

MINUTES OF THE SAFEGUARDING ADULTS BOARD
Monday 25th April 2016
Room 3&4, 9th Floor, River Park House, 225 High Road
Wood Green, N22 8HQ

MEMBERSHIP & ATTENDANCE:

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

	Police		
	Victor Olisa, Borough Commander (VO)	VO	Apologies
	Paul Trevers, DCI (PT)	PT	Apologies
Probation	Andrew Blight, Assistant Chief Officer (AB)	AB	-
	Douglas Charlton, ACO for Probation Community Rehabilitation Company (DC)	DC2	-
Care Quality Commission	Martin Haines, Inspection Manager (MH)	MH	-
London Fire Brigade	Craig Carter, Haringey Borough Commander (CC)	CC	Apologies
	Pamela Oparaocha, Station Manager, Hornsey	PO	✓
London Ambulance Service	Sean Brinicombe, Ambulance Operations Manager (SB)	SB	Apologies
HAVCO	Paul Leslie, Chief Executive (PL)	PL	✓
Healthwatch	Sharon Grant, Chair (SG)	SG	✓
Bridge Renewal Trust	Geoffrey Ocen, CEO (GO)	GO	✓

IN ATTENDANCE:

Agency	NAME		
Local Authority Adult Services	Ann Powdrell, Business Support, Adults Safeguarding & DoLS Team (AP) – Minute taker	AP	✓
Haringey CCG	Angela O'Shea, Quality Assurance Nurse (AO)	AO'S	✓
Police	Stewart Hill, Det SUPT (SH)	SH	✓

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 and accepted by the meeting.	
3.	URGENT BUSINESS Refer a potential SAR to Safeguarding Adults Board SAR sub-group for consideration.	
4.	MINUTES OF LAST MEETING 25 th January 2016 were reviewed and agreed with the following amendment: TR sent her apologies for the last meeting.	
5.	BUSINESS ITEMS:	
5.1	SAB Membership – Verbal Welcome to Geoffrey Ocen, representing Bridge Renewal Trust and Jeni Plummer, Head of Operations, Adult Social Services.	
5.2	SAB Annual Report	

	<p>PD presented the short report detailing the intended content of the annual report 2015/16 and request for all partners to complete end of year statements by the end of May. Partners can request the word version of the statement form if needed.</p> <p>In response to a question from MS about the length of statements, PD said that agencies should provide what they want and we can then summarise. AC said she wants consideration of both individual agency and partnership working. If there are already safeguarding reports available then they could be submitted also.</p> <p>Action:</p> <ol style="list-style-type: none"> All to send through annual information and partner statements by end of May. 	All
5.3	<p>SAB Strategic Plan</p> <p>PD presented the paper which covers:</p> <ul style="list-style-type: none"> • Feedback from the consultation • Summary of achievements • Priorities for 2016/17. <p>Section 4/5 – summary of achievements and priorities going forward, which is represented on the plan in terms of a rag rating. This rating arises from the development day back in January, and from ongoing work and feedback of the subgroups.</p> <p>Proposal is to have a small task and finish group made up of the subgroup chairs, and also anyone else who wishes to become involved to move the strategic plan forward. The meeting agreed to Chair’s action to agree the plan following the work of the sub-group.</p> <p>HC highlighted that we currently don’t have an associated risk register for the Board and that this needed to be developed. PD stated that risk management is identified as a priority in the plan. CP said that she would happy to be involved in this and that it should fall to the QA Sub-group.</p> <p>PD flagged the overwhelming support for better and more consultation with community and user groups in the consultation responses and that development in this area has been included as a priority area.</p> <p>KB flagged the need for work around Making Safeguarding Personal and PD advised that this was identified in the plan and was part of the work of the task and finish group.</p> <p>Action:</p> <ol style="list-style-type: none"> Strategic Plan Task & Finish Group to meet on 6th May 2016 	
5.4	<p>Policies Update</p> <p>HC presented the update overview report which identifies that the QA subgroup reviews policies/procedures on behalf of the Board and provides a tracking table for SAB policy development and review.</p> <p>HC flagged that there is no further update on the development of the MPS ISA as it is still awaiting agreement and publication but that we are currently implementing the locally agreed Safeguarding Adults Multi Agency Information Sharing Protocol – a revised version of which is presented to the meeting today for agreement.</p>	SH

