

## NOTICE OF MEETING

# ADULTS & HEALTH SCRUTINY PANEL

Tuesday 17th November 2020, 6.30 pm – MS Teams meeting (view it [here](#) )

**Members:** Councillors Pippa Connor (Chair), Patrick Berryman, Zena Brabazon, Nick da Costa, Sheila Peacock and Daniel Stone

**Co-optees/Non Voting Members:** Helena Kania

Quorum: 3

### 1. FILMING AT MEETINGS

Please note that this meeting will be 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. 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, you are consenting to being filmed and to the possible use of those images and sound recordings

### 2. APOLOGIES FOR ABSENCE

### 3. ITEMS OF URGENT BUSINESS

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

### 4. DECLARATIONS OF INTEREST

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

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

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

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

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

**5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS**

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

**6. MINUTES (PAGES 1 - 10)**

To approve the minutes of the previous meeting.

**7. UPDATE ON ADULT MENTAL HEALTH (PAGES 11 - 20)**

To receive an update on the impact of Covid-19 on the delivery of mental health services and on the drivers of mental wellbeing and illness in the population.

**8. DOMESTIC ABUSE BRIEFING (PAGES 21 - 42)**

To receive an overview of changes made to the delivery of domestic abuse services following the implementation of lockdown arrangements in March 2020.

**9. HARINGEY ADULT SAFEGUARDING BOARD - ANNUAL REPORT 2019/20 (PAGES 43 - 92)**

To consider the annual report of the Haringey Safeguarding Adults Board for 2019/20.

**10. CABINET MEMBER QUESTIONS**

An opportunity to question the Cabinet Member for Adults & Health, Cllr Sarah James, on developments within her portfolio.

**11. WORK PROGRAMME UPDATE (PAGES 93 - 96)**

To consider potential issues for inclusion within the Panel's current work plan for 2020/21.

**12. NEW ITEMS OF URGENT BUSINESS**

To consider any items admitted at item 3 above.

### **13. DATES OF FUTURE MEETINGS**

- Thurs 10<sup>th</sup> December 2020
- Tues 23<sup>rd</sup> February 2021

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Bernie Ryan  
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Monday, 09 November 2020

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**MINUTES OF THE MEETING OF THE ADULTS & HEALTH  
SCRUTINY PANEL HELD ON MONDAY 21ST SEPTEMBER 2020,  
6:30pm-9:15pm**

**PRESENT:**

**Councillors: Pippa Connor (Chair), Nick da Costa, Eldridge Culverwell,  
Mike Hakata and Felicia Opoku**

**Co-opted members: Helena Kania**

**1. FILMING AT MEETINGS**

Members noted that the meeting was being streamed live on the Council's website.

**2. APOLOGIES FOR ABSENCE**

None.

**3. ITEMS OF URGENT BUSINESS**

None.

**4. DECLARATIONS OF INTEREST**

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

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

Cllr Nick da Costa declared an interest by virtue of his ownership of a company working with the NHS, medical providers and healthcare practitioners on a variety of projects, none of which, to his knowledge, work in Haringey Borough though they do potentially work in surrounding areas and with service providers across London.

**5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS**

None.

**6. MINUTES**

The minutes of the previous meeting on 25<sup>th</sup> February 2020 were approved as an accurate record.

## 7. CARE HOMES IN HARINGEY

Will Maimaris, Director of Public Health, introduced a report summarising the impact of Covid-19 on care homes in Haringey Borough. He said that care homes remain a clear priority for the Council in terms of the response to Covid-19. There had been a significant impact on the care sector in Haringey, particularly in March, April and May in terms of excess deaths. The report highlighted some of the learning from that and the interventions that had been put in place since then. He pointed out that in Haringey there is quite a small number of older people's nursing and residential homes and so the Council had a close relationship and regular communication with all of the care providers. He said that some of the key priority areas in terms of preventing future outbreaks in the coming months were:

- Personal Protective Equipment (PPE) – which all Haringey care homes have access to.
- Regular testing
- Hospital discharge protocols
- Advice and guidance being received by care homes
- Clinical support for care homes

Will Maimaris said that a further report had been provided to the North Central London Joint Health Overview and Scrutiny Committee which included data on death rates in care homes and that Haringey had performed better than the sector average. (Report available at:

<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=360&MId=10089&Ver=4>)

Will Maimaris (Director of Public Health), Charlotte Pomery (Assistant Director for Commissioning), John Everson (Assistant Director for Adults), Angela Healy (Quality Assurance Manager, NCL CCG) and Farzad Fazilat (Head of Brokerage) responded to questions from the Panel:

- Asked by Cllr da Costa about recent media reports about underpaid care workers in Haringey and when the London Living Wage would be implemented for them, Charlotte Pomery said that the reports related to an employment tribunal regarding a historic practice from 2016. She said that the implementation of the London Living Wage was being worked on with the expectation that this would be in place by October.
- Asked by Cllr da Costa for an update about the amended decent sick pay for care workers motion passed at a recent Full Council meeting, Charlotte Pomery said that this was a complex issue and that the necessary background work was currently being done by officers as requested by the motion.
- Asked by Cllr Connor whether care homes were currently able to fund care workers who are required to self-isolate, Charlotte Pomery said that a new initiative had been recently announced to support those who might hesitate to say that they have symptoms for fear of losing out financially. The Adult Social

Care Infection Control Fund had also recently been extended. Cllr Connor asked for clarification about whether care workers who are required to self-isolate still receive their full wage. Charlotte Pomery responded that there was some complexity about the different types of care workers and so it would be necessary to gather this information and provide it to the Panel in writing.

**(ACTION)**

- Asked by Cllr Culverwell about the most vulnerable demographic groups, Will Maimaris said that those most at risk were people with long-term conditions, those in the oldest age groups and people from BAME groups. However, people from all demographic groups presenting with Covid symptoms were able to access medical treatment when required.
- Asked by Cllr Connor about access to hospital services for care home residents, Will Maimaris said that during the height of the pandemic there had been few additional services available due to the risk of cross-infection. Services had now resumed but clearly if the number of cases increased again then the risks would become greater. Further details could be provided to the Panel in writing. **(ACTION)** Asked by Helena Kania about telephone/video triaging for care home residents, Will Maimaris said that many GPs were generally operating in this way currently anyway and Angela Sealy added that some GP visits to care homes were now taking place.
- Asked by Helena Kania about the policy on visitors to care homes, Will Maimaris said that the Council provides public health advice to care homes about whether visitors can be safely allowed and care homes can then carry out their own risk assessment before deciding to proceed. While the advice was currently that visitors can be allowed, with the ongoing rise in community transmission this would be kept under review. Farzad Fazilat added that care homes had been supported to facilitate digital means of communications between residents and family members and to ensure that there is social distancing during physical visits. He added that care homes in Haringey generally have a good relationship with families and engage with them through family forums and newsletters.
- Asked by Cllr Hakata about the how the pandemic had changed working practices with providers, Will Maimaris said that the working relationships were already strong but had recently been further strengthened through the regular meetings that providers were having with the Council and the CCG.
- Asked by Cllr Hakata about supplies of PPE, Will Maimaris confirmed that care homes had struggled to get supplies from the usual channels and so the Council had been making provisions to various providers in the Borough. However, providers had become a lot more self-sufficient in the past couple of months.
- Asked by Cllr Hakata about the heightened risk to BAME people, Will Maimaris said that in the general population it was known that younger BAME people were at higher risk but that he did not have equivalent data for care home residents in the borough. However, it was likely that the discrepancy would not be as significant because people of all ethnicities in care homes have high levels of frailty and risk factors. Registrars in Haringey had recently been asked

to record ethnicity when a death occurs, though the place of death of care home residents may often have occurred at a hospital and be recorded as such which makes this more difficult to track.

- Asked by Cllr Hakata about a recent Joint Partnerships Board report which stated that up to 40% of care homes in the borough may now have financial viability issues, Charlotte Pomery said that Haringey was not unique in facing this problem currently as a consequence of the pandemic. Reasons for this include the requirement for care homes to carry voids and a significant downturn in applications for care home places. Work was ongoing with other boroughs across the North Central London area on this issue and there had been direct representations to central government about social care funding.
- Asked by Cllr Connor about deaths of Haringey residents who had been placed in care homes outside of the borough, Farzad Fazilat said that information about deaths of Haringey residents in care homes outside of the borough could be provided to the Panel, but that it may be more difficult to establish how many of these had died due to Covid. **(ACTION)**
- Asked by Cllr Connor whether discharges from hospitals to care homes without testing had impacted on the death rate in Haringey, Will Maimaris said that, while that was a possibility, he believed that the main factor impacting on care homes had been widespread community transmission. The lack of testing for care home staff had also been a significant problem.
- Cllr da Costa queried when the discharge protocols referred to in the NCL After Action Review would be completed but officers did not have information about a specific date at this stage.
- Asked by Cllr da Costa about digital inclusion for care home residents, Charlotte Pomery said that in some cases, smartphones and tablets had been provided along with support for access. This work had continued as it is recognised that this would be a long-term issue.
- Asked by Cllr Connor about testing, Will Maimaris said that there had recently been weekly testing for care home staff and four-weekly testing for care home residents, though the process is different in the event of a care home outbreak. If there were to be issues with the national testing system it would be possible to access testing through the NHS in North Central London which can be mobilised quickly – this had already previously been done during the first Covid wave to provide regular testing to the Priscilla Wakefield care home. Farzad Fazilat added that there had recently been delays in the national system with test results taking three to four days. Cllr Connor suggested that the local system could be mobilised if case numbers continue to rise but the national system is still slow.
- Asked by Cllr Connor about the data on learning disability residential care provision, Farzad Fazilat said that information was regularly received from providers and collated including any positive cases. Cllr Connor requested that this information be provided to the Panel. **(ACTION)**
- Asked by Cllr Connor about the pathways for hospital discharge to care homes, John Everson said that intermediate care beds were generally used for this at places such as Magnolia Court. Where possible the reablement service was



equipped to provide care and support to people at home. A lot of work had happened across North Central London to ensure that sufficient capacity was available in the right places. Charlotte Pomery noted that this issue was part of the NCL After Action Review process so there would be an opportunity to report back on this in more detail when this had been completed. Cllr Connor asked for further detail on the specific pathways for hospital discharge and which facilities would be used for this in the event of a second wave of Covid.

**(ACTION)**

- Asked by Cllr Connor about the implementation of Enhanced Health in Care Homes (EHCH), Angela Sealy said that the original EHCH framework was published in 2016, including interventions to enhance the quality of care for residents. The Council had been working on the framework since 2016, particularly on end of life care and on advanced care planning. Covid-19 had accelerated this, such as through the requirement to have primary care networks with a clinical lead for each care home. All Haringey care homes now had an identified clinical lead and there were also now multi-disciplinary team teleconferences.

## **8. LEARNING DISABILITY & AUTISM UPDATE**

Charlotte Pomery, Assistant Director for Commissioning, introducing this item noting that the report provided an update on the work being done with users of learning disabilities and autism services and the impact of Covid-19 on those plans.

Charlotte Pomery and Georgie Jones-Conaghan, Lead Commissioner for Adult Learning Disability and Autism, responded to questions from the Panel:

- Asked by Cllr da Costa about the virtual digital offer and people who are digitally excluded, Georgie Jones-Conaghan said that services at Ermine Road were developing ten hours per week of a digital programme as part of their day services offer. Part of this had been tried out during the first wave of Covid and had received a positive response. Several day service providers had shared similar experiences as part of a provider forum that had taken place the previous week. It would be important to consider the needs of people with learning disabilities as part of the wider work on digital exclusion.
- Asked by Cllr da Costa about the Learning Disability Strategy, Georgie Jones-Conaghan said that this would start development next year and would be co-designed.
- Asked by Helena Kania about support for carers, Georgie Jones-Conaghan said that a Carers Strategy had been in development prior to the Covid-19 pandemic and there had then been a significant amount of telephone outreach with carers during the lockdown period to understand what support they needed and to offer support through Connected Communities, the Adult Social Care First Response Team or through the NHS. The Carers Strategy was expected to be launched next month and had been co-designed with carers. Helena Kania noted that the phone exercise demonstrated how out of date

much of the Council's data was, as many of the people contacted were no longer carers. Georgie Jones-Conaghan said that part of the recent learning as one of the themes of the Carers Strategy was on the identification of and communication with carers. Cllr James added that she had recently attended a couple of carers forum meetings and welcomed the good level of engagement from carers. Cllr Connor noted that some further information about the Carers Strategy had been made available through the Adult Social Care Redesign Group and asked that this be forwarded to Helena Kania. **(ACTION)**

- Asked by Cllr Culverwell about the use of the term “enhanced communication”, Charlotte Pomery said that communication issues included people who are non-verbal or who do not speak English as a first language so taking these factors into account was important when identifying support needs and the wider strategic approach of the Council.
- Asked by Cllr Opoku whether the Covid-19 pandemic had worsened contact with families or the existing health conditions of service users, Charlotte Pomery said that the lockdown period had actually been a time of enhanced communications with carers and acknowledged that certain health conditions present in people with learning disabilities and autism could make them more vulnerable to Covid complications. Georgie Jones-Conaghan added that a particular challenge in supporting people with complex needs during the pandemic was to maintain their routine and keep life as normal as possible.
- Cllr da Costa welcomed the case study in the report from the Preparing for Adulthood pilot and asked whether information on a broader range of service users could be provided in future. **(ACTION)** Georgie Jones-Conaghan said that she aimed to embed this approach of measuring before and after outcomes in order to better understand the benefits being delivered through services.
- In response to a question from Cllr Hakata, Charlotte Pomery confirmed that the Autism Strategy Group had been continuing to meet virtually.
- Cllr Hakata asked about the impact of the closure of The Grove School during the lockdown but it was noted that a response on this would need to be sought from Children's Services officers.
- Asked by Cllr Hakata how Covid-19 had impacted on the design of buildings, Charlotte Pomery said that there had been some changes due to social distancing and that thinking was ongoing about the future for day opportunities and what opportunities would be possible in the wider community if the use of buildings was constrained. Asked by Cllr Connor for an update on Ermine Road, Georgie Jones-Conaghan said that all service users had continued to receive a service. Though they may not have been able to access the building, service users had access to outreach, park visits, digital packs, art supplies and phone calls. John Everson added that the one-to-one conversations with service users and with carers to establish what support individuals needed to manage during an unprecedented period had been crucial.
- Asked by Cllr Connor about services at Waltheof Gardens, Charlotte Pomery acknowledged that the timeframe had been delayed and, while the staff were in

place and involved in the outreach work, the latest estimate for the opening of buildings was January 2021.

- Asked by Cllr Hakata about the expansion of co-production, Charlotte Pomery said that it was developing further, for example on Ermine Road starting with a person-centred approach and was now fundamental to the way that Adult Services operated. Despite some initial worries at the beginning of the pandemic, it had proved possible for this work to continue.

## 9. 'STOCK TAKE' ON CURRENT SITUATION WITH ADULT SERVICES

John Everson introduced this item, noting that the report covered issues including the approach to service delivery since the lockdown, some of which had been discussed earlier in the meeting. In particular, he highlighted the commitment and drive of staff and in partner organisations to respond to a huge change in the way that services had to be delivered in terms of the restrictions that were in place and the additional demands on the system.

