

DRAFT MINUTES OF THE SAFEGUARDING ADULTS BOARD

Tuesday 3rd May 2022 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 | Apologies |
| Volunteer Lay Member | Lauritz Hansen-Bay | LHB | - |
| Adult Services | Beverley Tarka, Director of Adult Services | BT | ✓ |
| | Jeni Plummer, Interim Assistant Director of Adult Social Services | JP | ✓ |
| | Chris Atherton, Head of Assurance and Principal Social Worker | CA | ✓ |
| | Peter Foreman, Interim Head of Assessment and Safeguarding | PF | ✓ |
| | Marianne Ecker, Workforce Development Manager | ME | ✓ |
| Commissioning | Charlotte Pomery, AD for Commissioning | CP | ✓ |
| | Gill Taylor, Strategic Lead – Single Homelessness & Vulnerable Adults | GT | ✓ |
| | Paula Rioja, Senior Performance Officer | PR | ✓ |
| | Margaret Gallagher, Performance Manager | MG | Apologies |
| | Marcella Gibbi, Commissioning & Safeguarding Officer | MGi | ✓ |
| | Farzad Fazilat, Head of Brokerage and Quality Assurance | FF | Apologies |
| 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 |
| | Manju Likhman VAWG Strategic Lead and Commissioner | ML | Apologies |
| | Katy Harker, Public Health Registrar | KH | ✓ |
| Legal Services | Stephen Lawrence-Orumwense, Assistant Head of Legal | SLO | - |
| Cabinet Member for Adults and Health | Councillor Lucia das Neves, Cabinet Member for Health, Social Care and Well-Being | LDN | - |
| North Central London Clinical Commissioning Group | Jenny Goodridge, Strategic Adult Safeguarding Lead | JG | Apologies |
| | Rosie Peregrine-Jones, Assistant Director of Quality | RPJ | ✓ |

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| | Victor Nene, Haringey Safeguarding Adults Designated Professional | VN | ✓ |
| | Dr Lionel Sherman, Adult Safeguarding Lead | LS | Apologies |
| Whittington Health | Deborah Clatworthy, Interim Deputy Director of Nursing | DC | Apologies |
| | Theresa Renwick, Safeguarding Adults Lead | TR | ✓ |
| NMUH | Sarah Hayes, Chief Nurse | SH | Apologies |
| | Celia Jeffreys, Associate Director of Safeguarding | CJ | ✓ |
| | Shahida Trayling, Deputy Chief Nurse | ST | ✓ |
| BEH-MHT | Amanda Pithouse, Executive Director of Nursing, Quality and Governance | AP | Apologies |
| | Sian Carter-Jones, Head of Safeguarding | SCJ | ✓ |
| Haringey Police | Sebastian Adjei-Addoh, Detective Superintendent | SAA | Apologies |
| | Stephen O'Brien, A/Detective Chief Inspector North Area | SOB | ✓ |
| Neighbourhood Policing | Imran Asghar, Inspector | IA | - |
| Homes for Haringey | Denise Gandy, Director of Housing Demand | DG | ✓ |
| Housing Provider | Phil Johnson, Housing Services Manager, Hornsey Housing Trust | PJ | ✓ |
| London Fire Brigade | Keith Wilson, Borough Commander | KW | - |
| | Peter Shaw, Tottenham Station Manager | PS | Apologies |
| London Ambulance Service | Sophie Hill, Quality, Governance and Assurance Manager | SHi | - |
| Healthwatch | Sharon Grant, Chair | SG | ✓ |
| Bridge Renewal Trust | Geoffrey Ocen, CEO | GO | ✓ |
| Department for Work and Pensions | Phyllis Fealy, Haringey Relationship Manager | PFe | - |
| Probation | Shirley Kennerson, Assistant Chief Officer | SK | Apologies |
| | Russell Symons, Deputy Head of Service | RS | ✓ |
| Community Rehabilitation Company | Mathieu Bergeal – Area Manager | MB | - |

