

NOTICE OF MEETING

ADULTS & HEALTH SCRUTINY PANEL

Monday 15th November 2021, 6.30 pm - Woodside Room, George Meehan House, 294 High Road, London N22 8JZ

To watch the meeting, click [here](#)

Members: Councillors Pippa Connor (Chair), Nick da Costa, Mark Blake, Gideon Bull, Eldridge Culverwell, Mahir Demir and Sheila Peacock

Co-optees/Non Voting Members: Helena Kania

Quorum: 3

1. **FILMING AT MEETINGS**

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

2. **APOLOGIES FOR ABSENCE**

3. **ITEMS OF URGENT BUSINESS**

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

4. DECLARATIONS OF INTEREST

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

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

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

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

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

5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

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

6. APPOINTMENT OF NON VOTING CO-OPTED MEMBER (PAGES 1 - 4)

To seek formal approval of the appointment of a non-voting co-opted Member to the Panel.

7. MINUTES (PAGES 5 - 16)

To approve the minutes of the previous meeting.

8. HARINGEY ADULT SAFEGUARDING BOARD - ANNUAL REPORT 2020/21 (PAGES 17 - 72)

To consider the annual report of the Haringey Safeguarding Adults Board for 2020/21.

9. ADULT CARERS' STRATEGY 2020-2023 (PAGES 73 - 110)

To provide an overview of the Adult Carers' Strategy for 2020-2023 which is for all unpaid adult (aged 18+) carers who live in Haringey, or who live outside of Haringey and care for somebody who lives in Haringey.

10. LOCALITY WORKING (PAGES 111 - 126)

To provide a presentation to the Panel on 'locality working', a community-based approach that aims to better address need in local neighbourhoods, reduce inequalities and build better outcomes with and for residents.

11. WORK PROGRAMME UPDATE (PAGES 127 - 130)

To consider any additions or amendments to the Panel's current work plan for 2021/22.

12. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

13. DATES OF FUTURE MEETINGS

- 16th December 2021
- 3rd March 2022

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Friday, 05 November 2021

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Report for: Adults and Health Scrutiny Panel - 15th November 2021

Title: Appointment of Non Voting Co-opted Member

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

Lead Officer: Dominic O'Brien, Principal Scrutiny Officer

Ward affected: All

Report for Information

1. Describe the issue under consideration

- 1.1 The purpose of this report is to seek formal approval of the appointment of a non-voting co-opted Member to the Panel.

2. Cabinet Member Introduction

- 2.1 N/A

3. Recommendations

- 3.1 That Ali Amasyali be appointed as a non voting co-opted Member of the Panel.
- 3.2 That the non voting co-opted Members of the Panel for the remainder of the 2021/22 Municipal Year be confirmed as Helena Kania and Ali Amasyali.

4. Reasons for decision

- 4.1 The Council recognises the valuable contribution that co-optees can make to the scrutiny process. Paragraph 3.1 of Part Four, Section G (Overview & Scrutiny Procedure Rules) of the Council's Constitution states that each Scrutiny Panel shall be entitled to appoint up to three people as non-voting co-optees.

5. Alternative options considered

- 5.1 The Panel could decide not to make any new appointments to its membership.

6. Background Information

- 6.1 Within the current structure of scrutiny in Haringey, there is one overarching Overview and Scrutiny Committee and four advisory panels, these being:
- Adults and Health
 - Children and Young People
 - Environment and Community Safety

- Housing and Regeneration

6.2 The specific functions for any Scrutiny Panels established is outlined in Article 6 of the Constitution at 6.3 (b) and 6.3 (c). The procedure by which this operates is detailed in the Scrutiny Protocol:

- The OSC shall establish four standing Scrutiny Panels, to examine designated public services.
- The OSC shall determine the terms of reference for each Scrutiny Panel.
- If there is any overlap between the business of the Panels, it is the responsibility of the OSC to resolve the issue.
- Areas which are not covered by the four standing Scrutiny Panels shall be the responsibility of the main OSC.
- The Chair of each Scrutiny Panel shall be a member of the OSC, as determined by the OSC at its first meeting.
- It is intended that each Scrutiny Panel shall be comprised of between 3 and 7 backbench or opposition members and be politically propionate as far as possible.
- Each Scrutiny Panel shall be entitled to appoint up to three non-voting co-optees. The Children and Young People's Scrutiny Panel membership will include the statutory education representatives of OSC.

6.3 Haringey Council's Protocol for Non-voting Co-opted Members states that "Non voting co-optees are intended to bring an additional element of external challenge to the work of the scrutiny panels. By bringing a diverse spectrum of experience and adding a different perspective to many items, they are expected to add value to scrutiny by performing the following roles:

- To act as a non-party political voice for those who live and/or work in Haringey; and
- To bring specialist knowledge and/or skills to the Overview and Scrutiny process and bring an element of external challenge by representing the public.

6.4 It is expected that appointed non-voting co-optees will:

- Attend formal meetings of the Panel, which are usually held in the evening.
- Attend additional meetings and evidence gathering sessions such as site visits.
- Prepare for meetings by reading the agenda papers and additional information to familiarise themselves with the issues being scrutinised.
- Prior to meetings consider questions they may wish to put to Cabinet Members, officers, and external witnesses.
- Help the Panel to make practical suggestions for improvements to services.
- Assist in the preparation of reports and the formulation of recommendations.
- Contribute to the development of the annual scrutiny work programme.
- Establish good relations with members, officers and other co-optees.
- Abide by the relevant sections of the Council's Constitution in terms of the rules and procedures for Overview and Scrutiny; and

- Keep abreast of key issues for the authority and bear these in mind when scrutinising services and making recommendations for improvement.

- 6.5 Ali Amasyali has been living, working and volunteering in Haringey Borough since 1994. Ali is visually impaired and, due to his disability, has experience of various services provided by the Council including mobility training and independent living services. His voluntary experience includes work with charitable organisations such as Haringey Phoenix for the Blind, Beyond Sight and Disability Action Haringey. He has experience of training individuals on Braille and computer skills, freelance translating and case work for individuals in and around the borough. He has previously worked as an HR advisor for Hackney Council and his academic/professional qualifications include an LLB law degree and a Post Graduate Diploma in Local Government Management. Due to this broad range of skills and knowledge, Ali is well placed to contribute to the work of the Scrutiny Panel.
- 6.6 Ali Amasyali met with the Chair of the Panel in October 2021 to discuss his relevant skills, knowledge and expertise, the role of the Scrutiny Panel and the importance of Adults and Health services to the residents of the borough. The appointment of Non-voting Co-opted members requires formal approval by the Panel and their role is guided by the Protocol for Non-Voting Co-opted Members.
- 6.7 Should the Panel approve Ali Amasyali's appointment, this would bring the number of Non-voting Co-opted members of the Panel to two out of a possible maximum of three. The Panel's other Non-voting Co-opted member is Helena Kania, who has contributed to scrutiny in Haringey since 2003.

7. Statutory Officers Comments

Legal

- 7.1 Under Section 21 (6) of the Local Government Act 2000, an Overview and Scrutiny Committee has the power to appoint one or more sub-committee to discharge any of its functions. The establishment of Scrutiny Panels by the Committee falls within this power and is in accordance with the requirements of the Council's Constitution.
- 7.2 The Local Government Act 2000 made provision for the co-option of non-elected members to Overview and Scrutiny to bring additional expertise and skills to scrutiny work and to increase public engagement with scrutiny.

Equality

- 7.3 The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:
- Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability,

gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;

- Advance equality of opportunity between people who share those protected characteristics and people who do not;
- Foster good relations between people who share those characteristics and people who do not.

7.4 The Panel should ensure that it addresses these duties by considering them within its work programme as well as individual pieces of work.

8 Use of Appendices

8.1 None.

**MINUTES OF THE MEETING OF THE ADULTS & HEALTH
SCRUTINY PANEL HELD ON THURSDAY 9TH SEPTEMBER 2021,
6.30-9.25pm**

PRESENT:

**Councillors: Pippa Connor (Chair), Gideon Bull, Mahir Demir and
Sheila Peacock**

12. FILMING AT MEETINGS

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

13. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Nick da Costa and Helena Kania.

14. ITEMS OF URGENT BUSINESS

A report was tabled regarding the possible relocation of the Grace Organisation from the Whitehall & Tenterden Centre on Whitehall Street to the disused Council-owned building previously used as the Irish Cultural and Community Centre. This followed a site visit to the Irish Cultural and Community Centre site by the Panel on 7th September 2021.

This report was discussed under the Cabinet Member Questions item.

15. 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 Gideon Bull declared that he was currently employed by NHS England.

16. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

17. MINUTES

The minutes of the previous full Panel meeting and the notes of the additional special meeting were approved as an accurate record.

RESOLVED – That the notes of the special meeting held on 24th June 2021 be approved as an accurate record.

RESOLVED – That the minutes of the meeting held on 28th June 2021 be approved as an accurate record.

18. HARINGEY'S INTEGRATED DISCHARGE ARRANGEMENTS

Hospital Discharge Arrangements

Paul Allen, Head of Integrated Commissioning (Integrated Care & Frailty) at NCL CCG and Haringey Council, introduced the report stressing that there was a multi-agency effort to discharge people from hospital to help them to recover in a safe and timely way, ideally to their own home. Paul Allen added some brief comments on key points in the report:

- There was a process called Discharge to Assess which involved discharging patients out-of-hospital to recover as much as possible and then assessing their long-term needs afterwards. The Covid-19 pandemic had both reinforced the importance of this approach and accelerated the plans for this model to be used.
- Another important area was the establishment of acute-based and multi-agency Integrated Discharge Teams (IDT) including at Whittington Hospital and North Middlesex University Hospital.
- Reporting requirements had changed following the suspension of statutory monitoring of delayed transfers of care in April 2020. Alternative measures on length of stay in hospital were now being used as set out in paragraph 3.8 of the report.
- The report had been written just before the recent government announcement to extend the funding for the additional costs of out-of-hospital placements beyond September.

Alison Kett, Director of Operations for Adult Services at Whittington Health NHS Trust, added that pressures on services the previous winter had been unprecedented. While this had plateaued since then, the Trust was anticipating the coming winter to be challenging with Covid patients in the hospital in addition to the existing caseload, but were now in a much better place to deal with this. From a community perspective, additional funds had been provided to support the prevention of hospital admissions, including through the Rapid Response service.

Nnenna Osuji, Chief Executive of the North Middlesex University Hospital NHS Trust, commended the intra-agency working that had developed during the pandemic and emphasised the importance of having the right discharge arrangements noting that this impacted all the way through to the emergency department. They chaired a joint A&E Delivery Board which looks at inflow, throughflow and outflow. She added that the funding announcement from the government had been welcome ahead of what was likely to be a difficult winter and recognised that a system-wide effort would be required to minimise admissions where possible, optimising patient time in hospital and maximising discharge.

Cllr Gideon Bull asked about the issue of delays in offloading patients from ambulances to A&E. Alison Kett acknowledged the pressures in this area and the knock-on effect on the rest of the system, noting that this was closely scrutinised. Nnenna Osuji added that the Trust aimed to offload 95% of ambulances within 15 minutes. Offload times that exceeded 30 minutes or 60 minutes were also closely monitored with the latter measure regarded as a significant breach. This was regionally and nationally monitored so there was an intense degree of scrutiny involved.

Cllr Bull asked about the assessments carried out on patients prior to discharge. Nnenna Osuji said that the Trust worked hard to ensure that discharge arrangements were safe for patients, both in terms of their clinical safety and also from a therapies point of view. This reflected the importance of working systematically and in partnership to address non-health related considerations and so the Trust was working closely with Connected Communities to pick up on the other aspects of people's quality of life. The Trust had also been piloting a ward at Chase Farm hospital which aimed to focus on these aspects of care before a patient leaves the hospital.

Cllr Peacock asked what measures were in place to ensure that the details of a patient's hospital stay were provided promptly to their GP. Kiran Sanger, Associate Director and Borough Lead for Haringey at Whittington Health NHS Trust, noted that recent changes had enabled the uploading of notes onto a digital system that could be accessed by patients and their GP. Nnenna Osuji also recognised the importance of digital innovations in this area including the OneLondon system which would enable information about a patient's health and care to be accessed by clinicians in different parts of the NHS. She added that, at the point of discharge, a letter is created which should reach the GP within 48 hours and that she would be happy to look into any individual cases raised by Panel Members where this had not happened. Rachel Lissauer, Director of Integration, Haringey Borough at NCL CCG, added that clinical interface meetings were held which were an opportunity for GPs to communicate directly with the senior clinicians and others.

Asked by Cllr Connor how further feedback was obtained by GPs and clinicians after discharge, Kiran Sanger said that Discharge Alerts could be raised if there were any particular issues raised following a discharge. This enabled patterns to be identified from a governance level. Nnenna Osuji added that active monitoring of existing commitments, such as letters to GPs within 48 hours, and dealing with any exceptions was a proactive step that was taken. Outcome measures looked at what had happened 28 days after discharge as well as at the hospital stay itself. There were also individual feedback mechanisms such as the complaints process. Alison Kett said that the benefits of an Integrated Care System across the NCL area included the standardisation of the Discharge Alert process. Beverley Tarka, Director of Adults & Health at Haringey Council, emphasised the integrated nature of the discharge team including the role of social workers and the reablement and rehabilitation teams which enabled integrated after-care for patients.

Cllr Bull highlighted the importance of discharge arrangements for people with severe mental health issues and suggested that this be considered at a future meeting. Cllr Connor confirmed that mental health was included in the Panel's current work plan.

NHS Continuing Healthcare

Cllr Connor asked about the funding arrangements for NHS Continuing Healthcare (CHC) and how excess demand for this funding was managed. Marisa Rose, Director of Continuing Healthcare for NCL CCG, explained that there was a national framework for CHC which was administered at a local level with scrutiny from NHS England through benchmarking of how many people were assessed and how many qualified for funding. NCL CCG was currently in the middle of the pack for this benchmarking. In terms of the process, as people were identified for CHC a checklist was reviewed before they were progressed to a full assessment. CHC was assessed on needs rather than diagnosis.

Asked by Cllr Connor about the qualifications of the person carrying out the checklist stage and how advocates for the patients were included in this process, Alison Kett explained that Whittington Health provided assessors so there was separation between the clinical assessment and where the money sits. The assessors were experienced, trained, there was national guidance to meet and every assessment had to be quality checked so this provided consistency. The recommendation had to be based not just on the decision of the assessor but also had to be agreed in conjunction with the social worker and then the CCG would consider whether the evidence supported the recommendation. An appeal process was also available to individuals who were not satisfied with the recommendation. Marisa Rose said that if an advocate was identified by the individual or a medical professional then everything possible would be done to ensure that the advocate was included as part of the process. Cllr Connor said that not everyone would know how to request an advocate

and suggested that advice on this should be provided to patients and their families at the outset. **(ACTION)**

Asked by Cllr Mahir Demir how people know that this service exists, Marisa Rose said that information was readily available on the NHS website but that, as people go through a clinical process, the clinicians and social workers involved would outline the next stages. CHC was technically a funding mechanism to meet people's ongoing needs so that was no need to specifically promote this. Assessments now tended to be carried out in the community post-discharge rather than in hospital as used to be the case and this was generally more suitable.

Asked whether there was any analysis about which part of the borough people going through CHC assessments came from, Marisa Rose said that the number of people assessed for CHC was relatively small. Across Haringey, as of June 2021, 376 people were on CHC so as the numbers were relatively small this was not typically broken down by ward level. She said that she could check whether it would be possible to provide this information. **(ACTION)**

19. DAY OPPORTUNITIES SCRUTINY REVIEW (MONITORING OF RECOMMENDATIONS)

Cllr Connor noted that the report provided updates on the recommendations from the Panel's previous Scrutiny Review on Day Opportunities in Haringey.

Recommendation 1 related to Canning Crescent. Charlotte Pomery, AD for Commissioning, explained that Canning Crescent was previously a mental health clinic owned by Barnet, Enfield & Haringey Mental Health Trust (BEH-MHT) before the premises was purchased by the Council. It was being redeveloped with stakeholders as a new crisis café for people at risk of mental health crisis and a space for the relocated Clarendon Recovery College which was for people coming through mental illness. It was being delivered by BEH-MHT and the Council working with service users. A neighbourhood engagement event had recently been held.

Cllr Demir noted that the recommendation included a reference to the model adopted by Mosaic Clubhouse in Lambeth and said that this was a brilliant service, centred on service user involvement. Charlotte Pomery said that they had looked at best practice from various different models in responding to the recommendation made by the Panel. The model of the Clubhouse was a mixed model that responded to service user need, avoiding admission, supporting discharge and helping people to live in the community safely. Asked by Cllr Connor about co-production, Charlotte Pomery said that a group of service users were working with clinicians and practitioners to develop the model.

Cllr Peacock expressed concerns about the impact on people with mental health needs of the previous closure of mental health facilities at 684 High Road in Tottenham. Charlotte Pomery said that this underlined why such provisions were needed in local communities that are inclusive, accessible and provide meaningful occupations for people with mental health needs. Cllr Peacock highlighted the transport issues for people in Tottenham to get to these new services in Wood Green. Charlotte Pomery responded that the crisis café was an additional service in the borough which was centrally located and had good transport links. Cllr Lucia das Neves, Cabinet Member for Health, Social Care and Well-being, noted that one of the relocated services was originally located in the west of the borough and that it would be useful to review what other provision was available in other parts of the borough. The Council was fully committed to continuing this new service and partnering with BEH-MHT should help with sustainability of the funding and prevent the kind of closures that Cllr Peacock had referred to in the future. She added that the building in Canning Crescent would provide a therapeutic space for people with a good amount of space and interaction between different services.

Cllr Bull raised the importance of preventative measures on mental health. Charlotte Pomery agreed that access to good quality education, employment, housing, and many other factors were clearly relevant to maintaining good mental well-being and so wider preventative measures were fundamentally important. Beverley Tarka concurred with this and added that the Council had recently been successful in a bid to the Great Mental Health fund which would provide over £300k to support wider community mental health.

Recommendation 2 related to the three former day centres that were brought back into use. Cllr Bull welcomed the provision of new services at Waltheof Gardens and asked about current day care provision for older residents with physical frailty. Beverley Tarka said that Disability Action Haringey was now based at Winkfield Resource Centre supporting people with disabilities with purpose-built provision to support the development of independent living skills. Charlotte Pomery added that the Ageing Well partnership approach had developed a range of support options for older people. The Grace Organisation formed part of the provision in the east of the borough while the Haynes Centre provided specialist dementia care in the west of the borough. Cllr Peacock commended the facilities and activities provided for older people at Protheroe House and Lorenzo House in Tottenham. Asked by Cllr Connor how residents in the east of borough could access specialist dementia care, Charlotte Pomery said that part of the framework approach to day opportunities was to consider a centre of excellence in the east. Much of this work had been paused due to the pandemic but this was currently being revisited and so this could potentially be discussed at the Panel at a later date. **(ACTION)**

Recommendation 3 related to using the re-opened centres as part of a wider community offer. Charlotte Pomery informed the Panel that one of the posts being

recruited to at the Chad Gordon Autism Campus was an Activity Coordinator which involved brokering the use of the space at times when the centres were not being used for day opportunities. The campus had launched in August and the spaces were designed to be autism friendly so were an asset to be used by other groups that would benefit from this. Cllr das Neves agreed with the importance of maximising the use of new spaces and opening them up to the wider community.

On Recommendation 4, which focused on the capital allocation for the re-opened centres, Cllr Bull asked where responsibility lay within the Council for the maintenance of the buildings. Charlotte Pomery responded that the Adults team played a co-ordinating role with other parts of the Council. Regular maintenance of the buildings sat with Corporate Landlord while maintenance of the outside grounds was partly supported by the Adults team through the services users involved in therapeutic activities such as gardening for example, in partnership with the Parks team. Any significant capital work to improve the buildings would sit with Capital Works.

Recommendation 6 related to demonstrating social value. Cllr das Neves said that the Bridge Renewal Trust provided support to organisations in the Borough as how to do this and that it was a learning journey for many. The Council had done a lot of work to consider how best to enable organisations to show the impact that they have. Charlotte Pomery added that a matrix was used for the Local Area Coordinator model to measure social value and that a public health approach had been taken in building social value into commissioning with a focus on social isolation, local employment, health and wellbeing and impact on mental health. Cllr das Neves added that there had been a lot of discussion recently about how to engage service users and residents in the commissioning and monitoring of services and this connects to social value as it emphasises the point of view of the community rather than the Council.

On Recommendation 7, which was about the reduction of social isolation, Charlotte Pomery commented that this was an issue that had been exacerbated by the Covid pandemic. Many residents were still affected by anxiety about leaving their homes and the Council recognised the importance of addressing social isolation.

Recommendations 8 and 9 focused on transport links to access services and Charlotte Pomery agreed that the importance of this was recognised with measures such as the provision of transport services or buddying/mentoring systems to help people reach services. The importance of local provision, as discussed earlier in the meeting, was also recognised as a key part of addressing this. Asked about the comment in the report that the transport offer didn't tend to be advertised, Jeni Plummer, AD for Adult Social Care, clarified that this was because it would usually be offered directly on an individual basis and included in their care and support plan if required.

Cllr Connor noted that Recommendation 10 referred to the Haricare website which she said still contained some out-of-date information. Charlotte Pomery acknowledged the importance of information provision and said that, as noted in the report, the Department was moving more towards targeted information and campaigns such as through the new Ageing Well Guide. All directories rely on information being regularly updated and often the resources available to do this was limited. Cllr das Neves added that feedback from users and a content design approach was increasingly part of ensuring that the right information was delivered at the right time in the right format. Charlotte Pomery also highlighted the new NavNet initiative which involved frontline practitioners coming together to share information to improve navigation of services.

Cllr Connor expressed support for the Preparing for Adulthood Pathway Guide referred to under Recommendation 11 as an example of information being provided in the right way. Cllr das Neves informed the Panel that she was shortly due to talk to Cllr Zena Brabazon, Cabinet Member for Early Years, Children and Families, about transitions between services and the provision of the right information to people was a relevant part of this.

Asked by Cllr Peacock about the Dementia Care Navigators referred to under Recommendation 12, Charlotte Pomery said that a number of these Navigators were now in place to help support people with dementia through the system. The Ageing Well Guide also helped to supplement this advice with information about the services available to people in this area.

Recommendation 14 referred to the establishment of a secure online portal to enable service users and carers to access documents. Asked by Cllr Connor about the timescales for the new care management system referred to in the report, Beverley Tarka confirmed that there would be an approximately 18-24 month implementation period.

Cllr Connor noted that information about the payment of the London Living Wage referred to in Recommendation 15 would be provided in the Annual Report.

Cllr Connor highlighted the provision of dementia support in the east of the borough and the provision of mental health support in Northumberland Park as areas that could be monitored further by the Panel. **(ACTION)** Cllr das Neves suggested that it may be useful to look at a summary of the overall mental health offer at a future Panel meeting. **(ACTION)**

20. CABINET MEMBER QUESTIONS

Cllr das Neves, Cabinet Member for Health, Social Care and Well-being, introduced this item with an update on some key issues:

- Mental wellbeing had been identified as a priority and some public health funding had recently been secured to support this, as had been discussed earlier in the meeting. World Suicide Prevention Day was taking place that week and partner agencies were hosting an event to promote this. Partnership working was needed so that services look at needs throughout the borough and bring together all the expertise and knowledge together.
- There had recently been an increase in demand for care services since the pandemic, including an increase in more complex needs and cases involving 'Long Covid'. The lack of stable funding and a strategic approach from the government was a challenge, particularly because of the need for investment in the workforce. The Council had committed to paying the London Living Wage to care staff and to ensuring that providers were doing the same.
- Co-production had been an important priority in recent years and a lot had been learned in how to work with service users, people with lived experience and the wider community, to build projects including through the work on Osborne Grove. There was more to do to develop this approach in terms of commissioning, governance and management of services.
- Violence Against Women and Girls (VAWG) was an important area and the Council was looking at ways to bring in more funds to resource this area, including through a bid to the Home Office on safety for women at night.
- Discussions had been taking place recently on food poverty, including support for the Haringey Food Network and other projects in the borough.
- There had been conversations about collaborative working, for example by coming together with mental health services and criminal justice to address substance misuse.
- The Council's ongoing pandemic response remained an important area of work including air quality monitoring for schools to reduce the transmission of Covid and different approaches to make the vaccine available in community settings.

Cllr das Neves and senior officers then responded to questions from the Panel:

- Cllr Connor explained that the Panel had visited the site of Irish Centre in Tottenham earlier in the week as part of the Panel's examination of proposals to relocate the Grace Organisation (a provider of day opportunity services) to part of the building. She noted that the building seemed to be in poor condition and asked about the source of the capital funding required for renovation work. Cllr das Neves confirmed that further details could be provided about this in writing. **(ACTION)** Cllr Peacock said that she had previously been vice-Chair of the Irish Centre and had been shocked to see the poor condition of the building and the wasted food found inside. Charlotte Pomery said that the building was currently a construction site and that investment was currently being made on the enhancement works to the building. The wasted food had been there when the building had been vacated and would be removed as part of the clearance works.

- Cllr Bull commented that the situation with the Irish Centre site was an example of a Council-owned community building that should have been passed back to the Council's property team when the community use ended and did not appear to have been looked after properly. Cllr das Neves said that the point had been heard loud and clear and would be fed back to relevant officers. **(ACTION)**
- Asked for an update on Osborne Grove, Cllr das Neves said that the design had been impressive and that wider public consultation would be taking place soon.
- Noting that it was Suicide Prevention Day that week, Cllr Connor asked about the progress of the Haringey suicide prevention group and the actions that the Panel had previously heard about in relation to suicide prevention in the construction industry. Cllr das Neves replied that she had attended a meeting of the suicide prevention group which was very active and brought together a range of public bodies, community groups and others from across the borough. Will Maimaris, Director for Public Health, added that following the Scrutiny Panel meeting about this, he and his team had spoken to representatives of the local construction industry and shared information about suicide prevention and mental health at work resources. Those organisations had a real interest in that and some of them already had well-being at work programmes. The focus had shifted during the emergency response to the pandemic but strong links had been made between the public health team and the local construction industry on things like Covid testing so there could be future opportunities to revisit suicide prevention. **(ACTION)**
- Asked by Cllr Demir what discussions she'd had with the CCG about holding private providers such as Centene to account, Cllr das Neves said that there was little satisfaction about how the Centene process had been carried out but it was not something that the Council controls. She added that there were worries about the slow creep of privatisation generally across the NHS as well as the current demands and pressures on the workforce.
- Cllr Demir asked about the implications of the Government's recent announcement to raise National Insurance rates on social care funding in Haringey. Cllr das Neves said that, from what had been announced by the Government, she didn't expect much change in social care before 2025/26 although she felt that real change and reform was needed in social care. Beverley Tarka added that there had not been a lot of clarity so far in the Government's announcement and that, while the headlines had been about the cost of paying for care and the cap, there was very little remaining for social care reform and bringing parity between social care and the NHS in terms of pay, training and development. The Government had said that a White Paper was expected in the Autumn, but this had been expected for many years. The Spending Review, also in the Autumn, could provide more detail.
- Cllr Connor asked about a national news story about the deaths of three people with learning disabilities in a private hospital in Norfolk and asked whether any

Haringey residents with learning disabilities were placed with private providers. Beverley Tarka said that it was very unfortunate that such failures continued to happen in the health and care system 10 years on from the incidents at Winterbourne View in Gloucestershire. In Haringey, some people with complex needs were placed outside of the borough in specialist provision. Active relationships were created by the Council with the provider to enable quality assurance of the provision. Asked by Cllr Connor whether the service users had all been placed with providers which had Good or Outstanding ratings from the CQC, Beverley Tarka pointed out that that people could be placed when the rating was Good or Outstanding but that rating could change over time. The Council's approach with a provider whose rating had declined was to support them to improve their performance. There had previously been occasions where the Council had needed to close provision in cases where this had not proved possible. Cllr das Neves and Beverley Tarka said that further information could be provided on the Establishment Concerns Procedure which illustrates the way that the Council works in this area. **(ACTION)**

- Asked by Cllr Connor about the immunisation of care staff against Covid-19, Beverley Tarka said that this would be a legal requirement from the Government so the Council had no control over this. By November 11th all care home staff would be required to have been double-jabbed. Coordinated, integrated work, with a risk management approach, was taking place across the NCL area to collect the evidence with daily calls to all of the care homes. In terms of the workforce, care providers were very concerned about the implications of the requirement, combined with the impact of Brexit, and there were concerns that some staff would walk away. Rigorous risk assessments had been carried out regarding other Council staff who needed to access care homes and it was felt that there was a robust risk management plan in place on this. External trade staff going into care homes had also been a consideration. Leaflets had been produced to remind trade staff about the importance of being vaccinated. In addition, letters were being provided to care staff who did decide to leave to make clear that the door was left open for them to return if they wished to do so.

