



Haringey Safeguarding Adults Board Annual Report 2014/15

What should I do if I think someone is being abused?

Everybody can help adults to live free from harm and abuse. You play an important part in preventing and identifying neglect and abuse.

If you or the person you have concerns about, you can make a referral to Adult Social Care via the Integrated Access Team.

- **Tel:** 020 8489 1400
Opening Hours 9am - 5pm, Monday - Friday
- **Fax:** 020 8489 4900
- **Email:** IAT@haringey.gov.uk
- **Text:** IAT to 80818
(charged at standard rate depending on provider and subscriber's package)

Write to:

Integrated Access Team
London Borough of Haringey
2nd Floor, 10 Station Road
Wood Green
London N22 7TR

Alternatively, you can raise your concerns by contacting one of the following:

- Safeguarding Adults Referral and Advice Line (out of hours) **020 8489 0000**
- Community Safety Unit (24 hours) **020 8345 1939**
- Police - Criminal Investigation Department (CID) (evenings and weekends) **020 8345 0832**
- You can complete the Safeguarding Adult Referral Form from our website: http://www.haringey.gov.uk/sites/haringeygovuk/files/safeguarding_alert_for_m_final.doc

If the danger is immediate, always call the police on:
999

SAFEGUARDING ADULTS IS EVERYONES BUSINESS!

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1. FOREWORD



**Message from Beverley Tarka
Director of Haringey Adult Social Services,
Chair of Haringey Safeguarding Adults Board 2014/15**

As former Chair of the Haringey Safeguarding Adults Board (SAB), I am pleased to introduce our annual report for 2014/15. The Annual Report seeks to demonstrate how the Haringey SAB is working to improve the lives of people who need our support most. The report is published on behalf of the multi-agency Board and provides partners with an opportunity to celebrate their achievements in 2014-15, identify challenges and plan for the year ahead.

This is my final report on behalf of the Haringey SAB, as I stepped down at the end of the year to make way for an independent chair. The Haringey SAB needs an independent chair to reinvigorate its performance to ensure that all the organisations involved are delivering high quality services and safeguarding adults who are at risk. At the time of writing this report, we have already appointed an independent chair and a joint Business Manager to take the Haringey SAB forward in 2015.

The Care Act came in to force in April 2015. This legislation puts Safeguarding Adults Boards on a strong statutory basis, better equipped both to prevent abuse and to respond when it occurs. In Haringey the Board has spent time this year preparing for the introduction of the Care Act. To do this, the Board has reviewed its membership, statement of principles, terms of reference and are working together with the multi agency partnership to agree our strategic priorities for the next 3 years, to further improve the safeguarding of adults at risk, quality of services, provide more focus on

prevention and to roll out the Making Safeguarding Personal (MSP) approach.

Over the past 12 months, the achievements of the Haringey SAB have been significant and reflect the strength of commitment and quality across the partnership. Important milestones have been achieved in each area of the identified work streams reflecting significant efforts on the part of both individuals and organisations across the Board.

Our partnership working continues to strengthen our ability to safeguard vulnerable adults to enable people to live in a place where everyone feels safe and has a good quality of life, this is underpinned by the principles and values outlined in this report.

Over the next 3 years, there is a lot to do. We are committed to continuous improvement and to learning from both national and local experience of safeguarding adults who are at risk. We will continue to work together in a supportive and collaborative way, whilst ensuring that we challenge ourselves and each other in assessing our effectiveness in safeguarding people in Haringey.

I would like to take this opportunity to acknowledge the commitment of all of you including the statutory, independent, and voluntary community sector, who have helped us to achieve all that we have in the last twelve months.

Message from Dr Adi Cooper, Haringey Safeguarding Adults Board Independent Chair 2015/16



I am very pleased to be able to introduce the Annual Report 2014/15, as the new independent chair of the Haringey Safeguarding Adults Board. Having taken on this role, and meeting the partners who are members of the Board, I am impressed by their commitment to the shared principles and values, the work that has been undertaken, and those objectives achieved during this year of transition. With the introduction of the Care Act (2014) in April 2015, my challenge is to make it an ongoing reality and provide leadership to take the Board forward into the next phase. I bring a wealth of experience and knowledge of adult safeguarding policy and practice to Haringey, and I welcome the opportunity to apply what I have learnt in this new role.

I am grateful to Beverley Tarka as the outgoing chair of the Board, for getting the Haringey partnership onto a firm footing. I would also like to thank the Haringey officers who have provided support during the time I have been working with them.

Looking ahead, I am looking forward to strengthening the partnership, and consulting on the draft safeguarding adults strategy, which will provide a framework for the delivery of work in the future. As an independent chair, my role is to provide leadership, and constructive challenge to all, in order that we can best safeguard adults in Haringey at risk of harm or neglect. When intervention is necessary and enquiries are undertaken, we need to ensure that their outcomes are articulated and met wherever possible through a 'making safeguarding personal' approach.

Prevention is critical: raising awareness of safeguarding risks, improving the quality of services and supporting carers can reduce risks of harm and abuse. We also need to learn from what happens when things don't quite work out, from experiences elsewhere in London and England, and particularly where there is good practice. These are some of the themes that will be developed through the strategy, and I welcome the imminent consultation process in order to discuss with the community what local priorities are and how best to take the strategic aims forward together.

2.Haringey Safeguarding Adults Board Statement of Principles

In this section:

- Definition of the Haringey SAB Statement of Principles
- Aims of the Statement of Principles

Haringey Safeguarding Adults Board is committed to safeguarding all children, young people and adults at risk that come into contact with our work. We believe that all children, young people and vulnerable adults have an equal right to protection from abuse, regardless of their age, race, religion, gender, ability, background or sexual identity and consider the welfare of the child, young person or vulnerable adult is paramount. Children, young people and vulnerable adults with autism will be supported in particular to their individual need.

We take every reasonable step to ensure that children, young people and vulnerable adults are protected where our staff and partners/associates are involved in the delivery of our work. All concerns and allegations of abuse will be taken seriously and responded to promptly and appropriately by senior officers.

We enable all our staff and those who work with us to make informed and confident decisions regarding safeguarding. All staff receive training in basic awareness of safeguarding matters. Training is then undertaken commensurate with responsibilities in this area.

We expect everyone (including staff, partner agencies, associates and, volunteers) to understand and adhere to this policy.

Aims of the Statement of Principles

We will endeavour to safeguard children, young people and vulnerable adults by:

- Valuing them, listening to and respecting them;
- Responding immediately and effectively to all concerns;
- Adopting this policy and adhering to our associated procedures and code of conduct for staff;
- Recruiting all staff, volunteers and associates safely by ensuring that all the necessary checks are made;
- Sharing immediately and effectively any concerns where children are involved in Children's Services; and
- Providing effective management of staff and associates through supervision, support and training.

The following measures ensure that safeguarding and promoting the welfare

of children, young people and vulnerable adults is given priority and is discharged effectively across Adult and Children's Services through commissioning arrangements:

- Haringey Adult Social Services is the responsible lead agency for providing care services for people in need, including those at risk of abuse. The SAB has given direction, support, guidance and quality assurance to safeguarding adults' policies, procedures and practice in Haringey. It is a Multi-Agency Board established to promote, inform and support safeguarding adults work. We ensure that priority is given to the prevention of abuse, and adult safeguarding is integrated into other community initiatives as well as links to other relevant inter-agency and community partnerships.
- Ensuring that safeguarding children and adult strategies and associated policies are in place, including safe recruitment of staff, a whistle-blowing policy and safeguarding training and supervision policies.
- Ensuring that providers of services are held to account through regular review of safeguarding arrangements through quality scrutiny processes.
- Designated NHS Safeguarding Nurse has been a member of the Haringey SAB and offers professional expertise and advice around safeguarding matters.

All organisations in Haringey and individuals working with adults who are vulnerable have a duty to protect them from abuse.

3. What is Safeguarding?

In this section:

- What is safeguarding
- What constitutes abuse and neglect
- Other types of abuse

Safeguarding adults is about working with adults with care and support needs to keep themselves safe from abuse or neglect. It is about people and organisations working together to prevent abuse.

Safeguarding Adults will help anyone who is:

*“over 18 years old and is or may be in need of community care services by reason of mental or other disability, age or illness, **and** who is or may be unable to take care of him or herself, **or** is unable to protect him or herself against significant harm or exploitation”*¹

The Care Act came into force on 1 April 2015 and has introduced a definition of who safeguarding adults will help:

“Anyone who has a need for care and support and is experiencing, or is at risk of, abuse and neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of or the experience of abuse or neglect”

More information on the Care Act 2014 can be found on [page 23](#) Care Act and Safeguarding. Further information can be found on the Haringey website <http://www.haringey.gov.uk/social-care-and-health/social-care-policy-and-practice/care-act-2014>

Safeguarding adults should:

- Stop abuse or neglect wherever possible;
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- Safeguard adults in a way that supports them in making choices and having control over their lives;
- Promote an approach that concentrates on improving life for the adults concerned;
- Raise public awareness so that communities as a whole play their part in preventing, identifying and responding to abuse and neglect;

¹ This definition comes from the safeguarding adults policy guidance, No Secrets, published in 2000.

- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- Address what has caused the abuse or neglect.

To achieve these aims we must:

- Ensure individuals and organisations are clear about their roles and responsibilities;
- Create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect;
- Support the development of a positive learning environment across these partnerships and at all levels to help break down cultures that are risk-averse and seek to scapegoat or blame practitioners;
- Enable access to mainstream community resources such as accessible leisure facilities, safe town centers and community groups that can reduce the social and physical isolation which in itself may increase the risk of abuse or neglect; and
- Clarify how safeguarding concerns arising from poor quality and inadequate services, including patient safety in the health sector, should be responded to.

What constitutes abuse and neglect?

Abuse may be:

- **A single act or repeated acts.** Abuse may take the form of a single act that has abusive consequences for the vulnerable adult or may comprise a series of acts, large or small, whose cumulative impact adversely affects the individual.
- **Unintentional.** Sometimes the abusive act was wilful on the part of the perpetrator but sometimes it may be unintentional. Causing harm may be unintentional but nevertheless harm was caused and therefore abuse has taken place, requiring a response under the safeguarding adults procedures. The nature of the response is likely to depend on whether the act was intentional or not.
- **An act of neglect or a failure to act.** Abuse may be caused as a result of a person with caring responsibilities acting in a way that is harmful to a dependent person. Failure to act so as to provide the level of care a reasonable person would be expected to provide, which results in harm to an adult at risk, is also abuse and requires a response under the safeguarding procedures.
- **Multiple acts.** An adult may experience several types of abuse simultaneously. Although the different forms of abuse are presented below as though they are discreet categories, there is often a lot of overlap between them.

Abuse and neglect can include:

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions;
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence;
- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting;
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks;
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;
- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude;
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion;
- **Organisational abuse** – including neglect and poor care practice within an institution care setting such as a hospital or care home, or in one’s own home;
- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating; and
- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

Other types of abuse

The **Domestic Abuse** definition includes **coercive control** which is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Hate crime - A crime motivated by racial, sexual, or other prejudice.

Female Genital Mutilation – also known as female circumcision or female genital cutting, is defined by the World Health Organisation (WHO) as "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for nonmedical reasons

4. Who we are and what do we do?

In this section:

- Who we are and what do we do
- Haringey SAB Independent Chair
- Safeguarding Principles
- Haringey SAB Business Plan

The Local Authority through ASS is the responsible lead agency for providing care services for people in need, including those at risk of abuse. The Haringey SAB provides direction, support, guidance and quality assurance to safeguarding adults' policies, procedures and practice in Haringey. It is a multi-agency Board established to lead, promote, inform and support safeguarding adults work. We ensure that priority is given to the prevention of abuse, and adult safeguarding is integrated into other community initiatives as well as links to other relevant inter-agency and community partnerships.

Haringey SAB believes that living a life free from abuse is a fundamental right for each person, that safeguarding is everybody's business and that measures need to be in place to protect those least able to protect themselves.

Its membership includes statutory and independent agencies engaged in adult social care, community organisations and groups, including people who use services and carers.

The Haringey SAB meets four times a year. The Haringey SAB must make sure that there are arrangements for preventing harm and reacting to allegations of abuse in all agencies who work with potential adults at risk in Haringey. The Haringey SAB holds partner agencies to account to ensure they are protecting people who may be vulnerable to abuse.

Minutes of meetings are published on the Safeguarding section of the Haringey website; see [Haringey SAB minutes of meetings](#)².

Haringey SAB Independent Chair

One of our key functions of the Haringey SAB membership is the position and role of the chair. With the high political focus on safeguarding adults has had and with significant changes happening across the partnership, it remains crucial for London-wide assurance that organisations continue to have robust governance and processes in place that lead to positive outcomes for adults at risk.

² Haringey Safeguarding adults Board minutes of Meeting - <http://www.haringey.gov.uk/social-care-and-health/safeguarding-adults/haringey-safeguarding-adults-board-sab>

With this in mind, Haringey SAB has appointed an independent chair to provide robust and clear leadership to all partner agencies of the Haringey SAB. This leadership will present itself through challenge and influence, resulting in transparency and accountability amongst partner agencies.

The Safeguarding Principles

The work of the Haringey SAB is underpinned by the safeguarding principles which were set out by the government in the statutory guidance accompanying the Care Act 2014. You can download this guidance by clicking here: [Care and Support Statutory guidance³](#). The following six principles apply to all sectors and settings including care and support services. The principles inform the ways in which we work with adults.

1. **Empowerment** – The presumption of person-led decisions and informed consent, supporting the rights of the individual to lead an independent life based on self-determination.
2. **Prevention** - It is better to take action before harm occurs, including access to information on how to prevent or stop abuse, neglect and concerns about care quality or dignity.
3. **Proportionality** - Proportionate and least intrusive response appropriate to the risk presented.
4. **Protection** - Support and representation for those in greatest need, including identifying and protecting people who are unable to take their own decisions, or to protect themselves or their assets.
5. **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
6. **Accountability** - Accountability and transparency in delivering safeguarding, with agencies recognising that it may be necessary to share confidential information, but that any disclosure should be compliant with relevant legislation.

These six principles form the basis of our Safeguarding Adults Strategy, in which we set ourselves, the partnership and community specific actions to prevent and respond to abuse.

You can view the Haringey Safeguarding Adults Board Strategic Plan 2015-18 in detail on our website at: <http://www.haringey.gov.uk/social-care-and-health/safeguarding-adults/haringey-safeguarding-adults-board-sab>

Haringey SAB Business Plan

The Board works to a Business Plan which identified five priority areas for action for the forthcoming year. The Business Plan assists the Haringey SAB to support,

³ Care Act 2014: Statutory guidance for implementation - <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>

monitor and review what partner agencies do individually and collectively to fulfil their safeguarding duties. The plan also serves to aid the development of future work for the Board and its partner agencies.

The five keys priorities:

1. **Strategy and Leadership** – Shared values, aims and objectives of safeguarding that provides people with expertise across the Council and with its partners.
2. **Safeguarding Practice** – Practice will reflect the strategic objectives to deliver an accessible, responsive, quality service to people at risk.
3. **Prevention** – There are Strategic plans to promote awareness, use information to focus resources where it is needed the most and work collegially with statutory, voluntary, carers and service users to prevent abuse.
4. **Training and Workforce Development** – All staff will be equipped to safeguard adults at risk and enhance their knowledge and skills through a multi-agency training and development programme.
5. **Communication** – there are strategic plans to promote awareness.

The Business Plan articulates the timescales and accountability for action in these areas, to which the work of subgroups is vital.

5. The work of the Safeguarding Adults Board during 2014/15

Haringey SAB Subgroups

Each subgroup is led by a Haringey SAB member and provides a quarterly progress update to the Haringey SAB. In 2014, the three subgroups were:

| | | |
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| Prevention | Training & Workforce Development | Safeguarding Adults Practice Board (SAPB) |
| <ul style="list-style-type: none">• Responsible for the development and implementation of the Prevention Strategy | <ul style="list-style-type: none">• Responsible for the strategy, development and coordination of multi-agency safeguarding adults training provision. | <ul style="list-style-type: none">• Coordinate and support the development of safeguarding adults work in Haringey with particular emphasis on developing best practice in safeguarding adults work and learning from experience. |

Safeguarding Adults Practice Board (SAPB)

The Safeguarding Adults Practice Board (SAPB) was one of three sub-groups of the SAB. The SAPB developed as a response to the implementation of the Pan London Safeguarding Adults Policy and Procedures.

At the Haringey SAB meeting in July 2014, it was agreed that the subgroup would be dissolved and the SAPB Action Improvement plan would be merged in to the Quality Assurance (QA) Subgroup delivery plan and the QA Board becoming a subgroup of the Haringey SAB.

