

# DRAFT MINUTES OF THE SAFEGUARDING ADULTS BOARD

Thursday 12<sup>th</sup> October 2023 at 15:00-17:00

Virtual Meeting via MS Teams

## MEMBERSHIP & ATTENDANCE:

AGENCY	NAME	Initials	ATTENDANCE
Safeguarding Adults Board	Dr Adi Cooper, Chair	AC	✓
	Rebecca Waggott, Governance & Improvement (minutes)	RW	✓
	Ashraf Sahebodin, Governance & Improvement	AS	✓
	Farzad Fazilat, Haringey Safeguarding Adults Board Manager	FF	✓
Volunteer Lay Member	Lauritz Hansen-Bay	LHB	✓
Adult Services	Beverley Tarka, Director of Adults, Health and Communities	BT	Apologies
	Vicky Murphy, Assistant Director of Adult Social Care	VM	✓
	Chris Atherton, Head of Assurance and Principal Social Worker	CA	Apologies
	Marianne Ecker, Workforce Development Manager	ME	✓
	Ajibola Awogboro, Head of Assessment and Safeguarding	AA	✓
	Tracy Park, Business Manager	TP	✓
Commissioning	Jon Tomlinson, Senior Head of Service for Commissioning	JT	✓
	Louise Daniels, Senior Performance Officer	LD	✓
	Richmond Kessie, Specialist Commissioning Officer	RK	✓
Children's Services	Beverley Hendricks, Assistant Director Children's Safeguarding and Social Care	BH	✓
Public Health/ Community Safety	Dr Will Maimaris Interim Director of Public Health	WM	Apologies
	Abigail Wycherley, VAWG Programme Lead	AW	✓
Legal Services	Haydee Nunes De Souza, Head of Legal	HNS	✓
Cabinet Member for Adults and Health	Councillor Lucia das Neves, Cabinet Member for Health, Social Care and Well-Being	LDN	✓
North Central London ICB	David Pennington, Director of Safeguarding	DP	✓
	Rosie Peregrine-Jones, AD Quality Assurance	RPJ	✓
	Victor Nene, Haringey Safeguarding Adults Designated Professional	VN	✓
	Dr Lionel Sherman, Adult Safeguarding Lead	LS	✓

<b>Whittington</b>	Theresa Renwick, Safeguarding Adults Lead	TR	✓
<b>NMUH</b>	Sarah Hayes, Chief Nurse	SH	Apologies
	Theo Baron, Associate Director of Safeguarding	TB	Apologies
	Shahida Trayling, Deputy Chief Nurse	ST	Apologies
<b>North London Mental Health Partners</b>	Amanda Pithouse, Executive Director of Nursing, Quality and Governance	AP	Apologies
	Graeme McAndrew, Head of Safeguarding	GM	✓
<b>Haringey Police</b>	Sebastian Adjei-Addoh, Detective Superintendent	SAA	Apologies
	DCI Elsa Mak, North Area BCU	EM	✓
<b>Housing</b>	Denise Gandy, Assistant Director of Housing Demand	DG	Apologies
<b>Housing Provider</b>	Phil Johnson, Housing Services Manager, Hornsey Housing Trust	PJ	Apologies
<b>London Fire Brigade</b>	Keith Wilson, Borough Commander	KW	-
	Peter Shaw, Tottenham Station Manager	PS	-
<b>Healthwatch</b>	Sharon Grant, Chair	SG	✓
<b>Bridge Renewal Trust</b>	Geoffrey Ocen, CEO	GO	✓
<b>DWP</b>	Dimple Lobo for Archibald Okolie, Senior Safeguarding Lead	DL	✓
<b>Probation</b>	Shirley Kennerson, Assistant Chief Officer	SK	Apologies
	Russell Symons, Deputy Head of Service	RS	Apologies

