Head of Brokerage and Quality Assurance

Ward(s) affected: All

Report for Key/

Non Key Decision: Non Key Decision

1. Introduction

1.1 This paper reports on the most recent commissioning activity carried out by Haringey Council (the Council) providing a general overview of inspections carried out in the borough and those planned for the future by CQC within Haringey

2. Risk Register - Activity Report July 2019 to November 2019

Quality assurance

2.1 There are four providers in Haringey currently identified as at high risk requiring intervention by either or both the Council and the CCG.

2.2 The table below gives the type of establishments, summary of the concerns, number of clients and the outcome of our intervention.

Provider	Service type	Haringey Funded residents	Summary	Outcome
Osborne Grove	Residential Nursing home	Local authority (1) Health (1)	Management failure; Health and safety; Staffing levels – use of agency nursing staff. Safeguarding issues; Lack of governance; Medicines Management; Lack of activities; Infrastructural issues	Establishment concerns; Embargo; Implementation of cabinet decision to close the nursing provision had been paused indefinitely. Establishment concerns follow up meeting took place on the 1st of February. Embargo to remain. Latest CQC report: Requires improvement.

Alexandra Park Home (Earlybirdcare)	Residential care home	Local authority (7)	Concerns around competency of leadership; compliance around fire safety of premises; poor record keeping	Provider currently rated 'Requires Improvement' by CQC following a recent inspection. LFB visited and issued enforcement action. Improvement plan request. Establishment concerns process initiated; Voluntary embargo in place; Other placing authorities informed; Colleagues from CCG visiting every 2 weeks
Magic Life Ltd	Supported living	Local authority (18)	Currently rated 'Good' by CQC; Significant gap between staff skills, expertise; training and the needs of very complex clients; Management failure; Medication management, including use of PRN. Assessment, referral and staff recruitment to support these referrals; Reporting and recording; reporting of incidents, safeguarding issues and how these are managed ; Staffing levels	Provider under Establishment concerns process; Embargo in place; All service users being reviewed; provider investigating areas of failure; Improvement plan submitted; Increased monitoring visits between commissioning and HLDP to seek assurances. All placing authorities informed and advised to do the same.
Panacea Senior Living Ltd	Home care	Local authority (0)	Currently rated 'Good' by CQC; Served section 33 notice by CQC due to operating from an unregistered location without a registered manager	NCL lead have been notified; Names of service users and funding authorities / DP / self funders requested. CQC inspection imminent.

2.3 Ernest Dene residential care home: A 33 bedded residential home in an Edwardian period building located in Muswell Hill. The provider has for some time been looking at ways to improve the environmental provision at Ernest Dene. Following scoping, a decision has been taken that it would be better in the long term for the home to be closed for an initial period of 24months to allow the works to be planned and then commenced. This impacts 4 service users funded by Haringey Council and 1 Health funded. The provider has 6 other residential care homes within the NCL which they are happy for families

to consider for continuity of care for existing clients. All funding authorities, CQC and families are aware of these plans.

2.4 13 CQC inspection reports have been produced between July and November 2019. Out of which 12 have been rated 'Good' and 1 rated 'requires improvement'. The residential service rated as 'requires improvement' is currently on the risk register with ongoing monitoring arrangements between the local authority and CCG.

2.5 We have 4 new providers registered this quarter within Haringey Council.

- Real Homecare Ltd (home care)
- Glow Domiciliary Healthcare Ltd (home care)
- Circle care Ltd (home care)
- SSA Star Care Ltd (home care)

2.6 Out of 22 locations overall rated Inadequate, requires improvement and uninspected in Haringey, we have existing placements with the following 6 locations:

Provider Name	Location Name	Service type	CQC Overall Rating
Earlybirdcare Ltd	Alexandra Park Home	Residential	Requires improvement
Mrs Ifeoma Nwando Akubue	Nwando Domiciliary Care	Home care	Requires improvement
Sinan Care Limited	Sinan Care Limited	Home care	Requires improvement
London Borough of Haringey	Osborne Grove Nursing Home	Residential	Requires improvement
Choice Support	18 Vartry road	Residential	Requires improvement
Marieco Care Limited	Haringey Branch	Home care	uninspected

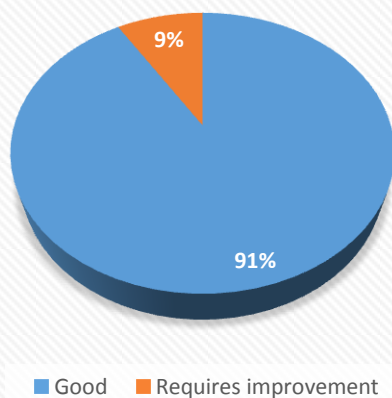
2.7 Out of the 22 locations overall rated Inadequate, requires improvement and uninspected in Haringey, we do not commission with the following 16 locations:

Provider Name	Location Name	Service type	CQC overall rating
Circle of Care Service Limited	Circle of Care Service, West Green Learning Centre, Park View Academy	Home care	Inadequate
Focus Learning	Focus Learning	Home care	Requires improvement
Temp Exchange Ltd	Temp Exchange Ltd	Home care	Requires improvement

Green Lanes Projects Limited	Green Lanes Projects Limited	Home care	uninspected
North London Partnership Consortium Limited	Inspire Care Agency	Home care	uninspected
Bena Services Limited	Bena Care Service	Home care	uninspected
Glow Domiciliary Healthcare Ltd	Parma House	Home care	uninspected
Unique Quality Care Ltd	Unique Quality Care Ltd	Home care	uninspected
Splendid Care Solution Ltd	Splendid Care Solutions Ltd	Home care	uninspected
Black & Minority Ethnic Carers Support service	Black & Minority Ethnic Carers Support Service	Home care	uninspected
Circle Care Ltd	25 Imperial House	Home care	uninspected
Focus Care Professionals Ltd	Focus Care Professionals Ltd	Home care	uninspected
Health First Medical Staffing Ltd	Health First Medical Staffing Ltd	Home care	uninspected
OFIY Healthcare Ltd	266 High Road	Home care	uninspected
Real Homecare Limited	Real Homecare	Home care	uninspected
SSA Star Care Ltd	SSA Star Care Ltd	Home care	uninspected

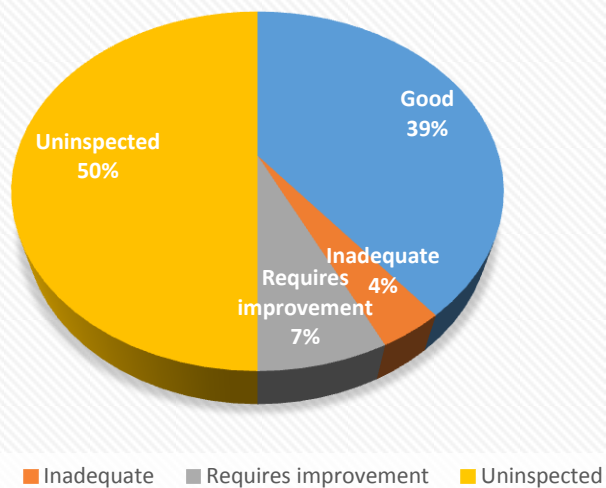
2.8 **Circle of care service limited:** Further to being rated as 'Inadequate' by CQC, the provider decided to close business. We reviewed all service users and supported them with identifying a new provider with whom the staff TUPED over to ensure continuity of care for existing service users. The transfer was successful. Since then the provider has decided to keep the company and focus on making administrative improvements. They do not have any service users currently.

