

DRAFT MINUTES OF THE SAFEGUARDING ADULTS BOARD
Thursday 25th January 2024 at 11:00-13:00
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	✓
	Farzad Fazilat, Haringey Safeguarding Adults Board Manager	FF	✓
Volunteer Lay Member	Lauritz Hansen-Bay	LHB	X
Adult Services	Beverley Tarka, Director of Adults, Health and Communities	BT	Apologies
	Vicky Murphy, Assistant Director of Adult Social Care	VM	Apologies
	Chris Atherton, Head of Assurance and Principal Social Worker	CA	✓
	Marianne Ecker, Workforce Development Manager	ME	✓
	Ajibola Awogboro, Head of Assessment and Safeguarding	AA	✓
	Andrea Kelly, Head of Service Learning Disabilities	AK	Apologies
Commissioning	Jon Tomlinson, Senior Head of Service for Commissioning	JT	✓
	Louise Daniels, Senior Performance Officer	LD	✓
	Richmond Kessie, Specialist Commissioning Officer	RK	✓
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
	Abigail Wycherley, VAWG Programme Lead	AW	Apologies
Legal Services	Haydee Nunes De Souza, Head of Legal	HNS	X
Cabinet Member for Adults and Health	Councillor Lucia das Neves, Cabinet Member for Health, Social Care and Well-Being	LDN	✓
North Central London ICB	David Pennington, Director of Safeguarding	DP	✓
	Rosie Peregrine-Jones, AD Quality Assurance	RPJ	Apologies
	Victor Nene, Haringey Safeguarding Adults Designated Professional	VN	✓

	Dr Lionel Sherman, Adult Safeguarding Lead	LS	✓
Whittington	Theresa Renwick, Safeguarding Adults Lead	TR	✓
	Kiran Sanger	KS	Apologies
	Sarah Wilding	SW	✓
NMUH	Sarah Hayes, Chief Nurse	SH	X
	Theo Baron, Associate Director of Safeguarding	TB	X
	Shahida Trayling, Deputy Chief Nurse	ST	Apologies
North London Mental Health Partners	Amanda Pithouse, Executive Director of Nursing, Quality and Governance	AP	Apologies
	Graeme McAndrew, Head of Safeguarding	GM	✓
Haringey Police	Sebastian Adjei-Addoh, Detective Superintendent	SAA	Apologies
	DCI Elsa Mak, North Area BCU	EM	✓
Housing	Denise Gandy, Assistant Director of Housing Demand	DG	Apologies
Housing Provider	Phil Johnson, Housing Services Manager, Hornsey Housing Trust	PJ	Apologies
London Fire Brigade	Keith Wilson, Borough Commander	KW	✓
	Peter Shaw, Tottenham Station Manager	PS	Apologies
Healthwatch	Sharon Grant, Chair	SG	✓
Bridge Renewal Trust	Geoffrey Ocen, CEO	GO	✓
DWP	Archibald Okolie, Senior Safeguarding Lead	DL	Apologies
Probation	Shirley Kennerson, Assistant Chief Officer	SK	Apologies
	Russell Symons, Deputy Head of Service	RS	✓

In attendance (guests)

Tracy Chipoyera	Item 3.3 NCL Learning from the LeDeR Local and National Report 2022/23	TS	✓
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ITEM	SUBJECT/DECISION
	<p>WELCOME AND INTRODUCTIONS/APOLOGIES: AC welcomed everyone to the meeting. Apologies for absence were received from those listed above and accepted by the meeting.</p>
1.	<p>MINUTES OF LAST MEETING AND MATTERS ARISING (12.10.23) The minutes of the October meeting were reviewed and agreed as an accurate reflection of the meeting.</p> <p>[REDACTED]</p>