Prevention Subgroup

The aim of the Prevention Sub-group is to oversee the delivery of the Haringey Safeguarding Adults Prevention Strategy 2014-17, approved by the SAB on 13 January 2014.

The Prevention Strategy (2014-17) outlines the strategic direction and the main priority areas for the different agencies, and represents the collaboration between

the agencies to provide a joint framework by which they will work in partnership to safeguard adults at risk.

The strategy describes the national and local policy framework and identifies nine priorities for adult safeguarding prevention work. These nine priorities cover a wide range of safeguarding prevention activities, which are incorporated in a delivery plan.

The Prevention Delivery Plan is discussed at the subgroup meetings and updates are provided to the Haringey SAB.

Elder Abuse Fraud Prevention Training Awareness

The Safeguarding Prevention sub group held an event on “Elder Abuse Fraud Prevention Training Awareness” in February at Wood Green Cineworld Cinema. The purpose of the event was to find out about preventing fraud based on crimes against the elderly in Haringey. Professional speakers included the Metropolitan Police, Trading Standards, Nat West Fraud Prevention, external provider and Victim Support.

The scheme of the day was to get stakeholders involved who are in the provision of care for the elderly communities of Haringey. People who are in attendance can then take the information they have learned from the presentations and disseminate this amongst their community/group/company to raise awareness of abuse affecting older people.

The feedback was positive and it was proposed that this event is re-run in 2016 with an ambition to locate at other smaller locations across the Borough in order to harness local attendance.

“I found the session informative, particularly with the many kinds of scams around. Good to know the banks are now coming together to tackle the issue. More awareness should be given to the many different communities living in Haringey, e.g. Voluntary organisations”

“A good variety of speakers from different areas of business”

“Very explanatory, clear and well educative”

Independent Domestic Violence Advocates

Independent Domestic Violence Advocates (IDVA) has been introduced to the Haringey Police Station environment from January 2015 to work alongside the Police Community Safety Unit (CSU) and Integrated Gangs Unit (IGU) at Wood Green Police Station. The Police have been invited to be part of the re-commissioning of the IDVA Provision which is proposed to be expanded.

The establishment of the IGU [which includes representation from the Local Authority Community Safety Partnership Strand and London Probation Service] at

Wood Green Police Station has been further developed to include a further check and balance for Safeguarding victims who fall within the Prevention Strand of the Ending Serious Youth and Gang Violence (EGYV) Strategy.

Training and Workforce Development Sub group

The Training and Workforce Development subgroup has the responsibility for the development, planning and coordination of multi-agency safeguarding adults training provision. This includes making recommendations regarding the facilitation and commissioning of appropriate training resources and the regular review and evaluation of the training provision in line with the Haringey SAB Business Plan.

Haringey is committed to providing high quality multi agency safeguarding adults training that supports staff in carrying out their duties and to ensure compliance against a number of Care Quality Commission (CQC) requirements outlined within Essential Standards of Quality and Safety, (March 2010).

We have developed a safeguarding Development and Learning Opportunities work programme for all staff and partners. All the courses are designed in accordance with the National Minimum Standards implemented by the Care Standards Act 2000, and where possible linked to the Qualification Credit Framework.

Much has now been done to support the implementation of the Care Act through workshops, courses, briefings and the e-learning modules.

Some of the training courses being offered:

- **Safeguarding Adults: Raising an Alert and immediate steps**
This training develops and builds on the competencies participants will have gained through undertaking the Basic Awareness
- **Domestic abuse of Older People by their family members**
To help those who work with older people and who may also lead, investigate or manage Safeguarding Adult case work to understand, and to feel more confident in their practise
- **Essential standards for Quality and Safety New for 2014**
To gain a clear understanding of the CQC essential standards and how they should be embedded within day to day work
- **Mental Capacity Act and DoLS Awareness**
To build delegates knowledge and skills on Mental Capacity Act 2005 and DoLS
- **Protecting against Institutional Abuse and Neglect**
To enable all staff and managers working within any provided services for adults to understand the crucial importance of every person's role and duty of care in keeping vulnerable adults safer
- **Safeguarding those living with dementia or a mental illness**
To help those who work with these service user groups and who may also lead, investigate or manage Safeguarding Adult case work to understand, and to feel more confident in their practise
- **Introduction to Financial Abuse** - To develop abilities in dealing with concerns/ allegations of financial or material abuse.

- **Financial and Material abuse – Level 2**
This second stage course is aimed at professionals who are likely to have a deeper involvement in an investigation, both criminal and non-criminal which require a deeper understanding of the complex processes and legislation involved within their professional role
- **Undertaking s42 enquiries – for social work practitioners and other professionals**
Housing officers, Probation, community psychiatric nurses and other NHS staff must undertake this training to comply with the Care Act
- **Chairing and Leading the safeguarding meeting**
Updating for those fulfilling the role of the Safeguarding Adults Manager and practical skills to be an effective Chair

E-learning courses available:

- Safeguarding Awareness for Adult service workers
- Introduction to adult safeguarding for Social Workers
- Legislation and Partnership working in the protection of adults at risk
- Safeguarding Adults at Risk: The role of the social worker in adult safeguarding
- Deprivation of Liberty Safeguards (DoLS)
- Mental Capacity Act
- Safeguarding children and adults at risk: basic awareness
- Care Act - Safeguarding

Safeguarding awareness is a mandatory requirement for all and training courses continues to be well received and feedback is generally very positive.

In 2014/15, over **350** Haringey staff and over **100** people from external providers attended one or more training sessions in Haringey.

Training- CSE Safeguarding Awareness Campaign

A campaign to raise awareness of the potential signs of Child Sexual Exploitation (CSE) and encourage people to *“say something if they see something”* was launched in Haringey in March 2015.

The joint Haringey Council (Haringey SAB), Haringey Borough Police and Haringey LSCB campaign, calls on local residents and businesses to lookout for the warning signs of child sexual exploitation and to report any concerns.

As part of the campaign people working in local hospitality, transport, leisure and licensed businesses have been provided with bespoke CSE awareness training to help them identify scenarios in which children might be at risk of sexual exploitation.

Council and police officers are also working with teachers and community leaders to raise awareness of the issue and to agree what action should be taken if they suspect a child is at risk.

Tackling child sexual exploitation requires real cooperation and collaboration between professionals and the public to keep Haringey's young people safe. This campaign will help raise awareness amongst local residents and businesses of the potential signs of abuse and encourage people to raise any concerns they may have, detection and safeguarding of those at risk.

We have developed a mandatory e-Learning CSE training for all staff in the Council.

Subgroups going forward 2015/16

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| <p>Safeguarding Adults Prevention and Training and Development Subgroup</p> | <p>Adult Social Services Quality Assurance Board Subgroup</p> | <p>Haringey Multi Agency Mental Capacity Act and Deprivation of Liberty Safeguards Subgroup</p> |
| <ul style="list-style-type: none"> • Responsibility for the strategy, development and co-ordination of multiagency safeguarding adults training provision. • Oversee the delivery of the Haringey Safeguarding Adults Prevention Strategy 2014 - 2017 | <ul style="list-style-type: none"> • Ensure that quality assurance arrangements are in place across Adult Social Services (ASS) to gather information on the quality of services provided, service user feedback and data on the outcomes achieved for people using ASS. | <ul style="list-style-type: none"> • Strengthen inter agency relationships and facilitate the ongoing implementation of the MCA including the Safeguards in addition to providing assurances around governance and quality, sharing practice and improving DoLS compliance. |

Safeguarding Adults Prevention and Training and Development Subgroup

In January 2015, Haringey SAB agreed that the Prevention sub-group and the Training and Workforce Development subgroup be merged as there is synergy in the work plans and so we can make better use of resources. The terms of reference for the new subgroup was agreed at the April 2015 Meeting.

Adult Social Services Quality Assurance Board Subgroup

The purpose of the Adult Social Services Quality Assurance Board (QAB) is to ensure that QA arrangements are in place across ASS to gather information on the quality of services provided, service user feedback and data on the outcomes achieved for people using Adult Social Services. The Board ensures that this information is analysed and used to inform service delivery as well as strategic planning and commissioning.

Haringey Council takes quality assurance and safeguarding seriously and recognises that quality and safeguarding is everyone's business. We recognise the impact of poor quality care on safeguarding, and also recognise that we need a

differentiated approach to quality and safeguarding concerns. In managing the market, we ensure a continued focus on quality of provision to ensure that people's quality of life is maintained and the wider outcomes they seek are achieved.

We have continued to work in partnership with our external care providers, Haringey CCG and the CQC around the monitoring of adult social care services for residents in Haringey. We have developed a close working relationship with the CQC, the independent regulator of health and adult social care in England, enabling us to share information and intelligence about the quality of care provision in the local area. This approach enables concerns to be identified at an early stage and appropriate action to be taken to keep people safe. Where there have been major safeguarding concerns regarding a provider, we have used the Joint Establishment Concerns Procedure ⁴to work in partnership to investigate concerns and to take action where necessary, such as increased provider monitoring.

Despite the financial pressures on the Council, we ensure high quality services are delivered to Haringey residents and to continue to improve quality in line with national and local requirements. We recognise that service users and their families and carers are often best placed to assess the quality of the care they receive and we will continue to listen to and act on feedback from users and other stakeholders in holding providers to account.

The Board's Improvement and Quality Action Plan is currently being developed to include key improvement projects identified in the 2013-14 Local Account, local authority priorities from the Safeguarding Adult Audit Tool improvement plan, and practice issues around Deprivation of Liberty Safeguards (DoLS), the Care Act and health and social care integration. This enables key projects across ASS to be monitored by the QAB on a quarterly basis.

Adult Commissioning is continuing to work with external providers to improve their safeguarding practice and whistleblowing policies. QA reviews of all supported living provisions in Haringey are also being carried out.

What will we do?

- Work is under way to move to a multi-agency QA sub-group and widen the remit to include partnership working. The focus will be on partnership issues, predominantly good practice, performance and quality assurance. The terms of reference and membership of the QAB will be revisited in order to take this forward.
- New case file audit templates will be introduced in July 2015 to reflect new Department of Health (DH) and Care Act requirements. This will include adult safeguarding case file audits.

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

- We will continue to support providers to strengthen their safeguarding and quality practice in Haringey and strengthen our quality assurance and contract monitoring role across provisions.
- Continue to promote awareness of adult safeguarding, including a targeted safeguarding awareness campaign to raise knowledge and reporting of adult safeguarding concerns.
- Fully embed adult safeguarding user survey to identify whether people's needs are met through the safeguarding investigation process.
- Continue to implement the Adult Safeguarding Prevention Strategy delivery plan.
- Embed DoLS procedure and guidance for staff.
- Review and consolidate methods for monitoring safeguarding referral data.

Haringey Multi-Agency Mental Capacity Act and Deprivation of Liberty Safeguards Subgroup

In January 2015, it was proposed that the Haringey SAB establish a new Multi-agency Mental Capacity Act and Deprivation of Liberty Safeguards (MCA/DoLS) subgroup. At the time of writing this report, the subgroup has been established and the terms of reference have been approved by the Haringey SAB.

The Multi-agency MCA/DoLS sub-group will help to strengthen inter agency relationships and facilitate the ongoing implementation of the MCA including the Safeguards in addition to providing assurances around governance and quality, sharing practice and improving DoLS compliance. The sub-group supports the aim of Government to embed rights and responsibilities of the MCA in mainstream work. The key message is that the MCA applies to everyone who works with and/or cares for an adult who may lack capacity to make specific decisions.

The subgroup will have the following responsibilities:

- To lead the implementation of the MCA in Haringey ensuring good practice and a coherent approach across all organisations;
- To support multi-agency, partnership work in ongoing implementation and governance of the MCA/DoLS through nominated Lead Officers;
- To identify training and workforce development needs for a range of staff and agree a Training Strategy to meet these needs;
- To develop and support the relevant elements and work streams in order to put the requirements of the MCA including DoLS in place;
- To provide collaborative leadership across Social Care, Health, Police, Fire Service, Provider and other relevant sectors;
- To encourage participation and contribution from key partnerships and relevant organisations;
- To facilitate dissemination of advice, guidance, materials and training information;
- To benchmark DoLS data set against similar LA demographic profiles to inform training strategies within Haringey for commissioners and providers;
- To review multi agency policy and operational guidance, as required;
- To ensure that the MCA strategy is implemented within partner organisations;

- To audit and evaluate how organisations are embedding MCA and share learning from audit process;
- To promote learning, through the consideration of the implications of relevant case law, recommendations from domestic homicide reviews and safeguarding adults reviews;
- To develop community strategies to raise awareness of MCA to Haringey residents; and
- To report as a forum to the SAB quarterly.

Healthwatch

Healthwatch Haringey is independent from the Health and Social Care Services you use. Their job is to ensure that local people's views are heard in order to improve the experience and outcomes for people who use these services. Healthwatch Haringey works on behalf of all our communities: for children, young people and adults.

In developing the Haringey Safeguarding Strategic Plan, Haringey SAB will engage and consult with Healthwatch Haringey

Up until 31 March 2015 Healthwatch Haringey was run and led by Haringey Citizen's Advice Bureaux (HCAB) with support from Haringey Race and Equality Council (HREC).

Health and Well-being Agenda

Improving health and wellbeing in the borough is not the sole responsibility of one or two organisations; the responsibility is shared amongst us all including the Haringey SAB.

The Health and Wellbeing Board (HWB) takes the lead in promoting a healthier Haringey. It has a general duty to promote the individual well-being of all local residents (Care Act 2014).

The **Health and Wellbeing Strategy 2015-18** will continue to emphasise the importance of partnership working and joint commissioning to achieve a focused use of resources and better value for money. Activities incorporate prevention and early intervention, community resilience and citizen empowerment, and reducing inequalities.

Healthwatch Haringey is an active participant of the HWB and has actively been involved in the preparation of the **Health and Wellbeing Strategy 2015-18**.

Care Act 2014 and Safeguarding

Background

In July 2012 the government introduced a white paper 'Caring for our Future: Reforming Care and Support' and a draft Care and Support Bill. The government's stated aims in reforming the law around care and support are to:

- Modernise the legal basis to reflect the government's ambitions for personalised adult social care;
- Simplify the law into one single statute for adult social care; and
- Consolidate all existing legislation and repeal old statute dating back over 60 years.

The Bill received royal assent and came into force on 1 April 2015.

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. Local authorities have new safeguarding duties. They must:

- **lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens
- **make enquiries, or request others to make them**, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- **establish a SAB**, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- **carry out Safeguarding Adults Reviews** when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them
- **arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

What have we done for preparation?

The Care Act Implementation programme, in collaboration with a wide range of colleagues, has paid full attention to helping Haringey prepare for the recent implementation of those parts of the Act relating to Adult Safeguarding. This undertaking brought into its scope staff, from different professions and agencies reflecting a commitment to partnership working as a key contributor to effective safeguarding.

A checklist has been devised to ensure compliance with statutory requirements for the SAB outlining our current position and any action required to ensure compliance with the Care Act.

Much work has taken place to ensure that Haringey will be compliant. This is a large and complex undertaking that is being delivered through a programme management approach consisting of 7 work-streams which includes commissioning, safeguarding, advice and information etc.

ASS staff have been provided with a rolling programme of briefings about the Care Act and specialised legal training. In 2014/15, over 500 staff, partner agencies, carers, service users and providers had attended meetings to find out more about the Act.

In summary, the SAB's attention is drawn to the following key features of this work:

- i) **Briefings, Seminars, Workshops and Reports:** Briefings and reports on the safeguarding implications of the Act have been provided to a diverse group of stakeholders which include the SAB, officers from across the Council, Members of the Council, the Health Scrutiny Panel, partner agencies, service users and carers;
- ii) **Training:** Adult Social Services has provided mandatory training for its staff on the Act and safeguarding. This has been very well attended and, as a result, our confidence about staffs' ability to discharge their safeguarding responsibilities under the Act is high; and
- iii) **Networking:** Liaising with local authorities across London on a regular basis (monthly) to share experiences and learn lessons from other places. Networking indicates that safeguarding practice in Haringey compares well with that found in other local authorities.

As a result of the Care Act, ASS is producing a new suite of staff procedures. In so doing, every effort has been made to ensure that safeguarding is properly covered, as appropriate, by each new procedure.

Our Haringey SAB Strategy is being developed to ensure that the requirements of the Care Act 2014 will be implemented with the support of the partnership and the local community.

Serious Case Review Refresh

The Haringey Serious Case Review (SCR) was revised in September 2014 and it sets out the policy and procedure for commissioning and undertaking a SCR relating to an adult at risk living in the London Borough of Haringey (LBH).

The policy and procedure will be further revised in line with Care Act guidance and the revised Pan London Procedures in early 2015.

