

## NOTICE OF MEETING

# HEALTH AND WELLBEING BOARD

**Wednesday, 12th February, 2020, 2.00 pm - Civic Centre, High Road, Wood Green, N22 8LE**

**Members:** Please see attached list.

### **1. FILMING AT MEETINGS**

Please note 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. WELCOME AND INTRODUCTIONS (PAGES 1 - 2)**

### **3. APOLOGIES**

To receive any apologies for absence.

### **4. URGENT BUSINESS**

The Chair will consider the admission of any late items of urgent business. (Late items will be considered under the agenda item where they appear. New items will be dealt with at agenda item 13).

### **5. DECLARATIONS OF INTEREST**

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

- (i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
- (ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

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

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

**6. QUESTIONS, DEPUTATIONS, PETITIONS**

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

**7. MINUTES (PAGES 3 - 10)**

To consider and agree the minutes of the meeting of the Board held on 16<sup>th</sup> October 2019.

**8. DEVELOPMENT OF THE NEW HARINGEY HEALTH AND WELLBEING STRATEGY FOR 2020-2024 (PAGES 11 - 42)**

To review and agree the development of the new Haringey Health and Wellbeing Strategy for 2020-2024.

**9. HARINGEY BOROUGH PARTNERSHIP UPDATE (PAGES 43 - 54)**

To note the update on the development of the Borough Partnership in Haringey.

**10. SEEKING A MANDATE TO REVIEW THE TERMS OF REFERENCE OF THE HARINGEY HEALTH AND WELLBEING BOARD. (PAGES 55 - 62)**

To approve a review of the Terms of Reference of the Health and Wellbeing Board.

**11. CAMHS TRANSFORMATION PLAN (REFRESH FOR 19/20 AND 20/21) (PAGES 63 - 84)**

To review and endorse the Haringey CAMHS Transformation Plan final draft.

**12. HARINGEY SAFEGUARDING ADULTS BOARD (HSAB) ANNUAL REPORT 2018/19 (PAGES 85 - 162)**

To note the Haringey Safeguarding Adults Board (HSAB) Annual Report 2018/2019.

**13. NEW ITEMS OF URGENT BUSINESS**

To consider any new items of urgent business admitted at item 4 above.

**14. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS**

Members of the Board are invited to suggest future agenda items.

The dates of future meetings are TBC.

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Tuesday, 04 February 2020

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### Membership of the Health and Wellbeing Board

\* Denotes voting Member of the Board

| Organisation                            |   | Representation | Role  | Name                |
|---|---|----------------|---|---------------------|
| Local Authority                         | Elected Representatives                     | 3              | *Leader of the Council  | Cllr Joseph Ejiofor |
|   |   |                | *Cabinet Member for Children and Families                         | Cllr Zena Brabazon  |
|   |   |                | *Cabinet Member for Adults and Health – Chair                     | Cllr Sarah James    |
|   | Officers' Representatives                   | 4              | Director of Adults and Health                                     | Beverly Tarka       |
|   |   |                | Director of Children's Services                                   | Ann Graham          |
|   |   |                | Interim Director for Public Health                                | Dr Will Maimaris    |
|   |   |                | Chief Executive   | Zina Etheridge      |
| NHS                                     | Haringey Clinical Commissioning Group (CCG) | 4              | *Chair  | Dr Peter Christian  |
|   |   |                | *Vice Chair   | John Rohan          |
|   |   |                | Chief Officer   | Tony Hoolaghan      |
|   |   |                | *Lay Member (confirmed as voting member by Full Council 23/02/15) | Cathy Herman        |
| Patient and Service User Representative | Healthwatch Haringey                        | 1              | * Chair   | Sharon Grant        |
| Voluntary Sector Representative         | Bridge Renewal Trust                        | 1              | Chief Executive   | Geoffrey Ocen       |
| Haringey Local Safeguarding Board       |   | 1              | Interim Independent Chair   | David Archibald     |

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## **MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON WEDNESDAY, 16TH OCTOBER, 2019, 2.10 – 4.00PM**

**Present:** Cllr Sarah James (Cabinet Member for Adults and Health – **Chair** – Voting Member), Cllr Zena Brabazon (Cabinet Member for Children, Education and Families - Voting Member), Tony Hoolaghan (Chief Operating Officer CCG), Cathy Herman (Lay Member CCG – Voting Member), Sharon Grant (Chair Healthwatch Haringey – Voting Member), Will Maimaris (Interim Director for Public Health), and Geoffrey Ocen (Chief Executive Bridge Renewal Trust).

**Officers:** Zina Etheridge (Chief Executive of London Borough of Haringey), Beverly Tarka (Director of Adults and Health), Ann Graham (Director of Children’s Services), Charlotte Pomery (Assistant Director of Commissioning), Rachel Lissauer (Director of Commissioning AND Integration– Haringey CCG).

**Also present:** Cllr Mark Blake (Cabinet Member for Communities and Equalities), Maria Kane (Chief Executive of North Middlesex University Hospital), Paul Allen, (Haringey CCG - Head of Integrated Commissioning - Integrated Care & Frailty), Cassie Williams (Haringey CCG - Assistant Director of Primary Care), Kathryn Collin (Haringey CCG - Head of Children’s Commissioning), Julia Britton (Chief Executive of Open Door), Laura Guest (Parent Carer Representative), Jeanne Faulet-Ekpitini ( Access and Trailblazer Team Manager - Barnet, Enfield and Haringey Mental Health NHS Trust), Simon Gosling (CAMHS Service Manager - Barnet, Enfield and Haringey Mental Health NHS Trust).

### **63. 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.

### **64. WELCOME AND INTRODUCTIONS**

The Chair welcomed members of the Board and attendees to the meeting.

### **65. APOLOGIES**

Apologies for absence were received from David Archibald, Dr Peter Christian, Cllr Joseph Ejiofor, Siobhan Harrington and Stephen Lawrence.

### **66. URGENT BUSINESS**

There were no items of urgent business.

### **67. DECLARATIONS OF INTEREST**

No declarations of interest were received.

**68. QUESTIONS, DEPUTATIONS, PETITIONS**

The Chair informed the Board that a request had been received from Mr Alan Morton, Chair of the NCL NHS Watch, to put forward some issues in relation to item 10 of the agenda pack, proposed merger of CCG's within North Central London. The Chair advised the Board that in accepting this request that it be noted that the CCG governing bodies within North Central London were considering these proposals and the Board was being asked to note and discuss this update in its role as partners in the community.

Mr Morton was invited by the Chair to put forward his representations to the Board. Mr Morton introduced the Board to his representations as set out in the document titled 'NCL NHS Watch', which was circulated to the Board at the meeting. Mr Morton highlighted concerns around governance and privatisation as a result of the proposed merger of CCG's within North Central London.

Although Mr Morton welcomed the NLP plans around prevention work and new screening, he informed the Board that there was insufficient detail on how those plans were to be actioned, and that there had been a small amount of public consultation or engagement.

Mr Morton mentioned that the NLP's budget deficit was about £200 million a year of a £2.1 billion a year budget, which amounted to about a 10% a year deficit. Mr Morton stressed that the deficit was not the fault of the North London Partners (NLP) because the main reason for the deficit was due to deliberate government underfunding. Mr Morton was concerned that the deficit would put pressure on the NLP and result in the NLP selling assets to fund its deficit. Additionally, Mr Morton raised concerns regarding cuts in services due to the deficit.

In relation to governance, Mr Morton wanted to know how residents, staff and councillors would be involved in decisions in health care. He pointed out that there would be inadequate representation of the local authority at the Governing Body of the NCL CCG as only one local Councillor from North Central London would be able to attend the Governing Body Committee that would meet four times a year and that Councillor would not have a vote. He further added that plans were unclear in relation to the Health and Wellbeing Board and Haringey's CCG. Mr Morton informed the Board that despite the advice in the equality impact assessment of the Proposed Merger of NCL CCGs report; the rationale, process, timetable and expected outcomes for the merger was not clearly explained. Mr Morton further explained the long-term implications of the proposed merger, which included privatisation of services and a system of financial cost based on ability to pay. Mr Morton urged the Board to ask the NLP the difficult questions he had put forward in his representations.

The Chair invited officers to respond to the representations.

Tony Hoolaghan, Haringey CCG - Chief Operating Officer, thanked Mr Morton for his representations. In response to the representations, the Chief Operating Officer made the following points:



- a. The Board was informed that it was agreed as part of the NCL CCG merger that all the investment in primary care, mental health, community health services would all be protected. It was further added that the funding would be allocated to where it would be needed rather than it being divided by five boroughs, which would be positive for Haringey as the historical levels of investment in primary care and community care was less in Haringey and Enfield in comparison to other Boroughs in North Central London.
- b. In terms of engagement, the Board was advised that it was the statutory duty of a Clinical Commissioning Group to engage with the local population, and that would continue as a merged CCG. It was noted that there was a genuine commitment to engage with the local population and there would be many forms of engagement work that would be undertaken, such as patient public involvement, websites, newsletters, and meetings on specific topics.
- c. Regarding local authority representation, the Board were informed that none of the Governing bodies in North Central London had a Councillor on them. The Board were advised that Governing bodies needed GPs in the majority. The rules on the configuration was nationally set. The Board were informed that a request had been made for a Councillor from NCL to be on the Governing body. However, it was explained that considering there were five boroughs involved, additional representation would potentially create an enormous Governing body committee, which already included the Director of Public Health of the Council and local authority representative.
- d. The NCL CCG merger was part of the implementation of the NHS plan to create an integrated care system (ICS) by April 2021, which entailed collaborative partnership work among commissioners and providers, the NHS Trust, Councils, Health Watch, voluntary sector and local people. NCL would be delegating decisions and budget down to Borough level. It was noted that there was currently a process of setting up a Borough partnership, and it was explained that there was a lot of activity being carried out at Borough level.
- e. Regarding primary care networks, the long-term plan would be around collaborative partnership work and moving away from competition to ensure there would be less procurements in the future.

The Chief Operating Officer advised Mr Morton that he would be happy to discuss any of his concerns further outside of the meeting.

The Chair thanked the Chief Operating Officer for his response, and thanked Mr Morton for his representations.

***At this point in the meeting, the Chair noted, at the request of officers, the variation of the agenda to consider agenda item 9 'North Central London (NCL) Long Term Plan' jointly with agenda item 10 'Proposed Merger of CCGs Within North Central London' to allow for discussion and comment on the changes at the North Central London level. The order of the minutes reflects the order that the business was taken, rather than the order on the published agenda.***

**69. NORTH CENTRAL LONDON (NCL) LONG TERM PLAN & PROPOSED MERGER OF CCGS WITHIN NORTH CENTRAL LONDON**

Tony Hoolaghan, Haringey CCG - Chief Operating Officer, introduced the reports for North Central London Long Term Plan, as set out in the agenda pack at pages 11-44, and Proposed Merger of CCGs within North Central London, as set out in the agenda pack at pages 45-118. The Board also received a short presentation, as set out in the agenda pack at pages 15-55, which provided an overview of the context and summary of the NCL Long Term Plan, the process of developing the collective plan, summary of the implementation framework, summary of engagement plan with residents, and summary of themes from resident engagement used to guide the plan.

The following was noted in discussion of this item:

- a. The Board raised concerns around consultation and engagement work. The Board felt that it was important to ensure a trusting relationship between providers and the public. The Board suggested that when engaging with residents, it was important to differentiate the patient perspective from resident perspective as there were many residents who were well. In response to the Board's concerns, the Chief Operating Officer, stressed it was important to differentiate between engagement and consultation. It was explained that the process carried out as part of the NCL plan was an engagement rather than a consultation. It was further explained that there were national rules around public consultations. The Board were advised that consultations would be carried out in instances such as if there were changes to be made to frontline services. It was noted that the CCG had a statutory duty to involve patients and public in order to obtain their view, especially around any proposed changes or strategy. The Board were assured that engagement work would always continue, and it was hoped to continue to utilise Borough partners to contact and engage with the public. It was noted that the NCL would delegate a lot of activity to Borough partnerships, and engagement and consultation would continue at Borough level.
- b. The Chair requested that more detailed equality impact assessment be provided for future published reports.
- c. The Chief Operating Officer advised that there was not yet a target date on when an audit of health need would be commissioned. An update would be provided at a later date **(Action: Tony Hoolaghan)**.

## **RESOLVED**

- i. That the Board noted the NCL Long Term Plan update
- ii. That the Board noted and discussed the Proposed merger of CCGs within North Central London update.

## **70. MINUTES**

The minutes of the meeting of the 12<sup>TH</sup> June 2019 were agreed as a correct record.

## **71. GP PRACTICES IN HARINGEY**

The Board received a verbal update on GP Practices in Haringey from Rachel Lissauer, Haringey CCG - Director of Commissioning and Integration. It was

highlighted that there were currently many positive work being carried out on primary care in Haringey, and Haringey was the only Borough in Central London that had an outstanding CQC (Care Quality Commission) rating in general practice. There was a lot of investment through primary care networks which had been helpful in providing support for practices to take on additional staff. In addition, Haringey had been successful in securing 5 improvement grants which were for making improvements for GP practices, which had increased capacity and helped access by redeveloping certain rooms in practices. It was noted that another positive development of the formation of primary care networks was having a community forming around GP practices, which provided a supportive environment of sharing and learning good practices.

The Board were provided an update on the Myddleton Road Surgery. The Board were advised that the CCG had discussed plans to merge Myddleton Road Surgery with two other practices, to close the Myddleton Road Surgery site and relocate the practice. As part of that merger process, Myddleton Road Surgery had looked for a clinical partner to ensure services could continue to be delivered until the merger and relocation went ahead. Approval had been given on 20<sup>th</sup> June by the North London and Primary Care Committee in Common to add a GP and a non-clinical partner to the Myddleton Road Surgery contract. Sadly, the contract holder had passed away before the contract was signed, which resulted in the contract being automatically terminated. The CCG decided not to undertake the full procurement process to issue a new contract as it was concluded that the premises of the GP practice was inadequate and there were many other GP practices close to the Myddleton Road Surgery. The Primary Care Committee in Common approved a temporary care contract for Myddleton Road Surgery to provide primary care until 2<sup>nd</sup> November and to ensure patients were supported through the process in identifying and registering with a new practice. It was noted that the CCG continued to work to ensure patients were able to register with a new practice and processes were in place to support the practice's most vulnerable patients to register with a new practice to ensure continuity in care.

The following was noted in discussion of this item:

- a. In response to a question around how the primary care networks would help GP practices in the Borough that were in special measures, the Board was provided the example of Hornsey Park Surgery, which had an inadequate rating in June this year. Hornsey Park Surgery was working with West Green Surgery, which had an outstanding rating, to ensure that Hornsey Park Surgery was working safely and improving. The Board was advised that this arrangement was not within the remit of the primary care network, but it was an informal learning support arrangement which had begun to work.
- b. The Board were advised that the CCG were keen to ensure the strongest practices were supported to both continue to be strong and to support other practices. The CCG were also keen to ensure that GP practices were teaching good practices. There were many mechanisms used in order to provide support to practices, such as providing funding for a nursing team for GP practices that had difficulty recruiting primary care nurses. It was noted that there was a lot of money coming in through the primary care network route for supporting GP leadership, particularly General Practitioners that could become clinical

directors. It was stressed that the focus was to support practices in order to reduce variation between GP practices.

- c. The Board commented that the primary care network should be about sharing good practice and peer support. A comment was also made around the need to contextualise the primary care network within other work happening at neighbourhood and Borough levels, and the role of the voluntary sector in supporting prevention around primary care in ensuring people obtained access to a wide range of prevention services.

## **72. AGEING WELL STRATEGY**

The Board received a report which provided information on the Haringey Ageing Well Strategy 2019-2022 as set out at pages 119-188 of the agenda pack. The Board also received a short presentation which provided an overview of the context of the Strategy, the key aims, the programme structure, and set of improvement actions for each of the projects within the Strategy. The report and presentation were introduced by Paul Allen, Haringey CCG - Head of Integrated Commissioning (Integrated Care & Frailty).