Percentage of commissioned services located in Haringey



CQC Rating	Number of registered locations
Good	52
Requires improvement	5

Percentage of uncommissioned services located in Haringey



CQC Rating	Number of registered locations
Good	11
Inadequate	1
Requires improvement	2
Uninspected	14

Report for: Adults and Health Scrutiny Panel, 14th November 2019

Title: An Update On Haringey's Domestic Violence Perpetrator Service

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

Lead Officer: **Chantelle Fatania, Consultant in Public Health**

Ward(s) affected: All

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

1. Describe the issue under consideration

Violence against women and girls is a serious issue for Haringey. Haringey has one of the highest rates of reported domestic abuse across London. In the rolling year to March 2019, there were 5,204 domestic incidents with 3,304 domestic abuse offences reported to the police. Haringey currently has the sixth highest incident rate per 1000 population (18.9 per 1000).

In the same period, 776 sexual offences (with 346 of those rape) were recorded which represents a nearly 10% increase in sexual offences from the previous 12-month period. It is estimated that nearly 3,500 women and girls are affected by Female Genital Mutilation in Haringey with 110 new cases reported between April 2017 and March 2018. We also know that there are high, but hidden levels of forced marriage and crimes committed in the name of 'honour', with 37 cases identified during the audit in 2018.

Haringey's Violence Against Women and Girls (VAWG) Strategy 2016-2026 has been developed in partnership with a wide range of statutory, voluntary and community organisations from across Haringey. The 4 key strategic priorities are:

1. Developing a coordinated community response where everyone is empowered to work towards ending violence against women and girls
2. Developing robust prevention and early intervention approaches to reach everyone in our diverse communities
3. Ensuring our support services are tailored and survivor-led to meet the individual needs of every victim/survivor
4. Ensuring that perpetrators are held to account

The strategy is available from:

https://www.haringey.gov.uk/sites/haringeygovuk/files/vawg_strategy.pdf

Some key achievements in Haringey's VAWG strategy delivery in the last 12 months include

- 150 people engaged in the 16 days of Action campaign
- Over 800 professionals were trained in VAWG awareness
- 459 cases were referred to the Multi Agency Risk Assessment Conference (MARAC) with 459 safety plans
- 369 young people engaged in the Protect our Women educational programme in schools
- Over 60 men were supported through the perpetrator programme
- Over 1000 women were supported through specialist services, such as advocacy.

Focus on perpetrators

Services and support for victims continue to be absolutely key, however they should also be underpinned by appropriate prevention and intervention strategies which directly target domestic violence perpetrators and assist and enable them to stop offending. Research shows that many perpetrators repeat their violence in future relationships and previous domestic violence offending was the strongest predictor of further domestic violence offending (Hester and Westmarland, 2005). It is estimated that 1 in 4 perpetrators are repeat offenders and that some have as many as six different victims. Perpetrator programmes focus on working with men to acknowledge and change their abusive behaviour, tackling issues such as male domination, sexual respect and the impact domestic abuse has on children.

This paper provides an update on Haringey's Domestic Violence Perpetrator Service. Haringey commissions the Domestic Violence Intervention Project (DVIP), now part of Richmond Fellowship, to provide perpetrator support services to adult men and to young people exhibiting abuse in their own relationships. There is also consultation support for social workers as the service is co-located within the Haringey Council Children and Young Peoples Service (CYPS).

2. Recommendations

The Adults and Health Scrutiny Panel is asked to note and consider the following:

- 1) The planned changes to the Haringey domestic violence perpetrator programme
- 2) To support and champion multidisciplinary working amongst partner organisations to raise awareness of VAWG and the available interventions, in particular how we can champion a zero tolerance approach to violence against women and girls in our communities.

3. Introduction and Background

Research on perpetrator services

Domestic violence perpetrator services emerged in the UK in the late 1980s, with Change in Scotland and Domestic Violence Intervention Programme (DVIP) in London. Each had a clearly developed curriculum, influenced in part by precursor

programmes from the USA. Initially, they delivered services for both self-referred and court-mandated men.

Research on perpetrator programmes is still in its infancy and there is limited evidence to make solid conclusions about their effectiveness. It is, therefore important that we evaluate and monitor our local programme.

Studies suggests the following features should be considered as part of perpetrator programmes:

- Women and children's safety need to be central to any programmes (or other interventions) for violent men and programmes should offer separate parallel support for women.
- Programmes alone may be ineffective in achieving change in the behaviour of violent men, and must be accompanied by effective legal sanctions, as well as wider agency links.
- Approaches based on cognitive-behavioural approaches that also take gender into account are more likely to be effective.
- Whatever the approach adopted, work with violent men requires specific skills. A central feature of this work must be the message that violence is *not* acceptable and must aim to challenge/ stop/ prevent further violence.
- A wide range of agencies may have domestic violence perpetrators as their clients, and practitioners in health, social care and other services need to develop the skills to ask perpetrators about violent and abusive behaviour as well as knowing where to refer (Hester et al. 2007).

The Haringey Domestic Violence Perpetrator Service

Haringey's Domestic Violence Perpatrator Programme is called the Domestic Violence Intervention Project (DVIP). The DVIP enables perpetrators of domestic violence to access specialist interventions and support to help reduce and prevent further domestic violence as well as providing safety for victim/survivors and family members, where applicable. The service can support adult men choosing to address their behaviour. There is also a programme for young people exhibiting concerning behaviour either in their own intimate relationships or towards parents or siblings.

The DVIP is part of the coordinated response to address violence against women and girls, where agencies and services work together to increase the safety of survivors, hold perpetrators accountable for their behaviour and challenge the social tolerance of these forms of crime and abuse.

The DVIP has three core elements: expert risk assessment, a violence prevention programme for perpetrators and a women's support service. The violence prevention programme works to bring about changes in perpetrators' attitudes and behaviours. It is not anger management or counselling. It is a group programme designed specifically to reduce domestic violence. The service uses a combination of cognitive, therapeutic and teaching techniques to promote and support changes.