We are required, under the Care Act to make enquiries, or ask others to make enquiries, when they think an adult with care and support needs may be at risk of abuse or neglect in their area and to find out what, if any, action may be needed. Safeguarding Adults Reviews (SARs) will be replacing SCRs, and must be arranged if an adult with care and support needs dies, or sustains a serious life threatening injury, as a result of abuse or neglect and there is concern about how one of the members (agency or organisation) of the SAB acted.

The purpose of SARs is described very clearly in the statutory guidance as to promote effective learning and improvement action to prevent future deaths or serious harm occurring again.

Haringey SAB has not been involved in any Serious Case Reviews in the last 12 months.

Deprivation of Liberty Safeguards

The DoLS are for people in a hospital or care home, who for their own safety and in their own best interests, need to receive care and treatment that may have the effect of depriving them of their liberty, but who lack the capacity to consent to these arrangements.

DoLS are the way to give people the protection they need when they are being cared for or treated in ways that deprive them of their liberty.

The deprivation of a person's liberty is a serious matter and should not happen unless it is absolutely necessary. These safeguards have been created to ensure that any decision to deprive someone of their liberty is made following defined processes and in consultation with specific authorities.

We are in the process of developing a DoLS strategy to ensure not only compliancy with DoLS, but that we can go further to prevent abuse and harm through identifying those who lack capacity and may be at risk.

DoLS legislation has been in force since 2009. Initially, there were relatively few DoLS applications. However, since the Cheshire-West Judgement last year, the number of applications in Haringey has risen dramatically.

What is the 'Cheshire West' judgement?

In March 2014, the Supreme Court made a long awaited decision in a case about three people who lacked the mental capacity to make decisions about their living arrangements. The Court decided that all three were subject to a deprivation of their liberty. The judgement was important because it made the law on DoLS clearer and brought in an 'acid test' to work out whether or not a deprivation of someone's liberty was taking place.

The effect of the Court ruling has been that far more people in residential care and hospitals are now entitled to the DoL Safeguards.

In Haringey, the Council processed **119** DOL applications (although **345** applications received) during 2014/15. **30** applications were accompanied by urgent applications and **90** requests

were for standard authorisation only. There were **15** authorisation requests assessed and not granted, as no deprivation was deemed to be occurring and **80** requests were granted and the remaining requests were withdrawn

Below is the yearly comparison since 2010/11.

| | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 |
|-------------------|---------|---------|---------|---------|---------|
| DoLS Applications | 10 | 22 | 20 | 32 | 119 |

There were **4** times as many DoLS applications progressed and almost **10** times as many DoLS applications received as opposed to the previous **12** months. On

average 30 DoLS applications were received per month which peaked at over 60 referrals some given month. There has also been an increase in the number of DoLS cases being considered via the court of protection

Funding

On 27 March 2014, Minister Norman Lamb announced that he would make a £25 million one off payment for 2015-2016 to local authorities to use in managing the deprivation of liberty cases. This is in recognition of the huge task that local authorities face.

Haringey, like most other local authorities, is in the difficult position of having to meet the huge demand with very limited supply. In order to address the significant increase in DoLS assessments, immediate short term solutions are being pursued such as increasing the number of independent Best Interest Assessor (BIA)'s being used, using qualified social workers within Haringey to complete BIA assessments where appropriate.

ASS has received confirmation of funding from the DH as a one off payment for 2015-2016 for the management of DoLS cases. ASS is looking at utilising this to clear a large majority of the backlog by bringing in additional resources and with the rest being reinvested to train our adult staff team as BIA assessors. This will help us deal with the more immediate risk and allow us time to develop our in-house BIA provision.

Future work: Review the Haringey DoLS practice and procedure to ensure compliance with guidance from the Supreme Court judgement and code of practice.

Safeguarding Adults at Risk Audit Tool

The Safeguarding Adults Audit Tool was developed based on elements of the NHS Safeguarding Adult Assurance Framework (SAAF) and other Safeguarding Adult Board Audits. The Independent Chairs network developed a framework for improving the effectiveness of Boards (March 2013) which was agreed by ADASS. One of the four areas that Chairs of Safeguarding Adult Boards believed to be central was, 'an audit tool to be completed each year by each partner to the Board with actions taken during the following year to remedy any deficits'.

Haringey SAB agreed to adopt the tool and members of the Board participated in a 'Challenge and Support' event in July 2014 to identify best practice and areas for improvement.

The SAB gained an overview of the safeguarding arrangements that are in place across the locality identifying strengths - so good practice can be shared; and common areas for improvement where organisations can work together with support from the Board.

The 3 key actions for improvement were identified for the SAB:

1. Ensure that commissioning contract services that can demonstrate MCA are complied with;
2. Appropriate training for all staff: framework to assess competency and MCA integrated into supervision and appraisal systems to be developed and used. Development of a refreshed MCA/DoLS policy in response to the Cheshire judgement; and
3. Join up Borough response to Safeguarding. Safeguarding Adults Information to be made more available and accessible

An Improvement Action Plan was developed and is reported to the Haringey SAB on a quarterly basis.

Multi-Agency Risk Assessment Conference and Operating Information Sharing Protocol

The Multi Agency Risk Assessment Conference (MARAC) is a multi-agency approach to reducing the risk of serious harm or homicide, faced by high risk victims of domestic violence.

A MARAC takes place once a month and involves partner agencies sharing information on the highest risk cases of domestic violence and creating a coordinated action plan to reduce the risk to the victims/survivors and their families. Referrals are made using the Coordinated Action Against Domestic Violence (CAADA) risk identification tool which helps referring agencies determine the level of risk, or based on professional judgment.

The Multi Agency Operational Information Sharing Protocol (MOISP) is to establish accountability, responsibility and reporting structures for the MARAC and to outline the process of the MARAC. The MOISP also sets out the legal grounds for information sharing between all agencies who have agreed to work together within the MARAC framework in accordance with the relevant legislation⁵ in order to: increase the safety of all victims, including children; enable the protection of vulnerable people; and reduce crime and disorder locally. The MOISP is designed to enhance existing arrangements rather than replace them. The protocol is reviewed every two years to ensure it is fit for purpose and up to date with best practice guidance.

The MOISP was revised in October 2014 and signed up by all MARAC representatives.

Internal Audit Haringey SAB

⁵ The Data Protection Act (1998), The Children Act (1989 and 2004), Human Rights Act (2000)

In 2014/15, ASS commissioned an internal audit of Haringey SAB. The overall objective of the internal audit was to provide the Council, SAB Members, and partner agencies with reasonable, but not absolute, assurance as to the adequacy and effectiveness of the key controls relating to the management functions of the SAB.

ASS requested focus on key controls including:

- **Governance** - clear and documented terms of reference. The membership of the SAB is in line with the statutory requirements. The SAB meets in accordance with the requirements of its own terms of reference. The SAB has developed a Prevention Strategy and delivery plan and with regard to the management of safeguarding adults.
- **Self Assessment** - arrangements are in place for the SAB to complete a self assessment of its own work, performance and relations with partner organisations and from this develop an action plan with those partner organisations.
- **Risk Management** - there is an effective process in place by which the risks which could impact on the achievement of the SAB objectives are identified, evaluated and mitigated, and then kept under periodic review.
- **Outcomes** - the SAB has developed clear and achievable outcomes which are consistent with the aims and objectives of the Council.
- **Liaison with other bodies and agencies** - there is a clear protocol in place by which the SAB will co-operate and share information with other bodies to achieve its objectives, and is signed up to by all appropriate bodies.
- **Performance and reporting** - clear and specific targets and time scales are set which are linked to the agreed outcomes, with the actual achievement of the targets is compared to plan. Where there is a variance from plan, the cause of the variance is identified and remedial action developed where appropriate. Periodic and timely reporting is undertaken to the SAB.

Following the conclusion of the audit, Haringey SAB attained Substantial Assurance with no major issues for management or audit committee being raised.

Haringey Multi Disciplinary High Risk Panel

The High Risk Panel (HRP) has been established to provide a multi-agency way of supporting work on complex and high risk cases, including but not limited to hoarding, fire risk, and self-neglect. The HRP support agencies in their work to lower and manage risk for both customers and their immediate neighbours, where risk might remain at a high threshold without collaboration available through a multi-agency approach. The panel has a consultative and advisory role and adheres to the confidentiality policy which governs the Haringey SAB.

The process for submitting a case to the High risk Panel is contained in the High Risk Panel protocols.

The HRP is collaboratively owned by participating agencies in Haringey. It is administered on behalf of the participating agencies by ASS

Violence against Women and Girls Strategy Group

In September 2014, the Violence against Women and Girls Strategy group agreed to adopt the terminology of 'violence against women and girls'. The group have adopted the United Nations (UN) definition of violence against women and girls as featured in the government's strategy 'Call to End Violence Against Women and Girls (2010)' and The Mayor's Office for Policing And Crime (MOPAC) updated 'Violence Against Women and Girls Strategy (2013-17)'.

The Strategy group are now able to keep violence against women and girls visible, better understand the issue and are able to develop more effective responses. This also means it supports the development of a more integrated approach to the problem in Haringey, which has largely focused previously on domestic and sexual violence and abuse.

Winterbourne View Action Plan

Together with our partners, a joint Action Plan was developed in response to the Winterbourne View SCR. This was monitored through regular project group meetings which have now been dissolved. However, the Learning Disabilities Executive Board continues to monitor progress on an operational level.

The Department for Health developed a national response looking at issues affecting people with learning disabilities residing in hospitals. NHS England then made a Transforming Care commitment, which includes the delivery of Care and Treatment Reviews (CTRs) for patients.

CTRs assess the needs of people with learning disabilities and how their future care needs can best be met – including the most appropriate setting. The CTR process also supports the action planning required to deliver the required discharges or transfers into the appropriate care.

Each CTR is scheduled over the course of a day and takes place at the current residence of the person with learning disabilities. It is structured as a round-table discussion of the personal and clinical needs of the person with learning disabilities and involves representatives of the person's voice (family, advocacy, etc), the care providers, the multidisciplinary team (Haringey Learning Disability Partnership (HLDP)), the CCG, and independent reviewers (representing NHS England).

Future Work: Ensure that the care ASS commission on behalf of people with a learning disability is outcome focused to protect those most vulnerable in society, based upon the learning for the Winterbourne View SCR.

Advocacy

Haringey ASS must involve people in their assessments and in planning and checking their care and support.

Under the Care Act, individuals who experience substantial difficulty in being involved in care assessments, care planning, care reviews, safeguarding enquiries, safeguarding adult review; and where there is not an appropriate individual to support them, are entitled to access an independent advocate from Voiceability via a referral to the service from the Council.

Haringey ASS have re-tendered the provision of an advocacy service to ensure full compliance with requirements set out under the new legislation. The advocacy service contract has been awarded to Voiceability, who is also the provider of statutory (Independent Mental Capacity Act (IMCA) and Independent Mental Health Assessment) advocacy services in the borough.

Community Safety Partnerships (CSP)

Haringey SAB has an important contribution to broader issues of community safety. This includes working at a local and regional level with other agencies who are working to reduce risk and tackle and prevent violence and harassment in our communities. The Haringey SAB has regional and local input to Multi Agency Public Protection Meetings (MAPPA), to manage the risk posed by violent and sexual offenders and MARAC which focus on the needs of victims of domestic violence.

The vision of the Community Safety Partnership (CSP) is to make Haringey one of the **safest boroughs** in London. The CSP works closely with health and safeguarding partners (member of the Haringey SAB) to address alcohol, drugs and mental disabilities as critical drivers of offending, disorder and ill health across all crime types. An effective community safety programme makes a significant contribution to good health and well-being, evident in the activities supporting outcomes such as; prevent and minimise gang-related activity and victimisation, and end violence against women and girls by working in partnership and promote healthy and safe relationships.

Haringey Borough Multi-Agency Hoarding Protocol

In February 2014 at the Haringey HRP, the London Fire Brigade (LFB) took forward discussion and progression in the setting up of a Haringey Multi-Agency Hoarding Protocol. The panel consisted of representatives from the LFB, Homes for Haringey, Mental Health, and LBH. This was further discussed at the Haringey SAB meeting in July 2014 where partner agencies had the opportunity to comment and provide feedback.

In early July 2015, the Haringey Borough Multi-Agency Hoarding Protocol was approved and published by the SAB.

To view the protocol, you can download from the Haringey Website: <http://www.haringey.gov.uk/social-care-and-health/safeguarding-adults/safeguarding-adults-policies-and-procedures>

Making Safeguarding Personal

The Making Safeguarding Personal (MSP) programme, led by the Association of Directors of Adult Social Services (ADASS) and Local Government Association (LGA), with funding from the DH, has gained widespread momentum.

Since 2010, the national MSP programme has aimed to promote a shift in culture and practice in response to what we know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. MSP is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them with the aim of enabling them to reach better resolution of their circumstances and recovery. It is about collecting information about the extent to which this shift has a positive impact on people's lives. It is a shift from a process supported by conversations to a series of conversations supported by a process.

Haringey SAB is committed to engaging with the MSP programme and has signed up to silver level to ensure that the achievement of personal outcomes is at the centre of the safeguarding arrangements.

Work has been undertaken as part of the MSP initiative to prepare for the introduction of an adult safeguarding user survey looking at the outcomes of safeguarding investigations. DH guidelines require 10% of safeguarding referrals to be surveyed and the survey must be carried out by qualified professionals. In ASS, we are currently identifying the resources needed to implement the survey in 2015.

Safeguarding Threshold Guidance

Haringey SAB has drafted a SAB Threshold Guidance. The guidance explains the processes involved in making a decision about whether an "alert", regarding an adult who appears to be at risk of harm or is being harmed, is progressed through the safeguarding adults' procedures. Such "threshold decisions" are crucial in ensuring that members of the population who meet the definition of "vulnerable adult" (No Secrets 2000 and Care Act 2014 guidance) are able to receive the assistance they need. By definition, these adults are not able to protect themselves or claim their civil or human rights without assistance.

Discussions have taken place at SAB meetings and partner agencies invited to provide comments and feedback. It is anticipated that the final Threshold Guidance will be ratified by the SAB and to be published in latter 2015.

6. Haringey Safeguarding Adults Strategy (2015/18)

Haringey SAB members are jointly responsible for ensuring that key partners work together effectively to protect adults with care and support needs from abuse or neglect. The Haringey SAB aims to achieve this through our strategic plan which highlights our priorities for safeguarding adults for the next 3 years.

The strategy is in the process of being finalised and will be discussed at the SAB in 2015. Once the Strategy receives ratification from the Board, we will publish on the Haringey website at the following location:

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

7. SAB Partner Statements - Achievements in 2014/15

The agencies that make up the Haringey SAB are all committed to improving their ability to prevent harm as well as to identify and react to allegations of abuse towards the people they work with. Every year, we ask our partners to write up their SAB partner statements which highlights their key achievements throughout the year and what are the plans for the coming year.

Full partner statements reports can be found in **Appendix A**. Below are excerpts from the reports:

Whittington Health

Executive Leadership for Safeguarding is provided by the Director of Nursing and patient Experience. A review of Safeguarding practices was carried out by an external reviewer in early 2015. The actions from the review have been incorporated into the Trust Safeguarding work plan.

The Care Act came on to the statute books on the 1st April 2015, and training materials have been reviewed to reflect the changes.

Policy review is ongoing this includes Pressure Ulcer policy, Recruitment and Retention, Restraint in Care, Information sharing, Being Open, Safeguarding Adults at Risk, PREVENT, MCA, Serious incident, Disciplinary and Safer Recruitment, Patient Experience, Complaints and Privacy and Dignity.

The Trust is using the National guidance for the reporting and management of Pressure Ulcers.

Haringey CCG funded training for staff to undertake the role of MCA champions, this will allow them to support staff in practice and undertake MCA training.

The Trust Domestic Abuse Coordinator delivers training to staff across the Trust; and has developed a Domestic Abuse policy that was ratified in 2015.

North Middlesex Hospital NHS Trust

The Trust has an up to date Safeguarding Adult's Policy that sets out responsibilities, reporting and investigating procedures for the protection of adults at risk. This policy supports and encourages staff to immediately report any concerns that they may have about possible abuse to a person at risk whilst the patient is receiving treatment or care at the hospital.

Over the last year, the Trust has continued the focus on raising awareness of its safeguarding adults procedures and policies. This approach enables staff to

recognise abuse situations and report or escalate in order for them to be investigated by the appropriate agencies.

The Trust continues to work with the Enfield and Haringey Social Services Safeguarding Adult Teams to comply with requirements for following up Safeguarding Adult alerts. Trust staff attends Safeguarding Adult Strategy Meetings and Case Conferences as required.

The Care Act requirements for **Making Safeguarding Person** requires us to ensure that the adult, their families and carers are working together with agencies to find the right solutions to keep people safe and support them in making informed choices. Family or representatives are now routinely invited to Safeguarding Adult Strategy meetings and Case Conferences to ensure their early involvement in decisions made and Protection Plans.

