

MINUTES OF THE SAFEGUARDING ADULTS BOARD
Monday 25th January 2016
Council Chambers, Haringey Civic Centre, High Road,
Wood Green

MEMBERSHIP & ATTENDANCE:

AGENCY	NAME	ATTENDANCE
Safeguarding Adults Board	Dr Adi Cooper, (Chair) (AC)	✓
	Patricia Durr, Business Manager (PD)	✓
Volunteer Lay Member	Lauritz Hansen-Bay (LH)	✓
Local Authority		
Chief Executive Service	Zina Etheridge, Deputy CEO (ZE)	-
Adult Services	Beverley Tarka, Director of Adult Services (BT)	✓
	Sue Southgate, Service Manager, Integration & Personalisation (SS)	Apologies
	Jeni Plummer, Operational Lead Manager (JP)	✓
	Margaret Gallagher, Performance Manager (MG)	✓
	Paula Rioja, Performance Officer (PR)	✓
	Helen Constantine, Strategic Lead - Joint Governance & Improvement Service (HC)	✓
	Marianne Ecker, Lead OD Consultant (ME)	✓
Commissioning	Charlotte Pomery, Commissioning	✓
Children's & Young People's Services	Neelam Bhardwaja , AD Safeguarding & Social Care (NB)	-
Community Safety	Claire Kowalska, Community Safety Strategic Manager (CK)	✓
Legal Services	Stephen Lawrence-Orumwense, Assistant Head of Legal (SLO)	Apologies
Housing	Sharon Morgan, Homes for Haringey Deputy Director of Housing Operations (SM)	Apologies
Lead Member for Health & Wellbeing	Cllr Peter Morton (PM)	-
Health Services		
Haringey Clinical Commissioning Group	Karen Baggaley, AD Safeguarding & Designated Nurse for CP (KB)	✓
	Hazel Ashworth, Safeguarding Adults Lead (HA)	✓
Whittington Health	Theresa Renwick, Safeguarding Adults Lead (TR)	-
	Dr Doug Charlton, Deputy Director of Nursing (DC)	✓
NMUH	Eve McGrath, Safeguarding Adult Lead (EMc)	-
	Noeleen Behon, Director of Nursing (NB)	-
	Colette Mannian, Deputy Director of Nursing (CM)	✓
BEH-MHT	Mary Sexton, Executive Director of Nursing Quality & Governance, BEH-MHS (MS)	Apologies
	Joy Maguire, Safeguarding Adults Lead (JM)	-

Police		
	Victor Olisa, Borough Commander (VO)	Apologies
	Paul Trevers, DCI (PT)	✓
Probation	Andrew Blight, Assistant Chief Officer (AB)	✓
	Douglas Charlton, ACO for Probation Community Rehabilitation Company (DC)	✓
Care Quality Commission	Martin Haines, Inspection Manager (MH)	Apologies
London Fire Brigade	Craig Carter, Haringey Borough Commander (CC)	Apologies
	Pamela Oparaocha, Station Manager, Hornsey	Apologies
London Ambulance Service	Sean Brinicombe, Ambulance Operations Manager (SB)	Apologies
HAVCO	Paul Leslie, Chief Executive (PL)	✓
Healthwatch	Sharon Grant (SG), Chair	✓

IN ATTENDANCE:

Agency	NAME	
Local Authority Adult Services	Ann Powdrell, Business Support, Adults Safeguarding & DoLS Team (AP) – Minute taker	✓

MINUTE NO	SUBJECT/DECISION	ACTION BY
1.	WELCOME AND INTRODUCTIONS: By Dr Adi Cooper (Chair)	
2.	APOLOGIES Apologies for absence were received from those listed above.	
3.	URGENT BUSINESS Refer a potential SAR to Safeguarding Adults Board SAR sub-group for consideration.	
4.	GUEST SPEAKER None.	
5.	MINUTES OF LAST MEETING 26 th October were reviewed and agreed with the following amendments: MATTERS ARISING HA was at the last meeting and KB did not attend.	
5.1	MET Information Sharing Protocol ISA has been subject to multi-agency review. This has now been completed. Met lead, Maria Gray reports that it is still waiting for further comments from health (NHS England London). MET-ISA will be launched on 9/2/16 together with Pan London Policy & Procedure. HC will update HSAB Multi Agency Information Sharing Protocol and Practitioners' Guide to be read in conjunction with MET-ISA when received. HC to bring updated ISA to SAB	HC
5.2	Provider Concerns Procedure The revised procedure was tabled at the last meeting and presented by SSu.	