The DVIP is commissioned to accept 28 referrals per annum. In 2018/2019, the service received 64 referrals. The majority of referrals came from CYPS, but they also received a number of self-referrals. Around half of the referrals proceed to 1-1 sessions or having suitability assessments for the group programmes (the men need

to acknowledge their behaviour or show some insight, or they are not accepted). All the female partners or ex-partners are offered parallel support when the men are on group programmes. The service provider also provides advice and capacity building to staff within CYPS as well as training and development support. This is included within the contract.

The Haringey DVIP was established following a competitive tendering process, the original contract was awarded in 2016 for a period of one year with an option to extend for two further periods of 12 months. The first extension was utilised during 2017/2018. The contract was further extended from 1st September to 31st August 2019. The cost of the service is £69,839 per year.

The option to not extend was considered but it was decided to extend the contract for a year as a return to spot purchasing of assessments is costly and does not allow for the additionality of services provided through a contract.

Previously, perpetrator assessments were spot purchased at a cost of at least £4800 each with no perpetrator group programme. A contract provides more efficient use of resources.

The £69,839 cost of the contract extension was met from the Children in Need of Support and Protection budget (£49,839) with £20,000 from the Mayor's Office for Policing and Crime already transferred to the Support and Protection budget.

The DVIP aims to deliver specialist support to perpetrators, including both men and women aged 16 years and over. The service was designed to cater for perpetrators who recognise a need to address their abusive behaviour and therefore access the programme voluntarily.

Clients are referred by professional organisations using a standard referral form. Clients can also self-refer in to the programme. Individuals may also be signposted to the perpetrator service by various other organisations. Following referral, all clients are assessed for their eligibility and willingness to complete the programme. Following acceptance onto the scheme, a client is offered personalised and ongoing support through a menu of options including: an awareness workshop; individual sessions or meetings with support worker; an eight-week programme of structured group sessions; and flexible drop in hub on completion of the programme.

Some of the key issues raised by the service providers include:

- DVIP cannot currently support men who do not speak English, meaning many referrals cannot be supported. There continues to be a high proportion of referrals for men whose first language is not English (an estimated 60% of all DVIP perpetrator referrals in Haringey), but with no additional provision for DVIP to work with them on a 1-2-1 basis. Many of these referrals also identify alcohol misuse.
- Work required to be undertaken with non-English speaking men on a 1-2-1 basis cannot be done realistically within the timeframe of the Child Protection process. English speakers can access treatment within 5 to 6 weeks whereas those whose first language is not English may remain on a waiting list for between 6 to 12 months. This is leading to a clear disadvantage for families where English is not the father's first language.

- Referrals are currently being received at a late stage (i.e. where children are currently in proceedings).
- The time between the key abusive incident taking place and any meaningful work being able to be done with the father is lengthy. This appears to be due to Social Workers not approaching DVIP for a consultation at the early stages of a case but waiting until much further into a CP process or even at PLO stage. On a number of occasions, the abusive father is remaining in the family home throughout that time before DVIP get involved.
- The high number of referrals for men with alcohol and substance misuse issues.
- The high number of perpetrators linked to women who are discussed in MARAC who do not live in Haringey.

Outcomes

We are currently designing a wider set of outcome measures for the service, beyond the qualitative information described above and the numbers of people going through the services. This will enable us to monitor and improve the service more effectively.

Next steps

With effect from the 1st September 2019 the existing contract has been extended for 12 months to enable Richmond Fellowship and Haringey Council Childrens Social Care (CSC) to:

- a) Identify community groups to develop and train community elders to support men from the Turkish and Polish communities to act as interpreters and mentors for male perpetrators of Domestic Abuse
- b) To deliver a tailored version of the DVIP programme to include 6 weeks of group work for males whose children are subject to Children in Need (CIN)/ Child Protection (CP) or Public Law, Pre Proceeding plans and to then complete the remaining 20 weeks targeting those most in need of the full programme.
- c) To accept referrals from the Multi-Agency Safeguarding Hub (MASH) supporting the screening of Domestic Abuse notification that satisfy the threshold for Multi Agency Risk Assessment Conference (MARAC) and earlier interception of step up of cases from Early Help reducing the time lag between incident and intervention.
- d) Develop targeted work with the Youth Offending Service to better enable DVIP's Yuva Young People's Service to re sharpen the focus on working within families
- e) Widening the Domestic Abuse reach by jointly training Designated Safeguarding Officer's, Social work Domestic Abuse Champions and Designated Officers from Early Help to complete the MARAC Masterclass through the Children's Social Care Academy. A key component of this training will support the Champions and designated officers to promote the engagement of Fathers.
- f) Co design the quarterly monitoring reports

The service will continue to be co-located within the assessment team in children and young people's service and CSC will work to support the delivery of the DVIP programme from an accessible Haringey building.

4. Contribution to strategic outcomes

1. Haringeys Violence Against Women and Girls Strategy 2016-2026: One of the 4 key strategic objectives is holding perpetrators to account.
2. The Borough Plan 2019-2023.
3. In March 2018, the Mayor of London published a new strategy, 'A Safer City for Women and Girls' to end violence against women and girls. The Strategy focusses on three areas of Prevention including: Tackling Perpetrators and Protecting and Supporting Victims of VAWG.

Finance and Procurement

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

Legal

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

Equality

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

Violence against women and girls is a form of gender inequality. Women and girls are disproportionately impacted by the forms of abuse and crimes that are included in the definition of violence against women and girls. Adult men are overwhelmingly the perpetrators of domestic abuse – 87% of all perpetrators. Perpetrators are also young in Haringey 35% are aged between 25-34. The programme works to support the perpetrators to change their behaviour and reduce inequality.

Improving the Council's response to violence against women and girls demonstrates a commitment to address inequality issues for that group. The perpetrator service is a central element to the Council's work on helping to prevent violence against women and girls.

Objective criteria for accepting perpetrators have been developed and do not discriminate against any group in selection for the project. Further safeguards are built into the project, by developing a system of monitoring covering application and selection for the project and outcomes by the protected characteristics of age, sex, sexuality, disability and race and ethnicity. While most domestic violence perpetrators are men. DVIP can also offer interventions to reduce women's abuse of male partners, and abuse in gay and lesbian relationships.

An Equalities Impact Assessment was undertaken before the contract was awarded in 2016.