The Trust is committed to making improvements in response to lessons learned from the findings from Safeguarding adult investigations. Examples to changes in practice that have taken place in the Trust over the previous year include:

- Review of handover information about the patient's condition on discharge, including a discharge letter with a body map and description of any injuries and pressure ulcer management required;
- discharge checklists for discharge procedures in order to ensure that patients are discharged with relevant and up to date information;
- The Trust has developed a Missing and Absconding Persons Policy;
- Staff have been reminded to ensure that Mental capacity assessments (Mental Capacity Act 2005) and rationale for Best Interest Decisions are fully completed and discussed with family members;
- Staff are required to document Best Interest Assessments in the patient's medical file, in the event that treatment is withheld;
- Increase focus on requirements for Deprivation of Liberties Safeguard applications for patients who lack capacity and are provided with one to one supervision;
- the Mental Capacity Act and Deprivation of Liberty Safeguards Policy has been updated to reflect the guidance provided following the Cheshire West Case Law issued in April 2014;
- updated Deprivation of Liberty Safeguard application forms issued by ADASS in January 2015;
- developed a Domestic Violence Policy which is available on the hospital intranet;
- Ward Managers and Matrons were invited to attend a Mental Capacity Act and DoLS training update on 25th June 2014;
- a DOLS briefing sheet / flowchart has been circulated to all Consultant Medical Staff, Matrons and Ward Managers;
- Trust Safeguarding Adult Lead working with the Care of the Elderly Consultants to undertake sample ward audits to identify patients who might potentially meet the criteria for Deprivation of Liberty Safeguards referrals; and

- The number of DoLS applications progressed by the Trust has gradually increased over the previous year as ward staff are now more aware of the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguard requirements.

Haringey Association of Voluntary and Community Organisations (HAVCO)

HAVCO, a small umbrella organisation, supports a diverse range of groups, organisations, charities, Not-for-Profit companies and individuals with voluntary and community working as their core business and purpose.

Providing information and guidance is a key role, which includes assisting the development of new and existing organisations to meet good standards of safeguarding practice across all ages.

HAVCO's Board of Trustees, many of whom lead VCS organisations, committed to responding to future local and national safeguarding guidance when approving HAVCO's updated Safeguarding Policy.

As the Council's Strategic Partner representing the VCS, HAVCO committed to being represented at the Safeguarding Adults Board (SAB) at CEO level, in line with the new Care Act 2014 requirements. Being a small organisation, this was identified as a key statutory meeting. Therefore agreement was reached by all parties for a Board Trustee member to represent HAVCO at the SAB. This matched the existing HAVCO/VCS arrangements at the Local Safeguarding Children's Board, also introduced during this year. Attendance at both Boards was supported by HAVCO's Interim CEO.

Information has been made widely available to over 900 member organisations through HAVCO's E-Voice newsletter, which includes safeguarding information.

The Volunteer Centre and Supported Volunteering Project, hosted by HAVCO, provided access to safeguarding information in respect of working with volunteers. Direct work with member organisations included completing Disclosure and Barring Service applications to ensure ongoing compliance; and advice and guidance on policies and procedures covering Volunteer Management and best practice for safeguarding.

HAVCO's volunteering leads are members of Haringey's Mental Health Stigma Group and the End of Life Forum, which have synergy with safeguarding matters.

Haringey Community Safety Partnership (CSP)

One of the CSP's 6 strategic objectives is the prevent violent extremism. There is a high level delivery group for this area, chaired by the Deputy Chief Executive. Many of those affected are vulnerable young adults and there are close links to the SAB, MASH and the LSCB.

A further strategic priority is addressing 'violence against women and girls' including domestic violence and this is a shared responsibility across services with common links to the MACE.

Community Safety has strengthened approaches such as joint enforcement; strategic licensing; tackling problem premises including gambling establishments and poorly managed pubs which is aimed at increasing the safety of vulnerable adults.

- Established regular information sharing with A&E hospital departments for the first time;
- Increased referrals from schools and colleges for those at risk/vulnerable to extremism and extremist views for the first time. This was facilitated by and by the statutory PREVENT duty and inclusion in OFSTED inspections;
- Achieved agreement across the Council and its partners to widen the remit from domestic violence to incorporate all strands of violence against women and girls;
- Strengthened the outcomes from the ASB Action Group for repeat and vulnerable victims and expanded the remit to include hate crime victims;
- Trading standards undertakes test purchasing to protect young adults from the harm of unregulated alcohol, tobacco etc; and
- Fully established the integrated offender way of working for top nominal's and gang-related offenders, many of whom are young adults. This team pools resources and expertise to improve the life outcomes and re-offending rates of a specific cohort.

Community Housing (Homes for Haringey)

Community Housing Services unified with Homes for Haringey (HfH) in September 2014. HfH have taken this opportunity to review the HfH Safeguarding processes and procedures and have set up a HfH Safeguarding Group, which includes representatives from all areas of the business.

- Full review of processes and procedures and setting up of HfH Safeguarding Group;
- Implementation of the Housing Related Support funded pathway;
- Delivery of a further programme of supported living schemes; and
- Rolled out a new safeguarding training programme for frontline staff.

Haringey Clinical Commissioning Group

Safeguarding, promoting and improving the health of Haringey's vulnerable adults are public health priorities and these are reflected in NHS Haringey's Clinical Commissioning Group's (HCCG) strategic objectives and those agreed with partners. HCCG plays an active role in the work of the Haringey SAB and works with strategic partners to demonstrate that as a core member of the SAB, HCCG is

committed to embedding the fundamental principles for the prevention and protection of vulnerable adults.

HCCG responsibilities as commissioners is to promote the safety and welfare of adults in all of the services it commissions and provide assurance of HCCG's commitment to prevent and reduce the risk of abuse and neglect of adults and of continuing to improve safeguarding practice in the NHS. Our other key achievements include:

- Mental Capacity Act (MCA) project funds were secured to deliver a programme of training and awareness raising including;
- MCA and DoLS champions training delivered to 30 Acute and Care home Managers;
- Patient engagement and awareness raising events on Lasting Power of Attorney and Advance Decisions for patients and carers;
- Patient information leaflets have been developed on Advance Decisions, Preferred Priorities for Care and Lasting Power of Attorney for GP practices and acute trusts;
- Provider Trust MCA compliance audit rolled out;
- Initiation of the multi-agency MCA and DoLS SAB sub group to embed MCA, share key work areas and find practical solutions to well-established challenges;
- Reviewed the Continuing Health Care safeguarding referral pathway; and
- North Central London Safeguarding Adults Lead network developed a Key Performance Indicators (KPI) for Safeguarding Adults to complement the existing governance. Alongside the KPIs, an annual audit and quarterly dashboard has been developed to monitor safeguarding compliance within provider organisations. The framework will assist providers to focus on essential safeguarding areas in order to collect data that can be used to inform the organisations Safeguarding Adults Framework and action plans.

Barnet, Enfield and Haringey Mental Health Trust

Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) and Enfield Community Services (ECS) understands and acknowledges that safeguarding adults is everybody's business and that everyone working in health care has a responsibility to help prevent abuse and to act quickly and proportionately to protect adults where abuse is suspected. The safeguarding of all BEHMHT patients remains a priority for the Trust as it is a fundamental component of all care provided.

Over the past year, the safeguarding arrangements across all Trust services has continued to be strengthened, with a particular focus on ensuring our staff receives an appropriate level of safeguarding training.

The Trust has in place a Safeguarding Surgery. The surgery was developed in 2014 and has been well received and utilised by staff. The forum promote patient-centred approach; Making Safeguarding Personnel (MSP), collaborative working with our partners and bringing new legislation to staff awareness.

The Trust has a safeguarding audit that is completed on a monthly basis by managers. Strengths, areas for improvement and actions plans are agreed and delivered. The Trust's safeguarding committee has oversight of the process and improvements. Our other key achievements include:

- Review the DoLS and MCA policies and frameworks in light of Cheshire West ruling;
- The pressure ulcer forum now meets monthly and is attended by clinicians from across services, the protocol has been agreed and a plan for roll out is being implemented;
- Datix Incident Reporting to link with safeguarding team enabling automatically generated alerts when incidents with a safeguarding element are reported;
- A restraint in care protocol has been developed for our older adults services;
- Compliance inspections against the criteria in Outcome 7 (safeguarding) of the CQC's regulatory framework on all inpatient units and Community Teams. The Trust is fully compliant;
- The Safeguarding Team have been delivering bespoke training to teams which has led to an increase in awareness that safeguarding is everyone business to ensure that the Trust deliver a safe, friendly and caring environment where people are treated with respect, courtesy and dignity;
- BEHMHT have developed safeguarding champions in different areas to support staff. Issues where processes are not understood or where there are performance issues these are brought to the attention of the champions and staff are supported to address issues/concerns;
- MCA/DoLs lead for the Trust has led on the delivery bespoke training to teams. Subsequently awareness in IMCA and Advocacy services has improved; and
- Adult Safeguarding training level 1 is part of the mandatory training programme for all staff of which compliance is monitored through the Electronic Staff Record. Attendance record achieved above 85% throughout the year.

London Ambulance Service

The Trust has a commitment and a duty to safeguard adults at risk as stipulated in Outcome 7 of the Care Quality Commission Regulations. To achieve this goal the organisation has to ensure robust systems and policies are in place and are followed consistently, to provide training and supervision to enable staff to recognise and report incidents of adult abuse, to provide expert advice and to reduce the risks to vulnerable adults at risk of being abused.

The Trust has safeguarding action plans for both children and adults which are reviewed by the Safeguarding Committee

The Trust has provided a range of face to face safeguarding training this year, including; all new staff receive safeguarding training on induction course. All new clinical staff A&E and PTS receives safeguarding level 2 training on the core training

course. All clinical staff including EOC also receives level 2 safeguarding refresher training on the Core Skills Refresher (CSR) course. In addition local leads, EBS, Medical Directorate and Clinical Hub staff who provided support to staff have also received level 3 safeguarding children training.

The number of staff who have received the full NHS Prevent training is approximately 60. LAS have now appointed a Prevent lead for the Trust and a plan to train all staff is being developed.

- The Safeguarding Adult policy has been amended to comply with the Care Act 2014;
- The guidance for staff on mental health patients and Safeguarding was reviewed and amended to provide greater clarity for staff on when to refer to social care;
- The Trust has introduced a new HR policy for Managing Allegations Against Staff;
- Several safeguarding updates have been produced throughout the year providing guidance to safeguarding on safeguarding procedures; and
- The Trust implemented the NHS guidance on Female Genital Mutilation (FGM); this now requires all staff to record on clinical records and evidence of FGM. LAS also introduced the guidance on when to make a safeguarding referral for an unborn child, child and adult.

8. Safeguarding Adults Performance Information

What the statistics are telling us

Source: Haringey Performance Data return 01/04/2014 to 31/03/2015*

**These figures are provisional and are subject to validation which may change as a result.*

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

Data in relation to all safeguarding issues is monitored both locally and nationally. All safeguarding, alerts and referrals are recorded and co-ordinated by Haringey Council. Progress from initial alert through to conclusion is monitored for timeliness and quality across a wide variety of measures including the nature and location of harm, service user groups, outcomes, age, gender, ethnicity etc. This information is scrutinised by the QAB who report key issues quarterly to the SAB.

Haringey Council submits returns annually to the DH for collation and comparison of the key data across all authorities. The following commentary includes extracts from the data, trends and areas for improvement and development in Haringey.

Alerts and Referrals

Update

From April 2015 onwards, some of the terms we use, such as 'referral' will be changing. This is because the Care Act has introduced new terms for us to use. The term 'safeguarding referral' will be replaced with the term 'safeguarding concern'. 'Safeguarding investigations/referrals' will be known as 'safeguarding enquiries'.

There are two different types of safeguarding enquiries

The type of safeguarding enquiry depends on the characteristics of the adult at risk. If the adult fits the criteria outlined in Section 42 of the Care Act, then local authorities are required by law to conduct enquiries. These will be referred to as '**Statutory Safeguarding Enquiries**'.

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

Every year, the number of safeguarding referrals is increasing as people become more aware of adult safeguarding and how to report it. The Adult Social Care Integrated Access team (IAT) provides a single point of access for reporting adults safeguarding concerns

When someone reports a concern about abuse or neglect of an adult with care and support needs, it is known as a 'safeguarding alert'.

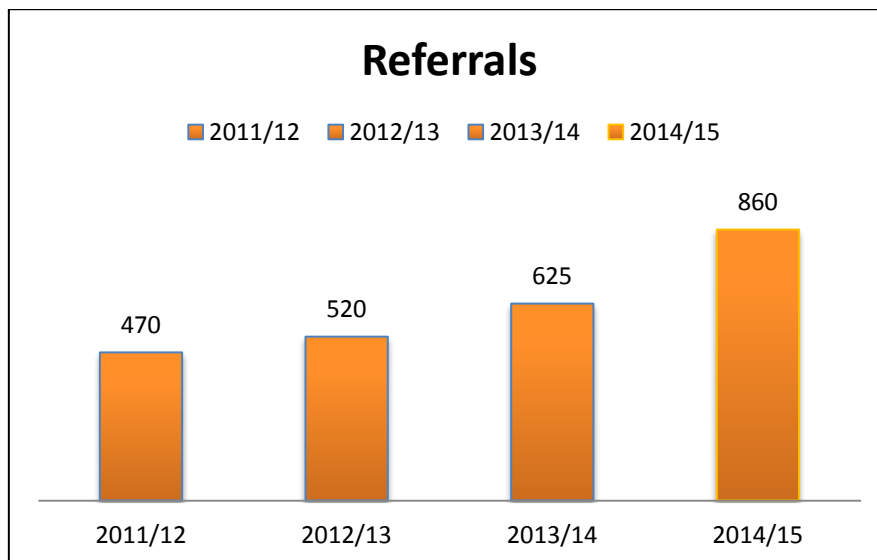
After an alert has been received, IAT then gather more information about the person and the concern. Once this has been done, we decide

whether the case needs to be referred for investigation. A case that went on to be investigated is known as a 'referral'.

In April–March **2013/14** the Council had **3019** alerts about possible abuse of which **625** were actually referred.

In April–March **2014/15**, the Council received **4009** alerts of which **860** safeguarding referrals, an increase of about **38%** on the previous year.

The graph below compares the numbers of referrals and shows a continuous increase.

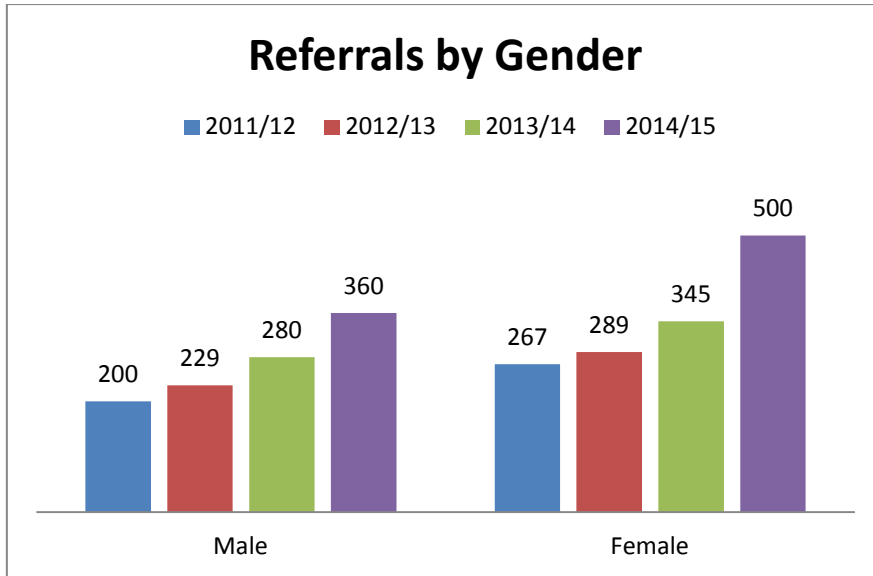


People affected: Gender and Age Group

During the period April 2014–March 2015, the number of referrals for males aged **55–64**, stood at **49**. This is a **63.33%** increase from the **30** cases for males aged **55–64** referred between the period April 2013 – March 2014.

A similar trend was also seen during the period April 2014–March 2015, with the number of referrals for females aged **35–44** being recorded at a total of **58**. This is a **48.71%** increase from the total **39** cases for females aged **35–44** referred between the period April 2013 – March 2014.