#### In attendance (guests)

<b>Michael Preston-Shoot</b>	Item 2.1 Paulette SAR	MPS	✓
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ITEM	SUBJECT/DECISION
	<p><b>WELCOME AND INTRODUCTIONS/APOLOGIES:</b> AC welcomed everyone to the meeting. Apologies for absence were received from those listed above and accepted by the meeting.</p>
1.	<p><b>MINUTES OF LAST MEETING AND MATTERS ARISING (20.04.23)</b></p> <p>The minutes of the July meeting were reviewed and agreed as an accurate reflection of the meeting.</p> <p><b>ACTIONS BROUGHT FORWARD:</b></p> <ol style="list-style-type: none"> <li><b>QA Subgroup to consider: whether the demographics of adult safeguarding victims reflects the census data for the borough; why self-referral has increased; and possible reasons that other agencies are not reporting increased concerns in line with the NHS.</b></li> <li><b>RK, VN, FF and MW to arrange meeting to discuss coordinating efforts with the Brokerage Service and other areas.</b></li> </ol>

2	<b>PRESENTATIONS and REPORTS</b>
2.1	<p><b>Paulette SAR</b></p> <ul style="list-style-type: none"> <li>• The SAR report has been signed off by both the SAR Panel that oversaw the review process and the SAR Subgroup for presentation to the SAB.</li> <li>• MPS noted his thanks to the SAR Panel for their contributions to the review.</li> <li>• MPS explained that the SAR report had been shared with Paulette's sisters. The sister who held LPA provided extensive written feedback and met with MPS and RW to discuss the report. The meeting with Paulette's other sister did not go ahead as she was unwell, but she endorsed all of her sister's comments. The text highlighted in red in the report has been added in response to this feedback.</li> <li>• MPS explained that none of the feedback was particularly contentious; it is the family's perspective and sometimes that aligns with the agencies involved and, in some instances, it is different.</li> <li>• The sisters were very positive about the input of the hospital social worker.</li> <li>• The sisters' main concern is that they do not have confidence that the lessons of the SAR will be learned, partly based on their perception that the recommendations of the LGSCO were not fully implemented, and partly on the sister's knowledge from working in a senior role in a local health trust.</li> <li>• The challenge for the Board will be to ensure that the recommendations are implemented and to consider giving the family some assurance that the recommendations have had an impact.</li> <li>• MPS explained to the sisters that provider concerns quality assurance work undertaken with the care home had not been included in the SAR as it was not within its scope.</li> <li>• HNS has confirmed that references to the Court of Protection case are permissible. MPS will amend the report to remove the reference to the specific care home and to amend a typo in paragraph 4.44.</li> <li>• MPS reported that the sisters' preference was for the Paulette's name to be used and for the report to be published in full.</li> <li>• AC recorded her thanks to MPS, the independent Chair of the SAR Panel, those involved in developing the terms of reference for the review, and everyone else involved in the SAR.</li> <li>• TR suggested that the SAR referral process is reviewed since the SAR was undertaken following a referral by the sister's solicitor. MPS explained that the sister would likely have made a referral directly if the solicitor had not done so, given her concerns. AC agreed that the referral process will be reviewed at the next SAR Subgroup meeting.</li> <li>• DP asked whether the content of the report or 7-minute briefing needed to be amended following feedback from the sisters. MPS confirmed that the feedback did not affect the report's evaluation or the 7-minute briefing.</li> <li>• AC highlighted the recommendations to the Board, adding that the family should be fed back to on progress delivering the SAR recommendations at a later date.</li> <li>• <b>The Board agreed the 9 recommendations as outlined in the cover report.</b></li> <li>• AC noted that a publication meeting would be scheduled with relevant agencies after the SAB to make arrangements for publication of the report. Upon publication, the report and a 7-minute briefing will be circulated, and the onus is on SAB members to cascade the learning in the most appropriate way to raise awareness of the SAR learning and the changes that need to happen as a result.</li> </ul>

**ACTION:**

- 3. RW to schedule Paulette SAR publication meeting.