21. WORK PROGRAMME UPDATE

Cllr Connor reminded the Panel that evidence sessions would be taking place for the Review on Health and Care in Sheltered Housing on 29th September.

A site visit to see the localities work in north Tottenham was planned to take place prior to the next Panel meeting where there would be an agenda item on this issue.

22. DATES OF FUTURE MEETINGS

- 15th November 2021

- 16th December 2021
- 3rd March 2022

CHAIR: Councillor Pippa Connor

Signed by Chair

Date

Report for: Adults and Health Scrutiny Panel, November 2021

Title: Safeguarding Adults Board Annual Report 2020-2021

Report authorised by: Dr Adi Cooper (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 1st April 2020 to 31st March 2021 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 The HSAB Annual Report 2020/21 outlines the work of the Board over the last twelve months and how partner agencies have worked together to improve the safety of adults at risk of abuse. The report contains details of how safeguarding has been promoted and developed over the last year through the Board and its subgroups. The report also describes how the Board intends to continue this in the future.

1.4 Safeguarding Adult Review publication

In 2020/21, two SARs were undertaken. The first concerned the experiences of a person with mental health needs being supported in the local community. The review identified learning around proactive and holistic care planning for people discharged from mental health services, better understanding of the interface between mental health and mental capacity, improved risk assessment, and interagency case management of complex cases.

A thematic Homelessness SAR¹ was also completed during 2020/21. This SAR was undertaken to identify learning from the events leading to the deaths of three homeless people in the borough. Service improvements have already taken place, namely the appointment of a social worker within adult social care services with a dedicated focus on homelessness, and the development of a dedicated mental health and physical health care service for people sleeping on the streets. The recommendations of the review will be taken forward with HSAB partners in 2021/22 and multi-agency learning events are planned to disseminate the SAR findings.

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.

¹ https://www.haringey.gov.uk/sites/haringeygovuk/files/thematic_sar_homelessness_report_2021.pdf

- 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 7: 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 2020/21



<http://www.haringey.gov.uk/safeguardingadults>

Contact Information

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. Those most at risk include people with mental health problems, disabilities, dementia or those who are physically frail. It can also take place anywhere - often where someone should feel safe - and can be perpetrated by people they think they can trust, like a relative, friend or professional.

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

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



First Response Team

firstresponseteam@haringey.gov.uk

020 8489 1400

When you report a suspected abuse, you do not have to give your name, but if you do, it will not be given to the people involved. All suspected incidents of abuse will be investigated fully and appropriately.

Other ways to get in touch

Contacting the council online is now much quicker than speaking to an agent or emailing us. Go to our self-service online tool

<https://www.haringey.gov.uk/contact-haringey-council>



Out of Hours Service

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

Emergencies and non-emergencies

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**

MESSAGE FROM THE CHAIR

The Covid-19 pandemic and accompanying lockdowns have had an unprecedented and extraordinary impact on all aspects of day-to-day life and behaviours. There are ongoing concerns about how people with care and support needs may experience different or more abuse or neglect due to these changes.

The pandemic put adult safeguarding into a position of more central importance than ever before. Although the outbreak began in earnest at the very end of 2019 this report covers, that relatively short period will have the greatest implications for the work of the Safeguarding Adults Board in 2021, and beyond.

All the partners of the Board have reported on the incredible work they have undertaken, providing assurance that they continue to meet their safeguarding responsibilities during this challenging time. I would like to thank all those professionals who have worked tirelessly to keep adults at risk safe in very uncertain times.

We continue to adapt our day-to-day work to include 'virtual' meetings and acknowledge that the pandemic continues to present new challenges for all partners. In response to the pandemic, we have set up a safeguarding Covid-19 Task & Finish Subgroup to provide an effective partnership response to issues arising from Covid-19 for adults with care and support needs at risk of abuse/harm and neglect.

The SAR Subgroup has continued to progress its priorities throughout 2020/21 despite a significant change to working arrangements. The board has been very keen to identify and learn the lessons from the SAR's we have undertaken so far, and a lot of activity has taken place with regards to this, including monitoring action plans, producing 7 minute briefings, and delivering workshops on the learning from SARS. This year we have published a further two SAR's, details of which can be found later in the report.

I am very grateful to our 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 continuing working with the partnership in the coming year.

Dr Adriene Cooper
Independent Chair of Haringey Safeguarding Adults Board.

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INTRODUCTION

The Care Act 2014¹ requires Safeguarding Adults Boards (SABs / “The Board”) to ensure that vulnerable adults are safe, and that agencies work together to promote their welfare. The Act sets out a legal framework for how local authorities and other organisations should protect adults at risk of abuse or neglect. The Board has a statutory duty to prepare an annual report on its findings of safeguarding arrangements in its area.

The Haringey Safeguarding Adults Board (HSAB) Annual Report 2020/21 outlines the work of the Board over the last twelve months and how partner agencies have worked together to improve the safety of adults at risk of abuse. The report contains details of how safeguarding has been promoted and developed over the last year through the Board and its subgroups. The report also describes how the Board intends to continue this in the future.

Contributions were sought directly from board members, chairs of subgroups and other relevant partnerships.

THE HARINGEY SAFEGUARDING ADULTS BOARD

The HSAB is a statutory body established by the Care Act 2014. It is made up of senior people from organisations that have a role in preventing the neglect and abuse from adults. Its main objective is to protect all adults in its area who have needs for care and support and who are experiencing or at risk of abuse or neglect against which they are unable to protect themselves because of their needs.

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.

Legislation Requires:

- That local councils have a duty to promote the well-being of carers; previously their duty of care was only made to the users of the care services.
- That anyone receiving care and support from a regulated provider which has been arranged by the council will be covered by the Human Rights Act 1998².
- That councils must enable users or potential users of care services to access independent financial advice on their care funding; and
- The introduction of a new appeals system for care users to appeal against council decisions on eligibility to care and care funding.

As a London Borough, Haringey follows the Pan London Procedures for Safeguarding Adults; formally, known as **London Multiagency Adult Safeguarding Policy & Procedures April 2019**³. This document unpins practice and process across all of London. Including, an Information Sharing Agreement (ISA)⁴ contract across all agencies.

¹ <https://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at-risk-of-abuse-or-neglect/enacted>

² <https://www.legislation.gov.uk/ukpga/1998/42/contents>

³ <https://londonadass.org.uk/wp-content/uploads/2019/05/2019.04.23-Review-of-the-Multi-Agency-Adult-Safeguarding-policy-and-procedures-2019-final-1-1.pdf>

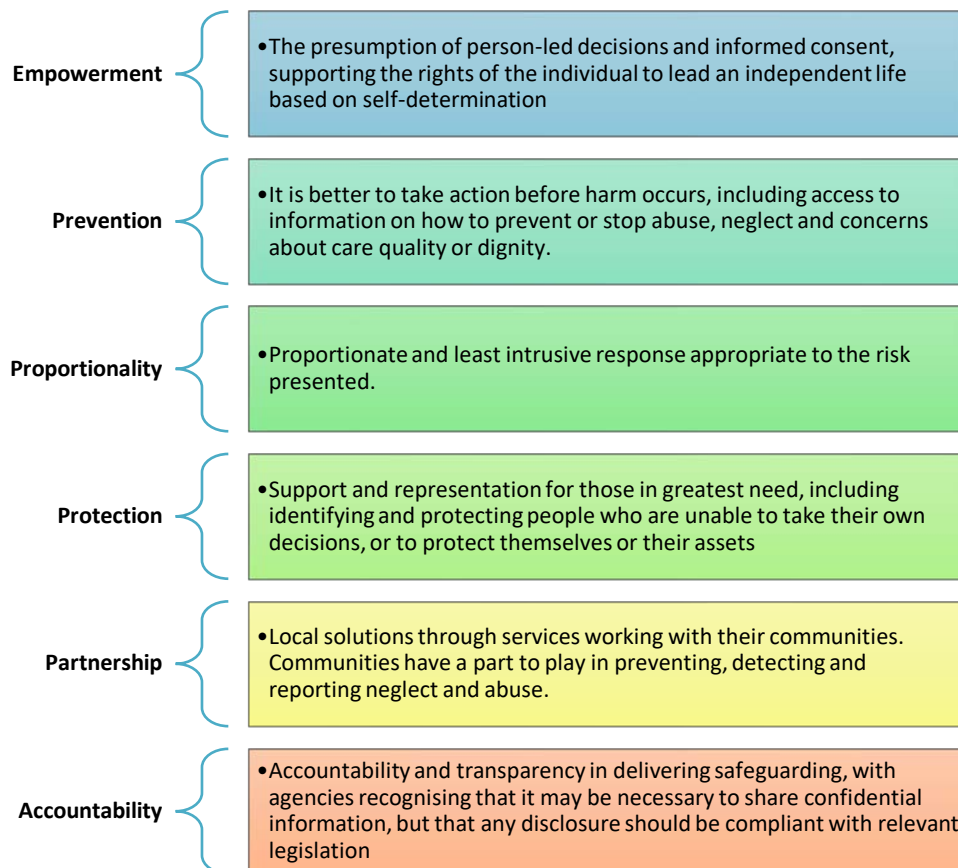
⁴ <https://www.haringey.gov.uk/social-care-and-health/safeguarding-adults/safeguarding-adults-policies-and-procedures#isa>

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.

THE SIX PRINCIPLES OF SAFEGUARDING ADULTS

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



These six principles form the basis of our work and our Strategy, in which we set ourselves, the partnership and community specific actions to prevent and respond to abuse and its framework is built around the four statutory SAB purposes under the Care Act 2014:

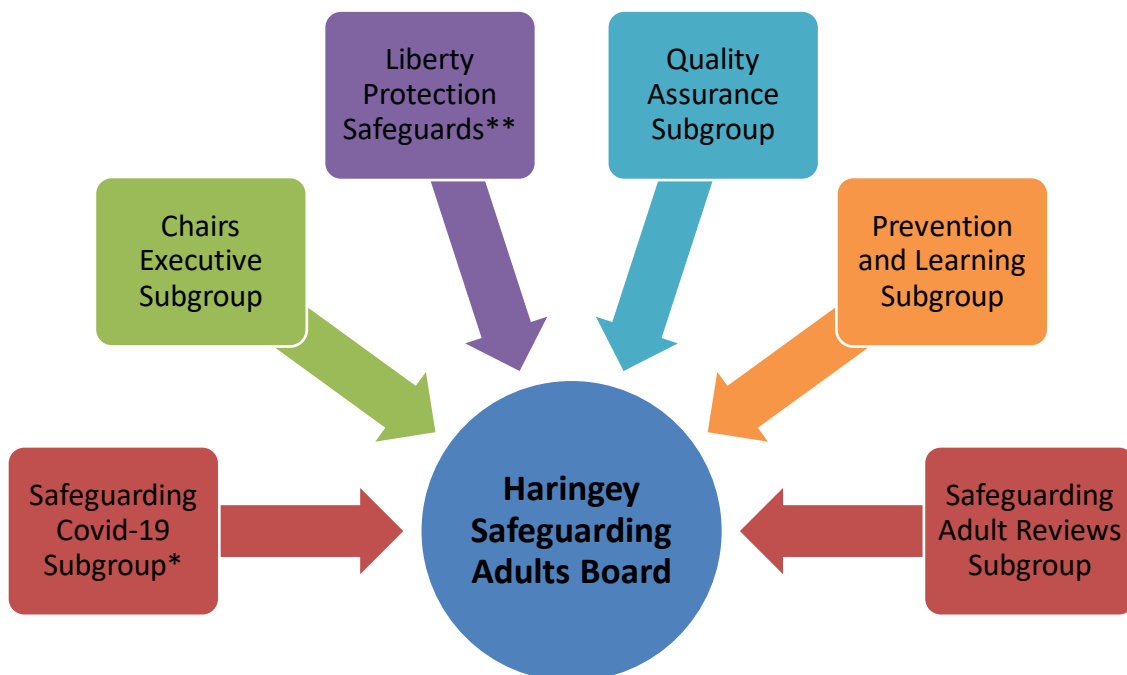
1. Practice,
2. Prevention
3. Responding to abuse and neglect; and
4. Learning and improvement.

GOVERNANCE AND MEMBERSHIP

The HSAB is a partnership of statutory and non-statutory organisations, representing health, care and support providers and the people who use those services across the borough. It is made up of over 20 partners and at times invite guest speakers and additional attendees as relevant matters arise. The Board is facilitated by an independent Chair who is accountable to the Chief Executive of Haringey 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 partnership meets quarterly and have the following statutory responsibilities under the Care Act 2014:

- Ensure Statutory Partners are appropriately represented on the SAB.
- Develop and produce a 3-year Strategy Plan in order to direct the work of the Board that reflects priorities.
- Publish a SAB annual report highlighting the Board's progress and achievements in meeting stated objectives in the Strategic Safeguarding Plan and ensuring this is widely reported across partner agencies and organisations.
- Learn from the experiences of individuals, through undertaking Safeguarding Adult Reviews (SAR) in accordance with the national guidance of best practice and the Board's SAR protocol.

The work of the Board is steered by an executive group of senior safeguarding leads from the three statutory agencies, London Borough of Haringey, North Central London Clinical Commissioning Group (NCL CCG) and the Metropolitan Police for Enfield and Haringey.

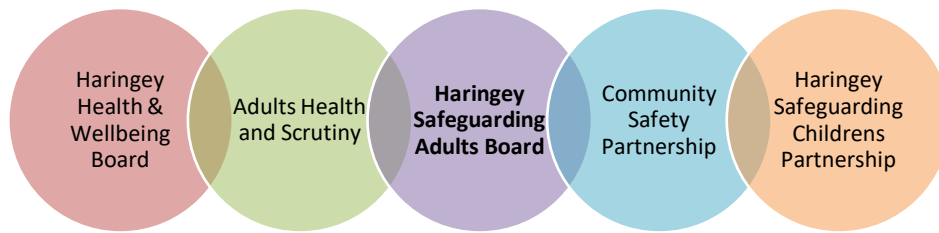


* Monthly task and finish subgroup focussing on the impact of Covid-19 and safeguarding

** The Liberty Protection Safeguards (LPS) task and finish group is currently on hold. Government guidance indicates that the LPS changes are planned to come into force in April 2022.

The HSAB has links to four other Strategic Partnerships in the Borough: The Community Safety Partnership (CSP), the Health & Wellbeing Board (H&WB), the Violence Against

Women and Girls Strategic Partnership (VAWG) and the Haringey Safeguarding Children Partnership (HSCP).



The HSAB and HSCP meet biannually to ensure joint collaborative working across both agencies. The main objective is to ensure that all agencies work together for the purpose of improving local safeguarding and promoting welfare of children and adults in care and support needs at risk in Haringey. It is worth noting that each Board has their own existing lines of accountability for safeguarding and promoting the welfare of children and adults by their services.

BUDGET

Section 43, Schedule 2 of the Care Act 2014 (“the Act”) allows a ‘partner’ to make payment towards expenditure incurred by or the purposes connected with the HSAB. HSAB have opted to establish and maintain a Pooled Funding Agreement to include the Independent Chair, staffing costs/secretariat functions conferences, publicity, and SARs in accordance with S44 of the Care Act 2014. It is in all core partners’ interests to have an effective SAB that is resourced adequately to carry out its functions.

WORK OF THE HSAB SUBGROUPS

The HSAB subgroups facilitate focused work in line with the objectives of the 3-year strategic work plan. Each subgroup is chaired by a member of the Board. There has been a significant amount of work undertaken and completed by the Board and by some of its subgroups during the period 2020-21 some of which is detailed below. *See Appendix 1 for the HSAB annual strategic priorities progress update.*

In light of the Covid-19 pandemic, the HSAB arranged a short meeting in May 2020 to focus on the impact of Covid-19 on safeguarding adults and any local issues arising, so that the HSAB can be assured that statutory safeguarding adults work continues and that any impact on work is being addressed or highlighted. As a result of these discussions, the HSAB agreed to set up a multi-agency subgroup to look at the emerging issues regarding safeguarding and Covid-19 in Haringey.

SAFEGUARDING COVID-19 TASK & FINISH SUBGROUP

The purpose of the safeguarding Covid-19 task and finish subgroup is to provide an effective partnership response to issues arising from Covid-19 for adults with care and support needs at risk of abuse/harm and neglect. The aims of the task & finish:

- Monitor and review safeguarding impact of Covid-19 on behalf of the HSAB;
- Recommend to appropriate partnership responses and actions to deal with associated risks; and
- Look to national trends and data to inform local focus and responses.

Achievements in 2020/21

Living Through Lockdown Report

Public Voice presented a report⁵ to the Task & Finish subgroup on lessons from Haringey's most vulnerable service users. During the Covid-19 lockdown, Haringey's pre-existing service user groups (termed 'reference groups') continued their work, where possible, through a variety of channels including Zoom, phone calls and email exchanges. They shared their experiences of health and social care services in Haringey during this difficult time, raising issues and challenges and making suggestions for improvements.

Although many concerns were raised and the pandemic created a great deal of anxiety for Haringey's reference groups, some changes and action taken in response were seen as highly positive. Some concerns and positive occurrences were expressed across all reference groups.

A summary of what has worked well:

- Community spirit and volunteers. Both were highly praised by reference group members.
- Mutual aid groups formed during lockdown and building strong links with statutory and Voluntary and Community Sector Services (VCS) and vice versa. These groups provided a wide range of support for others in their community – for example checking on neighbours and shopping on behalf of others. The mutual aid groups were praised and appreciated.

⁵ <https://publicvoice.london/living-through-lockdown-august-2020-final/>

- Reference group members appreciated having someone to speak to on the phone when calling Haringey Council. Phone calls made from the Council, NCL CCG and other organisations to check on carers were well received. A telephone befriending service set up by Public Voice's Reach and Connect service, was also seen as an important and successful method of tackling social isolation. The report has been used by Heads of Services in Haringey Adults Social Services to inform service configuration, considering the recommendations and points. Also, the Haringey Commissioning Service has committed to a small task group made up of members from the reference groups to work on the recommendations of the report.

COVID-19 Safeguarding Insight Project ⁶

Following a proposal from the executive group of the National Network of Chairs of Safeguarding Adults Boards the Care & Health Improvement Programme (CHIP) invited councils to participate in a voluntary data collection exercise to help the sector promptly understand the nature of the impact of Covid-19 and the lockdown on safeguarding activity, and how it compares to the previous year. In the early stage of the pandemic, there were concerns safeguarding issues were not being identified and reported during the Covid-19 lockdown period. A report was commissioned by CHIP, co-produced and delivered by the Local Government Association (LGA) and the Association of Directors of Adults Social Services (ADASS) in England.

In general, safeguarding concerns dropped markedly during the initial weeks of the Covid-19 lockdown period, only to return to and then exceed normal levels in June 2020. Also, the trend of Section 42 (s42) enquiries showed a similar decline during the initial weeks of the Covid-19 lockdown period.

Haringey specific findings:

- Haringey had higher rate of safeguarding concerns across all age groups in 2020 compared to 2019 and compared with London and England average rates but a lower rate of s42s across all age groups.
- Safeguarding concerns rate for 18+ in Haringey has been significantly higher than the average for London and England since February 2020 but London and England figures (as of June 2020) are now converging with our rate.
- Similar trend on safeguarding concerns for age 18-64 but for 65+ whilst the rate has been higher than average since Feb 2020, our rate has been on a clear downward trajectory opposite to London and England figures which (as of June) has overtaken Haringey's rate for 65+.
- Haringey has seen a downward trend in S42s particularly in June and our rate is low comparatively on S42s whilst London and England are seeing upward trends. s42 rate for 65+ population is particularly low at 10.7 per 100k in June compared to an average for London of 77 per 100k. Financial abuse accounts for a higher proportion of abuse types in 2020 compared to 2019 (18% vs 7%) and is higher than London and England comparator proportions for this abuse type relating to s42s in 2020.
- In Haringey we have seen an increase in proportions of physical abuse and self-neglect abuse types this year compared to last year, but neglect and acts of omission (the biggest type proportionately) has reduced from 57% to 36% much more in line with London and England averages.
- Location of abuse has increased in 'other' locations from 13 to 25% and in a community service from 13 to 17%, a much higher proportion than the London or England average for this setting (around 4% in 2020). Abuse in the setting of the person's own home has reduced from 67% to 54% more in line with London figures.

⁶ <https://www.local.gov.uk/covid-19-adult-safeguarding-insight-project-findings-and-discussion>

- On outcomes, the proportion for which the risk was removed has reduced from 77% to 38% (the latter figure much more in line with London figures) between 2019 and 2020 but correspondingly the proportion where the risk was reduced has increased.
- Only for 4% of cases in Haringey did the risk remain, better than the London average for 2020 of 8% and 10% for England.

Safeguarding issues arising from the Vaccination programme⁷

- 2700 people were known to adult social care to have received the Covid-19 vaccination, out of this, 66 people who had the first dose of the vaccine, declined to have the second dose. On further analysis, it was found that 74% of those declining a second dose was for the AstraZeneca vaccine and 26% for Pfizer vaccine. Patients who had a reaction to the vaccine have not been included in this data.
- More females than males declined the second dose of the vaccination, of which 46% were from Black ethnic background and 22% were from white ethnic. Also, the greatest proportion of adults that declined the second doses were those aged 80+, most likely with diabetes, and chronic heart and kidney disease.
- The NCL CGG is continuing the roll out of the vaccination programme and preparing roll out of the second dose in Care Homes.
- Staff within the homelessness team in Haringey were offered the Covid-19 vaccination through the locally organised vaccination programme. There has been a very good take up of the vaccine by staff.
- Currently working with NCL colleagues looking at the approach to homelessness prioritisation accessing vaccination through GP surgeries, and onsite vaccination.
- Those working in social care on the frontline have been encouraged to take the vaccine.
- Hornsey site, vaccinated more than 750 individuals (housing colleagues, adult social care staff, providers, frontline practitioners in children services)
- People can now self-refer themselves if they qualify for a vaccine.

Department of Work and Pensions update on Universal Credit Claims

In March 2020, there were approximately 7180 claims in Haringey, by December 2020, the number of new applications increased to 21000. The Department of Work and Pensions (DWP) is on track to recruit a further 13,500 new Work Coaches. The role of a Work Coach involves helping others get back into work, providing personal and tailored support for jobseekers. This would help hundreds of thousands of people who have had their employment affected by the ongoing impacts of the Covid-19 pandemic.

Covid Related Deaths in Haringey Care Homes

Since 1st March 2020 (first wave) there were 61 deaths in Care Homes in the Borough, of which 23 were confirmed Covid-19 deaths and 28 were suspected Covid-19. No tests were available during the first wave to determine if residents died as a result of Covid-19. During March to June 2020, Public Health England (PHE) declared 10 outbreaks in Care Homes in the Borough and 13 Covid-19 related deaths since June. Since June 2020, there have been 12 outbreaks (started in November 2020), despite increase in outbreaks, there are fewer deaths in Care Homes.

All staff receive weekly Polymerase Chain Reaction (PCR) tests, which help identify more asymptomatic cases and protect care users who are more vulnerable to the virus. Regular testing gives workers peace of mind by picking up on any asymptomatic transmission and protect those they care for. Residents are also tested.

⁷ Data as of February 2021

Homelessness Safeguarding

There were new challenges around safeguarding in the early period of the pandemic as the Council was providing emergency accommodation to 400 people a night who were dispersed across the city in 19 hotels. This presented challenges in terms of referring to local services for support, securing outreach from Haringey services to the dispersed locations and in identifying risks and vulnerabilities comprehensively. The service is continuing to provide specialist support and emergency accommodation for people facing rough sleeping in the Borough. Currently supporting 156 people in hotels and other interim accommodation arrangements. (See *Partner Statement* section for more information on the work of the Homelessness Team).

COVID-19 Strategic Objectives for 2021/22

Provide an effective partnership response to issues arising from Covid-19 on adults with care and support needs at risk of abuse/harm and neglect by:

- Monitor and review on behalf of the HSAB the impact of Covid-19.
- Recommend to the HSAB the appropriate partnership responses and actions to deal with associated risks.
- Look to national trends and data to inform local focus and responses.
- Review wider safeguarding points.
- Assess the disproportionate impact on the Black, Asian and Minority Ethnic (BAME) community and how this is reflected in Haringey
- Reviewing local safeguarding data in order to identify appropriate response.

SAFEGUARDING ADULTS REVIEW (SAR) SUBGROUP

The purpose of the SAR Subgroup (Chaired by the HSAB Chair) is to consider referrals for any case which may meet the statutory criteria for a SAR under Section 44 of the Care Act 2014⁸. 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.

Achievements in 2020/21

The SAR Subgroup has continued to progress its priorities throughout 2020/21 despite a significant change to working arrangements arising from organisational responses to the Covid-19 pandemic.

⁸ <http://www.legislation.gov.uk/ukpga/2014/23/section/44/enacted>

SAR referrals

Four SAR referrals have been received for consideration during 2020/21. The referrals did not meet the mandatory SAR criteria, however, one referral has been put forward for a discretionary SAR, as the case offers an important opportunity for multi-agency learning. This SAR will be progressed during 2021/22.

An analysis of the four SAR referrals received in 2020/21 shows that all referrals involved suspected neglect or self-neglect, as might be expected given the criteria for a SAR. Three of the referrals (75%) were for men, and one referral (25%) was for a woman. This represents an increase in referrals for males on previous years, however, the numbers of referrals are small in each year, and it is therefore difficult to draw significant conclusions about the increase. This will continue to be monitored for any emerging trends.

As in 2019/20, the SAR Subgroup has continued to receive referrals relating to the deaths of people at a relatively young age. Three SAR referrals (75%) in 2020/21 involved the deaths of people aged between 40 and 61. Some of this trend can be explained by the referral of cases which had been subject to Learning Disabilities Mortality Reviews (LeDeR), a programme aiming to improve care, reduce health inequalities and prevent premature mortality of people with a learning disability and autistic people (LeDeR Policy 2021, NHS England).