<p>5.3</p>	<p>No further comments received and procedure is now posted on SAB webpage. The link was included within the agenda.</p> <p>Fatal Fire October 2014 Action Plan and progress update delegated to High Risk Panel. Action:</p> <ol style="list-style-type: none"> 1. SS to provide an update at next SAB meeting 	<p>SS</p>
<p>5.4</p>	<p>SAB Annual Report Actions The Chair had presented Annual Report presented to Health & Wellbeing Board and Scrutiny Panel.</p>	
<p>5.5</p>	<p>SAB Governance PD referred members to the report that had been considered in October and a number of actions arising including policy development. The newly formed QA Sub-group will be taking forward work on policies including risk management and Thresholds which will come to the Board in April. Thresholds Guidance to be reviewed to ensure Care Act compliant. The Escalation Policy has been brought to the meeting today. Other matters related to the budget, where an interim arrangement has been secured by Adult Services for additional support for the SAB. Further work is ongoing regarding agreeing partner contributions.</p> <p>Action:</p> <ol style="list-style-type: none"> 2. Policies, ToR and budget report to come to April Board <p>Consider community safety and Domestic Violence information HC had met with Interim Strategic Violence Against Women & Girls (VAWG) lead, Victoria Hill. The VAWG Strategic Group is currently revising the data product document to include an overview of prevalence and nature of violence and criminal justice performance – the data will also be used to refresh the Joint Strategic Needs Assessment.</p> <p>Action:</p> <ol style="list-style-type: none"> 3. Strategic VAWG lead to be invited to a future Board meeting to present data when ready 	<p>PD</p> <p>PD</p>
<p>6.</p>	<p>BUSINESS ITEMS:</p>	
<p>6.1</p>	<p>Pressure Ulcer Protocol Update – Revision The revised Protocol now scheduled for presentation at April Board meeting. The Care Homes Team has been doing a lot of work to promote the Protocol within care homes and domiciliary care providers. HA said they would like some data from the Council as to whether the Pressure Ulcer protocol is being utilised.</p> <p>Action:</p> <ol style="list-style-type: none"> 4. PR and HA to meet after the meeting. Revised protocol at April Board meeting 	<p>PR/HA</p>
<p>6.2</p>	<p>Draft Joint Safeguarding Adults Enquiry Framework Enquiry Forms previously agreed at July 2015 meeting but the presentation now included the Framework. A number of queries raised on the document regarding</p> <ul style="list-style-type: none"> • “does the individual have mental capacity” (page 21) -rephrased to refer specifically to mental capacity with regard to the safeguarding concerns; • query on confidentiality on HIV box; • client group under supporting people – would this be understood? • addition of referrer details; • change in terminology from enquiry to investigation to make it more focussed. <p>HA said her comments had been sent previously but not incorporated by the</p>	

