
Haringey Safeguarding Adults Board

Annual Report
2015 – 2016



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Haringey Safeguarding Adults Board Annual Report 2015-16

1 Foreword by the Chair

I am very pleased to introduce the Annual Report of the Haringey Safeguarding Adults Board (HSAB) 2015/16, covering the first year of operation under the Care Act 2014, and my first full year as Independent Chair. I am grateful for the ongoing support for the partnership, which has developed as reflected in this report.

The Annual Report shows how the HSAB has delivered on the areas of work previously identified as priorities for 2015/16. This is important because it shows what the HSAB aimed to achieve and what was actually done both as a partnership, and through the work of participating partners. The report provides a picture of who is safeguarded in Haringey, in what circumstances and why. This helps us to know what we should be focusing on in the future, so the Report includes our priorities for 2016/17.

I am pleased that we have been able to engage with residents in Haringey through consulting on the Safeguarding Adults Board Strategic Plan and with groups concerned about the changes to social care.

The HSAB has initiated a Safeguarding Adults Review (SAR) during this year, which will report in 2016/17, and provide significant learning for all partners to take forward. This is important also for us all to learn how to undertake these reviews in accordance with Care Act 2014 statutory requirements.

I am very mindful of pressures on partners in terms of resources and time and grateful to all those who have engaged in the work of the HSAB. In particular I would like to thank the HSAB Board Manager, Patricia Durr for her work, which helps the Board to function. There continues to be a great deal that we need and want to do to reduce the risks of abuse and neglect in our communities and support people who are most vulnerable to those risks. This is a journey that we are all making together and I look forward to continuing to chair the partnership in the following year.

Dr Adi Cooper OBE
Independent Chair of Haringey Safeguarding Adults Board

2 Introduction

- 2.1 This annual report is for the period 1st April 2015 to 31st March 2016 and is produced as part of the Board's statutory duty under *The Care Act 2014* and Chapter 14 of the Care & Support Guidance. It is one of the three core statutory duties of the Chair of the Board to publish an annual report in relation to the preceding financial year, on the effectiveness of safeguarding in the local area.
- 2.2 This Annual Report gives details of progress on our priorities and Strategic Plan 2015-18; sets out how effective the HSAB has been over the 2015/16 year; provides detail on the SARs that it has commissioned, and describes how its partners have contributed to the work of the Board to promote effective adult safeguarding.
- 2.3 The report will be submitted to the Local Authority Chief Executive, Leader of the Council, the local London Mayor's Office for Policing and Crime, the Chair of Haringey Health and Wellbeing Board and Haringey Healthwatch. The report provides an overview of SAB activities and achievements during 2015 – 2016; it summarises the effectiveness of safeguarding activity in Haringey including the work of individual member agencies
- 2.3 More information about the statutory role and function of the SAB can be found at ***Appendix A***.

3 About Haringey Safeguarding Adults Board

3.1 The Haringey Safeguarding Adults Board is a statutory body that works to make sure that all agencies are working together to help keep adults in Haringey safe from harm and to protect the rights of citizens to be safeguarded under the Care Act 2014, Mental Capacity Act 2005 and the Human Rights Act 1998.

3.2 Vision

The work of the Board is driven by its vision is that Haringey residents are able to live a life free from harm, where communities:

- Have a culture that does not tolerate abuse;
- Work together to prevent abuse; and
- Know what to do when abuse happens.

3.3 Statutory Duties

The Board has three core duties defined by the Care Act 2014:

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

3.3 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. 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.

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.

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.

Proportionality - Proportionate and least intrusive response appropriate to the risk presented.

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.

Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

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.

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3.4 Strategic Plan

The Board has agreed four statutory SAB purposes under the Care Act 2014 for achieving its vision and meeting its statutory duties to ensure that local safeguarding arrangements are in place. These form the basis of our Strategic Plan in which we set ourselves, the partnership and community specific actions to prevent and respond to abuse:

- We are assured that **safeguarding practice** is person-centred and outcomes focused
- We **prevent** abuse and neglect
- We **respond to abuse and neglect in a timely and proportionate way**
- We are committed to **learning and improving**

During the 2015/16 transition year, Haringey SAB has been working to a set of objectives to establish its operation and effectiveness under the Care Act 2014. A number of key actions and objectives were achieved, set out at Section 4.

During October to December 2015 all HSAB partners were asked to complete a self-audit that enabled them to evaluate their ongoing adult safeguarding activity. This, along with the publication consultation we conducted in March-April 2016, helped us to review our effectiveness as a Board and set priorities for 2016-17 within our Strategic Plan.

During 2015-16 the Board focused on strengthening governance and its transition under the Care Act 2014. Governance continues to be strengthened with regular reporting from sub-groups through to the Board, along with a realignment of sub-groups to ensure the full range of statutory duties and functions is met.

3.5 Governance

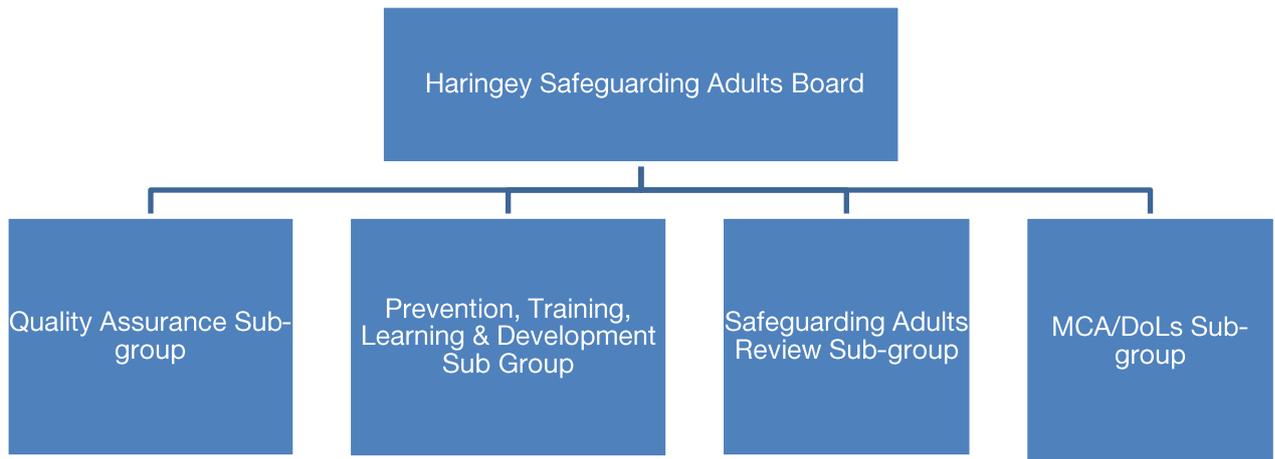
Haringey Safeguarding Adults Board is chaired by its Independent Chair, Dr Adi Cooper, and meets four times a year bringing partners together from: Haringey Council, Metropolitan Police Haringey Borough Command, London Fire Services, London Ambulance Service, Haringey Clinical Commissioning Group, health trusts, probation services, the voluntary sector and lay members, representing health, care and support providers and the people who use those services across Haringey.

The Chair is accountable to the Chief Executive of the local authority in chairing the SAB and overseeing its work programme. However, she is accountable only to the Board for the decisions she takes in that role. The role of Vice-Chair is undertaken by the Director of Adult Services.

The Board is attended by representatives from the partner agencies with a high level of engagement. Information about Board attendance can be found at *Appendix C*.

The SAB has a number of subgroups chaired by senior members from across the partner agencies. During the year the structure of the Board changed to reflect priorities and efficiencies. We report on the business of each of the sub-groups operating during 2015-16 in this report and the structure below reflects the shape of the Board from April 2016.

3.6 Board Structure 2016/17



3.7 Relationship between the SAB and other strategic boards

The Chair of the SAB attends the Health and Well-Being Board. She meets regularly with the Chief Executive and Deputy Chief Executive, the Director of Adult Services, the Lead Member for adult safeguarding, the Leader of the Council, and the Chair of the Safeguarding Children Board. She meets annually with the Council's Scrutiny Committee. Links are maintained through representation on key strategic partnerships:

- Community Safety Partnership
- The Health & Wellbeing Board
- The Safeguarding Children Board
- The Violence Against Women & Girls Strategy Group
- The Preventing Radicalisation & Violent Extremism (Prevent) Delivery Group

This year, the Board has developed a Prevent Action Plan and the Board Manager sits on the borough Prevent Delivery Group.

3.8 The Partnership

Each local authority must set up a Safeguarding Adults Board (SAB). The main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria (paragraph 14.2 of the guidance). The core statutory members of the SAB are the local authority, the CCGs in the area and the local chief officer of police. A range of other local agencies, are also encouraged on the membership of the Board. In Haringey there is good representation of all agencies involved in safeguarding adults.

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3.9 Financial arrangements

The work of the Board is financed by contributions from partner agencies, of which currently over 80% comes from the council. In addition to financial contributions, partner agencies contribute significant amounts of staff time to support the delivery of the board's work programme, and to support training delivery. Full budget information is contained within *Appendix D*.

4 Local Context

4.1 Haringey is an exceptionally diverse and fast-changing borough. We have a population of 267,540 according to 2014 Office for National Statistics Mid Year Estimates. Almost half of our population is from ethnic minority backgrounds, and around 200 languages are spoken. Our population is the fifth most ethnically diverse in the country.

4.2 The borough still ranks among the most deprived in the country but has seen improvement in its ranking over the past six years - with the exception of *Education and Living Environment*, Haringey has seen an improvement in rankings for all domains in the English Indices of Deprivation 2015. Haringey is the 30th most deprived borough in England and the 6th most deprived in London with the 10th highest level of child poverty in London. 7 of Haringey's 19 wards are within the most deprived 10% nationally. All of these wards are in the east of the borough where Northumberland Park remains the most deprived.

In terms of crime, Haringey is ranked 8th most deprived in England out of 326 local authorities and 8th in London out of 33 local authorities.

4.5 [Haringey's Joint Strategic Needs Assessment \(JSNA\) 2014/2015](#) describes the health, care and wellbeing needs of the local population. This helps the Clinical Commissioning Group and Haringey Council commission the best services to meet those needs.

5 What we have done 2015-16

5.1 This is the first year that Safeguarding Adults Boards have operated on a statutory footing under the Care Act 2014 from 1 April 2015. Building on its previous preparations for the incoming legislation, this year the HSAB undertook significant work to ensure that it fulfilled its statutory responsibilities and established a firm platform for continuing to do so. Our Strategic Plan has clear delegated responsibilities to roles and sub-groups to ensure clear lines of governance and accountability.

5.2 ACHEIVEMENTS in 2015/16

- We reviewed the multi-agency membership of the Board, sub-group structures and systems, and processes are now in place to drive the work of the Board
- We developed a Quality Assurance Performance Framework and indicators that include user and carer experience
- We reviewed multi-agency policies and procedures and can track review and refresh, (this is delegated to the Quality Assurance Sub-group for oversight)
- We established a Prevention Strategy and delivery plan, which the Prevention, Training, Learning and Development Sub-group is taking forward
- We developed a Prevent Action Plan to take a partnership approach to our respective duties and responsibilities under the section 26 of the Counter Terrorism and Security Act 2015
- We developed a Safeguarding Adults Review (SAR) Procedure and established a SAR Sub-group which considered three SAR referrals and commissioned one SAR
- We developed our strategic planning cycle and consulted on our Strategic Plan

5.3 Sub-groups

This year the roles and composition of the HSAB sub-groups were consolidated to ensure that they will continue to support the work of the Board and deliver on its strategic and annual plans. Each sub-group now has Terms of Reference, which will be reviewed regularly to ensure that they support the HSAB's strategic priorities. The sub-groups benefit from multi-agency representation with staff from statutory and non-statutory agencies attending and contributing to the work. We are moving to better involve people who use services or their representatives in the work of the subgroups.

5.3.1 Safeguarding Adults Review (SAR) Sub-group

Chair: Dr Adi Cooper

Remit: to consider referrals of any case which may meet the statutory criteria and to make decisions on this basis; to make arrangements for and to oversee all SARs; to ensure recommendations are made, messages are disseminated and that lessons are learned.

The SAR Sub-group was established this year and held its first meeting in November 2015. Terms of reference and membership were developed. The SAR sub-group received three referrals for consideration as SARs during the course of 2015/16. Following evaluation of these against the statutory requirements and in line

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with the HSAB's SAR Protocol, the HSAB commissioned one SAR this year, which will be reported on in 2016/17. Although the other two referrals did not meet the criteria for a SAR, the sub-group retained oversight of the single agency investigations and learning processes and agreed to disseminate learning from them across the partnership – one involved a Section 42 investigation and the other a NHS Serious Incident investigation. Neither of the investigations were completed before the end of March 2016. The SAR sub-group will be monitoring the improvement actions undertaken in response to these investigations.