John Everson then responded to questions from the Panel:

- Cllr Hakata noted that the Connected Communities programme had worked well and asked how it could work together with mutual aid groups. John Everson said that Connected Communities had been a very powerful and effective stream of work that had increased the capacity of the Council to respond to the pandemic and the ability to rebuild afterwards. Beverley Tarka said that the impact of the pandemic had disproportionately affected some sections of the community and that the mutual aid groups had been an important part of the response, adding that these connections would be sustained going forward. Cllr James added that the local mutual aid groups were invited and sometimes attended the meetings of the Community Enablement Group which brings together organisations from the community and voluntary sector. Cllr Connor said that it would be useful to receive a future update on the Community Enablement Group and how it is working with community organisations. **(ACTION)**
- In response to a point from Cllr da Costa about supporting mutual aid groups with safeguarding concerns, John Everson said that a sub-group of the Safeguarding Adults Board (SAB) had been set up to look at the nuances that Covid presented and to flag risks. The SAB aims to ensure that all partners, including mutual aid groups, have sufficient access and support to understand safeguarding principles and procedures. There had also recently been an increase in people highlighting safeguarding concerns which was, in a way, reassuring as it demonstrated that people were actively using referral processes and thereby enabling appropriate investigations to take place. Asked by Cllr Connor whether there were sufficient staff to investigate these referrals, John Everson said that his team monitors safeguarding activity, had increased

- staffing capacity to manage that and had put in place triaging approaches to improve ways of working.
- Asked by Helena Kania how often people in the shielded group were contacted, given that their situations may change, John Everson said that after the initial contacts, shielded people were triaged to appropriate Council services or connected to voluntary and community support services. Additional information was provided to people so that they could call back at a later time if required. Beverley Tarka added that the approach is not simply one-off crisis management because the data on shielded people had helped the Council to better understand which people have short-term needs, medium-term needs and more complex support needs with people then directed to the appropriate pathways. Asked by Cllr da Costa for data on shielding people who had said that they didn't feel that their care needs were being met, John Everson said that he could look into this and report back to the Panel. **(ACTION)**
  - Asked by Helena Kania about the impact on adult social care assessments, John Everson said that statutory assessments continued where they could be conducted safely and appropriately, including over the phone or other remote means. Where this couldn't be done, assessments were carried out with appropriate PPE in place. The overall number of assessments being carried out within 28 days had improved, possibly because staff working from home were better able to manage their workload.
  - Asked by Cllr Opoku about digital inclusion, John Everson said that the Council is clear with the people that they provide services to and their families how they wish to be communicated with. If they don't have the ability to access online options then telephone communication is used. If this is not possible then a team provides one-to-one support which was currently being done with risk assessments and PPE equipment.
  - Asked by Cllr Opoku about staff wellbeing, John Everson said that a comprehensive range of support options was in place for staff including access to support to manage wellbeing, opportunities to come together virtually and arrangements for people to work in the office in cases where home working was difficult.

Cllr Connor raised the "Living Through Lockdown" report by the Joint Partnership Board and said that the Scrutiny Panel would support the recommendations of the report being followed up and acted upon, including by responding directly to the Joint Partnership Board. Helena Kania welcomed this comment, noted that she co-chairs the Joint Partnership Board and that it includes a lot of the vulnerable groups in Haringey including autism, learning difficulties, older people and carers. Beverley Tarka put on record her thanks to the Joint Partnership Board for their excellent and useful report which would help to improve understanding of the perspective of people that the Council supports. **(NOTE:** The "Living Through Lockdown" report is available

to view at: <https://www.healthwatchharingey.org.uk/report/2020-08-19/living-through-lockdown>)

Cllr Connor noted that finances were a particularly important item at present, with concerns about the overspend in the current circumstances with uncertainty about how much money would be coming back from the Government and whether savings proposed in the Medium Term Financial Strategy (MTFS) could still be met.

**10. WORK PROGRAMME 2020/21**

Cllr Connor updated the Panel on the Adult Social Care Commissioning scrutiny review which had previously been suspended due to the Covid-19 pandemic and the consequent lack of officer availability. The Panel agreed to gather the remaining evidence required through a final session with officers as soon as possible and to conclude the review.

Panel members made suggestions for topics for future scrutiny reviews:

- New ways of working in the NHS, including the way that people access A&E, how patients see their GP and developments relating to the 111 service.
- How the mutual aid groups see their relationship with the Council, how this had worked during the lockdown and how this expanded capacity could be utilised in future.
- Reductions in funding for social prescribing and the potential health impact of this.
- The shared and lived experiences of residents of the Covid-19 pandemic and Council services (such a review would most likely need to be held after the pandemic was over)
- The Council's preparedness for future waves of Covid-19.

**11. DATES OF FUTURE MEETINGS**

- Tues 17<sup>th</sup> Nov 2020
- Thurs 10<sup>th</sup> Dec 2020
- Tues 23<sup>rd</sup> Feb 2021

CHAIR: Councillor Pippa Connor

Signed by Chair .....

Date .....

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**Report for:** Adults and Health Scrutiny Panel, 17th November 2020

**Title:** Update on adult mental health

**Report authorised by:** Rachel Lissauer, Director of Integration (Haringey), NCL CCG

**Lead Officer:** Tim Miller, Joint Assistant Director of Commissioning, NCL CCG and Haringey Council

**Ward(s) affected:** ALL

**Report for Key/**

**Non Key Decision:** Non key decision

**1. Describe the issue under consideration**

- 1.1 Covid-19 has had significant impacts on the delivery of mental health services and on the drivers of mental wellbeing and illness in the population.
- 1.2 This paper summarises some key issues in the current known prevalence of mental illness in Haringey, the response of services during Covid-19 and progress on key initiatives.

**2. Recommendation**

- 2.1 That the Board
  - note the report
  - note the resources available to Members and the public around mental wellbeing in Haringey

**3. Reasons for decision**

- 3.1 The Panel asked for a progress update.

**4. Alternative options considered**

N/A

**5. Background information**

- 5.1 The content of this update paper is set out in the attached presentation.

**6. Contribution to strategic outcomes**

- 6.1 This area strongly contributes to the delivery of the Haringey Borough Plan People outcomes of:

- All adults are able to live healthy and fulfilling lives, with dignity, staying active and connected in their communities
- Strong communities where people look out for and care for one another

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

N/A

**8. Use of Appendices**

8.1 Appendix 1: MH Update for Scrutiny Nov 20

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

N/A



# Update on adult mental health

## Adults and Health Scrutiny Panel

November 2020

# Prevalence of mental illness during Covid-19

## Impact on people

- The pandemic has had mixed impacts on mental health and wellbeing.
- Natural feelings of anxiety, loss or grief relating to the virus, lockdown or the personal or economic impact on someone may fall away by themselves over time – identifying a mental illness often happens later if distress or symptoms continue.
- There were positive impacts from lockdown – 63% [UK survey] felt more connected to nature; 64% felt their community came together to help
- There were negative impacts too: 67% [Haringey survey] said lockdown had a negative impact on their mental health and wellbeing

# Which communities are experiencing the highest rates of mental health problems?

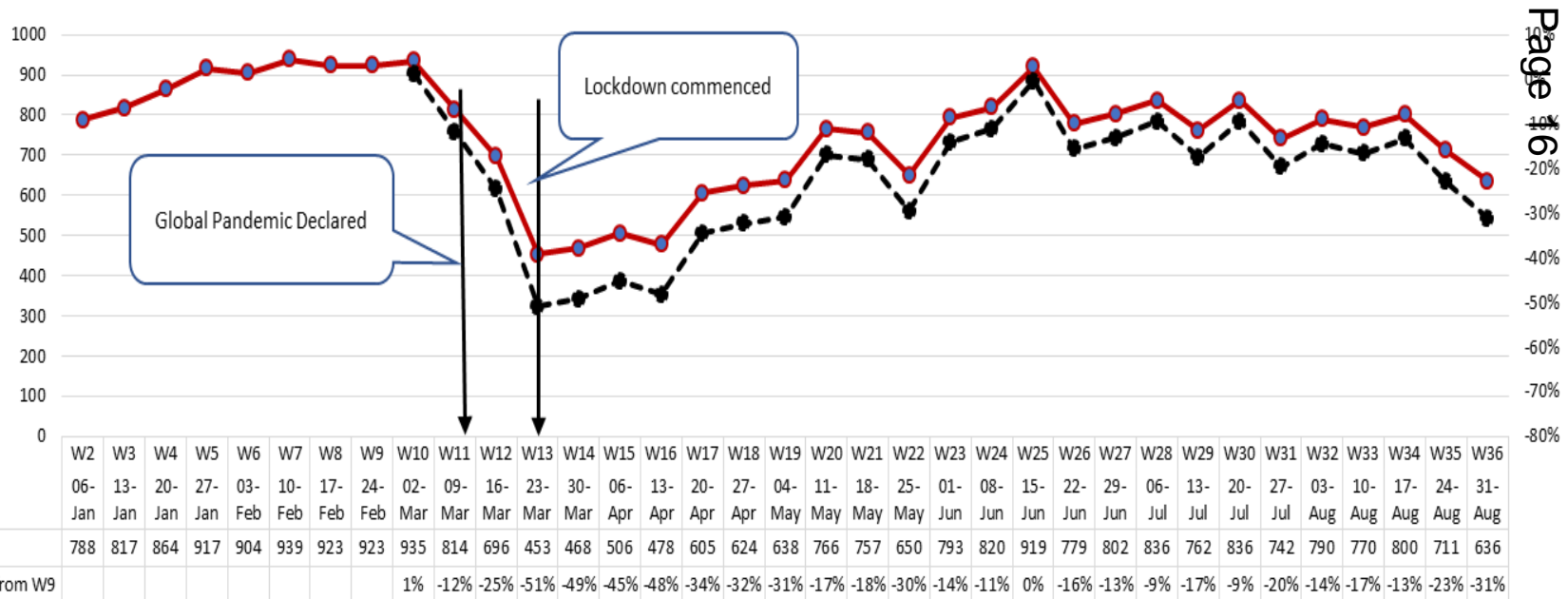
- Formal data will not be available for some time based on data reporting cycles, and the delay between someone experiencing distress or difficulty and receiving a formal diagnosis or treatment.
- From feedback, we know of the
  - Disproportionate impact on Covid on BAME communities, exacerbating existing inequalities.
  - Relationship between isolation and wellbeing
  - Impact on worklessness and job insecurity, affecting identity and financial security
- There are different impacts in the community – e.g. higher bereavement, furloughing in the East with more BAME households, but also economic vulnerability of sole traders in creative industries in West.
- Across London, we hear from front line staff of increased presentations into crisis services by people accessing mental health services for the first time, whose presentation relates to Coronavirus, the lockdown, and/or the fall-out of these in their lives.

# Prevalence of mental illness during Covid-19

## Access to services

- Referrals across all pathways fell sharply at lockdown and stayed low for some time. As lockdown eased, activity increased.

Overall - MH Referrals Rates



# Co-ordination of mental health services and Response to Covid

The borough response was co-ordinated via a Covid Planning group convened by Joint Commissioning and including all main providers and public health

## VCS

- Rapidly moved to remote / online / phone based support.
- Wellbeing network open since July for appointment only face to face support
- Bridge Renewal have engaged and researched BAME impact over the summer

## IAPT

- Rapidly moved to virtual consultations
- Public resources on wellbeing and coping created
- Covid-related anxiety offer, targeted at groups including NHS & care home staff

## Secondary and Acute care

- Similar move to remote and phone based support; now returning faster than other areas to face to face working.
- Reconfiguration of acute wards in-line with Covid guidance

# Support for those in Isolation

## BEHMHT +

- Risk stratification for all BEH patients.
- A *Wellbeing Hub* set up for proactive virtual contacts through lockdown
- 24/7 all age crisis phone line now in place
- Virtual Safe Haven (fka crisis café)

## Those accessing support via shielding arrangements

- Support through Connected Communities
- Digital inclusion (now expanding with test projects inc NHS)
- Information resources distributed via Connected Communities volunteers  
food deliveries

## Those not accessing mental health support services

- Web resources
- Mutual aid, including bereavement training framework

# Support for homeless people in emergency accommodation

## Housing support offer

- Council-provided support services operating in *Everyone In* accommodation
- Built on existing Rough Sleeper Taskforce and multi-agency working

## Rough sleeper mental health service

- Service was planned and funded pre-Covid
- Was rapidly reconfigured in response to the pandemic
  - Primary care services (Federated4Health) including in-reach to emergency accommodation and street outreach, supporting GP registration and access to health services and health information and advocacy
  - Secondary care integrated mental health service (BEHMHT) including dual diagnosis support, psychology, nursing and other staff able to do both in-reach and street outreach, providing direct care and navigating people into services.
- Excellent example of rapid, effective partnership working

# Update on Canning Crescent



## Canning Crescent

- Cabinet agreed a development including the Clarendon Recovery College, the Recovery House and the new Safe Haven service
- Now in detailed design and specification stages led by Council's Major Projects Team working towards planning submission.
- LBH and BEHMHT working on plans with input from users and partners
- Safe Haven launched as virtual service, with Mind in Haringey
- Forecast building handover in spring 2022



**Report for:** Adults and Health Scrutiny Panel

**Date:** 17<sup>th</sup> November 2020

**Title:** Briefing: Domestic Abuse - Haringey's Response

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

**Lead Officers:** Ms Manju Lukhman, Violence against Women and Girls Strategic Lead (VAWG) and Dr Chantelle Fatania, Consultant in Public Health

**Ward(s) affected:** All

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

## 1. Describe the issue under consideration

### Domestic Abuse

- 1.1 The Overview Scrutiny Committee was informed in June that domestic abuse reports have increased by 30-35%. With the risk of domestic abuse heightened by lockdown measures, what action has the Council been taking to support people affected by domestic abuse and how is the Council working with partners in this area?
- 1.2 What plans are in place to help support potential victims of domestic abuse in the event of a second lockdown?
- 1.3 How is the domestic abuse work carried out by Adult Services being coordinated with Children's Services? How does this work fit with the governance of the wider safeguarding approach in Haringey?

This briefing provides an overview of changes made to the delivery of domestic abuse services following the implementation of lockdown arrangements by government, on 23 March 2020, in response to the COVID-19 (C-19) pandemic. It also describes work currently being undertaken in terms of planning for a second wave.

## 2. Cabinet Member Introduction

N/A.

## 3. Recommendations

That the panel note:

- a) Changes in service delivery within Public Health made during lockdown in response to the C-19 pandemic.
- b) How performance and risk have been monitored and managed during this period.
- c) How Public Health is building on lessons learnt and positive changes made during lockdown and planning for a potential second wave.

**4. Reasons for decision**

N/A (*report is for information*).

**5. Alternative options considered**

N/A (*report is for information*).

**6. Background information**

**a) Overview – Approach to Domestic Abuse Service Delivery During Lockdown**

**6.1 Domestic Abuse**

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- sexual
- financial
- emotional

A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015.

**6.2 National Picture**

The COVID-19 pandemic and the subsequent upsurge in victims looking for support has created a new and more urgent focus on the needs of victims and survivors of domestic abuse.

2.4 million people are victims of domestic abuse each year and the costs of domestic abuse amount to £66bn according to the Government's own figures for victims identified in the Crime Survey of England and Wales for the year ending March 2017.

*(Reference Safelives Report - A Safe Fund: costing domestic abuse provision for the whole family 2020)*

The pressure that the COVID-19 pandemic and lockdown measures have placed on frontline domestic abuse services, both accommodation and

community based, has been immense. Lockdown has seen an increase in calls to the English and Welsh national domestic abuse helplines for victims, the rising use of Women's Aid's online support tool and increases in calls and messages to the Respect perpetrator phone line and website, as well as an increase in NSPCC calls from children who are experiencing domestic abuse at home.

**Refuge**, who provide the national England helpline service had reported that the number of callers to their service had increased during lockdown. The lockdown itself did not cause domestic abuse but could have aggravated pre-existing behaviours in an abusive relationship. It has been agreed that it is difficult to assess whether this demand is driven by the increased prevalence of domestic abuse in communities or by an increased awareness for support.

**Refuge** cited that the

- National Domestic Abuse Helpline statistics showed call volumes week beginning 14th September 2020 were 42% higher than pre-Covid averages
- The Web traffic was consistently higher than pre-Covid levels

### **Women's Aid**

Women's Aid gathered national data which examined the impact of the pandemic on survivors of domestic abuse.

76.1% of survivors are having to spend more time with their abuser.

67.4% reported that the abuse had got worse during lockdown.

71.7% of women reported that their abuser had used the pandemic as way to further abuse them (e.g. making them feel guilty for the financial impact on their household or humiliated for being worried about the virus).

78.3% of survivors reported that the lockdown had made it harder for them to leave their abuser.

### **6.3 Domestic Abuse Bill**

Simultaneously and coincidentally the Domestic Abuse (DA) Bill is currently going through Parliament, it was originally drafted in 2019. Some of the ongoing consultations are around the following issues:

- Black and Ethnic Minority Ethnic (BAME) & Migrant victims & survivors
- Disability
- Children
- Multi-agency working
- Criminal Justice response
- Health & Housing response
- LGBTQ+

One of the significant areas, if the Domestic Abuse Bill passes in Parliament, is that Councils may get an extra £6m to fulfil new duties, including providing safe accommodation and support for Domestic Abuse victims from the Ministry for Housing, Local Communities and Government (MHCLG). If approved, then

London Councils will coordinate a consultation with councils to support them on their new obligations. The Maximum Haringey Council could receive, if approved will be £50,000.

Haringey Council has acquired a new property site so this could potentially lead to the development of extra refuge spaces, if the law is passed and extra funding is received.

