

## DRAFT MINUTES OF THE SAFEGUARDING ADULTS BOARD

Thursday 22<sup>nd</sup> July 2021 at 11:30-12:30

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	✓
Volunteer Lay Member	Lauritz Hansen-Bay	LHB	✓
Adult Services	Beverley Tarka, Director of Adult Services	BT	✓
	Jeni Plummer, Operational Lead Manager	JP	✓
	Chris Atherton, Head of Assurance and Principal Social Worker	CA	✓
	Marianne Ecker, Workforce Development Manager	ME	Apologies
	Grace McHenry Safeguarding Team Manager	GMcH	x
	Dianna StHilaire, Interim Workforce Development Manager	DsH	✓
Commissioning	Charlotte Pomery, AD for Commissioning	CP	✓
	Gill Taylor, Strategic Lead – Single Homelessness & Vulnerable Adults	GT	✓
	Paula Rioja, Senior Performance Officer	PR	✓
	Margaret Gallagher	MG	✓
	Sujesh Sundarraj, Commissioning and Safeguarding Officer	SS	✓
Children's Services	Beverley Hendricks, Assistant Director Children's Safeguarding and Social Care	BH	Apologies
Public Health/ Community Safety	Dr Will Maimaris Interim Director of Public Health	WM	x
	Manju Likhman VAWG Strategic Lead and Commissioner	ML	✓
Legal Services	Stephen Lawrence-Orumwense, Assistant Head of Legal	SLO	x
Cabinet Member for Adults and Health	Councillor Sarah James, Cabinet Member for Adults and Health	SJ	x

<b>North Central London Clinical Commissioning Group</b>	Janette Shaw, Interim Designated Professional for Safeguarding Adults (Haringey)	JS	✓
	Jenny Goodridge, Strategic Adult Safeguarding Lead	JG	x
	Dr Lionel Sherman, Adult Safeguarding Lead	LS	✓
<b>Whittington Health</b>	Breeda McManus, Interim Deputy Director of Nursing	BM	✓
	Theresa Renwick, Safeguarding Adults Lead	TR	✓
<b>NMUH</b>	Sarah Hayes, Chief Nurse	SH	x
	Celia Jefferies, Associate Director of Safeguarding	CJ	x
	Rita Kyambadde, Lead Nurse for Adult Safeguarding	RK	✓
<b>BEH-MHT</b>	Amanda Pithouse, Executive Director of Nursing, Quality and Governance	AP	x
	Sian Carter-Jones, Head of Safeguarding	SCJ	✓
<b>Haringey Police</b>	Sebastian Adjei-Addoh, Detective Superintendent	SAA	x
	Paul Ridley, A/Detective Chief Inspector North Area	PRi	x
<b>Neighbourhood Policing</b>	Imran Asghar, Inspector	IA	Apologies
<b>Housing</b>	Denise Gandy, Director of Housing Demand	DG	x
<b>Housing Provider</b>	Phil Johnson, Housing Services Manager, Hornsey Housing Trust	PJ	Apologies
<b>London Fire Brigade</b>	Claiton Murray, Borough Commander	CM	Apologies
<b>London Ambulance Service</b>	Sophie Hill, Quality, Governance and Assurance Manager	SHi	Apologies
<b>Healthwatch</b>	Sharon Grant, Chair	SG	✓
<b>Bridge Renewal Trust</b>	Geoffrey Ocen, CEO	GO	x
<b>Department for Work and Pensions</b>	Phyllis Fealy, Haringey Relationship Manager	PF	x
<b>Probation</b>	Shirley Kennerson, Assistant Chief Officer	SK	x
<b>Community Rehabilitation Company</b>	Mathieu Bergeal – Area Manager	MB	x

