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HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL

**Wednesday, 28th July, 2021 at 7.00 pm in the Conference Room,
Civic Centre, Silver Street, Enfield, EN1 3XA**

Membership:

Councillors : Huseyin Akpinar, Kate Anolue, Tolga Aramaz, Birsen Demirel, Chris Dey, Alessandro Georgiou, Christine Hamilton (Vice Chair) and Derek Levy (Chair)

AGENDA – PART 1

1. WELCOME & APOLOGIES

2. DECLARATIONS OF INTEREST

Members of the Council are invited to identify any disclosable pecuniary, other pecuniary or non-pecuniary interests relevant to the items on the agenda.

3. MINUTES OF THE PREVIOUS MEETING (Pages 1 - 6)

To agree the minutes of the Health & Adult Social Care Scrutiny Panel meeting held on the 8 June 2021.

4. SAFEGUARDING ADULTS ANNUAL REPORT UPDATE (Pages 7 - 176)

To receive Safeguarding Enfield Annual Report 2020/21 update – including Safeguarding Concern figures and Deprivation of Liberty Safeguards information

5. ENFIELD INTEGRATED CARE PARTNERSHIP (Pages 177 - 212)

To receive a presentation on Enfield Integrated Care Partnership Report Update

6. DATES OF FUTURE MEETINGS

To note the dates of future meetings as follows:

- Thursday 16 September 2021
- Thursday 20 January 2022
- Wednesday 23 March 2022

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL HELD ON TUESDAY, 8TH JUNE, 2021

MEMBERS: Councillors Chris Dey, Alessandro Georgiou, Christine Hamilton (Vice Chair) and Derek Levy (Chair)

Officers: Tony Theodoulou, Executive Director People, Bindi Nagra, Director of Health & Adult Social Care, Dudu Sher-Arami, Acting Director of Public Health

Also Attending: Councillor Alev Cazimoglu, Cabinet Member for Health & Social Care

1. WELCOME & APOLOGIES

The Chair, Councillor Derek Levy welcomed all attendees to the meeting, which was being broadcast live online.

Apologies had been received from Cllrs Birsen Demirel, Kate Anolue and Mahtab Uddin, Huseyin Akpinar, and Deborah McBeal and Laura Andrews from North Central London Clinical Commissioning Group (NCLCCG) and Olivia Clymer from Healthwatch Central West London.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. INTRODUCTIONS-PURPOSE OF THE MEETING

The Chair introduced the purpose of the meeting which was to agree and prioritise items for the Health and Adult Social Care Scrutiny Panel work programme for 2021/22. This is informed by item 5 on the agenda. The Chair advised that pre decision scrutiny was very important and would welcome opportunities for this.

4. MINUTES OF THE PREVIOUS MEETING

AGREED the minutes of the meeting held on 24 March 2021.

It was noted that the minutes mentioned an additional meeting to be organised to cover 2 items. Unfortunately, this had not been possible, this will be discussed further under agenda item 6.

5. LOCAL PRIORITIES FOR 2021-22

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The Chair invited the Cabinet Member for Health & Social Care, Cllr Alev Cazimoglu to outline her priorities for the coming year.

Cllr Cazimoglu highlighted the following:

- Scrutiny is a very effective way of highlighting issues. The Cabinet Member was very receptive to the idea of pre decision scrutiny.
- She reflected on the difficult year due to the pandemic and recorded her gratitude to the front line Adult Social Care staff who had carried on delivering services looking after vulnerable, elderly and disabled residents throughout the pandemic.
- The number one priority is Safeguarding, and this could be considered by scrutiny in a number of ways;
 - Safeguarding Adults Annual report,
 - There has been a significant increase in safeguarding alerts during 2020/21 the panel may wish to look at the circumstances around this
 - The use of DoLS (Deprivation of Liberty Safeguard)- the Council authorises in excess of 1k of these a year, members may wish to assure themselves that these powers are used appropriately or whether they are underused or overused
 - Modern Slavery Team- what outcomes are being achieved and what more needs to be done
- The second priority is the Health & Social Care White Paper, there are two areas within this that it was suggested that scrutiny may wish to focus on; the development of Integrated Care system, which will lead to another reconfiguration of the CCG. It is important that there is a local voice. The other area is the reintroduction of Social Care inspections. This inspection regime will be similar to the way Ofsted work in Children's services. Members may want to look at the outcome of inspections and the committee may wish to look at what officers are doing to become inspection ready over the next 18 months.
- Mental Health Service Review, the NCLCCG are leading on this review and this in addition to the national programme. There will be some new investment so it will be important to ensure that Enfield is part of this. It was suggested that members may wish to look at analysis from the wide scale review and ensure that all matters are fully considered, particularly the deficit in mental health services locally. Transformation provides opportunities but cannot solve underfunding. It is important that Enfield's voice is heard.
- There is also a review of Community services, there is a significant funding deficit in community services in Enfield. If Enfield received the average amount that other boroughs receive this would mean a substantial increase in funding. Enfield has the lowest spend on community services within the North Central London boroughs.

The NCLCCG representative had been unable to attend the meeting but had sent through their key 3 focus/ priority areas as follows:

- Delivering the Covid vaccination programme
- Recovering access to services post Covid
- Transition to Integrated Care Systems/ Integrated Care Partnership (ICS/ICP)

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Dudu Sher-Ami, Acting Director of Public Health then provided priorities on behalf of the Cabinet Member for Public Health as follows:

- Covid Vaccinations- the process the borough has undertaken, the outcomes achieved, this will be an ongoing process of vaccinations. The Panel were that this item would be appropriate for consideration at any point in the municipal year
- The priorities within the Joint Health & Wellbeing Strategy:
 - Having a healthy diet
 - Being active
 - Being smoke free
 - Being socially connected

All of these priorities are about how the council and the integrated care partnership support residents to achieve these things. Many of the long-term conditions that led to Covid related admissions and deaths are contributed and associated with these lifestyle issues.

Bindi Nagra, Director of Health & Social Care and Tony Theodoulou, Executive Director People highlighted the following:

- All areas mentioned by the Cabinet Member are supported
- Normally items would have been suggested around the operation of Adult Social Care Services. However, this has been a very unusual last year and priority from the CCG on recovering access to services will encompass some Adult social care issues.
- Safeguarding is the number one priority and would suggest that the panel look at the annual report and this could encompass a number of safeguarding areas as suggested by the Cabinet Member. Sufficient time should be allocated for this item for thorough debate
- The Health & Social Care white paper and the reintroduction of the regulation of Adult Social Care. It was felt important that scrutiny provide challenge on what is happening to ensure that the Council is inspection ready.
- Recommendations that have previously come from scrutiny panels or the former workstreams have been very helpful to officers and had a positive impact.
- It was suggested that the panel may wish to look at a smaller number of items and undertake deep dives into these issues. Members were invited and encouraged to visit any of the services provided either by the council or by health services
- The committee may be able to play a role on recommendations on the role of ward councillors can play in promoting vaccinations, particularly with the hard to reach groups.

Committee Members provided the following comments and questions:

- The Cabinet Member and officers had provided a good set of priorities and it was suggested that the panel should focus on things that it has the ability to change and that each topic must have outcomes.
- Welcomed the idea of prioritising a smaller number of items but in a greater level of detail. A comment was made that the two that seemed

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to stand out where safeguarding alerts and Covid vaccination rollouts. Felt that these are two areas that scrutiny could make a difference on.

- It was commented that the Health & Social Care Paper and the Public Health annual report were key areas.
- The topics will need to be discussed meaningfully and feed into outcomes
- Following a query, it was confirmed that the white paper is now on a statutory footing and some work has already occurred. This item should be taken early on
- In response to a question to the Cabinet Member on how scrutiny could assist. Members were advised that the reconfigurations and the role of Local trusts ensuring that NCUH remains a fully functional hospital are critical to the local population and local representation is key.
- A suggestion was made to focus on the pandemic and the response to the pandemic, with one or two other subjects in detail.
- Officers were asked are there certain times of the year when items are more appropriate to be taken? Officers confirmed that they would like to bring the Annual Safeguarding draft report and use scrutiny as part of the consultation process. This report is due to go to Council in September so would need to come before then. The two reviews of mental health and community services could be undertaken towards the autumn. It was felt that ICS should be taken at an early stage. The White Paper leaves open quite a lot of flexibility as to how ICS's are configured. However, it would appear that nationally, regionally and to some extent locally, the NHS appear to be interpreting this in a narrow fashion. ICS's could include a wide range of stakeholders with delegated powers. It is thought that the NHS are viewing ICS as a NHS organisation that will be controlled and run by the NHS. The white paper says there is scope for local determination so would suggest early involvement in this, focussing on the flexibility. The Cabinet Member raised the issue around governance and who sits on the boards. No elected members currently sit on the CCG Board.

6. PLANNING THE WORK PROGRAMME 2021-22

The Chair introduced this item, the aim is to plan the work programme and prioritise items for the business meetings for the year. It was highlighted that as stated in the minutes of the 24 March there were two items outstanding from the last year and that the previous panel felt that they should be discussed as soon as possible. These items were:

- Reconfiguration of the NHS
- NCLCCG GP contract Changes

Regarding the two outstanding items the concern was on the GP contracts changes and the impact that this was having. It was suggested that the reconfiguration maybe picked up at the JHOSC.

The North Middlesex Hospital Trust follow up report awaited on the Care Quality commission (CQC) inspection at some point in the year was also mentioned as a future item in these minutes

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The Chair suggested that there is a need to hold an extra meeting in July, which will need to be confirmed with the Monitoring Officer, to pick up on one- or two-time sensitive issues. Members in attendance supported this suggestion

Most of the attending members supported taking less items but in greater depth on the agenda. The panel members also supported the idea of visiting services and are open to a flexible way of working.

For each item there should be consideration of what can be achieved and what are the outcomes, what could be done better. There needs to be laser focus for each topic.

The Chair was surprised that the issue of mental health was not raised following the pandemic, other than in the context of structural reconfiguration and possible amalgamation.

If there was to be a meeting in July it was suggested in addition to the safeguarding annual report, the GP contract changes, and the ICS may be appropriate notwithstanding that the actual content and what the Panel is seeking to achieve will still need to be finalised.

In summary the subjects in addition to those suggested for a possible July meeting agreed for consideration whilst still to be finalised are:

- Safeguarding including the Annual report, alerts and DoLS
- The rollout of the vaccination programme
- The priorities on lifestyle choices within the Joint Health & Wellbeing Strategy. What can be done regarding this to bring focus? The wider issues of public health must not be lost. Has there been suppression of service delivery due to the pandemic, what are the trends?
- Mental Health
- Reconfiguration of the NHS and the impact on local services. Public health could have a clear view on this and what changes may be needed. Timings would need to be explored for this issue.
- Community Services, its very important that the voice of Enfield does not get lost
- Healthwatch was a suggestion. They were invited to this meeting and will be invited to future meetings.

7. TERMS OF REFERENCE

The terms of reference were noted.

8. DATE OF NEXT MEETING

The date of the next meeting and that the Chair will be seeking an additional meeting in July was noted.

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The meeting ended at Time Not Specified.

London Borough of Enfield**Health and Adult Social Care Scrutiny Committee****Meeting Date – 28th July 2021**

Subject: Safeguarding Enfield Annual Report 2020/21 update – including Safeguarding Concern figures and Deprivation of Liberty Safeguards information

Cabinet Member: Cllr Alev Cazimoglu
Executive Director: Tony Theodoulou

Key Decision: N/A

Purpose of Report

1.
Each year local Safeguarding Adults Boards are required to publish their annual report. The Care Act requires, that as part of that report, the Safeguarding Adults Board should highlight the work undertaken during the year and the priorities for the coming year.

This report, the Safeguarding Enfield Annual report priorities for 2021-22 and update on 2020-21, sets out the safeguarding partnership activity for adults.

It highlights actions taken to prevent neglect, abuse and exploitation against adults at risks. The priorities are part the Safeguarding Enfield Annual Report, which covers both Adults and Children's Safeguarding. In the attached priorities report, both adults and children's information is presented, to highlight the areas we are seeking to implement together and the learning we are sharing.

This is partnership report and is being presented for noting and to highlight the safeguarding concerns and deprivation of liberty safeguards that have been managed.

The Annual report is presented to the Safeguarding Adults Board and Safeguarding Children's Partnership's Executive meeting for agreement and sign-off.

Proposal(s)

2.
Please note the activities of the Safeguarding Adults Board 2020-21, and note the activity relating to safeguarding concerns and deprivation of liberty safeguards.

Reason for Proposal(s)

3. See Purpose of report.

Relevance to the Council Plan

4.

Safe, healthy and Confident communities

The work of the Safeguarding Enfield Partnership meets the Council's priority of Safe, healthy, Confident communities.

The purpose of safeguarding work is to protect children, young people, adults at risk, and their carers and families so that they can all thrive in the borough. The Partnership's approach to safeguarding focusses on well-trained staff who can effectively engage and manage the risks that may be present.

For Adults, as part of the 'Prevent Abuse' priority, the Partnership will be developing our IT/ Social Media offering alongside a community engagement programme, via the Community Awareness Raising group.

The aim of our work is to improve the awareness of abuse, understand how to report it, and also to reduce isolation, an issue which is known to increase levels of vulnerability. There is also ongoing work with local adult social care providers, which will ensure we support local providers to maintain the standards and minimise the risk of services becoming unsafe.

Background

5.

There are statutory duties for publishing an annual Safeguarding Adults Report. The duties require specific information to be provided. For the Safeguarding Adults Board, the Care Act requires that the report include:

- what it has done during that year to achieve its objectives and strategy;
- what each member has done during that year to implement the strategy
- information on Safeguarding Adults Reviews, including information on referrals Received, the on-going Reviews and key learning from Reviews that have been published.