	<p>ACTIONS BROUGHT FORWARD:</p> <ol style="list-style-type: none"> 1. (July 23 meeting). (Action 1) QA Subgroup to consider whether the demographics of adult safeguarding victims reflects the census data for the borough; why self-referral has increased; and possible reasons that other agencies are not reporting increased concerns in line with the NHS. 2. (Action 14) LD to establish reasons for the apparently low level of perpetrators known to victims.
2	<p>PRESENTATIONS and REPORTS</p>
2.1	<p>Multi-Agency Solutions Panel (MASP)</p> <ul style="list-style-type: none"> • CA provided an update on the Multi-Agency Solutions Panel (MASP), explaining its role in supporting professionals dealing with complex cases involving residents with high levels of risk and complexity. The panel aims to facilitate creative problem-solving and positive outcomes for such cases. • Highlighted a significant decrease in referrals from 25 to 14 in the period of 2022-2023 compared to the previous year. While acknowledging some positive reasons for the decline, such as improved communication between agencies, there is concern of the low number of referrals given the known complexity and risk within the system. • CA emphasised the importance of regular communication and promotion of MASP within organisations. Efforts to provide updated information, documentation, and a video explaining MASP, urging members to actively incorporate it into staff inductions, team meetings, and discussions. • Concerns were raised about the drop in referrals from smaller organisations, and the Engagement and Prevention subgroup was suggested to take on the task of promoting MASP more broadly. Colleagues were also encouraged to actively promote the panel within their organisations. • Suggestions were made to review past cases (SARs) to determine if any could have benefited from going to the MASP. This was agreed to be discussed further in the SAR subgroup. <p>ACTIONS:</p> <ol style="list-style-type: none"> 3. All partners actively and regularly promote the MASP within their organisations. 4. Video of MASP to be used as part of induction for all new staff. 5. The Engagement & Prevention subgroup to promote the MASP more Broadly. 6. The SAR subgroup to discuss proposal for a thematic review of past cases to determine if any could have been referred to the MASP.
2.2	<p>Paulette SAR</p> <ul style="list-style-type: none"> • The Paulette SAR report was agreed at the October SAB meeting, together with a recommendation to publish the report in full on the SAB's website once a publication meeting had been convened. • The independent SAR reviewer met with both of Paulette's sisters during the review and their contributions to the SAR were embedded in the SAR report. • Following discussion with the wider family, Paulette's sister provided a family statement for publication alongside the SAR report and SAB Chair's statement. • The HSAB agreed to the recommendation in the report to publish the family statement alongside the SAR report and Chair's statement. <p>ACTIONS:</p> <ol style="list-style-type: none"> 7. The SAR subgroup to publish the family statement alongside the SAR report and Chair's statement on the Haringey website.

3.	STANDING ITEMS
3.1	<p>HSAB Board Management Report</p> <ul style="list-style-type: none"> AC noted that there is a transitional/working period during which the subgroups will require time to fully organise themselves and develop their individual plans to contribute effectively to the HSAB's objectives. While some subgroups have already initiated meetings and made progress, others are still in the initial stages of defining their terms of reference, membership etc. <p><u>SAR Subgroup Update</u></p> <ul style="list-style-type: none"> The SAR Subgroup met in December 2023. It reviewed the family statement submitted by Paulette's family for publication alongside the SAR report. Terms of reference were agreed for a new SAR to begin in the new year, looking at the care received by a resident at a local nursing home. An advertisement was agreed to secure a SAR reviewer to carry out a SAR following a LeDeR review. The SAR referral process was reviewed and a presentation attached to the agenda pack provides a reminder of the criteria for referring a case for consideration of a SAR. Any agency or member of the public can refer a case to the SAR Subgroup for consideration. The HSAB agreed to the revised SAR terms of reference. <p><u>SAR Implementation Group</u></p> <ul style="list-style-type: none"> The SAR Implementation Group met for a second time in December 2023 SAR improvement plans for the Steve and Paulette SARs were reviewed and updated. The group received assurance from the private sector housing team that the landlord involved in Steve's case had invested significantly in the flats located where Steve was living, and this responds to the family's concern about the conditions that other tenants of this landlord are living in. The HSAB agreed to the terms of reference for the new SAR Implementation Group. <p><u>Chairs Executive Subgroup</u></p> <ul style="list-style-type: none"> The Chairs Executive met on the 12th December. The group is proposing to hold a Development face-to-face Away Day in April 2024 aiming for a more interactive and developmental workshop-style approach. This meeting would be an opportunity to collaboratively consider the evolving challenges, explore a number of key development issues and the long term functioning and direction of the HSAB, including the functioning/plan and progress of the subgroups in light of the new strategic priorities. Proposal to also dedicate some time to consider any essential business that the Board need to deal with. The chair suggested dedicating half a day, from 14:00 pm to 17:00 pm. There was a suggestion for a venue at the Education Centre at the Whittington. TR will check availability and inform the group by the end of the week The HSAB expressed support for the plan and agreed to the recommendation for the proposed away day. <p>ACTIONS:</p> <ol style="list-style-type: none"> TR to confirm availability of the Education Centre at the Whittington for the away day in April 2024. <p><u>Engagement & Prevention Subgroup</u></p> <ul style="list-style-type: none"> The group has met recently and made good progress on the delivery action plan. The action plan draft was circulated, and there's a timeframe for feedback by the end of January.