**IN ATTENDANCE:**

Agency	Name	Initials	Attendance

ITEM	SUBJECT/DECISION
1.	<p><b>WELCOME AND INTRODUCTIONS/APOLOGIES:</b> By Dr Adi Cooper (Chair) AC welcomed everyone to the virtual meeting, explaining the meeting protocols to keep video cameras off, microphones muted and to use the chat function to raise questions during the meeting. Participants will be asked to turn on their microphone to give updates and to switch the microphone off afterwards.</p> <p>Apologies for absence were received from those listed above and accepted by the meeting.</p>
2.	<p><b>MINUTES OF LAST MEETING AND MATTERS ARISING</b> The minutes of the April meeting were reviewed and agreed as an accurate reflection of the meeting.</p> <p>Item 3: LeDeR Annual Report has been deferred to the October Board meeting.</p> <p><b>ACTION:</b></p> <ol style="list-style-type: none"> <li><b>AS to update forward plan for LeDer Annual Report to be presented to the October Board meeting.</b></li> </ol>
<b>BRIEFINGS AND PRESENTATIONS</b>	
3.	<p><b>Homelessness and Rough Sleeping Annual Report</b></p> <ul style="list-style-type: none"> <li>GT presented the first annual report on homelessness and rough sleeping. It was requested as part of the boroughs work to provide a comprehensive safeguarding response for adults experiencing homelessness and rough sleeping, following exploration into the deaths of homeless people and the implementation of the Homelessness Fatality Review Procedure in 2019.</li> <li>The aim of the report is to provide assurance to the HSAB that measures are in place to safeguard vulnerable adults at risk who are affected by homelessness and rough sleeping. The report provides an overview of homelessness in the borough affecting single adults; highlights the strategic context, local profile of homelessness and key initiatives and services that contribute to the prevention and reduction of harm affecting vulnerable adults. It also includes key priorities and challenges for the coming year.</li> <li>In 2020, 405 people were met by an outreach team whilst rough sleeping in Haringey, an average of 34 people per month.</li> <li>Haringey has one of the most effective rough sleeping responses in England, having sustained year on year reductions since 2018 despite increasing numbers.</li> <li>Rough sleeping has reduced by 72% since July 2019 and has been sustained at this level since November 2020.</li> <li>Residents from the BAME community were significantly more likely to approach as homeless compared to White residents. This ratio varies significantly by age group, as well as by ethnic background. For instance, residents identifying as Black/Black British aged 25-35 were around 12 times as likely to present as single homeless compared to their White counterparts.</li> <li><b>Response to Covid-19:</b> Since March 2020, the services has secured more than 120,000 nights of emergency accommodation for more than 1,100 people. In ordinary circumstances emergency accommodation would only have been available to around 100 people. There are 82 people still living in this emergency accommodation who would otherwise be rough sleeping. Although</li> </ul>

	<p>the night shelter facilities closed during the pandemic, all other hostels and supported housing services remained open throughout.</p> <ul style="list-style-type: none"> <li>• TR queried what can be provided potentially in the community particularly for people with substance misuse issues and accessing health care, as it can be problematic at times when people turn up to the emergency department and may not be seen straight away. GT added that funding has been awarded recently across the NCL looking at Hospital discharge arrangements, funding has also been provided for multiple exclusion and frequent flyers.</li> <li>• CP queried how is the annual report being promoted. GT noted that it would be useful to introduce to the Health and Well-being Board and Members.</li> <li>• See the full report for priorities and challenges for 2021-22</li> </ul> <p><b>ACTION:</b></p> <ol style="list-style-type: none"> <li><b>2. AS to update forward plan, next Homelessness and Rough Sleeping Annual Report to the July 2022 HSAB meeting.</b></li> <li><b>3. GT and TR to meet outside of this meeting to discuss the issues raised above regarding hospital discharge arrangements and supporting those with complex needs and substance misuse issues.</b></li> <li><b>4. HSAB members to share the Homelessness and Rough Sleeping Annual report within their own organisations as a shared information resource.</b></li> </ol>
<p>4.</p>	<p><b>VAWG Annual Report</b></p> <ul style="list-style-type: none"> <li>• ML presented the VAWG Annual Report which is a synopsis of the key highlights over the year and the key priorities going forward.</li> <li>• Some of the key highlights included the following: <ul style="list-style-type: none"> <li>○ Coordinated Community Response (CCR) Community Engagement Pilot expanded from 3 wards to become borough-wide</li> <li>○ Commissioning specialist Independent Domestic Violence Advocates around Mental Health and BAMER</li> <li>○ Development and implementation of VAWG guidance for professionals on all VAWG services</li> <li>○ Revamped the VAWG governance structure for Haringey</li> <li>○ Developed a comprehensive guidance for Councillors/Members on how to support their constituents</li> <li>○ Supported providers during lockdown with increased cases</li> <li>○ Expanded communication messages borough wide</li> <li>○ Supported the Multi-Agency Safeguarding Hub, Commissioner for Young People and Schools and our commissioned service that operates in schools (POW).</li> <li>○ Free two-hour webinar session on How to Identify and Respond to Signs of Domestic Abuse in the Context of Covid-19 was delivered to over 200 frontline staff and volunteers across Haringey</li> <li>○ Distributed 800 posters providing support information on forced marriage, financial abuse, coercive control, male victim/survivors, and bystanders</li> <li>○ Facilitated a forum with BAMER+ communities and shared our findings with the Council's Health and Wellbeing board to inform their action plan</li> </ul> </li> <li>• The pandemic and associated lockdowns resulted in a rise in cases of domestic abuse both nationally and locally. The domestic abuse commissioned services in the borough have reported an increase in demand and an increase in complexity of cases due to the pandemic. The risk of abuse has escalated during this time because perpetrators have had more opportunity to isolate and</li> </ul>