Main Considerations for the Council

6.

Annual Report 2020/21

Across the Partnership, our primary responsibility is to provide a way for the local agencies to work together to safeguard those at risk, and to ensure that the arrangements in place are working effectively.

2020-21 has been a busy year for the Safeguarding Adults Board. Despite numerous changes and challenges, agencies across the partnership have

continued to demonstrate strong commitment to the work of the Safeguarding Adults Board and its activities, through the Activity groups.

The Safeguarding Adults Board remains committed to a programme of monitoring and assuring the quality of safeguarding activity across Enfield. This programme of robust analysis and challenge will continue to ensure that adults at risk of abuse or harm are identified and responded to speedily and effectively.

The summary of the key issues or achievements of the year highlight:

- Safeguarding response during COVID-19 across the Partnership, including:
 - Regular contact with care homes,
 - welfare calls by our quality checkers
 - analysis of concerns during lockdown
 - Extra-ordinary Safeguarding Adults Board meeting held.
- Work on Modern Slavery, responding to and managing safeguarding risks, managing safeguarding information panel and provider concerns as part of business as usual all continued.
- New Safeguarding Enfield website launched
- Training included: Substance misuse and hidden harm, PREVENT and modern slavery.
- Learning from Safeguarding Adults Review learning themes developed through action plan analysis.

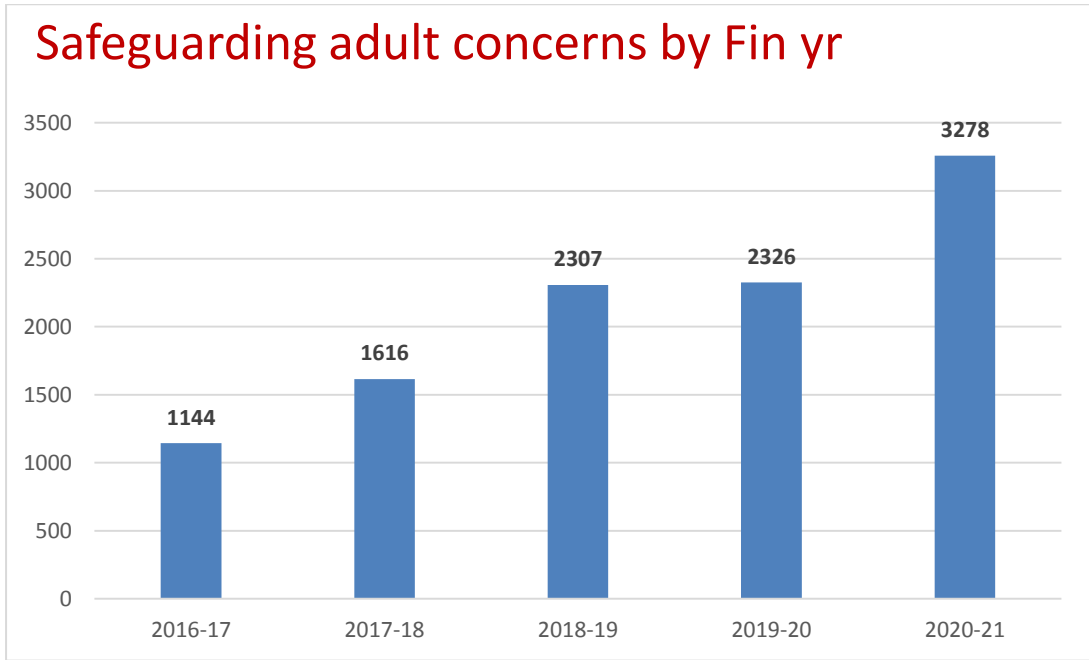
Important areas of work for 2021-22

- Detailed data analysis work in Enfield and regionally to better understand the impact of COVID and trends around abuse
- Introduction of network of safeguarding champions through the Community Awareness Raising group.
- Pilot project extended to include 250 devices (Amazon Echo Shows) to connect service users with their family and friends.

Safeguarding Concerns being reported into MASH:

During 2020-21 we saw an increase in the number of Safeguarding Adults concerns being received by the Adults MASH. This is part of a longer-term trend which has coincided with the establishment of our Adults MASH.

Most referrals are received from professional, however more community engagement work will be taking place and the trend of increasing concerns is expected to continue.



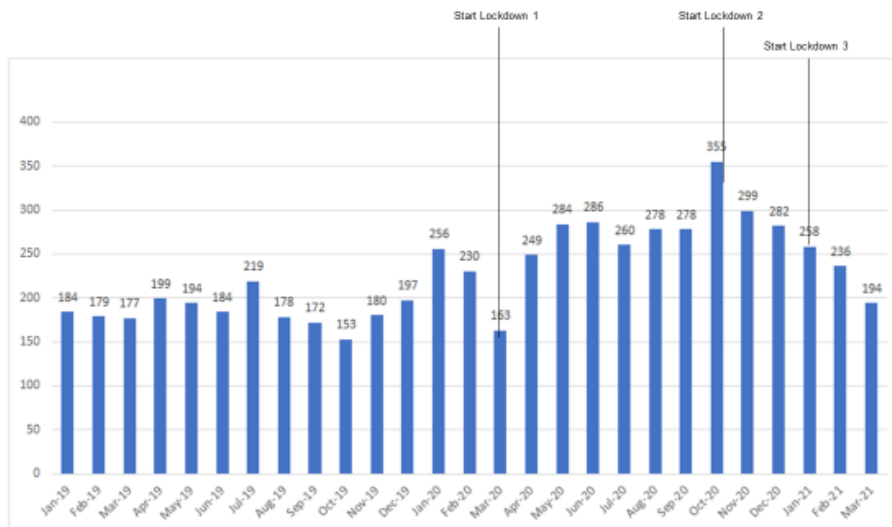
Work being undertaken to address this:

Some additional staffing resource has been placed in the Adults MASH to manage the demand. Safeguarding Data is being regularly reviewed to understand the increase in demand. National analysis of safeguarding concerns (by ADASS) is showing increases in the previous financial year, with similar trends for concerns. The national analysis is also ongoing.

Concerns received over during the Pandemic

Patterns of concerns over 2020, suggest there may be a small post-lockdown jump in concerns being reported. The highest number of concerns last year was 355 in October 2020.

Concerns by Month



The trends in Enfield align with the national picture- low numbers of concerns in March 2020, high numbers of concerns around September/ October 2020.

Increases in Self–neglect, Domestic Abuse and concerns in people’s own homes were seen nationally and in Enfield.

Deprivation of Liberty Safeguards:

Item	2018/19	2019/20	2020/21
Application received	1420	1470	1539
Urgent	390 (27%)	540 (37%)	647 (42%)
Standard	1030 (73%)	930 (63%)	892 (58%)

Over the past 3 years, we have seen a continuous rise in DoLS applications. This has been attributed to more care home managers and practitioners proactively seeking to safeguard vulnerable adults and an overall better understanding of the Mental Capacity Act 2005 thank to training sessions delivered by the team.

For the financial year 2020/21 Enfield Dols team saw significant rise in the request for urgent applications, this was possibly linked to rise in hospital admissions due to Covid-19 cases. To put this in to perspective, out of 1539 applications 652 applications were submitted by the Hospital.

Work is continuing in Enfield with partners (including Health and Children Services) to ensure preparedness for the implementation of Liberty Protection Safeguards (LPS).

Safeguarding Implications

7.

The report highlights the work of the Safeguarding Adults Board to safeguard adults at risk in Enfield. The safeguarding implications of this work are:

For Enfield Council – as lead agency for adults, it is important that we highlight how we work together with our community and partners, and detail what we are learning and how we improve current provision.

For the community - improvements in understanding how to stay safe, how to recognise abuse and how to report it.

For our partners – good communications so that any issues with joint work (which is essential to effective safeguarding) can be escalated, managed and improved.

Public Health Implications

8.

Important public health aims are to enable young people to ‘start life well’ and for older people to ‘live and age well’. Ensuring that the most vulnerable are safe and enabled to thrive is therefore very relevant.

The Safeguarding Enfield Partnership has strong links with the Health and Wellbeing Board. Public health officers are also members of the Safeguarding Adults Board and Children's Activity Groups, to enable joined-up work with a focus on prevention.

The priorities identified in this strategy will support work with local people and partners to promote approaches that improve the quality of life for vulnerable children, young people, adults and families.

Equalities Impact of the Proposal

9.

An Equality Impact Assessment has been carried out for the Safeguarding Adults Strategy 2018-23. This report provides progress against the Adults strategy.

It should be noted that partners that we engage with are required to assist us in meeting our obligations under the Equalities Act 2010.

Environmental and Climate Change Considerations

10.

There are no environmental implications.

However, the COVID-19 lockdown and the improved use of technology has enabled us to become paperless; and removed the need for travel.

Risks that may arise if the proposed decision and related work is not taken

11.

Highlighting, and contributing, to the work of the Safeguarding Adults Board ensures Enfield Council can demonstrate its commitment to safeguarding. It also mitigates reputational risk, demonstrating openness and transparency about how the Safeguarding Adults Board will address issues of abuse and exploitation in Enfield.

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

12.

None

Financial Implications

13.

There will be no additional finance costs as a result of this annual report.

Legal Implications

14.

Section 43 (1) Care Act 2014 (“the Care Act”) requires each local authority to establish a Safeguarding Adults Board (“SAB”) for its area. The statutory objective of an SAB is to safeguard and protect vulnerable adults in its area. A SAB may do anything which appears to it to be necessary or desirable for the purpose of achieving its objective. The specific objectives are set out in Section 1 and 3 of this report.

Paragraph 4 of Schedule 2 of the Care Act requires a SAB to publish an annual report as soon as feasible after the end of each financial year about what it has done during that year to achieve its objectives, implement its strategy, the findings of safeguarding adults’ reviews which have been concluded and which are ongoing. In addition, to publish what it has done to implement the findings of reviews and where it is decided not to publish the findings of a review, the reasons for that decision.

The recommendations set out in this report comply with the above legislation and guidance.

Workforce Implications

15.

The report refers to work carried out in response to Covid-19 pandemic. The Council is committed to protecting the health, safety and welfare of its’ workforce. The following measures have been put in place to support staff during the COVID pandemic to enable the continuing provision of services to the residents of Enfield;

- Assessment of work activities and the environment and taking measures to reduce the risks as far as practicable.
- Deployment of staff to alternative roles to support vulnerable residents.
- Providing Coronavirus FAQ updates for staff with input from Human Resources, the Public Health Team and other teams across the Council, including links to Government, Public Health England and NHS guidance and information.
- Enabling remote working.
- Supporting staff’s mental health and wellbeing by signposting to support such as the EAP Helpline.
- Providing continued access to learning and development opportunities by promoting remote learning and providing virtual learning and development events and workshops.

Property Implications

16.

None

Other Implications

17.

None

Options Considered

18.

Producing two annual reports (including these priorities), one for the Safeguarding Adults Board and another for the Safeguarding Children Partnership, was considered.

Feedback from residents is that they are more likely to engage with one report and one conversation about abuse and risk, rather than two.

Conclusions

19.

Please note the report.

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[Tel No.]

Date of report: 14th July 2021

Appendices

Background Papers

The following documents have been relied on in the preparation of this report:

The DRAFT Adult Safeguarding Annual Report for 2020/21 (unformatted).

COVER PAGE

This draft report maps out the key components of Annual report. Some data/ information is being collected and copy being finalised, but it does express the focus of the report. The report starts on the following page.

The draft report will be presented at:

Safeguarding Children Partnership Executive meeting on the 28th July

Safeguarding Adults Board on the 14th July

Local Authority

HASC Management Team 8th July 2021

People's Management Team on 14th July 2021

HASC lead member briefing 22nd July 2021/ C&FS lead member briefing to be booked

EMT papers to Cathy no later 28th July 2021

Executive Management Team on 3rd August 2021

Cabinet Meeting on 15th September 2021

NCL CCG

To be confirmed

Police

To be confirmed

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Please talk to us

Safeguarding children, young people and adults at risk is everyone's responsibility. As someone who might live, work or study in Enfield you have a role too. If you are worried about someone or yourself, **please talk to us**. You can get help in any of these ways.

Children and young people

If you or the person you are concerned about is under 18 (a child or young person):

- Ring the Children Multi-Agency Safeguarding Hub (MASH) Team on **020 8379 5555**, Monday to Friday 9.00am to 5.00pm.
- Call the emergency duty team on **020 8379 1000** at night and weekends, and tell them what is happening.
- For people who work with children and young people, please make your referral using the Children Portal:

www.enfield.gov.uk/childrensportal

- You can email at: **ChildrensMash@enfield.gov.uk**
- In an emergency – such as when someone is being hurt or shut out of their home – ring the police on **999**.

You can also ring **ChildLine** on **0800 1111** or visit the ChildLine website: **www.childline.org.uk**

If you don't want to talk to someone you don't know, you can ask an adult that you trust, like a teacher or youth worker or even a friend, to make the phone call for you. When people are working with children they have to follow set procedures, but they will explain to you what they will do and should be able to support you through the process.

ChildLine

ChildLine have launched the '**For Me**' app – the app provides counselling for young people via smartphone and other mobile devices. For more information and to download the app for free, go to: www.childline.org.uk/toolbox/for-me

Adults

If you or the person you are concerned about is over 18 (an adult at risk) you can call anonymously on the Adult Abuse Line: **020 8379 5212** (Textphone: **18001 020 8379 5212**).

In an emergency always call **999**.