- Need to agree who will lead the communication efforts and explore resources within the Council's communication capacity.
- **The HSAB agreed to the terms of reference for the Engagement & Prevention subgroup.**

Quality Assurance Subgroup

- The subgroup met for the first time on 21 December 2023 and discussed the terms of reference and work plan for the coming year.
- The links, operational working and processes between the two areas are being further strengthened in 2024 with the establishment of the Quality Assurance and Contract Monitoring Board (QACM) which is scheduled to meet on a monthly basis and will act as a feeder of live information and activity to the QA subgroup.
- The QA subgroup has set its work programme for 2024 based on the HSAB priorities and also from learning from work undertaken and issues that emerged in the previous year.
- Despite the challenges and resources available, significant levels of QA work was carried out to both support and work with the provider market to ensure that Haringey residents were safe and received good quality services.
- Provider forums and contact with individual providers has enabled a positive, professional relationship is maintained with the market.
- A workshop is being planned for March with Haringey providers to engage and discuss actions required through the HSAB priorities and wider involvement with the work of the QA subgroup to ensure their full involvement in the delivery of the priorities. It is intended to discuss the involvement of providers in the meetings of the QA Subgroup from April to maximise joint working, knowledge and expertise.
- **The HSAB agreed to the terms of reference for the Quality Assurance Subgroup.**

Practice & Improvement Subgroup

- No update available

9. ACTION

The HSAB requested the final draft of the Terms of Reference to come back to the Board in April for sign off or to be cleared at the next Chairs Executive meeting in March.

Deprivation of Liberty Safeguards (DoLS)

- The DoLS team is now progressing referrals, assessments and authorisations granted and not granted on the new client system database Liquid Logic. However, there are some system issues still to be resolved. This includes previously granted/not granted cases are not transferred from Mosaic to the new database. The impact of this is the requirement of completing work for almost whole of the previous year. This task has now fallen on DoLS Team to complete.
- A plan has been developed to divide workload in smaller periods with the aim to get all the outstanding previously completed work on Liquid Logic before the submission of statistics to NHS England in 2024.
- The DoLS team has only 3 section 12 doctors who are willing to complete assessments. The shorter time frame of completing urgent assessments without extensions mean that assessors are not able to complete them in time.
- The number of urgent authorisations remain significantly high; almost 70% of the total referrals, with a majority not having an extension and consequently causing breaches of time frame: technical breaches where the assessments are positive.
- Currently there are no referrals which are awaiting allocation. This includes hospital and urgent referrals. However, further authorisations remain a concern as there are not enough assessors to complete the assessments (and likely financial implications as well).