	<p>control victim/survivors and with fewer opportunities for victim/survivors to seek help.</p> <ul style="list-style-type: none"> <li>• Some of the key priorities going forward: <ul style="list-style-type: none"> <li>○ Pilot and evaluate the Coordinated Community Response model</li> <li>○ Recommissioning the VAWG services in the borough (October 2022)</li> <li>○ Partnership with Department of Work and Pensions (DWP) to support victim/survivors back into employment</li> <li>○ Improve data recording and monitoring of VAWG data</li> <li>○ Secure Core VAWG Funding</li> <li>○ Lead the borough strategically and operationally on VAWG</li> </ul> </li> </ul> <p><b>ACTION:</b></p> <p><b>5. Training is available on the VAWG guidance for professionals. If any members require training, contact the VAWG Team <a href="mailto:vawg@haringey.gov.uk">vawg@haringey.gov.uk</a></b></p>
<b>BUSINESS ITEMS</b>	
<p><b>6.</b></p>	<p><b>Escalation Policy</b></p> <ul style="list-style-type: none"> <li>• CA presented the Escalation Policy. The protocol aims to support positive resolution of professional difference between agencies working to safeguard vulnerable adults in Haringey. Whilst there is generally a good working relationship between agencies and professional difference can be a driving force in developing practice, occasionally disagreements may arise which requires timely resolution so as not to delay decision making.</li> <li>• The draft revised Protocol was presented to the QA subgroup in July, and a few queries/amendments were raised.</li> <li>• The Protocol will be further amended, and the final draft will be presented to the HSAB in October.</li> </ul> <p><b>ACTIONS:</b></p> <p><b>6. CA to update and revise the Escalation Protocol and bring back the final revised Protocol to the October HSAB meeting.</b></p> <p><b>7. All Board members to provide any comments/feedback to CA.</b></p>
<p><b>7.</b></p>	<p><b>Review of SAR subgroup Effectiveness 2020/21</b>  <b>AC presented the report on the review of the SAR subgroup effectiveness 2020/21.</b></p> <ul style="list-style-type: none"> <li>• The SAB's Strategic Plan 2020/21 contains an objective for the SAR Subgroup to assess the impact and effectiveness of the work of the Subgroup. The aim of this objective is to assure the Board that the SAR Subgroup and Chair is delivering its objectives and priorities as outlined in its Terms of Reference and demonstrate that HSAB partners have applied the learning from SARs to practice.</li> <li>• The report provides the SAR subgroups activity for 2020/21 including referrals, reviews, thematic learning etc.</li> <li>• In addition to the management of new SAR referrals, the priority areas of work for the SAR Subgroup currently identified for 2021/22 are outlined in the report (see report).</li> <li>• The HSAB is asked to agree the following recommendations: <ul style="list-style-type: none"> <li>○ Due to an increase in Safeguarding Adults Reviews undertaken, demands on the SAR Subgroup have started to exceed the available resource. It is therefore proposed that the SAR Subgroup initially</li> </ul> </li> </ul>