There is also helpful information on the Safeguarding Enfield website. Go to:

www.enfield.gov.uk/SafeguardingEnfield

For all Enfield residents

Domestic Abuse Freephone helpline

If you have experienced or are currently experiencing being made to feel unsafe by someone close to you, this is domestic abuse. Domestic abuse is not okay and is a crime. There is a specialist team to ensure no one is turned away and support is there for anyone in need.

Call us on **0800 923 9009 (Mon-Fri 9am – 5pm)**

Email us at callusDAH@enfield.gov.uk.

We are here to help you.

Modern Slavery Helpline

Modern Slavery is a crime that is hidden from plain sight but, occurs everywhere around us. Modern slavery is happening right here in Enfield and it needs to be stopped. An advice line is available to provide information and support for those that have any concerns or general questions regarding modern slavery. If you would like to discuss your concerns please contact us on:

020 3821 1763 (Mon-Fri 10am-2pm), or you can email us at: ModernSlavery@enfield.gov.uk

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Vision statement

Our vision:

AMEND FROM:

“is for a community where **adults, children and young people can** live free from abuse and harm; a place that does not tolerate abuse; where we all work together to stop abuse happening at all, and where we all know what to do if it does take place.”

TO:

“is for a community where **we can all** live free from abuse and harm; a place that does not tolerate abuse; where we all work together to stop abuse happening at all, and where we all know what to do if it does take place.”

Foreword by the Chair

As the Independent Chair of the Safeguarding Adults Board (SAB) and the Scrutineer of the Safeguarding Children's Partnership (SCP) I am pleased to introduce the 2020-21 Annual Report outlining the partnership activities which contribute to keeping Enfield's communities safe.

Safeguarding is 'everyone's business' and if you are worried about a child, family, young person or adult at risk, please speak up using the contact information in this report. We can help.

The last 12 months have presented considerable challenges, with several months spent in COVID related lockdowns. We have all had to adjust: by adopting new ways of working, complying with additional government guidance, and changing how we stay in touch with family and friends. All health providers, the local authority and the local police service, as well as several other contributing partners have needed to operate in a very unusual and hitherto unknown set of circumstances. 'Business as usual' took on a new meaning when so much was disrupted.

In this report, we present the work agencies have delivered to enable the safeguarding functions to operate as smoothly as possible. (This can be found in detail in Appendix D). This year's activities have been inextricably linked with the local and national COVID response. The report begins with the Board's primary focus on Protecting People from Abuse, followed by a range of activities carried out to Prevent Abuse.

In addition, we also highlight some inspiring examples of the work done. These accounts illustrate the breadth of the work that has taken place across Enfield. A huge thank you to all concerned.

I hope you find this report informative and I want to encourage all of you readers to let us have your thoughts. Tell us what you think, what are we doing well, what do we need to improve on, how else can we communicate better across all the different communities of Enfield.

Take a look at our twitter feed @enfieldsafeguarding and our website:

Please email us at: SafeguardingEnfield@enfield.gov.uk

Geraldine Pic...

Geraldine Gavin

Independent Chair of the Safeguarding Adults Board, and Scrutineer of the Safeguarding Children Arrangements

Introduction

This report presents the work that the Enfield Safeguarding Adults Board, the Safeguarding Children's Partnership, and the organisations that are part of them have done to keep children, young people and adults at risk of abuse, safe.

The report covers the period 1st April 2020 to 31st March 2021. The style and presentation of this report has been developed by Enfield Safeguarding Adults Board's Service User, Carer and Patient group.

[the following were in definition boxes]

Care Act 2014 (Adults)

The Care Act requires the Board to report on its activities in the past financial year, and its plans for the coming year to keep people who may be at risk of abuse or harm, safe.

Working Together 2018 (Children)

The statutory guidance says we must publish a report at least once in every 12-month period. It must set out what we have done as a result of the arrangements, including on child safeguarding practice reviews. The report should also include evidence of the impact of the work of the safeguarding partners and relevant agencies.

Safeguarding in Enfield

Safeguarding means taking action to protect children, young people and adults who are, or may be, at risk of abuse or harm. Safeguarding is everyone's business. This means you, your friends and families, your neighbours, as well as the people who work for organisations like Enfield Council, the Police, the NHS and others, have important roles to play to help keep people safe in our community.

Safeguarding work in Enfield is brought together in two ways:

1. the Safeguarding Adults Board, and
2. the Safeguarding Children's Partnership.

These arrangements bring together organisations that work in Enfield to make sure there are good ways of working to keep safe children, young people and adults at risk.

The Safeguarding Adults Strategy 2018-23 outlines our work and priorities for Adults at risk; and the Safeguarding Children Arrangement document (2019) details how partnership work for Safeguarding Children is organised. Many of the Activity Groups work for both Children's and Adults Safeguarding.

Both of these documents can be found at: www.enfield.gov.uk/SafeguardingEnfield

The work of the Safeguarding Partnership is organised into one of four areas: Prevent abuse, Protect those at risk, Learn from Experience, and, Improve Services.

Care Act 2014 (Adults)

The Enfield Safeguarding Adults Board is a statutory board formed under the Care Act 2014. The Local authority, the Police and the NHS are statutory members of the Board.

Working Together 2018 (Children)

The Statutory Safeguarding Partners are the Local Authority, the Police, and the Clinical Commissioning Group.

Enfield's arrangements were agreed and signed by the Safeguarding Partners on 5th June 2019. The arrangements were in place on the 29th September and the Department of Education were notified.

Children Act 2004 & the Children and Social Work Act 2017 (Children)

The Children's Act 2004 and the Children and Social Work Act 2017, state the statutory duties for local authorities and safeguarding partners to work together to safeguard and promote the welfare of children.

Summary of what we did in 2020-21

This section presents a summary of the main pieces of work that the Enfield Safeguarding Partnership completed or oversaw in 2020-21. This is followed by information presenting work in each of the four priority areas.

Covid-19 response (PROTECT)

Across the Partnership all of our agencies have been affected by the pandemic. As part of our Partner updates for this report we have asked partners to provide information about their response to the pandemic. Please see Appendix D.

+3,278 highest ever number of concerns received by Adults Multi-Agency Safeguarding Hub (MASH)

Domestic Abuse [PROTECT]

The Domestic Abuse Hub was launched in May 2020. Over 214 calls have been received. 85 calls have been from victims.

Modern Slavery (PROTECT)

127 referrals received to the Modern Slavery team; 60 awareness raising sessions to 715 delegates. Modern Slavery hotline launched.

Serious Youth Violence (PREVENT)

We held a Partnership event in February 2021 to consult on the Public Health approach to Serious Youth Violence. Attended by over 100 delegates, include our Safeguarding Partners and schools.

LeDeR reviews (LEARN)

28 notifications received for people with learning disabilities. this is double the pre-pandemic 4-year average. 19 deaths involved COVID

Child Death (LEARN)

Between April 2020 and March 2021 Enfield had 21 notifications of child deaths, similar to the previous year (death of a person under 18 years of age). Of the 21 deaths, 13 were male, 8 were female.

Work in schools (IMPROVE)

Education department provided weekly home learning ideas for over 400 Private, Voluntary or Independents (PVI)s, schools and childminders. A new Designated Safeguarding Leads (DSL) network for school DSLs has been set up.

SMART Living (PREVENT)

Following a success proof of concept exercise, over 250 SMART Living devices were secured to develop a series of pilots around adults social care

Protect people at risk

One of the main tasks for the Safeguarding Partnership is to make sure we have excellent responses to concerns. We do this through having clear policies, good training, looking at our data and audits (checks). Here we present some of our key policies, talk about our training and present some high-level data.

Adults

Covid-19 response

Across the Partnership all of our agencies have been affected by the pandemic. As part of our Partner updates for this report we have asked partners to provide information about their response to the pandemic.

This has included:

- Managing increased number of concerns, including high proportion of domestic abuse and neglect related cases being reported into Adults Multi-Agency Safeguarding Hub
- Ensuring practices around hospital admissions and reporting safeguarding concern were appropriate.
- daily calls to care homes
- thousands of welfare calls, including over 2500 to our Learning Disabilities clients.

Page see Appendix D for more detailed information

Safeguarding Adults Board activities

The Safeguarding Adults Board provided assurance across a number of areas: DNACPR (Do Not Attempt Resuscitation) orders, appropriate hospital admission in line with government guidance, work around homelessness, modern slavery and on the patterns and trends of concerns being reported. The SAB also ensured the national insights work into concerns were taken into account when considering local trends.

In 2021/22, practices around community DNARs are being assured by a joint project between the CCG and ASC, funded by the CCG. GP practices are being asked to confirm their practices following concerns raised in the media and by our lay member

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Adult Multi-Agency Safeguarding Hub (MASH)

[in box]

Care Act 2014 (Adults)

Safeguarding Adults duties are detailed in Section 42 of the Care Act and in the accompanying Statutory guidance.

Where the following criteria are met for a concern the Local Authority, who is named as the lead agency for safeguarding, must ensure that a Safeguarding Enquiry takes place. The criteria that a concern must meet to require an enquiry are that: it is about a person who is over 18 years of age, with care and support needs, and who is experiencing, or is at risk of, abuse or neglect, and is unable to protect themselves.

	2017-18	2018-19	2019-20	2020-21
Concerns received by the Adults MASH	1616	2307	2326	3278
Concerns that led to enquiries	741	656	356*	1217

*Only includes Statutory Section 42 (2)

Since the conception of the Adult MASH, there has been a commitment that all concerns will be responded to. This can include information and advice, sign-posting to other services, assessments for care and support services, or for a social worker to work with the adult to manage the risks of abuse they face.

2020/21 saw a significant increase in safeguarding concerns. Concerns relating to self-neglect, and those occurring in people’s own homes were highest. This concerns received in Enfield are in line with what was experienced nationally.

Safeguarding MASH (Adult) Nurse

The Safeguarding Adults team have continued to maintain strong partnership working with the NCL CCG, Enfield Directorate in the reporting period of 2020-2021 with the Local Authority in the following areas:

MASH (Adults) has been fortunate to have the support of a qualified Nurse subject to funding by the Clinical Commissioning Group. The role

of the MASH Nurse Assessor has been invaluable within the MASH team when working in a multi-agency context, working with: Nursing Homes, Hospitals, General Practitioners and District Nurses'. A clinical perspective in scoping the points to consider when requesting an enquiry enables more focused reports which allows for better learning and therefore preventative work. This has prevented delays and duplications which can occur when social care staff assess and decide on the lines of enquiry around clinical issues.

Supporting Care providers

Our work with care providers was organised to ensure they had: access to information and support around infection control; the latest public health guidance; and could raise issues with our quality assurance team.

Ongoing support to providers:

Targeted support was provided to care support workers and informal carers to embed infection control training and translate this into good working practices, for example in how to use PPE correctly and effectively to protect all those they have direct contact with. The quality assurance team were the point of contact for care providers, and concerns and issues raised from them were considered and responded to with the Public Health team.

Communications:

We were in regular, at times daily, contact with our care providers, and have developed a dedicated MyLife webpage. The webpage, which was developed in partnership with Public Health, focuses on infection control information and training.

Quality Assurance and emergency processes:

Many social care providers sadly suffered significant losses of residents due to the covid virus. This meant that the pandemic reduced the demand for residential and nursing placements. This information was monitoring to ensure we understood any risks around potential provider failures.

The quality checkers gathered information directly from people who use services and their friends and family to ensure their experiences during the 'lock down' period was included in our considerations and learning.

Learning:

The strategic safeguarding adults team undertook learning reviews with providers that had COVID outbreaks to identify risks and develop risk mitigation strategies.

Working with people who have refused to comply with government guidance

Regular meetings were taking place, chaired jointly with Public Health to consider residents, and council tenants, who were not complying with COVID-19 guidance on social isolation and distancing. The meetings were multiagency and provided a place where agencies could refer in, with a risk assessment, and appropriate local action could be taken. If the local measures were not successful, the group could refer to Public Health England.

NHS North Middlesex University Hospital (NMUH) Trust

This update from North Middlesex University Hospital includes both Children and Adults Safeguarding activities:

- Executive team supported Safeguarding team to remain on site throughout and staff were not redeployed to other areas

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- North Central London reconfiguration of paediatric services / COVID: North Middlesex University Hospital (NMUH) Emergency Department (ED) remained open throughout. Inpatient services were transferred to Great Ormand Street Hospital (GOSH) during both lock down periods. Strong network links made with GOSH safeguarding team to manage Child Protection cases and transfer back
- During first lockdown the total numbers of referrals made remained similar despite ED attendance numbers lower.
- There has been a continued increase in the number of children and adults attending the ED department with mental ill health concerns throughout, which could be COVID related – increase in need for Tier 4 bed
- Youth on youth violence referrals noted to reduce when schools closed
- Solace continued to provide telephone support to all our survivors of domestic abuse
- Throughout the lockdown we have maintained community nursing and midwifery for babies and children.
- Training figures maintained
- Safeguarding services have continued to be provided at a consistent level
- Safeguarding referrals have continued to be completed maintaining pre-lockdown figures

Royal Free London NHS Foundation Trust (RFLNHSFT)

This update from Royal Free London NHS Foundation (RFLNHSFT) Trust includes both Children and Adults Safeguarding activities:

- RFLNHSFT continuity plan in place and shared with the safeguarding partners to provide assurance that core responsibilities were being met.
- Maintained a safe staffing level within the safeguarding team even when staff volunteering in other areas.
- Ensured that midwives in the vulnerable women teams were not deployed to other areas.
- Supported safeguarding team to work remotely ensuring staff and partner agencies continue to have access to RFL NHS Foundation Trust's Safeguarding Team.
- Children and adult safeguarding training continued either virtual or face to face and training figures maintained.
- Enabling virtual access to the ward so other professionals, family members and relevant people have access to ward staff and patients when necessary.
- Adjustments in place to allow visitor to accompany or visit a person with a learning disability.
- Attendance at virtual child protection case conferences, strategy meetings and core groups.
- Provided safeguarding supervision to case holders, such as community midwives through virtual platforms which has been highly evaluated
- Worked closely with other secondary and tertiary Health Trust to ensure inpatient services were maintained for children within North Central London.