The following was noted in discussion of this item:

- a. The Board was advised that the intention was to continue the involvement of partners in the delivery of the Strategy, and it was further added that the partnership work was more integrated at Borough and Neighbourhood level.
- b. The Board were pleased with the Strategy. A Board Member was particularly pleased that the Strategy prioritised activities around prevention.
- c. In response to a question around prevention, officers advised that part of the Strategy would be to focus on preventative solutions, which involved developing managing community-based solutions within the wider framework of supporting people to do things such as peer support. The intention was to work with a wider set of partners, such as Connected Communities, to develop a systematic joint approach. It was further added that some of it was about addressing the wider determinants, such as issues around poverty and housing supply.
- d. The Board sought clarification around practical solutions of the Strategy relating to every-day issues and how it linked to domiciliary care, such as adaptations for the elderly. In response, the Board was advised that within the Strategy there was a commitment around improving operations, reducing duplication on the number of assessments undertaken, and around improving the responsiveness of services. It was further added that adaptations had been included within the Strategy.

### **RESOLVED**

That the Board endorsed the Ageing Well Strategy 2019-2022.

## **73. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) TRANSFORMATION UPDATE**

The Board received a report which provided an update on the Child and Adolescent Mental Health Services (CAMHS) Transformation Programme as set out at pages 189-200 of the agenda pack. The Board also received a presentation which provided an overview of the following:

- background and context of the Haringey CAMHS update;
- statistics around mental health conditions of children and young people in Haringey;
- key updates to the Transformation Plan, which included the I-Thrive Model, the Trailblazer Project, and the School Link Programme;
- update on the Trailblazer work, particularly the four-week wait work to improve access and shorter waits;
- background, core principles, key challenges, and key aims of the Haringey based voluntary sector service Open Door;
- key challenges across the system;
- summary of the I Thrive model; and
- key priorities for the year

The report and presentation were introduced by Kathryn Collin (Haringey CCG – Head of Children’s Commissioning), Simon Gosling (CAMHS Service Manager), Jeanne Faulet-Ekpitini (Access and Trailblazer Team Manager), Julia Britton (Chief Executive – Open Door), and Laura Guest (Parent Carer Representative).

The following was noted in discussion of this item:

- a. The Cabinet Member for Communities and Equalities raised concerns around ethnic proportionality, particularly around race. The Cabinet Member requested to be presented with a clear data of the communities that were involved in the Programme when the final CAMHS Transformation Plan returned to the next Board meeting.
- b. A Board member hoped that the final Plan addressed the following points:
  - whether the Trailblazer Project, which improved access, was sustainable improvement or dependant on the current funding; and
  - the ambition regarding young people in out of borough placements and how those outcomes would be measured
- c. The Director of Children’s Services commented that there was a gap in the services, particularly for those young people that were in the high end of social care need that did not have a mental health diagnosis.
- d. The Board were informed that the new model was about a holistic approach. It was acknowledged that there were health inequalities in the east of the borough which were impacted by factors such as deprivation. The Board were assured that the figures requested by the Cabinet Communities and Equalities would be included in the report, and the aim was to increase the reach to out of reach communities. The Board were assured that their suggestions would be taken on board, including concerns for young people. It was further re-iterated that the aim was to build a holistic approach working across agencies.
- e. The Assistant Director for Commissioning suggested that a discussion point for the Board at the next meeting when the CAMHS Transformation Plan paper returned would be for the Board to consider what their role would be.

- f. The Director of Public Health noted the positive work that had been carried out, particularly around work in schools such as the preventative approach through the life course.

**RESOLVED**

That the Board noted Haringey's CAMHS Transformation Programme Update.

**74. URGENT DECISION TAKEN BETWEEN MEETINGS : HARINGEY BETTER CARE FUND (BCF) PLAN**

Paul Allen, Haringey CCG Head of Integrated Commissioning (Integrated Care & Frailty), introduced this report as set out in the agenda pack at pages 201-264, which outlined the Better Care Fund Plan for 2019-20. The report sought the Board's ratification of the Haringey Better Care Fund 2019-20 Plan, which was signed-off in advance by the Board's Chair as an Urgent Action as a result of the statutory timescales.

**RESOLVED**

That the Board approved the Haringey Better Care Fund (BCF) 2019-20 Plan.

**75. NEW ITEMS OF URGENT BUSINESS**

N/A

**76. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS**

The date of the future meeting was noted as 12<sup>th</sup> February 2020.

CHAIR: Councillor Sarah James

Signed by Chair .....

Date .....

**Report for:** Health and Wellbeing Board – 12<sup>th</sup> February 2020

**Title:** Development of the new Haringey Health and Wellbeing Strategy for 2020-2024

**Report authorised by :** Beverley Tarka, Director of Adults and Health, Haringey Council, Dr Will Maimaris, Director of Public Health, Haringey Council.

**Lead Officer:** Dr Will Maimaris, Director of Public Health, Haringey Council, on behalf of Haringey Health and Wellbeing Board

## **1. Describe the issue under consideration**

- 1.1 Haringey's updated Health and Wellbeing Strategy will set out priority areas for improving health and wellbeing in Haringey over the next 4 years and some principles for how we will work collectively with our residents and communities on these priorities.
- 1.2 The updated Health and Wellbeing Strategy is overseen and led by Haringey's Health and Wellbeing Board. This board is currently made up of local councillors, senior council managers, local NHS managers and clinical leads, and voluntary sector and lay representatives.
- 1.3 Although, the development of the strategy is being led by the Health and Wellbeing Board, we also want the views of other organisations and most importantly of our residents to help shape the strategy.

## **2 Recommendations**

- 2.1 The Board is asked to review and agree the proposed broad areas of focus of Haringey's Health and Wellbeing Strategy for 2020-24.
- 2.2 The Board is asked to review and agree the principles of joint working to deliver the strategy.
- 2.3 The Board is asked to approve for the strategy to be refined further over the next 3 months through an iterative process including engagement and consultation with residents, and other partners. The board is also asked to discuss the approach to engagement and consultation.

2.4 The Board is asked to note the alignment of the Health and Wellbeing Strategy with the development of Haringey's Borough Partnership for Health and Care. This is a key part of delivery of an integrated health and care system for North Central London.

### 3. Reasons for decision

- 3.1 Haringey's Health and Wellbeing Board takes a lead in promoting a healthier Haringey and reducing health inequalities. The board is a statutory partnership set up in April 2013 in line with the requirements of the Health and Social Care Act 2012.
- 3.2 The Health and Wellbeing Board is a small, focused decision-making partnership board. Membership includes Local Authority Councillors, the Local Authority's Adult and Children's services Directors and Director of Public Health, the NHS (including local GPs), Healthwatch and the voluntary sector.
- 3.3 In the last 12 to 18 months, local NHS Trust Chief Executives and the Haringey GP Federation Chief Executive have also been attending the board meetings as non statutory invitees. This is to ensure that we are working collectively across Haringey's major health and care organisations to improve the health of Haringey's population, and to support development of Haringey's Borough Partnership (for health and care) as part of the North Central London integrated care system.
- 3.4 A major role of Haringey's Health and Wellbeing Board is to agree a Health and Wellbeing Strategy that sets out the priority areas of joint work to meet the overall objectives of the Board to improve the health of Haringey's population and reduce health inequalities.
- 3.5 Haringey's previous Health and Wellbeing Strategy ran from 2015-2018, with the priorities of improving mental health, reducing obesity and preventing and improving management of long-term conditions. One of the successes of the strategy was to use a framework that made it clear that working on policies that impact of the environments people live in on health and working closely with communities to improve health are just as important as improving health and care services in the health of our populations.
- 3.6 We are now setting out our proposal for the 2020-2024 Health and Wellbeing Strategy. This is timely and relevant for a number of reasons.
- While life expectancy in Haringey is now higher than the national average for men and women, stark health inequalities still exist. There is a 15 year gap in healthy life expectancy between our least and most affluent neighbourhoods.
  - There is an opportunity to build on the previous strategy for 2015-2018.



- The Strategy will help provide an overarching framework for the emerging priorities of the Haringey Borough Partnership and a link into the work of the emerging integrated care system in North Central London – the outline plan for the Haringey Borough Partnership is also presented at this meeting alongside this paper.
- Linking to Haringey’s Borough Plan – explicitly a plan for the borough rather than for the Council – particularly sections on People and Place.
- We already have strong examples of working collectively to improve the health of our population to build on varying from work to prevent strokes and cardiovascular diseases, development of a mental health prevention network and work to prevent obesity. There is also exciting work underway to develop a place based and outcomes focused approach to commissioning across health and care, through the life course, for North Tottenham.

3.7 The Board also has a shared drive for developing for new Health and Wellbeing Strategy.

- a. We all want to improve the health of people in Haringey, so that people can thrive, and contribute to their communities.
- b. We all have a commitment to fairness and social justice, which means that we want to make sure we are doing all we can to prevent ill health and reduce health inequalities.
- c. We all recognise the importance of the wider factors that influence our health, such as the environments we live in, our housing, schools, jobs and income.
- d. We all believe that we are stronger when we work together in a more collective and open way, solving problems with our communities and residents so people can make better, healthier lives for themselves.

3.8. The Healthy and Wellbeing Strategy 2020-24 for Haringey sets out a series of proposed priorities for the Health and Wellbeing Strategy for 2020-24 based on our local health needs and what matters to our population and board members and some guiding principles for the way that we will work together to deliver the priorities.

The proposed priorities are as follows

- Healthy place – recognising the importance of the environments people live in and the role of Health and Wellbeing Board Partners as “Anchor” institutions that play a key role in employing and training local people, procuring services and influencing the local built environment.

- Start Well
- Living Well
- Ageing Well
- Preventing violence

3.9 We have used feedback from a number of sources to help share our priorities including Haringey's State of the Borough Data Profile, which is a summary of Haringey's population health and wellbeing needs, and acts as our Joint Strategic Needs Assessment (JSNA) summary  
<https://www.haringey.gov.uk/local-democracy/about-council/state-of-the-borough>.

We have also used feedback from Haringey resident's survey as well as residents views captured through other engagement exercises.

3.10 Our priorities are set out in more detail in the attached slide pack, and provide a starting point for engagement with our residents and communities as well as the opportunity for further development by the Health and Wellbeing Board and other health and care partners. It is proposed that development and delivery of the Health and Wellbeing Strategy will be an iterative process and we will learn and change as we develop and deliver the work.

3.11 Equally important as the priorities set out above are the principles by which the Board will work collectively. There is a commitment and appetite to work in closer and different ways in order to give us a better means of improving the health of people in Haringey.

The proposed principles are as follows:

- Partnership and collaboration –
  - We will commit to working collectively with a wide range of partners in a transparent and open way. We will all do our bit to deliver the strategy.
  - Our prime aim will be the health of the population of Haringey as a place and we believe we can only do this collectively.
- Communities – We will listen to and work closely with our communities and community organisations
- Wellbeing – We will make sure that promoting wellbeing is at the heart of what we do, including ensuring the places people live support them to stay healthy safe and well
- Long-term impact – We will make sure the decisions that we make benefit the health of our population in the long-term as well as the present
- An informed approach – We will make sure decisions are based on good information including the views and feedback from our residents
- Equity – We are committed to providing the most support to populations who need it most.

- Quality – Getting the basics right in terms of the quality and accessibility of local health and care services.

#### **4 Background information**

- 4.1 Alongside the development of the Health and Wellbeing Strategy, The Board is also asked in a separate paper in this meeting for a mandate to review the Terms of Reference of the Health and Wellbeing Board. This is to ensure that The Board has the right membership and governance to be able to deliver the priorities in the Health and Wellbeing Strategy and work according to the principles proposed.

#### **5 Contribution to strategic outcomes**

- 5.1 This paper proposes a new set of strategic outcomes for the Health and Wellbeing Board.

- Making Haringey a healthy place
- Start Well
- Live Well
- Age Well
- Violence Prevention

- 5.2 There is also a strong link to Haringey's Borough Plan:

People: A Haringey where strong families, strong networks and strong communities nurture all residents to live well and achieve their potential.

Place: Haringey is a place with strong, resilient and connected communities where people can lead active and healthy lives in an environment that is safe, clean and green

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

##### **6.1 Finance and Procurement**

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

##### **6.2 Legal**

- 6.2.1 Section 196 of the Health and Social Care Act 2012 provides for the Clinical Commissioning Group (CCG) and the local authority to prepare the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS). Section 196 of the Act provides for these functions to be discharged by the Health and Wellbeing Board. The JHWSs are strategies for meeting the needs identified in the JSNAs.
- 6.2.2 In preparing the JHWS, the Board must have regard the statutory guidance on Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy 2013. The guidance provides that “Local authorities and clinical commissioning groups have equal and joint duties to prepare JSNAs and JHWSs, through the health and wellbeing board. The responsibility falls on the health and wellbeing board as a whole and so success will depend upon all members working together throughout the process. Success will not be achieved if a few members of the board assume ownership, or conversely do not bring their area of expertise and knowledge to the process. As the duties apply across the health and wellbeing board as a whole, boards will need to discuss and agree their own arrangements for signing off the process and outputs. What is important is that the duties are discharged by the board as a whole” (Paragraph 3.1).
- 6.2.3. In preparing the JHWS, the Board must involve the local Healthwatch organisation and the local community. The guidance provides that when involving the local community, the Board “should consider inclusive ways to involve people from different parts of the community including people with particular communication needs to ensure that differing health and social care needs are understood, reflected, and can be addressed by commissioners. This should recognise the need to engage with parts of the community that are socially excluded and vulnerable. Involvement should aim to allow active participation of the community throughout the process – enabling people to input their views and experiences of local services, needs and assets as part of qualitative evidence; and to have a genuine voice and influence over the planning of their services” (Paragraph 5).
- 6.2.4 The guidance provides that the JSNAs and JHWSs are continuous processes, and are an integral part of CCG and local authority commissioning cycles. The Board will need to decide when to update or refresh JSNAs and JHWSs or undertake a fresh process to ensure that they are able to inform local commissioning plans over time. They do not need to be undertaken from scratch every year. The Board will need to assure itself that their evidence-based priorities are up to date to inform the relevant local commissioning plans.
- 6.2.5 The guidance requires the Board to give consideration to the Public Sector Equality Duty under the Equality Act 2010 throughout the JHWS process. “This is not just about how the community is involved, but includes consideration of the experiences and needs of people with relevant protected equality characteristics, (as well as considering other groups identified as vulnerable in JSNAs); and the effects decisions have or are likely to have on their health and wellbeing” (Paragraph 7).

### 6.3 Equality

Our health and wellbeing are determined by the circumstances in which we are born, grow, live, work and age. This includes education and skills, employment, housing, transport, the food we eat, resources we have access to and the support of family, friends and the community.

The most affluent people enjoy on average 15 (for men) and 17 (for women) years longer in good health than their least affluent counterparts. The 2020-24 Health and Wellbeing Strategy sets out to address these inequalities.

Some population groups are more likely to have poor health and wellbeing. Examples include:

- Black and Minority Ethnic (BME) groups have an increased risk of health conditions such as Type 2 diabetes and poorer access to healthcare services
- Rough sleepers have high rates of long-term conditions, a lower life expectancy than the general population and poorer access to healthcare services
- Looked after children are more likely to have mental health problems and often lack support
- The Lesbian, Gay, Bisexual and Transgender population have higher levels of mental health problems and can also experience discrimination in healthcare services
- People who are unpaid carers, providing high levels of care for friends and relatives, are more than twice as likely to have poor health than those who do not

### 6.4 Environmental Impact

The Healthy Place section of the strategy may have positive environmental implications, improving air quality for example is a proposed priority

## 7. **Use of Appendices**

Appendix I – Health and Wellbeing Strategy 2020-24. Draft slide pack for discussion.

## 8. **Local Government (Access to Information) Act 1985**

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# Haringey Health and Wellbeing Strategy 2020-24

Draft Slides for discussion



# Why do we have a Health and Wellbeing strategy?

Health and wellbeing are fundamental to our success individually and collectively. We all want to improve the health and wellbeing of people in Haringey, so that people can thrive and contribute to their communities.

All partners:

- have a commitment to fairness and social justice; we want to make sure we are doing all we can to prevent ill health and reduce health inequalities.
- believe that we are stronger when we work together in a more collective and open way, solving problems with our communities and residents so people can make better, healthier lives for themselves.
- recognise the importance of the wider factors that influence our health, such as the environments we live in, our housing, schools, jobs and income.

The strategy will enable us to have a **clear joint vision, priorities to work towards and oversight through the Board to monitor progress and ensure accountability.**



# Who is on Haringey's Health and Wellbeing Board?

The Health and Wellbeing Board is a small, focused decision-making partnership board.

