



# HARINGEY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2020/21



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

# Contact Information

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



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

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

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



## First Response Team

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

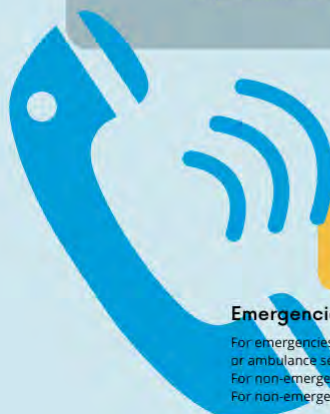
**020 8489 1400**

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

## Other ways to get in touch

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

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



## Out of Hours Service

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

## Emergencies and non-emergencies

For emergencies and serious incidents requiring the police, fire brigade or ambulance service please call **999**.

For non-emergency police advice or assistance please call **101**

For non-emergency medical advice or assistance please call **111**

## MESSAGE FROM THE CHAIR

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

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

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

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

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

I am very grateful to our partners for their continued commitment to safeguarding adults in Haringey, despite the wider pressures on their time and resources, especially during these difficult times.

Our work together over the last year demonstrates effective partnership working, which provides a sound basis to approach our priorities going forward. There continues to be an important adult safeguarding agenda in Haringey to reduce the risks of abuse and neglect in our communities, and I look forward to continuing working with the partnership in the coming year.

**Dr Adriene Cooper**  
**Independent Chair of Haringey Safeguarding Adults Board.**

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# INTRODUCTION

The Care Act 2014<sup>1</sup> requires Safeguarding Adults Boards (SABs / “The Board”) to ensure that vulnerable adults are safe, and that agencies work together to promote their welfare. The Act sets out a legal framework for how local authorities and other organisations should protect adults at risk of abuse or neglect. The Board has a statutory duty to prepare an annual report on its findings of safeguarding arrangements in its area.

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

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

## THE HARINGEY SAFEGUARDING ADULTS BOARD

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

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

Legislation Requires:

- That local councils have a duty to promote the well-being of carers; previously their duty of care was only made to the users of the care services.
- That anyone receiving care and support from a regulated provider which has been arranged by the council will be covered by the Human Rights Act 1998<sup>2</sup>.
- That councils must enable users or potential users of care services to access independent financial advice on their care funding; and
- The introduction of a new appeals system for care users to appeal against council decisions on eligibility to care and care funding.

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

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

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

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

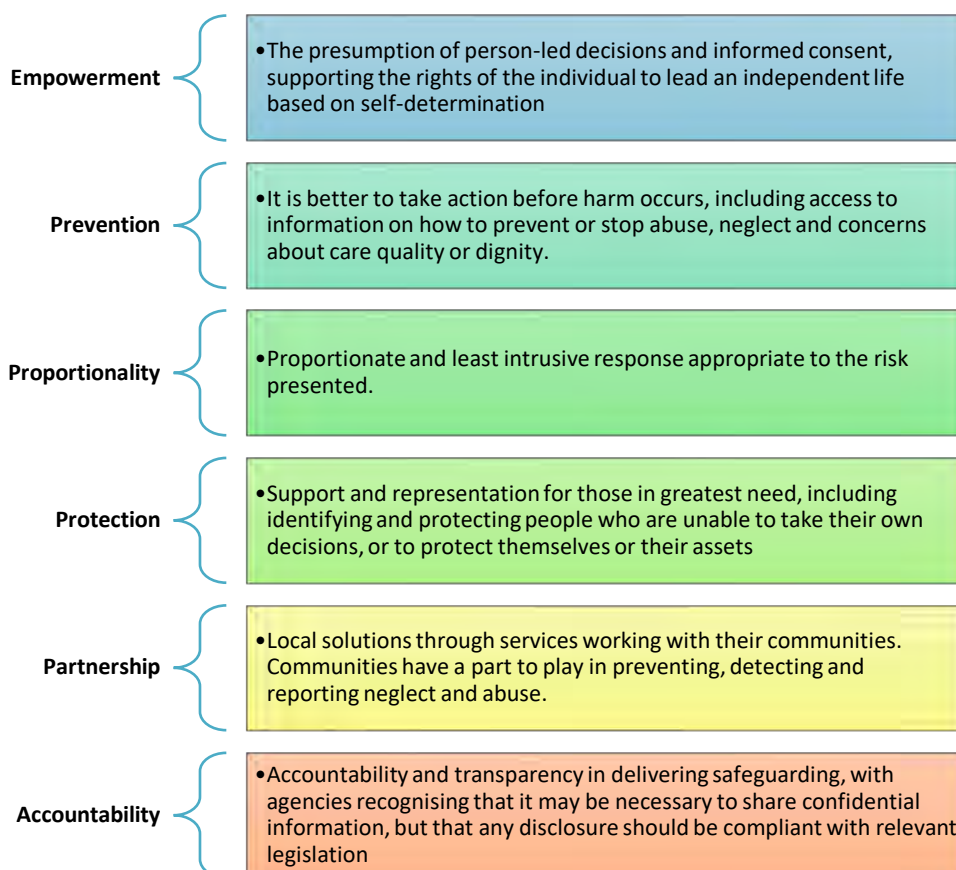
<sup>4</sup> <https://www.haringey.gov.uk/social-care-and-health/safeguarding-adults/safeguarding-adults-policies-and-procedures#isa>

