

# DRAFT MINUTES OF THE SAFEGUARDING ADULTS BOARD

Tuesday 27<sup>th</sup> January 2022 at 14:30-16:30

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	Apologies
	Ashraf Sahebodin, Governance & Improvement	AS	✓
Volunteer Lay Member	Lauritz Hansen-Bay	LHB	X
Adult Services	Beverley Tarka, Director of Adult Services	BT	Apologies
	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	PFo	✓
	Dianna StHilaire, Interim Workforce Development Manager	DSH	✓
Commissioning	Charlotte Pomery, AD for Commissioning	CP	✓
	Gill Taylor, Strategic Lead – Single Homelessness & Vulnerable Adults	GT	Apologies
	Paula Rioja, Senior Performance Officer	PR	✓
	Margaret Gallagher, Performance Manager	MG	Apologies
	Farzad Fazilat, Head of Brokerage and Quality Assurance	FF	Apologies
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 Lukhman VAWG Strategic Lead and Commissioner	ML	Apologies
Legal Services	Stephen Lawrence-Orumwense, Assistant Head of Legal	SLO	X
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	✓
	Victor Nene, Haringey Safeguarding Adults Designated Professional	VN	✓
	Dr Lionel Sherman, Adult Safeguarding Lead	LS	✓

<b>Whittington Health</b>	Deborah Clatworthy, Deputy Director of Nursing	BC	Apologies
	Theresa Renwick, Safeguarding Adults Lead	TR	✓
<b>NMUH</b>	Sarah Hayes, Chief Nurse	SH	Apologies
	Celia Jeffreys, Associate Director of Safeguarding	CJ	Apologies
	Shahida Trayling, Deputy Chief Nurse	ST	✓
	Rita Kyambadde, Lead Nurse for Adult Safeguarding	RK	Apologies
<b>BEH-MHT</b>	Amanda Pithouse, Executive Director of Nursing, Quality and Governance	AP	X
	Sian Carter-Jones, Head of Safeguarding	SCJ	X
<b>Haringey Police</b>	Sebastian Adjei-Addoh, Detective Superintendent	SAA	X
	Paul Ridley, A/Detective Chief Inspector North Area	PRi	X
	DCI Kate Stannard	KS	X
<b>Neighbourhood Policing</b>	Imran Asghar, Inspector	IA	Apologies
<b>Homes for Haringey</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>	Keith Wilson, Borough Commander	KW	✓
<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
	Nisha Rehinsi, Haringey Relationship Manager	NR	Apologies
<b>Probation</b>	Shirley Kennerson, Assistant Chief Officer	SK	Apologies
	Russell Symons, Deputy Head of Service	RS	✓
<b>Community Rehabilitation Company</b>	Mathieu Bergeal – Area Manager	MB	X

**IN ATTENDANCE:**

<b>Agency</b>	<b>Name</b>	<b>Initials</b>	<b>Attendance</b>
Haringey Commissioning Service	Richmond Kessie, Commissioning Officer	RK	Item 7