5. Use of Appendices

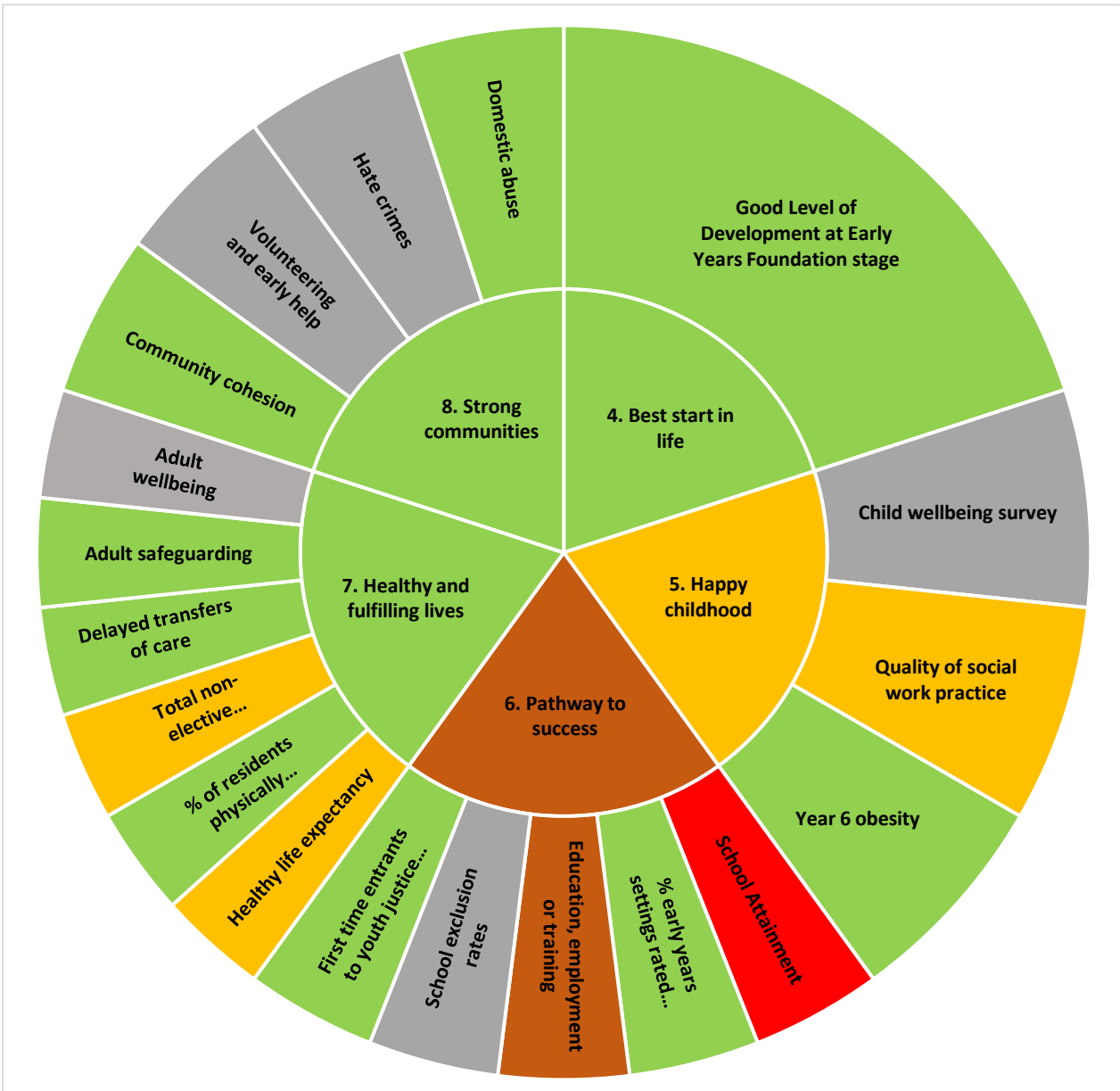
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6. Local Government (Access to Information) Act 1985