The SAR commissioned into the death by suicide of 'Robert' adopted a traditional approach set out by other SARs and Serious Case Reviews, of establishing a SAR Panel, with an independent Panel Chair and an independent lead reviewer, with commissioned Individual Management Reports (IMRs) and further evidence from the agencies involved.

5.3.2 Quality Assurance Sub-group

Chair: Charlotte Pomeroy, AD Commissioning

Remit: to support the HSAB to assure itself of the effectiveness of safeguarding arrangements in delivering the outcomes that people want.

This year has seen the development of a fully multi-agency Quality Assurance sub-group which has worked to develop a Quality Assurance Framework based on:

- Understanding adult at risks experiences – their journey;
- Knowing what impact safeguarding has had; and
- Working together.

This group reviews the multi-agency adult safeguarding dataset, which is also reported regularly to the SAB. This will enable the partnership to be informed of local adult safeguarding activity and better placed to identify trends and patterns that the intelligence may highlight.

The group also developed a cycle of policy development and review and has worked this year to update and develop a range of multi-agency policies and procedures including:

- Safeguarding Adults Multi Agency Policy and Procedure
- Safeguarding Adults Multi Agency Hoarding Protocol
- Market oversight/Provider Concerns
- Escalation Policy
- Safeguarding Adult Review Protocol
- Haringey's Joint Establishment Concerns Procedure
- Mental Capacity Act and Deprivation of Liberty Safeguards Procedure
- Joint Safeguarding Adults S42 Enquiry Framework
- Information Sharing Protocol and Practitioners Guide
- Multi Agency Pressure Ulcer Protocol and Decision Pathway

5.3.3 Mental Capacity Act and Deprivation of Liberty Safeguards (MCA/DoLS) Sub-group

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Chair: Jeni Plummer, Head of Operations

Remit: To oversee the ongoing implementation and operation of the Mental Capacity Act (MCA) 2005, including the Deprivation of Liberty Safeguards (DoLS)¹.

The sub-group was formed this year and works strengthen the partnership's inter agency relationships to support 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. Each member organisation of the Board promotes awareness and good practice under the MCA within their services, training and through commissioned services

¹ The Supreme Court judgment of 2014 in the case of Cheshire West clarified an "acid test" for what constitutes a "deprivation of liberty": an individual is deprived of their liberty for the purposes of Article 5 of the European Convention on Human Rights if they:

- Lack the capacity to consent to their care/ treatment arrangements
- Are under continuous supervision and control
- Are not free to leave.

The Deprivation of Liberty Safeguard (DoLS) is a statutory administrative arrangement managed by the local authority in its capacity as the supervisory body and through which a person can lawfully be deprived of his liberty. The arrangements comprise

1. the procedure where under a supervisory body may authorise a deprivation of liberty, ("standard authorisation");
2. the procedure where under the managing authority of a care home of hospital may authorise a deprivation of liberty for the period pending the grant of a standard authorisation ("urgent authorisation");
3. the qualifying requirements for making authorisations;
4. procedures for carrying out of assessments to establish whether the requirements are satisfied, including an assessment by a best interests assessor ("BIA");
5. a process for instigating and carrying out a review of a standard authorisation;
6. provisions concerning "relevant person's representatives" ("RPRs"); and
7. provisions concerning independent mental capacity advocates ("IMCAs").

In being able to authorise a deprivation of liberty under DoLS, the local authority must make sure that a number of assessments are undertaken by a Best Interest Assessor (BIA) and a Doctor approved under the Mental Health Act 1983. . These assessments are Age, Mental Capacity, Mental Health, Eligibility, No Refusals and Best Interest Assessments. Given the complex nature of this work assessments must be very detailed and comprehensive and require the input of family members and professionals.

The potential risk to the council for unlawful detention will depend on each case. However recent rulings by the court have seen payouts of £3500 and £4600 per month for unlawful deprivation of liberty (Essex County Council v RF 2015). There is also the impact that the negative publicity would have on the local authority. Given the very large backlog, most cases have not been managed within the required timescales. In some cases these timescales have been exceeded by 6+ months.

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The subgroup meets quarterly and reports regularly to the Board

Achievements in 2015-16 have included:

- Developed a Multi-Agency policy and procedure for MCA and DoLS.
- Reviewed Acute Trusts MCA and DoLS internal MCA and DoLS policies and procedures.
- Participated in the Law Commission consultation of DoLS. The MCA and DoLS SAB Subgroup reviewed the proposal to reform Deprivation of Liberty Safeguards and provided a response on behalf of the SAB.
- Reviewed and supported the implementation of the revised DoLS forms in 2015.
- Agreed the data set for DoLS.
- Monitoring of the DoLS back log and associated actions.
- The Local Authority's Safeguarding Service and Commissioning Team and the CCG work closely together when there are allegations about health care provision and with providers where there are concerns around delivery of care. Joint learning plans have been developed and shared with provider forums via commissioning colleagues in the Authority.

Key challenges in 2015-16 have included

- The Supreme Court ruling about the Deprivation of Liberty Safeguards and the 'acid test' (lacks capacity, under constant supervision and not free to leave) in March 2014 led to an unprecedented demand for DoLS.

2013/2014	80
2014/2015	346
2015/2016	508

- All Local Authorities have experienced the same uplift and there has been a general failure by Authorities to meet the statutory timeframes.
- DoLS can be granted up to 12 months and a renewal is required if there has been no change in circumstances. Subsequent Case Law has recognised that there are times where a renewal is required earlier. (eg covert medication)
- A new DoLS is required for each hospital admission and LBH remain responsible for the DOLs of any ordinary resident who is placed outside of the borough.

Priorities moving forward include:

- The identification of resource to fulfil this statutory duty.
- Ongoing work with the external provider to complete the backlog of BIA assessments and on track to complete backlog in December 2016.
- An increase in external s12 Psychiatrists to complete the assessments has taken place,
- Internal BIA's who have recently qualified complete assessment
- Managers continue to identify eligible staff during supervision that can be trained as BIAs
- Mandatory annual refresher training for internal BIAs

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- Invested in ongoing training, peer group support and a forum for internal staff to manage the 'business as usual' applications.
- The Strategic and Operation Plan has been made compliant with the Care Act 2014 and with Pan London Safeguarding Adults Policy and Procedure
- Work to ensure that performance analysis that serves to inform safeguarding work going forward, identify trends and areas of concern that will serve to generate multiagency discussions at Board level
- Safeguarding training is on-going across the Local Authority and the CCG. This is delivered using different models - face to face, e learning, supervision and in practice forums

5.3.4 Prevention, Training, Learning & Development Sub-group

Chair: DCI Paul Trevers, Haringey Borough & Marianne Ecker, Workforce Development Change Manager

Remit: Oversee the delivery of the Haringey Safeguarding Adults Prevention Strategy 2014-2017, and development and coordination of multi-agency safeguarding adults training provision

The subgroup has responsibility for the Prevention Strategy's Delivery Plan to increase awareness of safeguarding and co-ordinate single and multi agency safeguarding adults training. Work has concentrated on better understanding the data collected and what this means for prioritising preventative work and planning for a community awareness raising campaign.

Achievements in 2015-16 have included:

- Prevent Duty strategy developed and training for trainers rolled out across partners
- Work to better understand safeguarding data collected resulted in first language introduced as compulsory monitoring field
- External grant application made (via Havco) to fund an external awareness campaign
- Task & finish group formed to co-ordinate awareness campaign
- 96 partners attended council organised courses to understand responsibilities of undertaking S42 enquires of Care Act 2014, which has been main focus of 2015 /6 provision
- Partners regularly share ideas and good practice of Level 1 & 2 training content
- Basic safeguarding e-learning updated for 2016 and available to all partners via both Fuse learning portal and council external web pages (2015 version gained nearly 700 views)
- offer of a range of short courses on offer targeted to different groups including: S42 training; Leading & Charing Safeguarding meeting; Financial & Material Abuse; Self neglect & Hoarding
- Safeguarding adult conference organised by North Middlesex Hospital

Priorities moving forward include:

- how to fund training provision and move from single agency to fully multi agency offer that is jointly managed

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- increasing engagement of the online learning portal by all partners so it becomes a source for shared learning
- launch awareness campaign from 6 different community locations over a 12 month period focused on financial & material abuse, domestic and psychological abuse, and self-neglect and hoarding

5.4 Partner Self-audits

In October to December 2015 all HSAB partners were asked to review adult safeguarding activity and share this with the Board. Partners identified areas where they considered that they were performing well and areas where they felt they needed to improve. Compiling the audits led the HSAB to establish that there were shared thematic issues across the partnership and the HSAB has used these to develop and inform its priorities for the coming year. HSAB came together with other boards within North London at a learning and challenge event in January 2016 which HSAB led on.

Key strengths across the partnership were identified as:

- Commitment to safeguarding
- Safeguarding policies in place
- Safeguarding training compliance
- Information sharing across the partnership
- Engagement with the Board and partners
- Quality Assurance processes

The main areas for improvement were identified as:

- Prevent Duty awareness
- Training on Prevent Duty and Mental Capacity
- Learning from staff feedback
- Learning from service user feedback and embedding it in the work
- Improving multi-agency safeguarding data

5.5 Consultation

We ran a public consultation in March 2016 to involve the community and statutory and non statutory providers, as well as Haringey Healthwatch in the development of the Board's three year strategy. This strategy will lead the development of the HSAB's annual strategic plans over the coming years. The consultation set out the four strategic aims that the HSAB should use to frame its planning.

Specific suggestions to improve the plan included:

- involvement of an independent body such as Healthwatch to measure user and carer involvement in the performance framework
- consider developing an Adult Multi-Agency Safeguarding Hub (MASH)
- use creative methods to engage and support user voice – e.g. Enfield Quality Checkers

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- develop a Safeguarding Information Panel (Enfield model)
- review membership to improve user and carer representation
- establish a newsletter to improve communication and ensure reaching out the community to raise awareness
- promote a Dignity Code across the borough
- develop the plan to address the six safeguarding principles more clearly

6 Adult Safeguarding Activity 2015-16

What the statistics are telling us

Source: Haringey Statutory Return Analysis and April 15- March 16 Analysis

- 6.1 The council collects information about safeguarding adults work in Haringey, so we know how well people are being safeguarded. This information helps the Haringey SAB decide what their next steps should be.
- 6.2 Data in relation to all safeguarding issues is monitored both locally and nationally. All safeguarding concerns and enquiries are recorded and co-ordinated by Haringey Council. Progress from initial concern through to conclusion is monitored for timeliness and quality across a wide variety of measures including the nature and location of harm, service user groups, outcomes, age, gender, ethnicity, etc. This information is scrutinised by the Quality Assurance Sub-group who report key issues and trends.
- 6.3 Haringey Council submits returns annually to the Department of Health (DH) for collation and comparison of the key data across all authorities in England. The following commentary includes extracts from the data, trends and areas for improvement and development in Haringey.

6.4 Concerns and 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**'.

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 concern'.

After a concern 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 an 'enquiry'.

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In the period 2014-15– 2015/16 there was a **28% increase** in the numbers of individuals for whom a safeguarding concern has been identified, from 860 in 2014-15 to 1101 in 2015-16.



The enquiry statistics over the past three years (from 2013/14) seems to be fairly consistent:

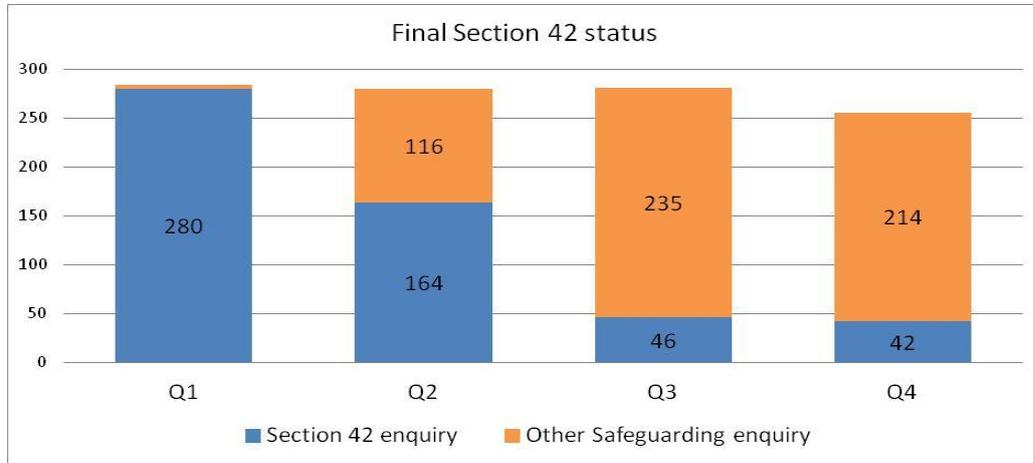
- mainly occurring in users own home, however 17% occurred in residential or supported housing;
- mainly older people (about half are aged 65+ years);
- with an over representation of black ethnic groups;
- involving mainly those with social care support reasons of physical support followed by mental health.
- the most common abuse types are Psychological/Emotional, Neglect, Physical Abuse and Financial Abuse.