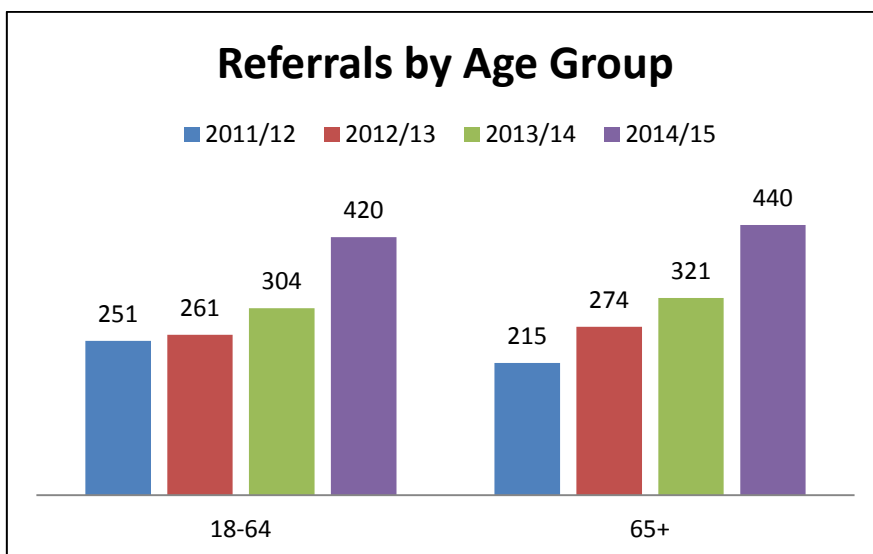
The highest percentage increase was seen in the number of males aged **18–24**, with **31** referrals raised between April 2014 and March 2015. This is a **121%** increase from the **14** referrals with the same criteria raised between April 2013 and March 2014.



During the period April 2014-March 2015, the number of referrals for alleged victims aged between **18-24**, stood at **63**. This is a **40%** increase from the **45** cases for alleged victims aged between **18-24**, referred between the period April 2013-March 2014.

Similarly, during the period April 2014-March 2015, the number of referrals for alleged victims aged between **35-44**, stood at **83**. This is a **45.61%** increase from the **57** cases for alleged victims aged between 35-44, referred between the period April 2013-March 2014.

Also of note, during the period April 2014-March 2015, the number of referrals for alleged victims aged **55-64** stood at **91**. This is a **46.77%** increase from the **62** cases for alleged victims aged **55-64**, referred between the period April 2013-March 2014.

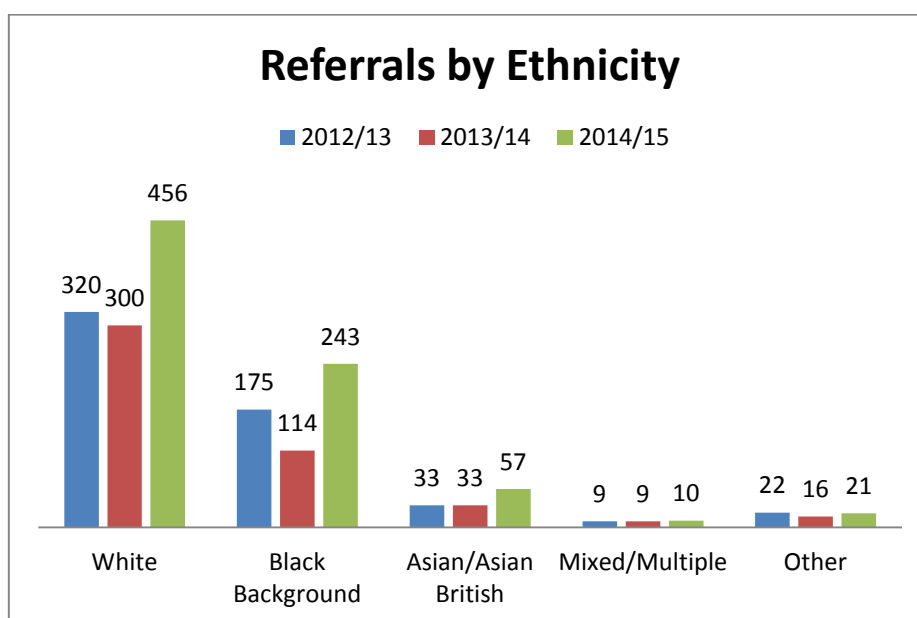


Ethnicity

Ethnicity was recorded for **787** of **860** referrals received (**73** not declared/unknown). Of these, approximately **58%** were from a 'White' ethnic group (same percentage as last year, but an increase of **156** referrals), **30%** were from 'Black African/Caribbean/Black British' background (down from **32%** last year), and **7%** were from an 'Asian or Asian British' background.

The number of referrals received for alleged victims of White (non British) origin between April 2014-March 2015, stood at **116**, this is a **52.63%** increase from the **76** cases received for alleged victims of White (non British) origin between April 2013-March 2014.

Alleged victims who were of Indian origin, also increased from 13 cases referred between April 2013-March 2014, to **23** cases referred between April 2014-March 2015, a rise of **76.92%**.



Primary Support Reason

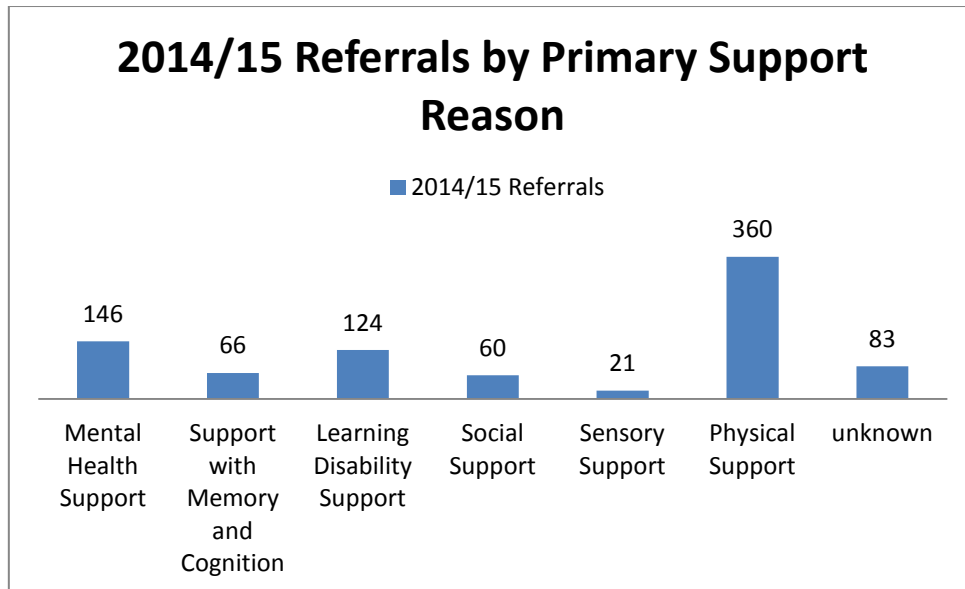
As from 1st April 2014, all Local Authorities no longer collect 'Service User Group' data, and instead collect information relating to the alleged victim's 'Primary Support Reason'. That is the main 'reason' they require support or care.

The number of referrals received between April 2014-March 2015 for alleged victims with Learning Disabilities stood at **212**, this is a **30.53%** increase compared to the **95** referrals received between April 2013-March 2014, for alleged victims with Learning Disabilities.

Similarly, the number of referrals for people who require Mental Health support, or support with memory and cognition aged **18-44** received between April 2014-March 2015, stood at **81**, this is a **52.83%** increase compared to the **53** referrals for

people with Mental Health issues aged **18-44** received between April 2013-March 2014.

Overall Mental Health referrals for adults aged **18+** increased by **8.72%** between the two subsequent financial years.

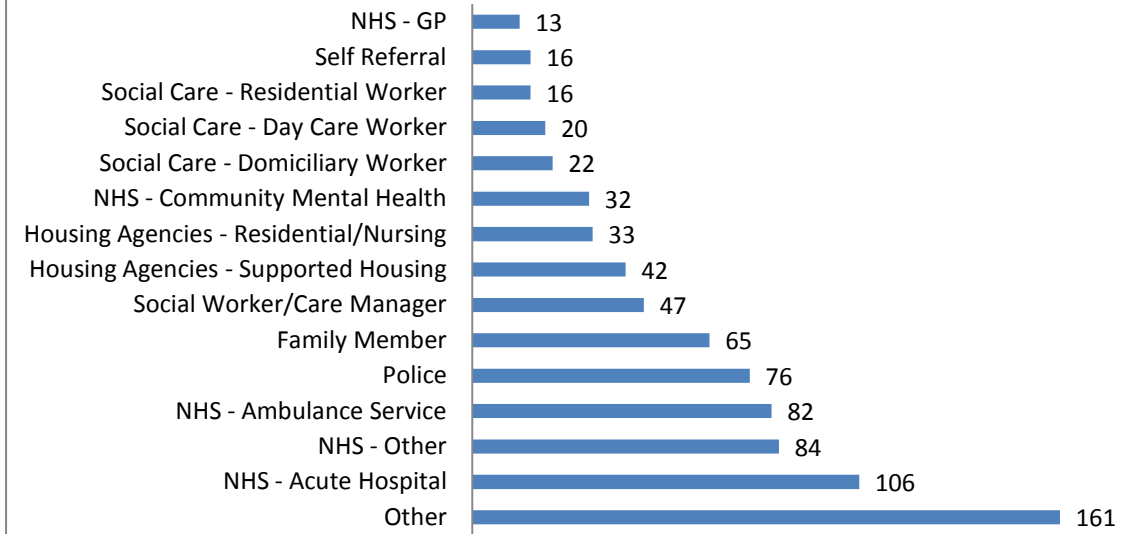


Sources of Referrals

The people who are most likely to report concerns about abuse and neglect are health* and social care staff. This is not surprising because health and social care staff get a lot of training and advice on spotting abuse and neglect. Also, adults with care and support needs are likely to be visited or monitored regularly by health and social care staff.

*Health Services includes referrals from acute hospitals, ambulance service, community mental health team, GP, CCG etc. Social care staff includes day care, domiciliary, residential workers and Care Managers.

Source of Referrals 2014/15 (Top 15)

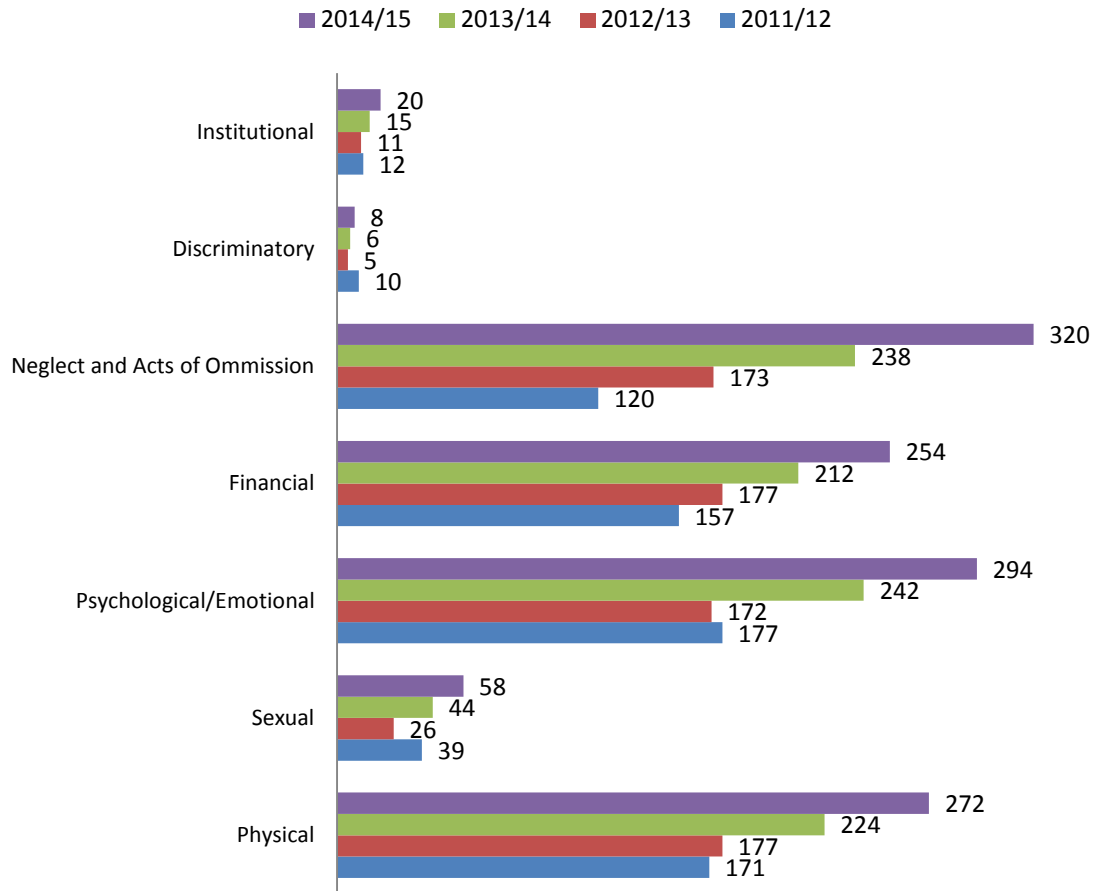


Types of Abuse

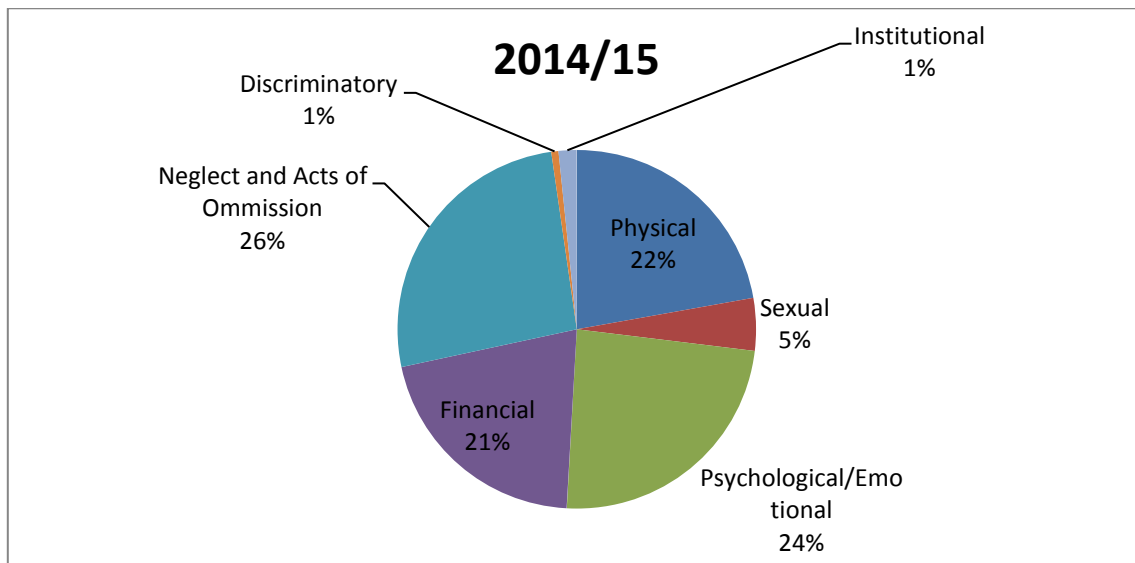
In 2012/13, the majority of safeguarding referrals were reported and recorded as 'Physical' abuse and 'Emotional/Psychological' abuse, both with 177 cases compared to 171 and 177 in 2011/12. In 2013/14, the most notable increase is the number of referrals for 'Psychological/Emotional' abuse 242 (25%), and 'Neglect and Acts of Omission' 238 (24%).

The chart below shows that over the course of 2014/15, the most common types of abuse investigated were 'Neglect and Acts of Omission'. As previously mentioned, with the introduction of the Care Act 2015 we now have a duty to investigate additional types of abuse; domestic violence, modern slavery and self-neglect in future. We will report on these in our next annual report.

Types of Abuse we Investigated



The following pie chart shows the percentage breakdown of the nature of the alleged abuse reported in 2014/15.



Financial Abuse Case Study Example

Mr X's case demonstrates effective joint working between social care staff, our fraud team and the Police to take action to protect an adult with care and support needs from financial abuse.

Another local authority notified Haringey Adult Social Services of an individual living in Haringey following concerns from a neighbour that items were being removed from his property in West Sussex. Upon investigation, the Police found that Mr X had changed his Will to leave all of his estate to his live-in carer, and that large amounts of cash had been withdrawn from his bank account by the carer. Over £16,000 in cash was also seized during the investigation.