NHS Barnet Enfield Haringey Mental Health Trust

This update from Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) includes both Children and Adults Safeguarding activities:

- Increase in online training
- Tailor online training to the areas of increased abuse or hidden harm (cuckooing, neglect, financial abuse)
- Increased COMMS and toolkits shared.
- Increase in the amount of safeguarding champions in each team.
- Meeting with teams to promote areas of abuse that require preventative work e.g. teams making lists of those vulnerable to self-neglect and implementing additional monitoring measures.
- Sexual safety measure on wards including the following increase in Sexual abuse during lockdowns and subsequent reduction in S17 leave :
 1. A3 posters for wards – (for staff and patients to raise awareness)
 2. Sexual safety Booklets
 3. Quick grab guide
 4. Temperature check postcards for wards.

Preventative work ongoing looking at effective risk management strategies to reduce incidents of sexual abuse on the wards – white board meeting: standing item on the daily agenda. i.e. daily checks of how safe a patient feels. Practical tips for ward staff – i.e. staff awareness of blind spots , environmental management. Practical tips for risk management of individual patients (eg if someone if very sexually disinhibited as part of their illness, what measures are staff putting in place to mitigate risks)

Themes emerging in lockdown 2020/2021

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Lower numbers of safeguarding are reported during the peak of the lockdowns in the community and then a sharp rise in safeguarding referrals when lockdowns are lifted has been noted. The acuity on the wards does increase during lockdown periods where S17 leave is more limited. In line with national trends, Domestic abuse, self neglect, neglect and financial abuse has increased significantly.

There is evidence that there is more “hidden harm” during lockdowns, including grooming on the internet – (radicalisation, sexual abuse). This is evident from more PREVENT referrals from the trust along with more reports of online financial scams. Police report that Cuckooing has increased during lockdowns – staff have had access to Camden and Islington lunch and learn on cuckooing and audits on the response to Cuckooing safeguarding’s have been completed along with promotion of the relevant forums to manage risk. An increase in allegations against staff (especially bank staff) has been noted. This may be because the trust has appointed a PIPOT lead who is collating data within the safeguarding team.

NHS North Central London Clinical Commissioning Group -

The Designated Professionals have continued to monitor, and quality assure the NCL Safeguarding Health Providers Recovery and Restoration Plans for COVID-19. This has demonstrated that there is adequate assurance of the safeguarding elements of all health providers across NCL. Ongoing borough level safeguarding assurance in the delivery of providers recovery and restoration plans is obtained through Designated attendance at providers safeguarding committees and at local partnership meetings. Where gaps are identified, further assurance has been sought and is monitored at a local level by the relevant borough Safeguarding Adult Lead. There are no plans that required escalation.

Modern Slavery

Enfield is one of the first areas in London to have a dedicated Modern Slavery Team comprising Local Authority and Police staff. The multi-agency team has been raising awareness and responding to intelligence.

The team continued to operate over the lockdown in 2020/21, with 127 referrals being made to the team between 20th January 2020 to 31st March 2021. The team provided enough evidence to enable the Crown Prosecution Service to charge four people with modern slavery offences, relating to a case we received in the team in 2020. The trial is due to commence in Autumn 2021.

The team continue to stay busy with training and awareness raising – a crucial part of the strategy- having delivered 60 awareness training sessions to 715 delegates to a variety of teams across Enfield partnership.

In July 2020 the team worked on a large-scale operation involving over 100 Police officers and partner agencies. During this raid, the team supported the Police and eleven potential victims were taken to a reception centre and three people were arrested for various offences including Modern slavery.

Enfield Council played a pivotal role in the formation of the London Modern Slavery Leads Group which Enfield also chairs. It is supported by the London Councils and The Human Trafficking Foundation.

Childrens

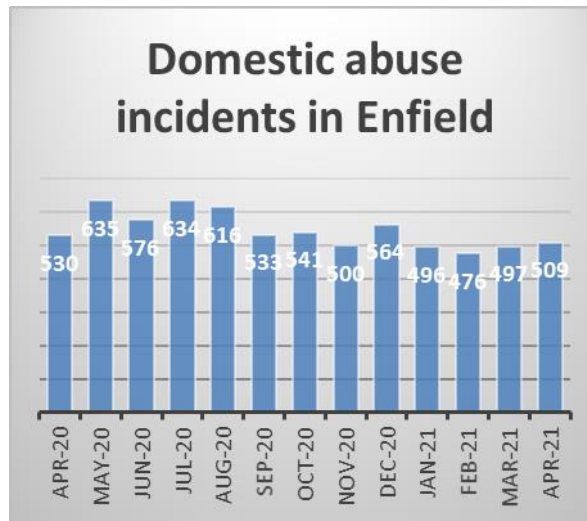
Domestic Abuse

The Domestic Abuse Hub has been operating since 1st May 2020 as a response to growing concerns about under reporting of domestic abuse during lockdown. The free-phone helpline and bespoke email are used by the referrer to access the service. The hub continues to operate from Charles Babbage with the line management from the Domestic Abuse service team manager.

Domestic abuse Incidents

In the year ending April 2021 there were 6,539 Domestic Abuse Incidents in Enfield, compared to 5,963 the previous year, an increase of 9.7%. London also experienced an increase of 5.8% over the same period. In the capital, there were 146,773 incidents recorded in 2019/20, compared with 155,262 in 2020/21

There is a decrease in the number of incidents when the lockdown restrictions eased in July with a reduction noted from August to November. The lockdown in January 2021 has not seen an increase in the number of domestic abuse incidents however the reduction is not significant enough.



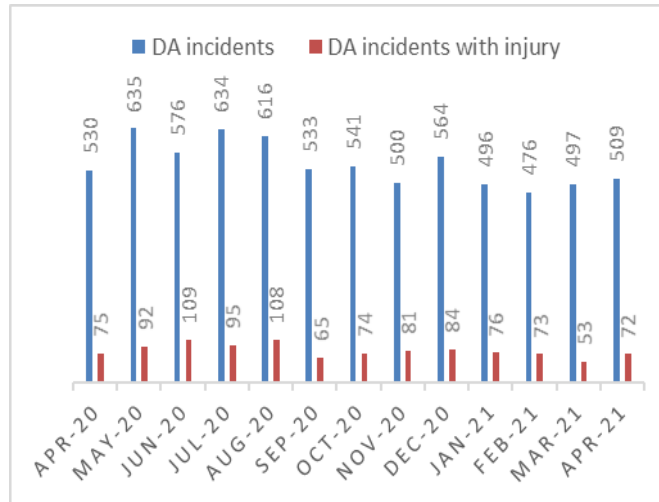
Domestic Abuse Incidents:

Year:	2018/19	2019/20	2020/21
Incidents:	5672	5963	6539

Domestic Abuse Violence with Injury Offences

In Enfield by April 2021, there was an increase of 1.7% in the numbers of Domestic Abuse Violence with Injury offences with 984 recorded in 2020/21, compared to 968 recorded by April 2020. In London there was a small 2.7% decrease in the same period.

In Enfield, offences reached their peak in 2020/21 in June, recording 110 offences followed by a second peak of 108 offences in August 2020. January to March 2021 saw a decrease in the number of domestic abuse violence with injury offences however April 2021 has started to see an increase. This could have been attributed to the lockdown.



Domestic Abuse Violence with Injury offences:

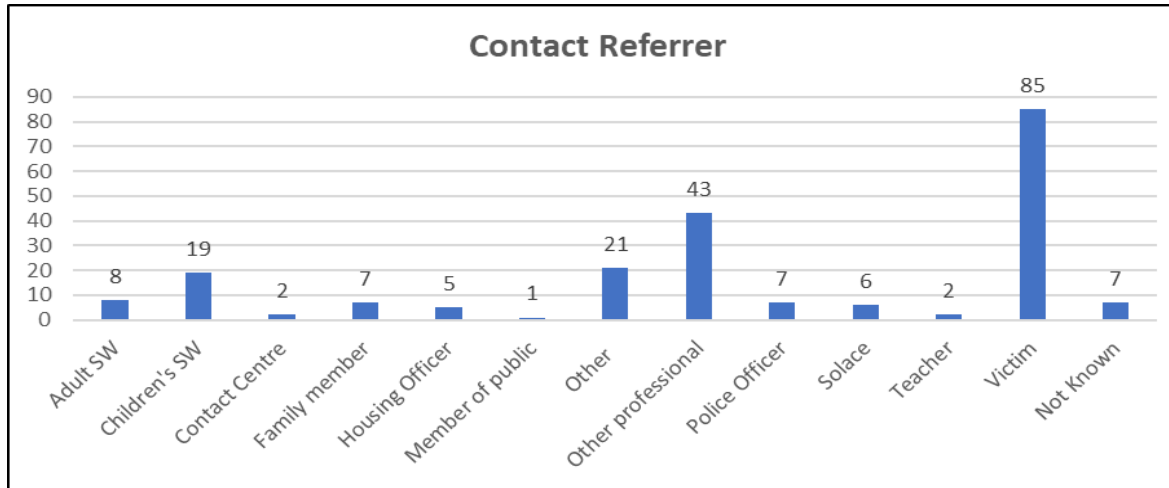
Year:	2018/19	2019/20	2020/21
Incidents:	944	968	984

Domestic Abuse Hub data

There has been a total of 214 calls received as of May 2021 since the Domestic Abuse hub was launched. The Hub continues to receive calls from professionals and victims requesting support. Since December 2020 there has been a decrease in the number of calls received. There were however more contacts received in the MASH in the same period. We have noted an increase in the complexity and severity of the domestic abuse being reported which is going directly to the MASH for immediate intervention.

Referrers:

The Domestic Abuse Hub continues to be used by victims who are experiencing domestic abuse which is positive. Since January 2021, there has been an increase in the number of professionals referring to the Domestic Abuse Hub for support and advice on behalf of the victims.



Work of the team:

The team undertakes structured sessions with the victims of domestic abuse as part of the work to help the victim understand the impact of domestic abuse on their child(ren). This work then informs the child in need plan for the children.

Having received Trauma Informed Practice training, the team are developing tools to undertake effective direct work with children to understand the impact of domestic abuse and early trauma on children's development.

The work with perpetrators as a driver to reduce risk of domestic violence has continued to be a priority in the Domestic Abuse team. There is a dedicated social worker in the team who undertakes risk assessments of all the perpetrators of domestic abuse to inform the social work intervention with the family.

Outcome of contact:

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Most calls received in the Domestic Hub have led to signposting to other agencies. The majority of the contacts were referred to MARAC 23% followed by Housing where 21% of the requests were signposted to. Having Housing in the Domestic Abuse Hub has led to timely responses to the victims' needs where housing is an issue.

Outcome of Contact Referral (Multiples)	
Other	9
Referral to Housing	46
Referral to MARAC	51
Referral to Solace	18
Referred to Adult services	8
Referred to Children's services	24
Referred to Early Help services	6
Signposted to Children's services	2
Signposted to Housing	7
Referral to IDVA	1
Referral to Police	1

Safeguarding Children

Total contacts into Children's Social Care:

Year	2018/19	2019/20	2020/21
Contacts:	29364	31427	30878

Though there was a small decline in 2020/21, the number of contacts into Children Social Care were higher than the 2018/19 levels. The decrease in the number of contacts during 2020/21 was a result of the various lockdowns and visibility of children and young people through

the year. There was a decline in referrals to the Children’s MASH following the initial lock down in March 2020. The trend was similar in January 2021 when there was another lockdown with contacts reducing significantly when schools were closed. The anticipated increase in the contact in March 2021 when schools reopened is reflected in the data. The number of contacts relating to domestic abuse or physical violence reflect a similar pattern decreasing during lockdown.

Year:	2019/20	2020/21
Number of MASH Contacts:	17725	19959

Partnership working in the Children’s Multi-agency Safeguarding Hub (MASH) is strong. We launched a daily Emergency Duty Team (EDT) / MASH handover meeting which includes the police and health. This led to more robust and timely information sharing and smoother transitions with clarity on ownership and escalation. MASH Operational meetings with partners have continued to take place and they are an opportunity to enhance understanding of thresholds.

MASH threshold decision making has continued to be robust with ongoing audits reflecting good decision making. In April 2020, an audit of a dip sample of MASH cases found that threshold decision making in MASH was appropriate and proportionate. Ongoing work is being undertaken by the MASH manager to enhance practice.

Child and Family Assessments

Timeliness and quality of social work interventions remain good with over 90% assessments completed despite the challenges during the pandemic. This continues a year on year upward trend. Social workers have continued to work with children and seeking through views through direct work

Children Protection

Section 47 Strategy discussions/ meetings -

Year	2018/19	2019/20	2020/21
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Strategy meetings: 1307 1793 2078

An increase in Section 47 strategy meetings was noted in 2020/21 (an increase from 1,793 to 2,078) which could be attributed to the pandemic as services in the community were limited and families were in crisis. 82.9% of the strategy meetings led to Initial Child Protection Conference which evidences good threshold decision making and that appropriate cases were escalated to Section 47 investigations.

Children subject to Child Protection plans

Year:	2018/19	2019/20	2020/21
Children	296	203	257

The increase in the number of strategy meetings has also resulted in an increase in the number of children on Child Protection Plans in the second quarter of 2020/21 (as indicated above) due to the severity of incidents and complexity of referrals received in Children’s Social Care.