Two of the four SAR referrals received in 2020/21 involved people from a Black Caribbean background and one referral involved a person from a White Other background. Ethnicity is unknown for the remaining SAR referral. It is difficult to draw conclusions from the small numbers of SAR referrals received, therefore, each SAR undertaken will reflect on the implications of ethnic background within the review.

Safeguarding Adults Reviews (SARs)

In 2020/21, two SARs were undertaken. The first concerned the experiences of a person with mental health needs being supported in the local community. The review identified learning around proactive and holistic care planning for people discharged from mental health services, better understanding of the interface between mental health and mental capacity, improved risk assessment, and interagency case management of complex cases.

In response to this review and learning from other SARs, the new Haringey Multi-Agency Solutions Panel (MASP) was launched in April 2021. This new approach replaces the High-Risk Panel (HRP) and has been designed to ensure that professionals working with people experiencing complex needs are able to access creative, problem-solving support and advice. The MASP will better connect agencies, improve communication and enable a shared responsibility to risk management, ensuring better outcomes for those that we support. Further work is planned for 2021/22 to share learning from this SAR and to oversee other service improvements.

A thematic Homelessness SAR⁹ was also completed during 2020/21. This SAR was undertaken to identify learning from the events leading to the deaths of three homeless people in the borough. Service improvements have already taken place, namely the appointment of a social worker within adult social care services with a dedicated focus on homelessness, and the development of a dedicated mental health and physical health care service for people sleeping on the streets. The SAR has recommended further changes and improvements regarding:

⁹ https://www.haringey.gov.uk/sites/haringeygovuk/files/thematic_sar_homelessness_report_2021.pdf

- Reviewing the adult safeguarding referral pathway, Section 42 decision-making, and the use of multi-agency meetings for adult safeguarding cases;
- Reporting on housing application decision-making for people experiencing homelessness;
- Reviewing pathways into mental health provision and developing guidance on the interface between mental health and mental capacity;
- Reviewing the use of interpreters and advocates; and
- Reviewing governance arrangements and assessing the impact of recent service improvements to identify any remaining gaps in support for people experiencing homelessness.

The recommendations of the review will be taken forward with HSAB partners in 2021/22 and multi-agency learning events are planned to disseminate the SAR findings.

In 2020/21, learning from previous SARs has continued to have an impact on frontline practice. For example, as a result of the Ms Taylor SAR¹⁰ published in 2019, data continues to be provided to the London Fire Brigade (LFB), identifying people at risk of fire for proactive home fire safety visits. In 2020/21, four fire safety training sessions have also been delivered by the LFB using the person-centred fire risk assessment to staff from across Adult Social Services, Commissioning, Public Health, Homes for Haringey, care providers and community organisations.

SAR Strategic Objectives for 2021/22

A key priority for the SAR Subgroup in 2021/22 will be to ensure that the learning from the SARs completed in 2020/21 is progressed. The priorities identified for 2021/22 are:

- SAR action planning and learning events for recently completed SARs, including learning from the National SAR Analysis.
- Commissioning and undertaking a discretionary SAR.
- Revision of SAR procedure and SAR Subgroup terms of reference in line with National SAR Analysis.
- Review of SAR Subgroup effectiveness and impact of SAR learning.

MULTI-AGENCY QUALITY ASSURANCE BOARD

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.

¹⁰ https://www.haringey.gov.uk/sites/haringeygovuk/files/sar_report_ms_taylor_2019_pdf_549kb.pdf

Achievements in 2020/21

Due the ongoing pandemic, the subgroup has met only twice as members worked on urgent covid-19 related priorities. However, in the two times it met, the group discussed the following:

- 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 NCL CCG, and local authority has increased the number of Council commissioned 'Good' services located in Haringey
- 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; and continued to liaise with other subgroups and working groups to ensure a joined up and consistent approach to the work is undertaken.
- The HSAB has a unique set of risk to monitor and manage through the HSAB Risk Register. This Risk Register is linked to the 3-year Strategic Plan and reflects the Board's priorities for the year to manage the risks that may prevent the delivery of the Plan. The register is a dynamic document and is updated over time to ensure the Board is properly managing strategic safeguarding risks throughout the year. The QA has overall responsibility for the risk register that is reported back to the HSAB.

Quality Assurance Strategic Objectives for 2021/22

- Collaborate and conduct deep-dives on areas of practice, use of Mental Capacity Act (MCA) for the victim and survivor's journey.
- Ensure Making Safeguarding Personal (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 VAWG strategy; and
- Embed multi-agency case file audit to ensure learning from safeguarding cases is embedded in practice.
- The subgroup to continue its cycle of policy development and review.

PREVENTION AND LEARNING SUBGROUP

The subgroup oversees the delivery of the Haringey Safeguarding Adults Prevention Strategy 2017-20¹¹, 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.

Unfortunately, due to a number of staff reorganisation and with the ongoing pandemic, the subgroup was put on hold. At the time of writing this report, a new chair and co-chair has

¹¹ https://www.haringey.gov.uk/sites/haringeygovuk/files/haringey_adult_safeguarding_prevention_strategy_2017-2020.pdf

been appointed to continue the work of the prevention & learning subgroup. The immediate priorities are as follows:

- Refresh subgroup and membership due to the recent arrival of two new co- chairs.
- Work through the actions highlighted from the HSAB Strategic Plan.
- Finalising the Haringey Safeguarding Prevention Strategy and plans for September HSAB meeting.
- Refresh data, obtain information of current trends, issues and practices including learning from SARs within each agency that impact on safeguarding prevention.
- Highlight and address issues coming through due to Covid.
- Actively advertise training availability in a more inclusive and consistent way.
- Support multi-agency MCA training and look for flexible funding options.
- Explore options for Legal literacy training for staff working with people experiencing homelessness.

PREVENTION AND LEARNING STRATEGIC OBJECTIVES FOR 2021/22

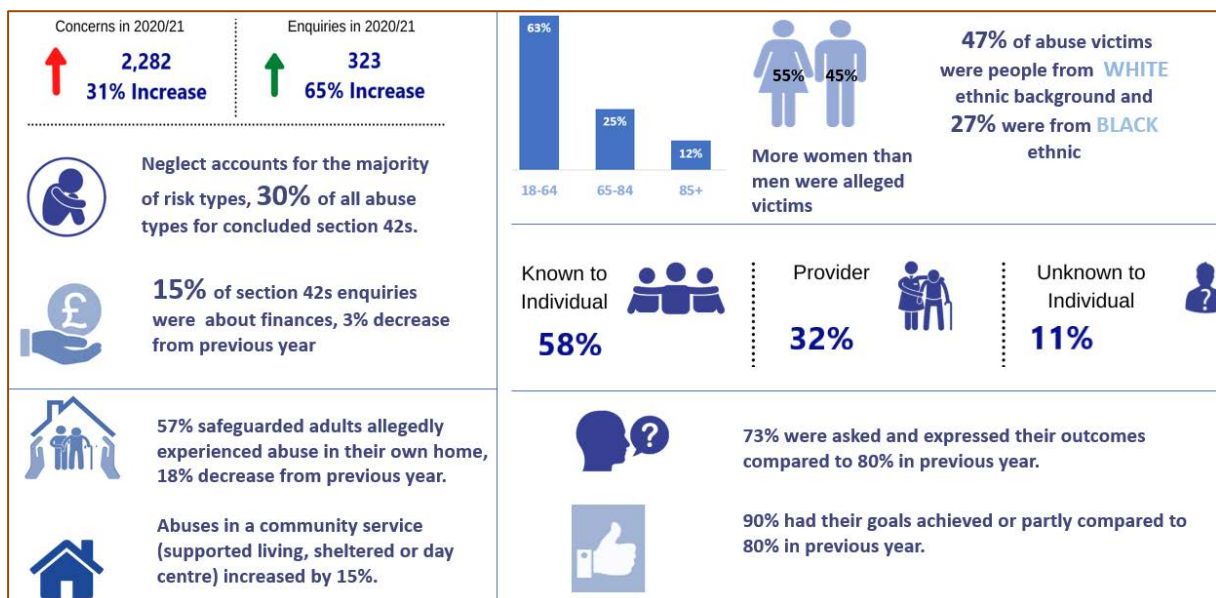
- Ensure engagement of service users, carers and community and voluntary sector to ensure current concerns and trends are captured.
- Use intelligence to identify key themes and raise awareness of abuse and neglect with staff, partners and the public through improved communications and campaigns.
- People 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.
- 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, Domestic Homicide Reviews (DHRs), Coroner's inquests.

SAFEGUARDING PERFORMANCE – ADULTS ACTIVITY 2020/21

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 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 2020/21 for both safeguarding concerns raised, and s42 enquiries undertaken.



The number of safeguarding concerns has increased by **31%** in 2020-21 compared to previous year. The number of section 42s (S42s) increased by **65%** from last year although the proportion of concerns leading to S42s are still low 14% in 2020-21 compared to 11% in previous year.

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).

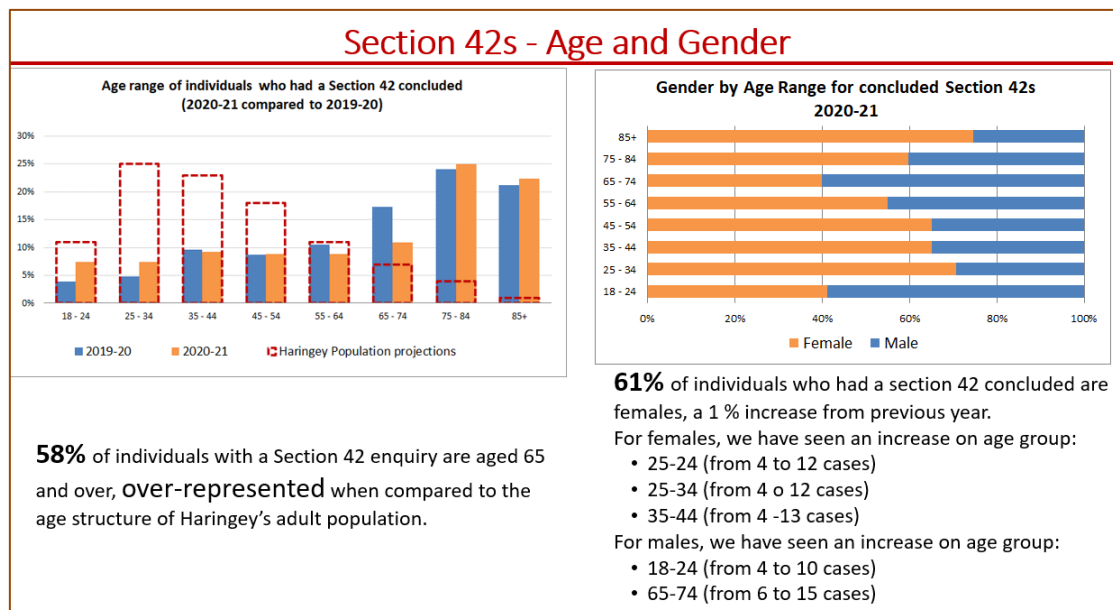
The service also takes responsibility for significant preventative action, such as a referral to other services or support, where a s42 Enquiry is not required, so that Other safeguarding concerns are managed appropriately.

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.

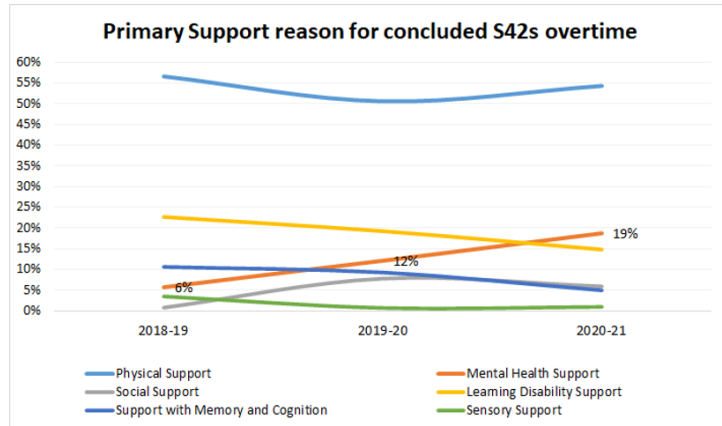
National and regional data* supports females being the highest proportion of concerns raised, varying from 55% to 60% of females against 42% to 39% of males with commenced a s42 enquiries.



Section 42s - Primary Support Reason

The most common Primary Support Reason for individuals who had a Section 42 concluded is Physical Support **54%**.

Mental Health primary support reason has been increasing since 2018-19 and it is now the second highest primary support reason **19%**.



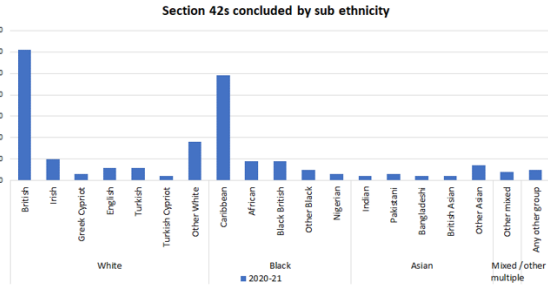
Ethnicity of individuals involved in s42 Enquiries

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.

Section 42s - Ethnicity



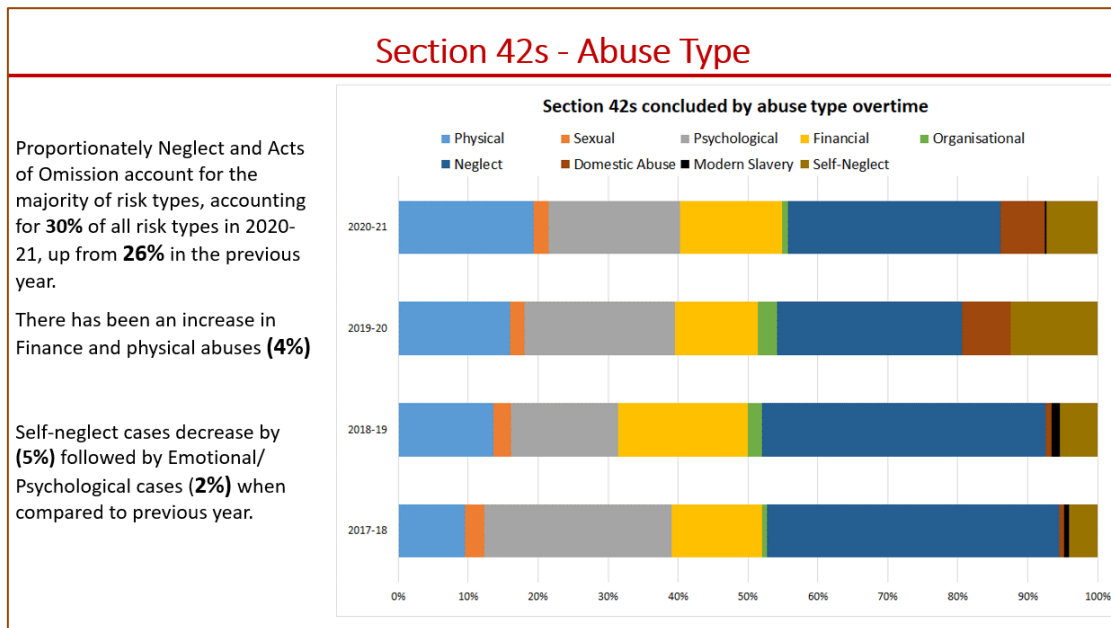
47% of individuals who had Section 42 concluded are White, a 1% increase compared to previous year but under represented compared to Haringey's population. **33%** are Black, over-represented when compared to the Haringey population **19%**.



The majority of White individuals with a Section 42 concluded are White British (58%), with 9% Greek Cypriot, and 5% Turkish, in line with Haringey's population (61%).

65% of Black individuals were Caribbean, 12% African and 12% Black British, over represented when compared to Haringey population (19%).

19% of Asians were Pakistani with a further 13% Bangladeshi and Indian, in line with Haringey's population.

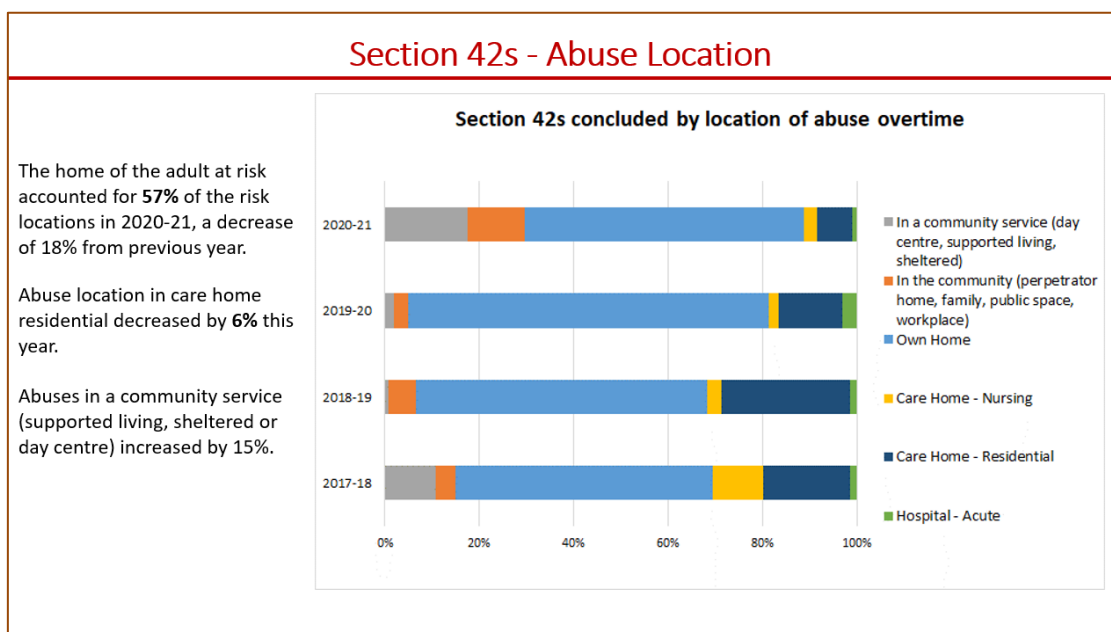


Section 42s concluded by location of abuse

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.

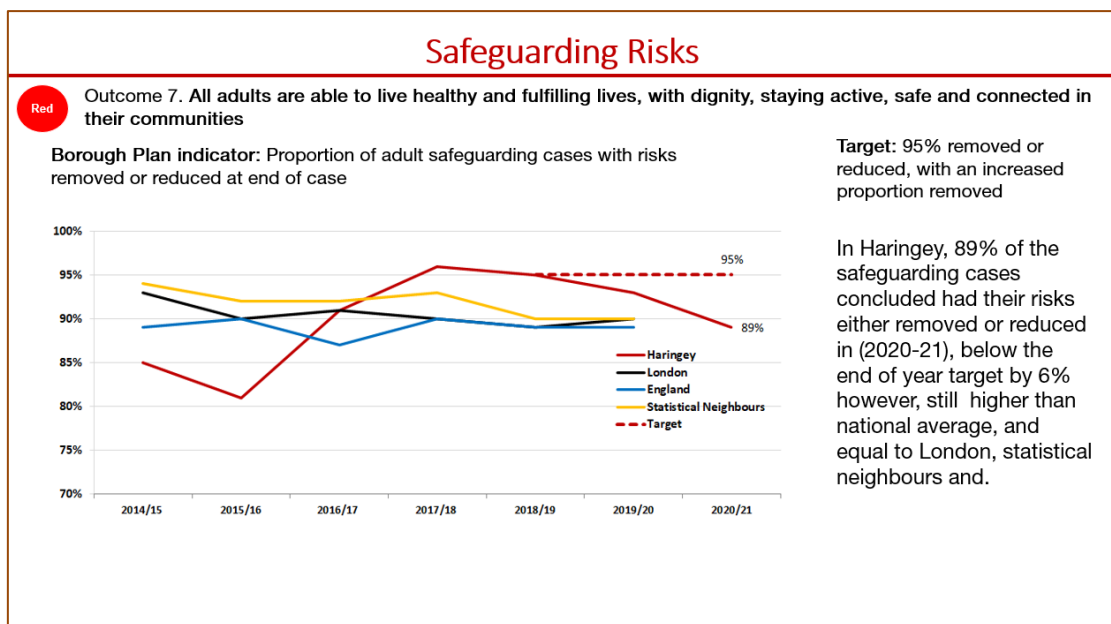
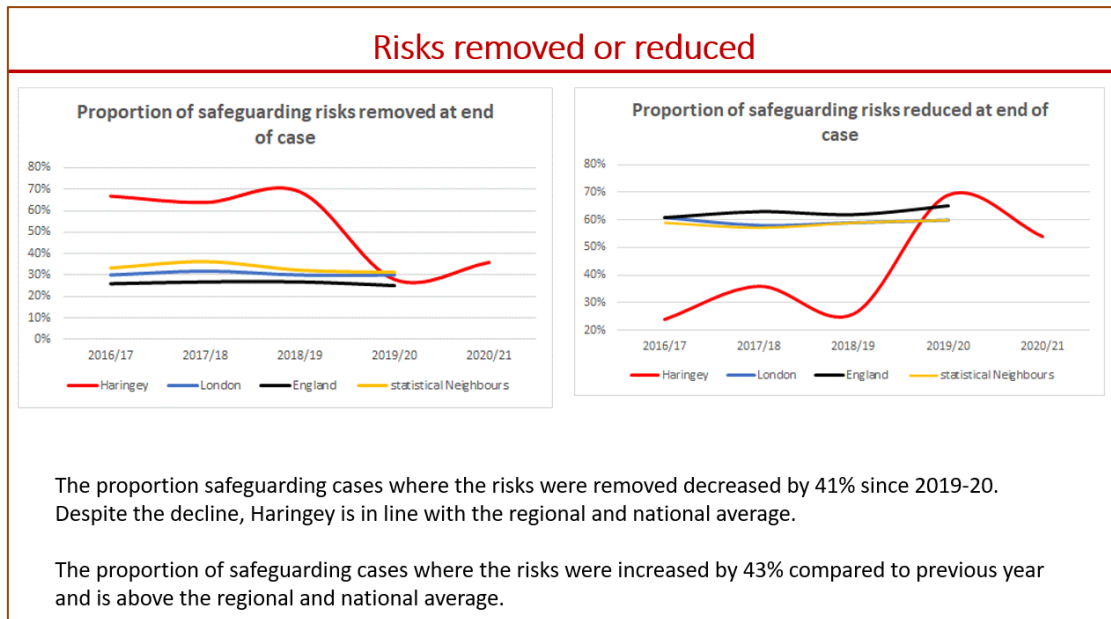
The abuse location profile remains similar for the last two years, with abuse most commonly occurring in the person’s own home.

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



Risk outcomes

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

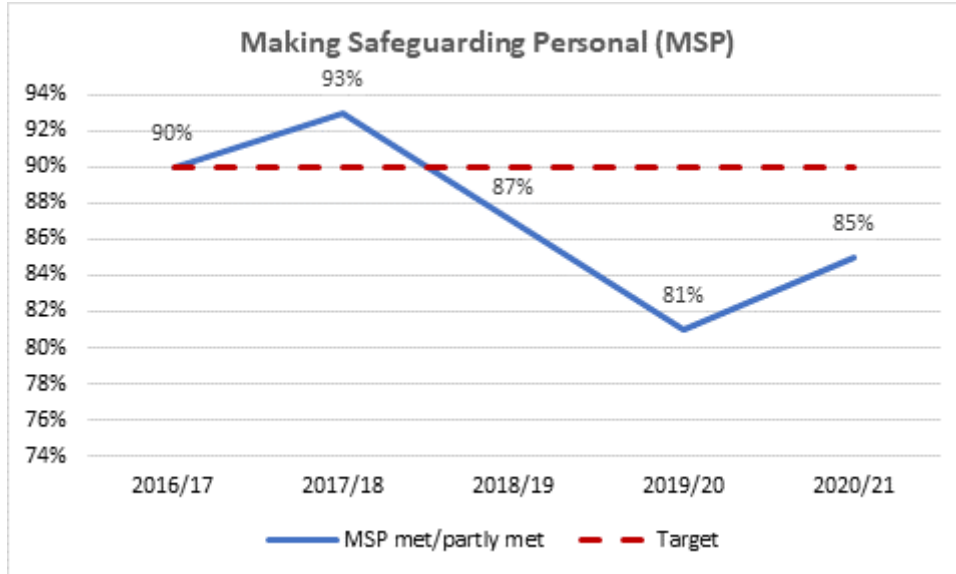


Making Safeguarding Personal (MSP)

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 person's desired outcome may not always be achievable. During 2020/21 we recorded 85% outcomes met or partially met. This is an increase of 4% compared to last year where 81% of individuals who had a s42 concluded were asked and their outcomes were expressed.



HSAB PARTNER STATEMENTS

The agencies that make up the HSAB are all committed to improving their ability to prevent harm as well as to identify and react to allegations of abuse towards the people they work with. Every year, we ask our partners to write up their partner statements which highlights their key achievements throughout the year and what are the plans for the coming year. Details of how each partner has contributed to the work of the HSAB in 2020/21 can be found below.

NORTH CENTRAL LONDON CLINICAL COMMISSIONING GROUP

What impact has the Covid-19 pandemic had on safeguarding practice in your service area and how have you mitigated any impact?

- Adult Safeguarding Business Continuity Plans (BCP) were completed by the CCG and NCL health provider organisations with a focus on Covid.
- An agreement was reached to protect safeguarding professionals across the health sector from redeployment during the pandemic.
- There was regular reporting to the CCG Governing Body and Quality and Safety committee on safeguarding risks and mitigations.
- An NCL CCG safeguarding strategy was formulated and shared with partners, with an associated work plan, to be reported to the Quality and Safety groups.
- NCL CCG identified the safeguarding risks at the outset of the pandemic and developed an action plan to include both children and adults. There were 6 key issues identified:
 - Risk of increased mental health crisis in Children, Young People and Vulnerable Adults due to the pandemic and associated restrictions
 - Risk of existing placements breaking down due to 'pressure cooker' conditions resulting in emotional/mental health crisis.
 - Isolation of patients within hospital wards & care homes treatment decision making may override patient's consent without appropriate consultation with Power of Attorney/ Court Appointed Deputy or families as required by the Care Act.
 - The increased risk associated with self-harm and self-neglect.
 - Potential failure to ensure the CCG meets its statutory responsibilities under the Mental Capacity Amendment Bill which received Royal Assent and was to be enacted in October 2020.
 - Social isolation and reduced access to face-to-face domestic violence support services has placed pregnant women, children and other vulnerable adults at greater risk of domestic abuse.
- The CCG identified controls in place and those required. The internal quality governance arrangements monitored the action plans and the targets for completion were met.

Delivery of Safeguarding training and awareness

The CCG provided online briefings and training for staff and partners for the following areas to comply with statutory requirements:

- Undertaking remote assessments, capacity, and Best Interests Assessments during the pandemic (for CHC staff)
- Domestic abuse and safeguarding (for Primary care)
- Safeguarding adults and children (for the NCL Governing Body)

- Modern slavery (for all staff)
- Violence against Women and Girls (for all staff)
- Liberty Protection safeguards (CCG Quality Directorate)
- Impact of Covid on Learning Disabilities (CCG all staff)

In addition, the GP safeguarding leads forum continued throughout the pandemic. All CCG staff are required to complete safeguarding mandatory training.