IN ATTENDANCE:

| Agency | Name | Initials | Attendance |
|---------------|---|-----------------|-------------------|
| Public Health | Sarah Hart, Senior Public Health Commissioner | SH | Item 2 |
| | Mohsin Butt, Junior Doctor | MB | Item 2 |

| ITEM | SUBJECT/DECISION |
|-----------|---|
| | <p>WELCOME AND INTRODUCTIONS/APOLOGIES: By Dr Adi Cooper (Chair) AC welcomed everyone to the virtual meeting. Apologies for absence were received from those listed above and accepted by the meeting.</p> |
| <p>1.</p> | <p>MINUTES OF LAST MEETING AND MATTERS ARISING The minutes of the January meeting were reviewed and agreed as an accurate reflection of the meeting.</p> <p>Action 1: VN provided a verbal update on the ICS developments; he noted that the NCL ICB has appointed a new Chief Nursing Officer, Chris Caldwell, who will be starting on 16th May. The NCL ICB is also intending to recruit to a Director of Safeguarding post, which will report to the Chief Nursing Officer, and the advert will be going out in a few weeks' time. CJ asked whether the Director of Safeguarding post will be recruited to internally or externally. VN explained that this is still being worked through, as the job description is still under development.</p> <p>Action 13: CA noted that all invoices for partner contributions to the SAB have been raised. CJ noted that had been some issues in paying the NMUH invoice around setting up the SAB as the supplier. VN also asked whether the CCG invoice had been paid.</p> <p>ACTION:</p> <ol style="list-style-type: none"> 1. CA to liaise with CJ and VN to resolve any invoice payment issues. |
| | <p>BRIEFINGS AND PRESENTATIONS</p> |
| <p>2.</p> | <p>Alcohol Related Deaths in Haringey Presentation SH noted that Public Health are leading on the alcohol-related deaths plan and that an action had been included in the SAB's Strategic Plan around alcohol-related deaths following the last presentation to the SAB. She noted that a learning review into one alcohol-related death had been undertaken by independent reviewer, Mike Ward, and that the presentation provided an update on this.</p> <p>MB presented the update on alcohol-related deaths. He noted that alcohol dependency is a big problem in Haringey, with 24% of adults in Haringey drinking over the recommended 14 units of alcohol a week. Haringey also has a high level of adults who binge drink compared to London and England. In 2018/19, hospital admission episodes for alcohol related conditions for adults between 40 to 64 years were reported at 907 per 100,000. This was statistically similar to the England rate of 929 and above the London average rate of 773, with men being particularly affected. MB noted that the most deprived areas of the borough have higher levels of alcohol misuse. Studies have also indicated that alcohol misuse increased during the COVID-19 pandemic.</p> <p>MB summarised the review undertaken by Mike Ward into the death of a 55-year-old British male of Indian heritage. He died in January 2021 from Left Ventricular Failure, Ischaemic Heart Disease and Fatty Liver Disease. He had a long history of alcohol dependency, which had a significant impact on his mental and physical health. The review made seven recommendations:</p> <ol style="list-style-type: none"> 1. Training for all frontline professionals on the key element of a good care plan for a chronic and change resistant dependent drinker. 2. Guidance on the level of risk or vulnerability associated with a change resistant drinker that will initiate a more assertive approach and / or escalation to multi-agency management. |

3. Frontline alcohol services should have sufficient commissioned capacity to undertake assertive outreach with the most challenging chronic dependent drinkers.
4. Setting up a multi-agency group (or nominating an existing group for this role) to which services can escalate the most complex change resistant dependent drinkers for multi-agency review and management.
5. Frontline staff consider residential rehabilitation as an option for clients and that it can be accessed without undue barriers. In particular, a path from inpatient to residential rehabilitation should be possible.
6. All appropriate frontline professionals (and their managers) require training on the application of the safeguarding provisions of the Care Act, the Mental Capacity Act and the Mental Health Act to people who are dependent on alcohol. This should include a recognition of the role of that the physical health impacts of drinking can have on mental functioning and therefore mental capacity.
7. Adult Social Care and Safeguarding staff need to ensure that pro-active / assertive steps to safeguard chronic dependent drinkers with care and support needs who are self-neglecting or otherwise vulnerable to abuse or neglect.