Children on the edge of care

In March 2021, there were 90 children who had been identified as being vulnerable to exploitation and 23 were discussed at MACE, which is the multi-agency group for exploitation, both in respect of Sexual Exploitation and those at risk of Criminal Exploitation.

A review of services took place focusing on bringing together teams offering support to young people at risk of exploitation and at the edge of care. This led to the merging of the Child Sexual Exploitation and the Edge of Care teams to create the Adolescent Safeguarding Teams.

The new teams are in the process of integrating a unified approach to working with families where adolescents are identified as being on the ‘edge of care’. This has involved the teams applying a model of intervention which has proved successful in the early stages of it being adopted in Enfield in enabling ‘edge of care’ adolescents to remain in the care of their families. The model of intervention is known as FAMILY. Social Workers in the teams agree an initial Safety Plan with families and will then work through the stages directly with the families they are working with and will bring the case to group supervision in order for the team to check on progress and agree next steps. Early indications of using this model are that this is successful in keeping families together and more work is being done to ensure that the impact is sustainable by building resilience if families.

Missing Children

Year	2018/19	2019/20	2020/21
Missing Children	159	198	225
Missing Episodes	489	502	561
% RTH Offered	368/489= 75% were offered a RTH Interview	301/502=60% were offered a RTH Interview	414 /561= 74% were offered a RTH Interview
% RTH Accepted	133/489 = 28% Accepted a RTH Interview	163/502=32% Accepted a RTH Interview	236/561= 42% Accepted a RTH Interview
Of these, Looked After Children	49	48	51

There were 225 children reported missing from home or care in the 12-month period covering 2020/2021. Of these, 51 children were looked after children, which makes up a quarter of the total of children who went missing. The Missing Children Coordinators offer return home interviews to all Enfield children and young people in and out of Borough when they return from missing. The above shows an increase in the return home interviews offered since 2019/20 however for some of the young people they go missing again before a return home interview is offered hence figure showing 74%. If a return home interview is not offered, rational is recorded on the child / young person’s file. There is an increase year on year on the uptake of the return home interviews by young people. A review of the services offered to vulnerable children took place and the Missing Children Coordinator is now part of a new Contextual Safeguarding Unit. The additional capacity will help young people to engage with the return home interviews.

The information from the return home interviews is shared with allocated social workers and police and forms part of risk assessment and planning for the young person. The Missing Children Coordinator also offers training to staff including foster carers, commissioned placements and partners agencies.

A new Missing from Home, Care, Education and/or Health Protocol for children was agreed in June 2020 by the Safeguarding Children Partnership Executive Group. This can be found on our website: <https://new.enfield.gov.uk/safeguardingenfield/policies-and-protocols/>

Progress of Children in Care

Support for Children in Care comes in many formats. All children have a personal education plan to identify the areas where additional support is needed, which is agreed by the school, the Social worker and the Head of the Virtual School. Financial support is provided to the child's school to provide additional support in the agreed areas. In addition, the Looked After Children's Health team undertake annual health assessments in respect of children's health needs, and children have access to child and adolescent mental health support where this is needed.

The Virtual school supports children to reach their academic ability and monitor children's progress throughout the key stages, ensuring that they are ready to learn and able to access the curriculum.

Progress of Care Leavers

It is important that young people leaving Local Authority Care are encouraged to strive to achieve their potential.

There are a number of services which work alongside the team to encourage young people to engage with employment and training opportunities. We have been able to ring fence several apprenticeship opportunities within the Council for Care leavers and are hoping to continue this programme.

Enfield's Local Offer for its Care Leavers was updated and launched in 2020, available in different languages and accessible online through Enfield's MY LIFE website www.mylife.enfield.gov.uk and Enfield's Children Portal <https://cp.childrensportal.enfield.gov.uk/web/portal/pages/home>

Enfield Strategy for Care Leavers was launched in 2020 which compliments the Care Leavers current offer and focuses on the 6 life GOALS. The strategy includes an action plan, and its progress is reviewed by Enfield's Corporate Parenting Board.

In light of the national social distancing restrictions throughout the Covid-19 pandemic, some participation activities including the annual care leavers conference and use of the care leavers hub had to be suspended and will be reinstated in 2021-2022 in line with the national guidance.

Access to Resources Integrated Service (ARIS)

As the semi-independent placements are not regulated under the Care Standards Act, there are no minimum standards for what constitutes a 'Good' quality provision. This is left to the local authority to determine through their own quality assurance processes.

Prior to any semi-independent placement being sought for a young person under 18, the Care Plan will have been approved by the Placement Panel, chaired by the Director of Children and Family Services. This decision is informed by the views of the IRO and the assessment of need of the allocated social worker.

Checks for any serious gang/exploitation activity in the area are made prior to proposing a potential placement.

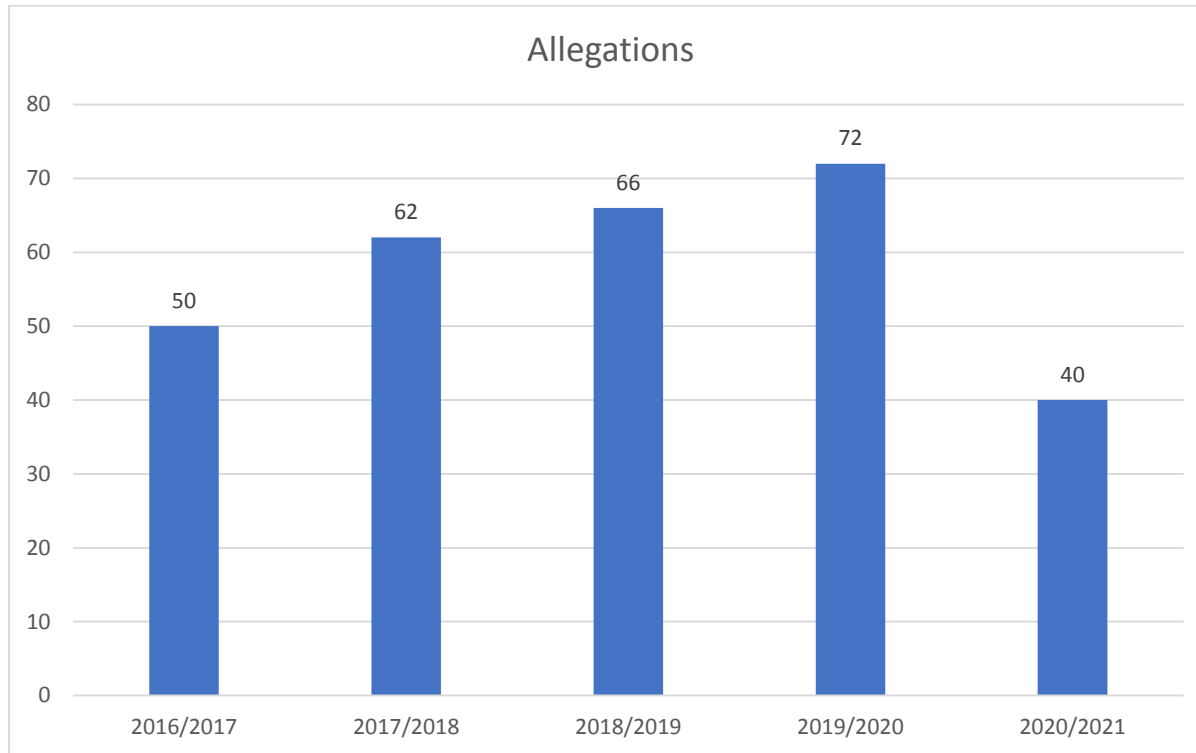
Enfield has a robust quality assurance process in place for all the council's commissioned semi-independent providers.

All the provisions used by Enfield are subject to monitoring visits annually conducted by the Placement and Assessment Officer including unannounced visits. In 2020-21 the Quality Assurance process was improved further by increasing the visits to the provision and although due to the pandemic this has been virtual, the timeliness of these visits were improved. All untendered provisions are now visited either in person or virtually before the young person moves in, references are sought from 2 other local authorities (where possible) and during visits, the Placement Officer is now asking for all staff to test the fire alarms and carbon monoxide alarms. All young people in semi-independent placements get a monitoring call from ARIS and this has now been RAG rated so we are able to prioritise the young people who are more vulnerable and are able to monitor their placement more.

In 2020-21, a full monitoring visit was conducted on 17 semi-independent Providers (tendered and non-tendered provisions), with one of them requiring a revisit due to concerns around staff not able to test the fire alarms. This provision was revisited again within one month and all staff had been trained to test the fire alarms.

Local Authority Designated Officer (LADO) activity

The role of the LADO is set out in the Working Together to Safeguard Children (2018) document. The guidance requires Local Authorities to have an officer or a team of officers to manage and oversee allegations against people who work with children, and that this officer or team are social work qualified and experienced to fulfil this role.



The total number of new allegations between 1st April 2020 and the 31st March 2021, which met the threshold for formal LADO involvement was 40. A further 13 cases were initially thought to meet the threshold for formal LADO involvement but did not proceed to an Allegations against Staff and Volunteers (ASV) meeting.

The number of allegations which met the threshold for formal LADO involvement had been increasing over the last 5 years – 72 for 2019/2020. The increase was gradual, indicating consistent thresholds being applied as well as a growing awareness of the role of the LADO. The decline in allegations for 2020/2021 is thought to be due to the COVID affect and specifically the partial closures to schools and early years.

A crucial part of the LADO role, in addition to managing allegations, is also to offer Consultations to agencies on managing low and medium level concerns, where the threshold for an Allegations against Staff and Volunteers (ASV) meeting has not been met. Some of these cases refer to conduct issues for staff in all settings and standard of care issues for foster carers. In addition, a number of cases involve incidents whereby school staff needed to use reasonable force to prevent harm to other children, staff or damage to property (under section 93 of the Education and Inspection Act 2006). It is important to note that in cases where the need for reasonable force is not clear, an ASV Meeting may be held to consider the circumstances and the protocols in place. In 2020/2021, there were 67 recorded consultations compared to 220 consultations during 2019/2020. Again, the decline in the allegations for 2020/2021 is thought to be due to the COVID affect.

Training data for 2020-21:

Adults Training data	Course Type	Total Numbers
Safeguarding Adults – Awareness	eLearning	230
Modern Slavery and Human Trafficking	eLearning	134
Safeguarding - Adult Abuse Awareness	Seminar	82
Practical Strategies for Building Resilience	Seminar	19
BIA Refresher	Seminar	24
DoLS Signatory Training - Legal Update	Seminar	8
Liberty Protection Safeguards - with focus on MCA Overview	Seminar	22
Mental Capacity Act / Deprivation of Liberty Safeguarding Awareness	Seminar	55
Mental Capacity Act for Occupational Therapists	Seminar	25
Mental Capacity Act Overview in house training	Seminar	4
Mental Health Act and Mental Capacity Act interaction	Seminar	16
Understanding the Court of Protection - HCPC Registered Staff	Seminar	7
Supporting Survivors of Domestic Abuse	Seminar	18
Supporting Survivors of Sexual Abuse	Seminar	22
Understanding Domestic Abuse and Coercive Control	Seminar	16
Making S42 Enquiries	Seminar	21
Self Harm and Suicide training	Seminar	21

Suicide training	Seminar	18
Self-Neglect and Hoard	Seminar	23
Personality Disorder	Seminar	27

Children’s Training data

Prevent & Radicalisation Workshop	Seminar	7
Hidden Harm & Substance Misuse	Seminar	31
Reducing Parental Conflict for people who work with families training	Seminar	14
Reducing Parental Conflict Course for Trainers	Seminar	6

[3rd Sector train to be added here](#)

Enfield Social Care Centre of Excellence

The Enfield Centre of Excellence (ECOE) is the point of contact for the children workforce where their knowledge and skills, professional development will be supported - to ensure the Children and Family Service deliver the best practice and best outcomes for children and families.

In September 2020, our first cohort of Social Work Apprenticeships started their journey to becoming social workers.

We piloted a different approach with our newly qualified social workers, trialling a cohort system and new readiness to practice programme.

Covid was a catalyst to adopt a different approach to delivering training. All sessions were adapted to be delivered virtually.

Trauma Informed Practice training was delivered to social workers and police colleagues, aim to make them more trauma aware and appreciate the relevance of trauma. Social Workers and the police will understand how to change their behaviour and respond to the impact of trauma and avoid responses that contribute to traumatisation. The learning will help Social Workers and the police to build effective relationships that offer safety and the opportunity to build resilience.

Childrens Training via the Social Care Centre of Excellence:

128 events total of 1123 attended

Prevent abuse

In this section we present the work we've done to prevent abuse from happening.

This can include:

- raising awareness about risks so people can stay safe;
- making sure we've identified the right priorities (consultations); and,
- continue to work in ways that can prevent abuse from happening.

ADULTS:

Preventing Abuse in Enfield's Adult Care Providers

Enfield has 188 CQC registered providers, one of the highest numbers in London. To manage the risks around Quality and Safeguarding we have a Safeguarding Information Panel to ensure that partners can effectively: share information, identify any risks of harm to those who use services, and prevent any future or additional harm taking place.

The Panel can initiate actions such as Provider Concerns, Quality Checker visits, Immigration Enforcement visits and London Fire Brigade visits. The Panel meets every six weeks. Over 2020-21, the Safeguarding Information Panel, in addition to information sharing amongst members, received 17 referrals. The following interventions were implemented:

Type of Activity	Number of activities
Provider Concerns Initial meeting held	14
Nurse Assessor visits	11
Immigration enforcement visits	2
Occupational Therapy visits	1
LBE Quality Assurance visits	15
CHAT Team visits	0

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LFB safety visits	0
Quality Checker welfare calls made to family and friend contacts of service users	241
Quality Assurance 'Out of Hours' visits	5

The SIP actions and interventions were adapted in line with the covid restrictions in place. Essential visits were made to care providers where risks were high and visits were made with appropriate PPE and robust testing regime in place.