Haringey Care Homes - an example of partnership working during the pandemic to safeguard and protect vulnerable adults

In the first months of Covid-19 (first lockdown), Haringey care homes were hugely affected - 60% of Haringey Care Homes had outbreaks and there was an increase in deaths due to Covid or suspected Covid in line with the national picture.

Since June 2020, there were 12 outbreaks in Haringey Care Homes, and despite the increase in outbreaks, there were fewer deaths in Haringey Care Homes due to Covid in the second wave. In the second wave, all care home staff received weekly PCR tests, to help identify more asymptomatic cases and protect care users more vulnerable to the virus. Residents were also tested regularly to detect the virus and initiate clinical care.

At the end of the 1st wave, local hospital discharge processes to care homes settings were reviewed. An NCL Covid-19 positive discharge pathway was implemented to reduce the introduction of the virus into care homes in line with current Government guidance. London Borough of Haringey (LBH) & NCL CCG Haringey received regular assurance from care homes providers to ensure Personal Protective Equipment (PPE) supplies remained robust during the national emergency. LBH & NCL CGG worked in partnership to provide weekly infection and prevention webinars, regular Covid-19 vaccine information sessions and ongoing support to care homes managing outbreaks. All Care Homes were offered the vaccination (first and second dose) for residents and staff. A Pilot Scheme with Telemedicine equipment has been rolled out to three Care Homes that will allow health care professionals to see a number of vital signs for residents that may have been identified as deteriorating.

Planned Safeguarding activities for 2021/22

The following activities are either taking place or planned in the year ahead.

- Self-Neglect and Hoarding - A partnership meeting to discuss the individual adult presentations occurred and the issues highlighted within each organisations Safeguarding Committee. In addition, reporting and escalation to each area Safeguarding Adult Board and the relevant sub-groups. A cross partnership approach was agreed and shared for these matters and outputs and pathways were communicated to local risk management fora and circulated across the NCL health economy areas.
- There will be continued safeguarding input into the Integrated Care Provider (ICP) and Integrated Care Systems (ICS) processes to work collaboratively with stakeholders to ensure safeguarding decision making is consistently demonstrated.
- To ensure that Liberty protection safeguards are embedded into the Integrated Care System by April 2022.
- To adopt the changed Learning Disability Mortality Review arrangements, including patients with Autism.
- To increase the offer or and take up of the Learning Disability annual health check.
- In addition, there are a number of issues that are retained from the 2020/21 work plan that are continuing as they relate to the Covid pandemic.

NORTH MIDDLESEX UNIVERSITY HOSPITAL

What impact has the Covid-19 pandemic had on safeguarding practice in your service area and how have you mitigated any impact?

Throughout the Covid-19 pandemic the safeguarding service delivery has been business as usual.

The Trust has seen an increase in cases of self-neglect, domestic abuse and mental ill health. The data shows that between April 2020 to April 2021 there have been 120 Datix's raised across the trust regarding self-neglect, compared to 44 referrals for the timeframe April 19 – April 2020.

The increase in the above cases has seen further demand on the frontline staff in the hospital. To mitigate the demand that this has presented the Trust employed an Independent Domestic Violence Advisors (IDVA) to work directly with those who have been affected by Domestic Abuse. The IDVA role is a 4-month contract to assess impact in view of developing a business case for a substantive IDVA to join Trust on an ongoing basis.

The trust has also undertaken a robust Self-neglect audit to more clearly understand the challenges in the self-neglect pathway through the hospital including safe discharge. A robust action plan has been devised in response to the audit which is reported in at the Internal safeguarding committee.

All face-to-face training was put on hold due to the Covid-19 pandemic. Face to face training has recommenced since April 2021. During this time all levels of safeguarding training was available on the Trust e-learning platform.

Key Safeguarding achievements in 2020/21

- Adult safeguarding training consistently above benchmark of 90%
- MCA/DoLs lead safeguarding advisor in post since March 2021.
- Significant improvement in overdue S42 reports with robust process in place to complete within time frames.
- Introduction of IDVA within the Trust
- Ratification and implementation of Staff facing Domestic Abuse policy
- Significant work towards White Ribbon Accreditation including introducing Male Domestic Abuse Ambassadors with an executive male lead.
- Significant work undertaken on Learning Disabilities and Dementia Strategy
- Robust process in place to ensure that the processing of DoLs application is within timeframes with a dynamic single central register of active DoLs cases in place.
- Recruitment to the Adult Safeguarding Team nearing completion with one role outstanding (Mental Health Lead Nurse)

Delivery of Safeguarding training and awareness

- NMUH delivers adult safeguarding training at levels 1 and 2, this training is delivered both by e-learning and face to face training, although face to face training was put on hold due to the Covid-19 pandemic over the last year. Level 1 and 2 safeguarding adult training has maintained a 90% compliance level across the last year.
- A plan is in place to commence the roll out of level 3 safeguarding adult training by end August 2021.
- Mental Capacity Act/Deprivation of Liberty Safeguards (MCA/DoLs) training is delivered both via the Trusts E-Learning platform and face to face since restrictions

have been lifted. Face to face training is delivered by an MCA/DoLs specialist practitioner who is also a Best Interest Assessor (BIA). This training is well received, and delegated competencies are assessed following the training.

- Basic PREVENT and WRAP 3 training is delivered by both the e-learning platform and face to face. PREVENT training figures have consistently been above the 90% benchmark over the last year.

Planned Safeguarding activities for 2021/22

- Roll out of safeguarding level 3 training.
- Maintain single central register of DoLs applications and submissions within time frames.
- Quality improvement projects to include – the consistent flagging of Learning disabled and autistic patients on hospital systems, audits in DNA appointments.
- Achieve White Ribbon Accreditation
- Streamline systems and processes to be certain that S42 enquires are completed within time frames.
- Refresh of Trust safeguarding intranet pages with dedicated pages for disseminating learning from learning reviews.
- ‘Critical friend’ review of Dementia services from NHS England.
- Recruit to Mental Health Lead nurse post
- Continue to work closely with all divisions and divisional directors across North Middlesex University Hospital (NMUH) to ensure that safeguarding really is everyone’s business.

HARINGEY ADULTS SAFEGUARDING AND DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)/LIBERTY PROTECTION SAFEGUARDS SERVICE

What impact has the Covid-19 pandemic had on safeguarding practice in your service area and how have you mitigated any impact?

- DOL’s team: During lockdown, the vast majority of DoLS assessments were undertaken remotely using information technology. Both care homes and hospitals had instigated a no visitor policy owing to the vulnerability of many of the service users and the need to reduce the risk of transmission.
- Face to face assessments are recognised by the Court to be the most appropriate way to undertake assessments, however, guidance was produced by the Court and the government on how to undertake DoLS work during the pandemic and this included guidance on remote assessments.
- All our assessors were provided with this guidance. Scrutiny of the assessments continued to be completed by middle and senior managers.
- Since the vaccination programme has been implemented within care homes, face to face assessments are beginning to be undertaken again prioritising those where the person or family may appear to be objecting or communication issues require face to face assessment.
- As employers we also had to be mindful of our duty of care towards our staff/externally commissioned assessors and their individual risks should they have caught Covid-19.
- Safeguarding Team: Over the past year and during lockdown, most of the investigations by team members were carried out using technology. Some visits and investigations were necessary to be undertaken in the Adults own home, although these were greatly reduced. We could not undertake any visits to Care Homes nor to

Extra Care Accommodation, until recently. For those in hospital, if a decision could not be made to keep the Adult(s) at risk safe, the Discharge to Access policy and step-down facilities accessed for those residents. This allowed the team to gain more information to complete the investigations prior to the person returning home.

- All safeguarding cases coming to the Safeguarding Team had management oversight.
- The impact of Covid-19 pandemic saw an increased number of safeguarding concerns coming into the team, at times in the region of 50 to 70% increase in concerns compared to the same time in the previous year. Additional staff was required to mitigate the number of cases.

Delivery of Safeguarding training and awareness

The planned training was delayed due to Covid-19. However, with the recent employment of workforce development manager training needs can be picked up going forward.

Partnership and safeguarding practice

Case 1 - An example of good practice and joint working between the Safeguarding Investigation Officer, Occupational Therapist in Adults Reablement Team, District Nurses, and the Independent Advocate where the outcome was the Adult at Risk was able to continue living in her own home.

There were issues with neglect by her sons, the Adult at Risk lacked capacity, so she was represented by an independent advocate. Safeguarding Investigation Officer undertook Mental Capacity Act assessment and held a Best Interest Meeting to undertake decisions, there was also a planning meeting with all the professionals involved and her sons. Her Sons have declined social care input in the past but due to professionalism of staff involved i.e., OT, advocate, and safeguarding officer the sons agreed for a social care input. EL is now being cared for in her own home as per her wishes and feelings expressed in the past. Her sons have accepted the support that she required. Adult at Risk has remained at home without any further safeguarding incidents.

Case 2 - Safeguarding referral received from mental health team reported that Mr I (person accused of causing harm) PATCH, made threats to kill Mr RK (Adult at risk). A joint visit was completed by the Adults Safeguarding Social Worker and the Mental Health Social worker. Adult at risk was found wandering in the street outside his property, confused and distressed. He reported theft of money and stated that he wanted to get away from the alleged PATCH and be in a safe place. He was admitted into the Whittington Hospital.

There were multi-professionals involved in assessing Adult at Risk and to keep him safe:

1. Whittington Hospital (On Admission)
2. Police Contact (To report alleged financial abuse/ Threat to kill),
3. Mental Health Community Service / Hospital (Inform of alleged abuse and information to support decision on discharging alleged PATCH) and to request Mental Health Act Assessment / Memory Test for client. Social Worker supported Mr K and his family to manage his finances and reduce the risk of abuse.
4. Contacted Office of Public Guardian to ascertain whether there is a Lasting Power of Attorney (LPA) in place, if so for what areas and who is the current holder.
5. Land Registry Department to ascertain if he did own property.
6. Brokerage Team Social Services (to find suitable Placement) until he could return home.
7. Out of Borough Care Provider

He was first transferred from hospital into a step-down supported living section of the residential Care home, as at the time of the safeguarding referral it was not safe for him to return to where he was living. He was confused and attempted to leave his supported living placement on many different occasions prompting the need to involve the Police in returning him home safely. He was then transferred to a residential home.

The DOLs team was contacted to complete a Mental Capacity assessment and Dols Assessment. It concluded that he was not being deprived of his liberty.

The outcome of the safeguarding investigation indicated that there were no threats to kill him nor was there any evidence that any money was missing, nor large amounts of money taken out of his account. However, after investigation, his money was safeguarded by the family applying for Lasting Power of Attorney (LPA) and he remained in the Residential Care home where his needs are being met.

Planned Safeguarding activities for 2021/22

Plans are being drawn regarding the implementation of the Liberty Protection Safeguards – due for April 22.

THE BRIDGE RENEWAL TRUST

What impact has the Covid-19 pandemic had on safeguarding practice in your service area and how have you mitigated any impact?

- Within 2 weeks of the first lockdown, the Bridge Renewal Trust (BRT) Web pages relating to Safeguarding Children and Safeguarding Vulnerable Adults were upgraded to include multiple resources, useful contacts, helpline, local and national website/online supports for (among others) children, adults, carers, special needs, disabilities, lone parents, older people, LGBTQ+, people living with addiction and domestic violence.
- We work across sectors and disciplines, supporting our VCS members to access support through advocacy, raising safeguarding concerns. Clarifying and streamlining referral pathways by sharing MASH contact/ processes with community organisation.

Key Safeguarding achievements in 2020/21

We continue to deliver Online Basic Safeguarding Awareness Training. In this period, 430 people took part in the training, with 398 fully completing and receiving a certificate. This figure includes staff and volunteers from 27 local organisations. In the current year we have secured a small amount of resource to help us administer the Online Basic Safeguarding Awareness Training. We have delivered on-site (up to early March 2020) and then online, bespoke training to:

- Somali community on Domestic Violence, Coercive Control and impact on child development
- Somali community, 2 training sessions. (One each- Safeguarding Children and Safeguarding Vulnerable Adults)
- Asian diaspora on Safeguarding Vulnerable Adults
- Faith based (Christian Community) on Safeguarding Vulnerable Adults
- 2 Housing Associations: Series of 8 training sessions (4 Safeguarding Vulnerable Adults and 4 Safeguarding Children)

- Delivered in partnership with The HSCP and the MASH team, two online community capacity building events, sharing The Green Book and Children safeguarding with VCS, Faith based and other groups.

Delivery of Safeguarding training and awareness

- Successfully delivered online Basic Safeguarding Awareness Training to 398 learners
- Supported numerous VCS staff/ volunteers to access Level 3 Safeguarding training with LBH
- Ensured that The Bridge Safeguarding lead completes ongoing CPD, including level 3 Safeguarding Children, DV, Coercive Control, and is able to share SAB frameworks and guidance with VCS members, as required.

Planned Safeguarding activities for 2021/22

We will continue to promote the online training and work with partners to try and secure additional resources to further develop safeguarding work within the voluntary sector.

METROPOLITAN POLICE (LONDON BOROUGHS OF ENFIELD & HARINGEY)

What impact has the Covid-19 pandemic had on safeguarding practice in your service area and how have you mitigated any impact?

- A COVID strategy in place throughout the strategy which has evolved in line with transmission of the virus.
- Blended working has taken place with staff and regular communication & support provided.
- Staff have adapted to using Technology and video conference facilities.
- Re-alignment of staff where required to ensure continued focus on service delivery.
- A return-to-work policy is in place to reassure staff and ease any anxieties in conjunction with the Government COVID unlocking blueprint.

Key Safeguarding achievements in 2020/21

- Continued focus on Modern Slavery and roll out of training to all officers through LA and 'Train the Trainer' SME scheme. Identification of High-Risk subjects and appropriate safeguarding measures in place.
- Trigger plans created by Missing Persons Unit for vulnerable persons and those missing on more than one occasion to ensure Local Authority intervention and collaborative safeguarding measures.
- Continued support of the DA Hub to ensure that delivery was maintained across the borough.
- In February 2021 North Area CSE/CCE Team received the London award for Innovation & Partnership working in the MPS as shining example of collaboration and protection of young person's showcasing all their good work including through the pandemic. This is testament to the professionalism and tenacity of the team.

Delivery of Safeguarding training and awareness

- Specialist three-week safeguarding courses provided for all officers working within Public Protection to ensure new techniques, legislation and best practice is

promoted. This also includes an input focusing on securing evidence from vulnerable victims of crime.

- Violence against women and girls (VAWG) strategy launched and training provided to front line officers to ensure an appropriate & robust response to all reports.
- National Stalking Awareness Week – 19-23 Apr 21 – Daily stalking awareness sessions were delivered to front line officers by police SME's, schools officers attended a number of schools to promote 'clever never goes' – formerly 'stranger danger' to promote practical personal safety skills for primary school children, raise awareness for teachers. There was a central national newspaper/broadcast & social media campaign promoting the week and encouraging victims to come forward from the MPS stalking lead.
- National Stalking Awareness Week – April 21– Daily stalking awareness sessions were delivered to front line officers by police SME's, schools officers attended a number of schools to promote 'clever never goes' – formerly 'stranger danger' to promote practical personal safety skills for primary school children without causing unnecessary fear or mistrust of strangers. The new message instead teaches children to recognise unsafe situations to reduce the risk of abduction, including by persons known to the child. A bespoke review of all outstanding stalking suspects & stalking protection orders was considered for each case. There was a central national newspaper/broadcast & social media campaign promoting the week and encouraging victims to come forward from the MPS stalking lead.

Planned Safeguarding activities for 2021/22

- Continue to emphasise & promote the VAWG strategy to partners. Reach out to charities and encourage awareness & reporting to Police. There are almost 100 variations of different VAWG support groups with multiple service users across the BCU.
- The extended roll-out of the accredited specialist safeguarding course to all Public Protection officers.
- Further arrest enquiries to target high risk offenders including weeks of action where officers from across Haringey will work together to arrest those individuals that pose a risk to vulnerable persons.

BARNET, ENFIELD, HARINGEY MENTAL HEALTH TRUST

What impact has the Covid-19 pandemic had on safeguarding practice in your service area and how have you mitigated any impact?

- The number of concerns raised has increased significantly in 2020-2021 with reported concerns up by 92 %. This is consistent with national safeguarding, whereby it has been reported that there is an increase in reports of abuse after lockdowns lift.
- Safeguarding Adult referrals have increased for the 6th year running, and significantly so in 2020-2021 with a 92% increase in safeguarding adult concerns.
- The most frequently raised categories of abuse physical abuse, financial abuse, psychological/emotional abuse and neglect or self-neglect.
- There has been the most striking increase in abuse for the category of self-neglect with a 1000% increase in referrals. The Safeguarding team have created a trust toolkit for self-neglect, a quick grab guide and a lunch and learn session focussed on cuckooing (considered under the category of self-neglect) have been put into place to help support staff. In addition team managers have been asked to ensure that their clients at risk of self-neglect have additional monitoring and local authorities have created high risk and multiagency panels in an attempt to manage the increase in

self neglect and the associated risks such as environmental neglect, hoarding, fire risk, pressure ulcers etc.

- The safeguarding Adults national network, along with SAB's and national government have noted that domestic abuse has increased significantly in the lockdowns during the Covid 19 global pandemic. Although our figures show there has not been an increase in domestic abuse, it is important to note that the majority of our domestic abuse reporting is under the categories of Physical, psychological and combination abuse, which has increased by over 100% in the last year. Our response to this increase is to support staff with their responses in the following ways:
 - Providing resource packs for domestic abuse; some of which were specially created to work with DA during the pandemic.
 - Increased training in domestic abuse provided by our IDVA services.
 - Comms awareness and support campaigns including material and toolkits on safety planning, MARAC and responses to domestic abuse.
- Psychological abuse safeguarding referrals have represented the biggest increase in referrals during the pandemic; Our trust has seen a significant increase in the reporting of Physical, emotional and combination of abuse. These forms of abuse have increased in the community but more significantly on the wards. Acuity on the wards during the initial lockdowns increased along with reporting of sexual abuse and physical harm. The adult safeguarding lead has worked with ward management to implement preventative measures in the areas of physical violence and improved response to sexual abuse.
- Concerns regarding the newer categories of abuse as defined by the Care Act (2014), such as modern slavery/human trafficking/domestic servitude and hate crime are still less frequently raised. They remain low; however, we have seen a slight increase in 2020-2021. The Safeguarding team have implemented modern slavery training to the Champions and team managers in the trust in an attempt to raise awareness and see if this generates more activity. It is however acknowledged that these issues are less common in secondary services.
- Concerns regarding financial abuse and scams has increased by 110%. This increase was predicated nationally during the pandemic and relevant partners have been working together, such as police, local authorities and fraud teams to address concerns and raise awareness. We have also created toolkits for staff.
- There has been an increase in referrals for pressure ulcers from Community Nursing Services in Enfield especially in the categories of neglect (mainly pressure ulcers). There is work planned for supporting district nursing with safeguarding relating to pressure ulcers and ensuring that they are managing under the appropriate frameworks.
- Data collection has been a focus of this year with the adult safeguarding lead meeting with the local authority to discuss more effective data collection.

Key Safeguarding achievements in 2020/21

We have continued to enhance the Safeguarding Champions role including employing one from the rough sleepers mental health team in Haringey. We have strengthened the role of safeguarding champions by providing champions safeguarding supervision training sessions were attended by approximately 30 champions so far, via Microsoft Team. The champions will be supported to provide robust safeguarding supervision to their teams going forwards.

We have also disseminated toolkits and useful templates associated with financial abuse, self-neglect and executive Capacity assessment.

Delivery of Safeguarding training and awareness

We provide additional training to our champions and in the year 2020-2021 we have provided the following training:

- Cuckooing
- Modern Slavery and human trafficking
- Parental Mental Health
- Gangs and county lines
- Domestic abuse
- Safeguarding Supervision
- PREVENT
- Radicalisation

This is in addition to reviewing our Level 3 training and making it all online for staff which has increased staff's compliance.

Safeguarding Adult case studies

Cuckooing cases in Haringey highlight the effective work completed by trust staff alongside the local authority and voluntary agencies. These cases highlight how safeguarding frameworks and multiagency work can effectively manage complex cases and have good outcomes for the adult at risk.

The first example is the effective response to an allegation of cuckooing in a homeless hostel. A member of staff from the Mental health team discovered that another person had moved in to live with a client who had been residing in a bedsit at a hostel. The client was feeling intimidated, overpowered and bullied by this person, he was not able to ask him to leave, feeling scared of retaliation and violence. When the suspected perpetrator was approached, he made several comments which could potentially indicate that client has suffered from sexual exploitation along with his room being taken over.

A protection plan was immediately put in place by temporarily moving the adult at risk to another address, once his wishes and feelings had been gained. This felt like a safe option for client and staff alike. Police were also informed, and a criminal investigation was initiated. The locks were changed at the hostel to prevent the perpetrator gaining access and to safeguard other tenants and measures taken to prevent this occurring again. An advocate was allocated, and health checks completed for the adult at risk.

A very good, thorough and immediate response to these concerns were implemented once the situation came to light. The police, mental health trust and homelessness charity provided a thorough response to the circumstance and a multiagency plan was effective in safeguarding the adult at risk and others with immediate effect.

Another example is of a Haringey resident under the care of the dual diagnosis team. During lockdown she had become increasingly isolated with less frequent visits to her care coordinator. She allowed a number of men to move in with her and sell drugs from her home. Police were informed and safeguarding raised. This safeguarding is ongoing, and the care coordinator has presented the case at the relevant forums. There was clear evidence of Making safeguarding personal in that client was interviewed for the desired outcomes and these were honoured and continuously updated.

The staff will need local knowledge on how to manage such cases.

- The dissemination of the new Multi-Agency Solution Panel (MASP) in Haringey which will consider complex cases amongst a variety of professionals to determine good outcomes and robust risk management for individuals subject to.
- High risk panels held
- Cuckooing lunch and learn completed– to be re-disseminated via video. This includes the police response to cuckooing.
- Neglect toolkit has information on management of Cuckooing.

Planned Safeguarding activities for 2021/22

The safeguarding strategy and work plan have been refreshed this year to include new and emerging issues, including hidden harm, transitional and life-long safeguarding and new themes and patterns in abuse emerging from changes we have seen in society during lockdowns and social distancing. Our Safeguarding work plan demonstrates the progress made and a continual need to flex and respond to these emerging issues in a dynamic and agile way. The underpinning message remains the same in that safeguarding is everyone's business irrespective of role or position. It is everyone's responsibility to safeguard and protect the most vulnerable adults and children in our society. The child and adult at risk must remain at the centre and motivation of all our actions.

An enhanced emphasis on the following areas in the next 6 months May-Oct 2021:

- **Sexual Safety** in line with National drivers and the UCL collaborative
- **Carers**– promote support and take a preventative safeguarding approach.
- **Transitions** and life-long safeguarding (Partnership working between Children and Adult services)
- **Hidden Harm** (online, self-neglect, radicalisation, FGM, domestic abuse)
- **Prevention:** Promoting awareness Campaigns (e.g., Early Help, neglect toolkits, pressure ulcer prevention)
- **Psychiatric liaison teams** – Increase safeguarding skills and knowledge to help identify safeguarding.

WHITTINGTON HEALTH

What impact has the Covid-19 pandemic had on safeguarding practice in your service area and how have you mitigated any impact?

Throughout the period of COVID, there has been a visible presence of the safeguarding adult lead, to ensure staff were supported during this unique period in fulfilling their safeguarding adult duties. Despite significant pressures including staff shortages, safeguarding adult referrals continued to be made appropriately, and numbers were the highest ever recorded.

Increase in cases of self-neglect were reported, which has been shared with partners and the SAB – working together to mitigate risks identified has been key.

The reduction in social care presence for inpatients who have had a safeguarding adult concern raised has led to discussions about how the voice of the person can be heard with social care and partners.

There has been a lot of concern around use of Do Not Attempt Resuscitation (DNAR) for patients with a learning disability, especially due to press reports. Whittington Health completed an audit looking into our practice and found proper processes had been followed. On the back of this, we are developing training for provider agencies around DNAR.

Whittington Health continued to be an active partner in the LeDeR steering group and programme and has supported reviews being undertaken. Learning form reviews continues to be shared.

Key Safeguarding achievements in 2020/21

- The Homelessness Reduction Act places a duty on agencies to refer those who are homeless or at risk of homelessness in the next 56 days, for housing advice with consent. This has been embedded within the organisation.
- Maintaining a high compliance rate for safeguarding adults training has continued during this challenging time.
- Ensuring reasonable adjustments were in place throughout COVID for those with a learning disability, dementia, mental illness etc. continued.
- Two safeguarding adult training films were completed and will be shared with the SAB.
- Commencement of group supervision for community matrons
- An external audit into safeguarding practice within the Trust found staff knew what their safeguarding adult responsibilities were, and also had a good understanding of the Mental Capacity Act.

Delivery of Safeguarding training and awareness

Safeguarding adult training has continued throughout this period and has been a mixture of face to face and e-Learning.

Planned Safeguarding activities for 2021/22

- Continue safeguarding awareness and support.
- LPS implementation
- Continue face to face safeguarding adult training and awareness of the Mental Capacity Act

LONDON FIRE BRIGADE

What impact has the Covid-19 pandemic had on safeguarding practice in your service area and how have you mitigated any impact?

During the Coronavirus pandemic lockdown, Home Fire Safety Visits (HFSVs) were triaged, and low risk visits suspended, in accordance with advice from NFCC and guidance around social distancing from Central Government. In line with the Government's 'tiered' approach to managing Coronavirus risk across the country, the Brigade introduced a tiered approach to HFSVs. Whilst London was in Tier 4, all HFSVs were suspended, however the fire risk triage process has continued in order to determine risk and prioritise the 'waiting list' of HFSVs for recommencement as London moves through the roadmap to recovery.

LFB are still receiving data from the Haringey Performance Team to help target vulnerable people in the Borough. This is risk assessed by LFB to determine if, and how, we can deliver HFSVs.

The pandemic has affected our ability to deliver all HFSVs, however, we do risk assess and carry out as necessary. The information supplied by Haringey to LFB has been successful and this level of engagement is expected to continue.

In order to determine if there is a risk to life, upon receiving a call from a resident or partner agency, the Area Team will ask the fire risk questions (below) in order to assess the level of risk to those requesting an HFSV. If the outcome of that assessment is that a visit is required, the following actions should be taken:

If a visit is required, Area Teams are to inform the member of the public or partner agency that there is a temporary suspension of HFSVs due to the pandemic and that we will be in touch at a later date when HFSVs are resumed. Provide the caller with home fire safety advice relevant to their circumstances, (as per the section below titled 'Providing advice on the telephone') which you will know from the fire risk questions asked. Enter this as a visit on the HFSV database, and leave it as 'unallocated' to allow for contact and allocation at a later date. Flag the visit in red to mark that they require a visit once London is reduced to a lower tier. Enter in the notes of the visit and include what advice was given based on the section 'Providing advice on the telephone'.

There will be occasions, such as when there is an immediate threat to life (e.g. genuine threat of arson), or when there is a need to safeguard an individual, where an HFSV will be necessary. In these circumstances, guidance must be sought from a Station Commander or Borough Commander (or OOD if out of hours), in order to risk assess whether an HFSV will be conducted.