6.5 Section 42 Enquiries status

In the period April 2015 – March 2016 there were a total of 1101 safeguarding concerns (excluding no further action). 48% were classed as Section 42 Enquiries and 52% as other safeguarding enquiries. See the table below.

Quarter by quarter the number of Safeguarding Enquiries has remained consistent. The number of Section 42 Enquiries appears to have fallen due to a change in recording from August 2015 that separates those enquiries that are Section 42 and those that are other enquiries.

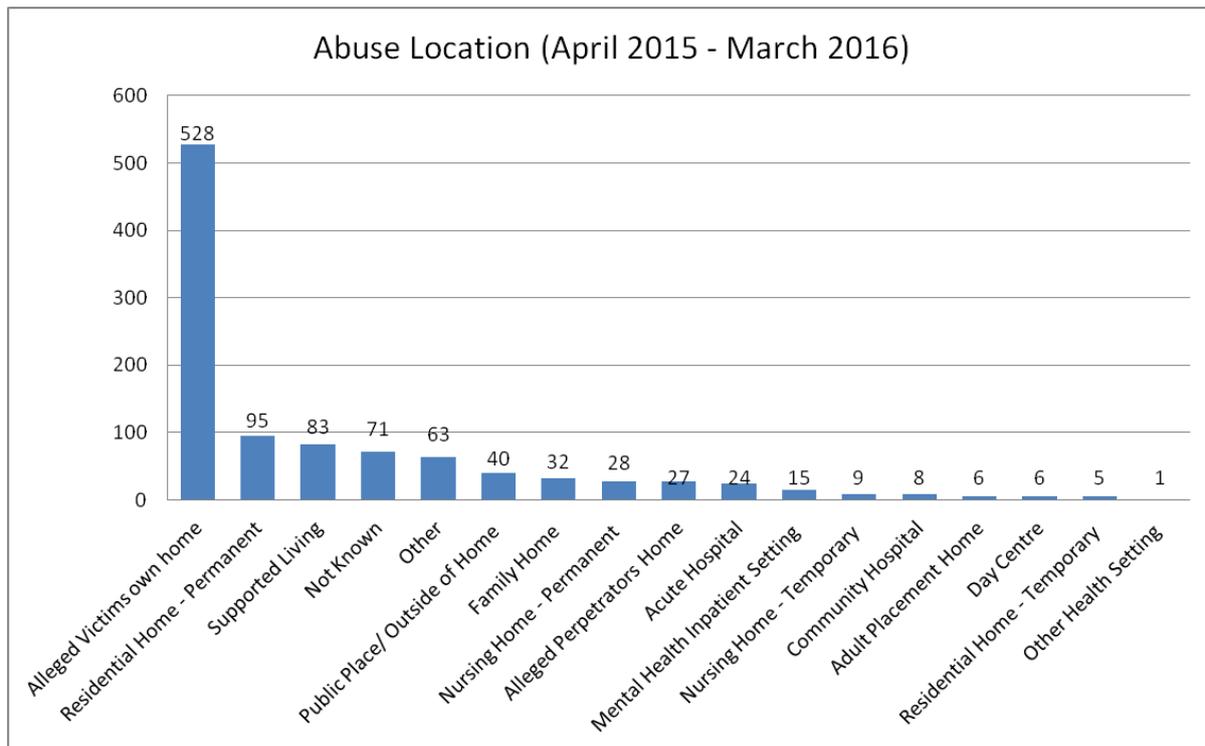
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6.6 Abuse Location

Abuse can happen anywhere; in someone’s own home, in a public place, in hospital, in a care home for example. 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 hospitals often make media headlines. The abuse at Winterbourne View Care Home and the neglect at Mid-Staffordshire NHS Trust rightly got a lot of media coverage but overall figures indicate that the majority of cases do not occur on scale in large institutions. The chart below shows the real story, with 48% of Section 42 abuse occurred in the individuals own home (in line with 2014/15 data) and 17% in both residential and supported living settings.



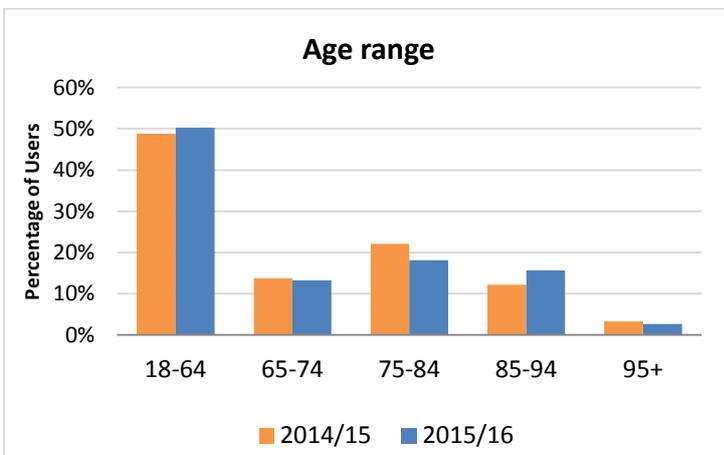
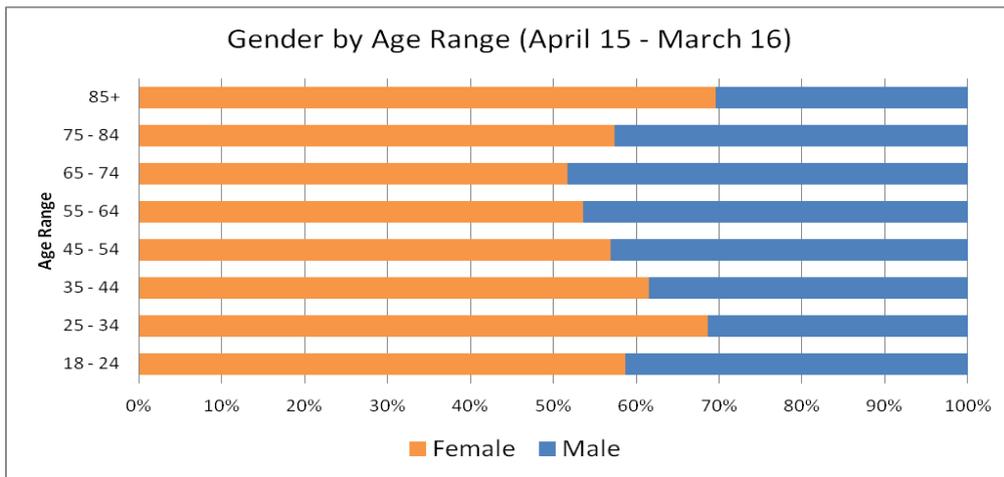
6.7 Age

49% of people going experiencing a Section 42 enquiry in 2015/16 were aged 65 and over. This is an overrepresentation compared with that age group in the general population (9.2%). Within the over 65 age group the largest percentage of Section 42s enquiries involve people aged 75-84 years (18%) and 85+ (18%).

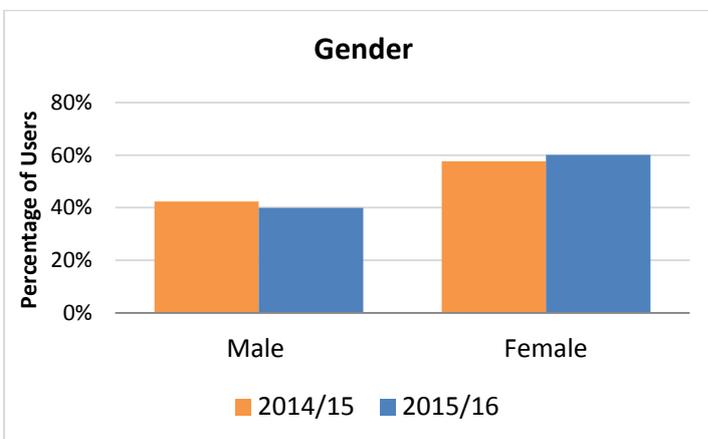
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6.8 Gender and Age range

While 49.9% of the Haringey population is female, 60% of those involved in a safeguarding enquiry are female. This is consistent with 2014/15 data. For women aged 25-34 years and 85+ years, this increases to 70%.



The proportion of age bands across the two year period remains relatively consistent. The largest percentage change is seen in individuals aged 85-94 an increase of 57%.

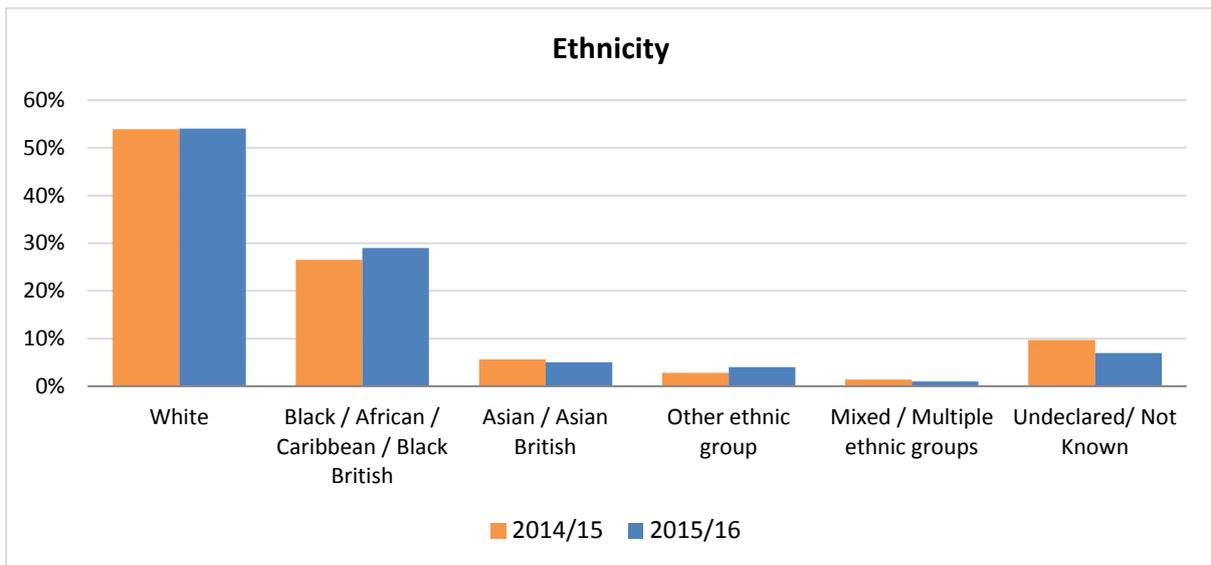


The gender profile across the two year period also remains relatively consistent 42% of individuals in 2015/16 were male, compared to 40% in 2014/15. 60% were female, compared to 58% in 2014/15.

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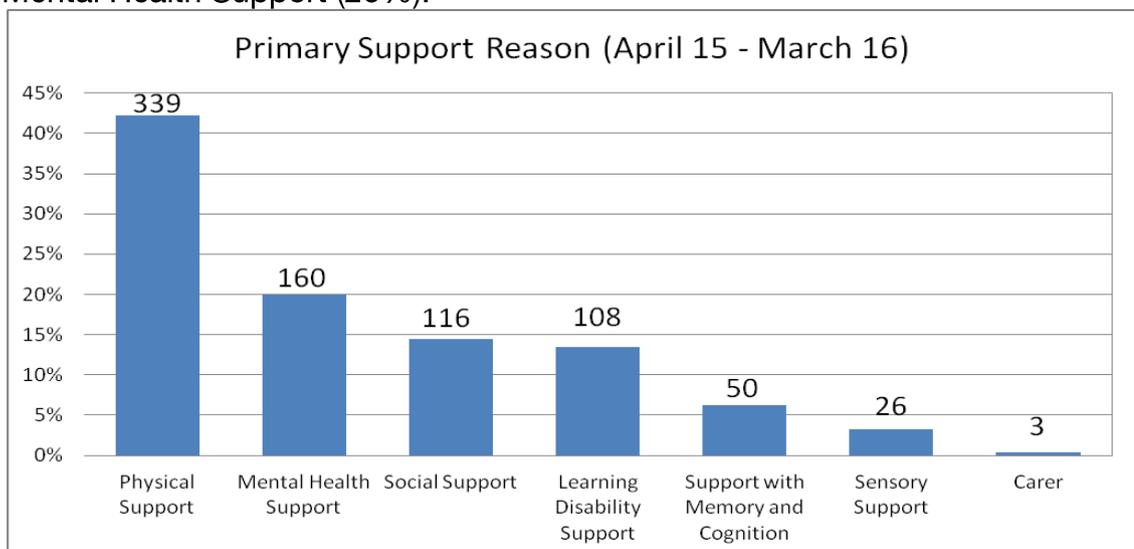
6.9 Ethnicity

Year on year the ethnic breakdown of individuals for whom a safeguarding concern has been raised is similar, with the two main ethnic groups White (54%) and Black/African/Caribbean/Black British (29%).