Statutory membership includes:

- Local Councillors
- Directors of Adults' and Children's Services in Haringey Council
- Director of Public Health in Haringey Council
- Haringey Clinical Commissioning Group
- Healthwatch Haringey – Public Voice
- Voluntary sector representation

In the last 12 to 18 months, local NHS Trust Chief Executives and the Haringey GP Federation Chief Executive have also been attending the board meetings as non statutory invitees. This is to ensure that we are working collectively across Haringey's major health and care organisations to improve the health of Haringey's population, and to support development of Haringey's Borough Partnership (for health and care) as part of the North Central London integrated care system.

While we are developing this strategy we also want to review who sits on the Health and Wellbeing Board and the responsibilities the Board has, so that we can strengthen the ability of the board to lead and influence the health and wellbeing of Haringey's population

# What are Haringey's assets?

We are a **young, ethnically diverse** borough but the number of older people is increasing

- Resident population – 270, 624<sup>1</sup>
- We speak over **180 languages**
- Our life expectancy is now similar to England and London levels



- We have a dedicated health and care workforce
- We have strong community and voluntary sector involvement
- Just over a quarter (27.8%) of Haringey is made up of open space
- **Clean air levels are in line with London** but higher than the England average.

# What are some of the challenges we face in relation to Health and Wellbeing?



Haringey is the 4<sup>th</sup> most deprived borough in London. The gap in healthy life expectancy between the richest and poorest areas is **15** years for men and **17** years for women.



We have higher rates of serious mental illness than other boroughs. Rates of employment and stable housing are low in people with severe mental illness or learning disabilities.



Access to green space across the borough is variable between areas. We have high rates of people living in temporary accommodation.



31.8% of older people in Haringey over the age of 60 are affected by income deprivation. 29% of residents over 50 live alone.



21.3% of children are in low income families. Over a third of Year 6 school children are overweight and this disproportionately affects those in more deprived areas.



Haringey has the third highest rate of domestic abuse with injury in London. 30% of youth offenders had witnessed domestic violence by the age of 7.

# What are some key issues for Haringey residents?

The **wide range of life expectancies** across the Borough was highlighted as a key inequality to be addressed.

**Housing** was one of the biggest concerns of our residents, especially a lack of social housing. People are worried about the relationship between poor housing conditions and health.

**Rough sleeping and homelessness** were noted as being on the rise.

**Isolation and loneliness** were identified as an area to be addressed, particularly, but not only, for older people. There was a wish for more drop-in centres and lunch clubs.



Several residents expressed a desire to see **climate change and air quality** prioritised, including the promotion of active travel.

There was a high level of concern for the **young people at risk** in the borough, especially in relation to safety.



Residents expressed concern for **vulnerable residents**, such as those with disabilities or long-term conditions, who are more likely to live in poverty.



Residents would like greater access to good quality **swimming pools and leisure facilities** in some parts of the borough.

# How is the strategy organised?

The Health and Wellbeing strategy is organised into key themes.

Our themes are:

- Creating a healthy place
- Start well
- Live well
- Age well
- Violence prevention

This strategy sets out initial priority areas of focus within each of these themes.

These priority areas have been chosen through understanding our health needs through resources such as our State of the Borough information pack, as well as through resident feedback and through consensus amongst people working in each of these areas.

We want to bring together all our efforts as partner organisations to work on the priority areas we have set out in this strategy

# How will our strategy be delivered?

There are existing plans and strategies in place that can help us to deliver the Health and Wellbeing Strategy (see appendix) such as Haringey's Borough Plan.

However, for most areas of work we will need to develop new ways of working together in order to deliver the ambitions of the strategy.

The Borough Partnership is a new partnership between health and care organisations in Haringey, which can play a major role in delivering the priorities outlined in the Health and Wellbeing Strategy.

We also recognise that the themes of the strategy are interconnected so we will join up work across the themes where relevant.

# Principles of working together

As important as our themes and priorities are the ways in which we will work together towards our shared vision and goals. Working in different ways will be essential if we want to succeed in delivering our strategy:

## **Partnership working**

We will commit to working collectively with a wide range of partners in a transparent and open way. We will all do our bit to deliver the strategy. Our prime aim will be the health of the population of Haringey as a place and we believe we can only do this collectively.

## **Community-focused**

We will listen to and work closely with our residents, communities and community organisations. We will support community organisations to thrive.

## **Long-term impact**

We will make sure the decisions that we make benefit the health of our population in the long-term as well as the present

## **An informed approach**

We will make sure decisions are based on good information including the views and feedback from our residents

## **Equity**

We are committed to providing the most support to populations who need it most. We will focus on groups at risk of poorer health outcomes (see examples in appendix)

## **Quality**

For all areas of the strategy, we will commit to getting the basics right in terms of quality and accessibility of local health and care services

# Our Themes: Healthy Place



The physical features of a place influence the health of residents in many ways. Air quality, communal facilities, good quality housing and green spaces all contribute to healthy, connected communities and prevention of mental and physical long-term conditions.

Our vision for Haringey is that it will be a clean, green and safe borough where people of all ages want to live, work and play, now and in the future.

As key organisations in the local area, we would like to recognise ourselves as ‘Anchor’ institutions which can contribute heavily to overarching goals such as environmental sustainability and developing the skills of our workforce.

Initial proposed priorities:

- Designing and planning future major public developments in Haringey to maximise health and wellbeing of residents – including promoting active travel and social connectedness
- Understanding how housing in the borough can promote good health and wellbeing
- Using our licensing and planning regulations to promote healthy high streets
- Organising our services around places or localities, so teams get to know each other and can connect residents more readily to the support they need, be it housing, employment or health and care advice or ways to be more active.
- Improving air quality
- Reducing carbon emissions





# Start Well

The first few years of every child's life give them the long-term foundations to thrive and this is key to success in adulthood: we want to work together to ensure that every child in Haringey has the best start in life

## Initial proposed priorities:

- Improving children and young people's mental and emotional health and wellbeing (0-25 years of age).
- Developing a multi-agency community based early help offer, meeting families needs at the earliest opportunity – we believe that stable resilient families living in strong communities are the key to helping children and young people lead happy, healthy and fulfilling lives.
- Ensuring schools and surrounding areas provide safe environments in which children are encouraged to make healthy choices

# Live Well



The wellbeing of adults in Haringey is critical for their life opportunities and experiences. Improved wellbeing drives better personal and social outcomes whilst reducing negative outcomes and harm.

## Initial Proposed priorities:

- Promoting good Mental Health and Wellbeing in our communities
- Improving access to healthcare services, stable housing and employment for vulnerable residents, including those with learning disabilities, autism, substance misuse issues and the homeless population
- Reducing drug and alcohol related harm
- Improving support for people with caring responsibilities

# Age Well



We want to ensure our residents live as well as possible as they age and are well supported to do so. We see older people as an asset to their communities.

## Priorities agreed through Haringey's Ageing Well Strategy

- Reducing social isolation
- Reducing financial hardship in older people
- Keeping people in their own homes for longer and preventing or shortening hospital admissions including by:
  - Developing multi agency networks of support for people who are identified as frail or becoming frail
  - Improving our services which help people to stay out of hospital at times of urgent need
- Improving the wellbeing of older people in care homes

# Violence Prevention



Our aim:

We want to reduce the levels of violence on Haringey's streets and also the violence that takes place behind closed doors in Haringey's households.

We have existing Haringey strategies to tackle youth violence and violence against women and girls. These strategies are overseen by our Community Safety Partnership, but the Health and Wellbeing Board will also now review progress on these strategies ensure and that the partners on the Health and Wellbeing Board are contributing to this agenda.

We will focus on some particular agreed areas which might include:

- Reviewing and developing our approaches to preventing early trauma and adverse childhood experiences (such as domestic violence, the impacts of serious parental mental illness and parental alcohol and substance misuse)
- Speaking out against all forms of violence in Haringey
- Listening to our communities and voluntary sector groups to make sure we are collectively addressing and tackling youth violence and violence against women and girls

# Outcome Measures

- We have proposed a small set of strategic outcomes measures for the Strategy on the next slide. Some of the things we want to measure are difficult to measure, so we will think about how we can monitor progress in these areas, and also about how we capture resident feedback on how we are doing.
- We also want to ensure we monitor inequalities in outcomes between different groups so that they can be reduced
- We want to also set intermediate goals so that we can review our workstreams and effect change if needed before the time period of the strategy runs out. Many of these are already set out in the existing delivery plans that will support the Health and Wellbeing Strategy

# Outcome Measures

- Proposed outcome measures (placeholder slide)
- Overarching measure – years lived in good health and gap in years lived in good health across the borough
- Proportion of journeys made through walking and cycling
- Air quality measure
- Measures of emotional and mental wellbeing in children and adults
- School readiness
- Employment in people with learning disabilities and enduring mental illness
- Social isolation in older people
- Hospital admission rates for older people

# Consultation

- We want to ensure that we have a robust consultation and engagement process, including a wide range of stakeholders
- We want to ask
  - Have we got the right themes and priorities?
  - What can residents do to play their part in delivering the strategy?
- We will follow the guidelines in Haringey's' Consultation and Engagement Toolkit: A Best Practice Guide.
- Minimum standards include:
  - Allowing a minimum of six weeks to enable meaningful engagement
  - Ensuring that the consultation is clear, concise and widely accessible
  - Giving feedback on the responses received.

## Next steps

- Finalise draft strategy for consultation
- Begin process of consultation and wider engagement – We would like to get input on the best way to do this at this Health and Wellbeing Board
- Finalise strategy for publication, including outcomes and delivery mechanisms (aim for June 2020)



# Appendix: Links to existing delivery plans - Place

In order to deliver the ambitions of the Healthy Place section of the strategy, the Health and Wellbeing Board wants to play a stronger leadership and oversight role in local policies and plans that impact on healthy place.

Some of the linked delivery plans for our proposed priorities are shown below, but this area of work will also require further development and closer involvement from senior council officers (e.g. leads on Regeneration, Housing, Environment and Planning) and other key partners who are not currently members of the Health and Wellbeing Board.

| Proposed Priority  | Linked delivery plans (all areas are linked to Haringey's Borough Plan)   |
|--|---|
| Designing and planning future major public developments in Haringey to maximise health and wellbeing of residents  | This is an area of work we want to do explore how we do differently using an example area as an initial way of developing best practice                                   |
| Scoping how housing in the borough can promote good health and wellbeing   | This is a new area of work but links to Haringey's Housing Strategy   |
| Using licensing and planning policies to promote healthy high streets  | Link to Haringey's Local Plan<br>Statement of alcohol licensing, Statement of gambling policy   |
| Organising our services around places or localities, so teams get to know each other and can connect residents more readily to the support they need, be it housing, employment or health and care advice or ways to be more active. | Haringey Borough Partnership Delivery Plan (in development) including North Tottenham work as an exemplar<br>Physical Activity Strategy<br>Parks and open spaces strategy |
| Improving Air Quality  | Haringey Air Quality Action Plan  |
| Reducing carbon emissions  | Haringey Borough Plan   |

# Links to delivery plans – Start Well

| Proposed Priority   | Linked Delivery Plans  |
|---|--|
| Improving children and young people's mental health.  | Haringey Borough Partnership Plan<br>Haringey Borough Plan<br>Haringey CAMHS Transformation Plan     |
| Developing a multi-agency community based early help offer, meeting families needs at the earliest opportunity            | Haringey Borough Partnership Plan<br>Haringey Borough Plan<br>Haringey Young People at Risk Strategy |
| Ensuring schools and surrounding areas provide safe environments in which children are encouraged to make healthy choices | Haringey Borough Plan<br>Haringey Superzones Project   |

# Links to delivery plans – Live Well

| Proposed Priority   | Linked Delivery Plans   |
|---|---|
| Promoting good Mental Health and Wellbeing in our communities   | This will require new ways of working and plans including for Haringey to sign up to Prevention Concordat for Better Mental Health and will build on work set out in.<br>Haringey Borough Plan<br>Haringey Suicide Prevention Action Plan |
| Improving access to healthcare services and employment for vulnerable residents, including those with learning disabilities and the homeless population | Haringey Borough Partnership Plan<br>Haringey Borough Plan  |
| Reducing drugs and alcohol related harm   | A multi-agency approach to reducing drugs related harm is in development  |
| Improve support for people with caring responsibilities   | Haringey Borough Partnership Delivery Plan<br>New Haringey Carers Strategy  |

# Links to delivery plans – Age Well

| Proposed Priority  | Linked delivery Plans  |
|--|--|
| <p>Making Haringey Dementia and Age Friendly</p> <p>Reducing social isolation</p> <p>Reducing financial hardship in older people</p> <p>Keeping people in their own homes for longer and preventing or shortening hospital admissions including</p> <p>Improving the wellbeing of older people in care homes</p> | <p>Haringey Borough Partnership Delivery plan</p> <p>Haringey Ageing Well Strategy</p> |

# Appendix: Examples of groups affected by health inequalities

Some population groups are more likely to have poor health and wellbeing. These groups may require a particular focus to improve health outcomes.

- People in the **lowest socio-economic group** have the lowest life expectancy and spend the longest time living with poor health and disability.
- **Looked after children** are more likely to have mental health problems, with 60% of children and young people who are looked after in England reporting emotional and mental health problems.
- Having a **severe mental illness** increases the likelihood of physical health problems, such as cancer and heart disease.
- People with **learning disabilities** have worse physical and mental health than people without a learning disability. Life expectancy is 18 years shorter for women and 14 years shorter for men, compared with the general population.
- Adults living with **disabilities** are twice as likely to be unemployed, compared to adults without a disability.

- People who are **unpaid carers**, providing high levels of care for relatives and friends are more than twice as likely to have poor health, compared with those who are not carers.
- Some **Black and ethnic minority (BME) groups** have an increased risk of health conditions such as type 2 diabetes. They can also have poorer access to healthcare services, including preventive services such as screening and immunisations.
- The **lesbian gay bisexual and transgender (LGBT)** population have higher levels of mental health problems and sometimes experience discrimination in healthcare services.
- **Older adults** have the highest proportion of excess winter deaths.
- **Homeless** men have a life expectancy of 47 years, **homeless** women have a life expectancy of 43 years (3). Rough sleepers have higher rates of long-term physical and mental health conditions, compared with the general population.

**Report for:** Health and Wellbeing Board – 12<sup>th</sup> February 2020

**Title:** **Haringey Borough Partnership Update**

**Report**

**Authorised by:** Beverley Tarka, Director of Adults and Health, Haringey Council, Tony Hoolaghan, Chief Operating Officer, Haringey and Islington Clinical Commissioning Groups.

**Lead Officer:** **Rachel Lissauer, Director of Commissioning Haringey Clinical Commissioning Group, Dr Will Maimaris, Director of Public Health, Haringey Council, Marco Inzani, Assistant Director of Commissioning, Haringey Clinical Commissioning Group**

**1. Describe the issue under consideration**

1.1 Haringey's Borough Partnership is a partnership between the main organisations that provide and/or plan health and care services in Haringey. The Haringey Borough partnership is committed to making a difference to the health of Haringey's population and improving the experience of health and care services in the borough

1.2 Here, we present an update on the development of the Borough Partnership in Haringey.

**2 Recommendations**

2.1 The Board is asked to note the update on the development of the Borough Partnership in Haringey.

2.2 The Board is asked to note the alignment of the work of the Borough Partnership with the updated draft Health and Wellbeing Strategy for 2020-24.

**3. Reasons for decision**

3.1 Not applicable. We are not seeking a decision at this meeting.

**4 Background information**

4.1 Haringey's Borough Partnership is developing as part of the wider integrated health and care system in North Central London.

4.2 Current members of the Haringey Borough Partnership are Haringey Council, NHS Haringey Clinical Commissioning Group, Whittington Health NHS Trust,

North Middlesex Hospital NHS Trust, Barnet, Enfield and Haringey Mental Health Trust, Healthwatch Haringey, Haringey GP federation and the Bridge Renewal Trust as Haringey Council's voluntary sector partner

- 4.3 All these organisations share the ambition to demonstrably improve health and wellbeing for the population of Haringey. This will take shared commitment and a shared focus on working in a collaborative and transparent way.
- 4.4 The update provided with this cover sheet outlines progress so far on developing Haringey's Borough Partnership.
- 4.5 The work of the Borough Partnership does not replace individual organisational strategies, but it is intended that organisations that are part of the Borough Partnership will commit to any agreed plans for the Borough Partnership.
- 4.6 The Borough Partnership will help us deliver the outcomes set out within the new Haringey Health and Wellbeing Strategy, particularly for the Start Well, Live Well and Age Well priorities with a focus on the practical next steps we will take.
- 4.7 The development work for the Borough Partnership so far has incorporated previous feedback from our residents and communities. We will continue to incorporate the views of our residents and communities as we develop the Borough Partnership.