Five key changes are being progressed in response to the recommendations:

1. Commissioning more blue light training to front line workers to ensure they are better placed at engaging with change resistant drinkers.
2. Recruiting a new FY2 doctor with an interest in hepatology (NIHR Academic Clinical Fellow in Gastroenterology) who will be exploring new health pathways for change resistant drinkers with Dr Ghosh (Whittington Hospital).
3. Conducting focus groups with service users to understand how HAGA can work better with change resistant drinkers.
4. Ensuring frontline workers are aware of appropriate pathways for change resistant drinkers, including safeguarding information.
5. Embedding assertive outreach approach - look at how Bringing Unity Back Into the Community (BUBIC) can be used to create social network and HRS.

BT thanked SH and MB for the comprehensive report. She asked whether any learning had been identified around preventative measures for alcohol-related harm. SH highlighted the importance of Making Every Contact Count training, which has been updated on the Haringey Council intranet, and use of strengths-based approaches when working with service users in adult social care and the early use of alcohol screening questions when assessing people's care needs. Work undertaken around hospital liaison also identifies the importance of early conversations with patients. SH noted that there is an online drink coach available for anybody in the community to do an assessment of their alcohol consumption and to find tips to reduce this, although she noted that there is room for improvement in the promotion of this service to residents. Online counselling is also available to the community.

GT noted that the case reviewed by Mike Ward involved an Asian man and that alcohol and drug as well as homelessness deaths disproportionately affect people from BAME backgrounds. She noted her interest in work around cultural competence and its role in 'making every contact count'. SH noted that there is a programme around cultural competence, the role of BUBIC in this case and the social isolation of the person. SG suggested that links are made with Black Thrive Haringey in this work; this is a new organisation focused on mental health for black people.

GO asked to what extent social factors are critical to the work around alcohol-related deaths and what more could be done. SH noted that there is a new alcohol strategy which has a wider focus than treatment resistant clients, looking at the availability of alcohol, unit pricing and the culture of drinking. She also noted that Public Health

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| | <p>want to develop cultural competency in the alcohol service and funding has been made available for a community engagement post for substance misuse services.</p> <p>TR noted that there is an increasing number of people presenting at hospital with substance misuse and either mental health or homelessness issues. SH noted that additional funding had enabled a substance misuse homeless team to be set up and service users are gradually getting into treatment and harm reduction work.</p> <p>AC thanked SH and MB for the presentation and noted the continuing importance of this work for the SAB's agenda. She asked SH to consider when it would be appropriate to report back to the SAB.</p> <p>ACTION:</p> <ol style="list-style-type: none"> 2. GT/SH to liaise around cultural competence in substance misuse services. 3. SH to confirm to AS when a further update on alcohol-related deaths will be provided to the SAB. |
| STANDING ITEMS | |
| <p>3.</p> | <p>COVID-19 Safeguarding Concerns</p> <p>AC explained that it had been agreed that this would be a standing item on the SAB agenda to ensure that any safeguarding concerns arising from the COVID-19 pandemic could be picked up now that the task and finish group had been closed down. She asked if any partners had verbal updates that they wanted to give.</p> <p>BT noted that there are significant waiting lists for social care assessment and review with Adult Services, which will have implications for adult safeguarding going forward. AC suggested that BT brings a written update to the next SAB meeting around any potential safeguarding issues and risks and the ongoing pressures in Adult Services.</p> <p>CP highlighted that the effects of the pandemic are still an issue for care providers. She suggested that it would be useful to consider the safeguarding issues arising from the Healthwatch report into long Covid. SG provided the link to the report; RW to circulate with the SAB minutes.</p> <p>VN noted that work is underway with the lead GPs for safeguarding around identifying unvaccinated patients at risk and developing guidance for GPs, looking at when the Court of Protection should be referred to.</p> <p>AC noted the ongoing impact of COVID-19 and asked that reports are brought to the Board if there are issues to be discussed, otherwise verbal updates will be requested.</p> <p>ACTIONS:</p> <ol style="list-style-type: none"> 4. BT to bring a written update to the next SAB meeting regarding potential safeguarding issues and risks due to ongoing pressures in Adult Services. 5. RW to circulate the Healthwatch report on long Covid. |
| <p>4.</p> | <p>Performance Safeguarding Data</p> <p>PR presented the SAB performance data for March 2022, highlighting:</p> <ul style="list-style-type: none"> • Safeguarding concerns have increased by 36% since December 2021 and are 36% higher than the same period last year. • Section 42s decreased by 4% compared to the previous month, however, they are 43% higher than the same period last year. |