N/A

People

Q1 2019/20

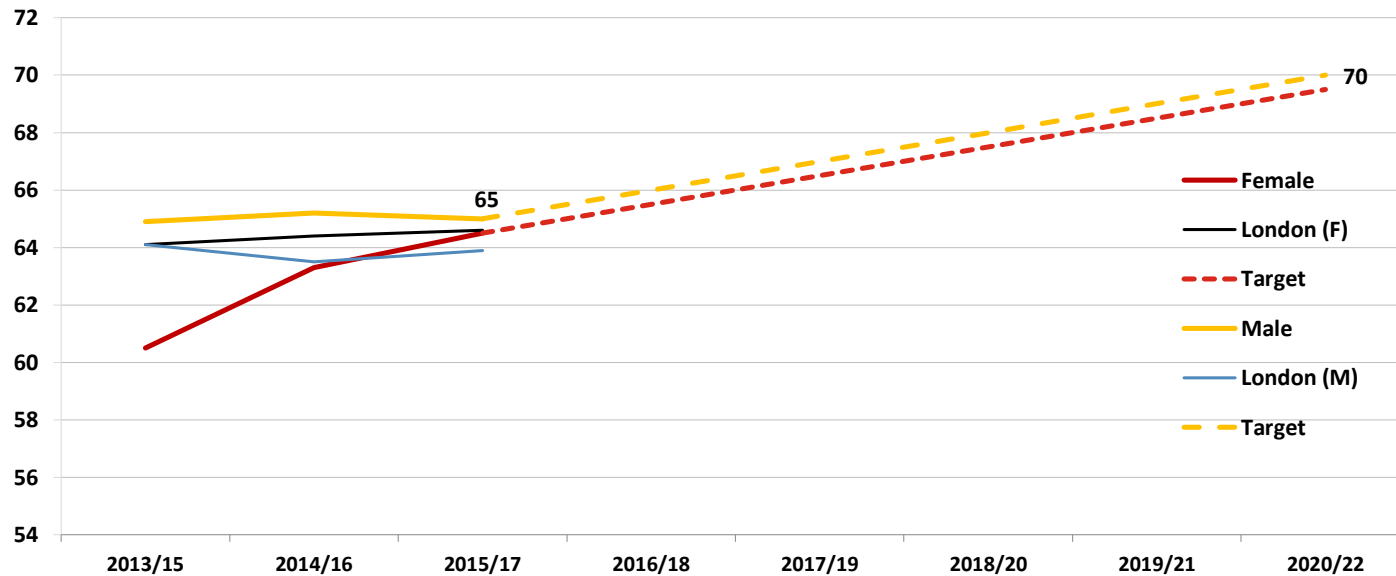


	RAG	YTD Performance		Annual Target
4. Best start in life				
Percentage of children achieving Good Level of Development at Early Years	Green	76%		Best amongst statistical neighbours by 2022
5. Happy childhood				
Percentage of pupils reporting they are satisfied with their life at the moment, percentage of pupils who feel they have someone to talk to.	No data			Improve from baseline: 65% and 44% respectively
Quality of social work practice	Green Amber	Judgement: requires improvement		improvement towards and OFSTED rating of Good
Percentage of year 6 children overweight or obese	Green	37.18%		London top quartile by 2022 (currently 36%)
6. Pathway to success				
Children and Young People's attainment: KS2 reading, writing & maths, GCSE attainment 8, GCSE progress 8 (see page three)	Red	Green Amber	KS2:	66%
		Red	Attainment 8: 46.3	
		Red	Progress 8: 0.16,	
Percentage of schools and Early Years settings rated outstanding or good	Green	99% Good or outstanding, 22% outstanding		100%, with a third of all Outstanding by 2022
Percentage of young people aged 16-24 in education, employment or training	Red Amber	90.6% of 16-17 year olds in learning (June 2019)		Above London average by 2022 (94.2%)
Secondary school exclusion rates as percentage of school population, fixed term and permanent	No data			Reduction from baseline: 9.16 and 0.22 respectively
First time entrants to youth justice system aged 10 to 17 (per 100,000 10-17 year olds)	Green	379		Reduction from baseline: 403
7. Healthy and fulfilling lives				
Healthy life expectancy for males and females at birth and at age 65	Green Amber	Red	Male healthy life expect' at birth	
		Green	Female healthy life expect' at birth	
		Red	Male healthy life expect' at age 65	
		Red	Female healthy life expect' at 65	
		Green Amber	Opiates	
		Green Amber	non opiates	
		Green Amber	Alcohol completion	
		No data	Entrants to alcohol treatment	
		No data	Successful alcohol treatment	
Green	Level of physical activity			
Green Amber	Smoking prevalence			
				Add an additional year to healthy life expectancy by 2022 across all measures.
Percentage of residents physically active (Sports England survey)	Green			Increase physical activity by an average of 0.4
Total non-elective admissions into hospital for all ages per 100,000 population	Green Amber	4.61% increase		TBC (2.3% Q4)
Delayed transfers of care from hospital 18+ per 100,000 population	Green	20.7% reduction		TBC (reduction of 11% Q4)
Proportion of adult safeguarding cases with risks removed or reduced at end of case	Green	95%		95% removed or reduced with an increased proportion removed
Proportion of residents with a high happiness score, per Haringey resident population aged 16+	No data	No data	Optimistic about the future	
		No data	Feeling relaxed	
		No data	Dealing with my problems well	
		No data	Thinking clearly	
		Red	High happiness score	70%
8. Strong communities				
Percentage of residents agreeing that local area is a place where people from different backgrounds get on well together	Green	91%		Improvement from 2018 level
Percentage of residents volunteered in the last 12 months	No data	28%		improvement towards national benchmark of 38%
Number of reported hate crime offences per 100,000 population	No data	9.94		Any increase or decrease better than the London average
Domestic abuse: violence with injury	Green	7% decrease 10.97 offences per 1000 pop		Reduction from baseline 352.7

Outcome 7
Amber
Green

Healthy life expectancy at birth : number of years lived in 'good' or 'very good' health

Target: Female 69.5 by 2020-22 Male: 70 by 2020-22



This indicator is an extremely important summary measure of mortality and morbidity in itself. Healthy life expectancy shows the years a person can expect to live in good health (rather than with a disability or in poor health).

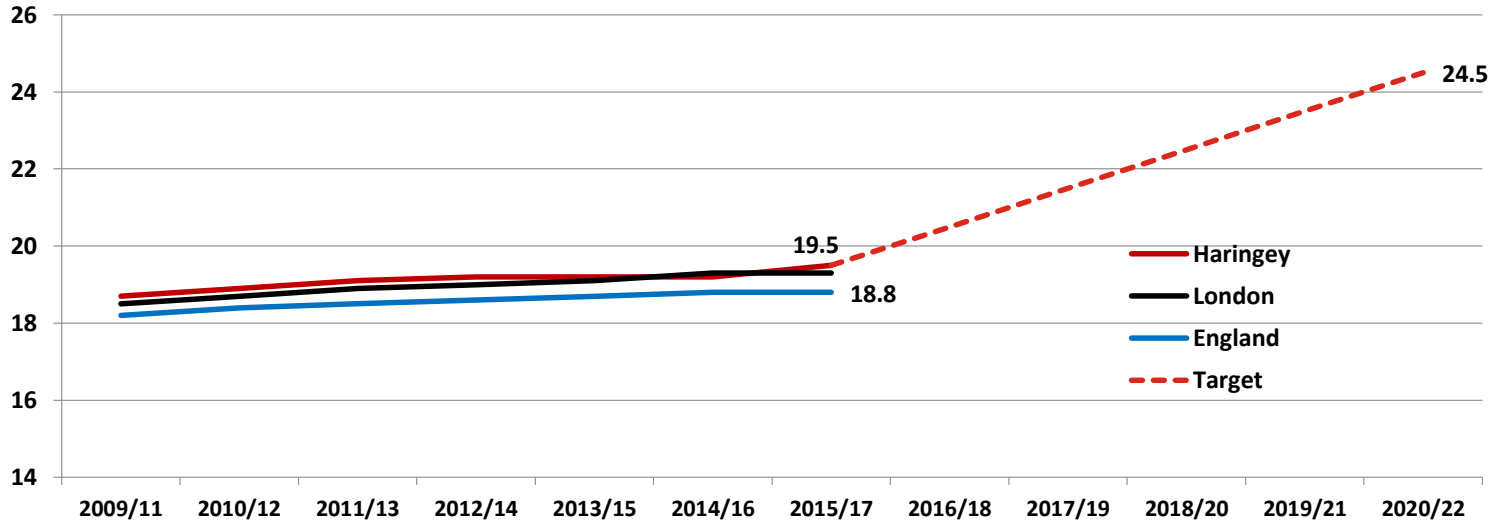
Male healthy life expectancy (65 years) in Haringey is over a year higher than London and England, whilst female healthy life expectancy (64.5 years) is in line with London but higher than England.

Source data: <https://fingertips.phe.org.uk/profile/healthy-ageing/data#page/4/gid/1938133280/pat/6/par/E12000007/ati/102/are/E09000014/iid/90362/age/1/sex/1>

Outcome 7
Red

Healthy life expectancy Males at 65: number of years lived in 'good' or 'very good' health

Target: 24.5 by 2020-22



The average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years at age 65 a person would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life after that age. Figures are calculated from deaths from all causes and mid-year population estimates, based on data aggregated over a three year period.

In Haringey, men aged 65 live the last 19.5 years of life in good or very good health compared with 18.8 years for men in England. However, an ambitious target to increase the number of years in good or very good health to 24.5 by 2022 makes this a significant challenge hence the red rag rating.