## **5. Contribution to strategic outcomes**

- 5.1 This Borough Partnership Plan is linked to the new proposed Haringey Health and Wellbeing Strategy Priorities for 2020-24.
- Making Haringey a healthy place
  - Start Well
  - Live Well
  - Age Well
  - Violence Prevention

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

### **6.1 Finance and Procurement**

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

### **6.2 Legal**



6.2.1 No legal implications

6.3 Equality

6.3.1 Our health and wellbeing are determined by the circumstances in which we are born, grow, live, work and age. This includes education and skills, employment, housing, transport, the food we eat, resources we have access to and the support of family, friends and the community.

The most affluent people enjoy on average 15 (for men) and 17 (for women) years longer in good health than their least affluent counterparts. The 2020-24 Health and Wellbeing Strategy sets out to address these inequalities.

Some population groups are more likely to have poor health and wellbeing. Examples include:

- Black and Minority Ethnic (BME) groups have an increased risk of health conditions such as Type 2 diabetes and poorer access to healthcare services
- Rough sleepers have high rates of long-term conditions, a lower life expectancy than the general population and poorer access to healthcare services
- Looked after children are more likely to have mental health problems and often lack support
- The Lesbian, Gay, Bisexual and Transgender population have higher levels of mental health problems and can also experience discrimination in healthcare services
- People who are unpaid carers, providing high levels of care for friends and relatives, are more than twice as likely to have poor health than those who do not

6.4 Environmental Impact

N/A

7. **Use of Appendices**

Appendix I – Borough partnership update slides

8. **Local Government (Access to Information) Act 1985**

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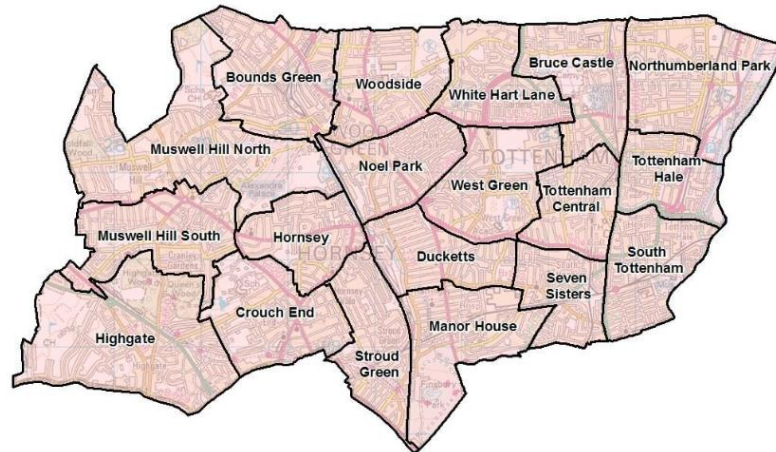
# Haringey Borough Partnership – Update for Health and Wellbeing Board

Feb 2020

# What we mean by the Haringey Borough Partnership

- We mean a partnership between all those that plan, provide or influence health, mental health and wellbeing for people in Haringey.
- The Haringey Borough Partnership will build on a strong history of health and care organisations working together in our borough
- The partnership will have the resident voice at its centre.
- We will have a shared set of priority actions that we will take to improve health and wellbeing and deliver the outcomes set out in the Health and Wellbeing Strategy.
- Strong communities and early access will be at the heart of what we do together.
- Decisions about health and care, particularly those that affect our shared priorities, will be made together across organisations in Haringey and with residents and patients.
- We will have a shared view of our combined health and care resource – in order that it is used to best effect.

# Which organisations are we talking about?



A University Teaching Trust

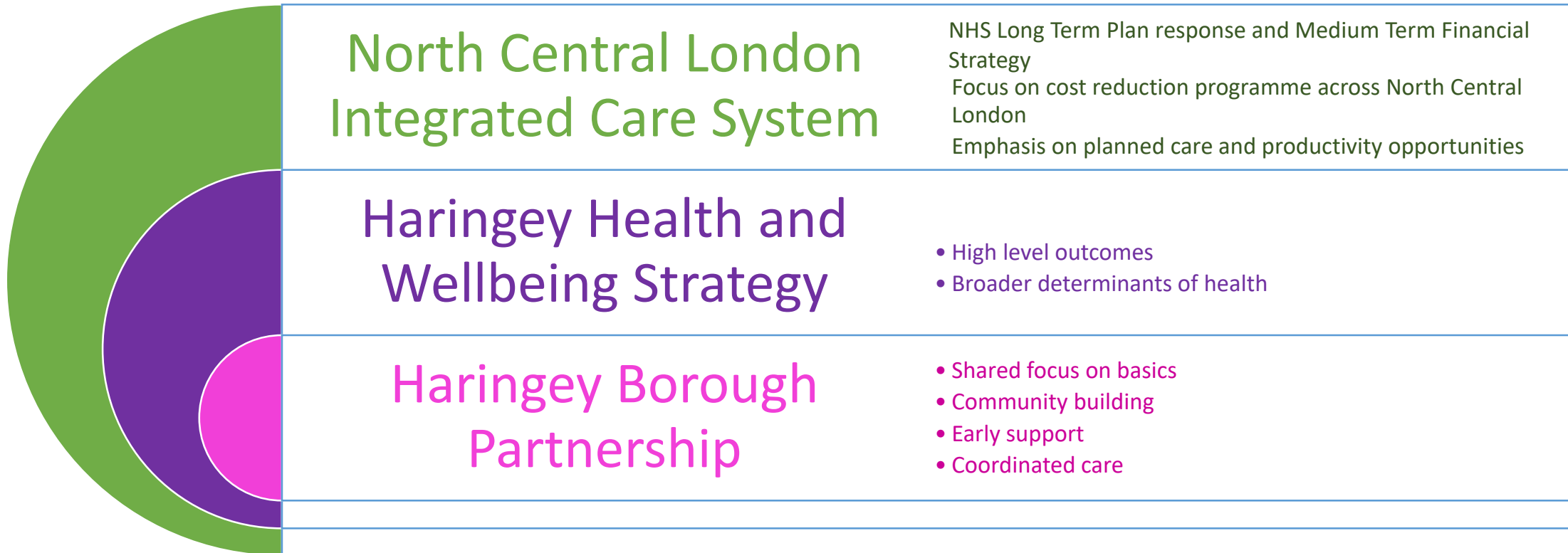


# Our approach: Start Well, Live Well, Age Well

- Emphasises an approach that is **all age, whole population**
- **Life course** approach recognises that social, economic and environmental conditions in which we are born, live, work and age lead to different trajectories and outcomes over the course of a lifetime, but also that of future **generations**
- **Prevention and early intervention**, at **critical life stages, transitions** and in key **settings** at the heart of a life course approach
- A system and a partnership designed with and around **people**, not organisations and institutions

# Our Inter-Connected System

The Haringey Borough Partnership sits within a broader system.



# Progress to date

## System Leadership

Leaders Forum is in place with representatives from all partners  
Developed draft vision, delivery plan and governance  
Delivery Board is up and running as the 'engine room'

## Work 'on the ground'

Building on existing joint work e.g. multi-agency teams supporting people who are frail / becoming frail; joint working to support hospital flow  
North Tottenham as the locus for early support – through connected communities in health settings  
Team building work with practitioners – set up a weekly huddle

## Outcomes and Delivery Plan

Health and Wellbeing Strategy has set high level outcomes and approach  
Each of the partnership groups (place, start well, live well and age well) have developed more detailed outcomes and planning delivery

## Enabling work

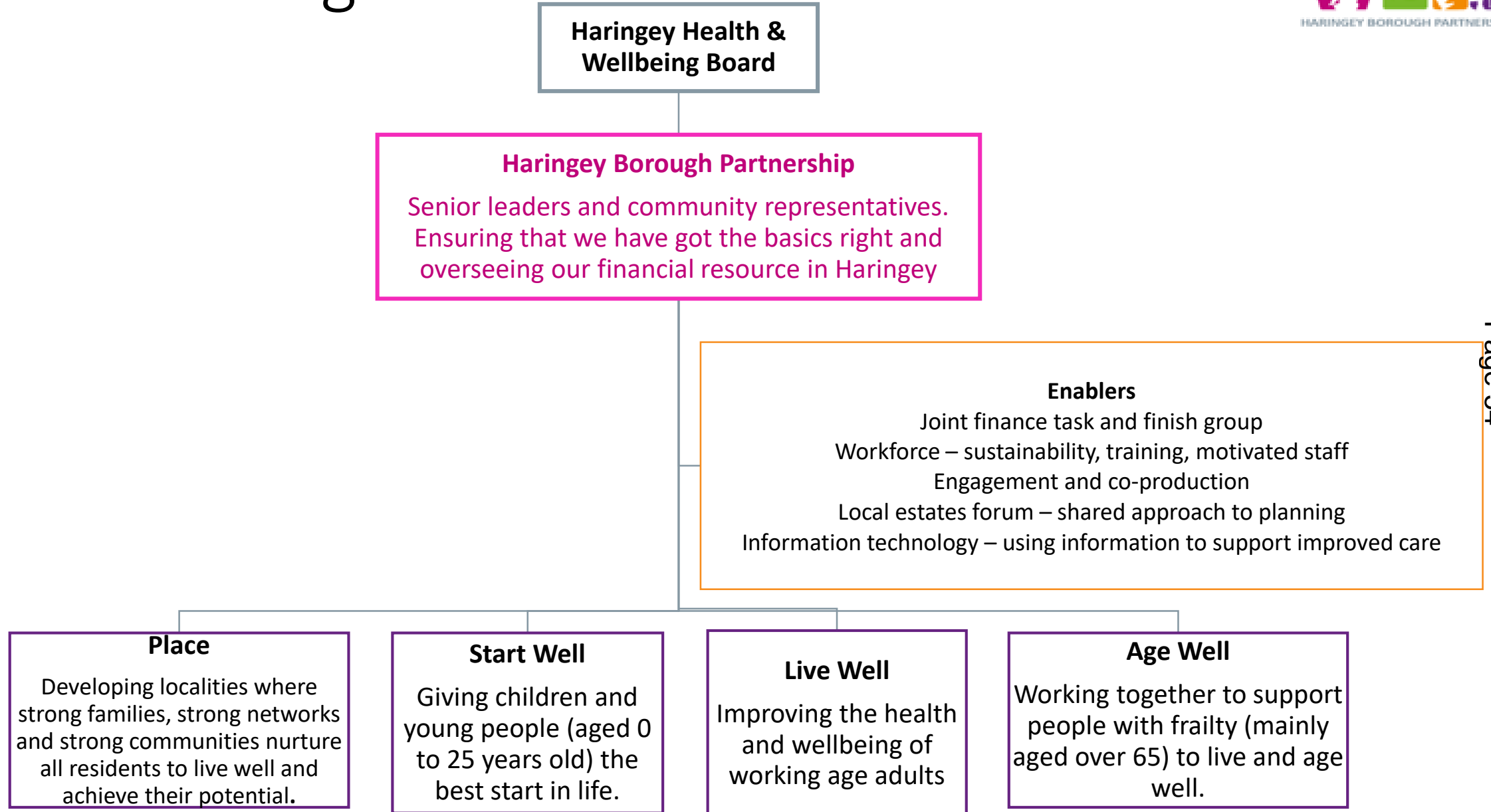
Workforce development – focusing on our opportunities as employers and shared 'strengths based' approach  
Local Estates Forum – to ensure we're planning to maximize utilization of public estate  
Engagement and communication – narrative, communications and engagement plans have been developed



# Next Steps

- Finalising a delivery plan for the Borough Partnership – areas of the plan will include:
  - Start Well, Live Well, Age Well priorities to align with our new Health and Wellbeing Strategy
  - Place and locality based working building on existing work in North Tottenham
  - Supporting areas of work: including how we use our buildings and estates, developing our workforce and using digital solutions
- Developing our governance – (see next slide)
- Ensuring clinical and care professionals are inputting into the governance and the plans we are making
- Engaging with the public and other partners on our plans

# How we will organise



**Report for:** Health and Wellbeing Board – 12<sup>th</sup> February 2020

**Title:** **Seeking a mandate to review the Terms of Reference of the Haringey Health and Wellbeing Board.**

**Report**

**Authorised by:** Beverley Tarka, Director of Adults and Health, Haringey Council,  
Dr Will Maimaris, Director of Public Health, Haringey Council.

**Lead Officer:** **Dr Will Maimaris, Director of Public Health, Haringey Council,  
on behalf of Haringey Health and Wellbeing Board**

### **1. Describe the issue under consideration**

- 1.1 Haringey's Health and Wellbeing Board takes a lead in promoting a healthier Haringey and reducing health inequalities. The board is a statutory partnership set up in April 2013 in line with the requirements of the Health and Social Care Act 2012.
- 1.2 Here we seek a mandate for reviewing the Terms of Reference of the Health and Wellbeing Board and outline the rationale for the review.

### **2. Recommendations**

- 2.1 The Board is asked to approve a review of the Terms of Reference of the Health and Wellbeing Board.
- 2.2 The review is to be led by Officers from the Local Authority and Haringey Clinical Commissioning Group

### **3. Reasons for Decision**

- 3.1 There are a number of reasons that it is timely to review the Terms of Reference of the board Health and Wellbeing Board. These reasons are all fundamentally linked to the ability of the Board to effectively deliver its leadership role in terms of improving the health of Haringey's population and reducing health inequalities. These reasons include:
  - We are setting out an ambitious Health and Wellbeing Strategy for Haringey for 2020-24 (see paper presented at this meeting). Delivering the priorities and principles set out in this strategy may require formal input to the Board from a wider range of partners and enhanced responsibilities. This particularly relates to our ambition to take a greater role in shaping the wider

determinants of health, such as housing and environmental policies which have such a great impact on the health of our residents.

- Alongside the Health and Wellbeing Strategy we are also developing our integrated care borough partnership as part of a wider integrated care system in North Central London. The Health and Wellbeing Board will play a vital role in steering and overseeing this partnership, as well as providing resident, community sector and democratic input into the wider integrated health and care system in North Central London. The membership and responsibilities of the board will need to be reviewed to ensure the Health and Wellbeing Board is able to fulfil this role effectively.
- The current governance of the Board does not formally reflect the wider NHS partnerships that are already operating in Haringey in being developed further through the borough partnership. Over the last 12 to 18 months, local NHS Trusts and the Haringey GP Federation have been sending representatives to the board, and have added to the board's ability to provide system wide oversight and leadership on the health and wellbeing issues effecting Haringey's residents.
- The recently published NHS Long Term Plan requires local government and the NHS to work together differently to address long term health inequalities and to improve outcomes for all residents. The NHS Long Term Plan suggests that local Health and Wellbeing Board's will play a key role in this ambition.

3.2 The process for reviewing the terms of reference of the Health and Wellbeing Board, will be led by Council and CCG officers.

3.3 The terms of reference may include reviewing the functions, principles, responsibilities and membership of the Health and Wellbeing Board, as well as looking at relationships to other boards and to the governance structures developing as part of the North Central London integrated care system.

3.4 An update on the options for changes to the Terms of Reference will be brought to a future Health and Wellbeing Board, and Health and Wellbeing Board Members will be involved in the development of these options.

#### **4. Background Information**

4.1 The current Terms of Reference (see appendix), were devised when the Health and Wellbeing Board was established following reforms set out in the 2012 Health and Social Care Act. Minor changes were made to the Terms of reference following a meeting of the Health and Wellbeing Board in September 2016. These changes were as follows:

- 4.1.1 That the current Local Authority membership of the HWB should be amended to include the Deputy Chief Executive who has the strategic oversight of children and adult social care and public health;
- 4.1.2 That the current membership of the HWB should be amended to include the Independent Chair of the Safeguarding Adult Board (with attendance at meetings when appropriate) and the membership of the Independent Chair of the Local Safeguarding Children Board should be on the same footing; and
- 4.1.3 That the terms of reference should be amended to reflect the Board's ambition to collaborate across borough boundaries and pan London and to enter into joint working arrangements in its area of responsibility with other Boards and for the benefit of residents of the borough

## 5. Contribution to strategic outcomes

- 5.1 The review of the terms of reference will support the delivery of a new set of strategic outcomes for the Health and Wellbeing Board as set out in the draft Haringey Health and Wellbeing Strategy 2020-24
- Making Haringey a healthy place
  - Start Well
  - Live Well
  - Age Well
  - Violence Prevention

## 6. Statutory Officer Comments (Legal and Finance)

### 6.1 Legal

There are no legal implications arising from the recommendation. However, the findings of the review of the Board's Terms of Reference must be in accordance with the statutory framework for the Board as set out in Sections 192 to 199 of the Health and Social Care Act 2012 and Regulations 2 to 7 of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and the Council's Constitution. Where amendments are proposed to the Board's Terms of Reference and consequently the Constitution, the approval of Full Council is required.