- The ethnicity of people subject to safeguarding concerns has remained similar during 2020-21 and 2021-22, with people from White backgrounds underrepresented by 14% compared to Haringey's population and people from Black backgrounds overrepresented by 6%.
- Safeguarding concerns referred by the NHS remain to be the greatest proportion of source of referral at 39%. Referrals from the Police have started to rise again after a recent fall.
- Emotional/Psychological abuse continues to be the most common form of abuse, accounting for 27% of all safeguarding abuse. Neglect and acts of omission are the second most common type of abuse.
- Financial abuse is now the third most common type of abuse, with numbers increasing by nearly 73% since December 2021.
- Domestic abuse numbers continue to increase, and it is now 28% higher than the previous month.
- The victim's own home accounts for the location of the majority of safeguarding concerns (68%). Supported Living (including sheltered, extra care housing) cases increased by 15% when compared to the same period last year.
- From Met Police data, domestic violence with injuries figures in March 2022 shows a 25% increase from the previous month and a 0.38% increase compared to the previous 12 months.
- The proportion of adult safeguarding cases with risks removed or reduced has reduced from 93% in the third quarter to 89% in the fourth quarter. The target is 95% but data cleansing will take place for the end of year returns.
- 78% of people were asked about their desired safeguarding outcome in March 2022, 11% higher than the same period last year. 95% of individuals had their desired outcomes met or partly met in March 2022, a 27% increase when compared to the same period last year.

TR noted that there has been an apparent increase in victims of abuse from Black backgrounds attending the Whittington hospital in recent months. She also noted that the levels of financial abuse in the community is likely to rise with the significant increases to the cost of living.

PR highlighted that currently 60% of financial abuse is committed by family members. AC suggested that the increases in financial abuse could be a result of the cost of living crisis; this needs to be a priority in the new SAB Strategic Plan.

JP asked about the impact of scams within the financial abuse figures. PR noted that there was only one scam out of 20 financial abuse cases that she had reviewed.

AC suggested that JP and PR look at the financial abuse cases and consider what the recommendation should be for the SAB's Strategic Plan. She also suggested linking in with Children's Services on this work.

CP noted that there is an established debt and financial hardship partnership that Children's Services feed into. She suggested that adult safeguarding should link into this existing partnership.

BT also asked if any work is being undertaken to look at the 11% of cases where safeguarding risks remain. PF noted that an analysis of this data is under way, which has identified some issues around data recording, and this work is ongoing. AC asked for JP, PF and PR to report back on this at the next SAB meeting.

CA suggested that the next performance report to the SAB should look at levels of safeguarding concerns and investigations compared to pre-pandemic levels to establish if there has been a change. AC also added that it was important to look at the national picture, and asked PR to incorporate both of these into the next performance report to the SAB.

GO highlighted the under and over-representation of safeguarding concerns amongst different ethnic groups. AC asked that the QA Subgroup undertakes some specific work to look at this issue and that the Prevention and Learning Subgroup picks up any actions arising from this analysis.

ACTIONS:

6. **JP and PR to analyse financial abuse figures and develop action for 2022/23 SAB Strategic Plan.**
7. **JP to make the links regarding adult safeguarding concerns and financial abuse into the debt and financial hardship partnership.**
8. **JP, PF and PR to report on analysis of the 11% of cases where safeguarding risks remain at the July SAB meeting.**
9. **PR to include pre-pandemic data and current national trends in safeguarding performance report to July SAB.**
10. **CP/Quality Assurance Subgroup to analyse the ethnic breakdown of safeguarding concerns and report to July SAB.**

5.

Haringey Safeguarding Strategic Priorities Update

AC presented the HSAB Strategic Plan. Most areas have been updated as of 30th March 2022. The areas still pending were discussed;

A3: The plan was to carry out a MSP deep dive by March 2022 to explore MSP practice at the start of the process. CA noted that the audit forms have been reviewed. A pressure ulcer audit was conducted, and a self-neglect audit is currently under way. He noted that MSP auditing is to be discussed under agenda under item 10.

P6: An update is required for work on Transitional Safeguarding. JP noted work is taking place between Adults and Children's Services with RiPfA. JP to provide AS/RW with an update report for circulation to SAB before the July meeting.