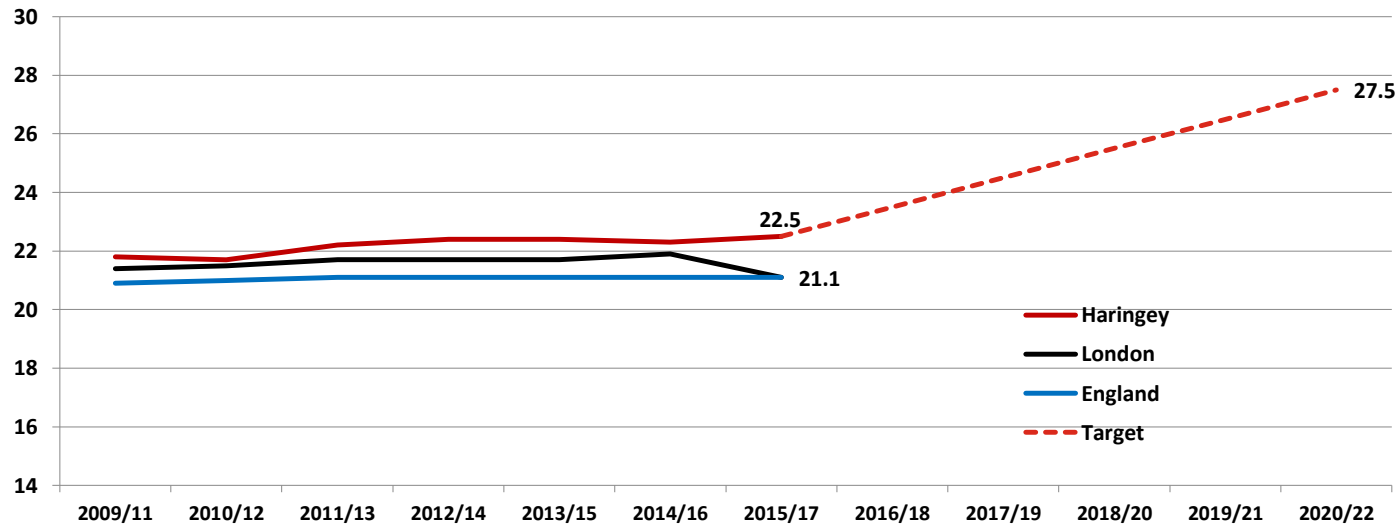
The Amber green rag status for this overall outcome of wellbeing is based on performance against a suite of related indicators; Successful completion Local opiates and non-opiates treatment, successful completion of Alcohol treatment, physical activity and smoking prevalence. Other parental alcohol treatment indicators will be included in the suite and reported from October 2019.

Source data: <https://fingertips.phe.org.uk/profile/healthy-ageing/data#page/4/gid/1938133280/pat/6/par/E12000007/at/102/are/E09000014/iid/90362/age/1/sex/1>

Outcome 7
Red

Healthy life expectancy Females at 65: number of years lived in 'good' or 'very good' health

Target: 27.5 by 2020-22



The average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years at age 65 a person would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life after that age. Figures are calculated from deaths from all causes and mid-year population estimates, based on data aggregated over a three year period.

In Haringey, women aged 65 live the last 23 years of life in good or very good health compared with 21 years for women in England.

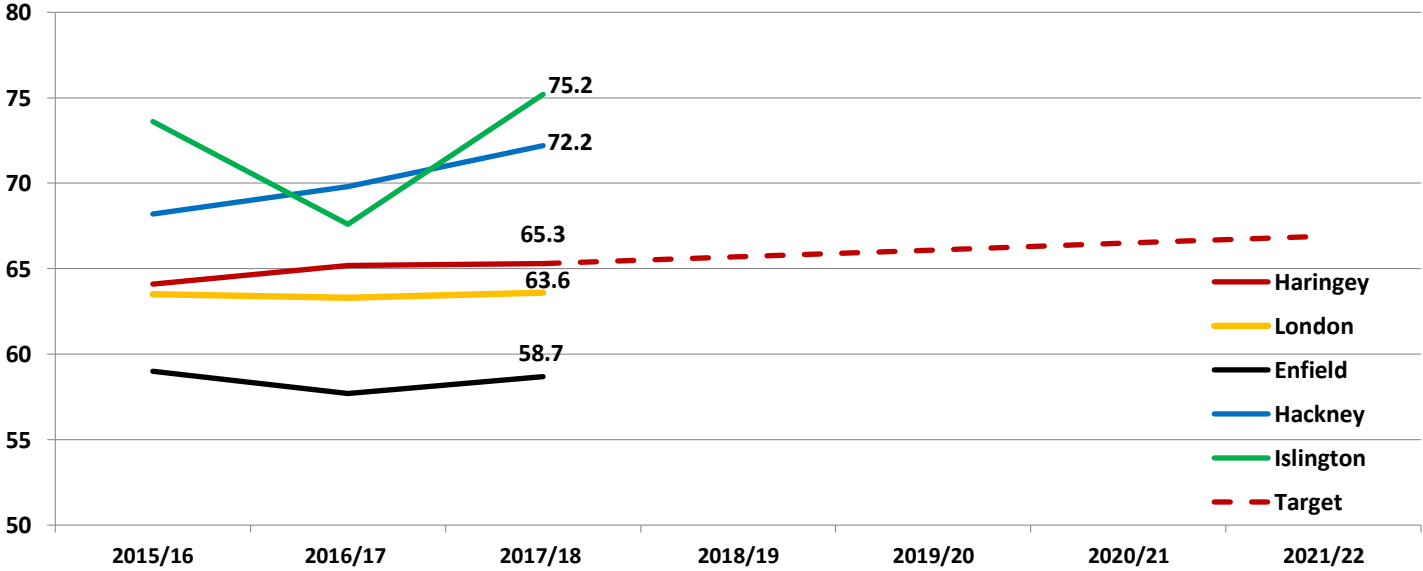
The Amber green rag status for this overall outcome of wellbeing is based on performance against a suite of related indicators; Successful completion Local opiates and non-opiates treatment, successful completion of Alcohol treatment, physical activity and smoking prevalence. Other parental alcohol treatment indicators will be included in the suite and reported from October 2019.

Source data: <https://fingertips.phe.org.uk/profile/healthy-ageing/data#page/4/gid/1938133280/pat/6/par/E12000007/ati/102/are/E09000014/tid/90362/age/1/sex/1>

Outcome 9
Green

% of residents physically active

Target: To increase % of residents physically active by an average of 0.4 points year on year by 2022



Haringey's performance is similar to last year and demonstrates no statistically significant change. Surrounding boroughs demonstrate similar results, except for Islington where there is a statistically significant increase in physically active adults. Likewise London overall has demonstrated a statistically significant increase. With both Islington and London it appears that this is a result of some of the 'fairly active' cohort becoming more active. The overall rate for England has increased slightly to 62.6%.