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

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

## THE SIX PRINCIPLES OF SAFEGUARDING ADULTS

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



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

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

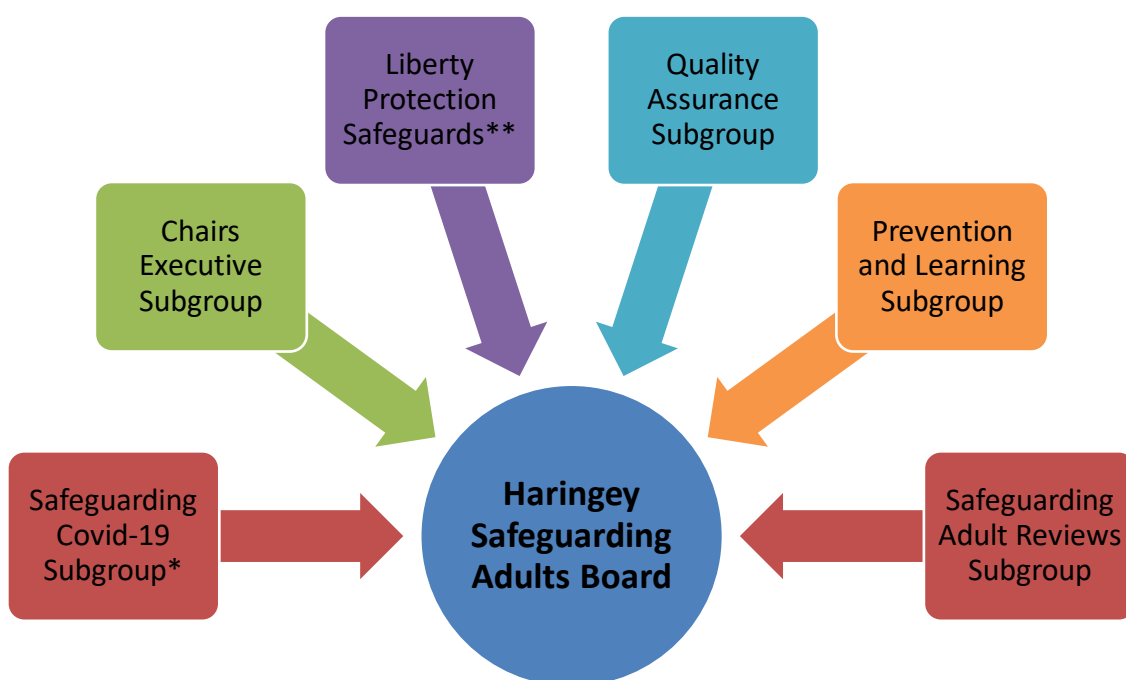


## GOVERNANCE AND MEMBERSHIP

The HSAB is a partnership of statutory and non-statutory organisations, representing health, care and support providers and the people who use those services across the borough. It is made up of over 20 partners and at times invite guest speakers and additional attendees as relevant matters arise. The Board is facilitated by an independent Chair who is accountable to the Chief Executive of Haringey in chairing the HSAB and overseeing its work programme. However, the Chair is accountable only to the Board for the decisions taken in that role. The role of Vice-Chair is undertaken by the Director of Adults and Health. The partnership meets quarterly and have the following statutory responsibilities under the Care Act 2014:

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

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

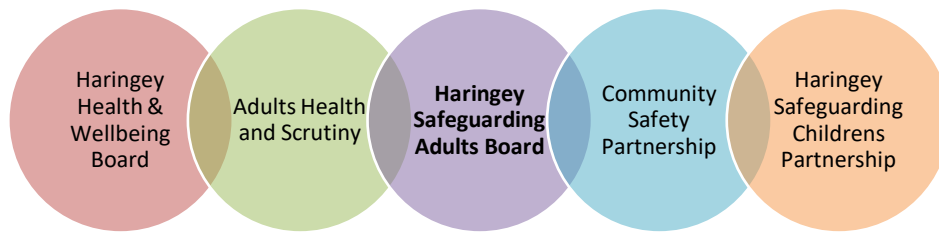


\* Monthly task and finish subgroup focussing on the impact of Covid-19 and safeguarding

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

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

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



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

## **BUDGET**

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



## WORK OF THE HSAB SUBGROUPS

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

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

### **SAFEGUARDING COVID-19 TASK & FINISH SUBGROUP**

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

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

### **Achievements in 2020/21**

#### **Living Through Lockdown Report**

Public Voice presented a report<sup>5</sup> to the Task & Finish subgroup on lessons from Haringey's most vulnerable service users. During the Covid-19 lockdown, Haringey's pre-existing service user groups (termed 'reference groups') continued their work, where possible, through a variety of channels including Zoom, phone calls and email exchanges. They shared their experiences of health and social care services in Haringey during this difficult time, raising issues and challenges and making suggestions for improvements.

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

A summary of what has worked well:

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

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

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

## **COVID-19 Safeguarding Insight Project <sup>6</sup>**

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

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

Haringey specific findings:

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

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

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

### **Safeguarding issues arising from the Vaccination programme<sup>7</sup>**

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

### **Department of Work and Pensions update on Universal Credit Claims**

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

### **Covid Related Deaths in Haringey Care Homes**

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

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

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<sup>7</sup> Data as of February 2021

## Homelessness Safeguarding

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

## COVID-19 Strategic Objectives for 2021/22

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

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

## SAFEGUARDING ADULTS REVIEW (SAR) SUBGROUP

The purpose of the SAR Subgroup (Chaired by the HSAB Chair) is to consider referrals for any case which may meet the statutory criteria for a SAR under Section 44 of the Care Act 2014<sup>8</sup>. The Subgroup makes decisions against the statutory criteria; make arrangements for, and oversees, all SARs; and ensures recommendations are made, messages are disseminated and that lessons are learned.