6.10 Primary Support Reason

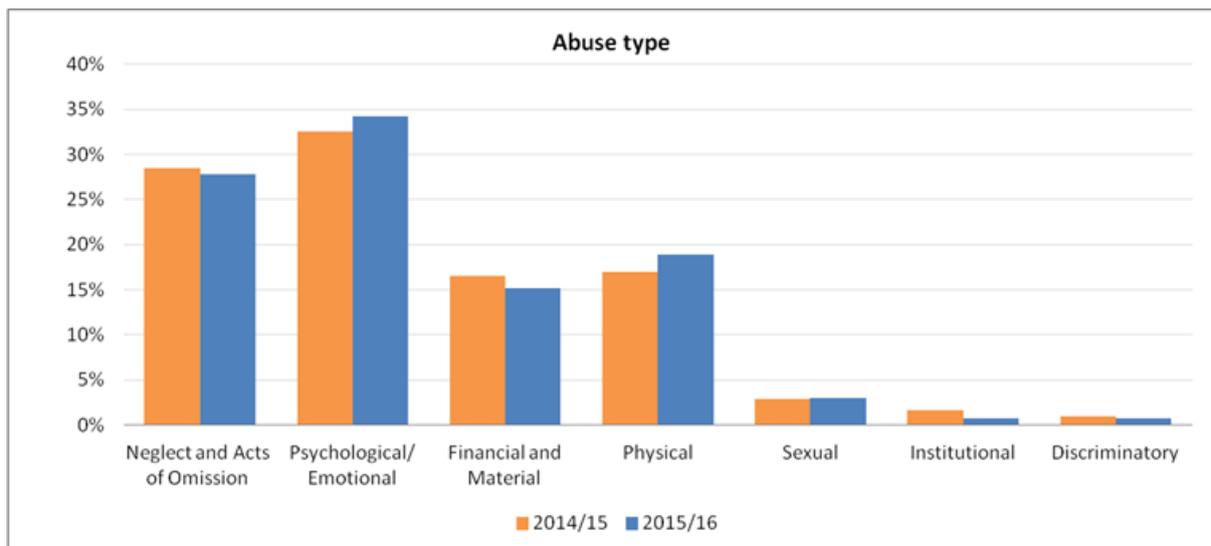
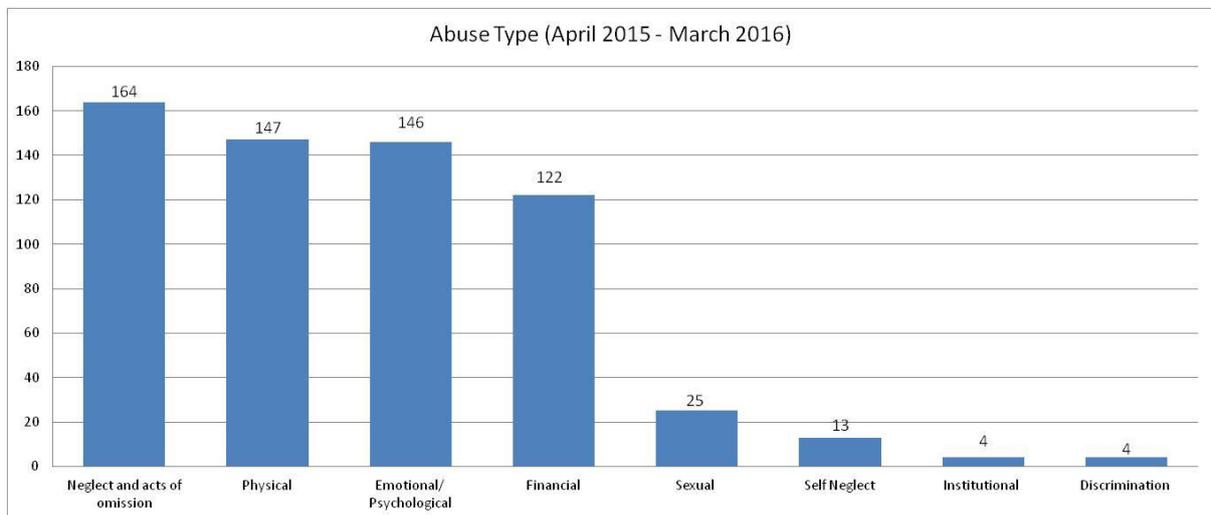
The 'Primary Support Reason' is the main 'reason' why an adult requires support or care. The chart below shows that the most common Primary Support Reason for people experiencing a Section 42 enquiry is Physical Support (42%), followed by Mental Health Support (20%).



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6.11 Abuse Type

The charts below shows that the most common abuse types recorded by people experiencing a Section 42 enquiry are neglect, physical abuse, psychological /emotional abuse and financial abuse. This is consistent with data from both 2013/14 and 2014/15. The second chart shows the comparison with 2014-15 with the abuse type profile for both years very similar. The largest percentage change year on year is physical abuse, an increase of 21%, followed by Psychological/Emotional (14%). The largest reduction was institutional abuse (36%).



6.12 Referral Source

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The people who are most likely to report concerns about abuse and neglect are health staff². This is not surprising because health staff get a lot of training and advice on spotting abuse and neglect.

36% came from NHS services, with the majority from Acute Hospital 13% of Section 42 referrals came from Housing Agencies³, 12% from a Social Care⁴ setting and 9% of referrals were from the Police.

6.12 Safeguarding Outcomes

In 2015/16 there were more cases closed than the previous year and a reduction in the number of new cases compared with the previous year. 44% of those involved in an enquiry said that their 'Making Safeguarding Personal'⁵ outcomes were met or partially met, an improvement of 4% compared with last quarter.

In all safeguarding enquiries the person at risk of abuse or neglect will be helped to stay safe from harm. If necessary, monitoring of their risk will be increased, and the frequency, type or location of their care may change. 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.

² Health Services includes referrals from acute hospitals, ambulance service, community mental health team, GP, CCG etc.

³ Housing agencies include Council Tenant, Housing Association, Residential/Nursing, Sheltered Housing and Supported Housing.

⁴ Social care staff includes day care, domiciliary, residential workers and Care Managers.

⁵ Making Safeguarding Personal (MSP) is a sector led initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances. It is about engaging with people about the outcomes they want at the beginning and middle of working with them, and then ascertaining the extent to which those outcomes were realised at the end.

7 What we will do 2016-17

The following pages set out the annual strategic objectives that we have developed for 2016/17. These objectives have been reviewed against the six statutory principles of adult safeguarding with an emphasis on Making Safeguarding Personal. You can find a more detailed version of the annual plan on the HSAB website.

1 We are assured that safeguarding practice is person-centred and outcomes focused					
	Objective	Key principle	Timescale	Lead	Success criteria
1.1	Implement the Quality Assurance Framework to include both performance data and analysis and auditing that explicitly considers how person-centred safeguarding interventions are, and how reflective of users' views and needs	Prevention	First full quarterly report from Q1 2016/17	Chair QA Sub-group	The Board is assured: <ul style="list-style-type: none"> • that people are asked about the outcomes they want; • that the outcomes are defined by them; and that the extent to which they are realised is measured and aggregated
1.2	Improve user and carer involvement in safeguarding (Making Safeguarding Personal) across the partnership with clarity about how to measure and demonstrate outcomes with both baselines and targets.	Empowerment	Piloting by December 2016 and assessing improvements through performance monitoring by end Q4 2016/17	Chair QA Sub-group	The Board is assured: <ul style="list-style-type: none"> • that safeguarding is person-led and outcome-focused; • that it engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

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1.3	Feasibility into the development of an Adult/Family MASH Board to include in particular a focus on transition into adulthood.	Partnership Protection	Q4 2016/17	Director Adult Social Services	The Board is assured of: <ul style="list-style-type: none"> • More effective use of resources development of a whole family approach to safeguarding; improved approach to safeguarding during transition periods.
1.4	Establish standards and agreed competencies in MSP and adult safeguarding prevention for all staff across the partnership	Prevention Empowerment	Q4 2016/17	Chair QA Sub-group & Chair Prevention and Training & Development Sub-group	The Board is assured that: <ul style="list-style-type: none"> • the safeguarding workforce is person-centred and understands MSP; the system is focused on prevention
1.5	Develop a multi-agency person-centred strategic risk management policy and register with clear accountability lines.	Partnership Proportionality	October 2016 Board meeting	Chair QA Sub-group	Improved understanding of and approach to multi-agency risk management across the partnership
2	We prevent abuse and neglect				
	Objective	Key principle	Timescale	Lead	Success criteria
2.1	Improve targeting and prevention by monitoring and identification of poor quality Safeguarding practice, increased risks and vulnerabilities to abuse,	Prevention	Q4 2016/17	Chair QA Sub-group	The Board is assured that partnership safeguarding priorities, responses and prevention planning and are informed by local intelligence about risk.

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	safeguarding themes, trends and locations and ensure engagement of service users, carers and community and voluntary sector to current concerns and trends are captured				
2.2	Use intelligence to identify key themes and raise awareness of abuse and neglect with staff, partners and the public through improved communications and campaigns	Prevention Empowerment	Campaign schedule agreed from April 2016 and devised on annual basis through the Prevention Sub-group	Chair Prevention and Training & Development Sub-group	The Board is assured that there is a cycle of well-informed public campaign and communications in place with evaluation criteria that includes measuring access and impact.
2.3	To monitor the implementation of the SAB Prevent Action Plan and agency statutory duties under the Counter-Terrorism Security Act 2015 in respect of preventing and dealing with radicalisation and extremist activities	Prevention Protection	Quarterly reporting	Chair Prevention and Training & Development Sub-group	The Board is assured that assured of partnership practice and performance to: <ul style="list-style-type: none"> • understand the risk of radicalisation& understand the risk and build the capabilities to deal with it; • implement the duty effectively; communicate and promote the importance of the duty
2.4	Disseminate Haringey's Safeguarding	Partnership	Q2 and Q3	SAB Chair and Chair	The Board is assured that the partnership

	Adults Multi Agency Policy & Procedure, in Line with Pan London developments through launch		2016/17	Chair Prevention and Training & Development Sub-group	is implementing the procedure, is compliant and that working together in safeguarding practice is improved
2.5	Review of the approach to information sharing across Haringey multi-agency safeguarding and SAB's Multi-agency Information Sharing Protocol and Practitioners Guide against MSP that also engages the voluntary and community sector and is well communicated to users and carers.	Partnership Protection Prevention Accountability	Q3 2016/17	Chair QA Sub-group	The Board is assured that safeguarding information: <ul style="list-style-type: none"> • is shared efficiently and purposefully; • is shared in a timely manner to ensure vulnerable adults are safeguarded; is evidenced in performance monitoring and audits.
3	We respond to abuse and neglect in a timely and proportionate way				
		Key principle	Timescale	Lead	Success criteria
3.1	Develop a consistent approach to conducting and learning from SARs, Domestic Homicide Reviews and Fire Death Reviews	Prevention Accountability	Q4 2016/17	Chair SAR Sub-group	The Board is assured that all deaths and other incidents involving serious abuse or neglect are assessed within the protocol and the process managed well with the focus on learning to inform improvements.
3.2	Monitoring implementation of the MCA/Deprivation of Liberty Safeguards (DoLS) policy and in particular assuring of demand management	Protection	Quarterly reporting	Chair MCA/DoLS sub-group	The Board is assured that assessments and decisions are: <ul style="list-style-type: none"> • person-centred • timely • proportionate; and that demand and risk management is

					sound.
4	We are committed to learning and improving				
		Objective	Timescale	Lead	Success criteria
4.1	Improve multi-agency knowledge and awareness of mental health including Mental Capacity Act and the use of Advocates in safeguarding work	Empowerment Protection	To be reviewed and embedded in annual training cycle	Chair Prevention and Training & Development Sub-group and Chair MCA/DoLS subgroup	The Board is assured that practice has improved through auditing of the quality of assessments and increased use of advocates
4.2	Ensure learning from safeguarding cases is embedded in multi-agency practice.	Accountability	Quarterly reporting on multi-agency auditing	Chair QA Sub-group	The Board is assured that learning is embedded and leads to improved safeguarding practice
4.3	Implement local agreed guidance on Safeguarding Adults Reviews (SAR) and ensure learning is embedded across the partnership	Partnership Accountability	Quarterly reporting	Chair SAR Sub-group	The Board is assured that all deaths and other incidents involving serious abuse or neglect are assessed within the protocol and the process managed well with the focus on learning to inform improvements and monitoring of action plans arising.
4.4	Develop the facilitation and commissioning of multi-agency training resources and the regular review and evaluation of the training provision	Partnership	Q4 2016/17	Chair Prevention and Training & Development Sub-group	The Board is assured of that the opportunity for learning together across the partnership leads to improved working together and better outcomes for vulnerable adults



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4.5	Explore feasibility of better links with LSCB, Health and Wellbeing Board and Community Safety Partnership strengthened to make better use of resources and strengthen safeguarding awareness and practice	Partnership	Q4 2016/17	Board Manager	The Board is assured that there is more effective use of resources and shared learning within a whole family approach
4.6	SAB Annual Reports, development days and peer challenge and audit drive improvement and strategic planning are a driver for strategic planning	Accountability	Annual cycle of review and development days annually in January	SAB Chair	Strategic plan is reviewed and revised as a result and all partners can see the role of their agency and its priorities reflected in ongoing planning.