More analysis by Sport England is required to more fully understand this years' results. This indicator has been rated green due to Haringey's improved performance over the rest of London.

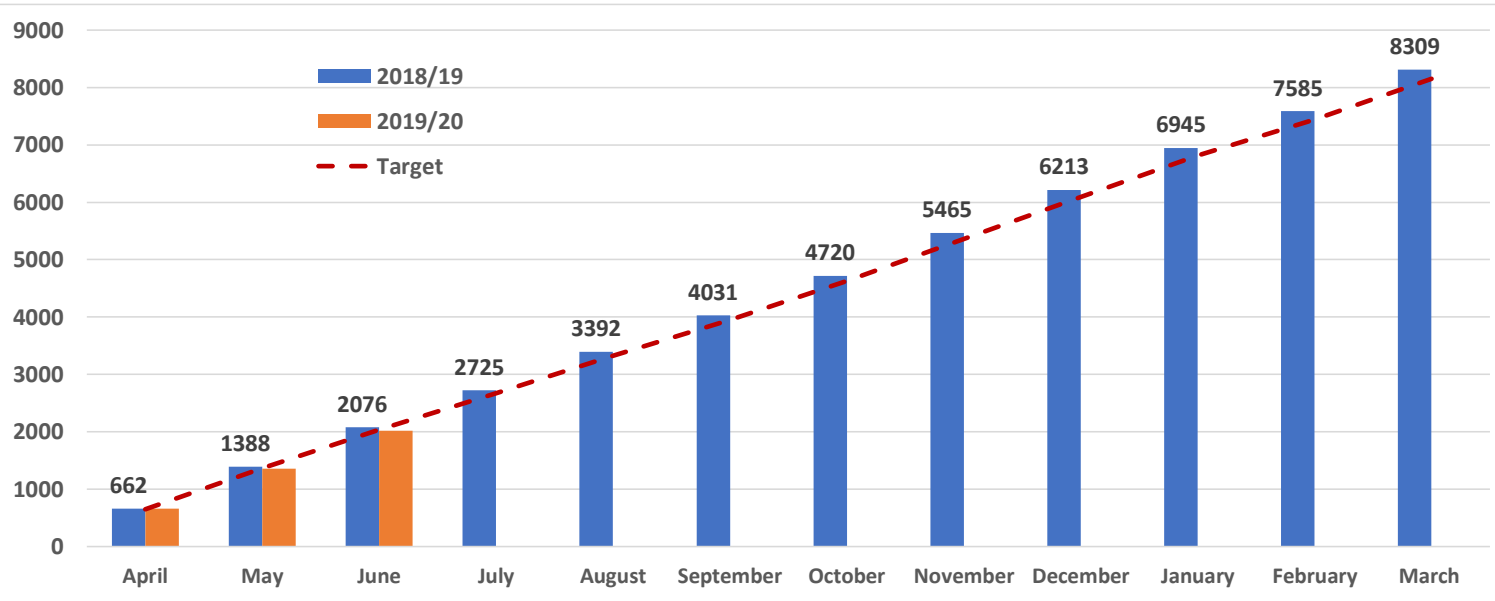
Source data: Sports England Active Lives Survey

Outcome 7

Green
Amber

Total non-elective admissions into hospital for all ages per 100,000 population

Target: 1.9% reduction on 2018/19 actual position



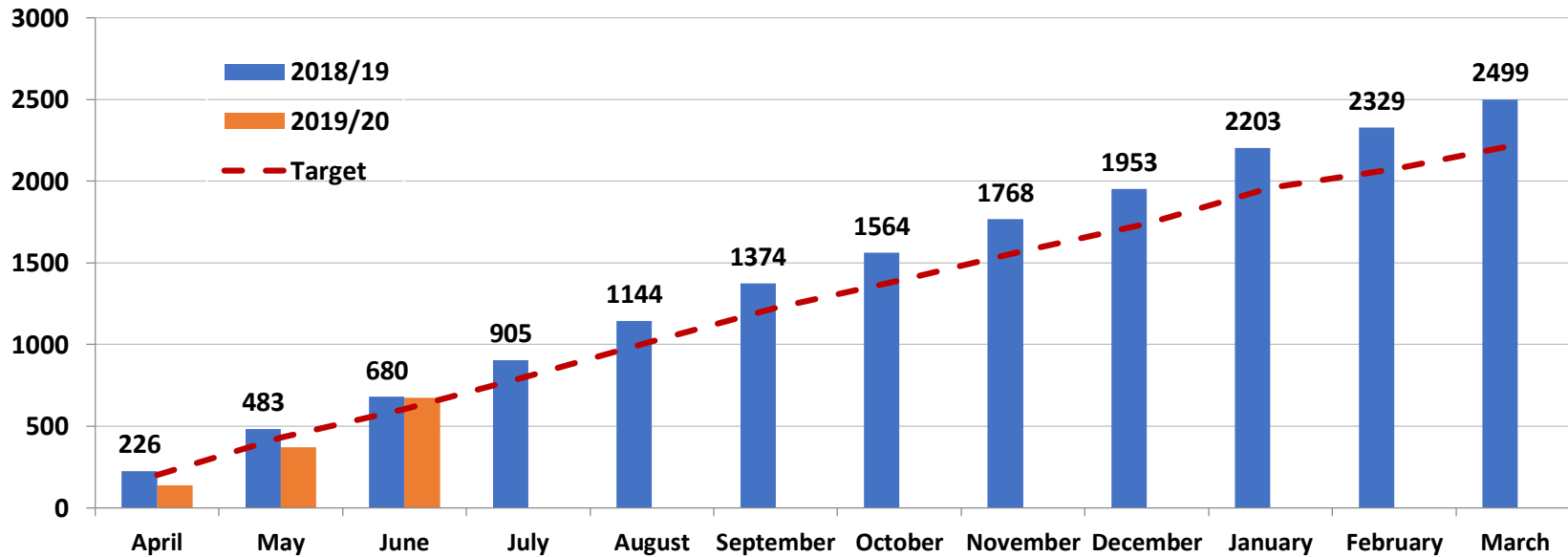
There have been **5,767** non-elective admissions in 2019/20, a 1.86% decrease on the same period in 2018/19.

There have been **2,016** non elective admissions per 100,000ppn, a 2.88% reduction on the rate of admissions.