	<p>concentrates on implementing the learning from the Homelessness SAR and moving the anonymous SAR forward in 2021/22.</p> <ul style="list-style-type: none"> <li>○ To ensure that work is phased in a manageable way and partners are supported to deal with priorities arising from the pandemic response, it is proposed that the SJ SAR is initiated in September 2021.</li> <li>○ The SAR subgroup timetable to be kept under review in light of any revised priorities</li> </ul> <p><b>The Board agreed to the recommendations outlined above and in the report.</b></p>
<p><b>8.</b></p>	<p><b>HSAB Safeguarding Performance Data (as at end of June 2021)</b></p> <ul style="list-style-type: none"> <li>● Emotional and psychological abuse remained at a consistent high level since March 2021 at 34%</li> <li>● Neglect abuse has increased by 15% compared to previous month</li> <li>● Financial abuse slightly increased with four cases in June 2021. However, is still lower than the same period last year at 25%</li> <li>● Physical abuse has seen an increase of 7% (44 cases) in June 2021</li> <li>● Met Police domestic abuse violence shows a 25% increase in May 2021 compared to the previous months.</li> <li>● The number of S42 inquiries increased to 63 in June (350%). This is the highest increased we ever had in a month. The reason there has been a huge increase in June is due to the changes in the triage process, once concerns meet the three criteria's they are then considered as an S42 inquiry.</li> <li>● 51% of abuse victims were people from white background and 21% were from black ethnic minorities. A deep-dive will be carried out following an increase of referrals coming in from the Black Caribbean ethnic group (Whittington).</li> <li>● The statistics show us that 58% of all concerns an alleged victims are female and 42% male</li> <li>● Victim's own home account for the majority of safeguarding concerns (43%) although in June we have seen a decrease of 12%</li> <li>● Residential nursing settings abuse locations has seen an increase of 24 cases compared to 10 in previous months</li> <li>● Family home abuse location also increased 23 cases compared to 14 in previous month</li> <li>● Proportion of people asked about their desired outcome declined by 1% in June 2021 although it is 14% higher than the same period last year in June. 82% of individuals had their desired outcomes partially met this is 10% lower than the same period last year.</li> <li>● <b>Accessing GP:</b> <ul style="list-style-type: none"> <li>○ SG noted that Healthwatch has recently done a survey on GP patient engagement. What has been noted is that providing GP services over the phone and online through the Internet has had a significant impact on patients ability to contact their surgeries and their relationships with their GP's. As we move to more services being provided over the phone and online using the Internet, we need to better understand the impact on patients. There has been a negative impact on some patients in the move away from face to face consultations, most patients expressed a concern about this either for themselves or for other patients who experience language barriers, mental health issues, multiple illnesses, or some disabilities. Sometimes diagnosis is difficult with online consultations, and the move towards phone consultations has meant GP's are perceived as becoming more distance from their</li> </ul> </li> </ul>