To see more details on the Quality Checker calls please see page XX

Improvements and Standards in Care homes:

The covid pandemic has been a challenging time for social care providers to keep service users/residents and staff teams safe. Effective infection prevention and control measures are key to mitigating risks of cross infections.

To provide support to social carer providers in the borough an Improvement and Standards Manager was appointed and operational from the 1st of November 2020, joining the Local Authority's Strategic Safeguarding team. Using data and intelligence collected from regular calls made to social care providers, an action plan was developed to ensure targeted support and guidance was provided.

Priorities areas from the Action plan are presented below:

Organisational learning process for providers that have experienced a covid -19 outbreak (2 or more staff and or service users/residents that have tested positive at any one time)

1. 55 - organisational reviews completed with residential, supporting living and homecare providers
2. 125 - recommendations made and implemented by 55 providers
3. 100 - common themes identified and escalated

Process to audit providers IPC performance and effectiveness

1. 55 unannounced visits completed
2. 10 follow up visits to providers that have had a covid outbreak ongoing action

Develop partnership working with Public Health to visit providers and provide support to improve vaccination uptake where required

15 myth busting vaccination sessions delivered to providers plus 5 joint site visits with Public Health to talk on site any vaccine issues. -
Ongoing

IPC support and advice to providers on the Provider Concerns

5 visits undertaken – varies from recruitment & retention, writing care & support plans, staff rotas etc – ongoing as and when required.

Pressure Ulcer Panel

Within this strong partnership of NCL CCG, Enfield Directorate has funded and provided an expert nurse in Pressure Ulcers for the Enfield Local Authority and new NCL CCG Enfield Directorate, Pressure Ulcer Panel. The Pressure Ulcer Nurse has worked with the Pressure Ulcer panel to the highest level to effect a lasting change, to begin the process of improvement in the protection of vulnerable adults open to abuse from developing pressure ulcers. The panel is an advisory panel to the Local Authority Safeguarding Adult Manager (SAM). The Local Authority are responsible for receiving and managing safeguarding concerns, causing others to undertake enquiries when necessary, ensuring the implementation of the Making Safeguarding Personal agenda. The concerns relate to the reporting pathways currently operating between Enfield health providers in the reporting of pressure ulcers for investigation to Enfield Local Authority.

Deprivation of Liberty Safeguards (DoLS)

Item	2018/19	2019/20	2020/21
Application received	1420	1470	1539
Urgent	390 (27%)	540 (37%)	647 (42%)
Standard	1030 (73%)	930 (63%)	892 (58%)

Over the past 3 years, we have seen a continuous rise in DoLS applications. This has been attributed to more care home managers and practitioners proactively seeking to safeguard vulnerable adults and an overall better understanding of the Mental Capacity Act 2005 thank to training sessions delivered by the team.

For the financial year 2020/21 Enfield Dols team saw significant rise in the request for urgent applications, this was possibly linked to rise in hospital admissions due to Covid-19 cases. To put this in to perspective, out of 1539 applications 652 applications were submitted by the Hospital.

CHILDRENS

Prevention of youth crime and serious youth violence

Enfield Youth Offending Service continues to see a reduction of first-time entrants. In the financial year 2020/21 there were 98 first time entrants to youth justice, which represents an increase of 15% from previous year. Our analysis indicates that the trend shift showing an increase of the first-time entrants happened in the quarter 3 with causal factors most likely to be attributed to the lockdown 1 release, re-opening of schools and additional focus by Police to suppress violence.

On a positive side, the number of children sentenced to the custody was 13 in the 2020/21, which is broadly similar to the previous 2019/20 year when it was 12. There has been a reduction of remand episodes in 2020/21 by 29% (41 remands) from the previous year 2019/20 that saw 56 remand episodes. This is attributed to the high confidence of courts to the bail support package being offered by the Youth Offending Service to young people although the element of the reduced court capacity during pandemic may have had also some impact. Whilst the latest published re-offending data has not been released, we know that we need to provide more support for young people in youth justice to reduce their re-offending. Therefore, we have developed Youth Integrated Offender Management project in partnership with Police and Community Safety that will be launched in May 2021.

Throughout all pandemic lockdowns last year, Council Youth Service has continued to positively engage with over 1200 young people via a detached and outreach youth work, supporting the Police and Community Safety to promote social distancing and compliance, enabling a softer approach to enforce the government guidance.

Despite of the pandemic challenges to service delivery, Enfield Summer University in 2020 has been successfully delivered through a mixed model of 23 virtual courses and 70 face - to face courses. The programme provided 1986 Summer University places in the most deprived wards of the Borough that were accessed by 604 for children. This is an increase of 23.5% from previous year.

Building on the local Youth Offer of preventative programmes, Enfield Council has been successful in attracting funding of £1.35 million from the Young Londoner's fund for three years starting in 2020. Whilst there were significant challenges to the launch of the programme during the last year's pandemic, 5,816 young people has positively engaged with the programme.

Reducing serious youth violence has continued to be our priority. The levels of serious youth violence year end in March 2021 stood at 264 victims of serious youth violence, showing a reduction of 47.1% to the previous year in March 2020 when there were

499 victims recorded in Enfield. This is attributed to the effect of the pandemic as well as the continued focus and work of the North Area Violence Reduction Partnership, Community Safety, Police and wider preventative work.

Council's public health has undertaken local needs analysis as part of the public health approach to the reduction of serious youth violence, enabling a deeper understanding of risks associated with serious youth violence and evidence best practice, highlighting the importance of early help and intervention, using evidence-based practice alongside of targeted and enforcement work in Enfield.

In October 2021, new initiative Operation Alliance was launched by Police and supported by Enfield Council to pilot early help and support to young people who have been arrested and presented in the Wood Green custody as part of the wider commitment to diversion and prevention of youth crime. The Alliance partnership is currently evaluating the project and seeking funding to sustain the project.

Community Safety Partnership has continued to attract funding from the MOPAC. This has contributed to the strengthening of the targeted youth support offer in Enfield to keep young people safe through a range of commissioned services such as youth outreach to the A&E, diversionary activities such as boxing, gym sessions, employment support, serious youth violence group worker, St Giles Trust mentoring and Spark2life providing accredited learning programme for children in schools with focus on staying safe from bullying, exploitation and risky behaviour.

Enfield SYV event

On the 1st February 2021 the Safeguarding Children Partnership held an event on Serious Youth Violence. The event was a consultation to seek partnership views on the findings of the Public Health needs assessment to Serious Youth Violence, and to highlight some of the work that has been taking place. The event was attended by over 100 delegates and opened by young people giving their experiences.

Raising awareness in schools about exploitation

The Covid-19 pandemic, national restrictions and school closures during 2020/2021 has meant that face-to-face raising awareness activities about child exploitation involving the Child Sexual Exploitation Prevention (CSEP) team could not be delivered as planned. These activities will be reinstated as national restrictions are eased and in line with national guidance. Despite these

challenges, the CSEP team continued to work closely and collaboratively with schools through provision of advice and knowledge sharing where children/young people were identified as being at risk of exploitation.

During the year between 1st April 2020 and 31st March 2021, 181 young people were identified as either experiencing or being at significant risk of child exploitation including 14 repeat referrals. 100 were at risk of child sexual exploitation, 72 at risk of child criminal exploitation and 9 were at risk of both. This figure is higher than the last full year analysis where 166 young people were identified in 2019-20. This is a 9% increase which suggests that there is more awareness leading to a larger number of referrals.

Reducing Parental Conflict

Conflict between parents is a normal part of relationships. However, there is a large body of evidence that shows that parental conflict puts children's mental health and long-term outcomes at risk when it is frequent, intense and poorly resolved. These destructive conflict behaviours include aggression, non-verbal conflict, lack of respect and emotional control and in their most extreme form, domestic abuse.

The risk of conflict between parents is higher at crucial transition points in family life, such as becoming pregnant, having a baby, starting or changing school, or separation and divorce. However, relationship difficulties are often seen as a private matter and couples tend to only seek help when they are in crisis.

In Enfield, we are working with the Department of Work and Pensions, and the Early Intervention Foundation. The Change and Challenge Service with the Safeguarding Partnership Business Unit have introduced RPC training courses, to frontline practitioners and managers, across the Safeguarding Children partnership.

In 2020/21, e-learning for 200 members of staff have been commissioned and are being delivered.

Joint Services for Disabled Children

The Joint Service for Disabled Children is comprised of the specialist social work service, preschool support home visiting service, early years keyworker service and a specialist short breaks and family support service.

New referrals to the JSDC of children 4yrs + for short breaks and family support:

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<u>April 2017 - March 2018</u>	<u>169</u>
<u>April 2018 - March 2019</u>	<u>180 (up 7%)</u>
<u>April 2019 - March 2020</u>	<u>234 (up 30%)</u>
<u>April 2020 – March 2021</u>	<u>150</u>

The pandemic impacted on the number of new referrals received during the last year

Services are delivered in house 7 days per week at Cheviots, specialist play and home care providers are commissioned, and families can also access a personal budget to arrange the support that best meets their child and family's needs.

The services and support are designed to provide fun activities for the child, an opportunity to meet with their friends or be supported to access community activities and provide a break for the parent from their caring responsibilities to support family life.

Transforming Care:

We increased the frequency of the multi-agency Dynamic risk register meetings to weekly to ensure that children and families most at risk were supported effectively and to ensure that there was communication across the professional network

Positive Behaviour Support: (PBS)

All behaviors have a meaning.

Positive Behavior Support aims to understand what behaviours that challenge tell us, so that the child's needs can be met in better ways. The way the child is supported often has to change to achieve this and this needs to be regularly reviewed by all the people involved.

Positive Behaviour Support is an approach that puts the child at the centre to make systems work for them. We aim to give the right support at the right time so children can thrive to their potential.

The Joint Service now have 4 PBS Coaches and 9 Practitioners in the service.

PRICE training has replaced Approach as our provider of behaviour management and physical restraint training. When supporting people who are distressed there are times when restrictive interventions are required to protect staff, the individual themselves, and others. We share PRICE training's commitment to restraint reduction and the use of person-centred, non-restrictive strategies to support children and young people with behaviours of concern. PRICE also incorporates important aspects of Trauma Informed Practice and Positive Behaviour Support.

Private Fostering

Private fostering is when a child aged under 16 years (or under 18 if disabled) is cared for, on a full-time basis, by an adult who is not their parent or an immediate relative, for a period of 28 days or more. This is a private arrangement made between the parent and the carer. There is a legal requirement to notify Children's Social Care about private fostering arrangements.

Since transferring private fostering to the Fostering Service, there has been a drive to develop partnership working. Raising awareness about private fostering has been an important communication aim for the Safeguarding Children Partnership. Meetings with the Safeguarding Board have been held to discuss raising community awareness. A new leaflet has recently been produced titled "Are you Looking After Someone Else's Child" which was shared and approved by Enfield's Children's Partnership. How to report private fostering arrangements into Children's Care has been included in all our Safeguarding Enfield Newsletters. 6-weekly meetings have been held with consortium partners to share ideas and develop partnership initiatives, e.g. consortium private fostering webpage. Enfield's children portal has been reviewed to encourage referrals from the public.

In 2020-21, 13 private fostering cases were open to the Fostering Team, 4 less than the previous year. A number of cases were closed as a result of the young people turning 16 years of age, children returning to their parents' care and young people from overseas returning to their country of origin. During the pandemic, a reduction in overseas students was observed compared to the previous year. At the end of 2020-21 there were 4 privately fostered children/young people in Enfield. Historically, nationally and locally, there has been low numbers reported of children and young people in private fostering arrangements which fluctuates throughout the year.

We have an action plan in place for 2021-22 to continue to raise awareness with consortium counterparts.

Work in Schools

COVID response

- Provided weekly home learning ideas for over 400 Private, Voluntary or Independents (PVI), schools and childminders .
- Supported 400 schools, PVIs and childminders on key transition points for children and young people, including providing Early Years transition for vulnerable pupils.
- Created and sent out over 4000 Year 6/7 transition packs to all pupils in Year 6 in Enfield including for vulnerable pupils.
- The Educational Psychology Service (EPS) provided telephone support line for parents, with schools' agreement to use their statutory visit time for this purpose.
- EPS provided support for staff and headteachers during the year, including whole school wellbeing.
- EPS supported 14 schools to achieve the Sandwell Charter Mark, which supports a whole school approach to social, emotional and mental health.
- EPS and Professional Learning (PL) team set up a ten session programme of PL to support schools in their resilience and recovery work for all pupils.
- Schools' Traded Service worked with school to support food vouchers and/or food parcels to go to the most vulnerable families.
- HEARD and Nexus have put on three well attended parent workshops.

Wider work of Education department

- Set up a ten session Professional Learning (PL) programmes, including local, national and international expertise, re: Unconscious Bias and Anti-Racism as a response to the Black Lives Matter movement.
- A three session Governor training course re: Unconscious Bias and Anti-Racism has started as a corollary to that training.
- Set a ten session PL programme re: Digital Transformation for schools which included national expertise for online safety in both primary and secondary schools.
- A new Designated Safeguarding Leads (DSL) network for school DSLs has been set up.

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- The SEYIS adviser visits to schools included questions about the remote learning offer. This checked that all pupils were being contacted and how schools reacted to any lack of response from a pupil or family.
- Whole service Safeguarding training took place in September 2020.
- All NQTs were able to join LA run safeguarding training within their first half term.
- Trauma Informed Practice in Schools (TIPS) was promoted via two taster sessions open to schools and all members of the Education Service.
- Nexus funded training for all schools from Pivotal education linked to restorative practice and TIPS.
- SWERRL / BSS have support vulnerable pupils in their return to school.