The Domestic Abuse Bill also has a number of other new proposed changes, some of which include:

- the introduction of the legal recognition of emotional control in the Domestic Abuse definition,
- prohibiting perpetrators to cross examine victims in person in court
- giving priority housing to homeless victims of domestic abuse.

### **7. Escalation and facilitation of domestic abuse and abusive behaviour during Lockdown**

There was a widespread recognition that Domestic Abuse victims during lockdown would experience additional barriers to reporting. This included self-isolation and restricted movement, which meant that survivors were trapped at home for prolonged periods of time with their perpetrators and that they were less likely able to safely contact others or call for help.

Abusers may have felt emboldened by the fact that public services were stretched so encouraged them to threaten or enact additional abuse and violence. The crisis may have elevated the level of stress in a household, which itself may have led to more abuse and violence. This could be because of illness, isolation, job losses/insecurity, financial worries, having children/family members at home all day or not having the usual social and leisure activities to diffuse stress. Health fears may have been used as a coercive/abusive tool. For example, abusers may have used threats of infection to control behaviour (e.g. by withholding cleaning supplies), enforce unnecessary isolation restrictions using health as a justification, or threaten to throw victims out of the house if they got ill. This is part of coercive control under domestic abuse and is illegal.

Equally victims may have felt fearful of trying to change hygiene behaviour in the household. Those experiencing abuse may have felt less able to safely leave an abusive setting than usual, because of fears over job status, accessing benefits or sick pay, housing status, and the risk of removing children with nowhere to take them if family/friends were self-isolating and refuges were stretched.

Mental health may have suffered due to feeling trapped, additional abuse experienced, loneliness, illness and lack of formal and informal support as well as maybe not knowing where the DA support services and networks were, or if they were still operating.

Custody issues, already commonly used as a controlling tool by abusers, may have been even more complex because of self-isolation, infection and health fears. The usual channels of recourse – lawyers, the courts, the police – may have been affected by staff shortages and the limitations of remote working. The courts were also initially closed, so if there were family matters or DA offences, these cases could not be heard, delaying options.

Refuges may experience staff and resource shortages due to illness and social distancing limitations, as well as a lack of space if some residents need to self-isolate.

Those without recourse to public funds, such as those with irregular migration status and asylum seekers, had a particularly challenging time leaving abusive settings. This has been exacerbated by COVID and perpetrators exploiting this situation. Fear of being deported has led to a lack of reaching out and seeking help from support services and the police. However, a new national refuge was established with Southall Black Sisters (SBS) and Solace to operate a new refuge for women with no recourse (this became full immediately 70 spaces)

## **8. Signs missed**

While children were out of school, non-essential medical appointments were postponed and other social contact was absent, signs of abuse may have been missed at these times.

The usual visits by social services to children and others in at-risk settings were at first postponed, cancelled or became less frequent due to infection concerns, and the quality of interaction may have been lower if in-person visits are not possible. A COVID team was established by Children's services and they went through closed DA cases and contacted these families who were previously known to them.

## **9. Haringey Picture**

### **9.1 Police**

There has been a recorded disparity in the numbers of DA cases being recorded by the police across the country.

In relation to Haringey's Borough Command Unit (BCU) in the police, which includes Enfield and Haringey. The reported cases of DA data could not be separated between the boroughs, hence the 35% was for the two boroughs, however, the police had advised that there had actually been a bigger increase in Enfield. We do not have figures just for Haringey.

This could possibly be due to the following reasons?

If an incident was not obviously a domestic abuse incident, i.e. an assault, it might not have been flagged as domestic abuse. Or coercive control, which

became a criminal offence on 2015 might not have been recognised, when the abuser uses non-violent methods such as intimidation and humiliation to deprive their victim of independence.

We contacted Enfield Council to establish if they had put in place support/initiatives that we had not considered, but this was not the case. They had however had a domestic abuse homicide in the borough, which was reported, this may have possibly encouraged victims to seek support for themselves, hence an increase in reported numbers to Enfield?

The sector knew that ordinarily underreporting was already a major issue for DA and VAWG clients and we were aware that it would become increasingly more difficult and dangerous for women to make reports whilst they are stuck at home with their abusers. Additionally, individuals who were not already known to our services may have less opportunities in isolation to become aware of the support available.

We were very aware of the additional barriers that the BAME community, LGBTQi, Men, People with disabilities, those with complex needs including mental health and substance misuse, older people, those with immigration and housing concerns would be experiencing on top of the DA/VAWG situation.

Whilst the government was encouraging social distancing, face to face appointments were limited as much as possible, frontline domestic abuse services were adapted to continue over the phone and online. None of the services stopped operating and we developed a Business Continuity Plan with all of the providers. The Council and the VAWG Team led upon and set in place a train of initiatives in motion immediately, to address these concerns.

## 9.2 Haringey's services

Referrals continued to all Haringey Violence against Women and Girls (VAWG) and Domestic Abuse providers as normal and they were picked up and contacted immediately.

The domestic abuse services included;

**Hearthstone** who provide case work support on all levels of risk, **Nia** who provide the high risk Independent Domestic Violence Advocacy Service (IDVA) and the IRIS service, which is support for General Practices (GPs). **Solace** who provide the medium/standard risk support via their Floating Support Services. The Domestic Violence Intervention Project (**DVIP**) who deliver the perpetrator services. They were unable to continue their service due to the level of risk. This contract ended 31<sup>st</sup> October 2020 but interim arrangements have been put in place to support perpetrators in DA.

The refuges provided by Solace were already full (15 bed spaces) and this became a national issue and concern. There were some provisions made for emergency accommodation and the Ministry for Housing, Local Communities and Government (MHCLG) provided additional resources such as hotel accommodation.

We commissioned the London Black Women's Project (LBWP) to provide 4 single BME refuge spaces, which is due to open soon. So in Haringey we will have a total of 19 refuge spaces.

All services were trying to adapt to the new guidance and circumstances to try and slow the spread of coronavirus while continuing to provide the fullest support possible. We worked tightly as professionals to make this process run as smoothly as possible.

### **9.3 Adults and Children's Safeguarding**

In relation to the approach of understanding safeguarding within Adults and Childrens, there is a clear process in place.

In any case where a vulnerable person is suspected of being a victim of domestic abuse this would be raised with the adult safeguarding team. In cases where there is a child under the age of 18 in the property then the safeguarding team would automatically make contact with the children services. There is a specific local protocol that Children Safeguarding Care adopts the PAN London Child Protection procedures, this covers the need to consider and give weight to working jointly with Adults on identified need. Adults staff would follow the Association of Directors for Adults Services (ADASS) London Multi-Agency Safeguarding Policy and Procedures which provides specific guidance on the interaction between adult and children safeguarding in such cases. Additionally, it should be noted that the number of vulnerable adults who we support who have a child under the age of 18 is very low. Current data shows that this represents just 2% of the adults social care population.

Children's and Adults' social care understand that children and young people living with domestic abuse are a matter for concern in our community and require a co-ordinated and collaborative response across partner agencies recognising the three central imperatives of any intervention for children living with domestic abuse are:

1. To protect the child/ren;
2. To support the victims/survivors to assist them to protect themselves and their child/ren; and
3. To hold the abusive partner accountable for the violence/abuse and provide them with opportunities to change

**Adults and Children's** share commonalities in relation to:

**Culture and women:** the culture amongst some communities means that it is often more difficult for women to admit to having relationship problems as a fault based culture means that many females , are blamed for letting the family down. The joint work to develop the VAWG relies on both adults and children's safeguarding partners viewing the risks of coercion, control and oppression to the whole family. Both safeguarding boards have raised the profile of the

learning available to the partners to ensure signs of DA are identified earlier and the resilience amongst partner agencies to intervene and refer is strengthened.

**Immigration status:** children and their parent experiencing domestic abuse may have an uncertain immigration status, which could prevent them from accessing services. The parent experiencing DA may also be hesitant to take action against their partner for fear of losing their right to remain in the UK. In some cases, the parent experiencing abuse has received threats of deportation from their partner or extended family if they report domestic violence. The engagement of local community resources and working through the MARAC ensures support is provided to both adults and children to address the immigration challenges and signpost to appropriate services.

**Language / literacy:** children and their abused parent may face an additional challenge to engaging with services if English is not their first language. Adults and Children's have worked with the commissioned interpretation service to ensure that a wider range of interpreters are available and that the learning and training programmes from VAWG are accessible to the provider. Both services are committed to the principles of not using family members or friends, and avoid wherever possible relying on members of the known community.

**Temporary accommodation:** When a family moves frequently, they may be facing chronic poverty, social isolation, racism or other forms of discrimination and the problems associated with living in disadvantaged areas or in temporary accommodation. These families can become disengaged from, or may have not been able to become engaged with, health, education, social care, welfare and personal social support systems. Through Homes4Haringey families can be signposted to the Children's Social Care MASH and Adults to ensure they are provided with relevant information to ensure their ability to access education for their children and help in the adults own right is an embedded part of our response and welcome to the borough.

#### **10. These were the proactive steps that Haringey Council took when Lockdown happened; on addressing the issue of domestic violence exacerbated by self-isolation.**

This was a tense time for many people, and even more for adults and children, in abusive households. Haringey Council prioritised VAWG and worked hard with our trusted partners to ensure that we were fully equipped to identify and support residents who needed help.

This has still continued to be a high priority for Haringey Council even while public services have experienced enormous strain in dealing with the immediate effects of Covid-19.

Discussions have been taking place with Central Government to ensure that refuges, community organisations and charities receive adequate funding to



maintain their services and protective equipment if necessary. This is still ongoing. There have been some positive areas of work but in other areas there have been massive delays. These include, delays in benefits so even if a client is in a refuge she has no funds, there have been delays in organisations receiving funds from central government and IT support and equipment has been an issue for some organisations who do not have the necessary equipment to work remotely.

### **10.1 Supporting VAWG Commissioned Services**

The Council's immediate concern in response to the initial lockdown measures which began in March 2020, was to ensure that all of our commissioned services were able to continue running their services in a way that ensured the utmost safety both for service users and staff members.

The VAWG Team supported our commissioned services through the transition to working remotely and continues to liaise with services about their ongoing needs. The Haringey IDVA and Floating Support services have successfully transitioned to operating online and over the phone so that Haringey survivors are still able to access these core services, including the Haringey Domestic Abuse Helpline. The Haringey MARAC has also transitioned to an online format which continues to meet over Microsoft Teams every three weeks. Since the lockdown, the VAWG Team have been reviewing each of the cases ahead of the MARAC meeting to ensure not only that the proposed actions for each case are meeting the needs of the survivors and holding perpetrators to account, but also to monitor any ongoing changes in risk, gaps, or barriers which are emerging as a result of the pandemic. MARAC training was also introduced.

Our Haringey refuges have remained fully operational throughout the COVID-19 pandemic and the council ensured that staff were provided with sufficient PPE so that they are able to work safely and continue to support refuge residents. It was brought to the council's attention that the families living in the Haringey council's commissioned refuge found it challenging to maintain social distancing and strictly follow stay at home guidance due to the nature of living in a refuge and sharing space with multiple families as well as the need to leave the refuge routinely to purchase food and essentials. In response to this, the VAWG Team was able to arrange for each family in the refuge to receive a weekly food and essentials delivery as part of the council's emergency food parcel delivery scheme. The refuge residents reported that this made a significant impact on their personal safety and emotional wellbeing.

### **10.2 Increasing Communications**

The Council is aware that the lockdown measures have created additional barriers to survivors accessing support and have made it more difficult for women to get information about how to seek help for the abuse they are experiencing. The VAWG Team have responded to this by increasing our communications and including specific messaging around COVID-19 which made clear that VAWG services in the borough are still operating and provided the details for how to get support via the Haringey Domestic Abuse Helpline. In

this messaging we included an email address which survivors could access in case speaking on the phone could put them at risk in the home. We also included information about the '55 Silent Method' which survivors could use in the event they needed to phone the police but were unable to speak. The VAWG Team created an infographic which was circulated on social media, on the council's website, in the Haringey resident's online newsletter, and in the Haringey VAWG online Newsletter. We also created guidance for Haringey residents who might be worried about friends, family, or neighbours experiencing abuse and this was shared across communities in Haringey by the Bridge Renewal Trust via their online newsletter and website.

The VAWG Team also recognise that many victims experiencing abuse at home may be experiencing digital exclusion and/or have their access to media monitored by their perpetrator which means that they would not be able to see these online messages. In one attempt to address this, the VAWG Team liaised with the Council's Emergency Food Response team to get some discreet messaging sent out along with the food parcels which were being delivered to thousands of homes across the borough. We worked with Haringey Council's Communications team to design a recipe card to match the contents of the food parcel and on the back of the recipe card we included three key helplines, including the Haringey Domestic Abuse Helpline. Haringey Council's Communications Team also supported us to include our Domestic Abuse COVID-19 infographic in the printed magazine which is circulated to Haringey residents. We also liaised with the Tottenham Community Press who included the Haringey Domestic Abuse Helpline in their printed publications.

As we are also aware that unfortunately the reality is that many of our own staff members are likely to be experiencing domestic abuse, the VAWG Team increased messaging directed at staff members which signposted them to Haringey Council's Domestic Abuse Policy for Staff Members. This was communicated on our Haringey Council VAWG intranet pages, verbally in a Let's Talk Session for Adults as well as in a video shared with all staff members via the Chief Executive's weekly updates.

### **10.3 Coordinated Community Response (CCR) Webinar**

Due to the lockdown measures, the opportunities for victims to seek support and access services have been seriously reduced. Each interaction a survivor has with a service whether it is a Children Centre or Food Bank could be one of the only chances that a survivor has to get support. The VAWG Team recognise that a coordinated community response is now more important than ever so that all statutory, non-statutory, and community services are working together holistically and are trained to recognise signs of abuse and respond safely to disclosures. The VAWG Team have designed a two-hour webinar which is available for free to all Haringey practitioners and community members. This has been delivered regularly since March and we have trained 130+ practitioners including faith leaders, social workers, mental health practitioners, Haringey Adults Learning Service, teachers, etc.

#### **10.4 VAWG & Black, Asian, and Ethnic Minority (BAME) Community Forum**

Domestic Abuse in Black, Asian, and Ethnic Minority communities emerged as a key concern following a meeting co-hosted by Haringey Council and the Bridge Renewal Trust about the disproportionate effects of COVID-19 on Black, Asian, and Ethnic Minority communities. In response to these concerns, the VAWG Team organised a VAWG and BAME Community Forum which was attended by 30 representatives from specialist VAWG BAME services, BAME specific community services, and other services which work with BAME women. The Forum provided an opportunity for representatives to discuss barriers and solutions facing BAME women experiencing VAWG and how this has been further impacted by COVID-19. A number of key recommendations were made by the representatives around funding and resources, communications and messaging, community capacity building, and partnership working. The VAWG Team will present this information to the Health and Wellbeing Board and are also incorporating this feedback into future commissioning plans, as well as the pilot for our Coordinated Community Response to end VAWG in Haringey.

#### **10.4 In addition, other steps that were taken**

- a) We provided PPE equipment for staff in Haringey's refuges.
- b) We set in motion to support the local providers to function efficiently and adapt to fully functioning online and over the phone. All of our DA and VAWG services continued to provide support and accept referrals as normal.
- c) It was agreed that for ease there was one point of telephone contact for ALL clients and professionals in Haringey seeking DA support, advice and information. This was the NIA helpline number. In addition to our Haringey Helpline Phone number, we provided an email option for women who could not safely speak on the phone.
- d) We held regular meetings with all of our DA providers, including a VAWG Recovery and Renewal workshop and have cite of their Business Continuity Plans.
- e) We gave the police discreet merchandise on DA to give out to all victims where they were called out to all DA incidents.
- f) We developed a recipe card with DA service information on the back, that went into every food parcel that was distributed.
- g) We developed a DA guidance briefing for all Councillors/elected members and MPs on the signs they should be looking out for and how these concerns should be escalated within Haringey containing all of the relevant information

on DA services, what DA is and how to support residents if they were approached.