If in doubt whether an HFSV is needed immediately, contact the local SC or BC

If an HFSV is deemed necessary, follow the 'Carrying out the HFSV' section of the Home Fire Safety Visits - Interim Guidance, published in October 2020 on how to conduct an HFSV during the COVID-19 Pandemic.

The individual is to be advised that we will make contact again once London returns to Tier 1 to re-arrange the appointment. Provide the caller with home fire safety advice relevant to their circumstances, (as per the section below titled 'Providing advice on the telephone') which you will know from the fire risk questions asked. Enter this as a visit on the HFSV database and leave it as 'unallocated' to allow for contact and allocation at a later date, once London returns to Tier 1. Enter the answers to 'Appendix 1' in the notes of the visit and include what advice was given based on the section 'Providing advice on the telephone'.

Area team staff will provide general fire safety advice verbally over the phone, ensuring that a visit is entered on the HFSV database and leave it as 'unallocated', note down the advice given and any answers to the following in order to capture the details of the advice given*:

- Smoking
- Kitchen & Cooking Safety
- Candle Safety
- Heaters & Open Fires
- Electrical Safety
- Detection & Warning
- Escape
- Bedtime Routine
- Direct the individual to our LFB website for general fire safety guidance and information

*This is so that we have a record of our actions in case a serious fire occurs at the property before a full HFSV can be carried out.

In all cases (visit / no visit) if a partner agency referred the person, inform the partner of what actions you have taken and why. i.e., Advice provided over the phone, visit rescheduled etc

Key Safeguarding achievements in 2020/21

- Continuation of fire safety training – adapting to social distancing constraints and use of technology.

- Carrying out HFSVs for the vulnerable, despite Covid constraints, 350 homes in the Borough were visited as part of the HFSV programme. We have changed the way we work in provision of advice over the phone and are still taking bookings for HFSVs which will be carried out as the roadmap to recovery progresses (see tables below for predicted engagement activity).
- We have changed the way in which we report and record safeguarding and welfare concerns, using a digital recording/tracking/notification form called a Person at Risk form (PAR), this provides an increase in the ability to ensure that safeguarding is made personal.
- Whilst we have limited the number of HFSVs carried out, we have still maintained our reporting protocols for reporting of safeguarding or welfare concerns.

Delivery of Safeguarding training and awareness

LFB are still also delivering training to care based staff (presentation entitled: “fire safety and the vulnerable”) currently this is via Teams.

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 provided with continuous training to ensure they understand how to carry out a fire risk assessment and employ suitable control measures.

Partnership and Safeguarding Practice

The LFB in Haringey have been running a number of briefings and information sessions for social care staff, private providers, home carers and housing practitioners to increase their understanding of common fire risks for service users in their own homes. Following up later there was a unanimous view that the sessions were a good use of their time and increased their understanding of key fire risks. In addition, the following are few examples of practical steps practitioners have taken to implement their learning.

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

A significant number of attendees responding confirmed that before attending, they had not appreciated the issues concerning emollient creams. Since attending, this knowledge had improved the guidance they had given to service users and families and that they were now making more referrals to the LFB for a home safe check for service users.

A fairly typical evaluation comment was: “Brilliant course and good learning and has become a part of discussions at all reviews with service users and have made numerous referrals to LFB and discussions with internal agencies around their own risk assessments and agencies.

Planned Safeguarding activities for 2021/22

Phase	Earliest Date	Government Restrictions	HFSV Provision
Step 1	8 March 2021	<ul style="list-style-type: none"> - Stay At Home - Schools and colleges open - Recreation or exercise outdoors - Funerals (30) - Wakes & Weddings (6) 	<u>Suspension of Home Fire Safety Visit Programme</u> <ul style="list-style-type: none"> - All HFSVs suspended except in exceptional circumstances (see guidance) - COVID screening over the phone and at the door prior to any necessary visits - Minimise exposure to resident when indoors by maintaining social distancing and wearing adequate PPE.
	29 March 2021	<ul style="list-style-type: none"> - Rule of 6 reintroduced outdoors - Outdoor sport & leisure facilities - Organised outdoor sports 	Maintain high level of hygiene of HFSV fitting kit & CS literature pre & post visit
Step 2	12 April 2021	<ul style="list-style-type: none"> - Indoor leisure - Outdoor attractions (zoos, theme parks etc) - Libraries & community centres - Personal care premises - All retail - Outdoor hospitality - Domestic overnight stays - Wakes & weddings (15) 	<u>High risk visits only</u> <ul style="list-style-type: none"> - Area teams triage¹ HFSV referrals against fire and COVID risk as per NFCC guidance - Covid screening² questions on booking, day of visit and at the door prior to visit - Minimise exposure to resident when indoors by maintaining social distancing and wearing adequate PPE. - Where possible, advice given on the doorstep (to minimise close contact exposure indoors) after an assessment of the premises & installation of necessary alarms. <u>However discretion should be given to residents living with reduced mobility and frailties.</u> <p>Maintain high level of hygiene of HFSV fitting kit & CS literature pre & post visit</p>

HOUSING RELATED SUPPORT

What impact has the Covid-19 pandemic had on safeguarding practise in your service area and how have you mitigated any impact?

In general, the pandemic has had a positive impact on our safeguarding work, with the 'Everybody In' directive and associated funding from central government meaning we have been able to provide accommodation, food and specialist support to more than 1100 people, only 100 of whom would have been offered immediate accommodation ordinarily. The discretion to provide housing and support for people with no recourse to public funds has meant we have been able to prevent and reduce the risk of abuse and neglect to some of our most vulnerable residents affected by homelessness without restriction.

However, there were new challenges around safeguarding in the early period of the pandemic as the Council was providing emergency accommodation to 400 people a night who were dispersed across the city in 19 hotels. This presented challenges in terms of referring to local services for support, securing outreach from Haringey services to the dispersed locations and in identifying risks and vulnerabilities comprehensively.

Key Safeguarding achievements in 2020/21

In 2020, we established the Haringey Health Inclusion Team, an integrated health and social care team who work in hotels, hostels and on the streets providing physical and mental health care, housing support and social care. This is the first of its kind in Haringey and a leading service in London already, which means that access to appropriate services is much faster and more person-centred than previously. This has made a significant positive impact on our safeguarding work.

- We have achieved our lowest ever rough sleeping figure in 2020, with only 8 people counted rough sleeping in our annual street count in Nov 2020. This is down 75% from the previous year and has been sustained for more than 8 months.

- The HRS Service were a key partner in the redesign of the HRP into the MASP, which launched in April 2021.
- We have opened new supported housing services for people facing multiple exclusion homelessness and secured funds to open more in 2021-22.
- We secured continuation funding for our dedicated rough sleeping Social Worker role.
- We have been commended for best practice for our Covid-19 homelessness response by the Local Government Association and the Ministry of Housing, Communities and Local Government (MHCLG).

Delivery of Safeguarding training and awareness

The HRS Team delivered two multi-agency safeguarding briefings around homelessness for Haringey partners in 2020, as well as sessions introducing homelessness and supported housing services and targeted sessions for individual teams around rough sleeping. In addition, the Haringey Homelessness lead delivered a wide range of sub-regional, pan-London and national workshops and webinars around homelessness and safeguarding, health and covid-19 during the year.

Planned Safeguarding activities for 2021/22

- Review of Social Worker role based on learning from Year 1.
- Opening a women-only supported housing service at Burgoyne Road and a multiple exclusion service at Olive Morris Court, for vulnerable people affected by rough sleeping.
- Continued growth and development of the Multi-Agency Solutions Panel with partners and colleagues.
- Co-producing our Rough Sleeping Strategy 2022-26 with people lived experience of homelessness. The strategy will have a renewed focus on holistic needs of people rough sleeping, including safeguarding, health and care responses.

APPENDIX 1 – HSAB STRATEGIC PLAN

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 focuses on their front-line response. As a result, a few actions have been carried forward into next year's priorities yet to be agreed. The focus on next year's priorities may be amended during the year to reflect shifting priorities and risks as they develop.

	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Updates as of 30 June 2021
N1	<p>Alcohol related deaths that meet the criteria for a SAR to be escalated to the SAR subgroup.</p> <p>Those working with vulnerable adults should be trained in Identification and Brief Advice (IBA) and complete an alcohol audit.</p>	<p>The SAB is assured that learning from alcohol related deaths SAR's is captured and meaningfully informs future practice.</p> <p>The SAB is assured that Social Services Staff and partners working with vulnerable adults maximise learning opportunities including IBA awareness to potentially reduce the level of medical complications of alcohol and substance misuse.</p>	<p>All Alcohol Related Deaths (ARD) will be presented to the HSAB in the form of an Annual Report. The Annual Report should include learning from any SAR learning reviews, including learning from any ARD that would not meet the SAR criteria.</p> <p>Alcohol related deaths that meet the criteria for a Safeguarding Adult Review (SAR) to be escalated to the SAR Subgroup to determine if more could have been done to protect the individual(s).</p> <p>Maximising multi-agency learning opportunities (through HSAB partners) for raising awareness about alcohol/substance misuse and safeguarding issues.</p> <p>An Alcohol Related Deaths action plan to be put together by Public Health to outline the additional steps to be undertaken during 2021.</p>	<p>The alcohol related deaths action plan which has been developed in response to a review of alcohol related deaths in 2019/20 was presented to the HSAB in April 2021. The findings of this review were reported to the SAB in October 2020. Eleven alcohol related deaths had taken place in Haringey. The cause of the deaths was largely unknown, and often suspicious; in most cases individuals were found deceased in their homes/temporary accommodation. Failure to engage with services was identified as a key theme present in a large proportion of deaths. A significant proportion of deaths were caused by untreated medical complications of alcohol use, raising questions around assessment of mental capacity (only one client had a safeguarding alert raised).</p>

HSAB response to COVID				
	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Updates as of 30 June 2021
C1	<p>Provide an effective partnership response to issues arising from COVID-19 on adults with</p>	<p>The board is assured that partners have responded effectively to any issues arising from the pandemic.</p> <p>Report back to the HSAB biannually on areas of particular concerns identified by the HSAB.</p>	<p>Set up a Task & Finish group to:</p> <ul style="list-style-type: none"> Monitor and review on behalf of the SAB the impact of COVID-19. Recommend to SAB the appropriate partnership responses and actions to deal with associated risks. 	<p>The subgroup has made significant progress. A 6-month subgroup report was presented to the HSAB in April 2021 to provide information on how the partnership is responding to a range of safety and safeguarding risks for Haringey residents.</p>

HSAB response to COVID				
	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Updates as of 30 June 2021
	care and support needs at risk of abuse/harm and neglect.		<ul style="list-style-type: none"> Look to national trends and data to inform local focus and responses. Review wider safeguarding points. Assess the disproportionate impact on the BAME community and how this is reflected in Haringey. Reviewing local safeguarding data in order to identify appropriate response. 	<p>In the last few meetings, the subgroup has discussed the following:</p> <ul style="list-style-type: none"> Safeguarding issues arising from the vaccination implementation and safeguarding impact of non-vaccination of staff and residents (people with care and support needs) Reviewed the subgroups strategic objectives and Terms of Reference <p>More details/updates can be found in the subgroup report.</p>

ASSURE PRACTICE – We are assured that safeguarding practice is person-centred, and outcomes focused				
	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Updates as of 30 June 2021
A1	Collaborate and conduct deep-dives on areas of practice, use of MCA for the victim and survivor's journey	<p>Assurance that partner organisations are working to best practice and working to improve any areas of concern.</p> <p>The Board is assured that practice has improved through auditing of the quality of MCA assessments. Evidence from audits and practitioner clinics to ensure casework documentation identifies and addresses issues of capacity.</p>	<p>Monitor the effectiveness of the application of mental capacity assessments through multi-agency case file audits.</p> <p>Revise audit forms, audit planning and deliver workshop (virtually)</p>	<p>We have identified the criteria for this round of audits as safeguarding concerns raised by the hospital relating to pressure ulcers. We have made written requests to North Middlesex, District Nursing, Providers and Adult Safeguarding for completion of chronologies and audits to be returned by 18th January.</p> <p>However, given the pressure on hospitals due to COVID the decision was taken to put a hold on any audits at this time. We will look at picking this audit back-up when circumstances improve with a provisional date of July.</p>

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

	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Updates as of 30 June 2021
			Undertake multi-agency MCA Audits to provide assurance to the Board that partner agencies are identifying and delivering training on MCA, and that MCA assessments are being completed as required; and that practice is being impacted as a result. This will also include the opportunity for partners to provide examples of exemplary practice in the area of mental capacity and share any tools.	On hold pending LPS implementation
A2	Ensure MSP is embedded in safeguarding practice across the partnership	<p>The Board is assured that the safeguarding activity is person-centred, the workforce understands MSP; and the system is focused on prevention.</p> <p>The principles of MSP are at the heart of all organisations' safeguarding practice by threading MSP across all SAB's subgroup activity, including communications, community engagement, quality assurance, learning and development, and workforce development</p>	<p>Local authority to carry out minimum of 5 surveys and analyse outcomes and trends.</p> <p>Include audit criteria addressing specific (in)equalities impact on people</p>	Safeguarding audits now in place and reported in the monthly performance call overs. Data set has been amended to include areas such as concerns by ethnicity, domestic violence and broken-down establishments into supported living, residential and nursing.
			Using the MSP outcomes framework to provide a means of promoting and measuring practice that supports an outcomes focus for safeguarding adults work.	Discussed the Making Safeguarding Personal (MSP) Adults Framework at the April QA subgroup meeting. Proposal to do this as a designated piece of work, perhaps choose a cohort of closed cases (after 8 weeks). The framework and questions are quite intensive and will take some time to do. Need to link this in with the multi-agency case file audits. To be discussed further at the next subgroup meeting in July 2021.
			Ensure that all staff/professionals from all organisations ask people about their desired outcomes at the point of concern; that this is recorded and analysed so that SAB can see the extent of partner engagement in MSP This includes (in)equalities impact.	MSP currently at 80%. Changes in place to the Mosaic system to support correct reporting and mandatory recording. MSP is part of the data set monitored at monthly call over.
			This links with A1 Monitor implementation of MSP through multi-agency case file audits.	We have identified the criteria for this round of audits as safeguarding concerns raised by the hospital relating to pressure ulcers. We have made written requests to North Middlesex,

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

	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Updates as of 30 June 2021
				<p>District Nursing, Providers and Adult Safeguarding for completion of chronologies and audits to be returned by 18th January.</p> <p>However, given the pressure on hospitals due to COVID the decision was taken to put a hold on any audits at this time. We will look at picking this audit back-up when circumstances improve with a provisional date of July.</p>
			Seek assurance on the impact of MSP through the annual London Safeguarding Adult Partnership Audit Tool (SAPAT)	Impact of MSP through the SAPAT, this is an annual audit, currently on hold. Proposal to hold a joint challenge event (with Enfield or Barnet). Initial meeting to discuss scope of joint challenge event held. To be discussed further and to agree a date.
A3	Effective implementation of LPS and Code of Practice	<p>The Board is assured that partner agencies are prepared for the LPS changes and successful implementation.</p> <p>*Safeguarding Adult Boards across the NCL is assured that all partner agencies are prepared for the LPS changes and successful implementation</p>	<p>Support delivery of the proposed changes in Liberty Protection Safeguards (LPS) Legislation (due to come into force in 2022)</p> <p>Developing Multi-Agency training to support the implementation of the LPS.</p> <p>*Aligning work across the NCL on effective implementation of LPS and the MCA Code of Practice</p> <p>Respond to consultation on the amended MCA code of practice as appropriate.</p>	<p>The full implementation of the Liberty Protection Safeguards (the LPS) has been delayed until April 2022, after the government accepted that its planned October 2020 go-live date was not possible.</p> <p>Pending publication on the draft code of practice and regulations for implementing the LPS, which will be subject to a 12-week consultation in 2021.</p>

PREVENT – We prevent abuse and neglect where possible				
	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Updates as of 31 March 2021
P1	Ensure engagement of service users, carers and community and voluntary sector to ensure current concerns and trends are captured	The Board is assured that there is engagement of service users, carers and the voluntary and community sector and their priorities is feedback to the Board	Maximise feedback from existing community fora as coordinated by Bridge Renewal Trust building local intelligence to understand current community concerns and trends. Report on current (in)equalities issues to the Board	A report 'Living through Lockdown' (coordinated by the JPB) was presented to the Covid -19 T&F subgroup. The report is a summary of issues and concerns experienced by Adult Social Care service users and carers during the lockdown in Haringey. The report has been used by Adult Services to inform service configuration to make sure the recommendations and points where appropriate are considered. The Haringey Commissioning Service has committed to a small working task group made up of members from the reference groups to work on the recommendations of the report. The aim is to produce an 'Impact Report' in a few months' time to capture the actions and learning.
			Prevention & Learning Subgroup to establish a feedback mechanism for priorities to/from Joint Partnership Board	Maintaining links with the Joint Partnership Board. Currently on HOLD
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	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.	The Bridge Renewal Trust to assist VCS organisation to understand their roles in MSP through attendance at VCS forums and regular e-bulletins. Use intelligence gathered from BRT and other VCS organisations (escalating information, scams, vulnerability etc). to inform future planning (training/campaigns) etc.	As part of National Safeguarding Week, the Council communicated a range of information and themes to safeguard vulnerable people from abuse. This was also communicated to ASC staff via Yammer and the Learning and Development newsletter which was also shared with Children's Workforce Development lead.
			Disseminate campaign/information and posters (easy read) to raise awareness of safeguarding issues in the wider public and make easily accessible via community groups.	Multi-agency training took place in November and further sessions have been commissioned for 2021. These are promoted on FUSE online and are promoted to health and social care staff.

PREVENT – We prevent abuse and neglect where possible				
	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Updates as of 31 March 2021
			Promote the multi-agency Self-Neglect & Hoarding procedure and develop briefings and awareness training sessions online.	
			Continue cycle of awareness raising campaigns for safeguarding adults informed by statistical data	Ongoing
P3	Routine monitoring, and support of people at high risk from abuse and management of high risks	The Board is assured that a mechanism to monitor, support and manage high risk clients (smokers, hoarders, bed bound, etc.) has been embedded in practice.	Multi Agencies Solutions Panel Annual Report to SAR Subgroup/SAB	Annual Report to be presented in April 2022, however an update to presented to the July 2021 Board meeting.
			Review the High-Risk Panel/ Multi-Agencies Solutions Panel	<p>The new Haringey Multi-Agency Panel (MASP) will be starting from 2nd April 2021 and will be meeting monthly. This new approach replaces the High-Risk Panel and has been designed to ensure that professionals working with people experiencing complex needs are able to access creative, problem-solving support and advice. A key goal from this work is to better connect us as agencies, improve communication and have a shared responsibility to risk management ensuring better outcomes for those that we support.</p> <p>The Panel is available to any agency working with adults at risk who live in, or are otherwise the statutory responsibility of, London Borough of Haringey.</p> <p>Microsoft Team training sessions being held throughout March and April 2021 to introduce people to panel and explain how it works and answer any question.</p>
			Implement mechanisms for comprehensive and ongoing multiagency review of clients with complex needs including the allocation of a named case coordinator (to whom the case	This work is to be looked at from a localities perspective and a system approach to managing risk and complex needs. This will

PREVENT – We prevent abuse and neglect where possible				
	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Updates as of 31 March 2021
			remains open) with lead responsibility for ensuring key information is shared, and for tracking and coordinating actions across all agencies. <i>(from Ms Taylor action plan)</i>	also align itself with some of the work we are undertaken for vulnerable and shielded groups within the localities. However, this is dependent on a system wide approach to managing complex needs and work is underway to have our 3 localities operating from hubs by early summer 2021.
P4	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.	The Board is assured that people who are homeless are appropriately safeguarded. Develop links with the Homelessness/Rough Sleepers Strategy.	Develop & deliver homelessness awareness training for staff and partners. (Including reference to range of (in)equalities issues for this vulnerable group)	Training on Housing & Adults Social Care Responsibilities was delivered on 3 Dec and covered Homelessness awareness, HRA and NRF matters. Session was attended by more than 20 people and was delivered by staff in Housing, Legal and Homeless strategy services.
			Embed learning from Homelessness Fatality Review process into safeguarding practice	<ul style="list-style-type: none"> Redesign of the HRP into the Creative Solutions Panel is an area of learning. Dedicated RS Social Worker now in place. Swifter access to assessment and safeguarding support for homeless people. Weekly MDT meetings between homelessness, health, and now social care partners in place
			Homelessness and Rough Sleeping Annual Report to SAB	On track for presentation at the HSAB meeting in July 2021
			*Consider joint work with NCL SABs on homelessness and safeguarding	Fortnightly NCL meetings continue. Pan-London fatality review process is progressing slowly due to the continued pressures of Covid on all involved. Gill has agreed to chair a roundtable event for Homeless Link on homeless fatalities in February 2021.

PREVENT – We prevent abuse and neglect where possible

	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Updates as of 31 March 2021
P5	The HSAB to support the delivery of the Multi-Agency Modern Slavery Strategy See also P6 Transitional Safeguarding	The Board is assured that the multi-agency Modern Slavery Strategy is delivered effectively, and that awareness training and briefing sessions are rolled out so that people can identify potential victims of modern slavery, and know what action to take when they are identified.	Monitor effectiveness of awareness briefing sessions	Wider council training sessions have begun to take place. Specialist training sessions for frontline staff who are most likely to interact with victims of modern slavery is also taking place. To date 144 officers have received training from teams such as Adult Social Services, Homes for Haringey, and Connected Communities. Further teams have signed up for training including Haringey Police BCU, the Homelessness Team, and Children’s Social Services. <ul style="list-style-type: none"> • These have been linked to course evaluation form so that we can assess the usefulness of the session and follow up on the effectiveness in future. A recording of the session is likely to be available in the new year so that this is available to multi-agency partners and other staff.
			Develop Multi-Agency options training in line with the new Modern Slavery Policy.	Due to demand for training from both Haringey staff, partners and the community, a modern slavery awareness training webinar was held. The modern slavery training webinar has been available on YouTube for all those living and working in Haringey. The webinar has been shared widely with partners and to date has been viewed 529 times.
			Modern Slavery awareness raising and links with financial exploitation.	The Modern Slavery Plan, Haringey’s strategy to tackle modern slavery has now been launched. The strategy aims to prevent modern slavery and identify and support its victims, surrounding three key areas: <ol style="list-style-type: none"> 1. Raising awareness and identification of potential victims 2. To establish clear guidelines and pathways for referral

PREVENT – We prevent abuse and neglect where possible				
	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Updates as of 31 March 2021
				<p>3. To work with partners, including the Police, Health and Voluntary Community Sector (VCS) to enable greater success in detection, disruption, and prosecution.</p> <p>Training sessions have been advertised in the Learning and Development newsletter for ASC practitioners to attend sessions in 2021.</p> <p>Training has increased the awareness throughout Haringey Council, and number of referrals made last year has increased. Referrals made by Haringey Council have increased from 17 in 2019 to 49 in 2020.</p>
P6	Development of an approach to preparing young people for adulthood that enables a transitional safeguarding response to support the most vulnerable young people and adults in Haringey.	The HSAB and HCSP are assured of a more effective partnership plan and approach for young people transitioning to adulthood, enabling earlier identification of safeguarding risks and responses that embed transitional safeguarding approaches for the most vulnerable.	<ol style="list-style-type: none"> 1. Arrange x2 annual Joint meetings with HSAB & HCSP. 2. Develop Haringey's Vulnerable People's Protocol: Sign off Haringey's Vulnerable People's protocol as set out in Proposal 3 of the Pan London Safeguarding Adolescents <i>Report of the Adolescent Safeguarding</i>. 3. Set up a Task and Finish Group, drawn from partners on HSAB and HCSP to inform development of both Haringey's Vulnerable People's protocol and to inform developments around Transitional Safeguarding more broadly. 4. Transitional Safeguarding Champions: Joint Board members to understand the key principles of Transitional Safeguarding and become 'champions' within their own organisations 5. Transitional Safeguarding Commissioning Processes. Ensure that commissioning processes have strong joint safeguarding themes, i.e. a cradle to grave horizon planning approach 6. Performance management overview of the work, with KPI's for transitional safeguarding and Vulnerable People developed and agreed. 	<ol style="list-style-type: none"> 1. The joint meetings are scheduled to take place every six months with agenda's agreed by the Independent chairs. 2. Work continues, aligned with developing a Locality approach with partners. The aim is to have completed the protocol by summer 2021. However, the delay in getting to a physical locality format may delay our ability complete the protocol. 3. The group has met four times with a focus on better understanding our current system, the interconnections, the gaps and the new ways of working. The latest meeting was on the 22.4.21 and commenced mapping case examples with a view to new pathways and identifying any gaps. Upcoming sessions will focus on development of the protocol itself and recommendations on new ways of working. 4. The Transitional Safeguarding Champion Lead for Children's Social Care is held by

PREVENT – We prevent abuse and neglect where possible				
	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Updates as of 31 March 2021
			7. Skills and knowledge Agree ways that partners can support their staff to be skilled and knowledgeable, with a learning culture to ensure practice is effective.	<p>the AD for Safeguarding and the role will be shared with the Principal Social worker with effect from the 1st February 2021.</p> <p>5. Three meetings have taken place between MH NHS Trust, Haringey Young Adults Service, Adult Services and CCG to begin to develop pathways for Care Leavers 18 plus with MH and or Social Care needs.</p> <p>6. Delayed due to Covid Response.</p> <p>7. Delayed due to Covid Response, however the Children's Social Care Vulnerability, Violence and Exploitation service and the work of the MACE continues to provide and inform learning workshops and opportunities to partners to better understand transitional safeguarding.</p>

RESPOND – We respond to abuse and neglect in timely and proportionate way				
	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Comments
R1	Improve understanding of and responses to older people at risk of or experiencing domestic abuse across the partnership and make links to the Violence	The Board is assured through improved reporting of domestic abuse that the needs of adults with care and support needs are addressed	Identify patterns in data for targeting intervention, including inequalities dimensions	Deep dive exercises in neglect cases, financial abuse, and domestic abuse.
		Training on domestic abuse to identify and inform risk assessment(s)	Maintain a strategic link with Haringey VAWG Strategy Priorities through presenting the VAWG annual report to the HSAB. (Learning and recommendations from DHR's to be incorporated in the annual report.)	VAWG 2020/21 annual report to be presented to the HSAB in July 2021. No DHR's in the last two years.

RESPOND – We respond to abuse and neglect in timely and proportionate way				
	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Comments
	Against Women and Girls (VAWG) strategy		Plan and deliver joint training for staff in domestic abuse and VAWG.	VAWG Team are scoping a mapping of all existing DA/VAWG training in the council and how this can be delivered across the departments jointly. This will be dependent on securing funds for external trainers to deliver this programme of training. The VAWG Team is to set up a VAWG Training subgroup to progress this, to ensure there is the correct representation at this meeting from Adults.