<p>5.4.1</p> <p>5.4.2</p> <p>5.4.3</p>	<p>Action: 3. SH agreed to seek an update on the development of the MET ISA.</p> <p>HC said that we may decide to extend some of the policy review periods longer than annual. HC said that others are subject to our agreement. AC advised that all could be 3 yearly, but will be subject to matters of statutory and other guidance.</p> <p>Action: 4. Review of policies to be 3 yearly, but subject to matters of guidance.</p> <p>Pressure Ulcer Protocol Update – Revision AO'S presented the revised protocol which had been developed to ensure consistency with the NHS Serious Incident framework. The decision guide is now contained within the protocol and definitions of avoidable/unavoidable pressure ulcers given.</p> <p>AC asked that only one flow chart included to avoid confusion and to ensure that practitioners can follow it and use it. The document also needs to reflect the new Haringey Council. Branding.</p> <p>MS flagged the need to ensure consistency across providers.</p> <p>The protocol was agreed subject to these changes.</p> <p>Action: 5. AO'S to finalise protocol with changes and proposals</p> <p>Joint Safeguarding Adults (s.42 Enquiry Framework) The Framework had been presented at the January Board but it did not reflect the concerns raised by the CCG. Since then HA and HC have met to ensure that everything was included. This was circulated in January/February.</p> <p>SLO advised that in paragraph 1.2 –the sentence '<i>which has been adopted by the Haringey Safeguarding Adult's Board. Both documents should be referred to when undertaking the safeguarding adult review</i>', should be added.</p> <p>There was a discussion about how agencies own internal inquiry processes sit within and are acknowledged by the framework. It was agreed that there was some flexibility needed because although the process may have differing terminology, the process and rigour should be allied.</p> <p>AC proposed that that the framework might be reviewed sooner once it has been tested for a while. It was agreed that it should be looked at in 6 months to see how relatively new practice is working.</p> <p>Action: 6. CP for QA Sub-group to review S.42 Framework at October 2016 or January 2016 meeting</p> <p>Information Sharing Protocol HC presented the revised protocol and practitioners guide and advised that there was also parallel work to look at consistency across all information sharing protocols in the borough. The protocol and practitioners guide are Care Act Compliant. HC advised that some partner agencies may wish to take to their information governance officers or boards and she will circulate following the meeting.</p>	<p>HC</p>
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	<p>Appendix 2 identifies the parties/signatories to the Protocol and asked if there were any amendments to that which needed to be actioned.</p> <p>It was agreed to accept the protocol pending partner governance checks</p> <p>Action:</p> <ul style="list-style-type: none"> 7. HC to update current draft based on feed back from members 8. Any further changes to come back through Quality Assurance subgroup and be signed off. <p>5.4.4 Draft Haringey Safeguarding Adults Board Local Procedures</p> <p>HC presented the report and advised that the Haringey Safeguarding Adults Board (SAB) formally adopted the London Multi Agency Safeguarding Policy and Procedures at the board meeting on 25 January 2016. This document provides our local procedural reference for practitioners and provides something more accessible for the partnership.</p> <p>Page 125 is explicit about independent advocacy and incorporates the DoLS procedure that was ratified at the last board meeting.</p> <p>KB asked who should be at the planning meetings, if it met the criteria for an investigation. BT said that each alert is taken and looked at individually. AC said that the statement on ‘who should be involved in decisions’ could clarify the circumstances of a particular case.</p> <p>The procedures were agreed by the meeting.</p>	
<p>5.5</p>	<p>Fatal Fire</p> <p>JP advised that following the recommendations arising from the case, a discussion was had at High Needs Panel and 162 cases identified. LFB is linking with members of commissioning and domiciliary care providers and managers and supervisors are raising at staff and team meetings. When triaging now the option for referral on to LFB is an option that can be signposted and this is being incorporated into the new training plan.</p> <p>Information has been forwarded to team managers regarding clinical governance and LFB have been sent names of those identified as requiring a fire assessment, along with information about whether they wanted an assessment or refused an assessment.</p> <p>Action:</p> <ul style="list-style-type: none"> 9. JP to follow up with commissioning colleagues regarding an invitation to LFB to the Provider Forum 10. JP to provide updates to be circulated as a written report to members of the Board. 	<p>JP</p> <p>JP</p>
<p>5.6</p>	<p>Commissioning & Quality (CP)</p> <p>CP presented the paper which sets out the Council’s Care Act duties and the role of the CQC before describing the Council’s approach to quality assurance and contract monitoring. The report describes how we work at a commissioning and individual level to ensure delivery of quality services to local residents. It is focussed on Section 5 of the Care Act and commission standards.</p> <p>CP highlighted that the Council commissioning team works closely with the CCG to tackle concerns with local service providers. In terms of contract monitoring, they are moving towards dynamic purchasing and electronic monitoring of services delivered.</p>	