The Care Act 2014 requires SABs to arrange a SAR when a case meets the statutory criteria: that is, when an adult in its area dies as a result of abuse or neglect whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult, or if the same circumstances apply where an adult is still alive but has experienced serious neglect or abuse.

SARs are undertaken to ensure that relevant lessons are learnt, professional multi-agency safeguarding practice is improved, and to do everything possible to prevent the issues in question happening again.

## Achievements in 2020/21

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

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

## **SAR referrals**

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

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

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

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

## **Safeguarding Adults Reviews (SARs)**

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

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

A thematic Homelessness SAR<sup>9</sup> was also completed during 2020/21. This SAR was undertaken to identify learning from the events leading to the deaths of three homeless people in the borough. Service improvements have already taken place, namely the appointment of a social worker within adult social care services with a dedicated focus on homelessness, and the development of a dedicated mental health and physical health care service for people sleeping on the streets. The SAR has recommended further changes and improvements regarding:

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<sup>9</sup> [https://www.haringey.gov.uk/sites/haringeygovuk/files/thematic\\_sar\\_homelessness\\_report\\_2021.pdf](https://www.haringey.gov.uk/sites/haringeygovuk/files/thematic_sar_homelessness_report_2021.pdf)

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

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

In 2020/21, learning from previous SARs has continued to have an impact on frontline practice. For example, as a result of the Ms Taylor SAR<sup>10</sup> published in 2019, data continues to be provided to the London Fire Brigade (LFB), identifying people at risk of fire for proactive home fire safety visits. In 2020/21, four fire safety training sessions have also been delivered by the LFB using the person-centred fire risk assessment to staff from across Adult Social Services, Commissioning, Public Health, Homes for Haringey, care providers and community organisations.

### **SAR Strategic Objectives for 2021/22**

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

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

## **MULTI-AGENCY QUALITY ASSURANCE BOARD**

The purpose of the Quality Assurance (QA) Subgroup is to support HSAB to fulfil its remit of ensuring local safeguarding arrangements are effective and deliver the outcomes that people want. This group works to the HSAB Quality Assurance Framework (QAF) based on understanding adult at risks experiences; knowing what impact safeguarding has had; and working together.

The QAF acts as the mechanism by which the Board hold local agencies to account for their safeguarding work, including prevention and early intervention. The QAF aims to, through a variety of means, provide a robust framework for understanding how effectively adults at risk of harm and neglect are protected, how well partners are working together to do this, and where safeguarding arrangements could be improved to ensure better outcomes for those adults at risk.

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<sup>10</sup> [https://www.haringey.gov.uk/sites/haringeygovuk/files/sar\\_report\\_ms\\_taylor\\_2019\\_pdf\\_549kb.pdf](https://www.haringey.gov.uk/sites/haringeygovuk/files/sar_report_ms_taylor_2019_pdf_549kb.pdf)



## **Achievements in 2020/21**

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

- The subgroup has continued to monitor the quality of care providers in all sectors to assure the Board that services provided and commissioned on behalf of Haringey residents meet specified quality standards, can prevent safeguarding incidents and respond effectively when they occur. Adult Social Services and the NCL CCG continues to commission only with providers that are rated 'Good' or 'Outstanding'. Such robust commissioning and procurement processes coupled with QA visits and input from the NCL CCG, and local authority has increased the number of Council commissioned 'Good' services located in Haringey
- Continued to refine and improve the multi-agency adult safeguarding dataset (see performance section) to enable the partnership to be informed of local adult safeguarding activity and better placed to identify trends and patterns that the intelligence may highlight; and continued to liaise with other subgroups and working groups to ensure a joined up and consistent approach to the work is undertaken.
- The HSAB has a unique set of risk to monitor and manage through the HSAB Risk Register. This Risk Register is linked to the 3-year Strategic Plan and reflects the Board's priorities for the year to manage the risks that may prevent the delivery of the Plan. The register is a dynamic document and is updated over time to ensure the Board is properly managing strategic safeguarding risks throughout the year. The QA has overall responsibility for the risk register that is reported back to the HSAB.

## **Quality Assurance Strategic Objectives for 2021/22**

- Collaborate and conduct deep-dives on areas of practice, use of Mental Capacity Act (MCA) for the victim and survivor's journey.
- Ensure Making Safeguarding Personal (MSP) is embedded in safeguarding practice across the partnership.
- Improve understanding of and responses to older people at risk of or experiencing domestic abuse across the partnership and make links to the VAWG strategy; and
- Embed multi-agency case file audit to ensure learning from safeguarding cases is embedded in practice.
- The subgroup to continue its cycle of policy development and review.

## **PREVENTION AND LEARNING SUBGROUP**

The subgroup oversees the delivery of the Haringey Safeguarding Adults Prevention Strategy 2017-20<sup>11</sup>, and development and coordination of multi-agency safeguarding adults training provision.