LEARN – We are committed to learning and improving				
	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Comments
L1*	*NCL to undertake case audits	*Safeguarding Adult Boards across the NCL are assured that practitioners have confidence when applying responsibilities under the MCA 2005. And opportunities for early intervention for adults at risk who refuse medical treatment.	NCL to undertake case audits regarding refusal of medical treatment and Mental Capacity, and Fire Safety.	<p>Refusal of Medical Treatment audit completed across NCL.</p> <p>Angela Sealy and Grace McHenry have met with Fiona Bateman to discuss next steps. Further update to be provided by Grace.</p> <p><i>Recommendation: SABs are asked to explore, possibly through commissioners, whether there is a contractual requirement for health and social care providers to have mechanisms to record if a patient is refusing medical treatment and, if so, whether this then triggers consideration of mental capacity/ risk of serious harm.</i></p>

LEARN – We are committed to learning and improving				
	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Comments
L2	Develop mechanisms to provide assurance of impact of change and learning from SAR's	Staff across partner agencies are aware of the key learning from SARs.	Continue to disseminate lessons learnt from SARs through 7-minute briefing and SAR learning workshops and seek feedback on impact from partners. *Consider joint dissemination work with NCL SABs	Thematic Homelessness SAR learning disseminated to partners through 7-minute briefing in March, with a request for feedback by 17 th May. Multi-agency workshops scheduled for July to share the findings of the national SAR analysis and Thematic Homelessness SAR. NCL joint work currently on HOLD
		Partner agencies can evidence impact of improvements made as a result of SAR learning.	Partners to assure SAB of improvements made as a result of SARs and impact of change through reports to SAB, SAR learning workshops and SAPAT reports.	Outcomes of Ms Taylor SAR monitored through updates to the SAR Subgroup. Key improvements from Ms Taylor SAR added to the SAB Strategic Plan. A Thematic Homelessness SAR action plan has been developed with partner agencies to address the recommendations of the review and arrangements put in place for overseeing progress against the plan. This will form a basis for monitoring the impact of SAR learning.
		The SAB is assured of GP awareness of safeguarding and learning from SARs.	Seek agreement from Haringey CCG to the SAB's request to appoint a safeguarding GP Lead to support GP surgeries in their participation in SARs. Seek agreement from Haringey CCG to nominate an adult safeguarding GP Lead to be invited to join the SAB.	GP Lead appointed and invited to HSAB membership and to participate in SARs. NHS NCL Safeguarding Lead sharing information with GP Lead and seeking feedback where attendance at SAR meetings is not possible. GP Lead involved in developing an action plan responding to the Thematic Homelessness SAR.
L3	Implement multiagency refresher training on understanding mental capacity and conducting mental capacity assessments, to	The Board is assured that all partner is engaged in multiagency refresher training on understanding mental capacity and conducting mental capacity assessments	Support multi-agency MCA training and look for flexible funding options. Continue to use multi-agency offer of MH awareness training.	Currently MCA training workshop refresher for staff is being re-designed, online training will be delivered by the Principal Social Worker. 4 sessions have been organised for Jan-Feb for multi-agency partners with a maximum of 25 people per session.

LEARN – We are committed to learning and improving				
	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Comments
	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	Staff across all partner agencies able to identify safeguarding risks associated with fire safety and respond appropriately	Support delivery of fire safety training to all relevant agencies across the SAB partnership.	<p>Monthly Fire safety and person-centred risk assessment sessions continue with care providers and associated health care professionals. Candidates for the training are provided by Haringey Social Services, and the training is provided by London Fire Brigade (currently) using Teams to deliver training.</p> <p>Delivering training to care based staff (fire safety and the vulnerable) the next session is Wednesday 21st April.</p>
L4	Carry out an annual review to assess the impact and effectiveness of the work of the SAR Subgroup	<p>The Board is assured that the SAR subgroup and chair is delivering its objectives and priorities as outlined in its Terms of Reference.</p> <p>Demonstrate that HSAB partners have applied the learning from SARs to practice</p>	Evaluate impact and delivery of action plan. Review actions and areas of improvements from the Safeguarding Adults Partnership Audit Tool).	To be reviewed in May/June and be presented to the July HSAB meeting.
L5	Embed multi-agency case file audit to ensure learning from safeguarding cases is embedded in practice	<p>The Board is assured that learning from case file audits is embedded and leads to improved safeguarding practice.</p> <p>Regular cycle of audits planned</p>	This links with A1 Monitor the effectiveness of practice and learning from SARs through multi-agency case file audits. Audits to include (in)equalities impact.	To review at the QA Subgroup following audit. Audit has been delayed until at least July 2021 due to COVID.
L6	Develop a consistent approach to conducting and sharing learning	The Board is assured that all deaths and other incidents involving serious abuse or neglect are assessed within the protocol and the process	Provide HSAB assurance that key findings from the SARs have been effectively incorporated into organisations' practice and culture	Thematic Homelessness SAR action plan developed with SAB partners to form a basis for monitoring the impact of SAR learning. Dissemination of SAR learning via SAR report

LEARN – We are committed to learning and improving				
	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Comments
	effectively for a range of serious incidents including SARs, DHRs, Coroner's inquests	managed well with the focus from a range of experiences.		and 7-minute briefing dissemination and learning events planned for July 2021. Evidence of learning from Ms Taylor SAR to be demonstrated in agencies' SAPAT returns.
			Commissioners are assured that providers are meeting their responsibilities in relation to the SARs	<ul style="list-style-type: none"> Partners to assure SAB of improvements made as a result of SARs and impact of change through reports to SAB, SAR learning workshops and SAPAT reports. Meetings have been held with Legal Services to ensure future Legal briefings/ Training between Dec-March for ASC practitioners and staff are themed and incorporate learning from SAR's. In addition, trainers providing safeguarding training, Unconscious Bias etc have been given the latest available SAR reports to ensure these are incorporated into the training for staff to learn lessons and engage in discussions.
			LeDeR Annual Report to Prevention and Learning Subgroup and the HSAB	To be presented to the joint HSAB/HSCP in July 2021

Report for: Adults and Health Scrutiny Panel – 15th November 2021

Title: The Carers' Strategy for Adults in Haringey

Report authorised by: Charlotte Pomery, Assistant Director of Commissioning

Lead Officer: Rochelle Jamieson, Head of Transformation: Adults

Ward affected: All

1. Describe the issue under consideration

1.1 The Council working with carers and partners, notably in the NHS and voluntary and community sectors, have developed a Carers' Strategy which was launched in February 2021, with three key aims:

1.1.1. Identify better ways of identifying carers in the borough

1.1.2. Identify better ways of supporting carers in the borough

1.1.3. Create and deliver a Carers Action Plan (Phase 2) to ensure items 1 & 2 are achieved.

1.2 This brief report introduces a set of slides, attached as Appendix A, which will be presented to the Adults and Health Scrutiny Panel to inform a wider discussion on improving outcomes for informal carers in Haringey. The Carers' Strategy was co-produced with carers and seeks to recognise the significant contribution they make to health and wellbeing in the borough and to ensure that their health and wellbeing is improved and supported in all that we do.

2. Cabinet Member Introduction

2.1 N/A

3. Recommendations

3.1 The Adults and Health Scrutiny Panel is asked to note the presentation and to comment on the implementation of the Carers' Strategy and progress to date.

4. Reasons for decision

4.1 N/A

5. Alternative Options Considered

5.1 N/A

6. Background Information

- 6.1 The presentation sets out the ongoing work to implement the Carers' Strategy in Haringey. The presentation highlights some of the data and insights gathered from carers in Haringey and highlights key next steps at an individual, community and organisational level.

7. Contribution to Strategic Outcomes

- 7.1 Carers are an integral part of borough life and contribute significantly to the health and wellbeing of some of Haringey's most vulnerable residents. The development and implementation of the Carers' Strategy support delivery of the Borough Plan 2019 – 2023 and our vision of a Haringey where strong families, strong networks and strong communities nurture all residents to live well and achieve their potential.

8. Statutory Officers comments (Chief Finance Officer, Procurement, Assistant Director of Corporate Governance, Equalities) – Not applicable

9. Use of Appendices

- 9.1 Appendix A – Presentation
Appendix B – Adult Carer's Strategy 2020-2023

Carers Strategy - Update

15 November 2021

Background

There are 254,900 people living in Haringey, approx. 8-11% are unpaid carers (2011 Census). Carers First hold the borough's carers register and has 1,526 carers on the register. During the pandemic, the number of carers on GP registers increased to circa 6,000 owing to the availability of the Covid19 vaccine.

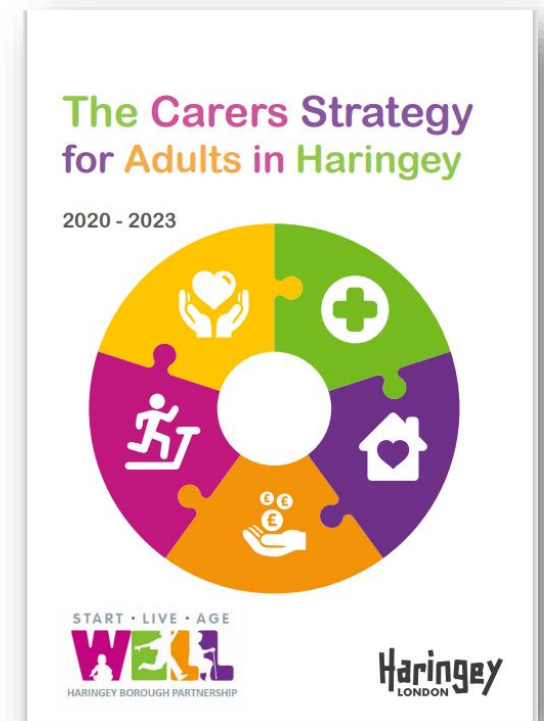
Carers supported in Haringey (ASCOF 2019-20)

	All	All	
1C(2B): The proportion of carers who receive direct payments	Number of carers receiving direct payments or part-direct payments in the year to 31 March	Number of carers receiving carer-specific services in the year to 31 March	(%)
Hackney	65	65	100.0
Haringey	406	406	100.0
Lambeth	452	452	100.0
Southwark	1	20	5.0
Waltham Forest	524	524	100.0
ENGLAND	83,317	108,087	77.1
London	10,566	13,983	75.6

Carers Strategy 2020-2023

The Carers Strategy (Phase 1) was part of the Adults Transformation Programme in 2020. The actual Strategy was co-produced with Carers, partners and staff and launched in February 2021 and the aim was:

1. Identify better ways of identifying carers in the borough
2. Identify better ways of supporting carers in the borough
3. Create and deliver a Carers Action Plan (Phase 2) to ensure items 1 & 2 are achieved.



Achievements so far in 2021/22

- Carers Action Plan developed
- Working group set up to deliver Carers Action Plan
 - Group formed of carers and officers
 - Group co-chaired by a carer
- Independent Equalities Review completed

Equalities Review of support for Carers in Haringey

Carers First were commissioned by the Council to complete this review to look at the needs, equality and equity of support for carers, helping to underpin the implementation of the Carers Strategy, ensuring the needs of carers are met. The findings are based on interviews and surveys with carers and professionals from March to May 2021, including 14 carers registered with Carers First, a survey to 650 Carers of which 34% replied (108 Carers) and responses from 13 organisations (38 were invited to participate).

Key recommendations are:

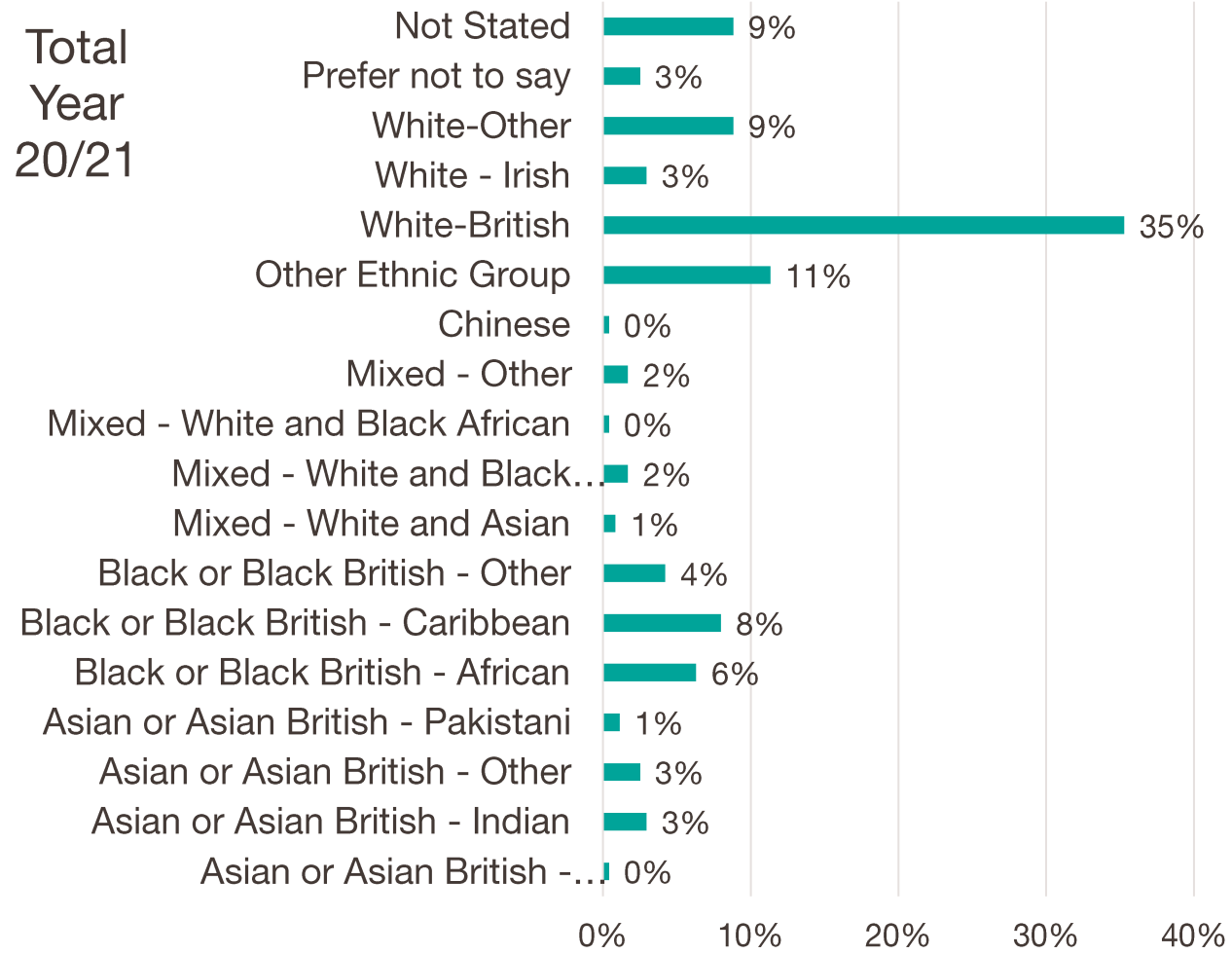
Your caring role: emphasising the need to recognise, identify and support carers in their role

- Health and wellbeing: focusing on involving carers as experts, supporting their physical and mental health needs, and helping them adjust to changes in their caring role
- Housing and managing at home: ensuring carers have a safe, appropriate and habitable housing, and are aware of the range of housing adaptations and assistive technologies on offer
- Finances, benefits & debt: supporting carers to maximise income, minimise expenditure, manage debt, and access good quality, independent legal advice
- Having a life of your own: developing opportunities to take breaks from caring, maintaining employment, and keeping carers' relationships at the forefront of our thinking

What carers said

- ‘When you’re caring for someone it’s all that you can do to care for the person. Trying to figure out complex support systems is challenging’
- ‘They do not always understand the cultural and religious differences to tailor the care and support needed to reflect this’
- ‘I don’t want to lose control of my mums’ decisions and I guess I am suspicious of local authorities’
- ‘Fear the removal of a loved one in favour of a home.’
- ‘The forms which need to be completed to get help are long and stressful’
- ‘Carers First has been the best thing for advice and support as well as assistance from social services in Haringey Council’
- ‘very good hospital services, particularly, after diagnosis was made’
- ‘I received support after battling for it for a very long time’

Haringey Carers Supported by Carers First

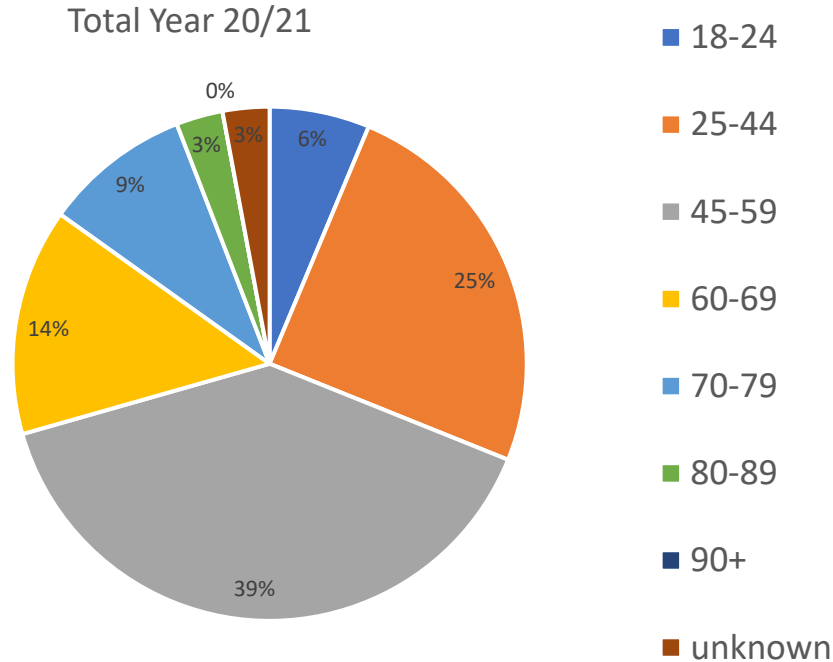


	Total Year 20/21	Quarter 1 2021
Breakdown of New Referrals		
Number of referrals Received	238	60

Gender	Total Year 20/21	Total Year 20/21	Q1 2021	Q1 2021
Male	73	31%	15	25%
Female	159	67%	44	73%
Other	1	0%	1	2%
No Gender Listed	4	2%	0	0%

Sexual orientation of carers	Total Year 20/21	Total Year 20/21
Bisexual	0	0%
Gay	0	0%
Heterosexual	75	32%
Lesbian	1	0%
No Sexual Orientation Listed	150	63%
Not Stated (Refused)	12	5%
Other	0	0%

Haringey Carers Supported by Carers First



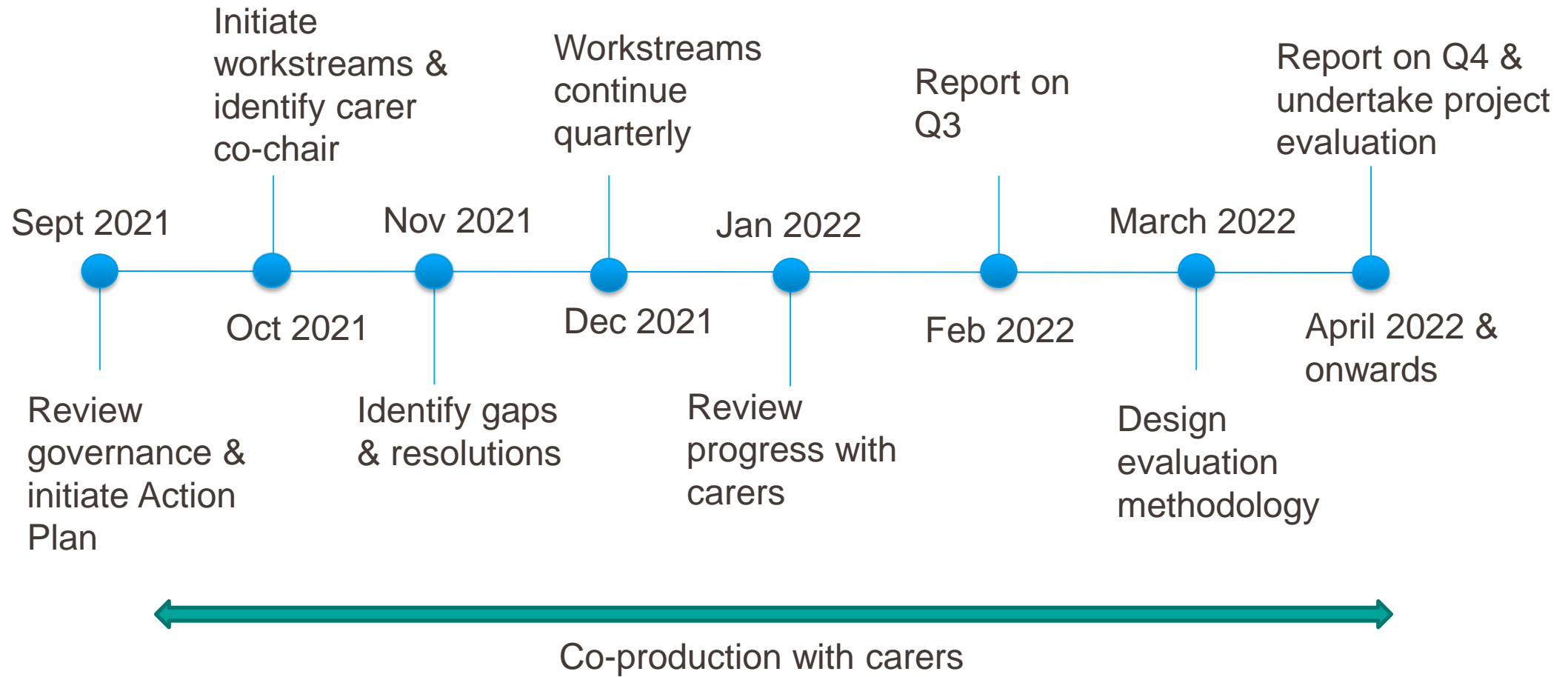
- 67% carers provide 50+ hours of support
- 25% carers are FT carers
- 26% carers have jobs too (16% FT)
- 21% carers are looking after someone with a dementia
- 7% carers supporting an elderly or frail person
- 9% carers support someone with a MH illness

April - June 21(Q1)	Group	1:1 Wellbeing Support	Information/Advice	Signposting/Referrals	Unique Carers
Locality of carers supported by Carers First					
Haringey	23	160	245	72	245
Out of borough	2	11	18	8	18
Total	25	171	263	80	263

Phase 2: Carers Action Plan

- This phase of the project is implementing the Carers Action Plan
- 5 workstreams have been set up to deliver the circa 70 actions. These include the recommendations from the Carers Equalities Report
- The Carers Action Plan is a bold endeavour which is cross-cutting with many council departments and other organisations in the borough, and the 5 workstreams are:
 - Having a life of your own
 - Looking after your health and wellbeing
 - Managing your finances, benefits and debt
 - Your caring role
 - Your housing and managing at home
- The Carers Action Plan is being driven by a working group formed of carers and officers and is co-chaired by a young adult carer
- The working group reports to the People Priority Adults Transformation Board and the Age Well Board within Haringey Borough Partnership
- Paramount to delivery is continuing to work meaningfully with carers

Roadmap 2021/22



Key considerations

Key Risks

If Covid-19 increases there is a risk that the number of carers and cared-for will go up, meaning increased pressure in Adult Social Care.

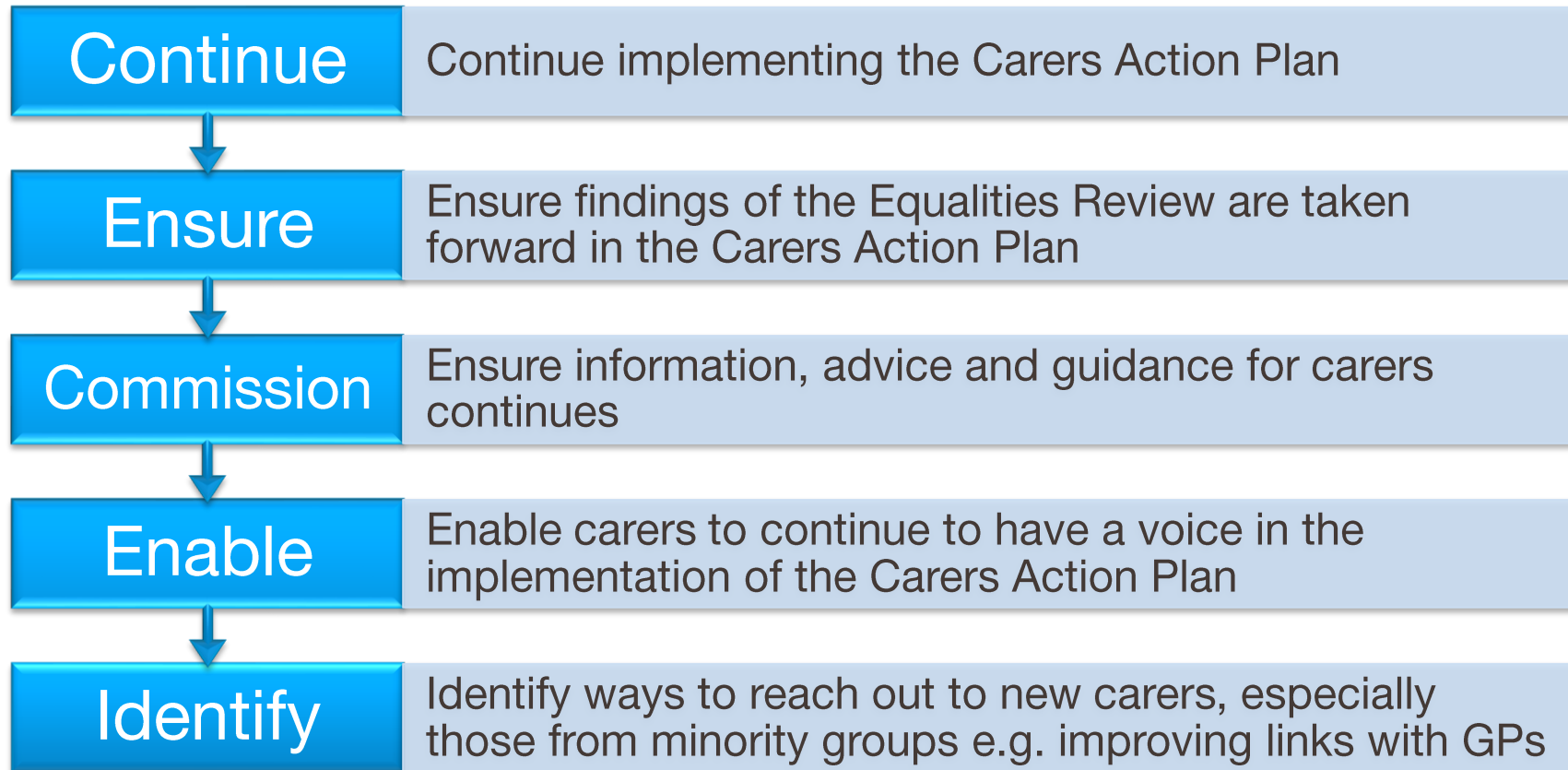
Key Issues

Work on the Carers Action Plan implementation has been delayed due to Covid-19.

Key Dependencies

The Carers First contract is due to end on 31 March 2022. Commissioning are currently considering options to recommission this, but if this process results in a new provider there will be a period of induction and mobilisation.

Next steps



The Carers Strategy for Adults in Haringey

2020 - 2023



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Foreword

Dear fellow carers

I am delighted to introduce the Haringey Carers Strategy.