	<p>AC asked if there is a consistent approach to providers where there are concerns (particularly domiciliary providers). KB said that there is room for improvement and a need to look at more regular proactive monitoring.</p> <p>BT said that it is about focusing on leadership and management: she is working with the LGA to cooperate with CQC at a more strategic level.</p> <p>MS said that we need to agree what the indicators are, and whether providers would have the systems to do this.</p> <p>It was agreed that it was important to differentiate between NHS providers and domiciliary care providers. It was agreed that a further report should come back to the July Board following further discussions between the CCG and the Council and which may involve other relevant partners.</p> <p>3.6 In breach of regulation is not an offence. Differing levels of intervention. Suggested to change the language.</p> <p>Action: 11. CP to lead on preparing a report for July Board to focus on indicators and monitoring of provision</p>	
<p>5.7</p> <p>5.7.1 Performance Data</p> <p>5.7.2 Performance Report</p>	<p>Quality Assurance Framework</p> <p>CP presented the report proposing a QAF for the SAB and advised that the drive was about a multiagency approach. The QA Sub-group had considered the QAF at its recent meeting and commended it to the Board for agreement with the caveat that it is still work in progress in terms of securing the right indicators to support the work. and with acknowledgements to Solihull SAB.</p> <p>The QAF focuses on three key principles:</p> <ul style="list-style-type: none"> • understanding the experiences of adults at risk – their journey; • knowing what impact safeguarding has had; • working together <p>There was a discussion about how we might measure experiences of safeguarding and outcomes and agreed that this was the key area for development.</p> <p>AC thanked everyone for the work which had already been done and requested that some testing out of the framework was undertaken by the QA Sub-group to make the QAF more robust and to see if it gives us the right information.</p> <p>The meeting accepted the indicators on the basis of the above discussion and that there is more work to do done to develop</p> <p>Action: 12. CP to ensure that the QA Sub-group tests out the framework 13. SH to follow up with any feedback from the Borough Police</p> <p>PR presented the performance report highlighting:</p> <ul style="list-style-type: none"> • There has been a 28% increase in the number of safeguarding alerts excluding NFA (1101) in 2015/16 compared with (860) in 2014/15. • 48% of these are s42s (524). • The profile remains fairly consistent; mainly in users own home (48%), 17% in residential or supported housing, mainly older people (about half are 65+), over representation of black ethnic groups with primary 	

	<p>support reasons mainly physical support followed by Mental health.</p> <ul style="list-style-type: none"> • The most common abuse types are Psychological/Emotional, Neglect and Acts of Omission and Physical abuse. Financial abuse has reduced from 2nd highest abuse type (last quarter) to 4th highest. • Concerns over data recording in respect of referral source (a large proportion are recorded as other)- this applies to all alerts which makes the analysis less meaningful • In terms of outcomes there has been an increase in the proportion of closed cases where risk was removed (from 24% to 37%) but although a small reduction in the number of s42s open there remain 36 open cases for 2015/16. 26% of cases investigated had no safeguarding issues found in Q1-3 but in Q4 this reduced to just 20%. • MSP outcomes improved from 39% saying that their outcomes were met (fully or partially) to 43%. We are planning to roll out the MSP survey form April which should help us to easily track if/how our interventions are working to make customers feel safer. This will be reported in the new performance framework. <p>PR stated that they are still doing statutory returns for 7th June 2016.</p> <p>PL asked if there was more work which could be done on targeting the ‘other’ category in relation to referral source to give a better picture. BT agreed that this was important and said that there is work to be done to further develop accurate and useful recording. The safeguarding team is currently undergoing some restructuring which will help and training and support is identified.</p> <p>TW asked if person causing concern could be broken down further to indicate if the abuse is happening in their own home or residential care. PR said this question is not completed all the time as it is not mandatory so there is a problem with the recording.</p> <p>AC asked that we look last year’s data to look at concern, causation and trends. AC reminded members that the most important goal is that we have a clear understanding at the right level for the Board as to what going on in the borough in terms of safeguarding.</p> <p>JP said that the DoLs backlog (94) is being addressed with an interim manager dedicated and anticipated that it would be under control by the first week of June 2016. JP said that some of the backlog may also be subject to data cleansing problems.</p> <p>Action: 12. JP to report to July Board on DoLs backlog</p>	
5.8	<p>Transformation and Safeguarding</p> <p>BT presented the report and directed members to consider the risks update column for the most up to date position and highlighted in particular:</p> <p>Risk 3: Letters have gone out.</p> <p>Risk 4. Service user reviews and carer assessments are in train. 6-8 weekly update sheet - goes to partnership board, carers and operational group. Good feedback and outcomes from people who have been assessed.</p> <p>Risk 11. There has been an increase in advocacy support for service users at Linden Road.</p> <p>PL said that local groups have raised concerns:</p>	