<p>6.3</p> <p>6.4</p> <p>6.5</p>	<p>previous interim manager of Safeguarding. HA asked if her comments raised at Task & Finish group could be included. HA to send these to Helen to ensure forms are</p> <p>CP queried if links of children’s safeguarding should be flagged earlier in the framework and flowchart.</p> <p>Action:</p> <p>5. HA to send HC comments</p> <p>6. HC to update and bring back to the next Board meeting for agreement</p> <p>Safeguarding Adults Review Procedure and referral</p> <p>AC updated on SAR referral received at the end of last year. There had been two meetings of key agencies with legal adviser and it was agreed at this point in time the statutory criteria was not met and that a discretionary SAR was not appropriate because focus was single agency. Single agency investigation currently underway involving some agreed Board oversight and an update will be given in April. The referral had helped us to test out and refine the SAR Procedure which was agreed.</p> <p>SAB Strategic Plan</p> <p>PD presented the report and revised Strategy document and updated that work had been undertaken by SAB subgroups to look at their own workplans in light of it. PD outlined the consultation plan which would be online and also through liaison with voluntary and community groups. Comments were invited.</p> <p>CP suggested that a question in the consultation about how respondents might be able to help with delivery would be useful.</p> <p>BT reminded the meeting of the Challenge and Support event taking place in the afternoon and possible need to review priorities accordingly.</p> <p>The Chair required ownership from Board members to assist with promotion and communication and that it is important to get this out to user representatives.</p> <p>There was a discussion about the need measurement of outcomes and how we would evaluate. BT suggested that the peer review process is a useful way of measuring and evaluating.</p> <p>Action:</p> <p>7. PD will revise the consultation and prepare the documents and circulate to all for distribution. It will be available online.</p> <p>Pan-London Safeguarding Adults Policy & Procedures & Haringey rollout</p> <p>The meeting agreed to adopt the Policy & Procedures.</p> <p>AC advised that there is some work underway to develop an e-learning package that will be free to everyone across London (level 1 training initiative).</p> <p>KB asked about the changes to making s.42 enquiries and whether people have the skills. It was acknowledged that this has also been identified as a training need through the partnership training analysis. BT advised that LA training is currently open to all but this needs some review and consideration of how well equipped organisations are to be able to respond.</p> <p>HA suggested that there may be an opportunity to align the NHS Serious</p>	<p>HA HC</p> <p>PD</p>
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	<p>Incident Framework and root cause analysis to avoid duplication and agree a framework for investigation.</p> <p>Action:</p> <p>8. HA will take this forward liaising with relevant member agencies. HA and HC to meet to discuss threshold guidance.</p> <p>Action</p> <p>9. HSAB's local multi-agency policy and procedure will be updated to be read in conjunction with Pan London P&P.</p> <p>6.6 Performance report</p> <p>BT reported that Mark Grinham has now moved on to another role within Haringey. PR and MG put together the report which was circulated with the minutes and the following points were highlighted:</p> <ul style="list-style-type: none"> • increase in the number of referrals year on year; • more significantly there is an increasing number of cases awaiting determination; • issue of timeliness to safeguarding enquiries; • reduction in the number of closed cases; • a high number of open cases still; • referral source of safeguarding alerts – acute hospitals is at 625; <p>BT is keen to have a multi-agency discussion about how to reduce risks and manage referrals – particularly in relation to hospitals.</p> <p>PL asked about the category of 'other/other'. MG said that the 114 suggests data quality issues and may not know the source issue but the meeting acknowledged the need to break this down particularly in relation to understanding the role of the VCS. The Chair suggested that perhaps there could be some targeting of those not filling in the forms properly and that the source referral options needed to be looked at further.</p> <p>Proposals on bringing together multi-agency performance data into a framework is being worked on by the QA Sub-group which has set up a Task & Finish Group to lead on it from other agencies.</p> <p>LH queried the category related to financial abuse and suggested that this related in part to scams. MG said the 112 reports were not necessarily scams.</p> <p>Action:</p> <p>10. Any feedback regarding performance to be sent to PR/MG.</p> <p>11. QA Sub-group to report on performance data framework at the April Board</p> <p>6.7 Escalation Policy</p> <p>The Policy was agreed subject to clarity around the consideration of referral to children's services.</p> <p>CP raised concerns about the impact of resources and asked that we keep the policy under review.</p> <p>Action:</p> <p>12. PD to finalise the document and disseminate.</p>	<p>HA</p> <p>HC</p> <p>All CP</p> <p>PD</p>
7.	SUBGROUP UPDATES	