- h) We are also extending this CCR training to pharmacists, to also support victims and perpetrators. The training date has yet to be confirmed, but in essence, people can go in to get regular medicines, repeats, may have substance misuse/mental health and other issues, and DA may also be a factor. This is a good opportunity to identify potential victims.
- i) A clear referral pathway flow chart was developed to support all agencies on where/how to make referrals.
- j) The VAWG Team recognise that victims from BAMER and Migrant communities experience additional challenges in relation to VAWG and that while these existed long before COVID-19, these have been further exacerbated in the current climate. We recognised that specialist organisations supporting BAMER women and girls had been experiencing additional obstacles. We are proposing in our future commissioning plans to include specialist services, in the interim we have galvanised support from a whole range of specialist services willing to support clients and cases going forward. We also met with some male representatives to address the issue of male victims and MANKIND is a valued partner in supporting cases.
- k) We delivered a virtual 'Let's Talk session' for Adults and Health staff on VAWG.
- l) We produced a VAWG video and shared information that was available on the intranet for all staff to access and a regular information VAWG newsletter that anyone can sign up to receive via;

[VAWG@haringey.gov.uk](mailto:VAWG@haringey.gov.uk)

- m) We worked with the Mayor's Office of Policing and Crime/VAWG team and receive regular reports from the National DA commissioner to advise all of the boroughs on changes that we might need to consider going forward.

## **11. Haringey Data on Domestic Abuse**

### **11.1 Met Police**

The Met Police North Area (BCU is Enfield and Haringey) data shows a sharp increase in both non-crime domestic call-outs and substantive offences.

Non-crime domestic call-outs are incidents where the police are called (either by the victim or perpetrator or by a third party) but on police arrival, no offences are alleged or apparent and therefore it is not possible to take any further action. Substantive offences occur when an allegation is substantiated (through evidence at the scene or victim or witness statements) and the police are able to commence an investigation.

The total number of call-outs during this period was **6926** and the average call outs was around 989 per month. This average is 11.17% higher than the average for the four months preceding lockdown, November 2019 to February 2020. This is in relation to non-crime domestic calls, from November 2019 – February 2020, which the average number was 890.

There is a clear month-on-month increase in 2020, as follows:

March:	797
April:	876
May:	996
June:	1091
July:	1043
August:	1069
September:	1054

In relation to substantive offences, for October 2019 – February 2020, the average was 486. There was a less pronounced month-on-month increase, but nonetheless the trend was still evident as follows:

March:	535
April:	593
May:	625
June:	637
July:	635
August:	699
September:	637

The total number of substantive offences during this period was **4361** and the average was 623. This average is 28.08% higher than the average for the five months preceding lockdown, which is October 2019 to February 2020.

In relation to crimes and reports to the police, there has been an increase of DA homicides (14 known reported so far, nationally). The police have been dealing with a whole range of crimes/homicides and DA is just one aspect of their work and Haringey Council needs to ensure that DA is still dealt with as a high priority by the police. The continued usage and promotion of 'Clare's Law' where a new partner's history can be shared (the request has to be approved by the police), if DA was an issue can be widely promoted.

### **11.2 Children and Young People's Services (CYPS)**

Haringey Children and Young People's Services (CYPS) manage cases where children may be at risk of significant harm due to the parental domestic abuse.

The majority of their referrals come from the police. There was an increase in children needing Child protection plans as a result of the severity of DA. CYPS also provided data comparing 2019 to 2020 which allowed analysis of whether there had been an increase in domestic abuse cases during lockdown. The results were as follows:

March 2019 <b>18</b> referrals and <b>33</b> referrals March 2020	=	increase
April 2019 <b>12</b> referrals and <b>27</b> referrals April 2020	=	increase
May 2019 <b>29</b> referrals and <b>28</b> referrals May 2020	=	decrease
June 2019 <b>13</b> referrals and <b>48</b> referrals June 2020	=	increase
July 2019 <b>15</b> referrals and <b>58</b> referrals July 2020	=	increase
August 2019 <b>13</b> referrals and <b>39</b> referrals August 2020	=	increase
September 2019 <b>15</b> referrals and <b>33</b> referrals September 2020	=	increase

### 11.3 Safeguarding Adults Services (SA)

Haringey Safeguarding Adults (SA) team manage cases where vulnerable adults (i.e. those with a mental health condition, learning disability etc.) may be at risk of significant harm due to domestic abuse.

Any concerns relating to domestic abuse for vulnerable adults would be managed through their safeguarding framework in line with statutory guidance (Care Act 2014).

Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

The majority of their referrals come from the police. All SA referrals have increased by 27% as compared to the same period in 2019.

There were **141** domestic abuse referrals for March 2020 – September 2020, which accounts for 11.5% of SA referrals for this period.

In one third of cases, the perpetrator was a family member, and in the remaining two thirds was a partner or ex-partner. The majority of incidents were physical followed by emotional abuse. There was a rise in the number of financial abuse incidents also, which may be a result of financial strain caused by the pandemic.

## 12. Domestic Abuse Commissioned Services

All specialist services commissioned by Haringey Council have reported increased levels of risk, complexity and severity at the point of receiving referrals during lockdown.

### **12.1 Independent Domestic Violence Advocacy (IDVA)**

The Independent Domestic Violence Advocacy (IDVA) service offers support to women experiencing domestic abuse who are at a high risk of serious harm or homicide. The IDVA service provided data which allowed a comparison of referrals from 2019 to the same time period in 2020. The IDVA service reported an increase in severity and frequency of abusive incidents. 19% of their clients were struggling financially due to the pandemic, and 18% were unable to move to a place of safety. Clients generally have found it more difficult to access services.

In quarter 1 of 2019, they received **69** referrals and in quarter 1 of 2020 this was **99** which is an increase

In quarter 2 of 2019, they received **84** referrals. This increased to **115** in quarter 2 of 2020.

### **12.2 IRIS**

The IRIS service offers support to women experiencing domestic abuse who present to their GP. The IRIS service provided data which allowed a comparison of referrals from 2019 to the same time period in 2020.

The IRIS service reported that their clients had told them the lockdown had made it harder to leave the perpetrator, harder to get space from the perpetrator, caused an increase in childcare responsibilities, perpetrators have been using the pandemic as an excuse to further control the victim and that clients are reporting a decrease in emotional wellbeing.

In quarter 1 of 2019, they received **15** referrals. This increased to **18** in quarter 1 of 2020.

In quarter 2 of 2019, they received **17** referrals. This increased to **20** in quarter 2 of 2020.

### **12.3 Floating Support**

The Floating Support service offers support to women experiencing domestic abuse who are at a medium and standard risk of serious harm or homicide. The Floating Support service provided data which allowed a comparison of referrals from 2019 to the same time period in 2020.

A manager at the Floating Support service reported, *"We have found that the pandemic has impacted on our service users mental and emotional well-being, they have been unable to access therapy due to long or closed waiting lists and case workers are providing more emotional support."*

In quarter 1 of 2019, they received 58 referrals. They also received **58** referrals in quarter 1 of 2020.

In quarter 2 of 2019, they received **51** referrals. This increased to **56** in quarter 2 of 2020.

#### **12.4 Multi-Agency Risk Assessment Conference (MARAC)**

The Multi-Agency Risk Assessment Conference (MARAC) is a meeting where all high-risk domestic abuse cases are discussed and actions to increase safety are agreed by multi agency partners. At the start of lockdown, the MARAC had to undergo a rapid transformation into a virtual format, resulting in a significant increase in workload.

The MARAC Coordinator reported, “the pandemic has impacted survivors by not allowing for a MARAC process that involves full conversation and dialogue regarding each case. Also some actions are simply not possible, especially those pertaining to survivors having access to group work support.”

The MARAC provided data which allowed a comparison of referrals from 2019 to the same time period in 2020.

In quarter 1 of 2019, they received **136** referrals. They received **131** referrals in quarter 1 of 2020.

In quarter 2 of 2019, they received **115** referrals. This increased to **122** in quarter 2 of 2020.

#### **13. Areas at risk**

Currently, there is a shortage of accommodation/refuge spaces and this is an area that is in discussion at the moment. If spaces do become available and referrals are accepted all staff will need access to protective equipment, testing, emergency food supplies for the women and children.

Many London organisations have written to Central Government to request additional funding. Including adopting the governments ‘Rough sleepers’ approach to be housed in hotels to extend to DA victims too, including those with insecure immigration status. Without financial support to be provided to these vulnerable clients.

These DA agencies are seeking an emergency financial package, to support their services, helplines, staffing and on line advice. Using existing council funds or the additional emergency government funding to provide financial support to refuges which may be experiencing elevated demand, staff shortages, a lack of protective equipment.

Domestic abuse service staff should be explicitly designated as key workers so they are able to continue their work.



Requests for funding have also been requested by these providers to Haringey Council, to fund extra staffing resources, in the event of a surge of cases when Lockdown eases.

The BAME community may need specific specialist VAWG services, including IDVA services and this is going to be considered in all future commissioning plans.

Women with no recourse and immigration issues need particular consideration and support.

#### **14. The Way Forward and Future Planning**

There is some fear if there is a second lockdown for DA victims but learning has taken place and we are better prepared and have a good infrastructure in place.

If lockdown happens, we have already an infrastructure in place that we can implement immediately. We can trigger a quick process with our partners to still function and improve the telephone/virtual offers.

When lockdown eases the DA providers have advised that they feel there may be a surge of callers and victims coming forward, they anticipate that there will be an increase in demand on DA services from residents, as there has been to the national services.

A comprehensive VAWG Business continuity action plan has been developed by the VAWG Team in the event of a further lockdown that will be used to continue to support our providers and residents. We will adopt the learning from the first lockdown and adjust it accordingly to continue to work in joint partnership to support residents, professionals, partner agencies and commissioned providers. As well as supporting staff who also maybe victims of DA, during lockdown **(see attached – Appendix A)**.

Central Government can play a vital role, in ensuring that there are adequate resources for agencies and victims, including adequate funding, which is fairly and equitably distributed, without the additional pressure of complicated funding application forms. They can also drive through the DA Bill quickly to support DA victims and duties assigned to local authorities can be put in motion.

#### **15. Contribution to strategic outcomes**

This contributes to the VAWG Strategy and the four objectives (2016-2026)

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

##### **Finance**

Changes since lockdown has created additional pressures above and beyond business as usual levels as Public Health has had to meet greater demand for VAWG services and expand it's capacity.

The materialisation of a second wave will bring renewed pressures in areas similar to those we have seen, which presents a financial risk going forward.

### **Procurement**

The contents of this report are noted, there are no procurement implications.

### **Legal**

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

### **17. Equality**

Any changes in service delivery, updated and new policies, within ASC and Public Health, will be subject to a full EQIA, in line with the Council's policy and statutory requirements.

### **18. Use of Appendices**

Appendix A – Violence Against Women and Girls Team

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

N/A.

## Violence Against Women and Girls Team (Public Health) Covid 19 VAWG Business Continuity Action Plan 2020/2021

Areas for planning	Description
<b>1. Clear communication</b>	Provide clear, proactive and unequivocal messaging to residents assuring them that domestic abuse remains a top priority for the council despite the circumstances.
	Let people know how they can get help for themselves or report concerns about others, and make clear that people with coronavirus symptoms can still access support. Identify and try to safely make contact with those who may be in a vulnerable home situation, including those known to refuges and social services, and help them to access suitable and safe accommodation if they want it
	Promote self-help resources and tips, such as helpline contacts and a guide to what to pack in an 'escape bag'/safety planning
	Make sure the council has discreet and secure communication channels for those who cannot make phone calls without being overheard. For example, offering online services as well as phone calls, providing codewords over the phone, having a 'quick exit' button on the website page with domestic abuse information
	Map out clear routes of escape for those wanting to leave an abusive setting which are tailored to the current circumstances,

	and then publicise these extensively through the council's channels. For example, what to do if you can't escape to family/friends, what to do if you/your child is ill, how an abuser who is themselves ill can be legally ejected, and how to alert authorities about abuse when you cannot access phone lines.
<b>2. Coordinating across local services</b>	Liaise with local police forces to ensure they have properly considered their ability to respond to an increase in domestic violence call-outs. This includes making sure domestic violence callouts and prevention work will remain a top priority if staff shortages occur and that response times will be maintained, as well as having the requisite protective equipment to enable officers to enter premises in an emergency. Encourage police to plan proactive targeted support for known victims, and continue to be on the lookout for people who may not be on the authorities' radar.
	To continue existing domestic abuse services remotely, such as IDVA/IRIS/Floating Support and counselling. Facilitate the use of secure online platforms and work with local groups and charities to ensure they are operating safely.
	Maintain regular communication with the local courts system to act quickly on domestic violence, stalking and child custody issues, for example issues raised by self-isolation, and to quickly issue protection orders.
	To contact all local refuge and support service providers (both commissioned and non-commissioned) to offer the council's support and make sure they have robust service continuity

	plans and the resources, guidance, equipment, food and provisions they need. This may also involve access to technology, emergency funding or adaptations to reporting deadlines and targets.
	Contact all other voluntary, community and support groups in the area – via the Bridge Renewal Trust and our CCR partners, including such groups, women’s groups, contact centres, religious groups, toddler groups – which may provide informal support to those experiencing abuse. To check if they have any concerns and whether they can be helped to continue working remotely.
<b>3. Safe Accommodation</b>	Explore if the council has enough secure housing available to house emergency cases, over and above existing homelessness provision, and council support continues for people who have left an abusive setting and moved to temporary accommodation.
	Work with Homes for Haringey to ensure all officers are briefed on how to handle domestic abuse cases sensitively, what support they should be offering and how to support vulnerable residents in their move.
<b>4. Coordinated Community Response (CCR)</b>	The CCR Representatives who have been trained, will know where and how to sign post residents to DA agencies, if they are approached by anyone seeking advice and information.
	Deliver Community Empowerment training to facilitate peer support
	Train Community Champions

<b>5. Longer Term Objectives</b>	To commission the VAWG contracts and include a new model that includes diverse and specialist services in future contracts, e.g. BAME Independent Domestic Violence Advocates/IDVAS

**Report for:** Adults and Health Scrutiny Panel, November 2020

**Title:** Safeguarding Adults Board Annual Report 2019-2020

**Report authorised by:** The independent Chair of Haringey Safeguarding Adults Board

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

**Ward(s) affected:** ALL

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

## 1. Describe the issue under consideration

1.1 The annual report is for the period 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020 and is produced as part of the Haringey Safeguarding Adults Board's (HSAB) 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 HSAB continues coordinating safeguarding adult matters and ensuring that partner agencies carry out safeguarding adults work. This is especially important during this period of Covid-19 response as will into the forthcoming months.

1.3 Given the situation with Covid-19, the HSAB agreed to a scaled down annual report without the need for Partner Statements as partners are diverted into urgent areas of work in response to the Covid-19 pandemic.

1.4 The annual report gives details of:

- progress on our Priorities against the Strategic Plan 2019-20;
- sets out how effective the HSAB has been over the 2019-20 year;
- provides detail on the Safeguarding Adult Review (SAR) that it has commissioned;
- our Strategic Priorities for 2020 and beyond<sup>1</sup>.

## 1.5 Safeguarding Adult Review publication

No SAR was published during 2019/20, however, one referral was found to meet the SAR criteria and a SAR was commenced in October 2019. A multi-agency SAR Panel was set up to oversee the review, led by an independent

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<sup>1</sup> To note: The draft priorities for 2020/21 is a 2 year timeframe. The pandemic may reshape what the HSAB priorities will be in the future.

chair and two independent reviewers. The review has been informed by chronologies and individual management reviews completed by agencies involved in the case, a multi-agency learning event with frontline practitioners and consultation with family. The SAR is due to report and publish later in 2020 and learning will be included in next year's SAB Annual Report.

## 2. Recommendation

2.1 To note contents of the annual report

## 3. Reasons for decision

3.1 Not applicable

## 4. Alternative options considered

Not applicable

## 5. Background information

The HSAB is a statutory body that works to make sure that all agencies are working together to help keep adults in Haringey safe from harm and to protect the rights of citizens to be safeguarded under the 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.



**6. Contribution to strategic outcomes**

Links with the Haringey Borough Plan: PEOPLE Priority – *Our vision is a Haringey where strong families, strong networks and strong communities nurture all residents to live well and achieve their potential.*

**OUTCOME:** All adults are able to live healthy and fulfilling lives, with dignity, staying active, connected, and free from harm in their communities.

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

N/A

**8. Use of Appendices**

N/A

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

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

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Haringey Safeguarding Adults Board

# Annual Report 2019-20

This report details the work carried out by the Haringey Safeguarding Adults Board in 2019/20 and highlights our draft objectives and priorities for 2020-21.