	<p><u>HSAB Budget Update</u></p> <ul style="list-style-type: none"> • ME noted as there is no extra funding for multi-agency safeguarding training for this financial year. The underspend in the previous financial year was used to deliver Multi-Agency Safeguarding Training and commissioned adverts as part of safeguarding week. • A request to all partners to offer up any safeguarding training to all partners across the Board. • 23/24 Budget contributions from BEHMHT and Haringey Met Police still outstanding <p>ACTION</p> <p>10. ME to raise multi-agency training at the Practice & Improvement subgroup.</p> <p>11. BEHMHT and the Met Police to urgently process payment for 23/24 contribution.</p> <p><u>HSAB Strategic Priorities</u></p> <ul style="list-style-type: none"> • The HSAB priorities update was noted. • Some gaps identified, but these will be updated in the next few weeks as subgroups start meeting. • The Chairs Executive to review the priorities for the April board meeting, most priorities likely to be rolled over to the next financial year. <p><u>Policies Tracker</u></p> <p>The tracker was noted for information</p>
<p>3.2</p>	<p>Performance Safeguarding Data</p> <ul style="list-style-type: none"> • In Q3, 348 concerns were raised of which 111 led to s42 enquiries. • 16% of concerns have gone on to a s42 completed, compared to 41% for the same period last year. On average there have been 20 s42's completed each month so far, this financial year. • The number of concerns received for White British was the highest at 263. White British accounts for 29.6% of all concerns made so far this year. • The majority of safeguarding concerns were raised for individuals with English recorded as their 1st language (74%). • 18% of individuals have Greek recorded as their 1st language, followed by Other and Turkish. • At 185, the highest Concerns remains to be referred by Health staff which accounts for 43%. • At 29% Neglect and acts of Omission had the highest number of concerns raised. • Physical abuse remains the 4th highest • 58% of all concerns raised occurred in the person's own home, which is in line with previous trends. • In quarter 3 the Risks remaining or reduced has gone down compared to Q3 (93%). The target for this is 95%, currently under performing by an average of 3% • 95% had their outcomes met or partially met, an improvement since the previous report. • TR raised concerns about the increase in referrals from Black Caribbean residents and questioned if the numbers reflect the population of Haringey. It was suggested additional work may be needed for specific communities. AC proposed analysing this at the end of the year, comparing concerns from different communities and identifying gaps. • SG emphasised the importance of ethnicity data for the Engagement & Prevention subgroup and suggested collaborating with researchers for a closer look. • CA discussed the ongoing work to engage hard-to-reach groups, and AC suggested sharing information with the Engagement & Prevention subgroup.

	<ul style="list-style-type: none"> • CA explained issues related to data migration to the new system. Data will be more accurate and up to date by the next meeting in April. <p>ACTIONS:</p> <p>12. The Engagement & Prevention subgroup to discuss and identify gaps in concerns /ethnicity in targeted communities.</p>
<p>3.3</p>	<p>NCL Learning from the LeDeR Local and National Report 2022/23</p> <ul style="list-style-type: none"> • TC presented the findings/learning for the year 22/23 from the LeDeR report. • LeDeR Reviews are currently being managed by NCL LDA Programme Team until March 2024. • The Interim LeDeR co-Ordinator role has oversight of all LD and Autistic Adults death notifications that are eligible for LeDeR Reviews. • In 22/23, 67 individuals died across NCL, with 13 deaths in Haringey. The report highlights a 25% death rate among people with learning disabilities in 2022. • 76% of reviews incomplete, with 24% focused on deep dives into individuals from the BAME community with concerns like respiratory issues or cancer. • Demographic data shows the majority of deaths were white British individuals, with a higher death rate in females (55%) compared to males (45%). • National reports indicate ethnic disparities in mortality, especially for black, black British, or black Caribbean individuals. Recommendations include addressing disparities, understanding challenges faced by different groups, and implementing effective public health and social policies. • Epilepsy is highlighted as the highest recorded cause of death, emphasising the role of appropriate care packages in reducing death rates. • TR suggests exploring research by the Race Equality Foundation on ethnic minorities with learning disabilities, published in July last year. TC agreed proposing it as an area for future work. • Councillor LN noted the comparisons with boroughs facing similar challenges, proportional data presentation, and exploring the role of Do Not Resuscitate (DNR) decisions post-pandemic. TC emphasised the need for accurate recording of ethnicity data and explains the challenges in post-mortem data collection. • The presentation covers causes of death, reductions in respiratory-related deaths, increases in cancer-related deaths, and areas for improvement in annual health checks. Also, age-related data, highlighting the need for additional support in healthcare services and social care to meet life expectancy standards. • Concerns are raised about the overrepresentation of ethnic minorities, targeted work, and learning from boroughs with similar demographics. • DP added the importance of comparators and encourages boroughs to compare themselves to others, both in London and nationally. Also, highlighted concern regarding the focus of the reviews, noting that many are not solely about safeguarding concerns. There is a need for a broader perspective in addressing challenges, particularly in areas like the uptake of annual health checks, beyond the scope of safeguarding.
<p>3.4</p>	<p>Joint Providers Monitoring Report</p> <ul style="list-style-type: none"> • [REDACTED]