8 Partner Contributions

8.1 In this section HSAB partners set out how they have contributed to the work of the HSAB and to the ongoing improvement of local safeguarding adults' arrangements. Each key partner was asked to frame their contribution in response to the following key areas:

- Safeguarding adults work undertaken and key achievements in 2015-2016
- Key challenges
- Safeguarding adults work planned for 2016-2017
- Details of internal arrangements for providing staff (and others) with safeguarding adults training
- Case studies
- Examples of good partnership working

8.2 Haringey Clinical Commissioning Group

Haringey Clinical Commissioning Group (CCG) is the major commissioner of local health services across the borough and is responsible for safeguarding quality assurance through contractual arrangements with all provider organisations. All health providers in Haringey are required to have effective arrangements in place to safeguard vulnerable adults and to assure the CCG, as commissioners that these are working. Designated Professionals, as clinical experts and strategic leaders, are a vital source of advice to the CCG, NHS England, the Local Authority and the Haringey Local Safeguarding Adults Board (HSAB). They also provide advice and support to multi-agency health professionals.

Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (2015) defines the safeguarding responsibility and duty of CCGs. CCGs are also required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding.

NHS England conducted a series of deep-dive exercises across CCGs' arrangements and in 2015, one of the areas of focus was safeguarding. The results of this process were reported in February 2015 and they acknowledged the extent of focus and commitment to safeguarding within Haringey CCG.

Name of organisation:	Haringey Clinical Commissioning Group
Completed by:	Karen Baggaley
Title/Designation:	Assistant Director for Quality and Nursing

Overview 2015-16	NHS Haringey Clinical Commissioning Group (HCCG) is committed to working with partner agencies to ensure the safety, health and well-being of the local people in Haringey. Protecting the vulnerable is a key part of HCCG's approach to commissioning and, together with a focus on quality and patient experience, is integral to our working arrangements. Our approach to Adult Safeguarding is underpinned by quality and contracting systems and processes that aim to reduce the risk of harm and respond quickly to any concerns.
Internal safeguarding	Within Haringey CCG's organisational structure

adults' governance arrangements.

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

The Assistant Director for Quality and Nursing 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 Designated Professional for Safeguarding Adults 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 Adults across HCCG.

The Designated Professional for Safeguarding Adults is a member of Whittington Health, North

	<p>Middlesex Hospital and Barnet, Enfield and Haringey Mental Health Trusts Safeguarding Committees. The Designated Professional for Safeguarding Adults 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 Designated Professional for Safeguarding Adults 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.</p> <p>Safeguarding is a standing agenda item at HCCG's Quality Committee. A bi - 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.</p> <p>HCCG Designated Professional for Safeguarding Adults is a member of Safeguarding Adult Board (SAB) and its respective sub groups. The Designated Professional for Safeguarding Adults is a member of the NHS England (London) CCG Safeguarding Adult forum, The NHS England (London) Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Steering Group and the MCA and DoLS London Network.</p> <p>An Annual Report is submitted to HCCG Governing Body.</p>
<p>Safeguarding adults work undertaken and key achievements in 2015-2016. To include specific examples of work undertaken.</p>	<p>HCCG's 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.</p>

- Rated as 'Good' by NHS England (London) following a deep dive audit.
- MCA project funds were secured to deliver a programme of training and awareness raising including:
 - Patient engagement and awareness raising events on Lasting Power of Attorney and Advance Decisions for patients and carers.
 - Patient information leaflets developed on Advance Decisions, Preferred Priorities for Care and Lasting Power of Attorney for GP practices and Acute Trusts.
 - Twelve three hour bespoke training sessions delivered for GPs across Barnet, Enfield and Haringey. Ninety-one delegates received training of which 63% were general practitioners, 26% were district or practice nurses and 11% were practice managers.
 - An MCA template and guidance developed with GPs.
- The CCGs showcased through their first Seminar (to over 40 delegates), the dedicated work relating to MCA/DoLS from a multi-agency partner perspective and keynote speakers from Department of Health, NHS England and provider trusts all provided their dedicated time.
- All MCA tools through the joint Barnet, Enfield & Haringey CCG MCA/DoLS project are published on Social Care Institute for Excellence (SCIE) web site as examples of best practice.
- Supported the development of a commissioner MCA and DoLS checklist as part of the NHS England (London) MCA and DoLS steering group.
- Developed a HCCG Prevent strategy including; HCCG Prevent policy, training matrix, and rolled out Prevent awareness training to HCCG staff.
- Localised the Safeguarding Adult Pressure

	<p>ulcer protocol.</p> <ul style="list-style-type: none"> Care Act (Safeguarding) updates delivered to Continuing Health Care Team. <p><u>Specific examples</u></p> <p>Awareness Raising on Lasting Power of Attorney and Advance Decisions for Patients and Carers</p> <p>Six patient and carer events were held across Barnet, Enfield and Haringey around advance care planning. Specialist speakers from the Office of the Public Guardian⁶ and Compassion in Dying gave a short talk to attendees, followed by a question and answer session at each event.</p> <p>Questions asked included:</p> <p><i>“What happens if I lose capacity suddenly and I don’t have a LPA?”</i></p> <p><i>“Who decides if you have lost ‘capacity’?”</i></p> <p><i>“What is a ‘certificate provider’?”</i></p> <p><i>“What does ‘lack capacity’ mean?”</i></p> <p><i>“What happens if your advance decision doesn’t take account of recent medical treatments?”</i></p> <p>A patient frequently asked questions (FAQ) leaflet has been developed on lasting power of attorney and advance decisions to refuse treatment based on these questions: the FAQs are designed to supplement a suite of patient information leaflets on advance care planning which were developed in conjunction with patients and carers at these events.</p>
<p>Key challenges</p>	<p>HCCG will review whether the recruitment of a Named GP for Adult Safeguarding will strengthen Safeguarding adult arrangements within Primary Care.</p>

⁶ The Office of the Public Guardian (OPG) protects people in England and Wales who may not have the mental capacity to make certain decisions for themselves, such as about their health and finance.

<p>Safeguarding adults work planned for 2016-2017</p>	<p>Key Objectives for April 2016 –March 2019</p> <ul style="list-style-type: none"> • 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 build up partnership working with the local authority, local health providers and NHS England (London). • Implement the NHSE Mental Capacity Commissioner framework. • Develop processes with adult commissioners to ensure that adult care placements (such as in care homes, nursing homes or independent hospitals) are based on knowledge of standards of care and Safeguarding concerns: Agree rollout of Independent Placement Agreements (IPA) and standard contract with commissioning: Agree program of audit roll out to existing providers with CHC commissioning team. Annual quality audit tool to be devised and based on CQC quality standards. • Review and update Safeguarding Adults Policy, Procedure and training competency framework to reflect changes in legislation, national and intercollegiate guidance: Review the NHSE Intercollegiate Guidance and updated Bournemouth Competency Framework. Apply changes to HCCG Training and Competency Framework roll out in 2016. • Strengthen internal assurance process by identifying a GP Governing Body member with lead responsibility for safeguarding adults to ensure safeguarding will be appropriately represented at the Governing Body meetings.

	<ul style="list-style-type: none"> • To ensure HCCG has a system for identifying, analysing and referring complaints which raise safeguarding concerns, including potential neglect. This will facilitate early identification of quality issues/safeguarding concerns with providers enabling actions to put in place to mitigate risk. • To ensure where a patient under the responsibility of HCCG is in a private sector hospital or care home there are effective systems for recording and monitoring of Deprivation of liberty application. • To ensure actions from Safeguarding Adult Reviews (SARs) and Domestic Homicide reviews (DHRs) are implemented, monitored and lessons shared across all the relevant organisations including provider services.
<p>Details of internal arrangements for providing staff (and others) with safeguarding adults training.</p>	<p>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.</p> <p>HCCG’s mandatory training programmes encompasses the five core standards of the Bournemouth Framework and expects that staff should be trained to:</p> <ul style="list-style-type: none"> • 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”;

	<ul style="list-style-type: none"> • Understand dignity and respect when working with individuals; and • Have knowledge of policy, procedures, and legislation that supports safeguarding adults' activity. <p>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.</p> <p>The NHSE intercollegiate document for Safeguarding Adults will be published in 2016 which will provide a more detailed competency framework.</p> <p>Training compliance is monitored monthly by the Senior Management Team and reported Bi-monthly at the Quality Committee.</p>
<p>Case studies</p>	
<p>Examples of good partnership working</p>	<ul style="list-style-type: none"> • HCCG contributes to the Haringey LA Information Panel meetings and the Establishment Concerns process; agreeing actions and sharing and disseminating information as appropriate. As part of this HCCG have supported the review of Establishment Concerns Policy with Haringey Local Authority. • HCCG Designated Professional for Safeguarding Adults attends all provider Safeguarding Adults committees, SAB and respective subgroups. • HCCG Designated Professional for Safeguarding Adults is a member of DHR panels and contributes to the learning from these reviews. • HCCG Designated Professional for Safeguarding Adults has worked with LBH to develop a localised Safeguarding Adult Pressure Ulcer Protocol.

	<ul style="list-style-type: none"> The Quality Matters in Care Home Team work in conjunction with LBH to support care homes to drive up quality in care homes. This has included effective management episodes of ill health, and the provision of training to care home staff on basic health care provision which are often indicators of neglect during safeguarding investigations. The service also provides telephone support and visits after hospital discharges.
<p>Safeguarding Reports <i>(please embed or provide links to any reports)</i></p>	

**8.3 Barnet, Enfield and Haringey
Mental Health Trust**

Completed by Ruth Vines, Head of Safeguarding on behalf of Mary Sexton Executive Director of Nursing, Quality and Governance.

Overview 2015 -2016

Barnet, Enfield and Haringey Mental Health NHS Trust remains committed to safeguarding all our service users, their families and carers. We recognise that effective safeguarding is a shared responsibility which relies on strong partnership and multi-agency working. Over the last 12 months The Trust has strengthened its safeguarding arrangements in many ways including the recruitment of a full-time Head of Safeguarding. We are continually improving systems and processes; and developing a clear strategic approach to safeguarding across all our services.

Internal governance arrangements

Our aim is to ensure there is a whole organisational approach to safeguarding patients and service users, their families and carers. In order to do this we have developed an Integrated Safeguarding Committee (ISC). The ISC is chaired by the Executive Director of Nursing, Quality and Governance and provides strategic leadership and oversight. The work of the ISC is informed by our newly developed Safeguarding Strategy and overarching work plan. The ISC meets each quarter and is accountable to the Trust Quality and Safety Committee. The Executive Director of Nursing, Quality and Governance is the Executive lead for safeguarding and provides bi-monthly safeguarding updates to the Trust Quality and Safety Committee. In addition an annual safeguarding report is provided to the Trust Board. Safeguarding is a standing item for each of the Borough Clinical Governance meetings.