# Forward

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I am very pleased to introduce the Annual Report published on behalf of the Haringey Safeguarding Adults Board (HSAB), which includes contributions from its member agencies. The Board is statutory and its role is to coordinate local partnership arrangements to safeguard adults at risk of abuse or neglect. This report details the work carried out by the HSAB last year (2019/2020) and highlights the draft outline priorities for 2020/2021.

The current Coronavirus (COVID-19) pandemic has heightened uncertainty over the economy, employment, finances, relationships, and of course, physical and mental health.

Safeguarding adults remains a statutory duty and safeguarding adults' duties have not been 'eased'. Consequently, safeguarding adults in Haringey continues to be the responsibility of the HSAB, and all partner agencies, to keep everybody safe from abuse or neglect.

The HSAB would like to reassure you that we are working hard to maintain business continuity and remain committed to our statutory responsibilities for safeguarding adults with care and support needs in Haringey.

We have adapted our day to day work to include 'virtual' meetings and acknowledge that the pandemic continues to present new challenges for all partners.

We would ask all agencies to continue to remain vigilant in recognising and responding to potential additional safeguarding demands, especially those arising from the pandemic.

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, especially during these difficult times.

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**

Independent Chair of Haringey Safeguarding Adults Board

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# Where can you go for support?

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

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 I do if I suspect someone is being abused?

If you or the person you are concerned about is being mistreated, you can make a referral to Adult Social Care via the [First Response Team](#).

- **Telephone 020 8489 1400**
- **Email [Firstresponseteam@haringey.gov.uk](mailto:Firstresponseteam@haringey.gov.uk)**

## 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.

## 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.
- **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**



**Useful contacts**

**Who can help ?**  
If you think a crime has been committed phone Police

**Haringey Police**  
0207 250 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 Bureau/Tottenham**  
Citizens Advice - 551B High Road, N17 5SR  
0300 300 1187

**Haringey Law Centre**  
Ground Floor Offices, 7 Holcombe Road, Tottenham,  
N17 9AA  
020 8908 5354  
Email: tottenhamlawcentre@btccali.co.uk

12.09.13

## 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**

**Independent Domestic Violence Advisor Service**  
0300 012 0213  
www.independentviolence.org.uk  
will help you find the best service to help you

**Haringey Police**  
0207 250 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 9 111  
www.victimsupport.org.uk

**Men's Advice Line**  
0808 801 0327

**For men seeking help for their abusive behaviour, call RESPECT on 0808 902 4040**

**London LGBT Domestic Abuse Partnership**  
0207 794 2040  
referrals@glap.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

## 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**

**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  
0208 489 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@mh.org.uk](mailto:admin@mh.org.uk)  
020 8340 2474  
Counselling available

## 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.



# Introduction

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The HSAB annual report covers the period 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020 and is produced as one of the Board's statutory duties under *The Care Act 2014* and described in Chapter 14<sup>1</sup> of the Care & Support Guidance. The SAB must publish an annual report in relation to the preceding financial year, on the effectiveness of safeguarding activity 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 during 2019-20; providing detail on the SARs that it has commissioned and describing how its partners have contributed to the work of the Board to promote effective adult safeguarding.

## What does safeguarding adults mean?

Safeguarding means protecting the health, wellbeing and human rights of adults at risk, enabling them to live safely, free from abuse and neglect. Safeguarding is everyone's responsibility.

It is about people and organisations working together to prevent and reduce both the risks and experience of abuse or neglect. It also means making sure that the adult's wellbeing is supported and their views, wishes, feelings and beliefs are respected when agreeing on any action.

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.

## Who is an 'adult at risk'?

An 'adult at risk' is someone who may be in need of help because they have care and support needs. They may be unable to stop someone else from harming or exploiting them.

Abuse happens when someone hurts you or treats you badly. It can be accidental or deliberate. Abuse can take many forms. There doesn't need to be an injury for abuse to have taken place. Neglect is when someone who is meant to look after you does not look after you properly.

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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>

## What do we mean by abuse?

Abuse is described as a violation of an individual's human and civil rights by any other person or persons which results in significant harm. Abuse may consist of a single act or repeated acts. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

## The aims of adult safeguarding

- 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.

## 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>.

## 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.

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

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

## 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

## 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.

## Overarching purpose of the HSAB

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

- assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance;
- assuring itself that safeguarding practice is person-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.

## 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), North Central London (NCL) Health Trusts, Haringey Borough Police, London Fire Brigade (LFB), London Ambulance Service (LAS), , probation services, the voluntary sector (Healthwatch and 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 and has a number of subgroups chaired by senior members from across the partner agencies.

## 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

# What have we done in 2019/20 through the Haringey SAB Subgroups?

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The HSAB undertook significant work to consolidate its governance and to progress our strategic plan, which has clear delegated responsibilities to roles and sub-groups to ensure clear lines of governance and accountability

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 2019-20 some of which is detailed below. See *Appendix 1 for the HSAB annual strategic priorities progress update.*

## Safeguarding Adults Reviews (SAR) Subgroup

**Chair:** Chair of HSAB

**Purpose:** The purpose of the SAR Subgroup is to consider referrals for any case which may meet the statutory criteria for a Safeguarding Adults Review (SAR) under Section 44 of the Care Act 2014<sup>5</sup>. The Subgroup makes decisions against the statutory criteria; make arrangements for, and oversees, all SARs; and ensures recommendations are made, messages are disseminated and that lessons are learned.

The Care Act 2014 requires SABs 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.

SARs are undertaken 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.

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

## Achievements in 2019-20:

### SAR referrals

Six SAR referrals have been received for consideration during 2019-20. One referral was found to meet the SAR criteria and a SAR commenced in October 2019. A multi-agency SAR Panel was set up to oversee the review, led by an independent chair and two independent reviewers. The review has been informed by chronologies and individual management reviews completed by agencies involved in the case, a multi-agency learning event with frontline practitioners and consultation with family. The SAR is due to report in 2020 and learning will be included in next year's SAB Annual Report.

Two further SAR referrals received in 2019-20 were found to meet the SAR criteria and will be included in a thematic homelessness SAR, along with another similar case, in 2020-21. The learning from this review will be included in a future SAB Annual Report.

The remaining three referrals were found not to meet the statutory SAR criteria, but learning identified by individual agencies has been shared with the SAR Subgroup.

An analysis of the six SAR referrals received in 2019-20 shows that all referrals involved suspected neglect or self-neglect, as might be expected. 67% of referrals were for females and 33% for males. Although the number of SAR referrals is small, this is broadly similar to the pattern of Section 42 enquiries in 2019-20, of which 55% involved females, and is identical to the breakdown of SAR referrals in 2017-18 (the most recent year for which there is comparable data).

In 2017-18, 83% of SAR referrals involved people aged 65 and over whilst only 17% of referrals in 2019-20 involved people aged 65 and over. Four referrals in 2019-20 involved the deaths of people at a relatively young age, from 41 to 60 years, therefore, this will continue to be monitored to identify any emerging trends.

Two thirds of the SAR referrals received in 2019-20 involved people from a White background and one third involved people from a Black background. This compares with 47% and 27%, respectively, of safeguarding concerns in 2019-20. It is difficult to draw conclusions from the small numbers of SAR referrals received, therefore, each SAR will reflect on the implications of ethnic background within the review.

## Ms. Taylor SAR

In February 2019, the SAB published its second SAR<sup>6</sup> since the Care Act 2014 was implemented. The SAR looked at the death of Ms Taylor who sadly died in a fire at her home in October 2017, aged 71. Alongside publication of the SAR, the SAR Subgroup disseminated a 7-minute briefing to help agencies share the learning widely across their organisations. This was followed by the development of a multi-agency action plan for improvements identified by the review. The SAR Subgroup has monitored progress against this action plan throughout 2019-20. Some of the key improvements made are:

- Training in London Fire Brigade (LFB) person-centred fire risk assessment for agencies to identify fire risks and refer people for a home fire safety visit.
- Provision of monthly data to LFB on people at risk of fire for proactive visits.
- Adult social care review and assessment documents now include consideration of fire risks.
- SAB's self-neglect policy updated in line with review findings.

In November 2019, the SAR Subgroup held a learning workshop with SAB partners and North Central London (NCL) SAB colleagues to share findings of the SAR and the improvements made as a result. All attendees found that the workshop was a good use of their time, they got what they needed from the session and were clearer about the actions taken by partners.

A multi-agency workshop was also held in 2019-20 in response to a request from SAB partners, bringing agencies together to share information about their teams and accessing support for adults at risk. Feedback was very positive about having face to face contact with colleagues from different agencies.

## **SAR draft strategic objectives for 2020-21**

- Routine monitoring, and support of people at high risk from abuse and management of high risks;
- 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; and
- Develop a consistent approach to conducting and sharing learning effectively for a range of serious incidents including SARs, DHRs, Coroner's inquests.

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<sup>6</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)

## 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 2019-20:**

- Continued to refine and improve the multi-agency adult safeguarding dataset (see performance section) 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. Adult Social Services and the NCL CCG continues to commission only with providers that are rated 'Good' or 'Outstanding'. Such robust commissioning and procurement processes coupled with QA visits and input from the Clinical Commissioning Group (CCG) and local authority has increased the number of Council commissioned 'Good' services located in Haringey



- 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:
  - QA subgroup terms of reference
  - Quality Assurance Framework
  - Safeguarding adult's multi-agency self-neglect and hoarding protocol
  - Prevention strategy and delivery plan
  - HSAB Risk register

#### Safeguarding Multi-Agency Self-Neglect and Hoarding Procedure 2019-22

The Self-Neglect and Hoarding Procedure was jointly reviewed by Adult Social Services and the LFB, following the recommendations of the Ms Taylor SAR. The LFB's person-centred fire risk assessment is now embedded in the procedure and information around case-coordination and management of mental capacity has been strengthened. The HSAB agreed to the revised updated procedure.

#### Haringey Multi-Agency Section 42 (s42) Enquiry Framework and Guidance

The local s42 Enquiry Framework was updated in line with the London Associate Directors for Adult Social Care (ADASS) guidance. The document represents collaboration between the agencies on behalf of HSAB to provide a joint s42 Enquiry Framework by which we work in partnership to safeguard vulnerable adults from abuse. The guidance is for use by staff that manage or undertake a Statutory Safeguarding Adult Enquiry under s42 of the Care Act 2014.

#### Haringey Multi-Agency Quality Assurance Framework

The Multi-Agency Quality Assurance Framework (QAF) was revised and presented to the HSAB for agreement. The QAF evidences whether the right things are being done for the right reasons in the right way and enables the use of information to secure greater impact and effectiveness.

#### QA Subgroup draft strategic objectives for 2020-21:

- Collaborate and conduct deep-dives on areas of practice, use of MCA for the victim and survivor's journey;
- Ensure MSP is embedded in safeguarding practice across the partnership;
- 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; and
- Embed multi-agency case file audit to ensure learning from safeguarding cases is embedded in practice.

## 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>7</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 2019-20:

- The subgroup continued to monitor safeguarding performance data produced by the council and followed up with a number of deep dives to understand the local picture better. This included investigation of community backgrounds of those facing safeguarding issues and where they may be under-reporting. Links were made with Haringey Multi-Faith forum, Neighborhood Watch and the Bridge Renewal Trust to improve understanding of safeguarding and encourage reporting of concerns in hard to reach parts of the borough's diverse communities.
- In addition to on-going safeguarding staff training used by all partner organisations, partners also developed and ran a number of multi-agency events. Follow-up evaluation identified actions staff were putting in place to improve their practice. The '*Why MCA simulation training*' was run over 10 sessions with 330 attendees and was shortlisted for a national NHS training award.
- Changes were made to council processes to ensure staff took the time to find out what people wanted a safeguarding investigation to achieve. Recording on council systems improved. Statutory partners ensured MSP were embedded in their inhouse training and staff understood their responsibilities. For e.g., LFB rolled out a new training package, Police included themes of MSP in their PDD development days. Work carried out in BEH mental health trust saw links made between training and staff practice with patients. A special mini workshop was held for SAB members in January 2020 charting progress to date and outlining key actions to further embed MSP for the coming year.

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<sup>7</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)

- The previous basic awareness e-learning material was replaced by 5 short animated videos and a quiz to test understanding. The videos are on the Council's Fuse learning portal for staff, and freely available on the council's website, as well as on the website of Bridge Renewal Trust for the voluntary sector and on YouTube where there have been over 19,000 views.



### Understanding safeguarding videos

We have produced a series of short videos to help you understand what safeguarding is, how to recognise the signs of abuse and what to do to report it.

The videos are particularly designed for people who work within an organisation as a paid or voluntary worker but could be of interest to others too.

<https://vimeo.com/showcase/6206013>

- LFB continued to run fire safety checks across the borough in people's homes and responded to about 15 referrals per month. A number of visits and sessions were run in the community to raise staff awareness of fire safety. These were run in care homes, on location in home care provider locations and in Haringey Civic Centre.
- Awareness raising about different safeguarding themes and leafleting were carried out at Wood Green Customer Service centre, Marcus Garvey Library and a range of GP surgeries across the borough.
- 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.

### Prevention and learning subgroup draft strategic objectives for 2020-21:

- 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.
- 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.
- Improve understanding of and responses to older people at risk of or experiencing domestic abuse across the partnership and make links to the VAWG strategy.
- Implement multiagency refresher training on understanding mental capacity and conducting mental capacity assessments, to include evidence from SARs on the significance of mental capacity in cases of self-neglect/service refusal/high risk.
- Deliver a programme of fire safety training in the use of person-centred fire risk assessment across all agencies
- Develop a consistent approach to conducting and sharing learning effectively for a range of serious incidents including SARs, DHRs, Coroner's inquests.

## Some other key work from the HSAB and its partner organisations during 2019/20

### **Barnet, Enfield, Haringey Mental Health Trust Review of the Mental Health Act**

In October 2017, the government announced an independent review of the 1983 Mental Health Act (MHA). The review was tasked with making recommendations for improvements “in relation to rising detention rates, racial disparities in detention, and concerns that the act is out of step with a modern mental health system”.

One of the recommendations from the review states more needs to be done to ensure safeguarding of patients to protect them from abuse. One of the lessons of incidents such as Winterbourne View is that local authorities have not always been involved to the extent that they should, and that the hospital has not engaged with the safeguarding process. This is despite the fact local authorities have a responsibility under section 42 of the Care Act to investigate any safeguarding issues, including those in private and mental health units in their area and that Trusts have a duty to co-operate with local authorities on safeguarding issues.

Barnet Enfield and Haringey Mental Health NHS Trust (BEH) have strong working links with all three Safeguarding Adult Boards. Over the last four years, BEH have built on and developed a Safeguarding Strategy and associated work plan. Part

of this has been to build on the existing strong partnership working with a clear vision of ensuring there is a shared understanding of safeguarding process and responsibilities. This is particularly true of Haringey where we do not work under a Section 75 agreement. This means there needs to be open and effective communication pathways with a clear understanding of responsibilities.

The HSAB was assured that the safeguarding arrangements support organisations discharge their safeguarding duties and that there are effective processes in place to identify, investigate and take action on safeguarding issues.

### **Fire Prevention Task and Finish Group**

The HSAB agreed to set up a Fire Prevention Task and Finish Subgroup to deliver Objective P6 of the HSAB Strategic Plan 2018-21 to 'Establish routine monitoring and management of clients at high risk of domestic fires', considering links to the High Risk Panel (HRP) and providing assurance to the HSAB that a robust mechanism is in place to manage and monitor clients at a high risk of fire.

Much work has been done in learning from fire deaths and creating the Haringey Borough Community Fire Safety Strategy, which we expect to continue to develop as time passes.

The task and finish group has largely delivered its intended aims, with one action being monitored through the Ms Taylor SAR action plan and other actions to be picked up in the HRP annual report to SAB.

### **Public Health Suicide Prevention in Haringey**

The Haringey Suicide Prevention Group (HSPG) is an inter-agency partnership that has been established to guide the Borough's Suicide Prevention Plan. A new plan is due to be developed in 2020. It aims to shape and strengthen community-based suicide prevention planning and implementation.

The HSPG is coordinating local action planning to reduce deaths from suicide and supporting those affected by suicide, as well as ensuring that data and intelligence on suicide is collected and shared across agencies.

A local strategy can strengthen suicide prevention potential within existing work. The HSAB agreed to contribute to the development of the Prevention Plan and is committed to actions within the Suicide Prevention Plan.

## **London Safeguarding Adult Partnership Audit Tool**

The HSAB agreed to pilot the first draft of the London Safeguarding Adult Partnership Audit Tool (SAPAT) which was developed at the request of the London Safeguarding Adults Board (LSAB) network.