### 6.2 Finance

No implications at present.

## 7. Environmental Implications

N/A.

## 8. Resident and Equalities Implications

- 8.1 The Terms of Reference Review will support the ambitions of our Health and Wellbeing Strategy to reduce health inequalities.

In Haringey, the most affluent people enjoy on average 15 (for men) and 17 (for women) years longer in good health than their least affluent counterparts. The 2020-24 Health and Wellbeing Strategy sets out to address these inequalities.

## 9. Use of Appendices

- 9.1 Current Haringey Health and Wellbeing Board Terms of Reference

## 10. Background Papers

None

## **The Health and Wellbeing Board**

### **8.1 Health and Wellbeing Board functions**

The Health and Wellbeing Board will have the following functions:

(a) To carry out the Board's statutory duties as set out in the Health and Social Care Act 2012, in particular:

(i) for the purpose of advancing the health and wellbeing of the people in its area, to encourage persons who arrange for the provision of any health or social care services in its area to work in an integrated manner;

(ii) to provide advice, assistance or other support as it thinks appropriate for the purpose of encouraging arrangements under section 75 of the NHS Act 2006. These are arrangements under which, for example, NHS Bodies and local authorities agree to exercise specified functions of each other or pool funds;

(iii) to encourage persons who arrange for the provision of any health-related services in its area to work to closely with the Health and Wellbeing Board;

(iv) to encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together;

(v) to discharge the functions of CCGs and local authorities in preparing joint strategic needs assessments (JSNA) and joint Health Wellbeing Strategy (HWB strategy);

(vi) to inform the local authority of its views on whether the authority is discharging its duty to have regard to the JSNA and joint HWS in discharging its functions;

(vii) to discharge any other function as the Council may from time to time choose to delegate to the Board;

(viii) to collaborate across borough boundaries and with other London HWBs in respect of its responsibilities and to secure better health outcomes, quality of services, use of resources and value for money for the local population;

(ix) to arrange for any of its functions to be exercised by the joint sub-committee of the Haringey and Islington HWBs;

(x) to enter into joint arrangements including formal joint sub-committees with other London HWBs and delegate any of its functions to those joint sub committees.

### **8.2 Health and Wellbeing Board operating principles**

The Health and Wellbeing Board will have the following operating principles:

(a) To provide collective leadership and enable shared decision-making, ownership and accountability;

(b) To achieve democratic legitimacy and accountability, and empower local people to take part in decision-making in an open and transparent way;

(c) To ensure the delivery of the Health and Wellbeing Strategy;

(d) To reduce health inequalities;

(e) To promote prevention and early help.

### **8.3 Health and Wellbeing Board roles and responsibilities**

The Health and Wellbeing Board will have the following roles and responsibilities:

(a) The Board will set a strategic framework for the authority's statutory duties and have a key role in promoting and coordinating joint commissioning and integrated provision between the NHS, social care and related children's and public health services in Haringey;

(b) The Board has a duty to develop, update and publish the JSNA and related needs assessments, and the HWB Strategy;

(c) The Board has a duty to develop, update and publish the local pharmaceutical needs assessment as set out in section 128A of the NHS Act 2006;

(d) The Board will advise on effective evidence based strategic commissioning and decommissioning intentions for children and adults based on the JSNA's robust analysis of their needs. It will ensure that commissioning plans are in place to address local need and priorities, in line with the HWB Strategy, and will deliver an integrated approach to the planning and delivery of services;

(e) The Board expects, and seeks assurance from, partners that the views of children, adults and their carers about the services they receive are taken into account in the commissioning, decommissioning and delivery of those services;

(f) The Board expects, and seeks assurance from, partners that the views of patients and the public have a voice through Healthwatch in the commissioning, decommissioning and delivery of those services;

(g) The Board will collaborate with and involve local stakeholders to secure better health outcomes, quality of services, a more focussed use of resources and value for money for the local population;

(h) The Board will promote the strengthening of working relationships between professionals and organisations which support people in Haringey, ensuring effective sharing and use of information and best practice; including collaborating with the CCG in the development of its plan;

(i) The Board will lead commissioning for particular services with pooled budgets and joint commissioning arrangements where commissioning plans are delegated to them;

(j) The Board will oversee the delivery of the authority's strategic outcomes for local health and wellbeing targets, holding those responsible to account;

(k) The Board will work with the local health scrutiny process and the local Healthwatch to improve outcomes for communities and people who use services.

### **8.4 Membership of the Board**

Meetings of the Board will be chaired by a member of the local authority:

- Local authority councillor(s), who will be (as nominated by the Leader of the Council):
  - (i) The Leader of the Council
  - (ii) The Cabinet Member for Children and Families
  - (iii) The Cabinet Member for Finance and Health



- Chair, Clinical Commissioning Group (Vice Chair of HWB)
- Chair of Healthwatch
- Director of Adult and Housing Services
- Director of Children and Young People's Services
- Director of Public Health
- Deputy Chief Executive
- Chief Officer, Clinical Commissioning Group
- Lay Board Member, Clinical Commissioning Group
- GP Board Member, Clinical Commissioning Group
- Bridge Renewal Trust representative
- Representative for the NHSCB (as required)
- Chair - Haringey Local Safeguarding Children Board (when appropriate)
- Chair - Haringey Safeguarding Adult Board (when appropriate)

The local authority may appoint others to the Board as it deems appropriate, following consultation with the Board. The Board may itself also appoint such additional members to the Board as it deems appropriate.

The Board may invite additional officers to attend on an ex-officio basis, who will not be voting members of the Board, to advise and guide on specific issues when appropriate. Attendance by non-members is at the invitation of the Chair.

### **8.5 Public Meetings**

(a) A minimum of four formal public decision-making business meetings a year will be held. The Board will have the ability to call special meetings as and when required.

(b) A meeting of the Board will be considered quorate when at least three voting members are in attendance, including one local authority elected representative and one of either the Chair, Clinical Commissioning Group or the Chair, Healthwatch (or their substitutes).

(c) The Chair of the meeting will have a casting vote.

(d) All voting members of the Board, (to include any substitutes), will be required to comply both with the Members' Code of Conduct and the provisions of the Localism Act 2011 relating to Standards. In particular, voting members will be required to complete a register of interests which must be kept up to date. Voting members must also declare any disclosable pecuniary interest or prejudicial interest in any matter being considered and must not take part in any discussion or decision with respect to these items.

(e) Board members will agree protocols for the conduct of members and meetings.

(f) The Board will determine its sub groups/committees.

(g) Only the following members of the Board will have voting rights:

- Local authority councillor(s), who will be (as nominated by the Leader of the Council):
  - (i) The Leader of the Council
  - (ii) The Cabinet Member for Children and Families
  - (iii) The Cabinet Member for Finance and Health
- Chair, Clinical Commissioning Group (Vice Chair of HWB)
- Chair, Healthwatch
- Lay Member Haringey Clinical Commissioning Group

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

(i) The full Council may at any time make a direction to alter the voting right of Board members, following consultation with the Board.

### **8.6 Committee procedures**

(a) The Board will be accountable to full Council in its capacity as a committee of the local authority. The Board will be subject to health scrutiny as set out in the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

(b) The Access to Information Procedure Rules in Part 4 of this Constitution apply to the Board. The Committee Procedure Rules in Part 4 apply to the Board except where this would be inconsistent with either these Terms of Reference or the legislation governing this board.

### **8.7 Facilitating the work of the Health and Wellbeing Board**

(a) Workshop meetings will be held to cement links with partners including the Community Safety Partnership, the Children's Trust, and regeneration partners, to facilitate co-ordination and focus on priority issues relevant to all parties.

(b) In addition to formal board meetings, the Board will hold informal, non-decision making seminars as and when required with attendees specifically invited by the Board. These seminars will be held in private in order to ensure the ongoing organisational development of the Board and to provide a forum in which complex and sensitive issues can be fully aired and discussed to manage potential blockages to effective delivery of the strategy.

### **8.8 Representatives and substitutes**

(a) Representatives will provide a link with their own organisation, reporting back and instigating partner action, being responsible for disseminating decisions and actions within their own organisation, ensuring compliance with any actions required and reporting back progress.

(b) Partner bodies are responsible for ensuring that they are represented at an appropriate level (either equivalent to the core member they are representing and no more than one tier below).

(c) If a representative is absent for three consecutive meetings the organisation/sector will be asked to re-appoint/confirm its commitment to the Board.

(d) Substitutes for voting members will not be permitted with the exception the Chair of the CCG and the Chair of Healthwatch. In their absence, the Deputy Chair of the CCG and the Deputy Chair of Healthwatch may attend in their place. All substitutes must be declared in name at the beginning of each municipal year.

**Report for:** Health and Wellbeing Board – 12<sup>th</sup> February 2020

**Title:** CAMHS Transformation Plan (refresh for 19/20 and 20/21)

**Report**

**Authorised by:** Rachel Lissauer, Director of Commissioning and Integration, NHS Haringey CCG

Charlotte Pomery, AD Commissioning, London Borough of Haringey

**Lead Officer:** Michele Guimarin, Joint Commissioning Manager for Vulnerable Children, NHS Haringey CCG and London Borough of Haringey

**1. Describe the issue under consideration**

Each year, the CCG is required to undertake an annual refresh of its CAMHS Transformation Plan and submit to NHS England for assurance. The latest refresh was due on 31<sup>st</sup> October 2019.

At the time of the 16<sup>th</sup> October 2019 Health and Wellbeing Board, the plan was still a working draft and therefore it was agreed that the plan would be submitted to NHS England and published in draft pending the NHS England assurance process feedback and sign off at the February 2020 Health and Wellbeing Board.

The plan was submitted on time to NHS England. To date, the CCG and Local Authority have not received NHS England feedback on the plan (this is expected within the next few weeks) but some updates were completed in December 2019 by the Children's commissioning team and it is expected that the plan will evolve over the next few months in line with this feedback and with the emerging Borough Partnership Structures and the introduction of a single North Central London CCG.

The plan is a substantial document, in line with NHS England requirements, and therefore the Executive Summary is included as an appendix to this cover paper with a link to the plan in full.

The Board is asked to note the contents of the plan, comment on the priorities and approve this final draft.

## 2 Recommendations

The Board is asked to review and endorse the Haringey CAMHS Transformation Plan final draft.

## 3. Reasons for decision

The endorsement of the Health and Wellbeing Board is sought as part of its wider responsibility and strategic lead in health and social care and in advancing the health and wellbeing of the people of Haringey.

## 4 Background information

The lead officers, service manager and clinicians from the Local Authority, CCG, BEH CAMHS, Open Door and a parent carer representative attended the 16<sup>th</sup> October Health and Wellbeing Board to present the current CAMHS Transformation Programme. The CAMHS Transformation Plan was, at that time, in the process of being refreshed ready for 31<sup>st</sup> October submission to NHS England.

The team presented the key updates that would be included in the refreshed plan as well as a comprehensive overview of the work to date, our current strengths, challenges and risks.

Please see the link to the full CAMHS Transformation Plan <https://www.haringeyccg.nhs.uk/Downloads/Publications/CAMHS%20Transformation%20Plan%20%20Refresh%202019-2021%20Feb%202020.pdf>

Please see comprehensive paperwork presented at the 16th October Health and Wellbeing Board for introduction, background and context to our CAMHS Transformation Programme. This includes a detailed paper and PowerPoint presentation:

<https://www.minutes.haringey.gov.uk/documents/s111824/CAMHS%20cover-sheet%20final.pdf>

## 5 Contribution to strategic outcomes

The CAMHS Transformation, Haringey Schools and Colleges in Mind (Department for Education funded Schools Link Programme) and the Trailblazer Pilot work contributes to the delivery of the Borough Plan 2019-2023 *People* priority ensuring our children and young people have the best start in life, a happy childhood and that, 'every young person, whatever their background has a pathway to success for the future'. The aims of the emotional social and mental health work supports outcome 6: educational achievement, school exclusion, first time entrants in the criminal justice system and young people who are not in education, employment or training. This work contributes to Youth at Risk Strategy, Interim Alternative Provision and the Youth Justice Strategy.

The Trailblazer Pilot in particular realises our ambition to provide early support and responses to our children and young people before escalation of need.

Since 2015 the provision of Trailblazer Pilot and other CYP mental health services have increased in the east of the borough and improved services to the BAME and to more deprived communities. This is important to address inequalities within the borough.

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

### **6.1 Finance and Procurement**

6.1.1 The contents of the report do not present any direct financial implications to the council. The projects detailed in the report are directly funded by NHS England, the CCG and DfE.

### **6.2 Legal**

6.2.1 There are no legal implications arising from the recommendation.

### **6.3 Equality**

6.3.1 The CAMHS Review undertaken in 2015 by the Council and CCG assessed access to and take up of services by GP catchment areas and ethnicity. This data showed that the population of west Haringey was using services far greater than those in the east of the Borough. The variation by ethnicity was not conclusive. This review led to specific, needs led commissioning of mental health provision in the east of the borough and has shaped our CAMHS Transformation Programme. Since 2015 mental health services have increased in the east. Open Door Tottenham has opened and Kooth has begun. Many vulnerable young people are unable to engage with a variety of services including mental health for a complexity of reasons. The Trailblazer Pilot work was specifically established to overcome such barriers to access by partnering CAMHS practitioners with sports clubs, arts and peer mentors. NHS England has fed back that our pilot bid was successful because of the strength of partnerships with voluntary sector and charitable organisations. The pilot work is aimed at addressing health inequalities in the eastern part of the borough.

The Haringey Schools and Colleges in Mind (DfE Schools Link Programme) will benefit all Haringey Schools, alternative provision and Colleges.

Going forward, as part of the Haringey Borough Partnership, we will develop a children and young people's plan for Haringey. This will be a jointly owned document across all partners and within this, there will be a strong focus on

CAMHS and a commitment to embed the I-Thrive model. This is a conceptual framework which is a new way of thinking about children and young people's emotional health and wellbeing. It focusses on developing a common language across all parts of the system where the needs of the child or young person are at the core of support rather than their diagnosis or a CAMHS service threshold.

As our CAMHS review of 2015 was inconclusive in terms of variation of access by ethnicity, we recognise the need to engage with our local communities, in particular our BAME groups and work more closely with our voluntary sector providers. We need to focus on how to increase access to our CAMHS services and make them relevant to the diverse communities within our borough.

#### 6.4 Environmental Impact

6.4.1 There are no environmental implications of this report.

### 7. **Use of Appendices**

Appendix I – The Haringey CAMHS Transformation Plan Executive Summary.

Please see the link to the full CAMHS Transformation Plan <https://www.haringeyccg.nhs.uk/Downloads/Publications/CAMHS%20Transformation%20Plan%20%20Refresh%202019-2021%20Feb%202020.pdf>

### 8. **Local Government (Access to Information) Act 1985**



# **Haringey CAMHS Transformation Plan**

On behalf of Haringey Council and Haringey  
Clinical Commissioning Group

2019-20 and 2020-21

Published in Draft for the NHS  
England Assurance Process 31<sup>st</sup>  
October 2019

## Foreword

In recent years there has been a growing recognition of the need to make dramatic improvements to mental health services for children and young people.

50% of mental health problems are established by age 14 and 75% by age 24. A child with good mental health is much more likely to have good mental health as an adult, to be able to take on adult responsibilities and fulfil their potential.

The publication of this 5<sup>th</sup>, Haringey refreshed transformation plan outlines the work that has already been completed, particularly during 2018 and 2019 and provides further detail on our next set of priorities up to 2021.

This plan is continually evolving and is overseen locally by a strong CAMHS partnership- a Children and Young People's (CYP) Transformation Executive which includes commissioners, local providers (both NHS and voluntary sector), parent/carer representation, schools, Early Help Team, social care and Local Authority education representatives.