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

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

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<sup>11</sup> [https://www.haringey.gov.uk/sites/haringeygovuk/files/haringey\\_adult\\_safeguarding\\_prevention\\_strategy\\_2017-2020.pdf](https://www.haringey.gov.uk/sites/haringeygovuk/files/haringey_adult_safeguarding_prevention_strategy_2017-2020.pdf)

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

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

## **PREVENTION AND LEARNING STRATEGIC OBJECTIVES FOR 2021/22**

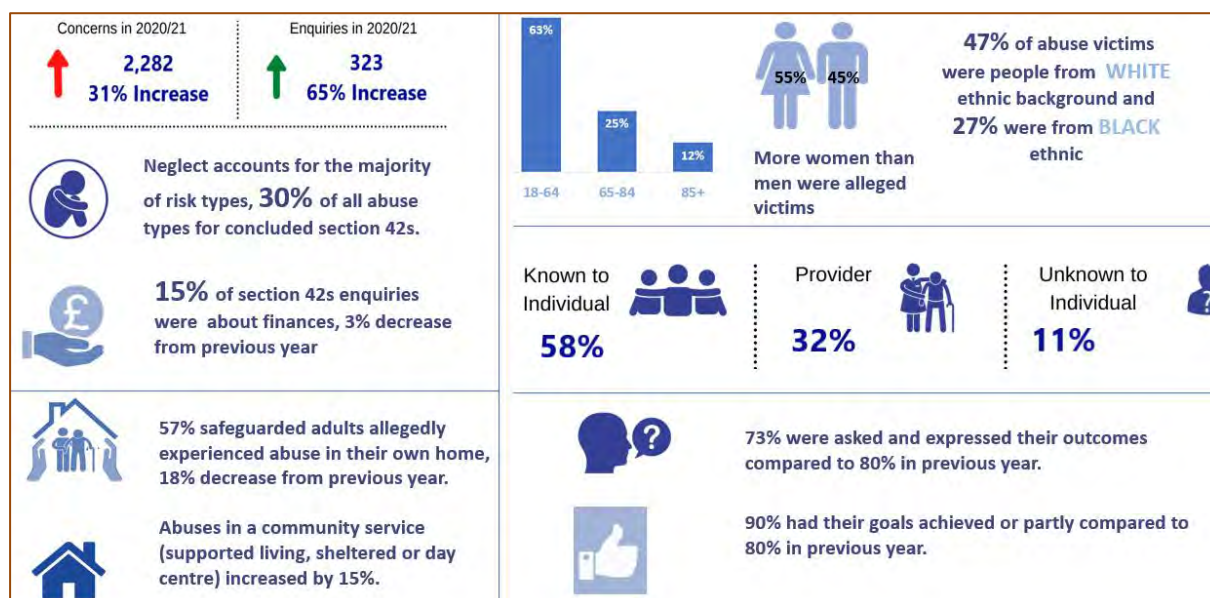
- Ensure engagement of service users, carers and community and voluntary sector to ensure current concerns and trends are captured.
- Use intelligence to identify key themes and raise awareness of abuse and neglect with staff, partners and the public through improved communications and campaigns.
- People who are homeless are appropriately safeguarded and mechanisms are established to improve professional awareness and response around the complexity of health & care needs within the homeless cohort.
- Improve understanding of and responses to older people at risk of or experiencing domestic abuse across the partnership and make links to the VAWG strategy.
- Implement multiagency refresher training on understanding mental capacity and conducting mental capacity assessments, to include evidence from SARs on the significance of mental capacity in cases of self-neglect/service refusal/high risk.
- Deliver a programme of fire safety training in the use of person-centred fire risk assessment across all agencies.
- Develop a consistent approach to conducting and sharing learning effectively for a range of serious incidents including SARs, Domestic Homicide Reviews (DHRs), Coroner's inquests.

## **SAFEGUARDING PERFORMANCE – ADULTS ACTIVITY 2020/21**

The Council collects information about safeguarding adults work in Haringey, so we know how well people are being safeguarded. This information helps the HSAB decide what their priorities should be.

Data in relation to all safeguarding issues is monitored both locally and nationally. All safeguarding concerns and enquiries are recorded and coordinated by Haringey Council. Progress from initial concern through to conclusion is monitored for timeliness and quality across a wide variety of measures, including the nature and location of harm, service user group, outcomes, age, gender, ethnicity, etc. This information is scrutinised by the Quality Assurance Subgroup who report key issues and trends to the HSAB.

The Care Act 2014 sets out the statutory duties and responsibilities for safeguarding, including the requirement to undertake enquiries under Section 42 (s42) of the Care Act to safeguard people. Below and on the next page is a summary of safeguarding activity recorded during 2020/21 for both safeguarding concerns raised, and s42 enquiries undertaken.



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

### **What do we mean when we say ‘Concern’?**

When someone reports a concern about abuse or neglect of an adult with care and support needs, it is known as a **safeguarding concern**. A safeguarding concern that goes on to be investigated is known as an **enquiry**.

### **What do we mean when we say a Section 42 Enquiry?**

There are two different types of safeguarding enquiry, depending on the characteristics of the adult at risk: If the adult fits the criteria outlined in s42 of the Care Act 2014, then local authorities are required by law to conduct enquiries. These are referred to as **Statutory Safeguarding Enquiries**. Local authorities will sometimes decide to make safeguarding

enquiries for adults who do not fit the s42 criteria. These enquiries are not required by law and are referred to as **Non-Statutory Enquiries**.

The number of referrals that are assessed as not meeting the criteria for s42 are still significant, they are known as 'Other' safeguarding concerns. The safeguarding service performs an important role in identifying safeguarding concerns that should progress to a s42 enquiry, undertaking these enquiries and ensuring that any further actions required are progressed, such as referral for a Safeguarding Adult Review (SAR).