L1: CA noted that refusal of medical treatment was a priority suggested at NCL level. It was noted that audits regarding refusal of medical treatment are linked with work being undertaken by the CCG to identify unvaccinated patients. VN to take this action forward. CA to send background paper to VN.

N2: VN had given a verbal update; AC noted that VN should provide written updates for the SAB according to the Strategic Plan, moving forward.

A3: TR highlighted that the LPS code of practice is out for consultation, with a deadline for agencies to respond by 7th July 2022. A London-wide event is being held on 16th June; TR to share the details with AS/RW for circulation to SAB. TR noted that the LPS will have a huge impact, especially around staff training. She suggested that the LPS Subgroup should reconvene now. AC proposed that PF/TR should make arrangements to reconvene the LPS Subgroup. VN asked to be kept informed.

ACTIONS:

11. **JP to provide AS/RW with an update report on transitional safeguarding work for circulation to SAB before the July meeting.**
12. **CA to send VN background report concerning refusal of medical treatment.**
13. **VN to progress action L1 in Strategic Plan and provide updates.**
14. **VN to provide progress updates on action N2 moving forward.**
15. **PF/TR to reconvene the LPS Subgroup. VN to be kept informed.**

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| <p>6.</p> | <p>Joint Providers Monitoring Report <i>(Parts exempt from publishing due to data confidentiality)</i></p> <p>CP presented the Joint Providers Monitoring report for quality assurance from September 2021 to December 2021, highlighting the close working between Commissioning, the CCG and CQC.</p> <p>AC noted that the SAB had requested that the following was included in the monitoring report, which did not appear to be included:</p> <ol style="list-style-type: none"> 1. Need to consider how we can support care providers/care agencies in relation to ensuring their staff are fully aware of the safeguarding processes and expectations. This was related to discussions around the shortage of staff in the NHS and Care Homes, staff are being recruited from overseas. 2. Update on how do we support care homes to understand and to undertake the capacity assessment as care homes should lead the process not the GP? This is related to a number of patients in Haringey who lack capacity, and their LPOA are refusing a vaccine; and 3. To include an update on what is being done locally in response to the National Safe and Wellbeing Review Programme. <p>CP and VN to ensure that these areas are addressed in the next Joint Providers Monitoring report.</p> <p>CP noted that the situation regarding vaccination as a condition of employment had shifted hugely and that Commissioning staff are working closely with care providers and hospitals on this.</p> <p>ACTIONS:</p> <p>16. CP and VN to ensure that the areas outlined above are addressed in the next Joint Providers Monitoring report in July 2022, including local involvement in the National Safe and Wellbeing Review Programme.</p> |
| <p>7.</p> | <p>HSAB Management Report</p> <p>AC presented the Board Managers report, noting the updates from the SAR Subgroup and the Prevention and Learning Subgroup. The terms of reference for the SAR Subgroup had been reviewed and are attached as an appendix for agreement. The SAB agreed the revised terms of reference, and to review them in three years.</p> <p>It was also noted that, following the SAPAT Challenge Event in April 2022:</p> <ul style="list-style-type: none"> • A meeting has been arranged for May (to include all statutory partners and subgroup chairs) to review the current strategic priorities and the output from the SAPAT. The group to look at the draft proposals/priorities in this report to draft SAB work priorities for 2022/23. Draft priorities for 2022/23 will be circulated for comment. • A further meeting will be set up in June to finalise the strategic priorities for 2022/23 prior to the HSAB meeting in July 2022. • The current Strategic Plan 2018-2021 is due for a review. A review and consultation on the strategic plan for a further 3 years 2022 will be timetabled. • Parts of the SAPAT will help inform the HSAB annual report 2021/22. A further request will be made to all partner organisations to provide updates on their individual organisational achievements and challenges, including case studies for the 2021/22 report, as this is not available from the SAPAT returns. <p>BT noted that the Council is increasingly taking a co-production approach to strategies moving forward. SG suggested that it would be crucial to include the views and</p> |

experiences of services user reference groups in the community via the Healthwatch Joint Partnership Board, so that the SAB Strategy is shaped around people's needs and experiences. AC noted that she would be happy to attend the Joint Partnership Board to facilitate this discussion.

ACTIONS:

17. AS to ensure timetable for SAB Strategy allows for co-production approach.

18. SG to invite AC to the Joint Partnership Board meeting.

BUSINESS ITEMS

8.