ITEM	SUBJECT/DECISION
	<p><b>WELCOME AND INTRODUCTIONS/APOLOGIES:</b> 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>
1.	<p><b>MINUTES OF LAST MEETING AND MATTERS ARISING</b> The minutes of the October board meeting were reviewed and agreed as an accurate reflection of the meeting.</p>
<b>BRIEFINGS AND PRESENTATIONS</b>	
2.	<p><b>Impact of the ICS development and plans for engagement of the SAB and communities.</b> VN gave a presentation on the ICS development. Due to the ongoing impact of COVID-19 response and other operational pressures on the wider health and care system, NHS England announced that there will be a delay in the ICS development moving from April 2022 to July 2022.</p> <p>The delay will allow sufficient time for the remaining parliamentary stages of the Health and Care Bill with the final transition date remaining subject to legislative approval. The delay will not impact the plans to work closely with partners to deliver improved health and care outcomes for residents in Haringey. While there are likely to be some delays to the implementation of some technical aspects of the move to a statutory organisation, the NCL CCG are continuing to prepare for the new arrangements.</p> <p>The Executive Management Team (EMT) structure consultation is currently underway. Any internal and external recruitment will take place during Q4 in 2022/23. Consultation process with staff on the transfer arrangements from the CCG to the ICB will be moved to a later date in 2022/23.</p> <p>RP-J noted that the Executive structure has been published and shared with staff in the CCG. Quality and Safeguarding sits under one of the statutory roles of Chief Nursing Officer.</p> <p><b>ACTIONS:</b></p> <ol style="list-style-type: none"> <li>1. VN/RP-J to provide a verbal update on the ICS development/consultation and engagement with partners at the next HSAB meeting in May 2022.</li> <li>2. RP-J to circulate the NCL ICB Executive structure to the HSAB for information.</li> </ol>
<b>BUSINESS ITEMS</b>	
3.	<p><b>Liberty Protection Safeguards (LPS) and Local Implementation Network (LIN) update.</b> The launch of the public consultation on the draft regulations and draft Code of Practice for the Mental Capacity Act (MCA) and the LPS has been further delayed. Given the impact of the pandemic on the sectors and professionals who will be called upon to implement these important reforms, along with the unforeseen delay to launching consultation, the aim to implement the LPS by April 2022 cannot be met.</p> <p>The DHSC are in the final stages of the preparations of the consultation aiming to launch early in the new year. The consultation will say more about the detailed proposals for the design and implementation of the LPS. However, it is likely that when the consultation is launched, a new target date for implementation will not be set until further communication is sent out. The LPS are a complicated set of reforms, and the Government will need time to consider those carefully once the consultation has</p>

	<p>closed, before making final decisions about the design of the LPS and plans for implementation, including future funding plans.</p>
<p>4.</p>	<p><b>Multi-Agency Pressure Ulcer Protocol and Decision Pathway</b>  The national Pressure Ulcer Protocol is yet to be revised; therefore, it was agreed that the partnership should continue to adopt the local protocol that is in place until the Department of Health (DH) reviews the national protocol. From a governance perspective, each organisation that utilises the Protocol is responsible for ensuring that local guidance reflecting the protocol is used appropriately.</p> <p>Where there are issues and concerns, there is an Escalation Policy that all HSAB partners have signed up to and should be used as a route for escalating pressure ulcer concerns.</p> <p>The Board agreed to continue with the current mechanisms that are in place and to consider a localised policy or regional London policy once the national policy has been updated.</p>
<p>5.</p>	<p><b>Safeguarding Adults Prevention Strategy and Delivery Plan</b>  DSH provided an update on the revised Safeguarding Adults Prevention Strategy and Delivery Plan. The delivery plan is aligned with the current HSAB Strategic Plan. The current data is not up to date so further information is required.</p> <p>The Board agreed that further work is required before the Prevention Strategy and Delivery Plan can be ratified. To include the following:</p> <ul style="list-style-type: none"> <li>• Update performance data and trends(current)</li> <li>• Prevention work around pressure ulcers</li> <li>• Learning from SARs and deliverables</li> <li>• Planning and participation in Safeguarding Adults Week 2022</li> </ul> <p><b>ACTIONS:</b></p> <ol style="list-style-type: none"> <li>3. <b>DSH to liaise with RPJ/VN on the prevention work around pressure ulcer to include in the delivery plan.</b></li> <li>4. <b>DSH to present the final draft (including the above additions) to the next HSAB meeting in May for ratification.</b></li> </ol>
<p>6.</p>	<p><b>Haringey’s Joint Establishment Concerns Procedures (revised)</b>  VN provided an update on the Haringey Joint Establishment Concerns Procedure. The procedure has been revised; however further revisions will be required once the MCA guidance is published.</p> <p>The Board agreed that further work is required before the HSAB can ratify the procedure. Agreed to make the following changes:</p> <ul style="list-style-type: none"> <li>• NCL CCG changes</li> <li>• Input from Hesley Group (external provider concerns)</li> <li>• The introduction still refers to Winterbourne and the Francis report. There have been other cases that have made national headlines such as the Norfolk case and Alton Hall and others. The introduction should refer to these, as private health provisions being an area of concern.</li> <li>• Background and context to bring up to date.</li> <li>• Covid and issues around care home access and immunisations. Etc.</li> </ul> <p><b>Update on National Safe and Wellbeing Review Programme</b>  The findings from the recent Safeguarding Adults Review (SAR) report from Norfolk Safeguarding Adults Board have shown that current quality oversight processes are</p>

not always robust enough to identify poor standards of care particularly in relation to people's physical wellbeing and quality of life, for example, daily activities.