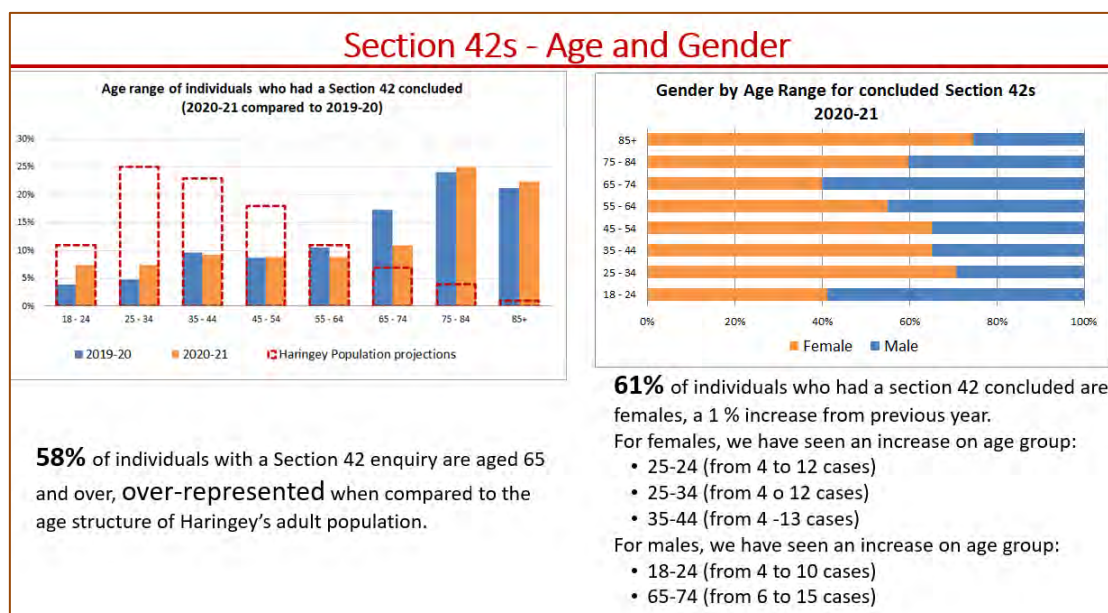
The service also takes responsibility for significant preventative action, such as a referral to other services or support, where a s42 Enquiry is not required, so that Other safeguarding concerns are managed appropriately.

**Definition of 'Other Safeguarding Enquiries'** - Those enquiries where an adult does not meet all of the s42 criteria (**Non-Statutory Enquiries**), but the local authority considers it necessary and proportionate to have a safeguarding enquiry. Whilst each local authority has the jurisdiction to decide what Safeguarding activity, they undertake for adults who do not meet the s42 criteria, some examples could include safeguarding to promote an individual's well-being as related to the areas in Section 1 of the Care Act, or for carers who do not qualify for s42. (Source: SAC guidance NHS Digital). The doubling of 'Other' or non-statutory safeguarding shown in the data is evidence that despite a concern not being defined as a s42, staff are undertaking activity to ensure the safety and wellbeing of residents.

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

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

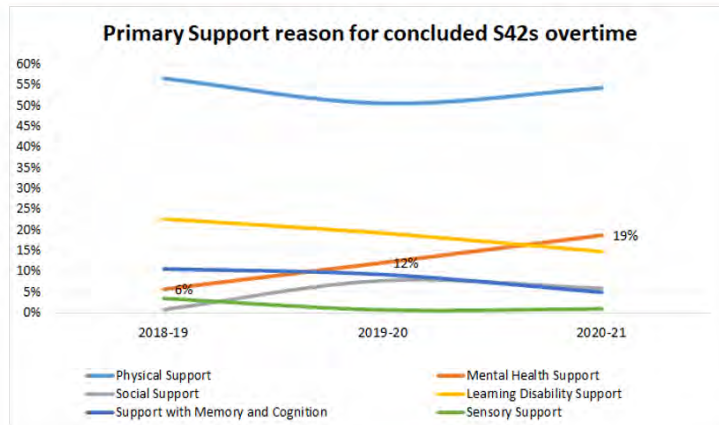
National and regional data\* supports females being the highest proportion of concerns raised, varying from 55% to 60% of females against 42% to 39% of males with commenced a s42 enquiries.



## Section 42s - Primary Support Reason

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

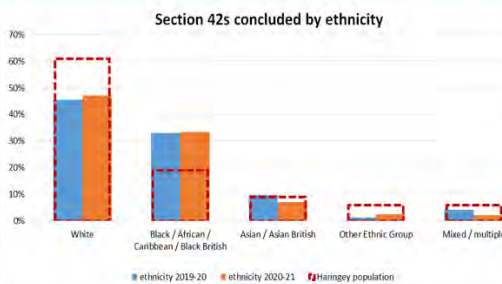
Mental Health primary support reason has been increasing since 2018-19 and it is now the second highest primary support reason **19%**.