Ms X SAR Update Report

AC presented the update report concerning the Ms X SAR. It was noted that the SAB had agreed that a report summarising the findings of the Ms X SAR should not be circulated to take account of Ms X's wishes that information about her case is not shared in the public domain. But to ensure that partners responsible for implementing the SAR learning have sufficient information to understand the rationale for the SAR recommendations, it is recommended that a one-off targeted learning workshop is held with these staff to share some contextual information and an explanation of how the learning resulted in the recommendations made by the review. The SAB agreed to the recommendation and a learning event will be planned accordingly.

ACTION:

19. RW to organise a targeted learning event for the Ms X SAR.

9.

Adults Safeguarding Referral Analysis

JP presented the report which responds to a recommendation of the Thematic Homelessness SAR that the Haringey Safeguarding Adults Board (SAB) should receive reports and consider the implications for further work of safeguarding case audits and scrutinise decision-making about which cases progress from section 42(1) to section 42(2). This to include assessment of feedback to referrers, as highlighted at SAR learning events.

A comprehensive breakdown of safeguarding referrals is presented to the SAB as part of the dashboard on a quarterly basis; this includes breakdown of areas such as ethnicity, source of referral, gender, etc. Over the past 12 months, there were 621 Section 42s recorded.

| Conclusion/outcome of investigation | Count of S.42 | % of S.42 |
|--|---------------|-----------|
| Wholly substantiated | 148 | 23.83% |
| Unsubstantiated | 100 | 16.07% |
| Inconclusive | 81 | 13.03% |
| Partially substantiated | 77 | 12.39% |
| Section 42 incomplete | 63 | 10.22% |
| Case ongoing | 47 | 7.56% |
| No Safeguarding issues found | 43 | 6.93% |
| Investigation Ceased at Adult at Risk/Advocate Request | 42 | 6.78% |
| Unknown | 14 | 2.24% |
| Investigation ceased at individuals request | 6 | 0.96% |
| Grand Total | 621 | 100.00% |

The Performance Team were able to provide a list of 11 referrals made by Housing colleagues and 10 of which related to people who were homeless at the time of the referral. From the cases audited it was noted that feedback was inconsistent with six

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| | <p>having recorded evidence of feedback to the referrer. Of the five remaining, there was no recorded evidence of attempts to provide feedback or any rationale for why feedback was not required. One case had two referrals for same reason, duplicate, and feedback provided on the first referral but not on the most recent.</p> <p>In terms of the decision-making process for those cases audited there were no concerns raised about the decision made regarding the outcome of the referrals. Rationales were clearly recorded and showed good consideration of making safeguarding personal (MSP) where possible. It should be noted that due to the nature of the circumstances surrounding the individuals referred, direct contact was problematic at times. Of note is that due to the inconstant feedback, it was unclear in some cases if the required case management advice was acted upon.</p> <p>As a result of these findings, the actions that will be taken are:</p> <ol style="list-style-type: none"> 1. All staff to be refreshed on the requirement to provide feedback on the outcome of referrals. 2. Managers add this requirement to case closure discussions and ensure it is undertaken. 3. Team to consider standard letters and emails as part of the feedback process, and to be considered as part of Liquid Logic development. <p>AC suggested that this analysis is repeated once Liquid Logic has been implemented, or annually, whichever is sooner.</p> <p>ACTION: 20. JP to report back to the SAB on actions and their impact by May 2023.</p> |
| <p>10.</p> | <p>Adults Safeguarding Audit/Service Improvement Update</p> <p>PF presented the report on an external audit of adult safeguarding which was undertaken by MAZARs between May and July 2021. The audit did highlight areas of good practice, but it was noted that the overall outcome of the audit was there was limited assurance on the areas audited. As a result, the service development and action plans were amended to address the recommendations and have since been developed into an ongoing service improvement plan.</p> <p>To monitor workflow and ensure any outstanding safeguarding referrals are monitored, the Duty Senior and the Team Manager now oversee the incoming work and ensure all actions are completed at the end of each day. To assist with this, there have been some changes to the Safeguarding Team structure to ensure we have a dedicated senior person each day to screen incoming referrals.</p> <p>The audit highlighted that safeguarding referrals are not being risk assessed with an agreed outcome within three to five working days. Initially there was agreement for a dedicated Senior Practitioner to be based within the First Response team, but due to the volume, this was not achieving the improvements needed. This also included ongoing delays in allocating cases once a decision to progress to enquiry was made. A further review of the staffing structure of the Safeguarding Team was completed and, with use of short-term additional funding, means we have been able to recruit additional Senior Practitioners and Screening Officers to support the team. This has been effective in that all referrals have a decision within the required timeframes, and we have no delays in allocating further enquiries. There are occasions where it has not been possible to speak to the adult at risk or with relevant parties within the five days. To manage this, we have management oversight in place to review these cases and decide on the next steps, and it is also recorded on MOSAIC.</p> <p>There has been a reduction on the number of cases open beyond 28 days; 76% of further enquiries are now completed within 28 days, which is a significant</p> |