Safeguarding adults work undertaken and key achievements in 2015 – 2016

- A Domestic Violence and Abuse Policy has been completed.
- Domestic Violence and Abuse training have been included in Corporate Induction for all staff.
- The Trust Safeguarding Adults at Risk Policy has been updated to ensure it is Care Act compliant.
- A safeguarding inbox has been set up to allow improved monitoring of safeguarding alerts.
- A safeguarding screen saver has been established to prompt staff to use the Trust safeguarding inbox.
- A safeguarding dashboard has been designed.
- A prompt to consider safeguarding has been included in the Trust incident reporting system (Datix).
- Mental Capacity Act and Deprivation of Liberty Safeguards training has been included in the mandatory training matrix.
- Prevent Training has been included in Corporate Induction for all staff.

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- An Integrated Safeguarding Committee has been established with clear terms of reference.
- A safeguarding strategy has been completed with key aims and objectives
- A safeguarding training strategy has been completed
- The safeguarding surgeries have been recognised as good practice and these continue.
- The terms of reference for the Trust safeguarding champions have been refreshed and revised

Key Challenges

- Safeguarding practice is complex and varied. The challenge of collecting accurate meaningful data is recognised. Work continues to ensure data is captured and analysed effectively.
- To continue to develop and improve systems to promote effective lessons learnt from safeguarding incidents.
- To review the training needs analysis for level 3 safeguarding adults training in line with recently published Intercollegiate Document Safeguarding Adults (April 2016)
- To ensure the challenge of working across three borough Safeguarding Adult Boards and their associated sub-groups is managed effectively.
- To ensure that the principles of the MCA are embedded into everyday practice.

Safeguarding adults work planned for 2016- 2017

The work of the Integrated Safeguarding Committee is informed by an overarching work plan which underpins the Safeguarding Strategy. The Strategy has five broad aims which form the overall framework of work going forward:

- To ensure safeguarding is everyone's business across the Trust
- Develop a dataset of information that allows effective monitoring of safeguarding activity and outcomes.
- Develop a culture of learning with robust internal systems to support this.
- Promote early help to prevent abuse from happening in the first place.
- Develop seamless pathways that promote joined up working at every level.

Safeguarding Training

Safeguarding Adults at Risk training levels 1 and 2 are delivered at mandatory Corporate Induction for all staff. The training is delivered as a safeguarding day and includes safeguarding children training, domestic violence training, and training in MCA and DoLS. Prevent Healthwrap3 is also delivered at Corporate Induction and has been mandatory since September 2015.

Staff are required to refresh safeguarding training at least every 3 years.

The Trust target for mandatory training compliance is 85%. Safeguarding adult training compliance for April 2016 is 86.5%

Case Examples

A safeguarding concern was raised regarding the welfare of a service user who has physical health problems and frailty. There were concerns that the carer was preventing the

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service user from receiving healthcare support. Mental capacity established. A professionals meeting was held and a plan put in place to support both the service user and the carer.

A safeguarding concern was raised following a revelation by an adult at risk that she is receiving weekly threatening phone calls from her family members. The police were informed. There were also other allegations of historic sexual, physical and emotional abuse. A strategy meeting was held and the police are investigating the allegations. The adult at risk was offered assessment of her care and support needs, referral for counselling and MARAC referral completed. She is regularly reviewed by the clinical team.

8.4 North Middlesex University Hospital 

Eve McGrath, Safeguarding Adults Lead

COMMITMENT TO SAFEGUARDING ADULTS AT RISK

North Middlesex University Hospital NHS Trust's Board takes the issue of safeguarding extremely seriously and receives annual reports on both safeguarding children and safeguarding adults. The Trust 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.

The Trust has an established Safeguarding Adults Group which has representation from our inter professional and inter agency groups. It meets bi-monthly and provides the strategic direction to safeguarding adult activities across the Trust and ensures that all safeguarding commitments and responsibilities are met.

During 2015/16 the Trust has worked with partner organisations to safeguard some of the people who are most at risk of abuse, harm and neglect. This enables the Trust to work with partners, communities and local people to prevent abuse and ensure a robust and transparent response when abuse of an adult at risk occurs.

The Director of Nursing is the Executive Lead for Safeguarding Adults and represents the Trust at Haringey local multi agency safeguarding adult board meetings.

KEY ACHEIVEMENTS FOR 2015-2016

The Trust is committed to learning so that we can make improvements. Some examples include:

- the Trust Board and Non-Executive Directors attended a training session on the 'Implications of the Care Act and Making Safeguarding Person' in December 2015
- the Trust completed the Safeguarding Adult Provider Audit in December 2015 which was jointly developed by London Chairs of Safeguarding Adults Boards (SABs) network and NHS England London and provides all organisations in the Borough with a consistent framework to assess monitor and/or improve their Safeguarding Adults arrangements
- the Trust updated its Safeguarding Adults at Risk Policies in January 2016 to ensure compliance with the implications of the Care Act 2014 and **the London Multi-Agency Safeguarding Adult Policy and Procedures**
- 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 and at end March 2015/16, 86% of all staff had attended level 1 training and 74% of relevant senior staff had attended level 2 training
- 8 ward managers and matrons have attended section 42 investigation training

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- continued improvements in reduction of risks of hospital acquired pressure ulcers
- development of the Trust Dementia care strategy led by the Dementia clinical leads and roll out of training to ward staff
- the Trust has increased its focus on the 'making safeguarding personal' agenda and involves patient's relatives and carers in safeguarding adults enquiry meetings and at Case Conferences
- the Trust has introduced monthly 'Lessons Learned Events' for Ward Managers and Matrons and other members of the multi-disciplinary team to enable reflection of recommendations from safeguarding adult enquiries
- quarterly safeguarding adult reports outlining numbers of safeguarding concerns raised and themes arising from Safeguarding Adult enquiries are presented to the Trust Risk and Quality Committee.

PRIORITIES AND WORK PLANNED FOR THE COMING YEAR

Key priorities for the Trust in 2016/17 are to:

- ensure learning from safeguarding cases is embedded into practice, via supervision and Trust training programmes
- develop a training plan for Mental Capacity Act, Best Interest Decisions, Deprivation of Liberty Safeguards and Domestic Violence
- further work to progress PreventWrap training for all staff
- improve Domestic Violence support available to patients and our staff
- ensure adequate handover of information about the patient's condition on discharge and audit discharge checklists for discharge procedures in order to ensure that patients are discharged with relevant and up to date information
- ensure that capacity assessments (Mental Capacity Act 2005) and rationale for best interest decisions are fully completed and discussed with family members
- ensure that medical staff consult the families of patients without mental capacity, or their significant others, before putting 'Do Not Attempt Resuscitate' orders in patient medical records
- ensure that End of Life Care Plans are developed in consultation with patients and their families / carers
- continue to implement recommendations from lessons learned from Safeguarding Adult investigations
- ensure that Mental Capacity Assessments and Deprivation of Liberty Safeguard applications are audited by CBU Matrons.
- progress further work on improving care for those with Learning Disabilities to ensure that reasonable adjustments are made as necessary

Name of organisation:	Whittington Health
Completed by:	Theresa Renwick
Title/Designation:	Safeguarding Adults Lead

Overview 2015-16	
Internal safeguarding adults' governance arrangements.	<p>Whittington health has the following governance structure in place to ensure safeguarding adults is embedded within the organisation:</p> <p>Executive lead for safeguarding: Philippa Davies, Director of Nursing</p> <p>Named doctor for Safeguarding Adults: Dr Rhodri Edwards, consultant geriatrician</p> <p>Deputy executive lead for safeguarding: Dr Doug Charlton, deputy director of nursing</p> <p>Safeguarding Adults Lead: Theresa Renwick</p> <p>A more detailed explanation of roles is given in the Trust annual report for 2015-2016, attached below.</p>
Safeguarding adults work undertaken and key achievements in 2015-2016. To include specific examples of work undertaken.	<ul style="list-style-type: none"> • Training compliance has increased from 65% for Level 1 in April 2015 to 88% in March 2016. A similar increase has been seen with level 2, a figure of 60% in April 2015 and 85% in March 2016. • There has been a significant increase in numbers of capacity assessments recorded on the internal database Anglia Ice, with a high of 52 in December 2015. • Implementing a robust central system for Deprivation of Liberty Safeguards, in conjunction with specific training on the area, has seen a sustained increase in numbers of patients recorded to be subject to DoLS, with 12 recorded for April-June 2015, and 91 for Jan-March 2016. • The weekly emergency department meeting to discuss patients identified as vulnerable adults is now an embedded part of safeguarding adults. This was recognised by the CQC report published in July 2016 following an inspection in December 2015, in which CQC found "<i>within the ED there</i>

	<p><i>was outstanding work to protect people from abuse.”</i> The meeting looks at all safeguarding adult concerns identified by ED staff to ensure correct processes have been followed. Triangulation of source of concerns have enabled us to liaise directly with the local authority, and via the GP teleconference held weekly by geriatrics, to discuss with GPs such concerns, and offer support and advice.</p> <ul style="list-style-type: none"> • In line with an increase in training compliance, there has been an increase in numbers of concerns identified amongst patients at Whittington Health, passed to the local authorities. • Four staff members are now WRAP 3 trainers • The three new categories of abuse introduced by the Care Act 2014 form a key part of safeguarding adult Level 2 training. • An increased knowledge amongst staff of their duties around use of the Mental Capacity Act and implementation has been recognised by the CQC inspection (see report below) • Conference around use of DoLS which had Mr E, carer of HL as the keynote speaker • Conference for White Ribbon day focusing on ‘The survivors’ journey’ • Safeguarding adult lead presented at the Pan London launch • Identification of situation which required referral to the SAR panel, and subsequently drawing up an action plan to address findings of our internal investigation
<p>Key challenges</p>	<p>Ensuring all safeguarding adult responsibilities are discharged with the resources available.</p>
<p>Safeguarding adults work planned for 2016-2017</p>	<ul style="list-style-type: none"> • Roll out of sustained PREVENT WRAP 3 training across the organisation to comply with statutory obligations under the Counter Terrorism and Security Act 2015 • Introduction of new course of four half day

	<p>sessions, which looks at increasing awareness of working with people with dementia, carers, use of the MCA, safeguarding responsibilities for carers, self-neglect</p> <ul style="list-style-type: none"> • Continue to embed use of the MCA amongst the organisation • Continue to embed identification of patients deprived of their liberty, and legal responsibilities • Commence safeguarding adult forums for community staff
<p>Details of internal arrangements for providing staff (and others) with safeguarding adults training.</p>	<ul style="list-style-type: none"> • Safeguarding adults training is part of the Trusts' induction programme. Every member of staff receives Level 1, and those interacting with patients receive level 2 • There are monthly refresher training sessions for level 1 and 2 in addition to the induction training • Bespoke training sessions for teams around safeguarding adults, use of MCA and /or DoLS are also available.
<p>Case studies</p>	<p>Four patients were admitted in a very short space of time to ED from the same high support community resource. The named doctor for safeguarding adults spoke with the GPs covering this provision, the safeguarding adults lead liaised with the local authority and ED staff were aware there were concerns about possible neglect at the resource. This resulted in closer monitoring of care provision.</p>
<p>Examples of good partnership working</p>	<p>As above</p>



8.6 Haringey Adult Social Services

Name of organisation:	Adult Social Services
Completed by:	Helen Constantine
Title/Designation:	Strategic Lead Governance and Improvement Service

Overview 2015-16	<p>The Adult Social Services Quality Assurance Board (QAB) meets quarterly and ensures that quality assurance arrangements are in place across Adult Social Services.</p> <p>Haringey’s Adult Social Services continues to make great strides in terms of further enhancing its safeguarding practice. We are transforming care to assure ourselves that we have good care quality standards.</p> <p>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.</p> <p>From April 2015 local authorities must:</p> <ul style="list-style-type: none"> – 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. – Set up a Safeguarding Adults Board (SAB) with core membership from the local authority, Police, NHS and others. – Carry out Safeguarding Adults Reviews when someone with care and support needs dies as a result of neglect or abuse and there is a
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	<p>concern that the local authority or its partners could have done more to protect them.</p> <ul style="list-style-type: none">– Arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required. <p>Adult Social Services is the responsible lead agency for providing care services for people in need, including those at risk of abuse. Haringey Adult Services MUST:</p> <ul style="list-style-type: none">– Investigate allegations of abuse– Liaise with advocacy services– Complete needs assessments for vulnerable people and their carers.– Contribute to Strategy Meetings and Case Conferences, where appropriate. As lead agency, <p>Making Safeguarding Personal is a key component of the improvement work that is being led by ADASS and LGA.</p> <ul style="list-style-type: none">– Introduced an adult safeguarding user survey in January 2016 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.) <p>Safeguarding referral data is reported to the QAB on a quarterly basis. This information has fed into work with the Council's Commissioning Unit around establishment concerns to determine whether or not the Council should continue to use a service provider where there are concerns. Alerts raised against hospitals are also reviewed with health and CCG colleagues to identify learning.</p> <p>Safeguarding 'heat maps' give a greater understanding of the geographical location of safeguarding referrals in the borough. It is intended that this information will be used in future to target safeguarding prevention activity.</p>
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<p>Internal safeguarding adults' governance arrangements.</p>	<p>Safeguarding adults at risk of abuse remains a priority for the Council. The <i>Corporate Plan 2015-18 – Priority 2 Healthy Lives</i>, sets out that all vulnerable adults will be safeguarded from abuse</p> <p>Adult Social Services has an important role to play in delivering this priority through its work around adult safeguarding. We will work with our partners to protect adults in vulnerable situations and ensure that residents will have increased awareness of the early signs of potential abuse.</p> <p>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.</p> <p>Adult Services have taken a strategic and operational approach to identify general risks to safeguarding that may arise as a result of the implementation of the transformation agenda. Mitigation and actions have been considered and are taken forward to reduce and manage the risk. A quarterly report is presented to HSAB that also highlights risks that are beneficial coming from increased independence and market growth; this is changing the focus to the positive impact of the transformation.</p>
<p>Safeguarding adults work undertaken and key achievements in 2015-2016. To include specific examples of work undertaken.</p>	<p>The Board's Improvement and Quality Action Plan is currently being developed to include key improvement projects identified in the 2014-15 Local Account, local authority priorities from the Safeguarding Adult Audit Tool improvement plan, and practice issues around Deprivation of Liberty</p>

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.