The National Safe and Wellbeing Review Programme was identified as part of the NHSE response to the SAR that will be undertaken to check the safety and wellbeing of all people with a learning disability and autistic people (children, young people, and adults) who were in any mental health hospital, learning disability or autism inpatient setting and including people on Section 17 leave funded by clinical commissioning groups (CCGs) or provider collaboratives, NHSEi specialist commissioning on 31 October 2021.

**ACTIONS:**

5. VN to share the procedure with PF for Haringey Safeguarding Adults Team input.
6. All to provide feedback to VN, RK and FF by 11th February.
7. VN/RK to update procedure and circulate for final sign off virtually by end of February 2022.
8. CP to include an update on what is being done locally in response to the National Safe and Well-being programme, to include in the next Joint Providers Report.

7.

**Joint Providers Monitoring Report**

RK provided an update on the recent commissioning activity carried out by Haringey Council and the NCL CCG to intervene in the provider market both in Haringey and beyond. This work is part of the wider quality assurance function of each organisation and its focus is on quality and service improvement to support users and carers and to deliver better value for money.

**COVID-19 Care Homes Cases**

- Currently, there are no outbreaks in Haringey. However, between 3/12/21-24/01/22, 10 care homes were in lockdown because of an outbreak. One Covid related death (Staff) in care homes has been reported in the last quarter. Bereavement Support organised for staff and residents via Mind in Haringey.

**COVID-19 vaccination (Care Homes)**

- Covid vaccination is now mandated for care home staff meaning all staff operating face to face in care homes are required to be double vaccinated as a condition of deployment. The focus remains on extending booster take up for care home residents and staff and the Council is working with the CCG, Whittington Health and the GP Federation to facilitate boosters within care settings.

**COVID-19 vaccination (care staff other than care home)**

- The uptake of the first dose of the vaccine amongst home care staff is 86% for first dose while 83% for second doses and 13.25% for the booster. Public Health and NCL have organised a few webinars aimed at home care staff to address any concerns they may have regarding the vaccine considering Government mandating vaccination as a condition for deployment as of 1<sup>st</sup> April 2022 in the healthcare sector. To meet this date, the first vaccination needs to have been administered by 3<sup>rd</sup> February 2022.
- Vaccination as a condition of deployment (VACOD) also applies to staff working face to face delivering CQC regulated activities in extra care sheltered housing and in supported living. There is a significant focus on ensuring first vaccination take up by 3<sup>rd</sup> February to meet the April deadline.

**Concerns over vaccination uptake (refusals) by 1<sup>st</sup> April 2022.**

- Home Care Providers surgery is held fortnightly.

	<ul style="list-style-type: none"> <li>• Continue to engage 1-1 with providers on a weekly basis especially those that continue to have high numbers of unvaccinated staff members.</li> <li>• Providers have given assurance that all staff will be vaccinated by the deadline.</li> <li>• Very small numbers effected in Extra Care Sheltered settings and Supported Living.</li> </ul>
<p>8.</p>	<p><b>HSAB Board Managers Report</b></p> <ul style="list-style-type: none"> <li>• 137 concerns in December (18% decline compared to the previous month). 28 S42 Enquiries (50% declined compared to the previous month)</li> <li>• Emotional / psychological accounts for 25% of all abuse types.</li> <li>• Neglect is the second highest abuse type overall. There has been a 33% increase in October 2021, however the numbers declined by 21% in December 2021.</li> <li>• Financial abuse numbers remain low, 26 cases in December and still lower than the same period last year by 12%.</li> <li>• Domestic abuse number increased by 10% and is 18% higher than the same period last year.</li> <li>• MET Police domestic abuse violence with injuries shows a 28% increase from previous month</li> <li>• Victim's own home accounts for most safeguarding concerns (76%).</li> <li>• Supported Living (including sheltered, extra care housing) abuse location cases declined by 11% when compared to the same period last year.</li> <li>• 89% were asked and expressed their outcomes</li> <li>• 94% individuals had their desired outcomes met or partly met.</li> </ul> <p><b>ACTION:</b></p> <ol style="list-style-type: none"> <li>9. PR to carry out a deep dive to investigate the increase in the 'Neglect and acts of omission' cases from August 2021 – December 2021.</li> <li>10. PR to carry out a deep-dive to investigate the increase of patients of Black Caribbean ethnicity.</li> </ol>
<p>9.</p>	<p><b>HSAB Board Management Report</b></p> <p><b>Covid- 19 Task &amp; Finish Group</b></p> <p>In 2020, the HSAB agreed to set up a multi-agency subgroup to look at the emerging issues regarding safeguarding and COVID-19 in Haringey. The purpose of the subgroup was set out to provide an effective partnership response to issues arising from COVID-19 for adults with care and support needs at risk of abuse/harm and neglect.</p> <p>The T&amp;F group has met its objectives that it was set out to do by the HSAB, and that systems and processes are now embedded across the partnership to tackle issues highlighted from the start. In the last 18 months, there has been a huge amount of learning and monitoring systems have been developed to mitigate the impact of Covid, particularly in terms of safeguarding risks.</p> <p>The Board agreed to the following recommendations:</p> <ol style="list-style-type: none"> <li>1. Close the Safeguarding Covid-19 Task and Finish Subgroup</li> <li>2. To include 'Covid-19 Safeguarding Concerns' on future HSAB agenda as a standing item. Any follow ups to any new safeguarding issues raised at the HSAB to be discussed at the HSAB Chairs Executive Group and other subgroups where appropriate.</li> </ol> <p><b>ACTION:</b></p>