2.2

**Met Police Updates**

***Baroness Casey Review***

- DCI Elsa Mak provided an update on the Baroness Casey Review. The Met has fully accepted all 16 recommendations of the review and this has led to A New Met for London Strategy 2023-2025: [A New Met for London | Metropolitan Police](#).
- A New Met for London is the product of more than 10,000 interactions with Londoners and partners from across the city. It represents what they told us in terms of what they want us to focus on. It comprises three thematic areas: community crime fighting, culture change and fixing our foundations.
- Events were held in Haringey and Enfield to launch the new Strategy.
- There has been an uplift in senior leaders within Safer Neighbourhoods, with a Superintendent for Safer Neighbourhoods in each local authority area.
- There is a recruitment campaign to increase the number of PCSOs.
- Workflows are being reviewed to increase the amount of time that Safer Neighbourhoods teams have to work with communities.
- LGBTQ liaison officers are now providing enhanced support to communities that have been underrepresented and not previously engaged with.
- There is an aspiration to co-locate with local partners but details are not yet available.
- A VAWG campaign has been launched proactively targeting 100 perpetrators of VAWG. A VAWG event is being held at the end of October.
- A cultural diversity inclusion unit is being launched to help build a more diverse, inclusive workforce. The Directorate of Professional Standard unit has also focused on expediting misconduct cases to contribute to this culture change.
- Implementing better technology, equipment and training will also support Met officers.
- BH asked for updated structure charts to be circulated to the SAB. EM will provide to AS for circulation.
- Cllr LDN noted her support for collaborative working but also her disappointment that the VAWG event had been arranged at short notice during half term, which will likely exclude many of the target audience. EM will feed this back to DS Stuart Smillie for future event planning.

***Right Care, Right Person***

- Right Care, Right Person is also part of the new Met Strategy and will be going live from 1<sup>st</sup> November 2023.
- Met Police will no longer respond to health-related calls unless they are in exceptional circumstances. This was piloted by Humberside Police in 2020.
- Implementation is being overseen by a joint mental health and policing group. Jinjer Kandola, Chief Executive of North London Mental Health Partners, sits on this group.
- Police will respond:
  - When a member of the public requests medical support incidents in which police are already present when medical support is requested or required.

- When a member of the public or partner agency reports a concern for the welfare of a person and requests that police visit the individual.
- When a person has walked out from a healthcare setting, has abandoned medical care / treatment or is absent without leave (AWOL) from mental health services.
- Transporting a person detained under s136 to a health-based place of safety and undertaking a timely handover to a medical professional.
- The exceptions when Police will respond are: when there is an immediate risk to life, serious harm and no ambulance or healthcare professional is available; when the person concerned poses a risk to the safety of others and a police response is necessary in order to prevent crime or protect the lives of others; when officers encounter a member of the public who requests / needs medical support in the course of normal policing duties e.g. whilst on patrol.
- External communications with members of the public will start in the week commencing 16<sup>th</sup> October.
- Training has been delivered to Met Command and control staff to ensure that they understand what they are doing on the day of the launch. Training is also being delivered to frontline staff.
- An escalation protocol is in place so that partners can escalate concerns if they do not agree with the course of action taken by the Police. The Board would like to see a copy of the protocol, once available.
- VM asked what will happen if there is a professional difference of opinion on whether the police should attend or not, and how that will be captured, and the data used to transform and change ways of working.
- EM explained that any professional dispute or disagreement in relation to the nature of calls will be captured by Met Command and control, and that will be fed back to the right care, right person's joint mental health and policing group for discussion on a monthly basis.
- TR noted concerns around Police training in the use of the Mental Health Act 1983 and Mental Capacity Act 2005.
- GM noted that protocols are still being developed between mental health partners and the Police and processes are being established for mental health colleagues to record any disputes about Police attendance. GM to establish how information from the joint mental health and policing group is disseminated to relevant partners.
- AC noted that this area of work is a key concern for the SAB due to the potential impact on adults at risk and she asked partners to bring further updates to the next meeting.

**ACTIONS:**

4. EM to send AS updated North area structure charts for circulation.
5. EM to feedback on VAWG event timing for future event planning.
6. EM to share Right Person, Right Care presentation with the SAB.
7. GM to establish how information from the joint mental health and policing group is disseminated to relevant partners.
8. Partners to provide an update on Right Person, Right Care at the next SAB meeting.