The focus of the new audit process is to provide evidence of partners' contribution to the HSAB, evidence of partnership working to deliver the aims and objectives of the SAB, and for the SAB to be able to assess how effective it is as a partnership.

The new process aims to do something different, which is more focused on the partnership and the effectiveness of partnership working. It focuses on what agencies do in partnership, rather than what they are doing within their own organisation, unless it contributes to the partnership.

All statutory partner agencies including a number of non-statutory partners completed the toolkit which focused around 4 core areas:

- i.** Making Safeguarding Personal (MSP)
- ii.** Mental Capacity Act (MCA) application.
- iii.** Preparation for implementation of Liberty Protection Safeguards.
- iv.** SARs and Learning Reviews.

Areas of good practice identified across all partners and areas for improvement have been imbedded within the HSAB draft priorities for next year and in partner organisations action plans.

# Haringey Safeguarding Adults Activity 2019/20<sup>8</sup>

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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 in relation to all safeguarding issues is monitored both locally and nationally. All safeguarding concerns and enquiries are recorded and coordinated 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 the statutory duties and responsibilities for safeguarding, including the requirement to undertake enquiries under Section 42 (s42) of the Care Act to safeguard people. Below and on the next page is a summary of safeguarding activity recorded during 2019/20 for both safeguarding concerns raised, and s42 enquiries undertaken.

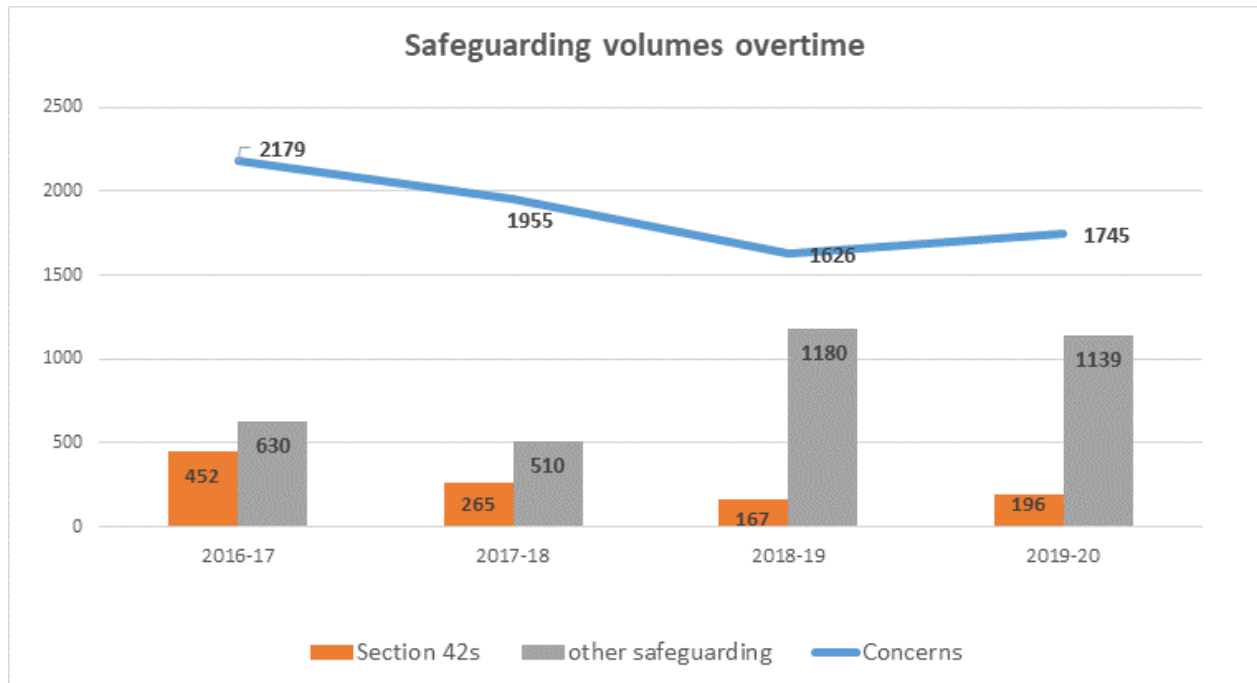
There have been **1,745** concerns raised during the year 2019/20 of which only **194** went on to a s42 Enquiry. In comparison to last year, safeguarding concerns have increased by approximately 7% and the number of s42's has also increased by **17%** from last year. **The s42 rate has increased from 79 per 100,000 ppn to 93.06 in 2019-20.** The number of s42's although is higher than

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<sup>8</sup> Provisional data subject to SAT validation

last year, when compared to the rest of London (2018-19 data), we are below the statistical neighbours average.

The number of 'other safeguarding' (see definition of 'other' below) decreased by 3.5% last year from 1180 in 2018/19 to 1139 in 2019/20.



## 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 s42 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 s42 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 s42 enquiry, undertaking these enquiries and



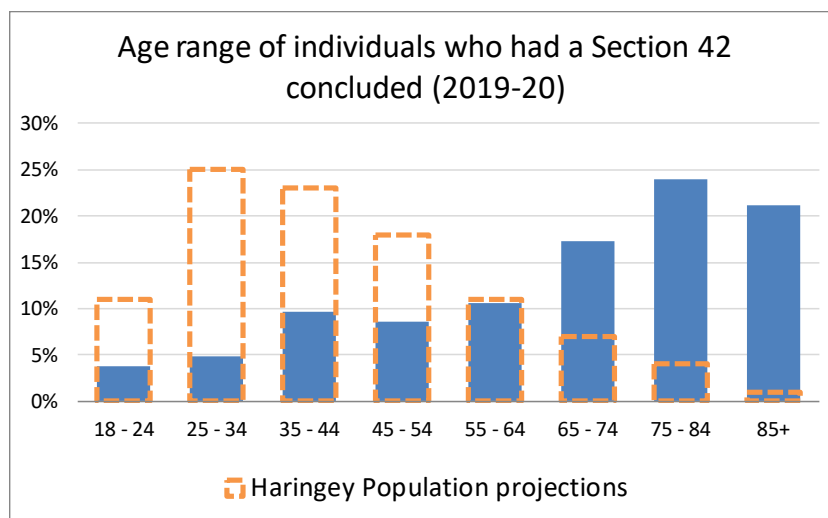
ensuring that any further actions required are progressed, such as referral for a Safeguarding Adult Review (SAR).

The service also takes responsibility for significant preventative action, such as a referral to other services or support, where a s42 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 s42 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 s42 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 s42. (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.

## Age of individuals involved in safeguarding concerns and s42 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.

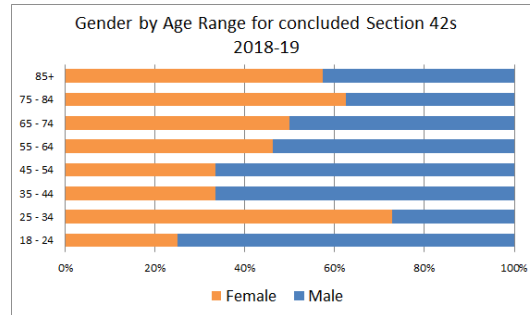


**63%** of individuals with a S42 enquiry are aged 65 and over, over-represented when compared to the age structure of Haringey’s adult population. The largest percentage of s42’s (24%) are from individuals aged 75-84. The national data

published in November 2018 notes that the majority of concerns raised in England as a whole relate mostly to those aged 85+.

### Gender of individuals involved in s42 Enquiries.

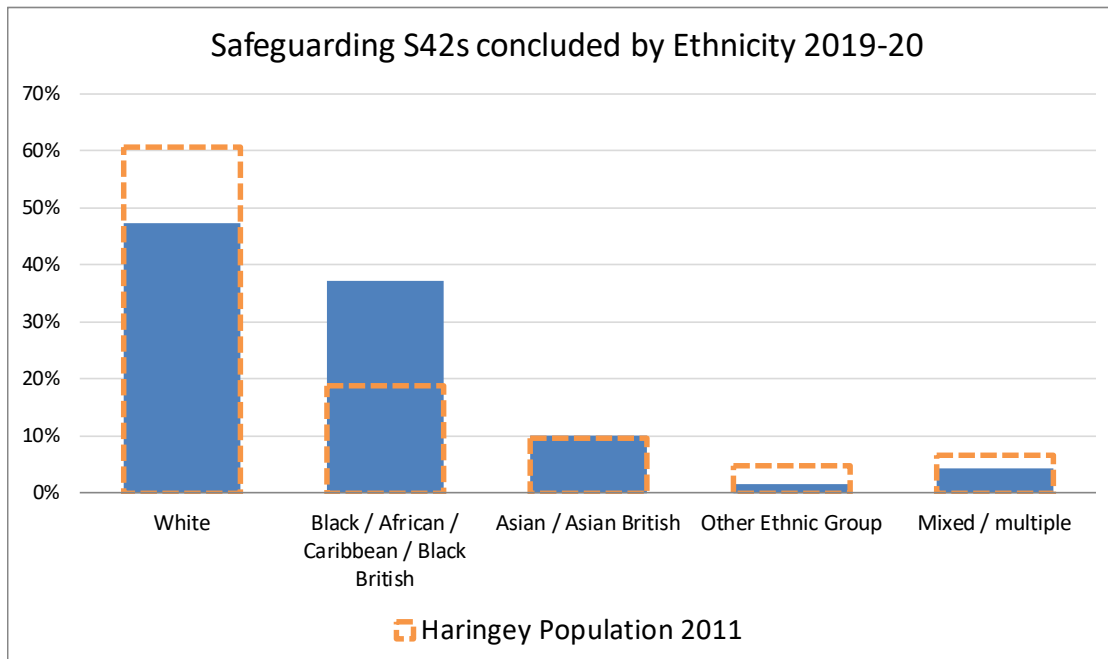
50% of individuals who had a s42 concluded are females, a 3% decrease from the previous year. The highest proportion of females who had a s42 concluded were aged between 75+. For concluded cases approx. 75% (6 cases) were from males aged 18-24.



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 a s42 enquires.

### Ethnicity of individuals involved in s42 Enquiries

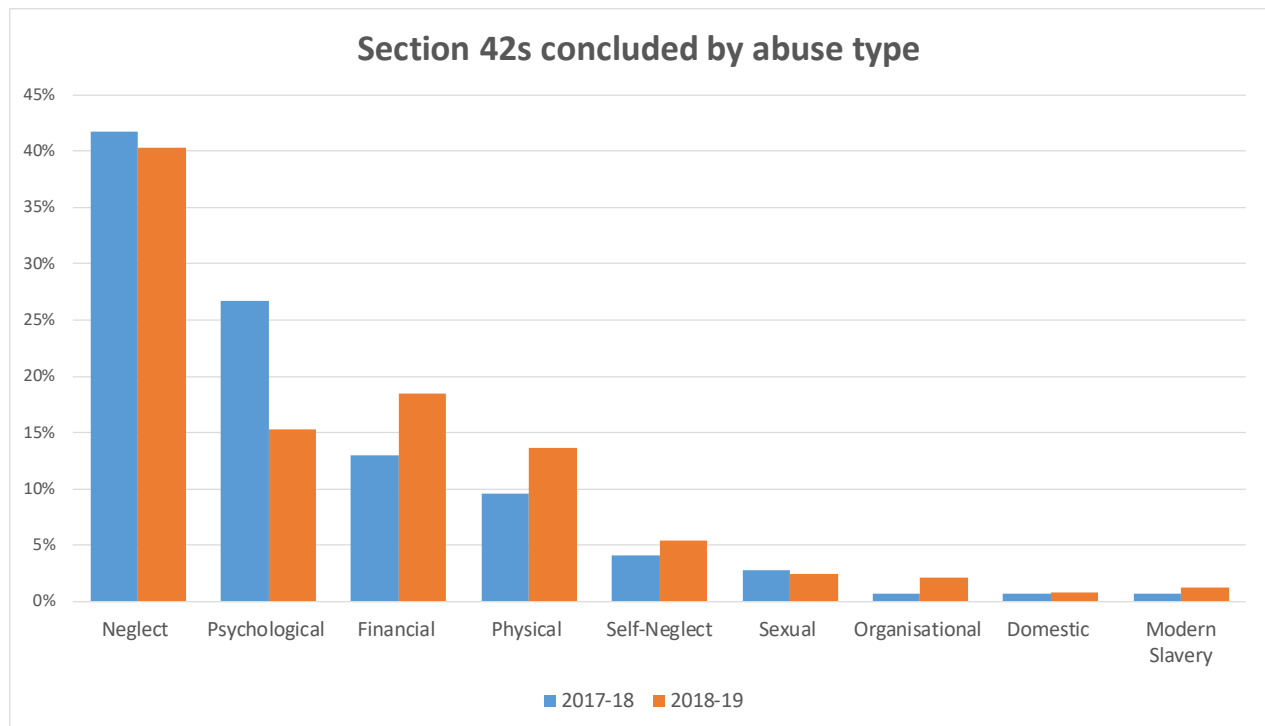
Year on year the ethnic background of people for whom a safeguarding concern has been raised remains similar, with the two main ethnic groups being White and Black/African/ Caribbean/Black British



47% of individuals who had s42 concluded are White, a 14% decrease compared to the previous year, underrepresented compared to Haringey's population. 37% are Black, an increase of 10% from previous year but over-represented when compared to the Haringey population 19%.

### Safeguarding Concerns by abuse type

Proportionately, Neglect and Acts of Omission account for the majority of risk types, accounting for 26% of all risk types in 2019-20, down from 40% in the previous year. This is in line with the 2017-18 national data.



There has been a decrease in financial abuse cases (7%) and an increase in self-neglect cases (7%), followed by an increase in emotional/ psychological cases by 6% and an increase in domestic abuse cases (6%) when compared to previous year. Only 9% 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 in 2019-20.

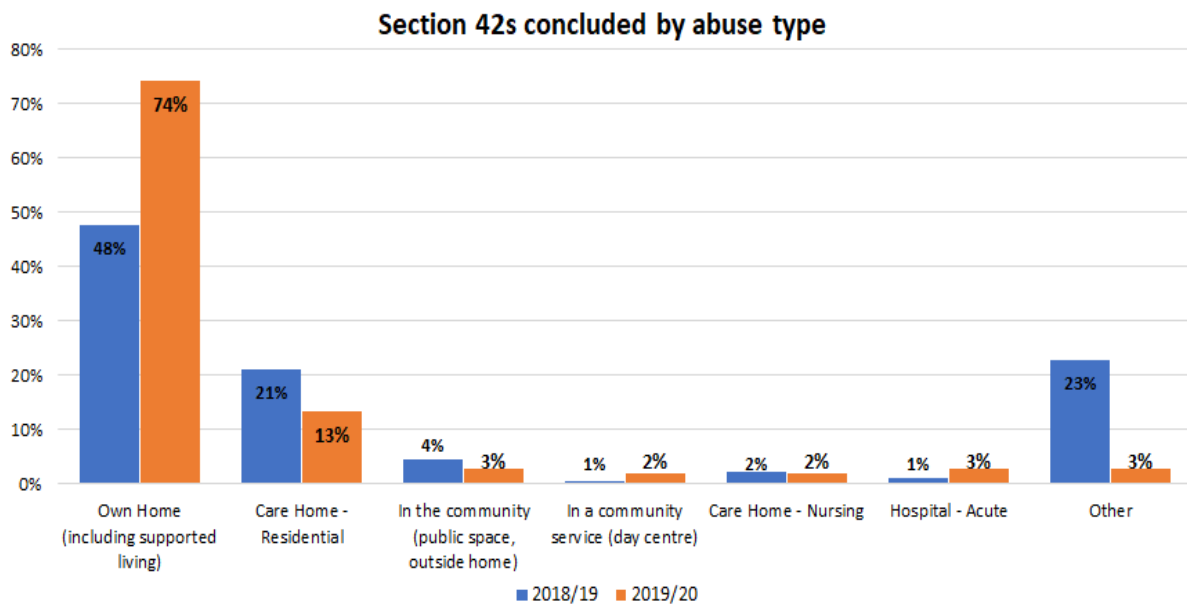
The number of organisational abuse cases has decreased, this is due to the increased scrutiny of care homes from the Commissioning arm of the Local Authority and the Clinical Commissioning Group (CCG) Quality Assurance nurses which is monitored by the multi-agency Quality Assurance subgroup.

## 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 74% of the risk locations in 2019-20, an increase of 26% to the previous year. This is in line with the 2017-18 national data. Abuse location in residential care homes decreased by 8% this year.