This strategy started life back in February 2020 when a group of carers met to discuss the issues that were important to them, and to consider how things could be improved. We were asked if we wanted to be more involved, and many carers did!

Those who could then met with the facilitating individuals and teams tasked with getting us over the line.

We set up a working group communicating mostly via online meetings, emails and telephone calls, because of the restrictions put in place due to COVID-19. It was hard work, but we got there!

I have been a carer for well over 25 years and counting! I have first-hand experience of how being a carer affects your life, future and wellbeing. We try our hardest to keep everything going. Most times we get away with it. Sometimes we don't! It's those times when we most need help.

The Haringey Carers Strategy tells us what we can expect from our council, our health services and our voluntary and community organisations.

Many carers said that feeling respected and being listened to were high on their list of priorities. The strategy addresses these issues – and we'll continue to be heard going forward as we monitor the delivery of the strategy.

COVID-19 has affected us all, in just about every way possible, and will continue to do so for the foreseeable future. It is continuing to have an impact on our already stressful lives. More than ever we may need to access support that we may not have used before.

I hope that you will make time in your busy day to read this strategy. Many carers have contributed their knowledge and understanding to help shape what is needed going forward, making this strategy a positive guide for the future.

Thank you to everyone who has taken part in this project. I'm sure it has been a great learning experience for all parties!

Stay safe and well, with very best wishes to you all,

Angie Buzzacott

Carer – proud to be!

Award winning Tenant Advocate

Executive Summary

Welcome to Haringey's Carers' Strategy

We are proud to present our 2020-2023 Carers Strategy which outlines our future vision and outcomes for carers.

This strategy is for all unpaid adult (aged 18+) carers who live in Haringey, or who live outside of Haringey and care for somebody who lives in Haringey. A young carers' strategy is in development and will outline the distinct needs and priorities of this group.

The joint strategy has been co-produced by carers, statutory partners and voluntary and community sector partners who provide services or have an interest in carers. It demonstrates our commitment to carers and seeks to respond to local issues, outlining how everyone across the system is working together to improve the lives of our carers and those that they care for.

Haringey is one of the most diverse boroughs in the country and this makes it a culturally vibrant, exciting and creative place to live. The 2011 Census revealed that of the 254,900 people who lived in the borough at that time, between 20,000 - 27,000 were unpaid carers. The Census gathered information that was self-reported, so we can expect that there were many more people who did not self-declare as carers in the Census.

Every carer's role is unique:

- ➔ You may be caring for a child, parent, friend, partner, neighbour or relative, in their day-to-day life.
- ➔ You can be from any background, situation and age group.
- ➔ You may provide physical or practical care and/or emotional support to somebody in, for example, your home, their own home, in supported living or assisted living.
- ➔ The person being cared for may need help because they are ill, frail, disabled, are not in good health physically or mentally or have personal issues like drug or alcohol dependency.
- ➔ You may be a carer who is transitioning from children's to adult's social care, or be looking after someone who is transitioning from children's to adult's social care services.
- ➔ You may be a carer who identifies as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (LGBTQI+) or caring for someone who is LGBTQI+. This can bring additional challenges and anxieties about whether services are LGBTQI+ friendly or able to meet your needs.
- ➔ You may have been caring for a long time or be new to the role.

→ You may be a hidden carer – a hidden carer is someone who may not recognise that what they do for a loved one makes them a carer. This is because they see themselves first as a parent, sibling, child, partner or a friend.

→ Some carers are juggling their caring responsibilities alongside work, studies, and other family or community commitments.

The important contribution that carers make is vital to sustain our health and social care system and it is essential that we continue to ensure carers are supported and genuinely valued as experts in their role, and that we help them to maintain a balance between their caring responsibilities and a life outside of caring.

We know we could do more to promote these outcomes in Haringey and this strategy sets out our carers' vision and how the borough partnership propose to meet their needs.

The strategy has been written during the COVID-19 pandemic where carers more than ever have had to manage increased and often relentless demand for their care work. COVID-19 has highlighted the issues of carer continuity plans, digital exclusion and the need for regular breaks from caring, and has further demonstrated carers' exceptional resilience and their incredible worth. This strategy addresses many of the concerns and proposals identified in Public Voice's Living Through Lockdown report,¹ such as providing IT support for digitally excluded carers and promoting carers' card schemes that carers could, for example, use to get priority entry into supermarkets. It also addresses areas of action related to the impact of COVID-19 on BAME groups, including commitments to:

- gather more data and evidence to identify and better understand BAME carers' issues
- develop a programme of physical and mental health support to help carers to deal with the loss of their caring role, including bereavement

→ develop greater cultural awareness about caring roles and incorporating that into how we talk about caring.

The strategy focuses on five key themes developed from carer feedback about what already exists and what needs to improve:

1. Your caring role – emphasising the need to recognise, identify and support carers in their role
2. Health and wellbeing – focusing on involving carers as experts, supporting their physical and mental health needs, and helping them adjust to changes in their caring role
3. Housing and managing at home – ensuring carers have a safe, appropriate and habitable housing, and are aware of the range of housing adaptations and assistive technologies on offer
4. Finances, benefits and debt – supporting carers to maximise income, minimise expenditure, manage debt, and access good quality, independent legal advice
5. Having a life of your own – developing opportunities to take breaks from caring, maintaining employment, and keeping carers' relationships at the forefront of our thinking

This strategy is for all unpaid carers and will be implemented through an action plan, developed by carers and partners, which will be Haringey's Borough Partnership and the Health and Wellbeing Board.

We really welcome the publication of Haringey's Carers Strategy and would like to thank all carers, statutory partners, and voluntary and community sector partners for contributing to its development

¹ Public Voice (2020): Living Through Lockdown, Lessons from Haringey's most vulnerable service users. Available at: <https://publicvoice.london/2020/09/living-through-lockdown/>

Introduction

This is a partnership strategy which covers the whole of Haringey and has been written for all carers.

Vision statement

“All carers, of all ages, are recognised, respected and supported.”

Mission statement

Our mission is to ensure that anyone who provides unpaid care and support to someone else is:

- able to identify themselves and be recognised as a carer
- listened to regarding the care provided for the person they care for
- supported to continue to be a carer
- supported to have a life of their own
- supported to maintain or improve their own health and wellbeing
- provided with helpful information, advice and guidance

Key themes of the strategy

The strategy focuses on five key themes developed from carer feedback about what already exists and what needs to improve:

1. Your caring role – emphasising the need to recognise, identify and support carers in their role
2. Health and wellbeing – focusing on involving carers as experts, supporting their physical and mental health needs, and helping them adjust to changes in their caring role
3. Housing and managing at home – ensuring carers have a safe, appropriate and habitable housing, and are aware of the range of housing adaptations and assistive technologies on offer
4. Finances, benefits and debt – supporting carers to maximise income, minimise expenditure, manage debt, and access good quality, independent legal advice
5. Having a life of your own – developing opportunities to take breaks from caring, maintaining employment, and keeping carers' relationships at the forefront of our thinking

Who is a carer?

A carer is anyone, adult or child, who looks after someone else who needs help with their day-to-day life. This strategy is for adult carers 18+. A young carers strategy is in development and will outline the needs and priorities distinct for them.

As a carer you might be looking after a family member, partner, friend or neighbour who needs support because of reasons such as illness, frailty, disability, a mental health condition or substance misuse.

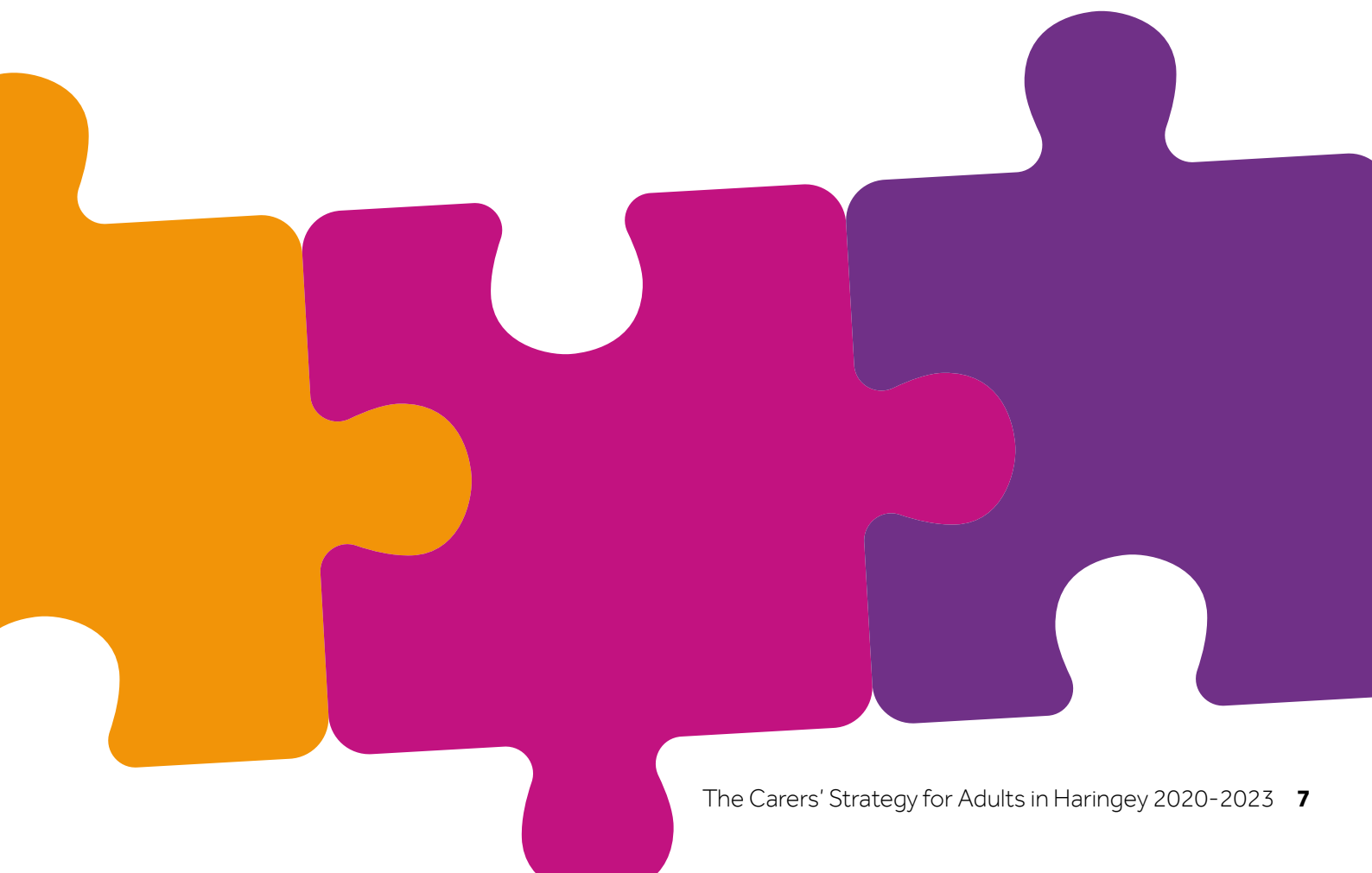
The amount and type of care that carers provide varies considerably. A carer might provide round-the-clock care and live with the person or people they care for, or they might provide a few hours of care a week – for example, to do grocery shopping or collect medication. Some carers are juggling their caring responsibilities alongside work, studies, and other family or community commitments.

The challenges that a caring role brings can take many forms and everyone's situation is different.

Who is the strategy for?

This strategy is for all unpaid adult (aged 18+) carers who live in Haringey, or who live outside of Haringey and care for somebody who lives in Haringey.

It is for carers who provide everything from a couple of hours of a care a week to round-the-clock care for their child, parent, friend, relative or neighbour in their day-to-day life.



National and Local Picture

Most care work in the UK does not come from the NHS or in care homes, but from unpaid family, friends and neighbours who care for their loved ones. Without the willingness and capacity of carers to provide care, the NHS and social services would collapse. Unpaid carers make a significant economic contribution to society – their labour is currently worth between £54-£86 billion per year in England alone.^{2,3}

Carers UK estimates that there are 8.8 million carers of all ages in the UK⁴ and we estimate that there are between 20,000-27,000 carers in Haringey. However, fewer than 10% of carers in Haringey are currently formally registered. This means that many carers are not getting the recognition and support that they may need or deserve.

The current global COVID-19 epidemic has hit the lives of our carers particularly hard. Public Voice's Living Through Lockdown report⁵ identified several concerns raised by carers during this time, including access to timely information and communication, digital inclusion and enablement, access to Personal Protective Equipment (PPE) and the importance of respite care. Carers more than ever have had to manage increased and often relentless demand for their care work. The challenging times we are living in have further

2 ONS 2017: 'Unpaid carers provide social care worth £57 billion', available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/articles/unpaidcarersprovidesocialcareworth57billion/2017-07-10>

3 NEF Consulting 2019 'NHS ENGLAND: THE SOCIOECONOMICS OF UNPAID CARE', available at: <https://www.nefconsulting.com/our-work/clients/nhs-england-modelling-the-socioeconomics-of-unpaid-care/>

4 Carers UK, 2019: 'Facts about carers', available at: https://www.carersuk.org/images/Facts_about_Carers_2019.pdf

5 Public Voice (2020): Living Through Lockdown, Lessons from Haringey's most vulnerable service users. Available at: <https://publicvoice.london/2020/09/living-through-lockdown/>

6 Public Voice (2020): Living Through Lockdown, Lessons from Haringey's most vulnerable service users. Available at: <https://publicvoice.london/2020/09/living-through-lockdown/>

demonstrated carers' exceptional resilience and their incredible worth – and we thank them all for all that they continue to do.

This strategy addresses many of the concerns and proposals identified in Public Voice's Living Through Lockdown report,⁶ such as providing IT support for digitally excluded carers and promoting carers' card schemes that carers could, for example, use to get priority entry into supermarkets. It also addresses areas of action related to the impact of COVID-19 on BAME groups, including commitments to:

- ➔ gather more data and evidence to identify and better understand BAME carers' issues,
- ➔ develop a programme of physical and mental health support to help carers to deal with the loss of their caring role, including bereavement,
- ➔ develop greater cultural awareness about caring roles and incorporating that into how we talk about caring.

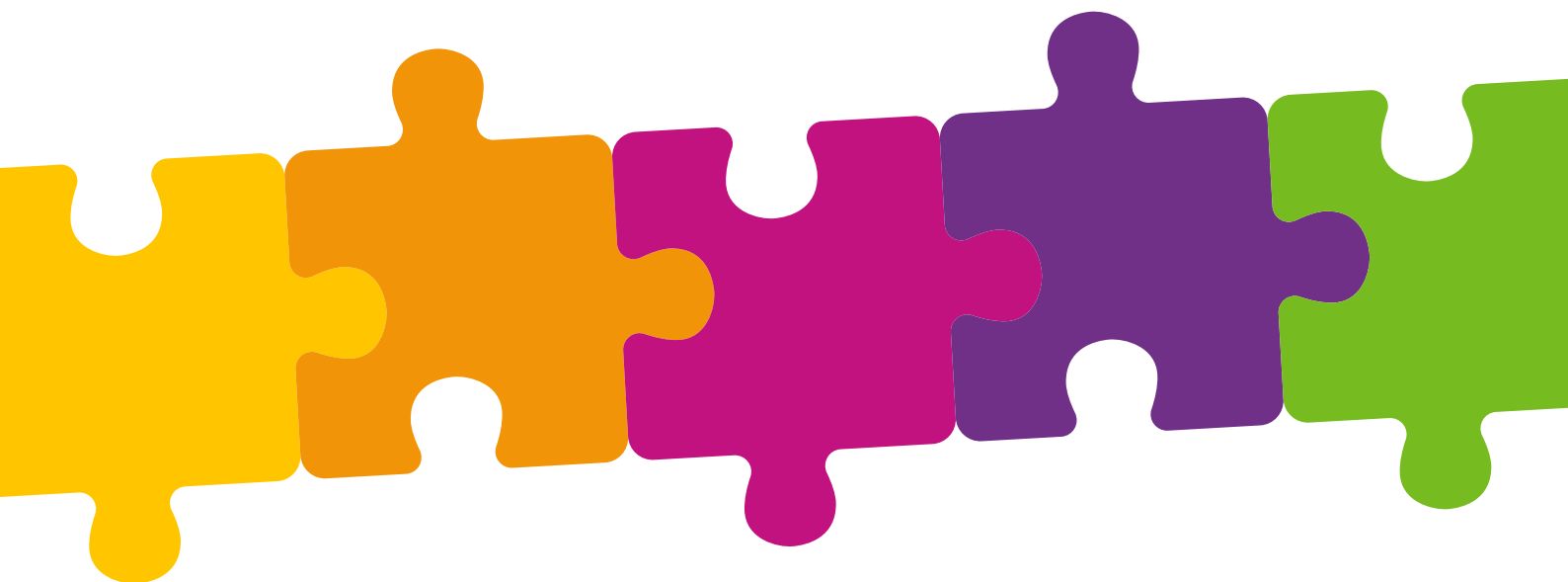
The impact of caring

"This caring role has helped me to give more support to my mother within the times I am able to work...I am glad for this opportunity and I am enjoying the role of carer as I don't feel that I am missing out of sharing this valuable time with my mother, who feels assured that I am there to help her more than ever before."

"I am stressed, depressed, in constant pain, anxious and feel isolated."

The impact of caring is felt in many ways. For example:

- ➔ Caring can be an opportunity for the carer and the cared-for to spend valuable time together.
- ➔ Many carers frequently report that their physical and mental health has worsened as a result of caring,⁷ and carers are more likely to report having health problems compared with the general public.⁸ More than half of carers state they feel stressed and anxious.⁹
- ➔ A Carers UK survey from 2019 suggests that 39% of carers describe their financial situation as 'struggling to make ends meet'.¹⁰
- ➔ Carers UK also found that 8 in 10 people caring for loved ones "have felt lonely or socially isolated".¹¹



7 Carers Week, 2018: 'Supporting Carers to be Healthy and Connected', available at: https://www.carersweek.org/images/Resources/CW18_Research_Report.pdf

8 Carers UK, 2019: 'What does the GP Patient Survey tell us about carers?', available at: <https://www.carersuk.org/for-professionals/policy/expert-comment/6173-what-does-the-gp-patient-survey-tell-us-about-carers>

9 Carers UK, 2019: 'Facts about carers', available at: https://www.carersuk.org/images/Facts_about_Carers_2019.pdf

10 Carers UK, 2019: 'State of Caring 2019', available at: <https://www.carersuk.org/news-and-campaigns/news/state-of-caring-report-2019>

11 Carers UK, 2017: "'The world shrinks": Carer loneliness research report', available at: <https://www.carersuk.org/for-professionals/policy/policy-library/the-world-shrinks-carer-loneliness-research-report>

A Partnership Approach to Supporting Carers

This Carers' Strategy has been co-produced with carers, statutory partners, voluntary and community sector partners to help meet carers' needs as part of a borough partnership approach. This is the first strategy where the priorities have been led by carers. Carers told us that they want a joined-up approach to being supported. This strategy shows our commitment to carers and to working as a network to support carers so "all carers, of all ages, are recognised, respected and supported."

The strategy will be signed off by Haringey's Health and Wellbeing Board to reflect the partnership approach. Then all stakeholders will be invited to help develop a detailed action plans that reflect the strategy's priorities to be co-produced across our organisations. Carers have asked to help shape, monitor and review both the strategy and action plan.

What might the carers' strategy mean in practice?





Your caring role

"It is not clear what support I am entitled to, or even what the person I care for is entitled to. Where can I find clarification?"

Many people do not identify as carers and first and foremost see themselves as partners, mothers, fathers, sons, daughters, relatives and friends. This can mean people may not reach out for or get the advice, support and help they need until they experience a crisis.

Key issues to address	What does 'good' look like?	Haringey's priorities
Carers are recognised and identified	<ul style="list-style-type: none"> ➔ Professionals will proactively identify and recognise carers. ➔ Professionals will signpost carers to information on services for carers. ➔ Carers have quick and easy access to helpful advice and information that is available in a range of formats. 	<ul style="list-style-type: none"> ➔ Carers and professionals across health, social care and the voluntary sector, to form a network of carer champions to help raise awareness and to promote the importance of carer identification and support available. ➔ Carry out a carers' needs assessment to help increase carer identification and to target underrepresented and high-risk groups. ➔ Establish one central place for carers to navigate options and get the support they need ➔ Develop greater cultural awareness about caring roles and incorporate that into how we talk about carers/caring roles/identify carers.

Key issues to address	What does 'good' look like?	Haringey's priorities
<p>Carers have the information that they need to look after the person they care for and to look after themselves</p>	<ul style="list-style-type: none"> → Carers have access to advice and training to help with their caring role, e.g. First Aid training, moving and handling, managing specific conditions. → Carers are able to access a wide range of local support and activities to suit their needs, including peer support. → Carers are supported to become digitally active. → Carers are supported to access financial advice and guidance. This would include those who receive a personal budget. → Information, advice and guidance for carers conforms to the Accessible Information Standard 	<ul style="list-style-type: none"> → Health and care professionals will ensure the carers of their patients are advised of the network of services available for carers, and how to access them in order to support them in their caring role. → Develop and promote advice and training about appropriate use of equipment, First Aid, moving and handling techniques, and managing specific conditions (such as dementia and autism) → Establish a network of carer support to help provide a coordinated offer of support to carers. → Carers to review information and advice available on Haricare and other channels to inform whether it is easy to locate and easily accessible. → Explore the demand for a carers' befriending or mentoring service, potentially pairing new carers with more experienced carers. → Explore the need for a targeted digital inclusion project for carers.

Key issues to address	What does 'good' look like?	Haringey's priorities
<p>Carers are supported, practically and emotionally, to maintain their caring role</p>	<ul style="list-style-type: none"> → Carers have opportunities to discuss their support needs with professionals. It is important that professionals always consider the carer's needs along with the needs of those cared-for, and not just during carer assessments. → Carers are supported to develop a personal carers plan. This plan is then regularly reviewed. → There is a joined-up approach to providing support and services, so carers do not have to repeat their story each time. → Carers feel confident that, should something happen to them, the person that they care for will be safe and looked after. → Carers have access to the internet and smart devices, and possess the digital skills needed to use them. 	<ul style="list-style-type: none"> → Health and Social Care to use an approach that focuses on the strengths and capabilities of carers and, as a result, supports and encourages their empowerment → Carers are supported to develop a personal plan for themselves with achievable targets, focusing on the outcomes they wish to achieve. → Annual reviews of carers' assessments are scheduled, and carers know who to contact should their situation change. → Health and adult social care professionals, along with commissioned carer service, to embed long-term and emergency planning into conversations about support. → Ensure digital needs of carers across the borough are understood and addressed in the council and CCG's joint digital inclusion work.
<p>Carers are treated as the experts they are</p>	<ul style="list-style-type: none"> → Carers are involved, listened to and respected in the care of the person they care for. → Carers can contribute to the assessment, reviews and relevant meetings for the person they care for. → Carers have a voice and can influence the decisions of the council and other public sector partners. 	<ul style="list-style-type: none"> → The carer's experience is respected by health and social care professionals. They are included in conversations about the on-going health needs of their cared for person and provided with training where appropriate. → Carers' voices are heard and they can share their expertise across health and social care and community organisations. In addition, ensuring carers are represented on Carers Strategy/Carers Reference Group/Healthwatch. → Carers' needs are considered in decision-making and included in the co-production of service design



Looking after your health and wellbeing

"Getting the care and support right for the person I care for greatly reduces my own anxiety and stress. It's difficult to separate the two".

It is important that we support the physical and emotional well-being of carers.

Key issues to address	What does 'good' look like?	Haringey's priorities
<p>Identifying and involving carers as 'experts by experience' in health and care services</p>	<ul style="list-style-type: none"> → The NHS has a vital role in initially identifying carers and linking them into Carers First and other services from which they may benefit. → We will train staff across our organisations to improve how they identify and work with carers. This will lead to more personalised, jointly agreed plans and care delivery, and help carers to manage better. 	<ul style="list-style-type: none"> → Work across Haringey's health and care partners to roll out joint staff awareness programme which set out good practice in working with carers, focusing on the need to identify carers and treat them as 'experts by experience'. → Promote carer passports' or similar schemes in health and social care settings. This acknowledges the importance of the caring role and can help to make life easier for carers.

Key issues to address	What does 'good' look like?	Haringey's priorities
Supporting carers' health needs	<ul style="list-style-type: none"> ➔ Our local health and care services to provide more routine health check-ups for carers, particularly targeting higher-risk groups such as older carers or those with long-term conditions. ➔ Ensure access to tailored information, advice and guidance for carers incorporates practical messages, signposting and support relating to keeping as healthy, fit and well as possible, ➔ Ensure access to tailored information, advice and guidance for carers in managing health conditions relevant to those they care for, and in what to do in a crisis or in response to COVID-19. 	<ul style="list-style-type: none"> ➔ Work with Haringey's health and care partners to improve practice and support post-COVID-19 in the following areas: <ul style="list-style-type: none"> ➔ Managing health and social checks to specific vulnerable carers including those particularly affected by COVID-19. ➔ Improving carer knowledge of the health conditions for those they care for and how and where to get help. ➔ Undertaking joint carers'/cared for assessments, plans and reviews more systematically.
Helping carers adjust to changes to their caring role, including bereavement	<ul style="list-style-type: none"> ➔ Improved support for carers who are coming to terms with the loss of their caring responsibilities, including bereavement. This includes emotional and practical support to help carers to adjust to their changed lives and decide what to do next and should include consideration of the financial impact that changes to caring responsibility have. 	<ul style="list-style-type: none"> ➔ Develop specific integrated programme to help support people to deal with the loss of their caring role, including bereavement, building on COVID-19 response arrangements.



Your housing and managing at home

"It's really difficult in the flat because when I push my cousin's wheelchair round the flat, his elbows keep hitting the doorframe."

A carer may be caring for someone who does not live with them, or they may be sharing a home with them. In either case, it is important that the carer's home is safe, habitable, and affordable.

Key issues to address	What does 'good' look like?	Haringey's priorities
<p>A safe, appropriate, and habitable home</p>	<ul style="list-style-type: none"> ➔ Carers can access information, advice and guidance on how to ensure their home is energy efficient. ➔ Carers' homes are in a state of good repair. ➔ Carers have access to appropriate equipment and assistance in keeping the house clean and hygienic. ➔ Carers' housing is affordable and appropriate to their needs. ➔ Support to apply for a disabled facilities grant. 	<ul style="list-style-type: none"> ➔ Improve information, advice and guidance available to carers regarding: <ul style="list-style-type: none"> ➔ Making homes energy-efficient ➔ Knowing your rights as a private tenant ➔ Local and trusted home improvement agencies ➔ Accelerate the creation of an accessible housing register and make efforts to match carers' households with properties that have already been adapted when they become available. ➔ Ensure that the council's 1,000 new homes programme utilises planning obligations to help ensure that more accessible and suitable homes are built.