There is significant need for improved social and emotional mental health support in Haringey. Our Joint Strategic Needs Assessment (JSNA) projected that around 4,800 Haringey children and young people aged 5-15 have a diagnosable mental health condition and there are an additional 5,700 young people aged 16-24 years with the same.

Moreover, our borough is diverse with high levels of deprivation particularly in the east. There are ongoing challenges we are working to address: particularly with ease and equality of access to services and sometimes long waits for treatment.

In addition to local work, there are also improvements being delivered on behalf of North Central London through the Sustainability and Transformation Partnership (STP). For example, Haringey has led on the establishment of an out of hours, nurse-led crisis service which has already led to improved outcomes and avoided admissions for children and young people presenting in acute need at A&E departments.

Our Health and Wellbeing Board has reflected that we have made some significant strides forward in improving our support for children and young people but we continue on our journey- there is still much to do, strategically and operationally to meet need and improve outcomes.

This current plan therefore refocuses on the right building blocks - prevention and early intervention, easier access to services particularly in schools, reduced waiting times for assessment and treatment and delivering better targeted support for some of our most vulnerable groups. Our key challenge is to ensure this service redesign is delivered sustainably across all key partners, parents and young people, for the long term.

Tony Hoolaghan  
Chief Operating Officer  
Haringey and Islington Clinical Commissioning Group  
Board

Will Maimaris  
Interim Director of Public Health  
Haringey Health & Wellbeing  
Board

The plan is published here:



[www.haringeyccg.nhs.uk/about-us/strategies-and-publications.htm](http://www.haringeyccg.nhs.uk/about-us/strategies-and-publications.htm)

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## 1. Executive Summary

### 1.1 Introduction and Context

Haringey is a young, ethnically diverse borough with a population of approximately 270, 600 – over 180 languages are spoken here and our life expectancy is growing. We have a vibrant voluntary and community sector, good and outstanding schools and over a quarter of the borough is green space. However, as the fourth most deprived borough in London, there are many challenges – 21.3% of children and young people grow up in low income families, we have higher rates of serious mental illness than other boroughs, we have the third highest rate of domestic abuse with injury in London with 30% of youth offenders having witnessed domestic violence by the age of 7, youth violence rates whilst falling are concerning and the impact of drugs is felt most acutely by our most vulnerable residents. Our CAMHS practitioners report that all the young people they support have been affected by serious youth violence in some way – setting a background to the therapeutic work which is required.

In this context, good mental health and wellbeing for children and young people is a critical ingredient in transforming outcomes for all our residents and addressing some of our wider challenges. We believe there are a number of ways we can address the current gaps and this Transformation Plan sets them out. The 2015 joint review of Child and Adolescent Mental Health Services (CAMHS) by Haringey Council and Haringey Clinical Commissioning Group and the corresponding publication of *Future in Mind*<sup>1</sup> highlighted the need for more coordination, better awareness and promotion amongst universal provision and a greater focus on early intervention for social, emotional and mental health. This was the starting point for our CAMHS improvement work in Haringey.

Following this, the publication of the 2017 *Transforming Children and Young People's Mental Health Provision* Green Paper<sup>2</sup> championed the importance of early access, particularly in schools, and shorter waiting times for CAMHS services. This led to national pilot funding for the establishment of mental health support teams in schools (MHSTs) and four week CAMHS waiting times initiatives. Local areas were invited to bid to become *trailblazers* for this work and Haringey submitted a successful wave 1 application.

For Haringey, this has led to much-needed increased investment of over £1million which has shaped our strategic approach and the majority of work undertaken in 2018 and 2019. For the first time, there is a schools-based early intervention support for mild to moderate conditions. The focus has been initially on increasing support and services for children and young people in the east of the borough, as the CAMHS Review highlighted the lower take up of services by those with GPs in Tottenham. This has led to greater equity in the offer, as residents in the east now have increased provision of mental health services in their schools further supported through our voluntary sector providers Open Door Tottenham and Hope in Tottenham. This has improved services to the BAME communities by providing services in

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

<sup>2</sup> <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper/quick-read-transforming-children-and-young-peoples-mental-health-provision>

N17 in schools and non-stigmatising venues. Trailblazer has supported the introduction of i-THRIVE model through schools. Schools, Young people and parents have been engaged in the delivery of this work through consultation events, shaping the rollout of the approach. Four voluntary sector organisations are partners in the Trailblazer work and have been delivering projects within schools. The Trailblazer work has focused on the transition of year 6 to year 7 which is difficult time for vulnerable young people to support them to remain in school. There is ongoing targeted work with young people at risk of exclusion which supports the delivery of the Young People at Risk Strategy and interim recommendations from the Alternative Provision Review.

Haringey has an opportunity to submit a further Trailblazer bid. At this stage, the thinking is that that would be for Haringey colleges and the rest of our mainstream schools with a focus on early intervention for BAME communities and those least likely to access other mental health support. A strong component of any successful bid will be working with voluntary sector organisations within the borough, both to increase engagement and to deliver front line interventions.

NHS England has set targets for local areas to provide mental health services for a minimum of 35% of under-18s with a diagnosable mental health condition by 2021. Nationally and locally this is a challenge as recording of activity on the correct system that allows data to be counted by NHS England has proven problematic. Although we are on track to meet this target, many of the simple process redesigns and quick wins have already been undertaken so increasing and then maintaining our access figures even by just 1-2% will require significant effort and new ways of thinking across the whole system.

A strong Haringey Children and Young People's (CYP) Executive Transformation Partnership has brought together all key stakeholders. Excellent work has been undertaken in engaging young people and parents to help redesign and improve services. Each provider is commissioned to have parent and young people's participation groups, which have been able to influence directly the design and delivery of mental health services.

Overall, since 2015 Haringey has made significant strides forward in developing a whole system approach for mental health. As we go forward, there will be further strategic work to implement and embed the **THRIVE Framework**. This model creates a framework for service redesign and deliver, and provides a common language across the voluntary sector, health, education and social care but most importantly parents/carers, children and young people and the wider community when thinking about services and supporting young people. This is not simply about voluntary and statutory partners working more creatively together but about different and earlier conversations about mental health and wellbeing with children, young people, families and communities. It is about ensuring that issues affecting mental health and wellbeing are identified and responded to early and in ways which are accessible and non-stigmatising. It is envisioned that statutory and voluntary sector services will meet the needs and requests as these arise. For example, CAMHS will be signposted to online services or helplines, if young people do not meet the threshold for a face to face assessment and treatment service.



## 1.2 Our key achievements in 2018/19

### Improved Access

- We achieved the national access target of 32% in 2018/19 and we are on track to deliver the 35% access target by 2021. (The access target is the number of young people with diagnosable mental health disorders. Therefore, Haringey is currently providing mental health services for 35% of the children with mental health issues.) We have been working hard with our NHS and voluntary sector providers to ensure their activity data is reported through to the national Mental Health Minimum Dataset. (MHMDS).
- We have increased mental health support to BAME communities.
- First Step Plus (for Looked After Children with more than 3 placements in a year) has stabilised placements by offering an intensive service to young people placed out of borough and at risk of placement breakdown.
- Brandon Centre Multi-Systematic Therapy reintroduced to the borough and annually supports 5 young people on the Edge of Care avoiding the need for bringing children into care.
- We have worked to ensure that the number of *Do Not Attend*s (DNAs) has fallen. At the same time, referrals have increased, as has the complexity of problems that young people are presenting with. All commissioners – CCG, LA and schools - are committed to maintaining the momentum of change and the continued improvements of services.
- Having historically recorded low numbers of young people with eating disorders in the borough, we have made continued improvements to support our young people to increase their access services.
- North Central London has joined North East London in planning new models of care for inpatient services which will come into effect in April 2020. (Presently, local in-patient mental health beds are commissioned nationally by NHS England. This has led to a myriad of problems, for example, young people are placed hundreds of miles outside of Haringey.) One of the key aims of this programme is to ensure that our local children and young people are able to access specialist support near to home.
- The funding for Project Future is stabilised, offering support to young people directly affected by gang membership and activity. Open Door has extended services on violence.

### Improved Workforce

- We have employed and trained new entrants into mental health professionals, for example, Children's Wellbeing Practitioners (CWP) and Education Mental Health Practitioners (EMHP) to improve skill mix and offer earlier intervention in mild to moderate cases of anxiety and mental health need. These new entrants into the profession are meant to address staff shortages and to improve early intervention services.

### The Trailblazer Programme

- We introduced the Trailblazer Pilot Programme which includes a 4 week waiting time initiative and establishment of mental health support teams (MHSTs) in 36 east Haringey schools. MHSTs are multi-disciplinary and comprised of children's wellbeing practitioners, emotional health and wellbeing practitioners, a speech and language therapist, an educational psychologist, senior CAMHS practitioners and a service manager. The MHSTs work directly with pupils to treat mild to moderate anxiety, exam

stress and work with professionals and parents/carers to upskill them by undertaking training and providing advice and guidance.

- We have commissioned increased support to improve access in our more deprived areas of the borough and for our more vulnerable groups. For example, Open Door Voluntary sector provider now has a Tottenham base as well as a Crouch End base. We have also commissioned a digital online counselling and wellbeing platform called Kooth [www.kooth.com](http://www.kooth.com) which will improve access for those who may not engage in face to face therapy, particularly young men. Approximately, 45% of users are from BAME communities. Other changes include the establishment of CHOICES open access (<https://www.haringeychoices.org>), CAMHS in GP surgeries and the extension of More Than Mentors (year 7 peer to peer support for 11 year olds transitioning to secondary school) in partnership with 10 schools and Bruce Grove Youth Centre. Of particular importance is the commissioning of the voluntary and charitable sector to provide therapeutic activities which destigmatise support. For example, deep:black are providing creative arts sessions held at Woodside High School and a pilot project for autistic young people is now run by Tottenham Hotspurs Foundation to help provide therapeutic interventions while undertaking sports activities. We have also commissioned parent training. This has led to young people and their parents getting more help. This has been particularly important for families in the more deprived areas of Haringey. Indications show more people from BAME communities are receiving mental health support than previously.
- We have improved waiting times. Prior to April 2019 Haringey, CAMHS saw 13% of accepted referrals to treatment within 4 weeks. In Quarter 3 19/20, the average wait improved to 3-4 weeks for first and second appointments. 49% of accepted referrals are seen within 4 weeks of referral to treatment (or second appointment). We have an ambition to ensure all referrals to treatment are seen within 4 weeks by 2021. We have achieved the waiting time reduction by establishing a new Clinical Access team at BEH. This receives all referrals and undertakes initial assessments. The other 6 clinical teams are now focussed providing the interventions indicated by the Access Team. As well as improving waiting times, this new team has improved the quality of assessments. There has been significant partnership work between BEH MHT and Open Door.

### **Crisis and Out of Hours Improvements**

- We have led the commissioning of a NCL Out of Hours Nurse Service for young people in crisis and early indicators show that young people are now discharged more quickly from A&E and hospital admissions have been avoided.

### **Introduction of i-THRIVE for certain projects**

- We have implemented the i-THRIVE model through Haringey schools' Networked Learning Communities. We now need to extend this across the whole system.
- We have identified all local services for early intervention onto the Local Offer website which will be published shortly and is the starting point for one quadrant of the i-THRIVE model-signposting, advice and getting help.

### **Support for Young People with autism and/or learning disability**

- We have improved support for young people with autism and/or learning disabilities and behaviour that challenges. There is now a shared Risk Register across health education and social care and an improved joint decision making forum which oversees strategic planning for individual children and young people. Staff training is planned in evidence based *Positive Behaviour Support* and local schools/services have been trained in Cygnet parent training.
- We have partnered with the mainstream schools Autism Team and Tottenham Hotspur Foundation to provide a schools holiday autism youth club in the East of the borough.
- We have made steady progress in putting services in place to improve identification and coordination of services to assist young people with autism to live and to study locally and to remain with living with their families. In 2019 the TCaPs pilot programme started and provides intensive short term support to young people and their families through trained key workers who administer positive behaviour support interventions.

### **Support for Vulnerable Groups**

- We have improved care for the most vulnerable young people- for example there has been an increase in CAMHS and health input into the Youth Justice Service and CAMHS professionals will soon be based within Early Help and social care teams offering consultation and practical guidance for complex cases. The work of the Brandon Centre has been expanded. First Step Plus, a therapeutic service for Looked After children who have had three or more placements, is commissioned and works proactively with social workers to improve support for our young people. This scheme has increased stability of these fragile placements.

### **Engagement of Young People, Parents and Carers**

- We have undertaken some excellent work in engaging young people and parents to help redesign and improve services and a parent/carers rep sits on the Transformation Executive. Healthwatch, children and young people and parent/carers events are taking place from September 2019.
- We will continue to use parents/carers who are Experts by Experience and the new Parent Ambassadors will be integral to autism work.
- Services will continue to develop their parent and young people's participation groups.

### **1.3 Key Remaining Challenges across the system**

- We need to Implement THRIVE Framework across the whole system in Haringey so everyone shares our future vision and can understand how their role can support improved mental health and wellbeing for children and young people.
- We need to balance increased access and earlier assessment times with waiting times for treatment, which remain extended for some forms of treatment
- We need to continue to reduce inequality of access for BAME communities, children in care, unaccompanied asylum seekers, young people at risk of exclusion, violence and those known to youth justice, through working closely with the voluntary sector, the faith sector and directly with communities experiencing disadvantage.

- We need to support children and young people at risk of exclusion and those who have been excluded, working with partners across the system to implement the recommendations of the Alternative Provision Review
- We need to undertake further work on Transitions- quality is improving but young people in CAMHS often do not meet the criteria for adult services and parents report a 'cliff edge' of service reduction at 18 when young people are very vulnerable. Furthermore, lack of 0-25 services does not sit well with statutory responsibilities for children and young people with Special Educational Needs and/or Disabilities (SEND). This is a key priority for the emerging Haringey Borough Partnership as part of a Start Well Partnership Board which will be responsible for 0-25, in line with the NHS Long Term Plan.
- We need to improve our Autism Spectrum Disorder (ASD) diagnostic pathway. This is fragmented, involves long waits and out of area care. A new strategy group is overseeing local service improvement.
- We need to embed improvements for children and young people in mental health services. Although there is better provision especially out of hours, there is a continued over reliance on A&E and paediatric medical wards.

#### **1.4 Addressing these challenges: Our Key priorities for 19/20 and 20/21**

- We will continue to implement and embed the whole system approach to mental health and wellbeing offered by the THRIVE Framework which will provide the strategic framing for all future approaches and service improvements involving voluntary sector partners, communities, faith groups, children and young people and statutory services.
- We will fully implement the Trailblazer programme:
  - MHSTs (Mental Health School Teams) in schools, training in schools for teaching staff and parents/carers. Improved social emotion and mental health support in schools will contribute to the reduction of schools exclusion.
  - Reduce waiting times further for CAMHS. A shared vision and trajectory across all partners with robust monitoring of waits and booking patients based on chronology and need.
- We will apply to expand the Trailblazer Programme within Haringey schools and colleges, always focusing on those least likely to access mental health support and building our early intervention capacity and capability.
- We will continue to improve access rates for all children and young people to a minimum of 35% by 2020/2021.
- We will strengthen the role of the voluntary sector through improved partnership working and commissioning services which enable their specific contributions to have impact locally.
- We will implement the Haringey Schools and Colleges in Mind (Department for Education funded Schools Link Programme<sup>3</sup>). It is essential to improve communication and joint working between schools, colleges, CAMHS services and other mental health services.
- We will work across the system to identify young people with multiple Adverse Childhood Experiences (ACEs) and ensure they get more help. We will promote trauma informed

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<sup>3</sup> <https://www.annafreud.org/what-we-do/schools-in-mind/our-work-with-schools/the-link-programme/>

practice<sup>4</sup>, through our innovative Anchor Approach, particularly for vulnerable young people to ensure greater numbers of young people can live and access education in borough. Together with specific Trailblazer interventions, Early Help Team, other Borough initiatives and voluntary sector young people and their families will be supported to remain and to thrive in schools. This supports the delivery of the Young People at Risk Strategy, Youth Justice Strategy and Alternative Provision interim recommendations.