To ensure that adult safeguarding is given a high priority, we have a dedicated **Adult Safeguarding Team** which carries out safeguarding investigations upon referral. The team investigates the circumstances to establish whether abuse has taken place and will develop an action plan to minimise the risk of any further abuse occurring. This may involve working in partnership with other agencies, such as health, care providers and the Police.

Every year, the number of safeguarding referrals is increasing as the Council raises awareness of adult safeguarding and how to report it. The adult social care Integrated Access Team provides a single point of access for reporting adult safeguarding concerns.

In 2015-16, the Council received 524 section 42 enquiries, 1,101 safeguarding referrals - an increase of 28% (860) on the previous year.

Complaints learning reports are presented to the QAB. There were 2 upheld complaints concerning adult safeguarding in 2015-16.

New case file audit templates have been introduced to reflect new Department of Health and Care Act requirements. These include adult safeguarding case file audits.

Adult Commissioning is continuing to work with external providers to improve their safeguarding practice and whistleblowing policies.

Safeguarding Adults Joint Establishment Concerns procedure and guidance in place for managing large scale investigations of Care providers; as well as Managing Provider Failure procedure

There is an established safeguarding and quality assurance process in place with regard to providers, based on the approach set out clearly and published in the Market Position Statement 2015

The SAB receives regular reports on the level of safeguarding alerts, whistle blowing and quality issues raised with regard to the provider market, keeping all partners apprised of any areas of concern.

Contracts clearly indicate adherence to safeguarding standards.

Safeguarding adults' performance data for is presented and analysed at the Quality Assurance Board, prior to presentation to the Safeguarding Adults Board.

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

We have 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.

Adult Social Services informed the draft Safeguarding Adults Multi-agency pan-London policy and procedure which was formally launched in February 2016. All local procedures, protocols and guidance have been updated to ensure we are Care Act compliant

Adult Social Services commissioned an Audit of Care Act implementation, which included a review of:

- Compliance with statutory and local requirements – ensuring that comprehensive and documented policies and procedures exist;
- Assessments that are person centred, holistic and take a strengths based approach that

recognises the resources an individual has at their disposal with which to manage their needs;

- Financial Control - full cost of any care package is identified and documented within any Care Plan;
- Payments for care services are only in accordance with the agreed Care Plan, and for services actually received by the individual; and
- Cross Council Working.

The result of the audit provided substantial assurance to the Council and Members.

Over the last year, the Adults and Health Scrutiny Panel considered various issues in relation to safeguarding and Haringey's ambition to develop a community wide partnership approach to quality assurance, including:

- An update on the Council's approach to quality assurance and its relationship with the Care Quality Commission (CQC); the Inspection Manager for the Adult Social Care Directorate, CQC, London Region, presented an overview of inspections carried out in the borough and those planned for the future, drawing out key trends and lessons regarding the quality of care delivered in the borough
- Progress made in delivering an improvement plan in relation to the CQC inspection of Haringey's Community Reablement Service
- Outlined work underway to develop a multi-agency approach to safeguarding and quality assurance, with particular reference to the provider market.

The Adults and Health Scrutiny Panel Chair attended, and spoke at, a London Scrutiny Network workshop that was established to consider the role of scrutiny in adult safeguarding. Adult Social Services delivered various member learning and development activities, including site visits, briefings and conferences. These activities helped Panel members to consider the role of scrutiny in this complex area and to learn from

safeguarding/scrutiny best practice.

These activities helped Panel members to consider the role of scrutiny in this complex area and to learn from safeguarding/scrutiny best practice.

The transformation of adult social care is needed in order to deliver a more sustainable model of adult social care as the demand for services increases. Demand for services has increased by more than 5 times population growth since 2011, and is expected to increase further as the older population continues to grow. At the same time, the Council's funding for adult social services over the next 3 years will see a significant reduction of around £24.5 million.

In 2015-16, the Council developed a future **operating model** setting out how we will deliver adult social care within these changing circumstances. There is a greater focus on encouraging healthy lifestyles, early intervention and prevention through enablement and reablement to promote independence, the integration of health and social care, achieving outcomes that build on people's strengths, and reduced reliance on long-term care. This model will also continue to shift to more commissioning of services and support less in-house provision to enable the development of more diverse markets and choice for people.

The Council is committed to designing services in co-production with service users and staff and have carried out a full consultation process with those affected by the proposed changes. The new model will deliver the following changes:

- Greater emphasis on reablement, enablement and recovery to increase independence.
- Growth in Shared Lives schemes.
- Expansion of extra care schemes for all care groups.
- Increase in supported living placements.
- Less use of residential care.

	<ul style="list-style-type: none"> - Expanded telecare and assistive technologies. - New model of day opportunities, moving away from building based provision to accessing opportunities in the community. - Changes to the ways services are purchased by the Council, establishing a framework agreement for domiciliary and reablement services. - Greater integration of health and social care services for all care groups. <p>We have moved to a multi-agency Quality Assurance subgroup and widened the remit to include partnership working. The focus is on partnership issues, predominantly good practice, performance and quality assurance.</p>
<p>Key challenges</p>	<p>The SAB's Quality Assurance subgroup is currently developing a multi-agency Quality Assurance Framework and performance dashboard of indicators and outcomes for SAB</p> <p>A constant approach of implementing MCA/DoLS policy, training and act as a reporting mechanism to the SAB on DOLs referrals</p> <p>Staff to understand the Making Safeguarding Personal agenda ensuring that service users' voices are heard and listened to</p>
<p>Safeguarding adults work planned for 2016-2017</p>	<p>Continue to promote awareness of adult safeguarding, including a targeted safeguarding awareness campaign to raise knowledge and reporting of adult safeguarding concerns.</p> <p>Fully embed adult safeguarding user survey to identify whether people's needs are met through the safeguarding investigation process, by piloting the new Making Safeguarding Personal resource developed by London SAB Chairs network.</p> <p>Embed Deprivation of Liberty Safeguards (DoLS) procedure and guidance for staff.</p> <p>Continue to review and consolidate methods for</p>

monitoring safeguarding referral data.

HSAB multi-agency safeguarding adults procedure to be refreshed in line with the updated multi agency pan London procedures

Continue prevention work as part of the North Central London (NCL) Transforming Care Partnership (previously known as Winterbourne View Programme) to:

- embed Crisis Intervention into existing Community Learning Disabilities Services;
- establish a NCL 'PBS School of Excellence' to support best practice within LD Services, the provider workforce and family carers;
- Develop a joint NCL accommodation strategy; and
- Develop an NCL Crash Pad commissioning strategy, including agreement for cross-borough emergency placements.

NCL will develop a five year, strategic plan for the Health and Care system across the five boroughs (Islington, Haringey, Camden, Barnet and Enfield).

This will see a transformation in the way that healthcare is commissioned and provided in NCL through this Sustainable and Transformation Plan (STP), ensuring the system is both high performing, and clinically and financially sustainable in the future.

Key decisions going forward will include how we design care for the specific needs of population groups, the delivery vehicles for care and the way we can optimally commission services.

Priority groups for focus are **people with mental illness and people at risk of poor mental or physical health**. It is also important to make sure **high quality services are available when required** for the majority of local people who are **not high users of services**. Consideration needs to be given to **reducing health inequalities**, the

	<p>requirements of different ethnic groups and the significant movement of people into and out of NCL.</p>
<p>Details of internal arrangements for providing staff (and others) with safeguarding adults training.</p>	<p>The Council has developed a Safeguarding Development and Learning Opportunities work programme for all staff and partners. Haringey’s large voluntary and community sector continue to access training such as safeguarding and Prevent</p> <p>All the courses are designed in accordance with the National Minimum Standards implemented by the Care Standards Act 2000.</p> <p>Haringey is committed to providing high quality multi agency safeguarding adults training and the main focus has been to support staff across the various partners in carrying out their duties and to ensure compliance against a number of Care Quality Commission requirements.</p>
<p>Case studies</p>	<p>A safeguarding alert was raised by the London Ambulance Service and the hospital after an elderly resident had a fall.</p> <p>The resident lives independently in the community and has a package provided by a domiciliary care provider.</p> <p>A neighbour (and key-holder) was concerned that the newspaper was still in the letterbox and accessed the flat.</p> <p>The resident was unable to get up after the fall or call for help. The medical evidence indicated that the resident must have been on the floor between 18 to 24 hours. This was based on skin damage and resulting pressure sores. After 3 weeks the resident was discharged with a referral for the District Nurse to dress the sustained pressure sores twice weekly.</p> <p>The views of the resident and next of kin were obtained, that the Domiciliary Care provider was held accountable for the neglect. On discharge</p>

	<p>from hospital a new provider was identified.</p> <p>The Section 42 enquiry focussed on neglect and was substantiated and closed.</p>
<p>Examples of good partnership working</p>	<p>An established safeguarding and quality assurance process in place with regard to providers, based on the approach set out clearly and published in the Market Position Statement</p> <p>We have continued to work in partnership with our external care providers, Haringey CCG and the Care Quality Commission around the monitoring of adult social care services for residents in Haringey. We have developed a close working relationship with the Care Quality Commission, 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 to work in partnership to investigate concerns and to take action where necessary, such as increased provider monitoring.</p> <p>Haringey’s High Risk Panel took forward and progressed in the setting up of a Haringey Multi-Agency Hoarding Protocol (the Head of Operations and head of Safeguarding (. The panel consists of representatives from the LFB, Homes for Haringey, Mental Health, and LBH. The Multi-Agency Hoarding Protocol presented protocol at a multi-agency capita workshop) was approved and published by the SAB.</p> <p>Adult Social Services and Quality Assurance Board have developed/reviewed the following multi-agency policies/procedures:</p> <ul style="list-style-type: none"> – Market oversight/Provider Concerns 2015-16 – Safeguarding Adults Prevention Strategy and Delivery Plan 2014-17

	<ul style="list-style-type: none"> - MCA/DoLS procedure 2016 - Joint Safeguarding Adults Enquiry Framework and Incident/Alert Form 2016 - Safeguarding Adults Multi Agency Procedure 2016-19 (in conjunction with Pan London P&P) - Information Sharing Protocol/Practitioners Guide 2016-19 - Multi Agency Quality Assurance Framework 2016-19 - Multi Agency Performance Dashboard 2016 - Safeguarding Adult Review Protocol 2016-18 - Haringey's Joint Establishment Concerns Procedure 2015-18 <p>The newly formed multi-agency Quality Assurance (QA) subgroup will be taking forward work on policies and procedures on behalf of the SAB, contributing to the review and monitor impact of the multi-agency Safeguarding Adults procedures.</p>
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6.7 Voluntary Sector: Bridge Renewal Trust

Name of organisation:	The Bridge Renewal Trust
Completed by:	Geoffrey Ocen
Title/Designation:	Chief Executive

Overview 2015-16	
Internal safeguarding adults' governance arrangements.	Overall accountability for safeguarding within Bridge Renewal Trust lies with the Board of Trustees. The Board's responsibility is delegated to the Chief Executive, who has executive responsibility for safeguarding children and adults, and ensuring that the Board's responsibilities are fulfilled including investigations into any allegations and annual review of safeguarding policy.
Safeguarding adults work undertaken and key achievements in 2015-2016. To include specific examples of work undertaken.	<p>Safeguarding work undertaken:</p> <ul style="list-style-type: none"> • Provided staff and volunteers with training to gain an overview of safeguarding and how to support vulnerable adults. • Provided a clear procedure to be implemented where abuse of vulnerable adults arose including procedures for referrals, how we manage safeguarding allegations and what support is given to staff, service user and complainant during and after safeguarding investigation. <p>Key achievements have included:</p> <ul style="list-style-type: none"> • No allegations of safeguarding reported to-date. • All affected staff and volunteers trained in safeguarding.
Key challenges	<p>Include:</p> <ul style="list-style-type: none"> • Accessing affordable face to face training for staff and volunteers.