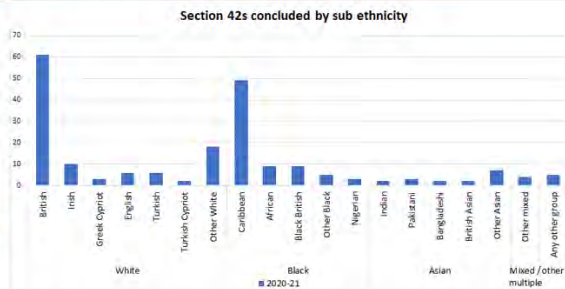
## Ethnicity of individuals involved in s42 Enquiries

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

## Section 42s - Ethnicity



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



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

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

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

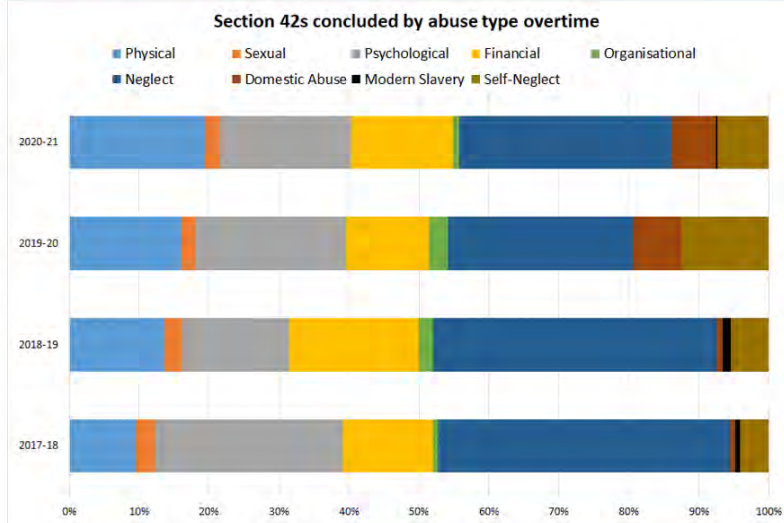


## Section 42s - Abuse Type

Proportionately Neglect and Acts of Omission account for the majority of risk types, accounting for **30%** of all risk types in 2020-21, up from **26%** in the previous year.

There has been an increase in Finance and physical abuses (**4%**)

Self-neglect cases decrease by (**5%**) followed by Emotional/ Psychological cases (**2%**) when compared to previous year.



## Section 42s concluded by location of abuse

Abuse can happen anywhere: for example, in someone's own home, in a public place, in hospital, in a care home or in college. It can happen when someone lives alone or with others. It is important to understand the circumstances of abuse, including the wider context such as whether others may be at risk of abuse, whether others have witnessed abuse and the role of family members and paid staff or professionals.

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

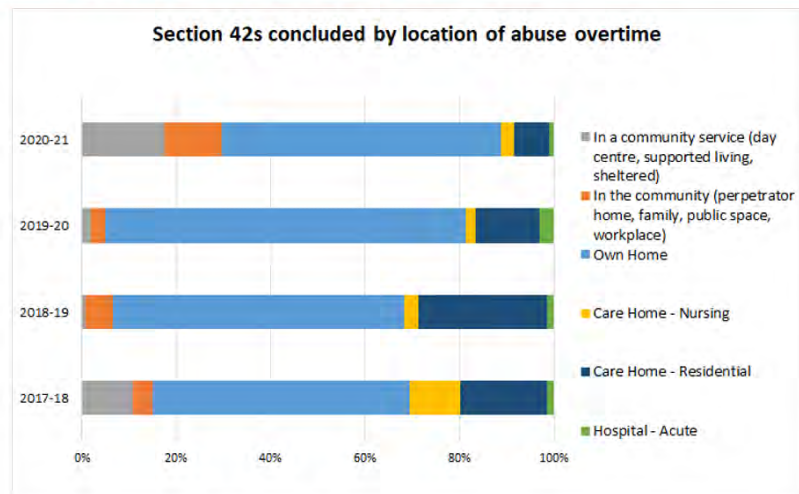
National and Regional data show a similar pattern within the home being the most likely area that abuse occurs, followed by care homes, community and then hospital.

## Section 42s - Abuse Location

The home of the adult at risk accounted for **57%** of the risk locations in 2020-21, a decrease of 18% from previous year.

Abuse location in care home residential decreased by **6%** this year.