Key issues to address	What does 'good' look like?	Haringey's priorities
Housing Adaptations	<ul style="list-style-type: none"> ➔ Carers receive timely feedback on their home assessments and adaptations plans ➔ Carers have access to reliable information and services regarding home adaptations 	<ul style="list-style-type: none"> ➔ Improve information, advice and guidance regarding how housing adaptations can improve living environments for carers. ➔ Increase range of private and public-sector housing adaptations solutions available to households and better market these solutions to households. ➔ Improve effectiveness and cost-effectiveness of public-sector delivered housing adaptations. ➔ Encourage and incentivise private landlords to adapt properties.
Assistive Technology	<ul style="list-style-type: none"> ➔ Identify assistive technology solutions most appropriate to the carer and their household ➔ Carers have confidence in their digital skills to make use of the wide range of assistive technology solutions available 	<ul style="list-style-type: none"> ➔ Improve and promote information explaining how assistive technology can improve living environments for carers. ➔ Improve effectiveness and cost-effectiveness of public-sector delivered assistive technology. ➔ Ensure carers have access to good quality digital skills training, so that assistive technology can be used effectively.



Managing your finances, benefits and debt

"It would be fantastic if benefits and other support (financial, emotional, practical) were set out in a booklet...I only found out from Martin Lewis website that I could claim a Council Tax discount."

Caring can create financial pressures which may lead to lasting financial hardship and debt that negatively impact on a carer's mental health and their caring abilities. It is important to support carers to maximise their income, manage their household finances and continue to work where possible.

Key issues to address	What does 'good' look like?	Haringey's priorities
Income Maximisation	<ul style="list-style-type: none"> → Support is available for carers to maximise their incomes and receive all the benefits they are entitled to. → All statutory bodies working together in partnership to support carers to ensure that carers are aware of financial and support available. → The Carers Allowance is increased to reflect the level of support that carers provide. → A Carers Card can be used for a larger number of activities in Haringey giving carers discounts and free activities. → Employment opportunities for carers who choose to return to the workplace, whilst continuing in their caring role, and for carers when they are no longer in their caring role. → (See more about Employment in the section below: Having a Life of Your Own). 	<ul style="list-style-type: none"> → Social worker/carer's assessor/reviewing officers ensure that carers are receiving all benefits they are entitled to → Online signposting to benefits checker. → Information advice and guidance providers working flexibly to support carers around benefit advice → Better partnership working to support carers with their finances → Local carers actively participate in lobbying the government for an increase to the carers' allowance – e.g. through organisations such as Carers Trust. → A local carers card which provides discounts at local businesses. → Energy Saving scheme → The Council and Clinical Commissioning Group (NHS) take a lead in supporting carers to maintain or take up employment opportunities. E.g. offering flexible working, promoting jobs with carer groups

Key issues to address	What does 'good' look like?	Haringey's priorities
Debt	<ul style="list-style-type: none"> ➔ Carers getting support to manage their debt so that it does not impact on their emotional wellbeing/mental health. ➔ Reduce the stigma of debt 	<ul style="list-style-type: none"> ➔ Access to good advice on where to turn to when carers are in debt and struggling with financial hardship. ➔ The council will use the LIFT tool to identify at risk carers so that financial and emotional support can be provided to those carers in most need. ➔ Being respectful and mindful about people's personal circumstances
Legal and Financial Issues	<ul style="list-style-type: none"> ➔ Easy access to good independent legal and financial information and advice. ➔ Support to manage the cared for persons finances when needed. 	<ul style="list-style-type: none"> ➔ A list of where to get good independent legal and financial advice. ➔ Local partners and specialist services working together to deliver training sessions around subjects such as wills and Lasting Power of Attorney. ➔ Development of direct payment market and more support to manage a direct payment





Having a life of your own

"I would like help to find part time work."

Many carers provide round the clock support which leaves them with little time or energy for looking after themselves. Having a life of your own means having time to do the things which give carers pleasure, nourishment or improve their wellbeing.

Key issues to address	What does 'good' look like?	Haringey's priorities
Breaks from caring	<ul style="list-style-type: none"> ➔ Access to regular breaks from caring and help to arrange alternative care for the person being cared-for if other support can't step in ➔ Quick and easy options to set up all types of breaks to suit different needs and situations. ➔ Social care funding to provide carers with a break from caring needs to be easily available and fairly distributed to all carer groups, easy to navigate and clearly promoted so new carers know where to go for help. ➔ Flexible process for the assessments of carers needs that is responsive to carers and ensures carers can get a break when they need it. 	<ul style="list-style-type: none"> ➔ To develop a 'shared lives' short break offer, and promote direct payments for flexible breaks that carers can arrange themselves in their community ➔ To continue to update and email carers with activities and groups taking place online and in the community ➔ Work with providers to continue to offer some day opportunities for the cared-for person in some capacity. This may not be going to a centre for many, but instead using the parks, providing welfare calls, and providing some activities for people to join online ➔ To carry out a review with recommendations of the carer 'respite' allowance in terms of equality and equity of the offer ➔ Develop the market for carers breaks, working with carers to understand the gaps in the market (following on from the equality and equity review) ➔ To review how carer assessments are being provided in Haringey and elsewhere, and assess the value in commissioning the voluntary sector to provide some assessments

Key issues to address	What does 'good' look like?	Haringey's priorities
Employment	<ul style="list-style-type: none"> ➔ Support for carers to get back into employment (and not just jobs in caring) as carers have a transferable skills and knowledge. ➔ Employers to provide some flexibility with work – for example, staggered or flexible working hours – and ensure carers in their employment are treated empathetically and with respect for balancing work with their caring duties. 	<ul style="list-style-type: none"> ➔ Review carer employment policies at the council and CCG to help support more carer recruitment and provide ongoing support to help balance work, caring and life. This review to be led by carers employed by these organisations with support from their Human Resources team. ➔ Liaise with procurement so new contracts with providers stipulate local carers as a priority group for recruitment. ➔ A borough-wide supported employment strategy is in development and carers will be one of the groups that the strategy focuses on, with the aim of providing a range of flexible employment opportunities
Relationships	<ul style="list-style-type: none"> ➔ Having a life of your own means having time to nurture important relationships. 	<ul style="list-style-type: none"> ➔ Ensuring all priorities in 'having a life of your own' maintain the importance of a carer's relationships. Both the relationship with the cared-for person but also other relationships which provide carers with the chance to offset some of the stress of caring.
Leisure	<ul style="list-style-type: none"> ➔ Carers to have access to discounted leisure in Haringey, by way of a thank you and for their health and wellbeing. 	<ul style="list-style-type: none"> ➔ To ensure the council's plans to improve borough 'connectivity' to the internet, identifies carers as a key group. ➔ To continue to update and email carers with activities and groups taking place online, and in the community, identify where carers have a concessionary rate
Peace of mind	<ul style="list-style-type: none"> ➔ Quality assurance of care services. This monitoring could be shared with carers along with all other stakeholders. 	<ul style="list-style-type: none"> ➔ To consult with carers to see how they could be involved in monitoring providers care and reporting quality concerns. ➔ To share quality and monitoring information with Carers

Haringey Borough Partnership Pledge

We, the organisations of Haringey's Borough Partnership, commit to:

The Vision of Haringey's Adult Carers Strategy:

All carers, of all ages, are recognised, respected and supported.

The Mission Statement of Haringey's Adult Carer Strategy:

To ensure that anyone who provides unpaid care and support to someone else is:

- ➔ able to identify themselves and be recognised as a carer
- ➔ listened to regarding the care provided for the person they care for
- ➔ supported to continue to be a carer
- ➔ supported to have a life of their own
- ➔ supported to maintain or improve their own health and wellbeing
- ➔ provided with helpful information, advice and guidance

Working together to address the five key themes of Haringey's Adult Carers Strategy:

1. Your caring role – emphasising the need to recognise, identify and support carers in their role
2. Health and wellbeing – focusing on involving carers as experts, supporting their physical and mental health needs, and helping them adjust to changes in their caring role
3. Housing and managing at home – ensuring carers have a safe, appropriate and habitable housing, and are aware of the range of housing adaptations and assistive technologies on offer
4. Finances, benefits and debt – supporting carers to maximise income, minimise expenditure, manage debt, and access good quality, independent legal advice
5. Having a life of your own – developing opportunities to take breaks from caring, maintaining employment, and keeping carers' relationships at the forefront of our thinking



Glossary

Assistive technology	Assistive technology (AT) is any item, piece of equipment, software program, or product system that is used to increase, maintain, or improve functional capabilities.
Carer continuity plan	A carer continuity plan is a document that outlines how care will continue for a cared-for person during an unplanned disruption to the care that their carer provides.
COVID-19	COVID-19 is a mild to severe respiratory illness that is caused by a coronavirus.
First Aid	First Aid is help given to a sick or injured person until full medical treatment is available.

Acronyms

AT	Assistive Technology
BAME	Black, Asian and Minority Ethnic
CCG	Clinical Commissioning Group
HALS	Haringey Adults Learning Service
HAP	Haringey Advice Partnership
IT	Information Technology
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
LIFT	Low Income Families Tracker
NHS	National Health Service
PPE	Personal Protection Equipment
UK	United Kingdom
VCS	Voluntary and Community Sector

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Report for: Adults and Health Scrutiny Panel – 15th November 2021

Title: Locality Working in North Tottenham

Report authorised by: Charlotte Pomery, Assistant Director of Commissioning

Lead Officer: Rochelle Jamieson, Head of Transformation: Adults

Ward affected: All

1. Describe the issue under consideration

- 1.1 The Council and partners, notably in the NHS and voluntary and community sectors, have been developing for some time ways of working which better address need in local neighbourhoods, seeking to reduce inequalities and build better outcomes with and for residents. More recently the work has made progress through the Borough Partnership which aims to develop integrated working through a whole systems approach recognising the wider social determinants of health as critical to improving the lives of local residents.
- 1.2 Following a presentation to the Adults and Health Scrutiny Panel in March and a follow up field visit in early November, there will be a discussion on the development of localities in the borough in order to respond to questions arising for Members of the Panel. The presentation at Appendix A is attached as background to this discussion, recognising that some of the information presented will be familiar. Key themes will include transport, cross-borough coverage, strengths based working and partnership arrangements.

2. Cabinet Member Introduction

- 2.1 N/A

3. Recommendations

- 3.1 Members of the Adults and Health Scrutiny Panel are asked to feedback on their recent visit to Northumberland Park and to participate in a discussion on the further development of a localities approach in North Tottenham and beyond.

4. Reasons for decision

- 4.1 N/A

5. Alternative Options Considered

- 5.1 N/A

6. Background Information

- 6.1 The Council and partners are developing a community based, integrative and holistic offer through working in localities. This involves a range of practitioners from different sectors working alongside residents and communities to co-design and improve health and wellbeing outcomes. Bringing together partners across a range of disciplines to address holistically local resident need is building sustainable pathways and making sure that practitioners work closely together around individual households, as well as more strategically.

7. Contribution to Strategic Outcomes

- 7.1 Locality working supports delivery of the Borough Plan 2019 – 2023 and enables the integrated working needed to support the work of the Borough Partnership.

8. Statutory Officers comments (Chief Finance Officer, Procurement, Assistant Director of Corporate Governance, Equalities) – Not applicable

9. Use of Appendices

- 9.1 Appendix A – Presentation

Localities Approach: where we are and where we need to get to....

Adults and Health Scrutiny Panel
November 2021

Charlotte Pomery

Locality working with partners

Approach

Learning to date

Locality Approach

Introduction

Cross cutting and partnership approach built on transformation in service delivery and property usage, which considers:

- where staff and services are based and how they are closer to communities where appropriate
- how services are integrated and deliver effective multidisciplinary working with partners and residents
- how our physical assets across the public estate are reimagined to support this approach
- how we enhance digital infrastructure across the borough to support shared information and more responsive services

Increased locality working and delivering services out of better but fewer buildings closer to the communities we serve are set out in the Borough Plan (2019 – 2023) and supported by the Asset Management Plan (February 2020) and will be even more central in the future. It is supported by the localities work driven through the Haringey Borough Partnership.

Vision

....to act alongside residents to prevent issues arising and nip them in the bud early, enabling more resilient local communities and building better integration across a range of agencies

Working in this way will make efficient use of our buildings and deliver a more personalised service to residents. We will continue to challenge ourselves to explore how we can do things differently and better, finding the right ways to deliver good value, quality local services that meet residents' needs. Members will continue to be supported by front line officers, who work closer to the communities that they serve.

How do we support our workforce through a localities approach?

For those Council staff who are locality based or working outdoors in the field, the localities approach enables us to envisage how this locality based and outdoors working will be an enhancement of their current model of service delivery. The intention is not to create mini-HQ offices in communities but to deliver genuinely new ways of working which reach out to communities and support them wherever possible in their locality.

Most of the thinking around this approach has been done with NHS and VCS partners through developing a Locality Model which works for the borough – of which more later – but the aim is that this model is based on 5 principles:

- Being in the right location: close to and accessible by communities and visible to residents
- Working in partnership: integrated working
- Making best use of resources: more efficient use of assets, reduced running costs, capital receipts
- Supporting a transformation in culture and practice: strengths based, improved networking, community based
- High quality and sustainable spaces: good for networking, for touchdown and for services

This means that the workplaces to support this should offer, in one place:

- **Locality centre** to deliver a range of services from the council and partners, with both back of house office space and space to meet and greet clients
- **Community hub** with space available for local groups and organisations
- **Touch down and dedicated office space**

Localities: What are we trying to achieve?

.....to act alongside residents to prevent issues arising and nip them in the bud early, enabling more resilient local communities and building better integration across a range of agencies

Locality
working
vision

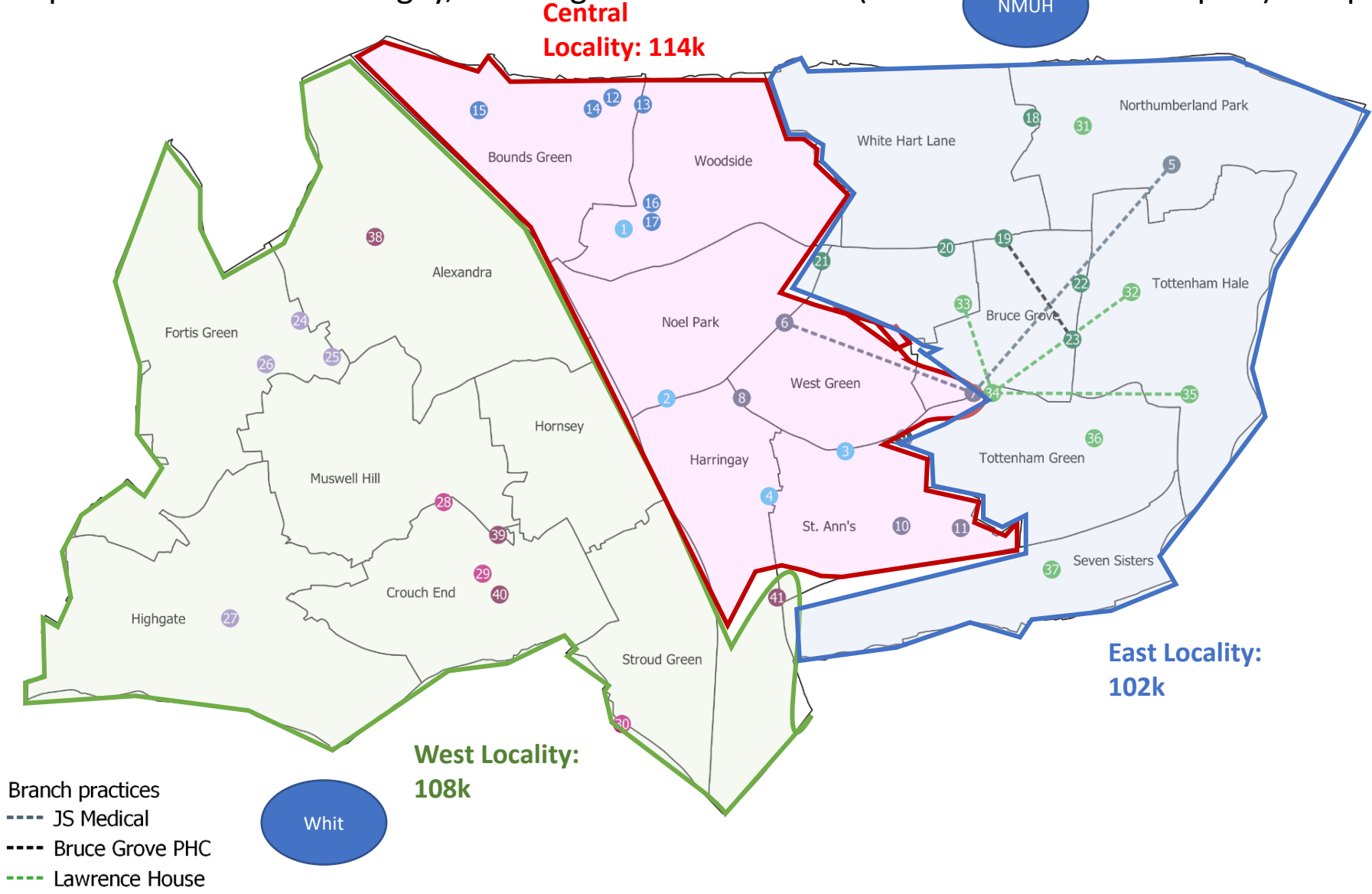
- A **simpler, more joined up** local system that offers the right support at the right time that manages the growth in demand and reduces duplication in the system
- **Integrated, multi-disciplinary** teams from across the public sector working together on the same geography and tackling issues in households, **holistically**, focused on **relationship-building and getting to the root causes**
- A workforce who feel **connected** to each other and able to work **flexibly**, better able to household needs
- A new system **partnership with the voluntary sector** to co-ordinate local activity, networks and opportunities – so that we make the best use of the **strengths and assets of our communities**

Enabled
by

- A **holistic , person-centred** approach to care
- A joint approach to the **shared public estate** with services delivered from fewer, better buildings, enabling estate rationalisation and new social housing.
- **Integrated data and systems**
- A **mature approach to finance**, risk and reward across the local system recognising that benefits and savings do not always accrue to the same agency
- **Joined-up governance** of strategy and spend with the Council and NHS – so that we are jointly deploying our resources to achieve the most impact

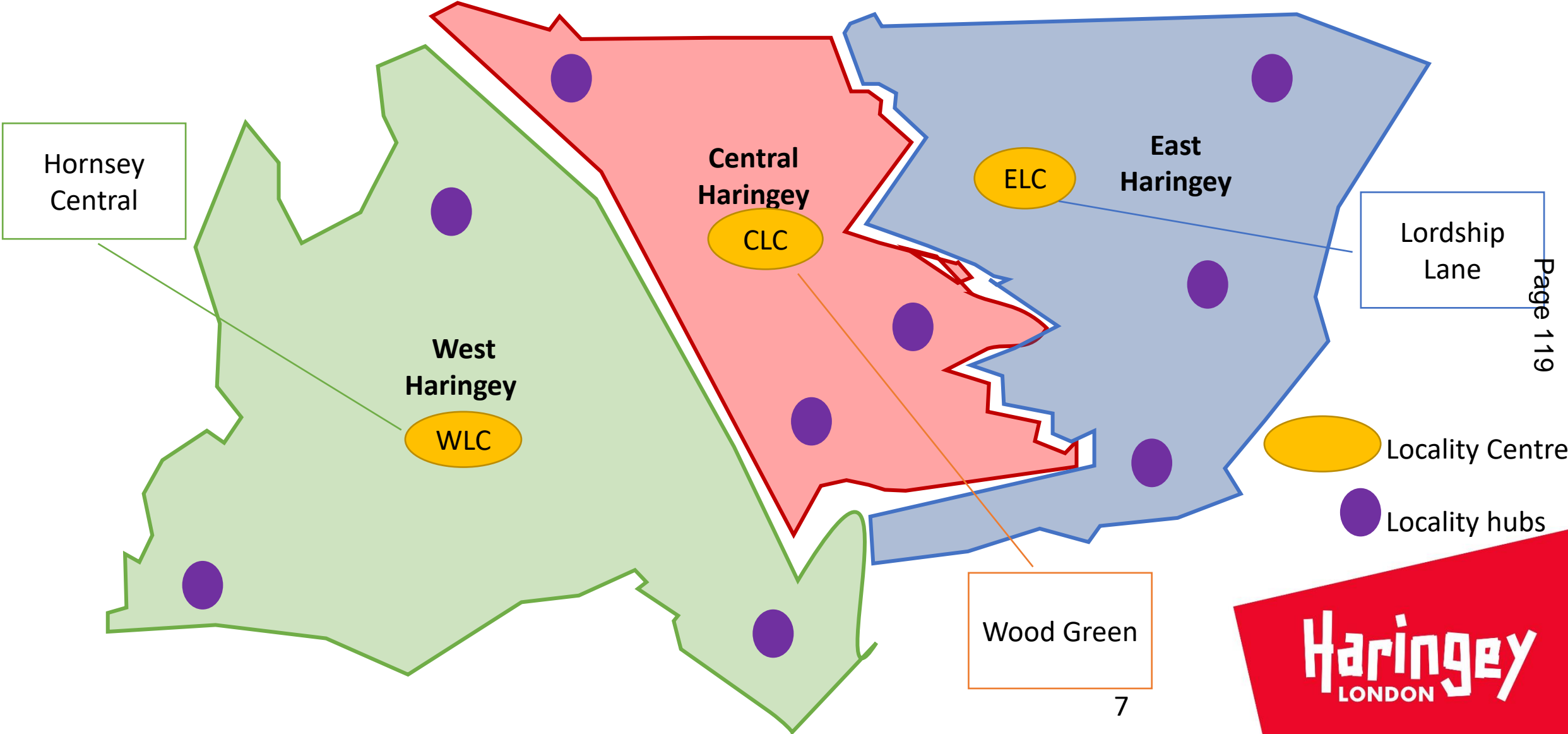
What is a locality?

Shape of Localities in Haringey, showing ward boundaries (new ones that will have impact) and primary care networks



- Broadly equivalent population numerically
- Aligned with primary care networks
- Opportunity to shape services organisationally as well as on the ground
- Range of community based assets (libraries, children's centres, health centres etc. can be grouped by these localities)

How do we see it working?



Localities: how do we see it working?

Through the Borough Partnership Executive, we are mobilising transformation towards locality-based working focusing on four key areas:

- Locality Leadership teams
 - Strengths based practice through workforce development
 - A number of Community Locality Hubs to enable multi-agency locality-based working
 - An Integrated Locality Centre within each locality (estates, clinical practice and infrastructure)
- We are aligning localities to a number of priorities and structures across the partnership (children's networks including children's centres, schools and the CDC, Primary Care Networks, libraries, etc). any of which can act as Community Locality Hubs in the model
- It is envisaged the three core functions of a locality base from earlier slides are delivered also through the Community Locality Hubs:
- **Locality centre** to deliver a range of services from the council and partners, with both back of house office space and space to meet and greet clients
 - **Community hub** with space available for local groups and organisations
 - **Touch down and dedicated office space** for Council and other staff

Community Locality Hub: Working in North Tottenham

Neighbourhood Resource Centre: Northumberland Park Community Locality Hub

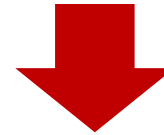
Background Context

- Key asset in Northumberland Park
- Office spaces for hire
- Several office spaces, one large breakout room
- The premises was previous occupied by several services from Employment and Skills, VCS organisations, Children and Young people services and Housing support
- Currently two active services – space has been underutilised for some time



The Vision:

The ambition is to remodel the NRC into a **holistic hub** to make better use of the assets and create a locality-based centre for the delivery of a range of services, activities and outcomes with and for the benefit of local people.



The hub will have three primary functions:

- **Locality centre** to deliver a range of services from the council and partners, with both back of house office space and space to meet and greet clients
- **Community hub** with space available for local groups and organisations
- **Office space (to rent/ in-kind support)**



NT community locality hub: developing a vision

The test and learn approach led us to creating a vision for the building, as a community locality hub within the Locality Model, which will:

- **Increase community use** of an underutilised building to address a deficit of community space across Northumberland Park
- Provide open access to multi-agency input and support through **Connected Communities**
- Continue to focus on **working alongside residents and communities through co-production**
- **Improve access to care** by bringing it direct to residents in Northumberland Park – and link better with other services in the Locality, including Lordship Lane Medical Centre for example
- **Provide a dedicated touchdown and workspace hub** for staff from LB Haringey, NHS and other statutory partners (including housing and police) and existing and new community tenants to foster new relationships and collaboration

This is in line with other thinking that the core functions should be delivered, but each community locality hub should also offer a response to the local community

The proposal for the required capital works to the building, changes to the management of the building and potential reworking of the financial model have now been agreed through the Council's capital approval process so acts as something of a pilot for this way of locality working.

Moving to a Haringey wide localities approach

Following the successful test and learn at Northumberland Park Resource Centre in North Tottenham, the Haringey Borough Partnership agreed that this would be used as a blueprint to roll out the localities model across Haringey. Underpinning the successful test and learn was:

- Being accessible and open to residents
- Being located within communities and working alongside them as equal and valued partners
- A strong focus on working with people as early as possible, and collaboration
- A real and tangible commitment from the Borough Partnership, from making sure frontline staff could be there through to enabling them to work differently, sustained even as working together moved online in the pandemic

The Council and NCL CCG have now committed to high level programme resource to support the further delivery of Locality working on the ground over the next few months and other partners are pledging support to an integrated programme team to support across the piece.

Questions and Discussion

- How can we further enhance community involvement?
- Are there other perspectives, services or approaches we need to include?
- How do we make sustainable change?

Adults and Health Scrutiny Panel

Work Plan 2021 - 22

<p>1. Scrutiny review projects; These are dealt with through a combination of specific evidence gathering meetings that will be arranged as and when required and other activities, such as visits. Should there not be sufficient capacity to cover all of these issues through in-depth pieces of work, they could instead be addressed through a “one-off” item at a scheduled meeting of the Panel. These issues will be subject to further development and scoping. It is proposed that the Committee consider issues that are “cross cutting” in nature for review by itself i.e. ones that cover the terms of reference of more than one of the panels.</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 final evidence sessions were held in March/April 2021 and the final report is expected to be published shortly.</p>	In progress
Sheltered Housing	<p>The aim of this scrutiny project is to review the current arrangements for the provision of sheltered housing in Haringey including the care and support provided to residents living in sheltered housing.</p> <p>Evidence sessions began in September 2021. Site visits to sheltered housing schemes are planned in November 2021.</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
2021-22	
24 June 2021 (Additional briefing meeting)	<ul style="list-style-type: none"> • Transfer of GP contracts from AT Medics to Operose Health
28 June 2021	<ul style="list-style-type: none"> • CQC Overview • Living Through Lockdown report (Joint Partnerships Boards) – response to recommendations • Public health response to Covid-19 pandemic
9 September 2021	<ul style="list-style-type: none"> • Cabinet Member Questions – Adults & Health • Day Opportunities Scrutiny Review – Follow up • Hospital Discharge Arrangements & Continuing Health Care
15 November 2021	<ul style="list-style-type: none"> • Haringey Safeguarding Adults Board – Annual Report 2020/21 • Locality Working

	<ul style="list-style-type: none"> • Adult Carers' Strategy 2020-2023
16 December 2021 (Budget Meeting)	<ul style="list-style-type: none"> • Budget scrutiny
3 March 2022	<ul style="list-style-type: none"> • Cabinet Member Questions – Adults & Health • CQC Overview • Update – Integrated Care Systems

Possible items to be allocated to Panel meetings:

- Impact of NCL CCG merger
- New community mental health model
- Supporting older people post-pandemic
- IAPT waiting times
- Council house adaptations

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