Outcome7
Green

Delayed transfers of care from hospital 18+ per 100,000 population

Target: 11% reduction in the rate per 100,000 population of delayed transfer of care (delayed days)



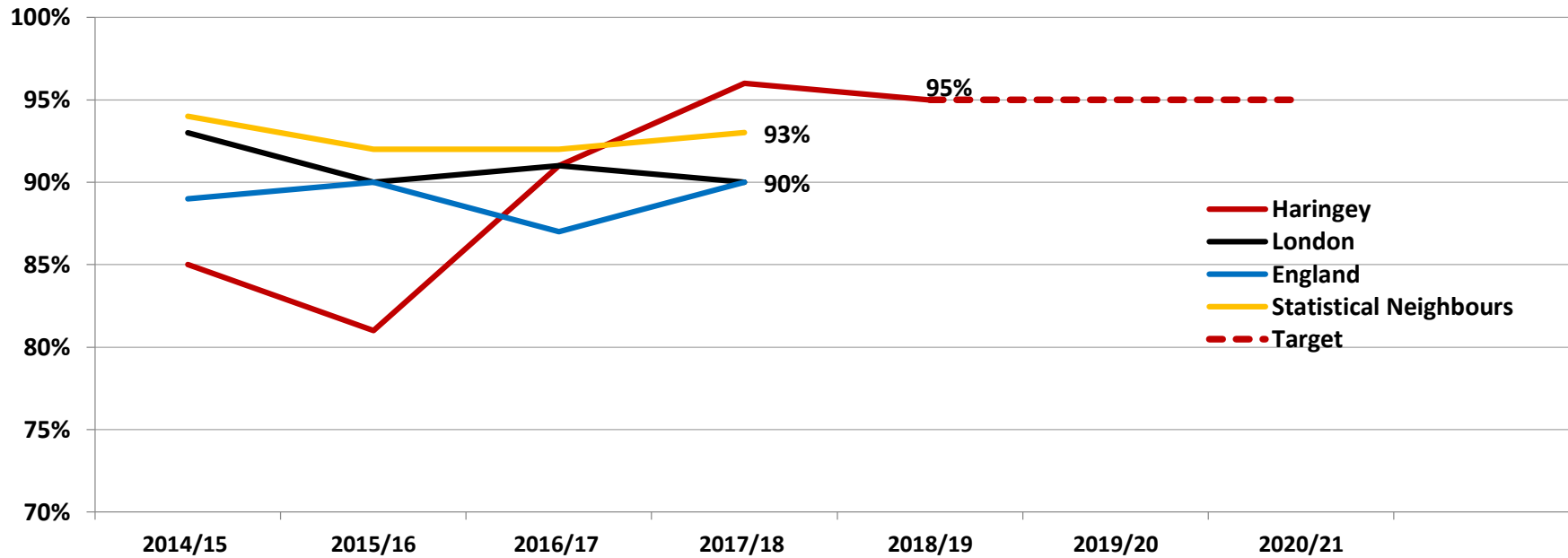
In the first two months of 2019/20 the rate of DTC Delayed days per 100,000 population was 373. This is a 23% reduction in the rate per 100,000ppn compared to the same period in 2018/19. In June 2019 a sharp increase in the number of DTC delayed days left the rate at 675 days per 100,000 population, compared to 680 in 2018/19.

In actual numbers, there were 243 more DTC delayed days in June 2019 than there were in June 2018, a 55% rise.

Outcome7
Green

Proportion of adult safeguarding cases with risks removed or reduced at end of case

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



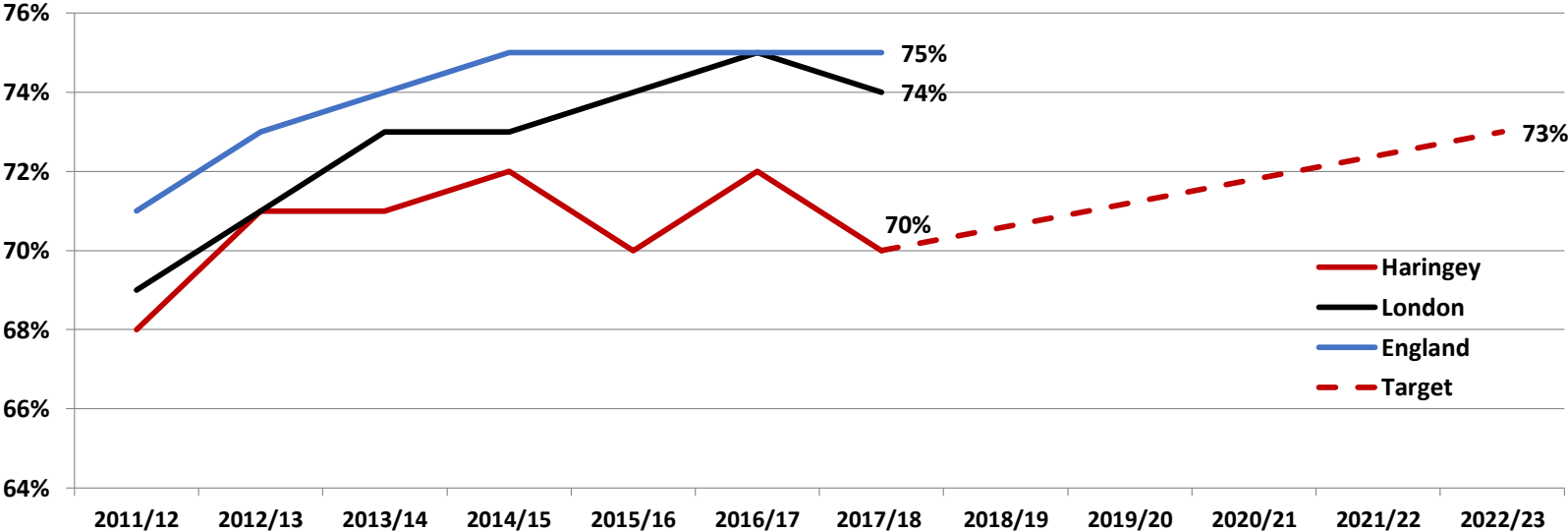
In Haringey, 95% of the safeguarding cases concluded had their risks either removed or reduced in 2018-19, achieving the target. This data is subject to validation. The proportion of safeguarding cases with risks removed increased in 2018/19 increased to 69%, from 64% the previous year.

Source data: NHS Digital

Outcome7
No Data

Proportion of residents with a high happiness score, per Haringey resident population aged 16+

Target: 73%



In 2017/18, the estimated proportion of Haringey residents aged 16+ who are happy or very happy was 70% which is lower than the London (74%) and England (75%) average.

The proportion of Haringey residents who are happy or very happy is expected to rise to 73% which remains below the expected local and national average (80%).

The Grey rag status for this overall outcome of wellbeing is based on performance against a suite of related indicators which are currently under development; % of residents feeling optimistic about the future, proportion of residents feeling relaxed, proportion of residents dealing with their problems well and proportion of residents thinking clearly.

Source data: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/headlineestimatesofpersonalwellbeing> and the Residents survey