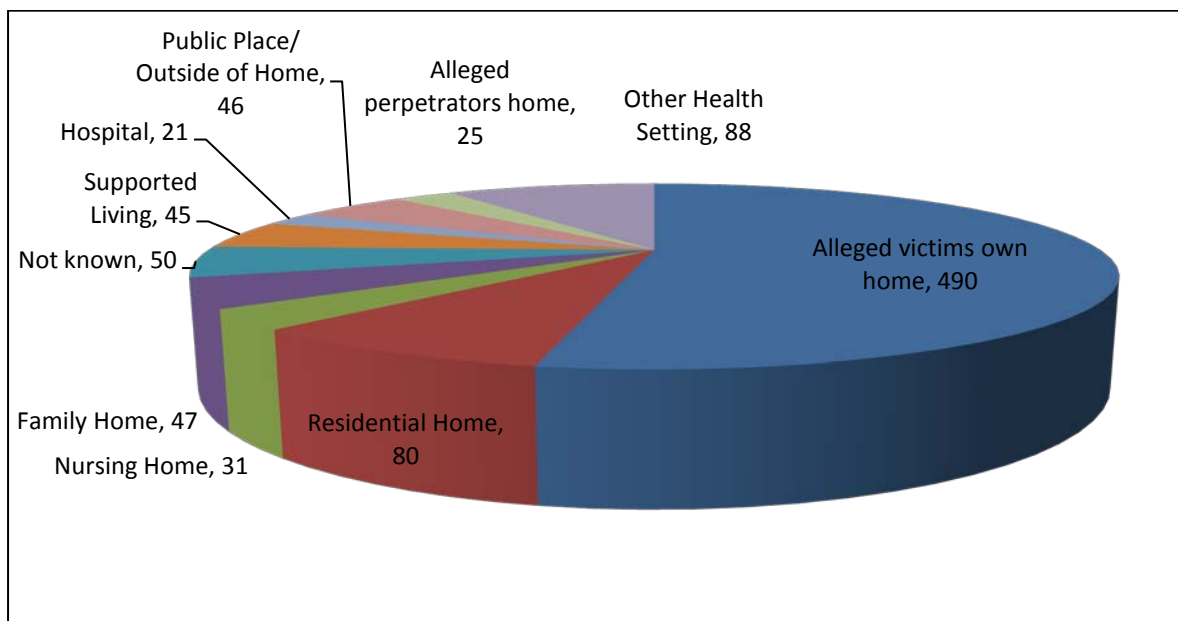
Social care staff supported Mr X to move into a residential home as a place of safety, to stop the planned transfer of his home and to write a new Will. Mr X was also helped to appoint his solicitor as a Lasting Power of Attorney for property and financial affairs.

In June 2015, the live-in carer and her partner were given prison sentences after pleading guilty to theft and fraud by false representation. By working in partnership with the Police, the Council successfully ended the financial abuse of Mr X and helped to bring the perpetrators to justice.

Location of abuse investigated

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.

Abuse and neglect in care homes and hospital often make media headlines. The abuse at Winterbourne View Care Home and the neglect at Mid-Staffordshire NHS Trust got a lot of media coverage. The chart below shows the real story, more than half of all cases of abuse and neglect take place in the adult's own home.



Safeguarding Outcomes

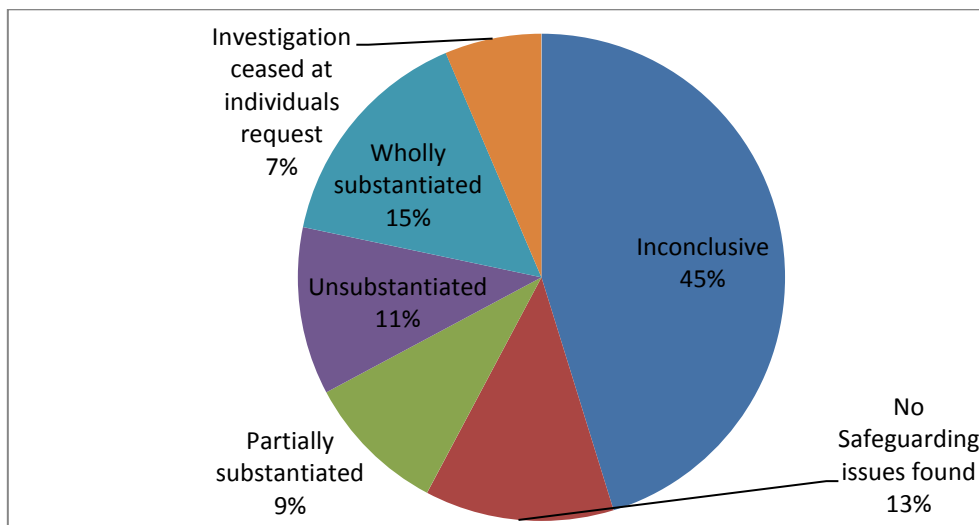
For every case investigated and it is determined that abuse has happened it is substantiated: evidence presented supports the allegation of abuse. Where there is more than one type abuse reported and it is considered that it partly happened, it is partially substantiated). For example, in a case of alleged physical abuse and financial abuse, the evidence supports the allegation of physical abuse but the evidence does not support the allegation of financial abuse therefore the overall outcome is partially substantiated.

If the evidence presented disproves the allegation of abuse, then we determine the abuse did not happen - unsubstantiated). If a decision cannot be made due to lack of evidence or some evidence does not support the allegation, it is therefore inconclusive.

In 2013/14, **680** safeguarding investigations were concluded (including investigations started the previous year). In **116 (17%)** of cases the abuse was confirmed as substantiated and in additional **50 (8%)** cases, where there was more than one allegation, partially substantiated.

In 2014/15, the number of cases concluded as "inconclusive" has increased by **40.89%**, from **225** cases recorded April 2013-March 2014, compared to **317** cases recorded between April 2014-March 2015.

In addition, the number of cases concluded as "partially substantiated" has increased by **60.98%**, from **41** cases recorded April 2013-March 2014, compared to 66 cases recorded between April 2014-March 2015.



This chart refers to investigations which were completed during the year. These include some cases which were started in the 2013-14 year, but completed in 2014-15.

In **45** cases the investigation was ceased at the request of the adult; as the adult's wishes need to be respected. However, in circumstances where there are serious risks to other adults or children an investigation will be instigated.

In all safeguarding investigations the adult at risk will be helped to stay safe from harm. If necessary, monitoring of the adult at risk will be increased, and changing the frequency, type or location of their care. Action will be taken against the person who caused the harm. This might include removal from a service, further training or disciplinary action if they were a paid carer.

9. Responding to the Safeguarding Statistics

Referrals and alerts are increasing every year; this demonstrates that our safeguarding awareness programme is working and that the message is reaching to members of the public. However, the work does not stop here. We need to continue to increase safeguarding awareness, and this will be done through the Training and Prevention Subgroup.

Only **21%** of all alerts received were investigated, this means that **79%** of the alerts did not meet the safeguarding investigation threshold. Alerts that do not meet the threshold are signposted to the appropriate team in ASS or partner organisations for information and advice.

In light of the above, we will be working closely with partner agencies to ensure that only appropriate alerts are sent to ASS, this will be done by providing training and briefing sessions on what constitutes abuse and how to see the signs. Increasing awareness of what constitutes abuse will reduce the number of alerts that we receive so we can concentrate more on actual safeguarding investigations.

As previously mentioned, the most common type of abuse in 2014/15 was Neglect and Act of Omission. Our priority in this area is to reduce the numbers. We need to ensure that good quality care services are provided and also providers are registered with the CQC. We will do this by ensuring our monitoring procedures and preventative measures (through our providers) are in place to ensure that individuals have:

- Choice from making their own decisions;
- Appropriate privacy and dignity;
- Access to food, shelter, clothing, heating, stimulation and activity, personal or medical care; and
- Freedom to practice individuals' cultural, religious or ethnic needs.

The Statistics will help us plan ahead and set ourselves priorities for our Safeguarding Strategic Plan and Prevention Delivery Action Plan for the coming year. Some of the areas that we will wish the Board to consider us working with are highlighted below:

- Use data collection to target under reporting in Asian and non white BME groups;
- Work with care home providers to run sessions on signs of abuse/ neglect for staff, families and residents;
- Continue to raise awareness of fraud and financial abuse including leafletting and newspaper articles;

- Training events across the Borough to capture greater local participation by the Elder Community - supported by voluntary organisation and charities such as Help the Aged;
- Continued roll out of Safeguarding e-learning including the CSE course and 2015 basic Safeguarding to ensure employees up to date with Safeguarding training;
- The Met Police to provide Safeguarding Adults awareness training to the Police Independent Advisory Group (IAG) to achieve greater education within Haringey's communities but also to harness critical friends to the Partnership Panel; and
- Harnessing support of the Haringey Business Community through the Responsible Retailer Scheme (RRS) and the newly established Licensees Forum to encourage responsible retailing and health awareness.

10. Appendix A – Full Partner Statements

Haringey Adult Social Services

Overview 2014-15

The Adult Social Services Quality Assurance Board ensures that quality assurance arrangements are in place across Adult Social Services to gather information on the quality of services provided, service user feedback and data on the outcomes achieved for people using Adult Social Services. The Board ensures that this information is analysed and used to inform service delivery as well as strategic planning and commissioning.

Haringey's Adult Social Services continues to make great strides in terms of further enhancing its safeguarding practice. Cases such as Winterbourne View, The Francis Report and recent evidence for national Care Quality Commission findings into home care and dementia care have highlighted poor and variable safeguarding practice. With such care quality concerns we have to assure ourselves that we have good care quality standards.

Perhaps the most fundamental change facing the Council arose from the implementation of the Care Act which received Royal Assent in May 2014 - to bring all care and support legislation into a single statute and address many of the recommendations made by the Dilnot Commission into the funding of adult social care.

Implementation is in two phases, with the main impact of the funding reform starting from April 2016; however from 2015/16 there will be a range of implementation issues and associated costs.

The changes taking effect from April 2015 can be broadly summarised as follows:

- New duty to arrange care for self-funders, including for residential care;
- New duty to provide deferred payments (currently discretionary);
- New duty of prevention and wellbeing to prevent or delay the need for care;
- New duty to provide information and advice, including about paying for care;
- Introduction of national eligibility criteria for adult social care;
- Extension of eligibility criteria to include carers;
- New duty to provide personal budgets for people with eligible needs;
- The introduction of statutory Adult Safeguarding Boards and associated responsibilities for adult protection; and,
- New duty to shape local care and support the market.

Making Safeguarding Personal is a key component of the improvement work that is being led by ADASS and LGA.

- In 2011-12, 'Making Safeguarding Personal: A Toolkit of Responses' was developed.
- For 2013-14, the Making Safeguarding Personal programme invited Councils to support both the implementation of the Care Bill and its associated statutory

guidance and safeguarding improvement. Haringey has signed up to take this forward and will participate at 'silver' level – to support the realisation of the outcomes people want.

Internal safeguarding adult's governance arrangements

Safeguarding adults at risk of abuse remains a priority for the Council. The *Corporate Plan 2013-15* sets out 'Safety and wellbeing for all' as one of four key Council priorities. Adult Social Services has an important role to play in delivering this priority through its work around adult safeguarding.

The Adult Social Services Quality Assurance Board involves a wide cross-section of Haringey's Adult Services staff to ensure a high level of ownership and to embed good practice right across Adult Social Services. The purpose of the QAB is to ensure that quality assurance arrangements are in place across Adult Social Services to gather information on the quality of services provided, service user feedback and data on the outcomes achieved for people using Adult Social Services. The Board ensures that this information is analysed and used to inform service delivery as well as strategic planning and commissioning.

Safeguarding adults work undertaken and key achievements in 2014-2015

The Board's Improvement and Quality Action Plan is currently being developed to include key improvement projects identified in the Adult Social Services Local Account (2013-14), local authority priorities from the Safeguarding Adult Audit Tool improvement plan, and practice issues around Deprivation of Liberty Safeguards, the Care Act and health and social care integration. This enables key projects across Adult Social Services to be monitored by the Quality Assurance Board on a quarterly basis.

Work has been undertaken as part of the Making Safeguarding Personal initiative to prepare for the introduction of an adult safeguarding user survey looking at the outcomes of safeguarding investigations. Department of Health guidelines require 10% of safeguarding referrals to be surveyed and the survey must be carried out by qualified professionals. Adult Social Services are currently identifying the resources needed to implement the survey in 2015.

Complaints learning reports are presented to the QAB. There were no upheld complaints concerning adult safeguarding in 2014-15.

New case file audit templates will be introduced in July 2015 to reflect new Department of Health and Care Act requirements. This will include adult safeguarding case file audits.

Adult Commissioning is continuing to work with external providers to improve their safeguarding practice and whistleblowing policies. Quality assurance reviews of all supported living provisions in Haringey are also being carried out.

Safeguarding adults' performance data for is presented and analysed at the Quality

Assurance Board, prior to presentation to the Safeguarding Adults Board.

An update was provided to the Quality Assurance Board on how Adult Social Services have been managing the huge increase in Deprivation of Liberty Safeguards (DoLS) cases that have arisen following the Cheshire-West ruling.

We extended the local network of Dementia Friends to help support people with dementia in the community.

We tendered a tri-borough contract for an advocacy service. The new service links to assessment and care planning and will ensure the Council meets its new statutory duties arising from the Care Act 2014.

Key challenges

Work is under way to move to a multi-agency Quality Assurance sub-group and widen the remit to include partnership working. The focus will be on partnership issues, predominantly good practice, performance and quality assurance. The terms of reference and membership of the QAB will be revisited in order to take this forward.

Safeguarding adults work planned for 2015-2016

Safeguarding adults at risk of abuse remains a priority for the Council. It is a key objective of Priority 2 of the Council's *Corporate Plan 2015-18*. Adult Social Services has an important role to play in delivering this priority through its work around adult safeguarding.

Continue to promote awareness of adult safeguarding, including a targeted safeguarding awareness campaign to raise knowledge and reporting of adult safeguarding concerns.

Fully embed adult safeguarding user survey to identify whether people's needs are met through the safeguarding investigation process.

Continue to implement the Adult Safeguarding Prevention Strategy delivery plan. Embed Deprivation of Liberty Safeguards (DoLS) procedure and guidance for staff.

Review and consolidate methods for monitoring safeguarding referral data.

Details of internal arrangements for providing staff (and others) with safeguarding adults training

The Council ran a targeted safeguarding awareness campaign to raise knowledge and reporting of safeguarding concerns.

Overview 2014-15

Executive Leadership for Safeguarding is provided by the Director of Nursing and patient Experience.

Despite having a gap in the recruitment of a substantive Safeguarding lead the Trust continued to keep Safeguarding at the forefront of its work.

A review of Safeguarding practices was carried out by an external reviewer in early 2015. The actions from the review have been incorporated into the Trust Safeguarding work plan.

Internal safeguarding adult's governance arrangements

The Safeguarding Lead attends the Safeguarding Adults Board and Board sub groups.

Whittington Health hosts a quarterly Safeguarding Committee attended by staff and partners from the CCG and Local Authorities.

Reports are prepared for the safeguarding adults committee and the Trust Quality and safety committee.

Invitations to attend the Trust Safeguarding Adults Committee are extended to the Local Authority Safeguarding Team and the Clinical Commissioning Group

Safeguarding adults work undertaken and key achievements in 2014-2015

The Care Act came on to the statute books on the 1st April 2015, training materials have been reviewed to reflect the changes.

Policy review is ongoing this includes Pressure Ulcer policy, Recruitment and Retention, Restraint in Care, Information sharing, Being Open, Safeguarding Adults at Risk, PREVENT, MCA, Serious incident, Disciplinary and Safer Recruitment, Patient Experience, Complaints and Privacy and Dignity. The Trust is using the National guidance for the reporting and management of Pressure Ulcers.

Haringey CCG funded training for staff to undertake the role of MCA champions, this will allow them to support staff in practice and undertake MCA training.

The Trust Domestic Abuse Coordinator delivers training to staff across the Trust; she has developed a Domestic Abuse policy that was ratified in 2015.

The Safeguarding Adults Lead in conjunction with the Domestic abuse Coordinator and the practice development lead in ED established a complex case meeting; this

occurs weekly and is attended by clinicians from ED, Ambulatory care and Older adults. Cases are triangulated with the Children's complex case meeting.

Key challenges

The Trust had experienced challenges maintaining level 2 Safeguarding adults training figures. A plan is in place to deliver training to staff from across the organisation in order to achieve the required level by July 2015.

Safeguarding adults work planned for 2015-2016

- To appoint a named Dr for Safeguarding Adults;
- Review the Safeguarding Adults Policy to reflect the PAN London Guidance 2015 ;
- To ensure that staff understand the Making Safeguarding Personal agenda (MSP) ensuring that patients voices are heard and listened to;
- To continue to deliver Mental Capacity Act and DoLs training;
- To deliver training to and raise awareness of the PREVENT agenda as part of the Governments strategy;
- To continue to work in collaboration with partner organisations to safeguard people;
- To ensure that lessons learned are imbedded into practice, evidence through governance meetings;
- To develop systems to establish the impact of safeguarding training on practice; and
- Participate in the Self-Assessment Framework (SAF) reviewing the outcomes on a 6 monthly basis linking the outcomes to the Trust work-plan.