	<p><b>11. To include 'Covid-19 Safeguarding Concerns' on future HSAB agenda as a standing item.</b></p> <p><b>HSAB Budget (options for utilising of remaining budget)</b>  The current projected budget position is a £11,213 surplus if no further spending commitment is required. This will largely be dependent on any additional SAR spend that may be required although it is not thought any will be needed for this financial year.</p> <p>Last year the budget was overspent by £18,219. This was due primarily to two areas. Firstly, there are still outstanding contributions from the <b>Met Police, Whittington Health and CCG</b> totalling £15,230, which is now sat with the council's debt collection team.</p> <p>One of the strategic aims of board (L3) has been around multi-agency mental capacity act training which until this point has not been fully achieved due to the lack of funding to commission such training. Additionally, there have been recent actions following the homelessness SAR that also focus on staff learning specifically around the impact of trauma and adverse life experience, substance misuse and the potential for impairment of executive capacity.</p> <p>Given the current position the board needs to give consideration as to how it would like the remaining budget to be utilised. <b>The Board agreed that the remaining budget should be used to commission <u>multi-agency</u> mental capacity act training</b> that incorporates both the SAR learning and strategic objectives. Delivery of training should focus on how to apply the MCA in practice, understanding the act and how to apply in the context of safeguarding risks.</p> <p><b>ACTION:</b></p> <p><b>12. The Prevention and Learning subgroup to take forward the options for MCA training in the next financial year.</b></p> <p><b>13. Partners to note outstanding invoices for 2020/21 and process as soon as possible (see above).</b></p> <p><b>Safeguarding Adults Partnership Audit Tool (SAPAT)</b>  The HSAB has agreed with the Board Manager for Enfield Safeguarding Adults Board to mutual support through virtual challenge events, this will give Board partners the opportunity to collaboratively respond to the SAPAT and to help reduce the workloads for partners.</p> <p>The proposal is to hold the Haringey SAPAT challenge event in April 2022, so that partners can provide contributions both for the SAPAT and the annual report at the same time. The output of the SAPAT challenge event will help inform the review of the HSAB Strategic Plan for 2022 going forward.</p>
10.	<p><b>HSAB Strategic Plan</b></p> <p>All to note content of the HSAB Strategic plan.</p>
<b>INFORMATION ITEMS</b>	
11.	<p><b>HSAB Forward Plan</b></p> <p>All to note content of the HSAB Forward Plan.</p>

12.	<p><b>Any Other Business</b></p> <p><b>Future Joint meetings</b> Some partner organisations are members of both HSCP and HSAB. Having both meetings overlapping each other makes attending both meetings difficult. 2022/23 dates have already been organised and agreed.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"><li><b>14. For future joint meetings, allow 10-15mins break in between meetings.</b></li><li><b>15. Future joint meetings and HSAB meeting in 2023/24 to be organised at a time that members of both the HSCP and HSAB can attend both meetings.</b></li></ul>
-----	--

CONFIDENTIAL