7.1	<p>MCA/DoLS including</p> <ul style="list-style-type: none"> • Dols Procedures • ToR <p>HA presented the report advising that the group had met on 7th January.</p> <p>ToR presented for ratification. Removed membership of GP lead as HA will be the link between the subgroup and the CCG. FF from Commissioning will be confirming who the provider lead will be. One provider to represent all providers, although this person will be from the provider forum and will feedback to that particular meeting.</p> <p>Law Commission’s consultation closed on 2nd November. Agencies had agreed to submit separate responses but had discussed thoroughly at the October meeting. The final report expected in April with a draft bill sometime this year</p> <p>Action:</p> <p>13. HA will update the board in April regarding the Law Commission progress</p> <p>DoLS Data</p> <ul style="list-style-type: none"> • 2014/15 – 246 referrals received • 2015/2016 – 367 referrals received (over 9 months (since April 2015)) • October 2015 – 60 referrals received (35 high, 7 medium, 18 low – rag rating) • November 2015 – 40 referrals received (21 high, 7 medium, 12 low – rag rating) • December 2015 – 34 referrals received (22 high, 6 medium, 6 low – rag rating). • 44 referrals have been received from all hospitals since October. 15 of those have since been NFA (no further action), due to discharge etc. <p>The Chair welcomed the information and advised that given potential risks it was important to continue to receive this but that eventually it would be incorporated into our Board performance data. The Chair requested that in future the report includes some volume comparison and rag rating information.</p> <p>Action:</p> <p>14. HA and PR to meet to see how DoLS data could be incorporated into the overall safeguarding data for the SAB.</p> <p>Draft LBH MCA/DoLS Policy</p> <p>HA had a query on section 4.3 (page 86). Use wording from the guidance regarding <i>Lacking Capacity</i> which would add clarity.</p> <p>Section 4.5 Deprivation of Liberty in Community Settings –clarity required as it is not for every domestic setting.</p> <p>CP raised the need to reference children’s procedures within this for people 16-18 years of age. MCA is for children 16-18 and adults.</p> <p>MCA/DoLS Policy was agreed, subject to changes</p> <p>Actions:</p> <p>14. Volume and rag rating of the DoLS to be given for SAB and source of referral to be included and how many are renewals;</p> <p>15. MCA and DoLS subgroup will update the board in April regarding the Law Commission</p> <p>16. HA to liaise with FF to confirm who the provider lead for MCA/DoLS subgroup will be (from Provider Forum).</p> <p>17. SS to update the MCA/DoLS policy as agreed and finalise</p>	<p>FF</p> <p>HA</p> <p>HA</p> <p>SS HA HA SS</p>
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	18. PD to keep a record of when policies and procedures are agreed and review dates	PD
7.2	<p>Prevention and Training & Development including:</p> <ul style="list-style-type: none"> • Prevention Strategy • Training Report <p>PT reported on the revise Strategy: brought two strategic plans together from previous Prevention and Training sub-groups and is now Care Act compliant. PT highlighted:</p> <ul style="list-style-type: none"> • Need to maximise public awareness and possible campaigns with events in the community – this requires resources • Prevent Coordinator Leon Joseph attended the subgroup regarding Prevent Duty • Issues regarding training are ongoing and the group discussed opening single agency training up across the partnership • Currently looking at other sources of funding that could be tapped into. • Group is considering how to get information out to the communities that do not speak English/use IT. <p>The Chair asked about the broad scope of priorities for the sub-group.</p> <p>BT raised the query about skilling up communities and community leaders in to do work themselves and so to broaden out the approach for prevention to be more sustainable. PT raised concern about overloading our communities and gave some feedback on Operation Shield experience and the need to be realistic on the demands we put on the community. PL said it is about where we target those resources and the need for community development.</p> <p>LH felt a signposting service is needed within the community. AC said that information and advice is a clear feature of prevention.</p> <p>CP queried whether the ambition in the plan is big enough around prevention.</p> <p>AC said in terms of resources, such as written information, there has been an agreement in London across the SAB Chairs network to share resources and information to reduce costs.</p> <p>The strategy and training report were welcomed.</p>	
7.3	<p>SAB Quality Assurance subgroup update</p> <ul style="list-style-type: none"> • Inaugural meeting held on 18 January 2016. • Terms of Reference adopted. Considered participation of the wider community (eg, Healthwatch; Service User representative) • Charlotte Pomery (AD Commissioning LBH) elected as chair • A Task & Finish group will be established to develop a multi-agency Quality Assurance Framework and Performance Dashboard. Proposals will be presented to SAB in April 2016. <p>It was agreed that membership needs to be extended to VCS and Healthwatch.</p> <p>Action: 19. CP to take forward consideration of QA Sub-group membership</p>	CP
8.	<p><u>Exempt Items</u> None.</p>	
9.	<p><u>New items of Urgent Business</u></p>	

	Subgroup. Formal referral will be looked into and will go back to the board.	
10.	INFORMATION ITEMS	
10.1	<p>Transformation and Safeguarding</p> <p>The Chair reported on a recent meeting with voluntary sector reps regarding the role of the SAB in assessing, monitoring safeguarding risk in regards to the changes in adult social services. The Chair reminded members that an assurance process had been established involving quarterly reporting by the LA Transformation Board to SAB monitoring risks and impact on safeguarding.</p> <p>PL advised of the agreement for him to provide accountability to the wider sector to SAB. Important to obtain as much feedback as possible to obtain a broader view.</p> <p>BT cautioned that this is largely a negative approach to risk. In terms of transformation there are positive risk taking in terms of promoting people's independent health. Part of the role of the Board is share positive risk taking in terms of strategic outcomes. BT wants to look at greater opportunities for co-production with users and families.</p> <p>KB asked that risks be articulated in more detail.</p> <p>LH said he was concerned about the closure of day centres and people who get their foot care from them. Could be increase in falls of older people. Lunch clubs, there has been no alternatives given. LH felt that this would increase isolation.</p> <p>SG said risk based approach can be considered at the co-production meetings. BT said that Commissioning should be picking up the issue of foot care. Provision will be in place before the centres close.</p> <p>Action: 20. BT to report to April Board</p>	BT
11.	<p><u>Future SAB Meetings</u> 25 April 2016</p> <p>Draft annual report statements to be brought to April meeting. People bring draft annual reports, policies and procedures to ensure Care Act Compliance and assure the Board of Safeguarding practice. If has an impact on partners, then bring to SAB as an update.</p>	
12.	<p><u>Any Other Business</u></p> <p><u>Service User Survey</u> Undertaking survey for service users who have long term support. Two questions around safeguarding and whether the services the council provides them makes them feel safe. Return will be finalised in June. PR can report back on this once it is finished.</p>	PR