Details of internal arrangements for providing staff (and others) with safeguarding adults training

- The Safeguarding Adults lead is delivering level 1 and 2 safeguarding training to staff across sites and at the Whittington Education Centre, these sessions have all been well attended and the feedback positive;
- There is a monthly session delivered to all new employees as part of the induction course;
- Training has also been delivered to the organisations volunteers.
- The Trust has developed an induction booklet for all new staff that contains key information on Safeguarding, including recognising abuse and what action to take; and
- The Trust level 2 Safeguarding Adults training has been attended by the CCG designated professional and the Safeguarding lead of a neighbouring Trust, this peer feedback was helpful.

Overview 2014-15

The Trust has an up to date Safeguarding Adult's Policy that sets out responsibilities, reporting and investigating procedures for the protection of adults at risk. This policy supports and encourages staff to immediately report any concerns that they may have about possible abuse to a person at risk whilst the patient is receiving treatment or care at the hospital.

Over the last year, the Trust has continued the focus on raising awareness of its safeguarding adults procedures and policies. This approach enables staff to recognise abuse situations and report or escalate in order for them to be investigated by the appropriate agencies.

The Trust continues to work with the Enfield and Haringey Social Services Safeguarding Adult Teams to comply with requirements for following up Safeguarding Adult alerts. Trust staff attend Safeguarding Adult Strategy Meetings and Case Conferences as required.

Internal safeguarding adult's governance arrangements

As part of the Trust's adult safeguarding responsibilities, it is required to provide trust representation at the local multi agency Safeguarding Adult Boards. The Trust is currently represented on both the Enfield and Haringey Safeguarding Adults Boards and is an integral decision maker in the development and progression of the local safeguarding agendas. The Trust has maintained an active participation in the Safeguarding Adults Boards undertaking work streams as required throughout the year.

The Trust has an established Safeguarding Adults Group which has representation from our inter professional and inter agency groups. It provides the strategic direction to safeguarding adult activities across the Trust and ensures that all safeguarding commitments and responsibilities are met. Its purpose is to promote engagement with all agencies and to gain assurance that standards set out in the 'Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse' are met.

The Safeguarding Adults Group is chaired by the Deputy Director of Nursing and reports to the Trust Risk and Quality Committee. This ensures that scrutiny can be achieved at several levels which also involve Trust Non Executive Directors. The Safeguarding Adults Group also maintains an organisational overview of the implementation of the legal requirements of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards (DOLS).

The Trust Board receives an Annual Report and work plan on the Trust's Safeguarding Adults arrangements.

Safeguarding adults work undertaken and key achievements in 2014-2015

The Care Act requirements for Making Safeguarding Person requires us to ensure that the adult, their families and carers are working together with agencies to find the right solutions to keep people safe and support them in making informed choices. Family or representatives are now routinely invited to Safeguarding Adult Strategy meetings and Case Conferences to ensure their early involvement in decisions made and Protection Plans.

The Trust is committed to making improvements in response to lessons learned from the findings from Safeguarding adult investigations. Examples to changes in practice that have taken place in the Trust over the previous year include:

- Review of handover information about the patient's condition on discharge, including a discharge letter with a body map and description of any injuries and pressure ulcer management required
- discharge checklists for discharge procedures in order to ensure that patients are discharged with relevant and up to date information
- The Trust has developed a Missing and Absconding Persons Policy
- Staff have been reminded to ensure that Mental capacity assessments (Mental Capacity Act 2005) and rationale for Best Interest Decisions are fully completed and discussed with family members
- Staff are required to document Best Interest Assessments in the patient's medical file, in the event that treatment is withheld
- Increase focus on requirements for Deprivation of Liberties Safeguard applications for patients who lack capacity and are provided with one to one supervision
- the Mental Capacity Act and Deprivation of Liberty Safeguards Policy has been updated to reflect the guidance provided following the Cheshire West Case Law issued in April 2014
- updated Deprivation of Liberty Safeguard application forms issued by ADASS in January 2015
- developed a Domestic Violence Policy which is available on the hospital intranet
- Ward Managers and Matrons were invited to attend a Mental Capacity Act and DoLS training update on 25th June 2014,
- a DOLS briefing sheet / flowchart has been circulated to all Consultant Medical Staff, Matrons and Ward Managers
- Trust Safeguarding Adult Lead working with the Care of the Elderly Consultants to undertake sample ward audits to identify patients who might potentially meet the criteria for Deprivation of Liberty Safeguards referrals
- The number of DoLS applications progressed by the Trust has gradually increased over the previous year as ward staff are now more aware of the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguard requirements.

Key challenges

Ongoing Mental Capacity Act, Best Interest decisions and Deprivation of Liberty Safeguards training

Safeguarding adults work planned for 2015-2016

The Trust needs to update its Safeguarding Adults Strategy in line with the recommendations from the Department of Health, Care Act 2014: statutory guidance for implementation and in response to national directives arising from the Supreme Court judgement on the Cheshire West case.

Key priorities for the Trust in 2015/16

- ensure that Trust Safeguarding Adults Policies and procedures are up to date and comply with current legislation and implications of the Care Act 2014
- progress further work on the 'Making Safeguarding Personal' programme, to ensure that the adult, their families and carers are supported and informed about choices available to them for ongoing protection
- further work to develop a training plan for Mental Capacity, Best Interest Decisions and Deprivation of Liberty Safeguards
- ensure that reasonable adjustments are made as necessary for those with Learning Disabilities
- improve Domestic Violence support available to patients
- further Prevent Wrap training for all staff
- strengthen links for Safeguarding Adults and Child Protection work
- develop our work with patients who may need to have restrictions and restraints on their behaviours in their best interests
- ensure that Deprivation of Liberty Safeguard applications are progressed as required
- ensure that Mental Capacity Assessments and Best Interest decisions are formally recorded in patient medical records as required

Details of internal arrangements for providing staff (and others) with safeguarding adults training

A significant amount of work has been done to ensure that staff are trained to the correct level for level 1 and level 2 Safeguarding Adult training. Trust e-learning programmes included in training options available for staff

We continue to train staff through face-to-face training and e-learning packages. Safeguarding Adult Level 1 training is mandatory in the Trust for all new staff at induction. At end March 2015:

- 80% of all staff had completed their Safeguarding Adult level 1- training (compared with 56% at the start of the year).

Safeguarding Adult Level 2 training is provided as face to face training for relevant groups of staff and covers the Mental Capacity Act and Deprivation of Liberty Safeguards. The training figures are presented to the Trust Risk and Quality Committee on a quarterly basis. At the end of March 2015:

- 70% of relevant staff had completed their level 2 Safeguarding Adult training (compared with 40% compliance at the start of the year).

There is also ongoing training programme to raise staff awareness on the Government PREVENT programme which teaches them how to recognise vulnerable individuals who may be at risk of being drawn into terrorist activity.

HARINGEY ASSOCIATION OF VOLUNTARY & COMMUNITY ORGANISATIONS (HAVCO)

Overview 2014-15

HAVCO, a small umbrella organisation, supports a diverse range of groups, organisations, charities, Not-for-Profit companies and individuals with voluntary and community working as their core business and purpose.

Providing information and guidance is a key role, which includes assisting the development of new and existing organisations to meet good standards of safeguarding practice across all ages.

HAVCO's Board of Trustees, many of whom lead VCS organisations, committed to responding to future local and national safeguarding guidance when approving HAVCO's updated Safeguarding Policy.

As the Council's Strategic Partner representing the VCS, HAVCO committed to being represented at the Safeguarding Adults Board (SAB) at CEO level, in line with the new Care Act 2014 requirements. Being a small organisation, this was identified as a key statutory meeting. Therefore agreement was reached by all parties for a Board Trustee member to represent HAVCO at the SAB. This matched the existing HAVCO/VCS arrangements at the Local Safeguarding Children's Board, also introduced during this year. Attendance at both Boards was supported by HAVCO's Interim CEO.

Internal safeguarding adult's governance arrangements

HAVCO's Safeguarding Policy, updated in 2014 was ratified by the Board of Trustees.

HAVCO's Personnel and Strategy Sub Committee considers matters related to safeguarding.

Safeguarding adults work undertaken and key achievements in 2014-2015

Although HAVCO is not a statutory partner, we fully participated in the SAB's Peer Challenge and Support Event held in June 2014.

Information has been made widely available to over 900 member organisations through HAVCO's E-Voice newsletter, which includes safeguarding information.

The Volunteer Centre and Supported Volunteering Project, hosted by HAVCO, provided access to safeguarding information in respect of working with volunteers. Direct work with member organisations included completing Disclosure and Barring Service applications to ensure ongoing compliance; and advice and guidance on policies and procedures covering Volunteer Management and best practice for

safeguarding.

HAVCO's volunteering leads are members of Haringey's Mental Health Stigma Group and the End of Life Forum, which have synergy with safeguarding matters.

As part of our supporting volunteer work, where residents that face barriers to volunteering are matched to volunteer opportunities; many of the clients are adults with complex needs such as unemployment, mental health, learning difficulties, ex-offender etc. We have exceeded set targets as a significant number of our clients have successfully gained employment.

Key challenges

The rate at which established VCS providers change and the continuous development of new groups and organisations is significant in Haringey. HAVCO's knowledge of and involvement with them, is entirely at the choice of each group or organisation. This is particularly challenging for those providing frontline services which have not been commissioned by Haringey Council or Clinical Commissioning Group (NHS), as there is no systemic external monitoring or scrutiny of their practice.

Safeguarding adults work planned for 2015-2016

HAVCO does not directly provide safeguarding services. Our leadership and support role is underpinned by our strategic priorities. These have recently been revised for the next three years;

- **Strategic Priority 1:** Support communities to increase resilience.
- **Strategic Priority 2:** Encourage greater partnership working and better sharing of resources.
- **Strategic Priority 3:** Strengthen influence and leadership role to benefit communities.
- **Strategic Priority 4:** Improve and change HAVCO so that provision better meets the needs of local communities.

We are also at the early the early stages of scoping out what specific support we can offer people with early onset of Dementia as part of our Supported Volunteering work.

Details of internal arrangements for providing staff (and others) with safeguarding adults training

As a member of the SAB, staff at HAVCO have access to Haringey's online safeguarding training. Safeguarding training for supported volunteering officers is mandatory. HAVCO also promotes safeguarding resources as part of our regular communication with groups and organisations.

BARNET, ENFIELD AND HARINGEY MENTAL HEALTH TRUST (BEHMHT) AND ENFIELD COMMUNITY SERVICES (ECS)

Overview 2014-15

Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) and Enfield Community Services (ECS) understands and acknowledges that safeguarding adults is everybody's business and that everyone working in health care has a responsibility to help prevent abuse and to act quickly and proportionately to protect adults where abuse is suspected. The safeguarding of all our patients remains a priority for the Trust as we see it as a fundamental component of all care provided.

Maintaining the consistency and quality of all aspects of safeguarding practice across the Trust is essential. Over the past year, the safeguarding arrangements across all Trust services has continued to be strengthened, with a particular focus on ensuring our staff receives an appropriate level of safeguarding training.

The Executive Director of Nursing, Quality and Governance is the Executive Lead for Safeguarding Adults in the Trust. The Trust has a Safeguarding Team consisting of the Head of Safeguarding People, the Safeguarding Adults Lead and Safeguarding Children's lead.

The Trust's Safeguarding Annual Report and work plan continues to be developed on a yearly basis, for consideration and approval at the Governance and Risk Management Committee (GRMC) and is ratified by the Trust Board. The executive lead represents the Trust at the three Safeguarding Adults Boards. The management of safeguarding cases in Haringey is co-ordinated by Haringey Council. In Barnet, the management of safeguarding cases is co-ordinated by the Community Mental Health Team Managers and Team Managers within the integrated teams. This is similar to Enfield for the year 2014/15.

As part of our integrated governance structure, the Board receives an Annual Report and work plan on the Trust's Safeguarding Adults activities. At each public Board meeting the Trust Board receives an update on the number of alerts, investigations and related activities.

The Trust ensures the Safeguarding Adult Committee meets on a quarterly basis. The Committee is chaired by the Executive Director of Nursing, Quality and Governance. Other members of the committee are assistant directors from each service line or their representatives and safeguarding leads from the local authorities and CCGs. This meeting affords for the discussion and follow up on actions from both internal and external issues regarding safeguarding adults. The function of the Trust Safeguarding Adults Committee is to direct and ensure an overview of the safeguarding adult work programme and practice in the Trust. The Committee ensures that national and local practices are adhered to within the organisation and the sharing of learning.

There is a bi monthly practice development group co-ordinated by the Enfield Safeguarding Adults Team of which the Trust is a member. This forum allows for sharing of best practice and learning across all agencies.

The Trust has in place a Safeguarding Surgery. The surgery was developed in 2014

and has been well received and utilised by staff. The forum promote patient-centred approach; Making Safeguarding Personnel (MSP), collaborative working with our partners and bringing new legislation to staff awareness.

The Trust has a safeguarding audit that is completed on a monthly basis by managers. Strengths, areas for improvement and actions plans are agreed and delivered. The Trust's safeguarding committee has oversight of the process and improvements.

Safeguarding adults work undertaken and key achievements in 2014-2015

- The Safeguarding team has been working closely with the local authority and the various teams in driving the MSP agenda.
- Strong multi-agency partnership working, including internal and external partners.
- Review the DoLS and MCA policies and frameworks in light of Cheshire West ruling
- There are monthly safeguarding surgeries in the trust, attended by clinicians from across the organisation. Presentation includes the Care Act- (MSP), domestic violence / abuse, Child Protection and opportunity to discuss complex issues concern to staff.
- The pressure ulcer forum now meets monthly and is attended by clinicians from across services, the protocol has been agreed and a plan for roll out is being implemented.
- Datix Incident Reporting to link with safeguarding team enabling automatically generated alerts when incidents with a safeguarding element are reported.
- A restraint in care protocol has been developed for our older adults services.
- The Trust took part in the Oaks learning event. Areas for improvement / development have been fully implemented.
- Compliance inspections against the criteria in Outcome 7 (safeguarding) of the CQC's regulatory framework on all inpatient units and Community Teams. The Trust is fully compliant
- The Safeguarding Team have been delivering bespoke training to teams which has led to an increase in awareness that safeguarding is everyone business to ensure that the Trust deliver a safe, friendly and caring environment where people are treated with respect, courtesy and dignity.
- We have developed safeguarding champions in different areas to support staff. Issues where processes are not understood or where there are performance issues these are brought to the attention of the champions and staff are supported to address issues/concerns.
- MCA / DoLs lead for the Trust has led on the delivery bespoke training to teams. Subsequently awareness in IMCA and Advocacy services has improved.
- Adult Safeguarding training level 1 is part of the mandatory training programme for all staff of which compliance is monitored through the

Electronic Staff Record. Attendance record achieved above 85% throughout the year.

- There has been an increase in referrals for MARAC by the Trust as compared to last year. This is due to domestic violence training through the Safeguarding surgery.
- Safeguarding training have included the following; Female Genital Mutilation, Prevent and whistleblowing. This ensures staff are trained and understand the issues and know how to report concerns.

Safeguarding adults work planned for 2015-2016

- Have a continued programme of level 1 Safeguarding Adults training with 85% compliance achieved.
- Review of the Trust Self-Assessment using the Safeguarding Adults Assurance Framework for Healthcare Services.
- BEHMHT recognises the importance of people's voices being heard and listened to within the safeguarding adult's procedures, staff to be compliant with the Care Act in relation to Making Safeguarding Personal (MSP) and the use of Advocacy services.
- Ensure learning from safeguarding cases is embedded into practice, via supervision and Trust training programmes.
- Remain responsive and reactive to changes as they occur in policy directives or good practice guidance.
- Continue to raise awareness of the PREVENT agenda and support staff to raise concerns.
- Raise awareness and promote the system of reporting Mental Capacity Assessments (MCA) and Deprivation of Liberty (DoLS) applications amongst staff.
- As part of a quality measure, team managers to audit one case file per month on Meridian. Action plans, recommendations and lesson learnt for followed up to improve practice.
- The Trust will be strengthening the links between safeguarding and complaints and/or incident investigations.

HARINGEY CLINICAL COMMISSIONING GROUP

Overview 2014-15

Safeguarding, promoting and improving the health of Haringey's vulnerable adults are public health priorities and these are reflected in NHS Haringey's Clinical Commissioning Group's strategic objectives and those agreed with partners. HCCG plays an active role in the work of the Haringey Safeguarding Adult Board (SAB) and works with strategic partners to demonstrate that as a core member of the SAB, HCCG is committed to embedding the fundamental principles for the prevention and protection of vulnerable adults.