	<ul style="list-style-type: none"> • [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] <p>ACTION: 13. RK/VN to provide an update on the workshop at the next meeting as part of the next quarterly report for April HSAB.</p>
4.	BUSINESS ITEMS
4.1	<p>Person in Position of Trust (PIPOT)</p> <ul style="list-style-type: none"> • FF presented the "Person in Position of Trust (PIPOT) Protocol and Practice Guidance" for ratification. • The document has undergone consultation, with thanks to colleagues who provided responses. The protocol addresses allegations against individuals in a position of trust with adults having care and support needs. • The PIPOT outlines the statutory and legal frameworks, and the organisational requirements for agencies to handle allegations. It includes a risk assessment, flow chart, decision tool, and referral form. • The recommendation is to ratify the procedure with a scheduled review next year, aligning it with a three-year cycle thereafter. • All partner agencies are expected to have their own PIPOT (adopting the HSAB PIPOT and review locally). Propose a deadline for compliance by the end of June, to provide the Board with assurance at the July board meeting. • TR welcomed the protocol's implementation and suggested individual organisations aligning their governance structures with the protocol. • Support will be offered to those needing assistance in implementing the protocol. • The protocol's reporting frequency to the Strategic Advisory Board (SAB) is adjusted to an annual basis instead of quarterly <p>The PIPOT Protocol and Practice Guidance was agreed and signed off.</p> <p>ACTIONS: 14. Organisations are expected to implement the protocol locally and report on compliance at the July 2024 Board meeting. 15. FF to send out separate communication, including the document, to partners, providers, and the third sector.</p>

4.2	<p>Adults CQC Inspection Preparation</p> <ul style="list-style-type: none"> • CQC (Care Quality Commission) inspections for all local authorities are imminent. • A robust self-assessment process has been initiated, identifying areas for improvement through a two-week evaluation. Some issues are minor, while others require a more strategic approach. • Key Focus Areas: <ul style="list-style-type: none"> • Hard-to-Engage Groups: A focus on improving engagement with hard-to-reach groups. • Role of HSAB: Self-assessment of the SAB's role and contributions to safeguarding activities. • Audits: Various audits, including Section 42 safeguarding decision-making, ensuring consistency in decision-making. • Service Improvement: Emphasis on service improvement in adults through the new locality model, going live in April. Geographical social work teams will cover the east, central, and west areas of the borough. • Mock CQC Inspection: Planned for May 2024, involving staff playing the roles of inspectors to understand the process and ensure effective engagement. • A partner CQC meeting will be set up for regular updates on the inspection, maintenance, and interviews. • AC expressed interest in reviewing the draft self-assessment against the third domain on safety and safeguarding. <p>ACTION: 16. CA to provide a verbal update on the Adults CQC Inspection preparation at the next Board meeting.</p>
5	<p>FOR INFORMATION</p>
5.1	<p>HSAB FORWARD PLANNING 23/24</p> <ul style="list-style-type: none"> • The forward plan is highlighted as a collective document that anyone can contribute to. A plea is made for members to share items for inclusion, such as presentations or discussions to be considered for future agendas. • Acknowledgment that all meeting dates, except for the Engagement and Prevention subgroup, have been confirmed. <p>ACTIONS: 17. HSAB members to share items such as presentations or discussions to be considered for future HSAB agendas. 18. The Engagement and Prevention subgroup to share the timetable of their meetings for the year.</p>
6.	<p>AOB</p>
6.1	<p>Safeguarding Adults Partnership Audit Tool (SAPAT)</p> <ul style="list-style-type: none"> • The SAPAT has been updated and yet to be signed off by the London SAB. <p>ACTION: 19. Partner statements/proforma to be amended and circulated to partners for the next annual report contribution.</p>