	<p>patients. SG noted that the recommendation of the report is being discussed with a meeting scheduled with the NCL CCG.</p> <ul style="list-style-type: none"> <li>○ The Board is concerned about the intelligence data relating to GP patient engagement and resident access to Primary Care.</li> <li>○ BT noted that this has been discussed at the Health and Well-being Board and it has been noted by GP's that there is a significant backlog within the system. BT suggested a working group with the CCG to look at the concerns raised, and issues/challenges highlighted in the Healthwatch report and to produce a joint response plan that can monitored through either the H&amp;WB or the HSAB.</li> <li>○ BM noted patients attending the Emergency Department who require urgent care has doubled. The NCL are holding a sector wide meeting to monitor and discuss further.</li> </ul> <p><b>ACTIONS:</b></p> <ol style="list-style-type: none"> <li>8. <b>SG to provide feedback to BT, AC and CP following the outcome of the meeting with the NCL CCG around GP patient engagement and accessing Primary Care.</b></li> <li>9. <b>JS to raise the issues around GP patient engagement with the CCG to be considered as part of the ICS work.</b></li> </ol>
<p>9.</p>	<p><b>HSAB Annual Report</b></p> <ul style="list-style-type: none"> <li>• AS presented the draft HSAB Annual report.</li> <li>• The report is in its final draft form, pending details on MSP.</li> </ul> <p><b>ACTION:</b></p> <ol style="list-style-type: none"> <li>10. <b>PR to send AS the MSP information to incorporate in the report.</b></li> <li>11. <b>HSAB members to provide feedback/comments on the Draft HSAB Annual Report to <a href="mailto:ashraf.sahebodin@haringey.gov.uk">ashraf.sahebodin@haringey.gov.uk</a> by the end of next week in order to finalise.</b></li> <li>12. <b>AS to circulate final draft by mid-August for final sign-off so we can finalise and publish.</b></li> </ol>
<p>10.</p>	<p><b>HSAB Strategic Plan</b></p> <ul style="list-style-type: none"> <li>• AS presented the HSAB Strategic Plan. Most areas have been updated as of 30<sup>th</sup> June 2021. A number of areas still pending; however, the Strategic Plan will be further updated for the October Board meeting.</li> <li>• BT noted that Adult Social Care is due to be inspected from 2023. Need to consider what different tools are being tested to support contribution to the DHSC, and how is this linked to the work in the Strategic Plan. AC noted that this has been discussed at the SAB Chairs and Managers Network. What is yet unclear, is what is going to be expected by the DHSC for local systems to evidence that safeguarding is fit for purpose and meets the statutory duties.</li> </ul> <p><b>ACTIONS:</b></p> <ol style="list-style-type: none"> <li>13. <b>AC to provide a verbal update at the next meeting on any progress with regards to the expectations of the forthcoming inspection regime, specifically regarding safeguarding.</b></li> </ol>
<p>11.</p>	<p><b>HSAB Board Managers Report</b></p> <ul style="list-style-type: none"> <li>• AS provided updates in the Board Managers report on areas that are specific to the HSAB workplan, developments in safeguarding, especially during this period of Covid-19.</li> </ul>

	<ul style="list-style-type: none"> <li>• The two key areas to highlight is for the Board to agree were: the Prevention and Learning Subgroup proposals as outlined in the report; and to remind partners for partners' financial contributions.</li> <li>• <b>Prevention and Learning Subgroup</b> <ul style="list-style-type: none"> <li>○ DsH provided an update on the Prevention and Learning Subgroup. The P&amp;L subgroup has not met since 10 February 2020 due to Covid-19 and the departure of the previous co-chairs. The subgroup plans to meet in August to agree the Prevention Strategy and Delivery Plan to present to a future HSAB meeting.</li> <li>○ Introductory meetings are currently being scheduled between the new P&amp;L co-chairs and single agency representatives / partners.</li> <li>○ Proposals for Safeguarding Adults Week is outline in the report. The aim is to highlight local safeguarding key issues, facilitate conversations and to raise awareness of safeguarding best practice.</li> <li>○ A number of priorities have been put together; this will be the main focus for the next 6 months.</li> <li>○ <b>The Board agreed to the proposals outline in the report.</b></li> </ul> </li> </ul>
<p>12.</p>	<p><b>Any Other Business</b> <b>LPS and Local Implementation Network (LIN)</b></p> <ul style="list-style-type: none"> <li>• JP note that the MCA Manager is currently working with other partner boroughs, to identify the leads. Need to establish the CCG lead.</li> <li>• AC noted plans have been agreed for regional support.</li> </ul> <p><b>ACTIONS:</b> <b>14. JP/TR to provide a verbal update at the next meeting on preparations for the introduction of LPS.</b></p>
<p>13.</p>	<p><b>Forward Plan – Next HSAB meeting on 20<sup>th</sup> October 2021.</b></p> <p><b>Draft Outline Agenda items to note:</b></p> <ol style="list-style-type: none"> <li>1. LeDer Annual Report – <b>Victor Nene</b></li> <li>2. Haringey's Joint Establishment Concerns Procedure – <b>Sujesh Sundarraj and Victor Nene</b></li> <li>3. Multi-Agency Pressure Ulcer Protocol and Decision Pathway – <b>Victor Nene</b></li> <li>4. Safeguarding Adults Prevention Strategy and Delivery Plan (TBC) – <b>Dianna StHilaire</b></li> </ol> <p><b>ACTIONS:</b> <b>15. AS to update the forward plan, the SAR Protocol to move to the January 2022 HSAB meeting.</b> <b>16. The final Prevention and Delivery Strategy to be presented to the October Board meeting, subject to the subgroup discussion in August. Potentially defer to the January 2022 HSAB meeting, DsH to confirm.</b></p>