- We will offer innovative, digital support as well as face to face help which will engage young people who may not otherwise access treatment. Online and telephone support will play an important role in providing support for those on waiting lists. This will be via Kooth ([www.kooth.com](http://www.kooth.com)) an online counselling service with peer support and helpful resources, the Haringey SEND local offer and phone support. The Haringey Local Offer will list increased services for young people and their families to access and health, education and social care professionals will be trained in what is available.
- We will improve working relationships between CAMHS services and Social Care and Youth Offending Services.
- We will continue to work with other CAMHS providers and commissioners across NCL to deliver STP priorities, including the establishment of the New Models of Care (in-patient mental health services), crisis support and home treatment services.
- We will continue to improve the coordination of support for young people with autism/LD and challenging behaviour through Positive Behaviour Support (PBS) training and autism training. This is essential for keeping young people in local schools and living with/near family and friends.
- We will employ Parent Ambassadors as part of the PBS work and support the development of autism services. Experts by experience (parents and carers) are already integral to work in reviewing individual support during the Care Education and Treatment Reviews for young people with autism/learning disabilities and challenging behaviour.
- We will refresh all contract documentation and service specifications to ensure roles and responsibilities of all partners are clear and to ensure robust performance management of providers.
- We will develop a strategic approach to improving commissioning across 0-25 services within existing resources. This is a key requirement within the NHS Long Term and will require some radical rethinking of commissioning and provision.
- We will work to produce an all-age autism strategy with a new commissioning model to reduce fragmentation, particularly in the diagnostic pathway and to review support services that are available for those with a diagnosis.

## 1.5 Governance

This Transformation plan is overseen by a Children and Young People's (CYP) Transformation Executive which meets monthly. Every quarter, the executive meets with a wider range of partners, a CYP reference group, to deliver improvements and monitor progress against this plan (this was formerly known as The CAMHS Transformation Board).

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<sup>4</sup> <https://www.haringey.gov.uk/social-care-and-health/health/public-health/anchor-approach/anchor-approach-information-parents-and-carers>

This multi-agency executive and its reference group are sub groups of the Haringey Joint Partnership and Finance Board which links to the Health and Wellbeing Board and in turn the Council Cabinet and the CCG's Executive Management Team (EMT). With the merger of North Central London CCGs and the advent of a new Borough Partnership which is likely to have a formal children's partnership Board, governance for our CAMHS Transformation Plan will be reviewed further during the latter part of 2019.

Our executive and reference groups have representation across all key stakeholders and partners including parents and carers of service users with a focus on building mature collaborative working relationships.

The Transformation plan oversees financial governance to ensure we can demonstrate year on year increase in spend in line with national mental health investment standards. We report regularly to relevant council and CCG executive Boards including the Haringey CCG Governing Body seminars.

The NCL priorities are overseen by an NCL CAMHS Board which meets bi-monthly and includes representation from providers, commissioners and NHS England.

### **1.6 Key Risks and Issues and Mitigation**

Although there have been some significant achievements in the early stages of the Trailblazer Pilot, there are ongoing risks to delivery of our CAMHS Transformation Programme. There is a need to bear in mind the changing landscape of both the NHS and Social Care systems and the demands and pressures therein that need a coordinated response. Seemingly small funding changes can have a detrimental effect on another part of the local social emotional mental health support offer.

Staff recruitment is a key risk and this can be mitigated through the strong CAMHS Partnership (the CYP Reference Group) who can support recruitment. Increased referrals to services (rising demand) and increasing complexity are also risks to delivery of our programme, particularly the 4 week waiting time initiative.

Collaboration between schools, Early Help, Youth Services, CAMHS, traded services such as Haringey Education Partnership (HEP), Anchor Approach, Educational Psychology and voluntary sector are needed to effectively implement and coordinate programmes.

### **1.7 Equalities Impact on our local population**

A Haringey CAMHS Review undertaken in 2015 by the council and CCG assessed access to and take up of services by GP catchment areas and ethnicity. This data showed that the population of west Haringey was using services far more than those in the east of the Borough. The variation by ethnicity was not conclusive. This review led to specific, needs led commissioning of mental health provision in the east of the borough and has shaped our CAMHS Transformation Programme. Open Door Tottenham has successfully supported BAME communities in a non-stigmatised setting. Schools have commissioned Hope in Tottenham to provide services in 25 schools mainly in the East of the borough. Many vulnerable young people are unable to engage with a variety of services including mental health for a complexity of reasons. The Trailblazer Pilot work was specifically established to overcome such barriers to access by partnering CAMHS practitioners with sports clubs, arts and peer mentors. The strength of partnerships with voluntary sector and charitable organisations in Haringey has been a particular success.

The Trailblazer Pilot work is aimed at addressing health inequalities in the eastern part of the borough. The Haringey Schools and Colleges in Mind (Department for Education funded scheme, Schools Link Programme) will benefit all Haringey Schools, alternative provision and Colleges.

## 1.8 Safeguarding

An annual health report is produced and discussed at the Haringey Safeguarding Assurance Group (SAG) which reports in to the Haringey Children Safeguarding Partnership. The group is chaired by our GP Governing Body representative for Children and Young People and is managed operationally by the designated nurse for safeguarding children and young people. The health report includes input from CAMHS services and outcomes related to safeguarding are monitored.

The CCG Designated Safeguarding nurse is consulted on service changes and inputs to relevant service specifications. We are also very aware of the significant complexities in statutory working to deliver services for very vulnerable children and young people in care or who have learning disabilities or autism. Of particular importance therefore is the introduction of quarterly safeguarding supervision for the children's commissioning team in Haringey which will lead to further improvements in statutory joint working between the council and CCG on individual cases.

## 1.9 North Central London (NCL) Priorities

Across North Central London we have an established CAMHS Project Board which focusses on key priorities where it makes sense to work in collaboration across a larger footprint with our neighbouring CCGs. This group is focused on three key priorities which include:

- Development of an NCL Crisis Care Offer 24/7, home treatment, services for 0-25 year olds in line with the NHS Long Term Plan deliverables
- Development of our Specialist Eating Disorder Services which are provided by The Royal Free Hospital
- Development of a Provider Collaborative to deliver a new model of care for CAMHS inpatient beds which will support the development of further community support.

## 1.10 Sustainability

We are committed to thinking with all partners about sustainability of our local services as we start to approach 2020/21. In Haringey, the Local Transformation Plan (LTP) process has allowed us to invest more fully in community services for the first time. The development of Borough Partnership Arrangements and the introduction of a Start Well Partnership Board will allow us to focus on how we embed CAMHS Transformation as business as usual. As we near the end of the LTP programme, we will be considering how we continue to develop and embed improvement with sustained investment in line with the National Long Term plan ambitions.

Through our local priorities, we are ultimately seeking to improve outcomes for CYP, and their parents and carers, across Haringey in relation to their emotional health and wellbeing. We continue to work toward this goal by working across the whole system, engaging all key stakeholders with the shared vision of improving outcomes for CYP.

As part of the CCG's Quality, Innovation, Productivity and Prevention (QIPP) Programme, the council and CCG have held joint discussions about the possibility of some specific schemes to support care for our most vulnerable children and young people who often

present at the point of crisis with little prevention or early intervention work having been undertaken. We have seen significant rises in 38 week and 52 week out of borough, high cost residential placements for our children with mental health needs and behaviour that challenges which is not sustainable in terms of meeting need nor financially. As part of the 20/21 QIPP planning round, the CCG is working with the council to develop programmes to reverse the trend and refocus on evidence based interventions at earlier stages to ensure as many young people can live, be educated and work in our local area.

All future work streams will be in line with the new NHS Oversight Framework (August 2019).<sup>5</sup>

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<sup>5</sup> <https://www.england.nhs.uk/wp-content/uploads/2019/08/nhs-oversight-framework-19-20.pdf>



**Report for:** Health and Wellbeing Board, 12<sup>th</sup> February 2020

**Title:** **Safeguarding Adults Board Annual Report 2018-2019**

**Report authorised by:** Beverley Tarka (Director of Adults and Health)

**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 1<sup>st</sup> April 2018 to 31<sup>st</sup> 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 SAR<sup>1</sup> 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 was held in November 2019 to share the findings of the SAR, looked at actions taken since the review was completed and considered whether any further improvements are needed. The workshop provided an opportunity to reflect on how practice could be improved across the partnership in light of this key learning.

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<sup>1</sup> [https://www.haringey.gov.uk/sites/haringeygovuk/files/sar\\_report\\_ms\\_taylor\\_2019\\_pdf\\_549kb.pdf](https://www.haringey.gov.uk/sites/haringeygovuk/files/sar_report_ms_taylor_2019_pdf_549kb.pdf)

## 2 Recommendations

The Board is asked to note the Safeguarding Adults Board Annual Report 2018-2019

## 3 Reasons for decision

Not applicable.

## 4 Background information

The HSAB is a statutory body that works to make sure that all agencies are working together to help keep adults in Haringey safe from harm and to protect the rights of citizens to be safeguarded under the Care Act 2014, Mental Capacity Act (MCA) 2005 and the Human Rights Act (HRA) 1998. Under the Care Act 2014 Haringey SAB has three core duties:

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

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

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

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

## 5 Contribution to strategic outcomes

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

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

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

### **6.1 Finance and Procurement**

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

### **6.2 Legal**

6.2.1 There are no legal implications arising from the recommendations in this report.

### **6.3 Equality**

6.3.1 The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share those protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not.

The three parts of the duty applies to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

### **6.4 Environmental Impact**

6.4.1 There are no environmental impact arising from this report.

## **7. Use of Appendices**

None.

## **8. 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 9<sup>th</sup> July 2018  
(<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>)
- London Multi-agency Adult Safeguarding Policy and Procedures  
(<https://www.haringey.gov.uk/sites/haringeygovuk/files/london-multi-agency-adult-safeguarding-policy-and-procedures.pdf>)





# Haringey Safeguarding Adults Board Annual Report 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](mailto: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 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019 and is produced as part of the Board's statutory duty under *The Care Act 2014* and Chapter 14<sup>1</sup> 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 2018-21<sup>2</sup>. 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.

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

<sup>2</sup> <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) 2005<sup>3</sup> and the Human Rights Act (HRA) 1998<sup>4</sup>.

### 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;

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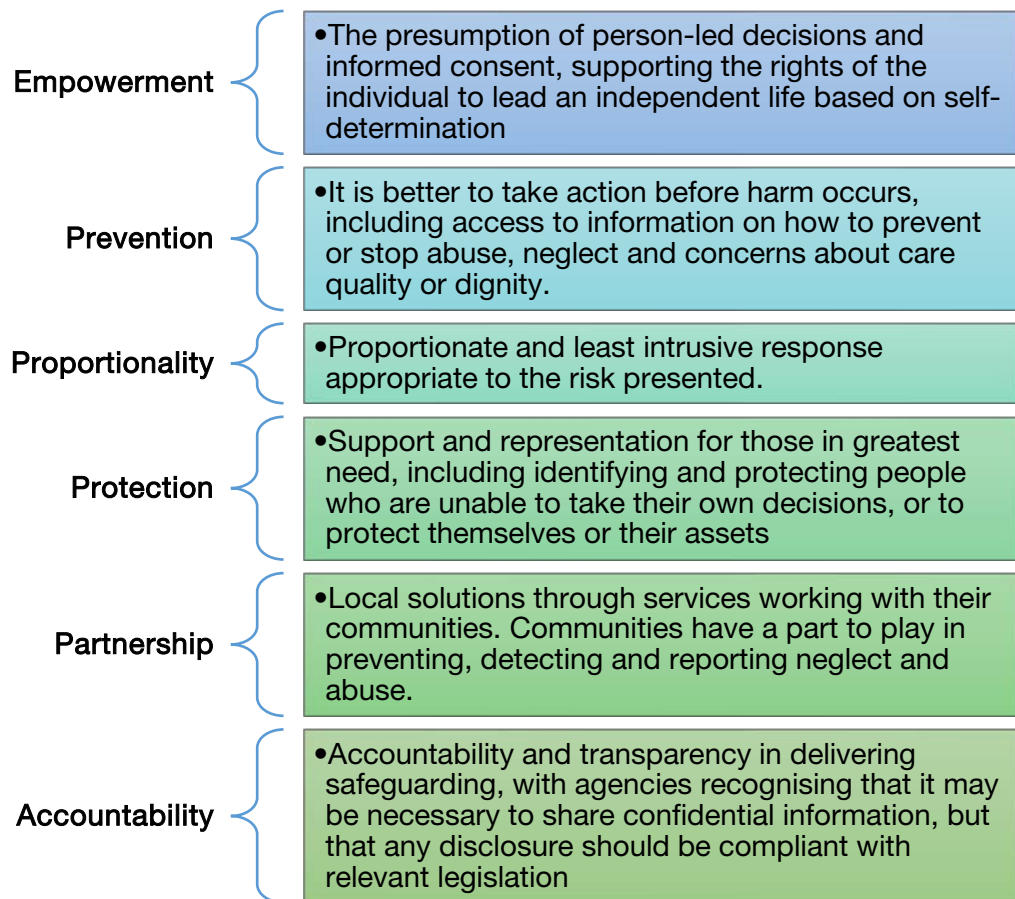
<sup>3</sup> <https://www.legislation.gov.uk/ukpga/2005/9/contents>

<sup>4</sup> <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 44<sup>5</sup> 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*<sup>6</sup>, 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

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

<sup>6</sup> <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 Robert<sup>7</sup> 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*<sup>8</sup> 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.

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<sup>7</sup> [https://www.haringey.gov.uk/sites/haringeygovuk/files/sar\\_report\\_robert\\_2017.pdf](https://www.haringey.gov.uk/sites/haringeygovuk/files/sar_report_robert_2017.pdf)

<sup>8</sup> <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 SAR<sup>9</sup> 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.

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<sup>9</sup> [https://www.haringey.gov.uk/sites/haringeygovuk/files/sar\\_report\\_ms\\_taylor\\_2019\\_pdf\\_549kb.pdf](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 NICE<sup>10</sup> 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%.

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<sup>10</sup> 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)<sup>11</sup>. 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

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<sup>11</sup> <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 framework<sup>12</sup> 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;

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<sup>12</sup> <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 2017-20<sup>13</sup>, 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

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<sup>13</sup> [https://www.haringey.gov.uk/sites/haringeygovuk/files/haringey\\_adult\\_safeguarding\\_prevention\\_strategy\\_2017-2020.pdf](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 Tool<sup>14</sup> (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 12<sup>th</sup> 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;

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<sup>14</sup> <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. Safelives<sup>15</sup> 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 Project<sup>16</sup> 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;

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<sup>15</sup> <http://www.safelives.org.uk/>

<sup>16</sup> <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.

Data<sup>17</sup> 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 Merlin<sup>18</sup> 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

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<sup>17</sup> Source: *Haringey Statutory Return Analysis and April 2018 - March 2019 Analysis*

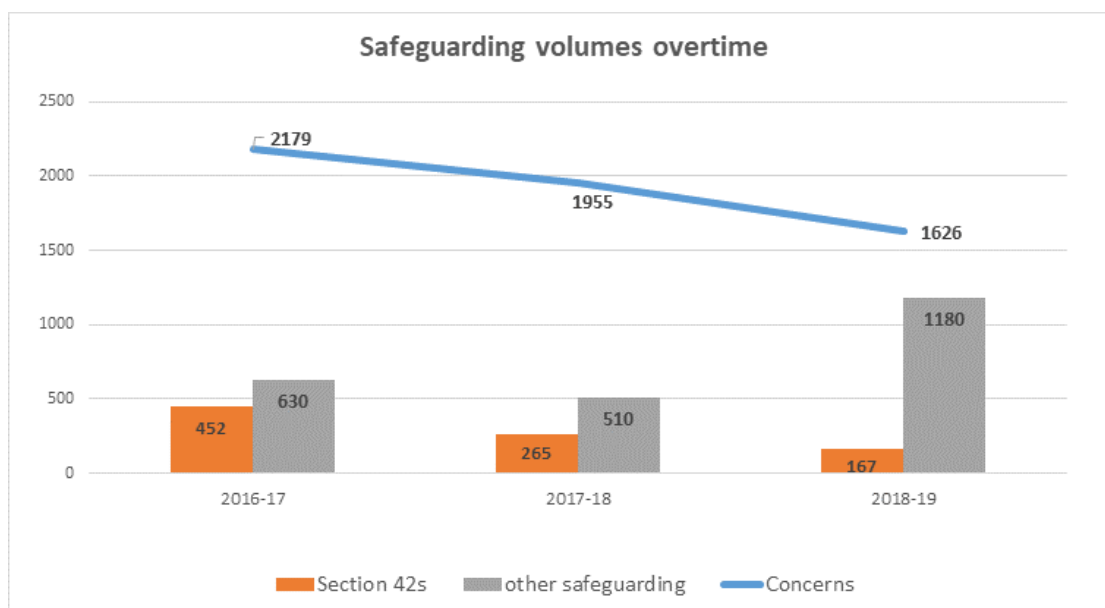
<sup>18</sup> a database run by the Metropolitan Police that stores information on children and vulnerable adults who have become known to the police for any reason



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**.