<p><b>2.3</b></p>	<p><b>VAWG Update</b></p> <ul style="list-style-type: none"> <li>• The presentation sets out the seven manifesto commitments relating to violence against women and girls (VAWG).</li> <li>• Recommissioning of VAWG services is currently underway to provide a holistic pathway of services for early intervention as well as crisis support. The crisis response will link opportunities to heal on a physical and psychological level with opportunities to rebuild self-esteem and explore education and employment ambitions.</li> <li>• Recommissioning work is seeking the insights of people who live, work and study in Haringey to ensure that services are available to groups that are typically underrepresented or face multiple challenges in accessing help and support. A survey for residents, including residents with personal experience of VAWG and workshops with existing community groups or accommodation services are underway. Workshops are also being held with residents who have experienced VAWG and children and young people.</li> <li>• Events are being planned for the 16 days of activism, the United Nations campaign to end gender based violence, including a Walk for Women on 27<sup>th</sup> November, a free training webinar exploring how gambling and domestic abuse intersect and overlap, a VAWG webinar for Haringey staff, incel/misogyny workshop at Tottenham Hotspurs and George Meehan House will be lit up in purple.</li> <li>• Two domestic homicide reports are due to be signed off by the Community Safety Partnership in December and learning will then be shared with the SAB. AW noted that there have been some challenges in obtaining information for the DHRs. She reminded partners that DHRs are a statutory process that need to be completed within 6 months and asked that they engage fully with any DHR processes to ensure the dignity and respect of the victim is maintained.</li> <li>• A Domestic Abuse Strategy and Action Plan is being developed.</li> <li>• The VAWG Joint Strategic Needs Assessment will be published soon.</li> <li>• The Community Safety and Hate Crime Strategy Survey will be published soon, with some interesting insights into VAWG.</li> <li>• DP noted the appropriate timing of the Walk for Women. AW confirmed that there has been close working with the Police, particularly for this event.</li> <li>• AC noted the importance of the interface between VAWG and intergenerational domestic abuse that was highlighted from an adult safeguarding perspective during the COVID-19 pandemic.</li> <li>• AW shared the link to domestic abuse information available through Neighbourhood Watch: <a href="https://ourwatch.org.uk">Domestic abuse   Neighbourhood Watch Network (ourwatch.org.uk)</a></li> </ul> <p><b>ACTIONS:</b></p> <p><b>9. AW to circulate VAWG presentation for information.</b></p> <p><b>10. AW to liaise with LHB around further opportunities for engagement and consultation through Neighbourhood Watch.</b></p>
<p><b>3.</b></p>	<p><b>STANDING ITEMS</b></p>
<p><b>3.1</b></p>	<p><b>HSAB Management Report</b></p> <ul style="list-style-type: none"> <li>• AC presented the Board Managers report.</li> </ul>



	<p>[REDACTED]</p> <ul style="list-style-type: none"><li>[REDACTED]</li></ul> <p>[REDACTED]</p> <ul style="list-style-type: none"><li>[REDACTED]</li></ul> <p>[REDACTED]</p>
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<b>4.</b>	<b>BUSINESS ITEMS</b>
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<b>4.1</b>	<p><b>Adults/ICB Winter Planning</b></p> <ul style="list-style-type: none"><li>• VM presented a multi-agency winter pressures report for 2023/24 that went to the Health and Wellbeing Board with information around acute services and preparations to manage winter pressures.</li><li>• Hospital support has been stepped up with qualified social work teams placed within and across local hospitals in anticipation of winter. Government winter pressure funding was provided early and this has enabled staff resources to be put in place.</li><li>• DP added that the NCL flu and covid vaccine rollout had been really successful, with performance among the best in the country in terms of reaching vulnerable people and care home residents.</li><li>• Primary care training is being delivered for patients who do not necessarily need to see a GP, including signposting to advice from pharmacies.</li><li>• NMUH has been doing some work around their discharge lounges to improve hospital discharge. Introduction of virtual wards across NCL will also contribute to this.</li><li>• There are still some challenges around staffing linked to recruitment issues and NHS industrial action.</li><li>• Backlogs in elective surgery are being addressed but have the potential to cause an increase in demand for acute services.</li><li>• SG noted that there is a lot of concern in the community among the patient participation groups about the introduction of unregulated physician's assistants, particularly given a recent death in the borough. This is particularly relevant to the SAB as the impact may be greater among vulnerable adults.</li><li>• RPJ noted that she would take this feedback back to the ICB and update on the work being undertaken around physician's assistants at the next meeting.</li></ul>
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	<p><b>ACTION:</b>  <b>16. DP/RPJ to provide a further update on physician’s assistants at the next meeting.</b></p>
<p><b>4.2</b></p>	<p><b>Adults/ICB CQC Inspection Preparation</b></p> <ul style="list-style-type: none"> <li>• DP noted that the inspection regime for ICS’s has not yet been finalised. Pilots are taking place in Dorset and Birmingham&amp; Solihull, and it is expected that the inspection process will mirror the proposals for local authorities, with a focus on quality and safety, integration, and leadership. It is expected that the ICS will be inspected at the latter end of next year at the earliest.</li> </ul> <p><b>ACTION:</b>  <b>17. VM to provide an update on local authority preparations for CQC inspection at the next meeting.</b></p>
<p><b>4.3</b></p>	<p><b>Adult Safeguarding Referral Analysis/update on service</b></p> <ul style="list-style-type: none"> <li>• AA presented a report on adult safeguarding referral analysis and service improvement.</li> <li>• At the last update, there was a significant waiting list, but this is now in the 20s rather than the 100s.</li> <li>• There is now a full complement of staff, and the referral process has been changed so that all referrals go to a specific adult safeguarding inbox, where referrals are screened and triaged by qualified social workers.</li> <li>• TR noted her thanks to AA who has been instrumental in organising fortnightly meetings between the Haringey hospital discharge team, safeguarding adults team and Whittington Health to discuss inpatients and community patients with significant safeguarding concerns.</li> <li>• Increasingly, partners are being asked to make safeguarding enquiries, where relevant, rather than just adult social care.</li> <li>• BH suggested that the safeguarding activity undertaken by other agencies should be monitored to provide assurance that this change is having the desired impact. AA to provide an update on this to April SAB, including partners’ implementation of determining MSP outcomes.</li> <li>• GM asked if partners would be given training to undertake safeguarding enquiries and if there would be oversight from the safeguarding adults manager. AA noted that training can be provided, if needed, and that the safeguarding adults manager will remain the Council officer and they will give clear directions about what the inquiry officer should do.</li> <li>• AC added that there is support for the inquiry officer from the safeguarding adults manager to do the work in the right way. It is expected that the mental health trust would ensure that its staff are trained generically around safeguarding.</li> </ul> <p><b>ACTION:</b>  <b>18. AA to provide an update to April SAB, including monitoring safeguarding enquiries undertaken by partners and implementation of MSP.</b></p>