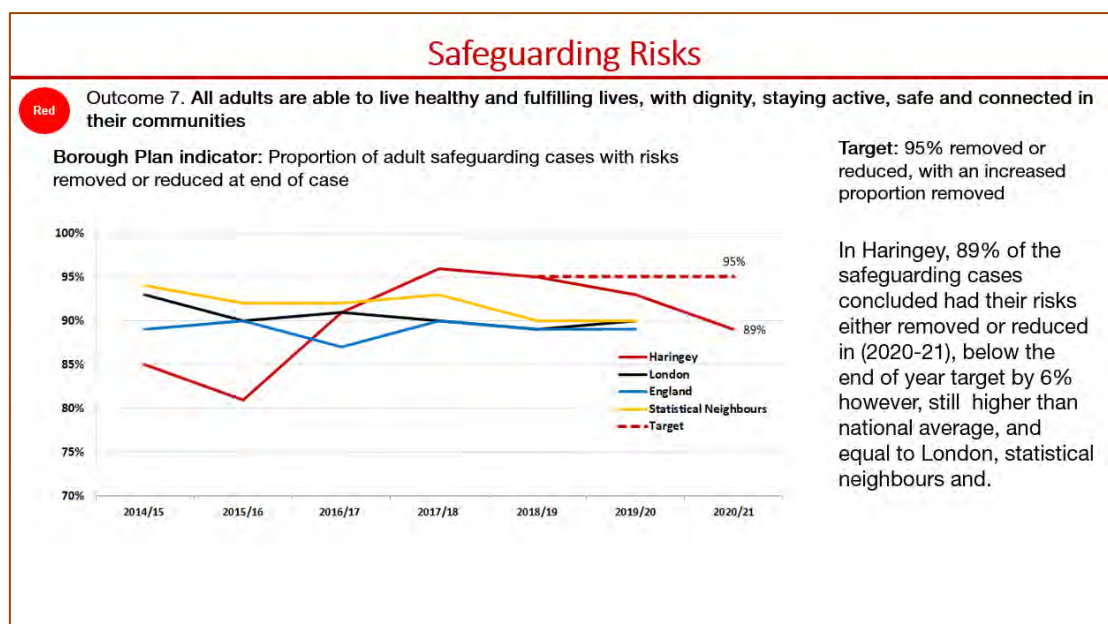
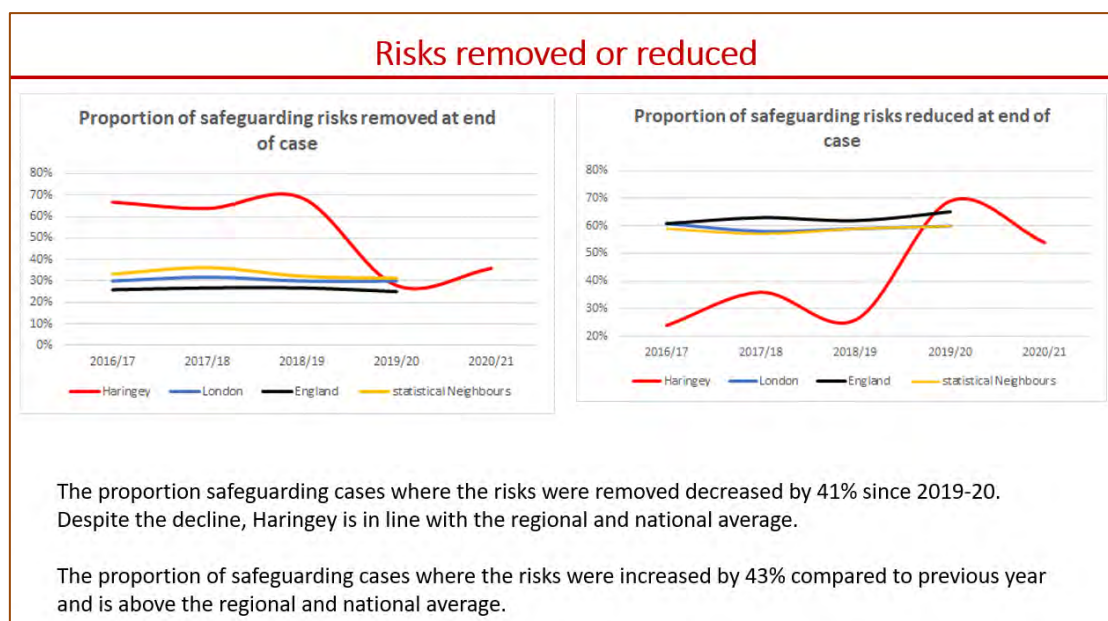
Abuses in a community service (supported living, sheltered or day centre) increased by 15%.





## Risk outcomes

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

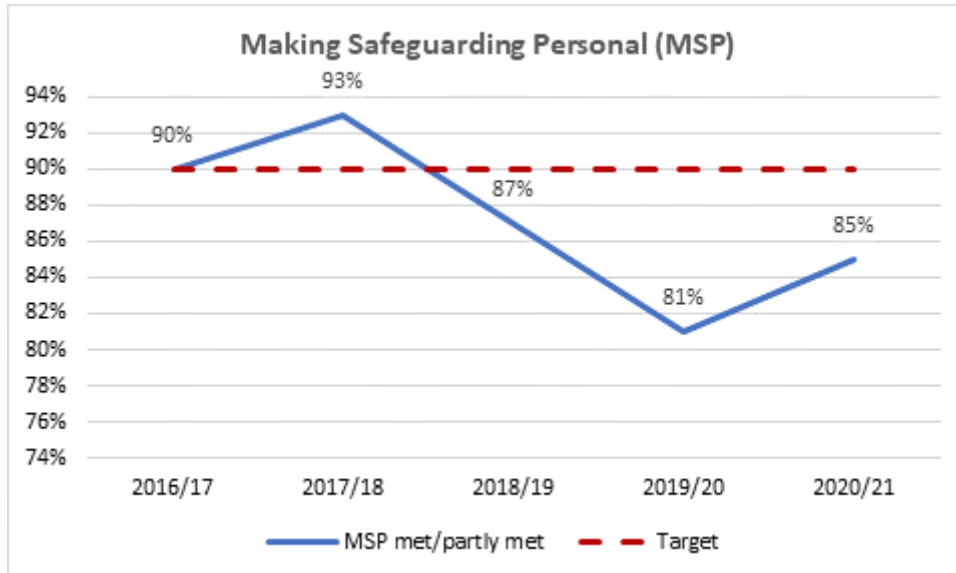


## Making Safeguarding Personal (MSP)

Making Safeguarding Personal (MSP) is intended to make safeguarding more person-centred, develop more meaningful engagement of people in safeguarding and improve outcomes. It enables staff to spend time with people, asking them what they want by way of outcomes at the beginning and throughout the safeguarding process.