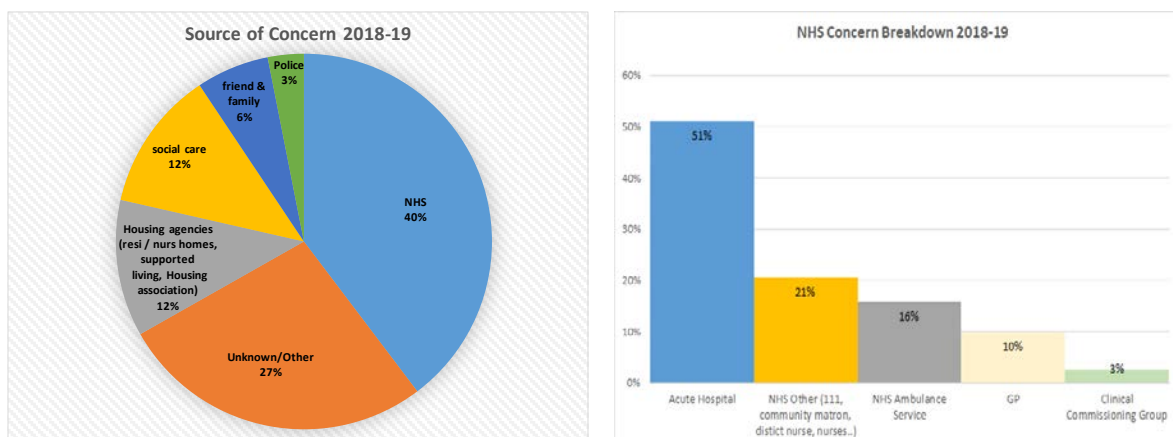
Local authorities will sometimes decide to make safeguarding enquiries for adults who do not fit the Section 42 criteria. These enquiries are not required by law and are referred to as **Non-Statutory Enquiries**.

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.

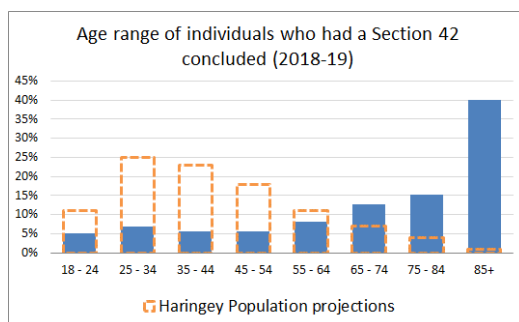
The service has been raising the profile of safeguarding and the referral process e.g. SAB workshop, a video produced online tailored for frontline staff around recognising concerns and how they should be raised.

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

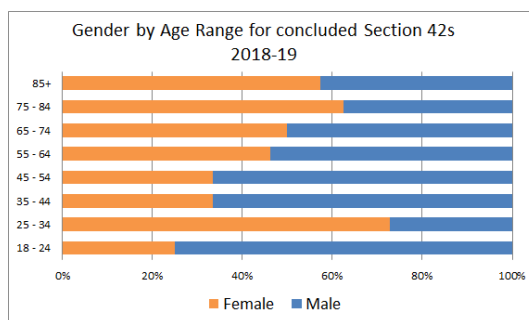
The data below shows that age plays an important role in determining whether a concern progresses to an enquiry. In short, concerns involving people over the age of 64 are much more likely to progress to enquiry than concerns involving people under the age of 64.



**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.

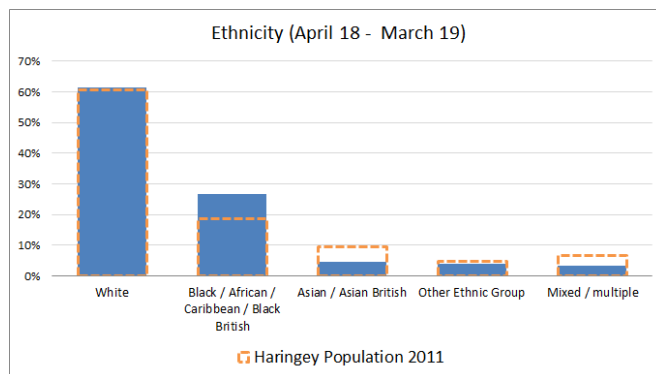
53% of individuals who had a Section 42 concluded are females, a 6 % decrease from the previous year. The highest proportion of females who had a section 42 concluded were aged between 25-34. For concluded cases approx. 75% (6 cases) were from males aged 18-24.



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

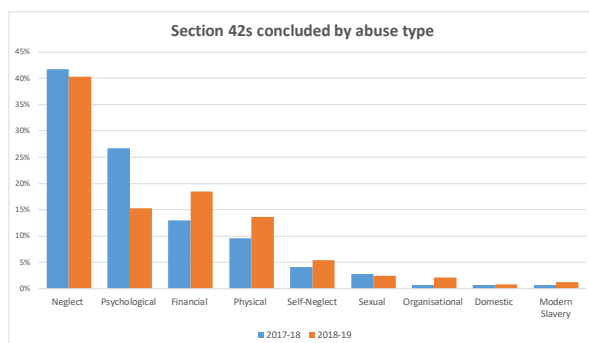
Year on year the ethnic background of people for whom a safeguarding concern has been raised remains similar, with the two main ethnic groups being White and Black/African/Caribbean/Black British



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.

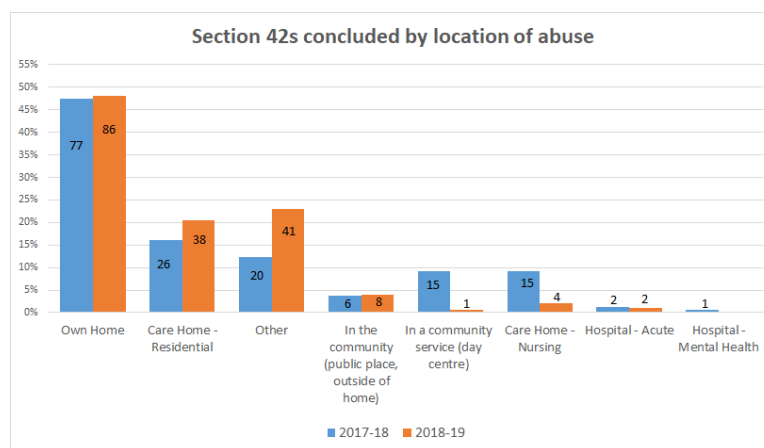
The number of organisational abuse cases has increased slightly, this is due to the increased scrutiny of care homes from the Commissioning arm of the Local Authority and the Clinical Commissioning Group Quality Assurance nurses. However, this is driving up quality which is monitored by the multi-agency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

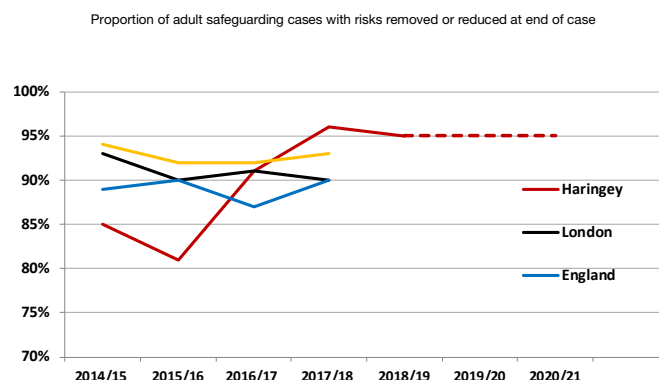


In a community service (e.g. day centres) abuse location decreased by 9%. Care home nursing decreased by 7%.

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

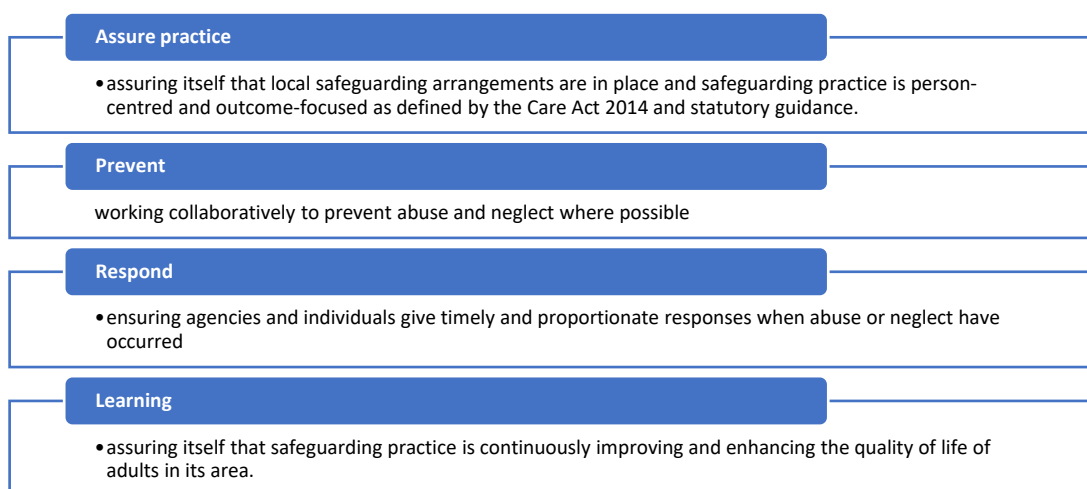
### References

\*Safeguarding Adults England, 2017-2018, Experimental Statistics – Published 20<sup>th</sup> 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 <sup>st</sup> March 2019   |
|------------|---|---|--|--|
| <b>A1*</b> | 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<br><br>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.<br><br>Worked with London ADASS to review London SAB Safeguarding Adults at Risk Audit Tool (SARAT) for use in 2018/19.<br><br>We will continue to work with the LSAB to review the Framework in 2019/20.  |
| <b>A2*</b> | 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.<br><br>National work been deferred due to consultation  |
| <b>A3*</b> | 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.  |
| <b>A4</b>  | 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<br>Address any inequalities gaps<br><br>Escalate to the HSAB where relevant<br><br>Consider testing the new MSP Outcomes Framework during 2018/19. | Safeguarding dashboard is presented to QA and prevention sub-groups and SAB quarterly.<br><br>Inequalities analysis is part of the Multi-agency dashboard and discussed at the QA and Prevention sub-groups<br><br>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 <sup>st</sup> March 2019  |
|-----------|--|---|---|---|
|           |  |   |   | Experience of Safeguarding enquiry – a survey questionnaire was developed and implemented in Mosaic system (Adult Social Care Database).  |
| <b>A5</b> | 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) - <a href="https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal/resources">https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal/resources</a>).</p> |
| <b>A6</b> | 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 <sup>st</sup> 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.<br><br>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<br><br>Identify specific awareness raising materials that can be shared and use across the NCL<br><br>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.<br><br>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.<br><br>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.<br><br>Focus on underreporting working with communities.<br><br>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.<br><br>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 <sup>st</sup> 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 &amp; 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 &amp; 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 <sup>st</sup> March 2019   |
|--|---------------|---|--|--|
|  |               | (smokers, hoarders, bed bound, etc.) is in place. | management of people at high risk of domestic fires.<br><br>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. <b>Task and Finish group continuing in to 2019/20</b> |

|     | Objective/aim  | Success Criteria   | Actions to ensure achievement of aim?  | Progress as at 31 <sup>st</sup> 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<br/>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 &amp; 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<br/>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 <sup>st</sup> 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>  |
| <b>R3</b> | 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.  |
| <b>R4</b> | 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 <sup>st</sup> 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 | 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<br><br>Increased public awareness of mental capacity and access to advocacy | Commission in-house training around MCA<br><br>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]<br><br>Work in partnership with Children's Services and BEHMHT to deliver partner workshops around awareness of mental capacity and promote use of advocates. | Delivered 2 training sessions on Interprofessional Simulation Training on Mental Capacity Act on 25 <sup>th</sup> June 2018 and 6 July 2018. Range of attendees across the Partnership, from GPs to care home staff to community navigators and support workers.<br><br>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.<br><br>New training being planned in 2019/20.                                   |
| L3  | Assess and monitor regional and local structural changes for impact in safeguarding people at risk                                    | The Board is assured that there is effective use of resources<br><br>The HSAB has a clear understanding of the risks and threats of not meeting the strategic objectives, as well as the statutory duties under the Care Act 2014.   | Escalation to the HSAB.<br><br>Renew the HSAB Risk and Issues Management Register. Identify new risks and ensure mitigation plan is in place.   | <ul style="list-style-type: none"> <li>The organisation has moved into a more defined pathway structure. Safeguarding is prioritised and completion of roll out to all teams has taken place</li> <li>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</li> <li>Update on Police restructure and impact on safeguarding being presented to October SAB.</li> <li>Haringey SAB Risk and Issues Management Register is discussed at the HSAB QA subgroup and is reported to the HSAB quarterly.</li> </ul> |

|    | Objective/aim  | Success Criteria   | Actions to ensure achievement of aim?   | Progress as at 31 <sup>st</sup> 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

| <b>ASSURE PRACTICE – We are assured that safeguarding practice is person-centred and outcomes focused</b> |   |                                       |                            |   |  |                |
|---|---|---------------------------------------|----------------------------|---|--|----------------|
|   | <b>Objective/aim</b>  | <b>Key Principle</b>                  | <b>Lead</b>                | <b>Success Criteria</b>   | <b>Actions to ensure achievement of aim?</b>   | <b>By when</b> |
| <b>A1</b>   | 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). | <b>TBC (expected mid-2020)</b>   |                |

## 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.<br><br>Using the <a href="#">MSP outcomes framework</a> to provide a means of promoting and measuring practice that supports an outcomes focus for safeguarding adults work | 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.   |            |
| <b>A3</b> | 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<br><br>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                   |
|-----------|--|------------------------|--|---|---|---------------------------|
| <b>P1</b> | 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<br><br>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.<br><br>Establish and maintain a feedback mechanism for priorities to/from Joint Partnership Board  | March 2020<br><br>Ongoing |
| <b>P2</b> | Use intelligence to identify key themes and raise awareness of abuse and neglect with staff, partners and the public             | Prevention Empowerment | Bridge Renewal Trust<br><br>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.<br><br>Disseminate campaign/information/ posters (easy read) to raise awareness of safeguarding issues in | March 2020<br><br>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>                 |
| <b>P3</b> | 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   |
| <b>P4</b> | People who are homeless are appropriately safeguarded and mechanisms are established to improve professional awareness and response around the complexity of health & care | 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 &amp; deliver awareness training for staff and partners</p> <p>Embed learning from Homelessness Fatality Review process into safeguarding practice</p> <p>Widen the scope &amp; 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/<br>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<br>Partnership<br>Prevention<br>Protection | Prevention and Learning Subgroup/<br>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.<br><br>Develop Multi-Agency options training in line with the new Modern Slavery Policy.<br><br>Modern Slavery awareness raising and financial exploitation.  | Dec 2019<br><br><b>TBC (following publication of policy)</b><br><br><b>TBC following publication of policy</b> |
|    |  |  | 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.<br><br>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:<br><br><ul style="list-style-type: none"> <li>• Monitor effectiveness of awareness briefing sessions developed &amp; delivered</li> <li>• Develop Multi-Agency options for stage 2 training</li> <li>• Modern Slavery awareness raising</li> </ul> | June 2019<br><br>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"> <li>The council will work to build a formal partnership across on modern slavery. This will set joint outcomes, progress monitoring and lines of accountability</li> <li>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</li> </ul> <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  |
| <b>P6</b> | 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 &amp; 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 &amp; 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' &amp; '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<br><a href="#">[Link with P6]</a>         | 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.<br><br>Commission in-house training around MCA in conjunction with Adult SS and Legal services   | Dec 2019<br><br>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.<br>Consider pilot for a learning log to be monitored by the SAR Subgroup.<br><br>Evaluate dissemination of learning from SARs. | March 2020<br>March 2020<br>March 2020<br>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](http://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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