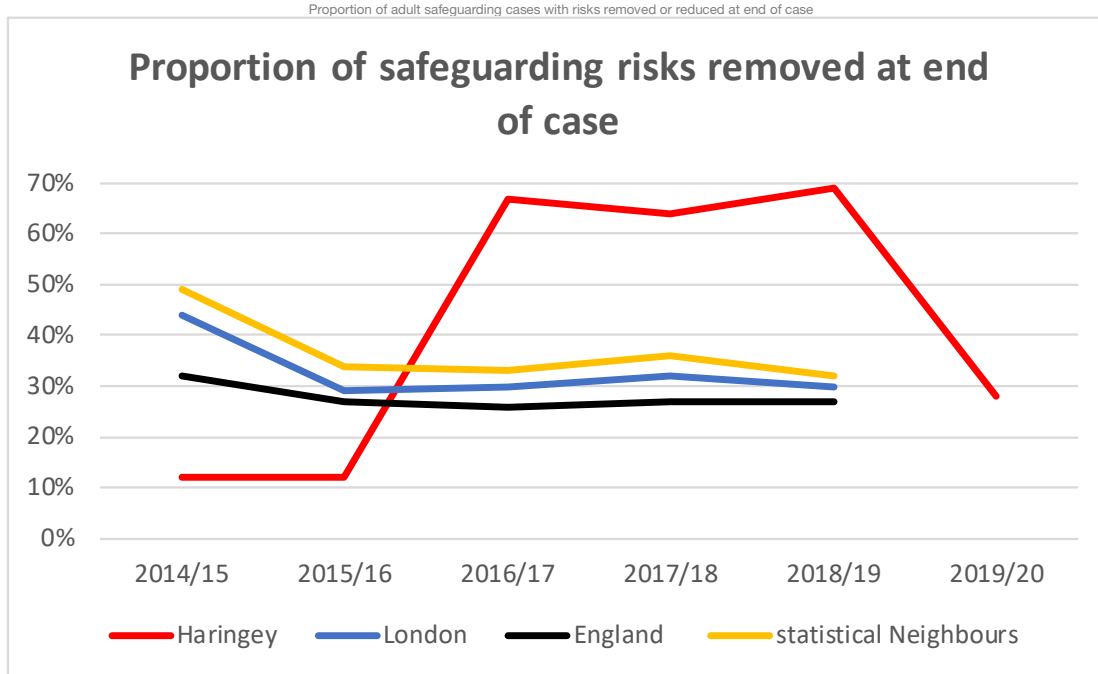


National and Regional data show a similar pattern within the home being the most likely area that abuse occurs, followed by care homes, community and then hospital.

In 'other' abuse location decreased by **20%** from previous year, this is due to better recording.

## Risk outcomes

At the conclusion of a S42 enquiry, where a risk was identified during the Enquiry, an outcome concerning the status of this risk is recorded.



The proportion safeguarding cases where the risks were removed decreased by 41% since 2019-20. Despite the decline, Haringey is in line with the regional and national average.

The proportion of safeguarding cases where the risks were increased by 43% compared to previous year and is above the regional and national average.

## 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 (MCA) 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. During 2019/20 we recorded these outcomes for the **93%** 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 **68%** of s42 enquiries were asked to express their outcomes. Breakdown of individuals who expressed an outcome and those that did not:

- **80%** of individuals who had a s42 concluded were asked and their outcomes were expressed; and
- **13%** of individuals who had a s42 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 2019-20.

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;
- 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.

## Appendix 1 – Strategic Priorities update 2018/19

Many of our partner organisations have been involved in the front-line response to the Covid-19 pandemic. Some of the objectives and actions have not been achievable this year while the partnership focus on their front-line response. As a result, a number of actions have been carried forward into next year's priorities yet to be agreed. The focus on next years priorities may be amended during the year to reflect shifting priorities and risks as they develop.

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

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Update as at 31 <sup>st</sup> March 2020
A1	Collaborate and conduct deep-dives on areas of practice, such as MSP, DoLS, use of MCA or the victim and survivor's journey	Protection Proportionality Prevention	Assurance that partner organisations are working to best practice and working to improve any areas of concern.	Quality Assurance Subgroup	Monitor the effectiveness of the application of mental capacity assessments through multi-agency case file audits.	March 2020	Multi-agency Audit discussed at QA subgroup; responses received from the audit was not enough to base any learning from. If the audits will not work, will need to think of other ways to meet the objective of monitoring the effectiveness of the application of mental capacity assessments and implementation of MSP.  We are clear that lessons have been learnt so that criteria for the next audits will ensure a more in-depth analysis.  Principal Social Worker working with safeguarding team and performance to identify cohort for next round of audits.
					Monitor implementation of MSP through multi-agency case file audits.	Dec 2019	Partners do not monitor MSP implementation.  HSAB hosting an MSP Workshop put on hold. Was scheduled for January 2020 with 3 case studies identified (hoarding, hospital discharge, and risk).
					Undertake multi-agency MCA Audits to provide assurance to the Board that partner agencies are identifying and delivering training	Ongoing	Impact assessment of MCA training form community matters completed, and included in report to SAB.  The audit document was circulated to partners. Information returned will be evaluated.

					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.		
					Support delivery of the proposed changes in Liberty Protection Safeguards legislation (due to come into force in 2020).	TBC (expected mid-2020)	Agreed to run LPS workshop in May 2020 to look at the changes and implications of the introduction of the LPS. This has been put on hold.
				Prevention and Learning Subgroup	Increase MCA awareness and plan training of MCA following MCA new code of Practice being published.	March 2020	Council MCA training will run again from April 2020- in discussion with Legal services. Any further multi-agency training needs funding.
<b>A2</b>	Ensure MSP is embedded in safeguarding practice across the partnership	Prevention Empowerment	The Board is assured that the safeguarding workforce is person-centred and understands MSP; and the system is focused on prevention.	Performance Team Safeguarding Adults Team	Local authority to carry out minimum of 5 surveys quarterly and analyse outcomes and trends.	Quarterly	Principal Social Worker working in conjunction with Performance team and Safeguarding team to deliver.  To date 5 interviews have been undertaken although only 2 have provided enough information that can be used. We will wait for further information from other interviews to be gathered before providing some structured feedback as to findings so far.



			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	Quality Assurance Subgroup	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.	March 2020	To be discussed at a future QA Subgroup meeting.
				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	Changes have been made to the ASC system to ensure that the MSP can be effectively monitored in regard to the requested outcome of individuals and therefore assurance that MSP is a priority.  Other organisations do not monitor MSP. Practice ascertained through agency training examples and case file audits
				HSAB	Seek assurance on the impact of MSP through the annual London Safeguarding Adult Partnership Audit Tool	Dec 2019	The HSAB piloted the new draft London Safeguarding Adult Partnership Audit Tool. Section 1 of the toolkit is on MSP.  Findings from the toolkit presented to the HSAB meeting in January 2020. Any actions/recommendations arising from the SAPAT with regard to MSP will feed into the MSP planned workshop in January 2020.
				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	Partners have shared examples of training content. ME working with JD around Police training. Contact to be made with Tower Hamlets/Hackney Police re MSP briefing for frontline practitioners.

				HSAB	Consider an MSP workshop at a future SAB meeting, working around case studies across the partnership.	March 2020	Discussed at Haringey Chairs Exec subgroup and the QA subgroup. Proposal for workshop in January 2020 put on hold.
				Bridge Renewal Trust/	The Bridge Renewal Trust to assist VCS organisation to understand their roles in MSP through attendance at VCS forums and regular e-bulletins.	Dec 2019	Reworded in 2020-21 strategic plan.
A3	Embed multi-agency case file audit to ensure learning from safeguarding cases is embedded in practice	Protection Prevention	The Board is assured that learning from case file audits is embedded and leads to improved safeguarding practice  Regular cycle of audits planned	Quality Assurance Subgroup  Multi-Agency Case File Audit T&F Group:	Monitor the effectiveness of practice and learning from SARs through multi-agency case file audits.	March 2020	Multiagency Audit discussed at QA subgroup; responses received from the audit was not enough to base any learning from. If the audits will not work, will need to think of other ways to meet the objective of monitoring the effectiveness of the application of mental capacity assessments and implementation of MSP.  Principal Social Worker working with safeguarding team and performance to identify cohort for next round of audits.  This is also embedded in the Safeguarding Adult Partnership Audit Tool and the MCA case file audit.

## PREVENT – We prevent abuse and neglect where possible

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Update as at 31 <sup>st</sup> March 2020
P1	Ensure engagement of service users, carers and community and voluntary sector	Prevention	The Board is assured that the engagement of service users and the voluntary community sector	Bridge Renewal Trust (BRT)	Focus on underreporting within specific communities through the BRT and the Adults Joint Partnership Board	March 2020	Reworded in 2020-21 strategic plan.

**PREVENT – We prevent abuse and neglect where possible**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Update as at 31 <sup>st</sup> March 2020
	to ensure current concerns and trends are captured		and their priorities is feedback to the Board	HSAB Prevention and Learning Subgroup	Establish and maintain a feedback mechanism for priorities to/from Joint Partnership Board	Ongoing	<p>The Joint Partnership Board presented a paper to the HSAB in May on a number of safeguarding issues and how best to utilise local networks to promote awareness of safeguarding issues in the Borough.</p> <p>The HSAB has provided a FAQ on the concerns and the HSAB Chair, along with other officers attended the JPB in September to address the safeguarding questions raised by JPB members and to raise awareness of adults safeguarding. The meeting provided a helpful opportunity for dialogue between the HSAB, JPB members, and the community groups that they represent.</p> <p>Following presentation and mini-training sessions to the multi faith forum over the summer there are now contacts in place to share issues connected to adult safeguarding.</p>
P2	Use intelligence to identify key themes and raise awareness of abuse and neglect with staff, partners and the public through improved communications and campaigns	Prevention Empowerment	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.	HSAB/ Bridge Renewal Trust	Support development of capacity in the community and voluntary sector to raise awareness of adult safeguarding and working with risk.	March 2020	BRT has now completed all 6 of its face to face safeguarding awareness training sessions to VCS organisations. A total of 66 people has been trained over the past 12 months. In addition, a new online training portal was launched via BRT's new website on 1 September 2019. This links to Haringey's new safeguarding training videos. Quizzes have been embedded after each video to check for understanding and upon completion; users receive a certificate and feedback on their responses. To date, 69 people have completed the online training. An evaluation of the face to face training found that 83% of respondents rated the training as excellent and 17% rated it good.
				Prevention and Learning Subgroup	Disseminate campaign/information and posters (easy read) to raise awareness of safeguarding issues in	Ongoing	The 5 short videos are now available on the council website, BRT website and the council learning portal. There is also a quiz to test understanding. The videos replace the e-learning course. Very positive feedback received. <b>Council</b> monitoring take up through corporate induction

**PREVENT – We prevent abuse and neglect where possible**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Update as at 31 <sup>st</sup> March 2020
					wider public and make easily accessible. Producing and promoting safeguarding animated videos.		Review included in annual training report  P&L Subgroup will work to make best use of posters produced during 2018 & 19 on self-neglect & hoarding, financial abuse and modern slavery. Leaflets made available at events such as VCS Expo 2019, Quarterly Neighbourhood watch coordinator meetings
					Undertake impact assessment of public awareness material	Dec 2019	Ongoing work with CCG on visits to GPs & leaflets to pharmacists, BRT links to website use and follow up with others receiving e-posters.
							<b>2 Briefing sessions on using High Risk Panel (HRP) during Adults Safeguarding Week. COMPLETED</b>
					Continue cycle of awareness raising campaigns for safeguarding adults informed by statistical data	From June 2020	Will be informed by ongoing statistical monitoring, deep dives and comparative work with Met data.
<b>P3</b>	Routine monitoring and management of clients at high risk of domestic fires	Prevention Protection	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.	SAR Subgroup	Provision of monthly data relating to clients at risk of domestic fire to LFB.	Ongoing	Since February 2019, monthly data has been shared by the LBH Performance Team with the LFB. The data provides details of clients who are bedbound, heavy smokers, and/or those who have requested a home fire safety visit.
					LFB to undertake Home Fire Safety Visits at clients' homes.	Ongoing	LFB continue to undertake home fire safety visits clients' homes.  In total last year LFB in Haringey carried out over 2000 home fire safety visits in the Borough.  LFB staff have delivered fire safety information and ensured that identified risks have been managed through suitable means (such as provision of fire-retardant bedding, testing and fitting of detection and alerting systems and safeguarding referrals where appropriate). LFB staff are

**PREVENT – We prevent abuse and neglect where possible**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Update as at 31 <sup>st</sup> March 2020
							provided with continuous training to ensure they understand how to carry out a fire risk assessment and employ suitable control measures.
					Promote updated multi-agency Self Neglect & Hoarding procedure and develop briefings and awareness training to support	Dec 2019	Revised Hoarding Protocol agreed by the HSAB in October 2019.  Design work begun to undertake multi agency needs analysis for procedure implementation. Survey conducted, results to be fed into plans for 2020 training offer and information to partners.
					High Risk Annual Report to SAR Subgroup/SAB	July 2019	The HRP was set up in response to a fire death a few years ago. All partner agencies need to take the advantage that there is a mechanism in place in Haringey to discuss and have conversations across the partnership on how to support people in these circumstances.  High risk panel continues to meet in its current format. In conjunction with ongoing meetings there is also work being carried out by a core group of managers to develop and improve the offer. Two meetings were undertaken in November 18th and 20th with staff from multiple agencies and organisations to understand knowledge of views of how panel currently operates and improvements that could be made.  It should be noted that professionals will attend the Community MARAC event (21/11/20) to avoid any duplication between the two offers.
<b>P4</b>	People who are homeless are appropriately safeguarded and	Prevention Partnership	The Board is assured that people who are homeless are	Prevention and Learning Subgroup	Develop & deliver awareness training for staff and partners	Dec 2019	3 multi-agency awareness briefings running in Sept, Oct & Nov. More specialist topics to be developed from Dec onwards and rolled out in early 2020.  Briefings well received.

## PREVENT – We prevent abuse and neglect where possible

Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Update as at 31 <sup>st</sup> March 2020
mechanisms are established to improve professional awareness and response around the complexity of health & care needs within the homeless cohort.		appropriately safeguarded.  Develop links with the Homelessness/ Rough Sleepers Strategy.		Embed learning from Homelessness Fatality Review process into safeguarding practice	March 2020	Several meetings have taken place to discuss this. A process for submitting-processing-collaborating around homelessness safeguarding alerts is now going to be worked up between First Response Team (FRT) /Safeguarding and Rough Sleeping Teams.
				Widen the scope & membership of the High-Risk Panel to include people who can advise on homelessness and include cases where people are homeless or rough sleeping and awareness	March 2020	Safeguarding lead for BEHMHT has now been invited to sit on the HRP membership.  Report on how the panel can be more effective and a review of it terms of reference to be presented to the HSAB meeting in January 2020.  In conjunction with ongoing meetings there is also work being carried out by a core group of managers to develop and improve the offer. Two meetings were undertaken in November 18th and 20th with staff from multiple agencies and organisations to understand knowledge of views of how panel currently operates and improvements that could be made.  Subject to this feedback core members of the existing panel met 23/12 15/11 to action the amendments this includes representation from the Single Homelessness & Vulnerable Adults team.
			Homelessness lead	Homelessness and Rough Sleeping Annual Report to SAB	March 2020	The Homelessness and Rough Sleeping Annual Report will be presented to the next Board meeting.
				Develop a toolkit for safeguarding and social care practitioners working with homeless people	March 2020	A number of local learning events and workshops was delivered in Sept-Dec 19 and feedback informed the toolkit development.  The toolkit developed by Barnet SAB Chair Fiona Bateman and Voices, from the national safeguarding conference series (led by Adi Cooper) has been adopted.