Safeguarding adults work planned for 2016-2017	<p>Includes:</p> <ul style="list-style-type: none"> • Review of our safeguarding policy and procedures. • Ongoing training for staff and volunteers to take account of changes in legislations and/or best practices.
Details of internal arrangements for providing staff (and others) with safeguarding adults training.	<p>We keep service users safe by ensuring staff, volunteers and vulnerable adults receive training on our safeguarding and H&S policies, risk assessment toolkit and best practices to ensure they are safe at work or during home visits.</p> <p>Staff and volunteers are trained to recognise different kinds of abuse including Physical Abuse, Sexual Abuse, Psychological Abuse, Financial or Material Abuse, Neglect or Acts of Omission and Institutional abuse.</p>
Case studies	<p>Successfully delivered the Home from Hospital service which provided home accompaniment and practical support to vulnerable older people aged over 50 years by putting in place systems and processes to ensure safeguarding of vulnerable adults.</p>
Examples of good partnership working	<p>Online training in safeguarding received via Haringey Council's FUSION portal.</p>
Safeguarding Reports <i>(please embed or provide links to any reports)</i>	N/A

Haringey Safeguarding Adults Board Partner Statements 2015/16

This partner statement will inform the end of year safeguarding business plan and annual report 15/16

Name of organisation:	Haringey Police
Completed by:	Paul Trevers
Title/Designation:	Haringey Police response to Adult Safeguarding

Overview 2015-16	<p>Haringey Borough Police is committed to making Haringey a safer place to live, work and visit. To do this we seek to maximise our visibility and approachability, whilst working closely with our communities as well as our statutory and voluntary sector partners. In conjunction, we continue to fulfil our role as a statutory partner on the Safeguarding Adults Board, as set out by the Care Act 2014.</p> <p>The Public Protection Detective Chief Inspector co-Chairs the Prevention and Training Safeguarding Sub Group alongside Social Care colleagues, leading the delivery and sharing of effective training and prevention expertise for public and voluntary sector colleagues.</p> <p>This presents continuing and real opportunities to work with partners, communities and local people to prevent abuse and ensure a robust and transparent response when abuse of a vulnerable adult occurs or is reported across the partnership.</p>
Internal safeguarding adults' governance arrangements.	<p>The Haringey Police Borough Commander is a member of the Board, supported by the Detective Superintendent or Detective Chief Inspector. Sub-groups are supported with attendance and co-chairing responsibilities.</p> <p>Day to day business, whilst central to all Haringey police leadership team's ethos, is overseen by the Public Protection Detective Chief Inspector</p>

	<p>ensuring a consistent and compliant approach to safeguarding.</p> <p>Daily checks and quality assurances processes are implemented by a Detective Inspector and all safeguarding issues are brought to the Senior Leadership team at a daily management meeting known as “Pacesetter”. This ensures a high level of scrutiny and oversight, whilst ensuring safeguarding risks are effectively managed and local processes develop.</p> <p>Haringey Police supports all internal and external audits with the ambition of ever-enhancing all we do, whilst recognising best practice to ensure our service is the best it can be in the safeguarding arena.</p>
<p>Safeguarding adults work undertaken and key achievements in 2015-2016. To include specific examples of work undertaken.</p>	<p>There have been some key developments across the current year, each based and developed against a backdrop of excellent partnership working.</p> <p>Our local Multi Agency Safeguarding Hub continues to develop, whilst we develop our processes to gain greater focus and research into the less well known adult safeguarding matters reported to us including financial abuse, carer abuse and neglect. Ethical and proportionate information sharing ensures a partnership led approach to problem-solving, maximising adult safety and the prevention of crime and abuse.</p> <p>Greater ties between police safeguarding units and other crime units such as the Gang Unit has been developed under the lead Detective Chief Inspector with responsibility for all matters.</p> <p>Focus continues for our front line staff to identify and record safeguarding matters on the MPS Merlin system, this being the primary notification channel to strategic partners of risks identified.</p>

	<p>Safeguarding training continues to be mandatory for all officers and a toolkit has been made available to assist with identification of safeguarding matters and recording procedures.</p> <p>The Police Borough Commander attends and participates in Safeguarding Board meetings. A Detective Chief Inspector has been identified to manage and lead all safeguarding issues, ensuring consistency and compliance in our approach and extending professional trust and relationships. This role includes a clear communication strategy promoting safeguarding principles at the core of all we do. Haringey Police will continue to provide a collaborative approach to safeguarding principles.</p> <p>Finally, where cases have been referred for consideration as Safeguarding Adults Reviews, Haringey Police have supported and contributed openly and transparently with all such enquiries in the objective of ensuring best practice is shared and areas of development recognised and improved.</p>
<p>Key challenges</p>	<p>The continued turnover of staff from Constable to Management level presents both negative and positive challenges. With new staff coming to Haringey, good practice from other regions can be developed and shared - whilst with new inexperienced staff, learning has to be effective very quickly.</p> <p>Further, the forever changing financial landscape also impacts on our ability to involve ourselves not just only with financial contributions but also the commitment of managers to the increasing number of strategic programmes.</p>

<p>Safeguarding adults work planned for 2015-2016</p>	<p>Haringey Police place great importance on victim care and crime prevention, linking into public confidence and satisfaction. We therefore are dedicated to fulfil our responsibilities under the MPS Total Victim Care Strategy.</p> <p>We recognise the prevention and management of safeguarding matters is a key contributor to this and we are committed to the provision of outstanding service to adults at risk of, or who have experienced abuse.</p> <p>Haringey Police will ensure expertise and processes continue to develop in the early identification of Vulnerable Adult victims of abuse and/or crime and that these cases are appropriately resourced by specialist officers to improve victim care and case outcomes.</p> <p>We will continue to develop and contribute to the Multi Agency Safeguarding Hub, with the aim being to capture as many safeguarding adult concerns and referring to appropriate services as possible.</p> <p>We will strive to engage with all communities across the Borough, our aim being to build trust and confidence in the services provided.</p>
<p>Details of internal arrangements for providing staff (and others) with safeguarding adults training.</p>	<p>Safeguarding Adults training is mandatory across the MPS - Haringey Police ensures all staff comply with such training requirements. All officers across the Borough have dedicated training days set within their working shift pattern and these days are utilised for such topics. This training is IT and focus group based, ensuring positive examples of early identification, effective risk management and positive interventions are shared locally and across London as well as with external partners.</p> <p>Further, Haringey Police SLT hold regular “staff briefing” days in which safeguarding is placed at the heart of the days learning and development. This promotes the importance the Police Leadership team places on Safeguarding.</p>

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Case studies	
Examples of good partnership working	
Safeguarding Reports <i>(please embed or provide links to any reports)</i>	

Appendix A: Role of the SAB – Summary from the Social Care Institute for Excellence

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

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

The SAB must lead adult safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies. This will require the SAB to develop and actively promote a culture with its members, partners and the local community that recognises the values and principles contained in 'Making Safeguarding Personal'. It should also concern itself with a range of issues which can contribute to the wellbeing of its community and the prevention of abuse and neglect, such as:

- the safety of people who use services in local health settings, including mental health
- the safety of adults with care and support needs living in social housing
- effective interventions with adults who self-neglect, for whatever reason
- the quality of local care and support services
- the effectiveness of prisons in safeguarding offenders
- making connections between adult safeguarding and domestic abuse.

Core duties

SABs have three core duties. They must:

- develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute
- publish an annual report detailing how effective their work has been
- commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.

In order to meet their core duties and overarching objective, SABs will require information including general and personal data. Personal data is needed to undertake, for example, safeguarding adults reviews and general data is needed to identify trends and patterns in safeguarding activity, abuse and neglect. The

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grounds on which SABs can require information to be supplied to them are specified in Section 45 of the Care Act.

The six statutory safeguarding principles underpin all the work undertaken by SABs:

- Empowerment: people being supported and encouraged to make their own decisions and give informed consent
- Prevention: it is better to take action before harm occurs
- Proportionality: the least intrusive response appropriate to the risk presented
- Protection: support and representation for those in greatest need
- Partnership: local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse
- Accountability and transparency in safeguarding practice

Appendix B: Haringey SAB Members attendance 2015-16

* Denotes representative attended on behalf of the member

× Denotes membership ceased

Organisation	Role	Meetings				Total attendance
		April 2015	July 2015	Oct 2015	Jan 2016	
Safeguarding Adults Board	Independent Chair	√	√	√	√	4/4
	Business Manager	√	√	√	√	4/4
Lay Member	Volunteer	√	√	√	√	
Local Authority						
Chief Executive Service	Zina Etheridge, Deputy CEO	-	-	-	-	0/4
Adult Services	Director of Adult Services	√	-	√	√	3/4
	Service Manager, Integration & Personalisation	√	√	√	×	3/3
	Operational Lead Manager	×	×	×	√	1/1
	Performance Manager		-		√	1/4
	Performance Officer	√	-	√	√	3/4
	Strategic Lead - Joint Governance & Improvement Service	√	√	√	√	4/4
	Lead OD Consultant	√	√	√	√	4/4
Commissioning	AD Commissioning	-	represented	represented	√	1/4
Children's & Young People's	AD Safeguarding & Social Care	-	-	-	-	0/4



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Services						
Community Safety	Community Safety Strategic Manager	-	-	√	√	2/4
Legal Services	Assistant Head of Legal	-	√	-	-	1/4
Housing	Homes for Haringey Deputy Director of Housing Operations	√	-	√	-	2/4
Elected member - observer	Lead Member for Health & Wellbeing	-	-	--	-	0/4
Health Services						
Haringey Clinical Commissioning Group	Assistant Director of Quality and Nursing	√	√	√	√	4/4
	Safeguarding Adults Lead	x	x	x	√	1/1
Whittington Health	Safeguarding Adults Lead	√	√	√	-	3/4
	Deputy Director of Nursing			√	√	2/4
NMUH	Safeguarding Adults Lead	√	√	-	-	2/4
	Director of Nursing				-	0/4
	Deputy Director of Nursing	x	x	√	√	2/2
BEH-MHT	Executive Director of Nursing Quality & Governance	-		-	-	0/4
	Safeguarding Adults Lead	-	√	√	-	2/4
Police						
	Borough Commander	represented	-	√	represented	1/4
	Public Protection Desk DCI	√	-	-	√	2/4



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Probation						
National Probation Service	Assistant Chief Officer	-	-	√	√	2/4
Community Rehabilitation Company	Assistant Chief Officer	-	-	√	√	2/4
Care Quality Commission	Inspection Manager	-	-	-	-	0/4
London Fire Brigade`	Haringey Borough Commander	√	-	-	-	0/4
	Station Manager	-	-	-	-	0/4
London Ambulance Service	Operations Manager	-	-	-	-	0/4
HAVCO	Chief Executive	√	-	√	√	3/4
Haringey Healthwatch	Chair	Not a member at this time	Not a member at this time	Not a member at this time	√	1/1

Appendix C: Haringey Safeguarding Adult Board Budget 2015-16

2015-16 was a transition year for the SAB following implementation of the Care Act 2014. There was no opportunity to agree a formal budget to move the existing Board onto the statutory footing including contributions from partners. Despite this, a number of partners made financial contributions for the year including core partners from health, police and the local authority.

The below budget is indicative of expectation and has been agreed for 2016-17:

Income		
Local Authority Adult Social Services		40,000.00
NHS Haringey Clinical Commissioning Group		5,115.00
Whittington Health NHS Trust		5,115.00
North Middlesex University Hospital		5,115.00
Metropolitan Police Service		5,000.00
Barnet, Enfield & Haringey Mental Health Trust		5,000.00
London Fire Brigade		1,000
Total Projected Income 2016/17		66,345.00
Expenditure		
SAB staffing (agreed for Q4)		42,000
SAB Independent Chair		15,000.00
SAR Reviews		11,500.00
Development Days		TBC
Communications and Campaigns		TBC
Total Projected Expenditure 2015/16		68,500.00