Learn from experience

Here, we discuss the various tools that the Enfield Safeguarding Partnership uses to understand where things might have been or are going wrong and learn lessons.

Outcomes and findings from all our reviews are used to promote a culture of continuous learning and improvement across the partner agencies. The processes here are required by law, either the Care Act for adults safeguarding, or Working Together for children's safeguarding.

ADULTS

[in box]

Care Act 2014 (Adults)

The Care Act places statutory functions on the Board. One of these is in relation to review events and practices when things go wrong. The Safeguarding Adults Board must conduct a Safeguarding Adult Review (Section 44) should an adult with care and support needs die or experience serious harm, and abuse or neglect is suspected, and where there are concerns about how partners worked together.

What is a Safeguarding Adults Review?

A Safeguarding Adults Review (SAR) is a process that investigates what has happened in a case and ultimately identifies actions that will reduce the risks of the same incident happening again. The investigations are completed by people who are not involved in the case.

Safeguarding Adults Review referrals in 2020-21

A referral was received regarding the care and support received by a man who was the main carer for his wife. In April 2020, the referrer was advised this would not progress to a SAR.

A referral was received regarding the care and support received by a man living alone in Enfield. In November 2020, the referrer was advised this referral would be progressing to a SAR.

Safeguarding Adults Reviews in Progress:

A review which was agreed in December 2017 in response to the care and treatment to an older woman living by herself is still ongoing. The review will be completed in 2021-22.

A review which was agreed in December 2017 in response to the systemic financial abuse of service users over a number of years is still in progress. The review will be reported in 2021-22.

A review was agreed in December 2019, about how partners provided care and treatment to a man. The review will be reported in 2021-22.

Published Safeguarding Adults Review

During 2020/21, one SAR was published. The review for Sophie was approved in March 2021. This can be found on our website.

Key recommendations from the SAR included:

- A multi-agency (health, housing, environmental health, social care, mental health) Task & Finish Group to draw up and implement lasting improvements to practice and services aimed at safeguarding and promoting the welfare specifically of people at risk of self-neglect.
- Partner agencies should ensure their records capture the detail and rationale for actions and decisions and have processes for timely information sharing.
- When children and young people move to live permanently in the UK and are known to social care, support should be given to ensure their Rights under UK legislation to be included in CYPS plans, Pathway Plans, Transition Planning etc. Likewise support to be offered in Adult Social Care via Information & Advice as per the Care Act 2014.
- Independent Reviewing Officers to ensure that transition plans are in place for all Looked After Children and Adult Social Care invited to final Looked After Children Review
- Understanding Mental Capacity/Executive Capacity and Self-Neglect/Deliberate Self Harm to be included in future training programme

- Review how agencies work together on risk, by the development of a shared risk management plan.

Learning Disability Learning from Lives and Deaths Programme (LeDeR)

As from the 1st April 2017, it has been an NHS priority for all deaths of children (4-17) and adults (18+) with learning disabilities to be notified to the Programme. Information on the programme is available at

The programme is coordinated on a CCG level, with each CCG contributing to the national annual report.

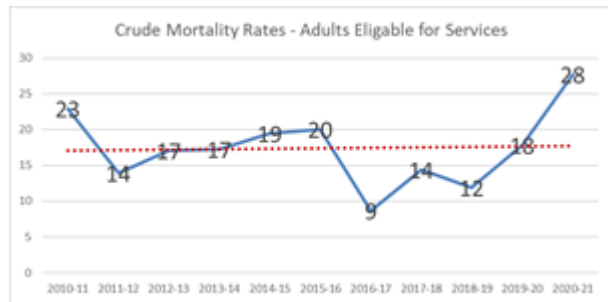
At a Borough level, steering groups are responsible to developing action plans implementing local and national learning. Enfield has a well-established steering group including representatives of the Local Authority, Enfield CCG, Barnet Enfield and Haringey Mental Health Trust, North Middlesex University Hospital NHS Trust, Royal Free Hospital NHS Trust. The steering group reports to the Safeguarding Adults Board and NCL CCG.

Programme update

The University of Bristol had been commissioned to deliver the programme up to the end of May 2021. NHS England have decided to directly take forward the delivery of the programme, and have developed a new, more streamlined online platform and a new policy with a greater focus on delivering actions. After a brief hiatus the new systems are now running.

Data

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During 2020/21, 28 notifications of death were received for people with learning disabilities who were registered with GP's in Enfield. This is double our 4-year pre-pandemic average of 13.25 deaths per year. The previous 10 years data for adults in Enfield had shown a general reduction in mortality. During the pandemic, this trend has disappeared.

The Coronavirus Pandemic was, by far, the dominant factor in the deaths of people with learning disabilities in Enfield this year. Of the 26 people where information from death

certificates was available –

- 19 deaths involved Covid-19
- 23 of these deaths were caused by, or contributed to by, respiratory infections.

It is also notable that Covid-19 is the highest contributing factor to death to people with learning disabilities in Enfield over the last 4 years.

Between the end of March and early July, the programme requested 'Rapid Reviews' be completed, where Covid-19 was suspected to be significant. In Enfield this included 13 people. All of these people had long term health conditions. 8 people had 3 or more health conditions. This seems very significant, and it would be helpful to look at these issues nationally.

Within NCL, the proportion of notifications made by Enfield was higher than in previous years. Data on monthly notifications by Borough received from NCL at the end of June 2021 shows this was concentrated in April 2020, when Enfield notified 11 deaths. The next highest borough reported 4 deaths in that month. ONS data suggests the increase in mortality in the whole population in Enfield was higher than the other boroughs in this period. The Steering Group is undertaking a systematic review to attempt to understand the factors that led to this discrepancy.

Performance

Of the 28 notifications, 21 reviews have been completed (75%). Of the 7 remaining reviews –

- 3 were on hold for other enquiries
- 2 did not pass local quality assurance process and need further work
- 2 were received during the transition period to the new platform

There were no end of year targets this year. However, there was an expectation that all reviews notified before the end of June 2020 (that were not on hold) would be completed by 31st December 2020. Enfield achieved 100% of this target. The London average was 92%.

Due to the need for local reviewers to deliver direct support during the pandemic, NCL CCG commissioned external reviewers to complete these reviews.

Action from Learning

The significant level of respiratory deaths has led the steering group to apply for NCL Health Inequalities funding for a specific respiratory health project to –

- Implement the escalation protocol
- Partner with specialist dentistry to improve oral health
- Partner with smoking cessation services to improve access for people with learning disabilities
- Trial the App
- Support the 'My Health Matters' group to engage with partners to increase access to exercise for people with learning disabilities and improve fitness.
- Reduce obesity
- Work with providers to improve management of constipation

Other actions include -

- Work with Acute trusts to improve compliance with DNACPR guidance and improve Mental Capacity Act and Best Interest processes.
- Increase quality of Annual Health Checks and increase the number of Health Action Plans produced
- Work with the 'My Health Matters Group' to create resources and a referral pathway for people identified as being obese or having hypertension at annual health checks.

A more complete Enfield LeDeR report will be published on the [End of Life Care](#) page on MyLife once updated to include latest NCL information.

CHILDREN

Local Child Safeguarding Practice Reviews during 2020/21

One local learning review was started at the end of 2018-19, focusing on neglect suffered by children whilst in the care of their parents, where there were concerns about substance misuse and domestic abuse. The review was presented as part of the Partnership day in January 2020.

The Local Authority referred 2 cases, one of a child and another for young people, who both had tragically died to the National Child Safeguarding Practice Review Panel during 2020/21.

For the case relating to the child, the National Panel agreed with the Safeguarding Children's Partnership that the rapid review meeting and report had provided sufficient analysis and learning. A multi-agency action plan is in place and overseen by the Children's Safeguarding Partnership.

For the case relating to the young person, a Local Child Safeguarding Practice Review is underway.

NCL Child Death Overview Panel (CDOP)

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The NCL Child Death Review partners held five (5) panel meetings in 2020/21. In addition, the panel arranged one (1) neonatal focussed panel with the leads from the neonatal network. The group held an extraordinary panel in January to manage a backlog of cases, some of which could not progress due to the establishment of the new system and the impact of the pandemic.

Each provider Trust in NCL now has an identified Child Death Lead Doctor in place with most moving to a Single Point of Contact administrator within the organisation. There remains a need for community Single Point of Contact to manage child deaths where the child is not taken to an A&E department. The community SPOC along with the Designated Doctor for Child Death co-ordinate the initial investigation process for community deaths.

A business case for joint funding with the five (5) Local Authority areas was agreed by the CCG which will see the establishment of a full time team to support the oversight of all Child Deaths in NCL. The business case included funding for a co-ordinated bereavement support offer for all families in NCL, as well as support and training for key workers. The key worker role is a new statutory requirement and each family must be assigned an identified worker.

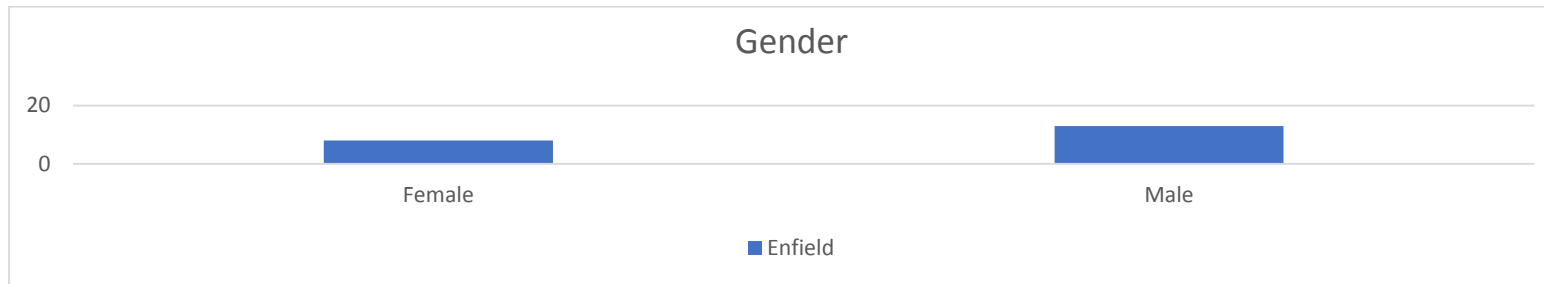
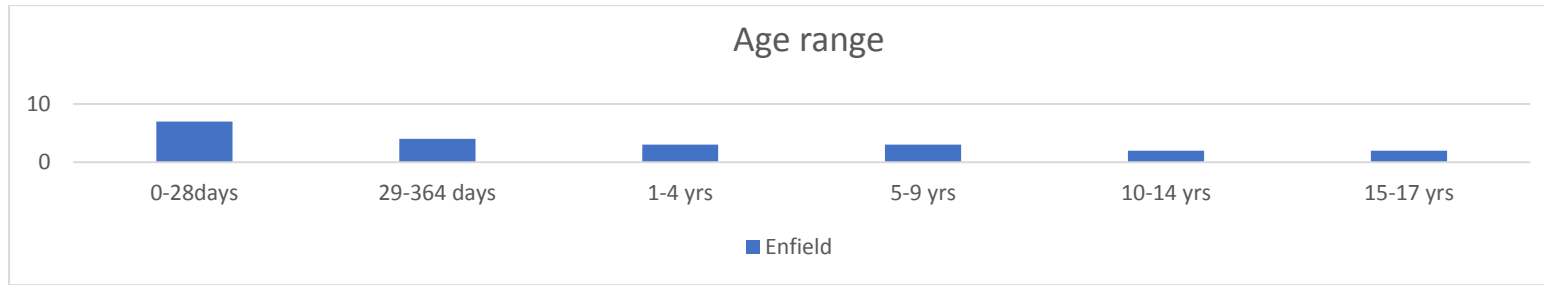
The business case also included funding for eCDOP. eCDOP is an electronic system that supports the administration process for notification of a child, gathering information and supports the Child Death Review meetings held by the hospital. In the summer of 2021, the NCL CDOP will move to one (1) eCDOP platform.