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| | <p>improvement. This has been achieved through some changes to the internal team structure and how work is allocated. There are also weekly team meetings to discuss open enquiries to ensure management oversight. If there are reasons for the enquiry to remain open over 28 days, this has been agreed with the enquiry manager. Weekly case supervision is now a requirement with management oversight and agreed actions recorded on the case file.</p> <p>Following the audit, changes have been made to performance data being captured, monitored and shared. This has included an updated Safeguarding dashboard sent to Senior Managers and the leadership team. Weekly reporting has been updated to cover the key performance areas and shared with Head of Service, Team Manager and discussed with the team at huddles and meetings. There is also monthly performance call over meetings where the information is discussed and then shared at the Performance departmental management team meeting. Performance data is also discussed in management one to one meetings.</p> <p>PF also highlighted the additional planned service improvement work to safeguarding pathways, review of the staffing structure, localities-based data reporting, transitional safeguarding, and further development of making safeguarding personal (MSP).</p> <p>AC noted that a lot of work had been undertaken in response to the audit.</p> <p>CP highlighted the importance of the localities approach in future developments.</p> <p>SG noted concern around the workforce issues and the need to take proactive action. JP explained that work is under way to identify recruitment challenges and how to address these. BT added that there are workforce challenges nationally and that work is being undertaken to try to establish consistent agency pay rates across London and to establish career pathways within the Council.</p> |
| 11. | <p>Safeguarding Adults Prevention Strategy and Delivery Plan KH presented the Safeguarding Adults Prevention Strategy and Delivery Plan for agreement. Comments from the SAB have been responded to and the Quality Assurance Subgroup has reviewed the revised strategy and plan.</p> <p>CJ noted that the Strategy had been a really useful read, with lots of information around safeguarding prevention, and was well presented. KH noted that Dianna StHilaire had put a lot of work into the revised strategy.</p> <p>The revised Safeguarding Adults Prevention Strategy and Delivery Plan was agreed.</p> |
| 12. | <p>Haringey's Joint Establishment Concerns Procedure CP presented the revised Joint Establishment Concerns Procedure for agreement. CP noted the importance of this procedure for working with providers.</p> <p>PF asked when the procedure would be triggered and whether it is dependent on the size and risk of the provider. CP noted that the size of the provider does not dictate use of the procedure, rather, whether the situation meets the threshold set out in the procedure.</p> <p>The revised Joint Establishment Concerns Procedure was agreed.</p> |
| INFORMATION ITEMS | |
| 13. | <p>The HSAB Forward Plan for January 2022 to January 2023 was presented for information. AC asked for any amendments or additions to be notified to AS.</p> |

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| | <p>GT requested an item on the October agenda for the Multiple Disadvantage Strategy and a brief meeting with AC beforehand to fully introduce it.</p> <p>ACTION:</p> <p>21. AS to add GT's item to October agenda and liaise with GT/AC re introduction of the item.</p> |
| <p>14.</p> | <p>Any Other Business</p> <p>SG asked if the Board would be looking at the safeguarding implications relating to Ukrainian and other refugees being invited to live in homes in the UK. CP noted that there is already work under way, also looking at the issue from a Children's Services perspective. CP to send AS/RW a briefing summarising the work to date for circulation to SAB. VN to liaise with CP concerning issues identified by local GPs.</p> <p>ACTIONS:</p> <p>22. CP to send AS/RW a briefing summarising the work to date for circulation to SAB.</p> <p>23. VN to liaise with CP concerning issues identified by local GPs.</p> |

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