## PREVENT – We prevent abuse and neglect where possible

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Update as at 31 <sup>st</sup> March 2020
P5	Undertake preventative and proactive work to support those subjected to modern slavery/ human trafficking /forced labour/criminal exploitation/domestic servitude and continue to raise public awareness	Empowerment Partnership Prevention Protection	The Board is assured that there is a cycle of well-informed campaigns and communications to raise public awareness	Prevention and Learning Subgroup/ Public Health	Monitor effectiveness of awareness briefing sessions run in 2017/18.	Dec 2019	Future training and briefings will be linked to the new Policy.
					Develop Multi-Agency options training in line with the new Modern Slavery Policy.	TBC following publication of policy	Public Health working with Hestia (an organisation supporting people in crisis across London) to provide targeted training for Trading standards, Housing etc. Community training also planned.
					Modern Slavery awareness raising and financial exploitation.	TBC following publication of policy	Community awareness campaign lead by Public Health
			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.		Link: Outcome 3 (Exploitation) of Haringey's Community Safety Strategy 2019 - 2023		<p>The Community Safety Strategy presents the Haringey Community Safety Partnership's approach and priorities to achieving a reduction in crime and anti-social behaviour in Haringey up to 2023.</p> <p>A Community Safety Action Plan sets out the specific actions that community safety partners will take forward in order to address the issues identified in the strategy corresponding to the six outcome areas.</p> <p>Colleagues from within Community Safety are part of the strategic and operational group for modern slavery and have been involved in discussions to shape the developing strategy.</p> <p>The development of the modern slavery strategy will be mindful of Haringey's Community Safety Strategy 2019-2023. <b>COMPLETED</b></p>
				ASS Lead	Agree the inclusion of the following	TBC	To support the joined up development and implementation a Multi-agency modern slavery strategic group for Haringey

**PREVENT – We prevent abuse and neglect where possible**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Update as at 31 <sup>st</sup> March 2020
					<p>associated milestone actions, timelines for delivery and action owners, into the delivery plan of Haringey's Community Safety Strategy 2019 – 2023:</p> <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> <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</li> </ul>		<p>has been set up, chaired by the Director of Public Health. The objectives of the group are:</p> <ul style="list-style-type: none"> <li>• Overseeing and developing a modern slavery strategy for Haringey</li> <li>• Develop a clear protocol and pathway for referral of potential modern slavery victims across partners</li> <li>• Sharing and collecting data across partners</li> <li>• Raising awareness of modern slavery in partners and residents and taking action to prevent modern slavery and increase identification</li> </ul>



**PREVENT – We prevent abuse and neglect where possible**

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Update as at 31 <sup>st</sup> March 2020
					and trauma services as quickly as possible, following the guidance set out in the Human Trafficking Foundation's Slavery and Trafficking Survivor Care Standards		
				ASS lead	Agree twice yearly reporting to HSAB progress with the Community Safety Partnership (CSP) lead. The development and delivery of all actions will be monitored and managed by the CSP.	May 2020 and Sept 2020	The newly formed Multi-agency modern slavery strategic group will provide the leadership and coordination of this work going forward. Progress updates to the HSAB will be provided through this group going forward.
<b>P6</b>	Development of partnership wide transitional safeguarding response	Partnership Protection	The Board is assured of a more effective use of resources and the development of a Think Family approach to safeguarding.  Improved approach and early help to	ASS lead and Children's lead	<b>Joint CYPS &amp; Adult Social Services to agree actions to progress start-up of joint working.</b>	May 2019	Meeting held and agreed actions defined. <b>COMPLETED</b>
					Develop evidence-based summary paper that outlines the vision and purpose of the approach.	January 2020	AD Adults and CYPS Safeguarding Lead attended a Transitional Safeguarding Training event in September to inform and support developments.  The target completion date of the summary paper deferred until March 2020 to allow additional evidence gathering/ analysis over 2 years.

## PREVENT – We prevent abuse and neglect where possible

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Update as at 31 <sup>st</sup> March 2020
			safeguarding during transitional period		Develop and agree key milestones & success factors to deliver against vision and purpose.	March 2020	The milestones and success factors will be agreed following completion of summary paper in March 2020.

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

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Update as at 31 <sup>st</sup> March 2020
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	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.	VAWG lead	Domestic Homicide Review Annual Report to SAB	Oct 2019	Deferred to present in 2020
				SAR Subgroup	Provide HSAB assurance that key findings from the SARs have been effectively incorporated into organisations' culture	March 2020	SAR Robert and SAR Ms Taylor action plans monitored by SAR Subgroup to ensure that improvements are made as a result of SAR recommendations. SAB partners have reported back on progress in delivering and embedding improvements at SAR learning events.
				SAR Subgroup	Commissioners are assured that providers are meeting their responsibilities in relation to the SARs	March 2020	Commissioning are currently working with the LFB to deliver briefing sessions to providers around fire risk and assessment. The quarterly provider monitoring report to SAB has also been expanded to include information about out of borough placements.
				SAR Subgroup	Share 7-minute Ms Taylor briefing to the NCL.	Dec 2019	<b>COMPLETED</b>

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

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Update as at 31 <sup>st</sup> March 2020
				Prevention and Learning Subgroup	LeDeR Annual Report to Prevention and Learning Subgroup and the HSAB	March 2020	The Learning Disabilities Mortality Review (LeDeR) Programme was established in response to the recommendations of the Confidential Inquiry into the premature deaths of people with learning disabilities (CIPOLD). The Haringey's Learning and Disabilities Mortality Review (LeDeR) annual report provides an update on the work undertaken by the LeDeR steering group since the programme started in May 2017, reporting to the HSAB in January 2020.
				SAR Subgroup and Prevention and Learning Subgroup	Deliver SAR learning workshops (open to NCL) in 2019 looking at service thresholds and Ms Taylor  Taking forward SAR learning across NCL and continue to disseminate lessons learnt from SARs.	March 2020	Safeguarding service threshold workshop held in May 2019 with staff across the partnership. SAR learning workshop held in November 2019 to share findings of Ms Taylor SAR. Over 40 people attended from across agencies and feedback about the event was very positive. The event was attended by two other NCL SAB representatives. Informal feedback from other NCL SAB managers and the workshop facilitator was also very positive, noting the active involvement of partner agencies, interesting group discussions and the importance of holding a closing event for SARs.
					Assurance that learning from the SARs has been disseminated to staff	March 2020	Findings of Ms Taylor SAR incorporated in a 7-minute briefing disseminated to SAB agencies alongside SAR report. Agency feedback suggests this was a very successful way of communicating with staff in partner organisations. SAR learning workshop held in November 2019 to share findings of Ms Taylor SAR.  Discussions built into Prevention subgroup meetings. Will build into case study template for annual training plan
<b>R2</b>	Review and improve the transition pathway	Prevention Protection Empowerment Partnership Accountability	The SAB and LSCB is assured of a more effective plan and approach for	SAR Subgroup	Consider implications for Haringey of Colin SAR and Enfield SAR into the care and risk management of P.	March 2020	Awaiting notification from Enfield SAB that SAR WK has commenced.

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

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Update as at 31 <sup>st</sup> March 2020
	<p>for CYP with care and support needs in conjunction with Children's Services to ensure the safeguarding needs of those transitioning to adulthood are addressed</p> <p>[There is a link with P6]</p>		those transitioning to adulthood; and the independence of young adults is promoted to reduce long term needs for care and support.	Adults and Children's lead	<ol style="list-style-type: none"> <li>1. Transitions Steering Group and SEND Improvement Group responsible for oversight and tracking of development and actions</li> <li>2. Co- design joint response for people who have safeguarding/ welfare needs but may not be Care Act eligible. Vulnerable People's Policy to be shared for consultation</li> </ol>	August 2019	<ol style="list-style-type: none"> <li>1. The terms of reference and action plan agreed across Adults and Children. Multi agency pathways established for people with learning disability including a clear response that addresses safeguarding needs for LD and MH support needs. Job description endorsed and recruitment on track to better enable the early identification and tracking of a wider cohort of young people. AD's will move to co-chair the Transition Panel. <b>COMPLETED</b> – work monitored through Transitions Panel and outcome report to be made available 6 monthly from 1<sup>st</sup> April 2020</li> <li>2. Further work required to design joint response for people who have safeguarding needs but may not be Care Act eligible. Adult's and Children's Principal Social Workers to jointly work on developing Vulnerable People's Policy</li> </ol>
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	Protection Prevention Empowerment Partnership	<p>The Board is assured through improved reporting of domestic abuse</p> <p>Training on domestic abuse to identify and inform risk assessment(s)</p>	<p>Quality Assurance Subgroup</p> <p>Prevention and Learning Subgroup/ VAWG Lead</p>	<p>Identify patterns in data for targeting intervention</p> <p>Maintain a strategic link with Haringey VAWG Strategy Priorities through presenting the VAWG annual report to the HSAB</p>	<p>Ongoing</p> <p>March 2020</p>	<p>The VAWG Annual report was circulated for the meeting in January 2020 for information only. <b>COMPLETED</b></p>

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

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Update as at 31 <sup>st</sup> March 2020
	and Girls (VAWG) strategy				Plan and deliver joint training for staff in domestic abuse and VAWG.	March 2020	<p>VAWG Practitioners' Forum - Supporting survivors <u>experiencing multiple disadvantage</u> took place in September across agencies working in adults and children's services.</p> <p>VAWG team provided multi-agency events reported in annual safeguarding training plan. New team now in place and planning for 2020.</p>

## LEARN – We are committed to learning and improving

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Update as at 31 <sup>st</sup> March 2019
L1*	NCL to undertake case audits	Partnership Accountability Protection	Safeguarding Adult Boards across the NCL is assured that practitioners have the confidence when applying responsibilities under the MCA 2005. And opportunities for early intervention for adults at risk who refuse medical treatment.	LB Barnet	NCL to undertake case audits regarding refusal of medical treatment and Mental Capacity; and Fire Safety	<b>March 2020</b>	<p>The 'Refusal of Medical Treatment' audit was undertaken in November 2019 to explore what practice change has occurred in respect of supporting adults at risk who refuse medical treatment following the implementation of actions plans arising from the recommendations from Safeguarding Adults Reviews completed in the last 2 years by Camden and Barnet SABs.</p> <p>The audit was conducted across the NCL area and was chaired by Fiona Bateman, Independent Chair, Barnet Safeguarding Adults Board. A number of recommendations have been suggested and HSAB with the NCL will follow this through.</p>
L2*	Develop mechanisms to provide	Partnership Accountability	<b>TBC</b>	LB Barnet (Fiona Bateman)	Barnet to set up a Task and Finish Group to develop	<b>TBC</b>	<b>To be reviewed</b>

## LEARN – We are committed to learning and improving

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Update as at 31 <sup>st</sup> March 2019
	assurance of impact of change and learning from SAR's				mechanisms to provide assurance of impact of change and learning from SAR's		
			The SAB is assured that issues identified in the learning log are followed through and are not repeated in practice.	SAR Subgroup	Consider pilot for a learning log to be monitored by the SAR Subgroup.	March 2020	Learning log considered by SAR Subgroup and decision taken that this would not provide improved assurance of the impact of change and learning from SARs. Agreed to continue to use learning events and SAB meetings to require partner agencies to feedback on how SAR improvements have been delivered and impact of change. It was agreed that high-level recurring issues should be included and monitored through the SAB's Strategic Plan going forward.
L3	Improve multi-agency knowledge and awareness of mental health including Mental Capacity.	Empowerment Protection	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  Positive feedback from briefing sessions.	Quality Assurance Subgroup	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	Results of audits to be shared with the Adults Workforce Development Manager to inform staff development. Refresher training will be run for ASC to pick up on learning from audit results.
				Prevention and Learning Subgroup	Support multi-agency MCA training and look for flexible funding options. Continue to use multi-agency offer of MH awareness training.	Dec 2019	Health partners conducting follow up survey of 300 participants to draw out implementation of learning. This will inform single agency training going forward. Funding for multi-agency training coming to an end
					Commission in-house training around MCA	Nov 2019	Sessions took place during September and November 2019. <b>COMPLETED</b>

## LEARN – We are committed to learning and improving

	Objective/aim	Key Principle	Success Criteria	Lead	Actions to ensure achievement of aim?	By when	Update as at 31 <sup>st</sup> March 2019
					in conjunction with Adult SS and Legal services.		
L4	Carry out an annual review to assess the impact and effectiveness of the work of the SAR Subgroup	Partnership Accountability	The Board is assured that the SAR subgroup and chair is delivering its objectives and priorities as outlined in its Terms of Reference.  Demonstrate that HSAB partners have applied the learning from SARs to practice	SAR Subgroup	Evaluate impact and delivery of action plan. Review actions and areas of improvements from the Safeguarding Adults Partnership Audit Tool).	March 2020	Review of SAR Subgroup effectiveness completed, including analysis of areas for improvement from the SAPAT (SAR section). The review provides assurance that the SAR Subgroup is delivering its objectives and priorities as outlined in its Terms of Reference and highlights the ongoing need for partners to demonstrate how SAR learning has been implemented. The SAB will continue to use SAR learning workshops and SAB meetings to request assurance from partners.
					Seek feedback from partners on effectiveness of Ms Taylor SAR briefing.	March 2020	<b>COMPLETED</b>
				Prevention and Learning Subgroup	Evaluate dissemination of learning from SARs.	March 2020	Feedback from SAB partners on the Ms Taylor SAR 7-minute briefing was generally very positive, with partners considering it a concise and useful way to brief staff who may not have time to read the full report. Most agencies disseminated the briefing through a combination of email/intranet and face to face briefings.
					Evaluate the learning impact of SAR workshops.	March 2020	40 people attended the Ms Taylor SAR learning workshop in November 2019. 100% of attendees found that the workshop was a good use of their time, got what they needed from the session and were clearer about the actions taken by partners.

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## Adults and Health Scrutiny Panel

### Work Plan 2020 - 21

<p><b>1. Scrutiny review projects;</b> These are dealt with through a combination of specific evidence gathering meetings that will be arranged as and when required and other activities, such as visits. Should there not be sufficient capacity to cover all of these issues through in-depth pieces of work, they could instead be addressed through a “one-off” item at a scheduled meeting of the Panel. These issues will be subject to further development and scoping. It is proposed that the Committee consider issues that are “cross cutting” in nature for review by itself i.e. ones that cover the terms of reference of more than one of the panels.</p>		
Project	Comments	Status
Adult Social Care commissioning	<p>This scrutiny review was established to examine the process behind commissioning decision-making including the overall strategic approach to commissioning, how decisions are tracked and measured, what key performance indicators are used, how return on investment is calculated and what criteria are used for tendering decisions.</p> <p>The Panel held an initial briefing session with Council officers in November 2019 followed by a number of evidence sessions with Council officers and external witnesses from January 2020 to March 2020.</p> <p>The Review was suspended in March 2020 due to the Covid-19 pandemic and is expected to resume later in the year.</p>	In progress

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

Date	Agenda Items
<b>2020-21</b>	
<b>21 September 2020</b>	<ul style="list-style-type: none"> <li>• Learning Disabilities/Autism Centre &amp; Autism Hub               <ul style="list-style-type: none"> <li>○ Update on the opening of the new services at Waltheof Gardens in the changed circumstances resulting from Covid-19.</li> </ul> </li> <li>• ‘Stock take’ on current situation with Adult services               <ul style="list-style-type: none"> <li>○ Summary of how services have been affected during the Covid-19 pandemic and what has been learnt.</li> </ul> </li> <li>• Care homes in Haringey               <ul style="list-style-type: none"> <li>○ Summary of the impact of Covid-19 on care homes in Haringey so far, including infection/fatality numbers and details, which care homes were most significantly affected.</li> </ul> </li> <li>• Work Planning               <ul style="list-style-type: none"> <li>○ To discuss items for the work plan for the Panel for 2020/21.</li> </ul> </li> </ul>
<b>17 November 2020</b>	<ul style="list-style-type: none"> <li>• Domestic abuse               <ul style="list-style-type: none"> <li>○ Action being taken by the Council to support people affected by domestic abuse given the increased risk factors resulting from Covid-19 restrictions.</li> </ul> </li> <li>• Mental health</li> </ul>

	<ul style="list-style-type: none"> <li>○ Challenges with the co-ordination of mental health services during the Covid-19 pandemic and action being taken by the Council to support the mental health needs of people in isolation due to Covid-19 restrictions, particularly those who do not have support networks.</li> <li>● Haringey Safeguarding Adults Board – Annual Report 2019/20</li> <li>● Cabinet Member Questions – Adults &amp; Health</li> </ul>
<b>10 December 2020 (Budget Meeting)</b>	<ul style="list-style-type: none"> <li>● Budget scrutiny</li> </ul>
<b>23 February 2021</b>	<ul style="list-style-type: none"> <li>● Locality working in North Tottenham</li> <li>● CQC overview</li> <li>● Living Through Lockdown report (Joint Partnerships Boards) – progress on proposals</li> <li>● Cabinet Member Questions – Adults &amp; Health</li> </ul>

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