MSP is challenging work, not least because not all vulnerable people have the capacity to decide what is in their best interests and may need assistance to do so. As a result, there is a focus on increasing the knowledge and understanding of staff to ensure they undertake Mental Capacity Assessments (MCA) and that the best interest process is followed, including the use of independent advocacy as best practice.

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



# HSAB PARTNER STATEMENTS

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

## NORTH CENTRAL LONDON CLINICAL COMMISSIONING GROUP

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

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

### Delivery of Safeguarding training and awareness

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

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

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

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

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

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

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

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

### **Planned Safeguarding activities for 2021/22**

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

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

## **NORTH MIDDLESEX UNIVERSITY HOSPITAL**

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

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

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

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

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

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

### **Key Safeguarding achievements in 2020/21**

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

### **Delivery of Safeguarding training and awareness**

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

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

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

## **Planned Safeguarding activities for 2021/22**

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

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

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

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



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

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

## **Delivery of Safeguarding training and awareness**

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

## **Partnership and safeguarding practice**

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

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

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

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

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

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

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

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

## **Planned Safeguarding activities for 2021/22**

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

## **THE BRIDGE RENEWAL TRUST**

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

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

### **Key Safeguarding achievements in 2020/21**

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

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

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

## **Delivery of Safeguarding training and awareness**

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

## **Planned Safeguarding activities for 2021/22**

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

## **METROPOLITAN POLICE (LONDON BOROUGHS OF ENFIELD & HARINGEY)**

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

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

## **Key Safeguarding achievements in 2020/21**

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

## **Delivery of Safeguarding training and awareness**

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

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

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

## **Planned Safeguarding activities for 2021/22**

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

## **BARNET, ENFIELD, HARINGEY MENTAL HEALTH TRUST**

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

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

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

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

## **Key Safeguarding achievements in 2020/21**

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

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

## **Delivery of Safeguarding training and awareness**

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

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

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

## **Safeguarding Adult case studies**

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

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

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

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

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

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

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



## Planned Safeguarding activities for 2021/22

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

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

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

## WHITTINGTON HEALTH

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

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

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

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

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

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

## **Key Safeguarding achievements in 2020/21**

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

## **Delivery of Safeguarding training and awareness**

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

## **Planned Safeguarding activities for 2021/22**

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

## **LONDON FIRE BRIGADE**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **Key Safeguarding achievements in 2020/21**

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

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

## **Delivery of Safeguarding training and awareness**

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

LFB staff have delivered fire safety information and ensured that identified risks have been managed through suitable means (such as provision of fire-retardant bedding, testing and fitting of detection and alerting systems and safeguarding referrals where appropriate).

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

## **Partnership and Safeguarding Practice**

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

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

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

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

## Planned Safeguarding activities for 2021/22

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

## HOUSING RELATED SUPPORT

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

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

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

### Key Safeguarding achievements in 2020/21

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

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

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

## **Delivery of Safeguarding training and awareness**

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

## **Planned Safeguarding activities for 2021/22**

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

## APPENDIX 1 – HSAB STRATEGIC PLAN

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

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

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



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

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

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

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

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

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

PREVENT – We prevent abuse and neglect where possible				
	Objective/aim	Success Criteria	Actions to ensure achievement of aim?	Updates as of 31 March 2021
P1	Ensure engagement of service users, carers and community and voluntary sector to ensure current concerns and trends are captured	The Board is assured that there is engagement of service users, carers and the voluntary and community sector and their priorities is feedback to the Board	Maximise feedback from existing community fora as coordinated by Bridge Renewal Trust building local intelligence to understand current community concerns and trends. <b>Report on current (in)equalities issues</b> to the Board	A report 'Living through Lockdown' (coordinated by the JPB) was presented to the Covid -19 T&F subgroup. The report is a summary of issues and concerns experienced by Adult Social Care service users and carers during the lockdown in Haringey. The report has been used by Adult Services to inform service configuration to make sure the recommendations and points where appropriate are considered. The Haringey Commissioning Service has committed to a small working task group made up of members from the reference groups to work on the recommendations of the report. The aim is to produce an 'Impact Report' in a few months' time to capture the actions and learning.
			Prevention & Learning Subgroup to establish a feedback mechanism for priorities to/from Joint Partnership Board	Maintaining links with the Joint Partnership Board.  <b>Currently on HOLD</b>
P2	Use intelligence to identify key themes and raise awareness of abuse and neglect with staff, partners and the public through improved communications and campaigns	The Board is assured that there is a cycle of well-informed public campaign and communications in place with evaluation criteria that includes measuring access and impact.	The Bridge Renewal Trust to assist VCS organisation to understand their roles in MSP through attendance at VCS forums and regular e-bulletins.  Use intelligence gathered from BRT and other VCS organisations (escalating information, scams, vulnerability etc). to inform future planning (training/campaigns) etc.	As part of National Safeguarding Week, the Council communicated a range of information and themes to safeguard vulnerable people from abuse. This was also communicated to ASC staff via Yammer and the Learning and Development newsletter which was also shared with Children's Workforce Development lead.
			Disseminate campaign/information and posters (easy read) to raise awareness of safeguarding issues in the wider public and make easily accessible via community groups.	Multi-agency training took place in November and further sessions have been commissioned for 2021. These are promoted on FUSE online and are promoted to health and social care staff.

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

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

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

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



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

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

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

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

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

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

**LEARN – We are committed to learning and improving**

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

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

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