Internal safeguarding adult's governance arrangements

Within Haringey CCG's organisational structure safeguarding is positioned within the Quality and Integrated Governance Directorate under the leadership of the Executive Nurse and Director of Quality and Integrated Governance. This clearly embeds safeguarding as a patient safety service with robust clinical governance reporting arrangements via the Quality Committee.

HCCG's Chief Officer is the executive lead for HCCG's Safeguarding Adults' agenda and has the responsibility for ensuring the effective contribution by health services to safeguarding and promoting the safety of adults at risk and vulnerable people. The Chief Officer is a member of HCCG's Governing Body.

HCCG Director of Quality and Integrated Governance is responsible for ensuring that the monitoring of Safeguarding Adults work across Haringey takes place through the Quality Committee of the Haringey CCG's Governing Body and the Haringey Safeguarding Adults Board (SAB).

The Assistant Director of Safeguarding oversees the Safeguarding Adults at risk Agenda in the CCG. This role also ensures that all health organisations with whom HCCG has commissioning arrangements with have links with their SAB and is responsible for ensuring Safeguarding Adults systems are in place and monitored.

The Adult Safeguarding Lead provides expertise, a point of contact for advice, and intelligence regarding adult safeguarding across the health economy. This role ensures that HCCG fulfils its statutory functions for safeguarding as detailed in statutory and national guidance, providing assurance to executive leads for safeguarding, that there is a systematic approach to safeguarding across HCCG.

HCCG Safeguarding Adults Lead is a member of Whittington Health, North Middlesex Hospital and Barnet, Enfield and Haringey Mental Health Trusts Safeguarding Committees. The Safeguarding Adults Lead utilises attendance at the committees as one way of gaining assurance that Provider Trusts are ensuring high quality Safeguarding Adults practice is embedded within their organisations. The Safeguarding Adult Lead monitors compliance with the Trusts respective safeguarding adult training strategies through representation on the committees and

takes action as required. Information obtained from these meetings is included in the Quality Committee Safeguarding Briefings.

Safeguarding is a standing agenda item at HCCGs Quality Committee. A monthly briefing is discussed with a more detailed report being submitted 6 monthly. The Quality Committee minutes go to the Bi-monthly Governing Body meetings.

HCCG participates in the Training and Prevent sub-group of the SAB via the Safeguarding Adults Lead or Assistant Director for Safeguarding.

An Annual Report is submitted to HCCG Governing Body.

HCCG's Governing Body General Practitioner (GP) Lead for Adults has specific responsibility for Safeguarding Adults within their portfolio of responsibilities when considering commissioning services for the residents of Haringey

Safeguarding adults work undertaken and key achievements in 2014-2015

HCCG responsibilities as commissioners is to promote the safety and welfare of adults in all of the services it commissions and provide assurance of HCCG's commitment to prevent and reduce the risk of abuse and neglect of adults and of continuing to improve safeguarding practice in the NHS.

- Mental Capacity Act (MCA) project funds were secured to deliver a programme of training and awareness raising including:
- MCA and DoLS champions training delivered to 30 Acute and Care home Managers.
- Patient engagement and awareness raising events on Lasting Power of Attorney and Advance Decisions for patients and carers.
- Patient information leaflets have been developed on Advance Decisions, Preferred Priorities for Care and Lasting Power of Attorney for GP practices and acute trusts.
- Provider Trust MCA compliance audit rolled out.
- Initiation of the multi-agency MCA and DoLS SAB sub group to embed MCA, share key work areas and find practical solutions to well-established challenges.
- Developed the Key Performance Indicator for contract monitoring, through completion of annual audit and quarterly dashboard for provider trusts.
- Reviewed the Continuing Health Care safeguarding referral pathway

Safeguarding Provider Monitoring Framework

North Central London Safeguarding Adults Lead network developed a Key Performance Indicators (KPI) for Safeguarding Adults to complement the existing governance. Alongside the KPIs, an annual audit and quarterly dashboard has been developed to monitor safeguarding compliance within provider organisations. The framework will assist providers to focus on essential safeguarding areas in order to collect data that can be used to inform the organisations Safeguarding Adults

Framework and action plans.

Awareness Raising on Lasting Power of Attorney and Advance Decisions for Patients and Carers

Awareness raising events have been held for patients and carers on Lasting Power of Attorneys (LPA) and Advanced Decisions To Refuse Treatment (ADRT) with speakers from the Public Guardian Office and Compassion in Dying. Incorporated into this event was a patient engagement exercise evaluating work undertaken to develop patient information leaflets for GPs and Acute Trusts on LPA and ADRT, both capturing whether they thought the information provided addressed their questions and concerns.

Key challenges

The challenges for safeguarding over the coming year are to continue to develop, expand and embed safeguarding practice within the core work of the CCG; and to continue to build up partnership working with the local authority, local health providers and NHS England (London).

Safeguarding adults work planned for 2015-2016

- Contractually incorporating Safeguarding Standards in all Provider Contracts.
- Conduct a baseline assessment of HCCG's position against the NHSE Revised Accountability and Assurance Framework to ensure compliancy.
- Support Safeguarding Adults Leads in provider organisations to implement the requirements of the safeguarding adults KPI.
- Update safeguarding adults at risk policy and training competency framework for HCCG to ensure its compliance with the Care Act 2014, revised Accountability and Assurance Framework.
- Develop a MCA and DoLS operational policy, competency framework and assessment tool for the Continuing Health Care Team (CHC) to ensure the CHC team are compliant with MCA legislation.
- To support the development and implement a localised SI and Safeguarding pathway to reduce duplication of effort and to enable timescales to be met and learning recorded/shared as required.
- HCCG Safeguarding Adult Lead will represent HCCG at the newly established MCA multiagency SAB sub group.
- Strengthen governance arrangements with provider organisations by holding 1:1 meetings on a Bi Monthly basis with the lead for safeguarding adults.
- Deliver the Mental Capacity and Deprivation of Liberty Safeguards key projects within 2015; General Practitioner (GP) MCA and DoLS bespoke training, shared learning event for acute providers, GP, MCA and DoLS audit, Lasting Power of Attorney (LPA), Advanced Directive (AD) and Mental Capacity public awareness sessions.
- Develop and roll out MCA, LPA Leaflets to General Practitioners and acute providers. Develop and roll out MCA and DoLS operational policy for care homes, develop and provide MCA and DoLS flash cards for the acute.

- Develop and implement a safeguarding supervision policy to ensure Safeguarding Adults supervision is integral to commissioning and providing effective person centred services that prevent abuse and neglect and that promote the well-being of the individual.
- Develop localised Multi Agency Safeguarding Adults Pressure Ulcer Protocol to ensure a proportionate response to the investigation of Pressure Ulcer care.
- Update the Safeguarding Adults Internet page: To reflect the changes in legislation, national and local policy and guidance.

Details of internal arrangements for providing staff (and others) with safeguarding adults training

HCCG have implemented the Bournemouth University (National Competence Framework for Safeguarding Adults 2010) which is a national framework that provides consistency and standardisation across practice settings in measuring competence leading to greater accountability.

HCCG's mandatory training programmes encompasses the five core standards of the Bournemouth Framework and expects that staff should be trained to:

- Understand what adult safeguarding is and their role in safeguarding adults;
- Recognise an adult potentially in need of safeguarding and take action;
- Understand procedures for making a "safeguarding alert";
- Understand dignity and respect when working with individuals; and
- Have knowledge of policy, procedures, and legislation that supports safeguarding adults' activity.

All HCCG staff have been allocated a training level according to their contact with adults at risk and any subsequent role in the safeguarding adults process.

Training compliance is monitored monthly by the Senior Management Team and reported Bi monthly at the Quality Committee.

HOMES FOR HARINGEY

Overview 2014-15

Community Housing Services unified with Homes for Haringey (HfH) in September 2014. We have taken this opportunity to review our Safeguarding processes and procedures and have set up a Homes for Haringey Safeguarding Group, which includes representatives from all areas of the business.

Internal safeguarding adult's governance arrangements

The Director of Housing Demand has been the HfH representative on the Safeguarding Adults Board. Safeguarding is a standing item on the Executive Leadership Team (ELT) agenda and accountability extends through the ELT to the HfH Board.

Safeguarding adults work undertaken and key achievements in 2014-2015

- Full review of processes and procedures and setting up of HfH Safeguarding Group.
- Implementation of the Housing Related Support funded pathway.
- Delivery of a further programme of supported living schemes.
- Rolled out a new safeguarding training programme for frontline staff

Key challenges

- Meeting the housing needs of vulnerable households in a difficult market with a decreasing level of supply.
- Impact of welfare changes on households.
- Accessing help and support for residents with mental health problems to try and avoid crisis.

Safeguarding adults work planned for 2015-2016

- Further roll out of training to concierges, estates staff and repairs operatives.
- Additional training linked to the Care Act and housing responsibilities.
- HfH have signed up as a partner to the Haringey Suicide Prevent initiative and will be part of the group developing this work.
- Further development of work to offer support and interventions to households who are experiencing financial difficulties leading to rent arrears.
- Participation in the review of supported housing.

Details of internal arrangements for providing staff (and others) with safeguarding adults training

- E-learning available to all staff.
- Tailored training offered to frontline staff – phase 1 in 2014/15 and further phase in 2015/16.
- Access to specialist training for Safeguarding leads, if required.

COMMUNITY SAFETY PARTNERSHIP

Overview 2014-15

The Director of Adult Safeguarding and the DCS are both members of the Community Safety Partnership. Section 17 of the Crime and Disorder Act requires all parts of the Council and its key statutory partners to consider the prevention and reduction of crime, substance misuse, and reoffending in all that they do.

One of the CSP's 6 strategic objectives is the prevent violent extremism. There is a high level delivery group for this area, chaired by the Deputy Chief Executive. Many of those affected are vulnerable young adults and there are close links to the SAB, MASH and the LSCB.

A further strategic priority is addressing 'violence against women and girls' including domestic violence and this is a shared responsibility across services with common links to the MACE. The Director of Adult Services is on the VAWG Strategic Group and attends any local DV homicide reviews.

Community Safety has joined with Regulatory Services into one unit and this has strengthened approaches such as joint enforcement; strategic licensing; tackling problem premises inc gambling establishments and poorly managed pubs which is aimed at increasing the safety of vulnerable adults.

Safeguarding adults work undertaken and key achievements in 2014-2015

- Established regular information sharing with A&E hospital departments for the first time
- Increased referrals from schools and colleges for those at risk/vulnerable to extremism and extremist views for the first time. This was facilitated by and by the statutory PREVENT duty and inclusion in OFSTED inspections
- Achieved agreement across the Council and its partners to widen the remit from domestic violence to incorporate all strands of violence against women and girls
- Strengthened the outcomes from the ASB Action Group for repeat and vulnerable victims and expanded the remit to include hate crime victims
- Trading standards undertakes test purchasing to protect young adults from the harm of unregulated alcohol, tobacco etc.
- Fully established the integrated offender way of working for top nominals and gang-related offenders, many of whom are young adults. This team pools resources and expertise to improve the life outcomes and re-offending rates of a specific cohort.

Safeguarding adults work planned for 2015-2016

- Haringey is a pilot (one of 3 London boroughs) for the gang exit project which is an innovative model based around community support; face to face dialogue with known members of a chosen gang and a carrot and stick

approach to support and enforcement

- Preparing all business units and key partners to comply with the new PREVENT duty including pulling together risk assessments
- Working towards a Business Crime Reduction Partnership for Wood Green and later Tottenham High Road
- Securing resources to continue Victim Support services to young victims and to expand use of restorative justice in adult prisons (now confirmed as successful)
- Support delivery of the innovative MAC UK project which provides forensic mental health outreach services to youths and young adults at risk of gang affiliation
- Develop a whole family approach to the offender management cohort with structured links to Families First
- Re-commission a full service to deliver independent domestic advocacy to high risk clients
- Ensure full application of all new ASB tools and powers and assess their effectiveness
- Continue to raise awareness around Stop and Search and hold the police to account for their performance in this area
- Establish a multi-agency harmful practices group to start understanding and addressing complex issues such as FGB, forced marriage and other forms of violence against women and girls
- Commission highly professional DV homicide reviews, where relevant, ensuring that lessons are learnt, disseminated and monitored to help prevent future tragedies

HARINGEY CHILDREN SERVICES / LOCAL SAFEGUARDING CHILDREN BOARD (LSCB).

Internal safeguarding adult's governance arrangements

The Safeguarding Adults Board (SAB) has established strategic and functional links with Haringey's Local Safeguarding Children Board (LSCB).

The Assistant Director for Children and Families is a member of the SAB. Equally, the Joint Head of Governance, Business Management and Improvement Services is a member of LSCB and links across the Directorate and LSCB sub Groups. Two Boards now have a joint Business Manager.

There are also links through the local domestic and gender based violence partnership. The borough's domestic and gender based violence coordinator (for adults and children) operates out of the children's service, and the strategic commissioner is based in our public health service.

Information is shared between the LSCB and the Health and Wellbeing Board. A child sexual exploitation (CSE) themed audit was undertaken to have an overview of multi-agency practice in identifying and responding to allegations of CSE. The Health and Wellbeing Strategy includes consideration of CSE, as well as continuing to focus as a partnership on ensuring that: *Every child has the best start in life*. Following a restructure of the Council's senior management responsibility, the new strategic post of Assistant Director, Commissioning, has been created. The postholder oversees commissioning of services both for adults and children.

Safeguarding adults work undertaken and key achievements in 2014-2015

Safeguarding: it's everybody's business was the focus of the Council's *Improving Haringey* campaign for staff 2015. This year the focus was recognising and reporting CSE. Led jointly by Assistant Directors in Children's and in Public Health Services the campaign was run in collaboration with LSCB partners and it included an awareness raising survey, master classes, e-learning and workshops as well as distributing information packs to statutory and voluntary sector partners and licensed traders like pubs, restaurants, take away outlets and taxis.

The LSCB provides information for parents, families and professionals and has a dedicated website www.haringeylscb.org.uk. Specific guidance published on the site includes:

- Alcohol and substance misuse
- Domestic violence
- Female genital mutilation
- Gangs and serious youth violence
- Neglect
- Parental mental illness
- Sexual exploitation
- Young carers

The LSCB sub-groups continue to focus on specific areas, as well as task and finish groups where these are required. Current sub-groups are:

- Best practice delivery
- Child death overview panel
- Training development and communication
- Quality assurance
- Serious case review
- Disabled children policy and practice review group
- Child sexual exploitation

The Multi-Agency Safeguarding Hub (MASH) has allowed greater opportunities for communication. A workflow has been agreed between the SOVA Team and the MASH for any cases of concern to be discussed, both ways, in the MASH context.

Domestic and gender based violence

- We have continued to build on achievements of our Domestic and Gender Based Violence Partnership in 2015
- Expert, single strategic lead is now well established for domestic and gender based violence.
- Joint responsibility continues to work well across Community Safety and Public Health.
- Much higher numbers of women at risk continue to be referred to problem solving panel (MARAC).
- High numbers of women are reporting domestic violence to the Police.
- Improved working relations are in place across the Council and partnership.
- We have achieved an increased focus on our response to perpetrators.

Safeguarding adults work planned for 2015-2016

The CYPS has re launched the strategic MASH Board with a wide ranging partner representation to oversee the contribution to and an effective functioning of MASH. Screening for domestic abuse in children's services: The domestic and gender based violence coordinator will work much more closely with MASH to offer appropriate advice and support to staff to access appropriate services for victims of DV.

The service is also in the process of re commissioning a programme for working with perpetrators of DV as the previous contract expired a few months ago. We have a dedicated domestic and gender based violence practitioner who works with adults and children.

Along with majority of London Boroughs, Haringey CYPS and LSCB partners have decided to adopt Signs of Safety – Strengthening families practice framework model. Senior managers from LSCB partners have already attended an information session and plans are now in place to roll out training to staff to use this practice framework.

Details of internal arrangements for providing staff (and others) with safeguarding adults training

There is a joint Learning and Development Board across adults and children services co chaired by the Director of Adults Services and AD for children Safeguarding and Support. The Board focuses on workforce development issues and areas of joint training and development.

LSCB has developed a programme of learning lunches - “bite-sized” learning opportunities for professionals across all agencies. These have included:

- An opportunity for local workers shared their experience of working with CSE in the area and informing agencies
- A focus on the links between safeguarding, gangs and child sexual exploitation.

The LSCB has now published its 2015/16 training programme which includes a range of domestic and gender based violence topics and child protection for families with no recourse to public funds.

You can view the LSCB Annual report 2014/15 by clicking on the following link:
<http://www.haringeylscb.org/lscb>.