<p><b>4.4</b></p>	<p><b>Persons in Positions of Trust (PIPOT)</b></p> <ul style="list-style-type: none"> <li>• FF presented the draft PIPOT Protocol and Practice Guidance, which sets out the direction for all relevant SAB partners under the Care Act 2014.</li> <li>• SABs must have policies and procedures in place to ensure that all partners, including voluntary sector partners, who come into contact with individuals have a system in place whereby people can raise a concern about a person in a position of trust and this is investigated.</li> <li>• While the SAB sets out the procedure, it is for partner agencies to have clear arrangements in place to monitor, investigate and report PIPOT concerns.</li> <li>• AC noted that the Care Act 2014 guidance says that SABs must have a policy regarding PIPOT and a protocol, but the responsibility for investigating sits with the organisation or agency that employs staff or has volunteers working with vulnerable adults.</li> <li>• The protocol and guidance acts as a collective partnership agreement and a prompt for organisations to consider what their process is/needs to be, so that the SAB can seek reassurance that partners have their own system and structure in place.</li> <li>• TR noted the importance of having these systems in place in the light of the recent Lucy Letby case in the NHS.</li> <li>• All partners are asked to read the PIPOT Protocol and Practice Guidance to ensure that they understand their responsibilities, and to provide any feedback to FF by the end of November before the document is finalised.</li> <li>• It is proposed that once the document is finalised, data on PIPOT will be annually reported to the SAB.</li> <li>• FF to share the PIPOT Protocol and Practice Guidance with the Children's Services LADO, Finola Owens, for comment. BH to share safeguarding green book with FF.</li> </ul> <p><b>ACTIONS:</b></p> <p><b>19. ALL partners to provide feedback on the draft PIPOT Protocol and Practice Guidance to FF by the end of November.</b></p> <p><b>20. FF to share the PIPOT Protocol and Practice Guidance with the Children's Services LADO, Finola Owens, for comment.</b></p> <p><b>21. BH to share safeguarding green book with FF.</b></p>
<p><b>5.</b></p>	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>• AC noted that the LeDeR Annual report is due to be presented at the SAB meeting in January.</li> <li>• <b>ALL to note the items for the next SAB meeting.</b></li> <li>• <b>ALL Subgroup terms of reference to be finalised at the Chairs Executive meeting in December for presentation to the January SAB.</b></li> </ul>