	<p>that the potential risks are vague and difficult to measure; how are other negative risks being measured and managed?;</p> <p>Risk 2 about loss of day centres is particularly concerning and not clear how ongoing risks will be mitigated;</p> <p>Risk 7 regarding complex and challenging needs is felt to be very unclear both in terms of identification of the risk and its mitigation. PL said some people need small scale provision.</p> <p>Risk 13 identifies the impact of increase in complex cases on staff but concern is that as resources dwindle, the risks may not be just to staff.</p> <p>Action:</p> <p>13. PL and JP to meet after the meeting to discuss concerns in more detail</p> <p>14. Questions to go to the co-design group and a Q&A to be circulated for clarity to the Board.</p>	PL/JP
5.9	<p>SAB Budget</p> <p>PD thanked everyone who responded to the contribution request for the last financial year. A budget report will be brought to July meeting.</p> <p>Action:</p> <p>13. PD to bring Budget report to the July Board</p>	
6. SUBGROUP UPDATES		
6.1	<p>MCA/DoLS</p> <p>As indicated above JP reported that there is now management plan for the DoLS backlog which means that it will be dealt separately to allow space in the workflow for new applications. There is a dedicated team to clear in 4-6 months and additional resource.</p> <p>83 DoLS applications have been received as of 25th April (for one month).</p> <p>TR raised concern about who holds the risk and responsibility in relation to cases that move out of timescale as a result of the backlog problems.</p> <p>Action:</p> <p>14. JP to ensure that MCA/DoLS sub-group continues to monitor closely and update for next board regarding risks of DoLS.</p>	JP
6.2	<p>Prevention and Training & Development</p> <p>PD presented the report and advised that two items were being brought to SAB for agreement.</p> <p>6.2.1 Prevent Action Plan</p> <p>Prevent Action Plan had been developed with a focus on embedding the work. PD to represent SAB on the borough Prevent Delivery Group. The Plan was agreed by members.</p> <p>6.2.2 Prevent on Campaign</p> <p>Campaign planning is being undertaken by a small task and finish group which is seeking to secure separate funding. The campaign plan was agreed to in principle if funding can be levered in. If not, a clear and costed proposal would need to be presented to the Board.</p>	

6.3	<p>SAB Quality Assurance subgroup update The principle work of the group in the period had been presented earlier in the meeting.</p> <p>It was agreed that membership of the subgroup should reflect the wider board and in particular include the VCS reps.</p>	
6.4	<p>SAR Sub-group update AC presented this report which was for information to update the Board:</p> <ul style="list-style-type: none"> • The Group is convened according to the agreed SAR Procedure which can be found our webpage here • The Group has met five times since its first meeting in November 2015 • The Group has considered three SAR referrals and has commissioned one SAR 	
7.	<p><u>Exempt Items</u> None.</p>	
8.	<p><u>New items of Urgent Business</u> LHB highlighted a local campaign about mental health services in Haringey.</p> <p>AC said that to see how we might take this forward it should be shared with BEH-MHT and the CCG to respond.</p> <p>Action: 15.AP to circulate</p>	
9.	<p>INFORMATION ITEMS</p>	
9.1	<p>Reviews and inspections</p> <p><u>CQC inspection</u> MS said that they have had a CQC inspection. Report published at the end of March and identified no significant concerns in relation to safeguarding and highlighted robust governance around those issues. Report is not broken down by borough but is available on the Trust or CQC website. 304 pages. Overview report is available.</p> <p><u>Police inspection on missing person</u> This has occurred.</p> <p>Action: 16.SH will look at report and recommendations and feed tback to the Board.</p>	
10.	<p><u>Future SAB Meetings</u> 18th July: 2-4pm 24th October: 2-4pm 30th January 2017: 2-4pm</p>	
11.	<p><u>Any Other Business</u> None.</p>	