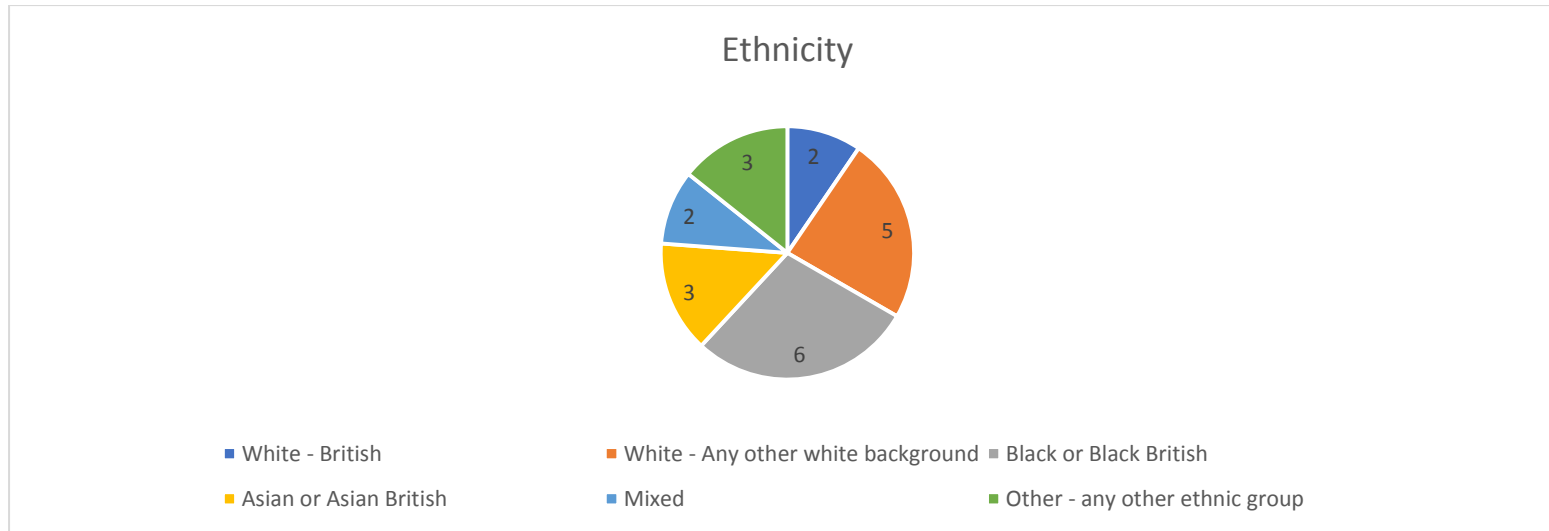
In February, 2021 the panel hosted an online training event on Sudden Unexplained Death in Infancy. The event was attended by over 120 practitioners across NCL, including colleagues from police and social care. SUDI claims the lives of 230 babies in the UK every year (Lullaby Trust, 2020). Many of these deaths could be avoided if environmental modifications are made and at-risk families are identified for additional targeted prevention support. It is the role of all health professionals caring for pregnant women and families with babies and children to discuss SUDI and modifiable risk factors. The event was positively evaluated with requests for further training to the multi-agency audience to ensure partners understand each other's roles in the responding to a SUDI.

Between April 2019 and March 2020 Enfield had 21 notifications of child deaths similar to the previous year (death of a person under 18 years of age).

Of the 21 deaths, 13 were male, 8 were female.

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Further detail will be included in the NCL CDOP annual report.

Improve Services

We have a number of processes to help us improve the quality of our services. This is an important part of managing safeguarding risks. Some of these processes are national, for example, OFSTED inspections, and others are local, for example, the Quality Checkers. They all have a role to play in making sure our services and safeguarding responses meet local people's needs.

Adults

Supporting Enfield's Adults Social Care Providers

Enfield has one of the largest number of care providers in London, including 81 care homes. The map here shows the spread of care homes (nursing and residential) we have in the borough, one of the highest in London. All registered providers are monitored by the Care Quality Commission.

[in box]

Who are the CQC?

The Care Quality Commission (CQC) is an executive non-departmental public body of the Department of Health and Social Care of the United Kingdom. It was established in 2009 to regulate and inspect health and social care services in England.

Provider Concerns

Provider Concerns Process

Our Provider Concerns process was initiated 14 times in the year through our Safeguarding Information Panel. The process brings together the organisations that are involved with a care provider to discuss concerns and risks, and work with the provider to make improvements for the residents or service users. The process can include a suspension on new placements, or in some cases, particularly if there is a risk of deregistration, an exit strategy.

Analysis of the data from the Provider Concerns process demonstrates that where the process is initiated in response to a poor CQC inspection and rating, it has consistently driven service improvements and improved CQC rating following re-inspection. Recently, two providers with an 'inadequate' rating in one or more of the CQC domains were re-inspected and achieved a 'good' rating.

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The Provider Concerns process was developed in Enfield, but now forms part of the Pan- London Safeguarding policy and procedures. The policy can be found on the MyLife Enfield website. Go to: www.enfield.gov.uk/mylife

Care Quality Commission Rating Data

2020-21 (ratings at the end of March 2021)

Row Labels	Outstanding	Good	Requires improvement	Inadequate	Registered but not yet inspected	Total
Community based adult social care services	1%	67%	5%	0%	27%	107
Nursing home	0%	62%	31%	0%	8%	13
Residential care home	3%	78%	13%	1%	4%	68
Grand Total	1%	67%	5%	0%	27%	188

2019-20 (ratings at the end of March 2020)

Row Labels	Outstanding	Good	Requires improvement	Inadequate	Registered but not yet inspected	Total
Community based adult social care services	1%	64%	11%	0%	23%	90
Nursing home	0%	67%	33%	0%	0%	12
Residential care home	2%	79%	8%	4%*	7%	85
Grand Total	2%	71%	11%	2%*	14%	187

*All Inadequate provision have been subject to Enfield's Provider Concerns Process.

2018-19 (ratings at the end of March 2019)

Row Labels	Outstanding	Good	Requires improvement	Inadequate	Registered but not yet inspected	Total
Community based adult social care services	1%	64%	12%	1%*	22%	94
Nursing home	0%	69%	31%	0%	0%	13

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Residential care home	0%	83%	11%	3%*	3%	71
Grand Total	1%	72%	13%	2%*	13%	178

*All Inadequate provision have been subject to Enfield's Provider Concerns Process.

*All Inadequate provision have been subject to Enfield's Provider Concerns Process.
Next two bits in boxes

Nurse Assessor

Enfield CCG and Enfield Council jointly fund a nurse assessor, who provides specialist clinical advice as part of Safeguarding concerns, and Provider concerns processes. The Nurse assessor focuses a lot of attention on resolving issues in Nursing homes in the borough.

Quality Checker projects

The Quality Checker has continued to go from strength to strength with new volunteers recruited and new work projects going forward. During the reporting period the Quality Checkers have completed the following activities

QC Activity conducted in 2020/21	Number of visits calls (QC volunteers visit in pairs) , reports , publications and toolkits developed and circulated
Welfare calls to residential care providers and friends and relatives of people living in residential care.	Quality Checkers supported the Council and residential care providers in the borough by making contact with all providers 2x weekly to collect information on Covid 19 infection rates and to provide support with PPE.
Calls to people in receipt of day-care services.	Quality Checkers made 65 welfare telephone calls to people who attended day centres but due to Covid were not receiving services. Quality Checkers asked questions relating to safety and wellbeing. Our feedback was shared with LBE teams in ASC.

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<p>Calls to friends and relatives of people living in residential care.</p> <p>Calls to people in receipt of homecare services.</p>	<p>Completed 241 calls to friends and relatives of people living in residential care to find out what providers were offering relatives to help them keep in touch with their loved ones during lockdown.</p> <p>To collect feedback on wellbeing of friends and relatives who were unable to visit their loved ones during lockdown. Our feedback was shared with wider LBE teams.</p> <p>Completed 209 calls to people in receipt of homecare services to collect data on wellbeing and safety during lockdown.</p>
<p>QC laptops</p>	<p>Quality Checkers have been provided with Council laptops to enable them to continue with Quality Checker projects, but working remotely.</p>
<p>QC volunteers piloted smart tech project equipment</p>	<p>3 volunteers used assistive technology equipment and gave feedback to the project</p>

The ways of working were adapted in line with government guidance during the pandemic. Visits made to care providers and people that use services were suspended and volunteers were issued with laptops to be able to join 'teams' meetings and make and record calls to gather a range of feedback. Much of the work for this period has focused on the organisational learning from the pandemic. This includes from care providers and people that use services and their carers. This feedback will support the councils organisational learning project to ensure lessons are learnt and good practices are identified and embedded for future planning.

Person in Position of Trust (PIPOT)

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PIPOT is a safeguarding adults process. It applies where there are concerns about a person's ability to work safely with adults at risk.

These concerns will generally relate to something that has happened outside of work – e.g. a racially motivated crime, domestic abuse or a child protection case. The process considers the allegation and determines whether a disclosure needs to be made to their employer or registering body.

Statutory agencies will have their own PIPOT processes in line with Safeguarding Adults Board policy. The Safeguarding Adults Board policy can be found here: [click here](#).

Childrens

Section 11

The Safeguarding Children Partnership organisations in relation to their duties under Sec 11 Children Act 2004 and Working Together 2018 are required to undertake a regular assessment of the effectiveness of their arrangements to safeguard children and young people at a strategic level.

The Section 11 was convened in a workshop format on the 4th November 2020. Agencies provides responses against eight standards. The Partnership also sought feedback on steps taken to improve awareness of private fostering, and issues relating to responses around sexual abuse in the family environment.

Actions from the day included:

Agency	Are there any actions required to improved effectiveness	How will you do this?
Safeguarding Ambassadors	Improve professional's knowledge of impact of not hearing the voice of children and young people	Voice of Child and Young People video

NCL CCG, Enfield Directorate	Improve young people's awareness of rights when with health professional	Video by CCG aimed at highlighting rights when in health settings, to presented to school assemblies and on Safeguarding Enfield website
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Safeguarding Ambassadors

Weekly meetings took place with our Youth Leaders to co-produce a training programme for a role as an Enfield Safeguarding Ambassador. The training will be used to train the 2021-22 cohort of ambassadors. The Safeguarding Ambassadors met with the safeguarding Partners as part of Enfield's Section 11 audits.

During lockdowns the group met online with mixed results. When the group returned to the youth centre we were able to start planning the video on voice of children and young people; and begin the process of recruiting the next cohort of ambassadors. The first group of Safeguarding Ambassadors are helping to deliver the co-produced training.

Communication:

A new website platform has been developed at: www.enfield.gov.uk/safeguardingenfield/. The content is now being reviewed, with a focus on increasing the amount of multimedia/ video content. Regular newsletters have been to both the adults and children's partnership, highlighting the work of the partners and key issues.

Review of Safeguarding Partnerships and annual reports of national panel

The following reports have been published over the past few months and the Children's Safeguarding Partnership's Executive and Practice Improvement groups will be reviewing the learning and using this to steer our work over the coming year.

Sir Alan Wood's report on the implementation of new multi-agency arrangements to safeguard children

<https://www.gov.uk/government/publications/wood-review-of-multi-agency-safeguarding-arrangements>

Child Safeguarding Practice Review Panel Annual Report for 2020

<https://www.gov.uk/government/publications/child-safeguarding-practice-review-panel-annual-report-2020>

An overview reports from What Works for Children's Social Care - Analysis of Safeguarding Partners' Yearly reports 2019-20

https://whatworks-csc.org.uk/wp-content/uploads/Analysis_of_Safeguarding_Partners_yearly_reports_2019-20_Overview_report_May2021.pdf

Independent Scrutineer statement:

Since the national and local children's safeguarding arrangements were changed in the Autumn of 2019, various reports and enquiries have been published challenging annual reports to:

'move away from descriptive accounts that focus on detailing actions taken, to focus instead on setting out the evidence behind approaches and their impact.

The overarching safeguarding system must understand the 'impact' of the partnership activities and consider what improvements might be needed.

What and where is the evidence that children are kept safer?

What assurance can the communities of Enfield have in the partnership?

How is continuous learning fed back into the system?

During 2020-21 safeguarding activity did experience some COVID related disruption although all partners worked hard to minimise the extent of this and to do as much as possible to maintain good practice.

As part of the scrutiny function the partnership has brought in an external case reviewer who has produced a multi-agency audit plan, following on from the focus on neglect which has taken place over recent years. The impact here is measured and reviewed on a regular basis by the multi-agency Performance Improvement Activity Group.

The young safeguarding ambassadors group has worked with the Business Unit and produced a video which was used and watched at the Serious Youth Violence learning event in February. The impact of this activity whilst tricky to measure is likely to be more active involvement of young people. Children need to be seen and play a central role in services that should have them as their focus.

There is now a multi-agency dashboard developed by police colleagues that enables data to be interrogated by the Executive Group. The impact of this varies although a recent example looked at attendance and participation of GP's at case conferences. Whilst a relatively small cog in the overall system, GP's play an incredibly important safeguarding role and this focus was aimed at understanding the impact of some of the difficulties experienced.

This report is being compiled just as most of the last 16 months lockdown restrictions are being eased. Though many colleagues continue to work face-to-face with families, much of the work moved onto new technology platforms. Whilst on the whole, this been successful, there is more work needed to understand the impact of the pandemic and the various lockdowns on children, young people and families.

Positive developments during 2020-21 include a police colleague and NHS funded activities moving into the Partnership Business unit. The multi-agency responsibilities changed in late 2019, the police and health services now 'share' the safeguarding responsibilities with the local authority. Whilst this presents a considerable cultural challenge having a shared vision and staff working together is a definite improvement.

The shoots of a new culture, with each of the Safeguarding Partners accepting an equal responsibility to safeguarding are starting to emerge.

The revised terms of references, (appendix B) highlight the clearer focus in these groups. The business unit is working to create better methods of communication across the activity groups.

Overall, the children's partnership is a strong one and having risen to meet the COVID challenges I am confident this focus on impact will continue and strengthen.

Geraldine Gavin

Independent Chair of the Safeguarding Adults Board, and Scrutineer of the Safeguarding Children Arrangements

Priorities for 2020-21:

The following pages outline the key actions for 2020-21 and how they relate to our overall priorities. You will note that community engagement, and co-production are key themes; as well as using technology and data to better focus the work we do.

Safeguarding Priority 1 – Prevent Abuse

What is our objective?	How are we going to do this?	2020-21 Actions	How will we know	2020-21 update	2021-22 Actions
Engage with our community, to promote a culture where abuse and neglect are not tolerated (Children and Adults)	Create a culture in Enfield where our community has a zero tolerance of abuse and neglect and understands how to report any concerns they may have.	Community Awareness Raising Activity group to develop approach with Third sector starting with website layout and language.	Attendance and feedback from community engagement activity.	Impacted by Covid New website launched with improved access on devices. Improved accessibility features	Continue work on website. Develop network of Safeguarding Champions through Community Awareness raising group.
Use technology and social media to engage with our community, professionals, providers and voluntary organisations (Adults and Children)	Improve website a social media presence, so people can stay informed and report concerns; promote developments in assistive technologies and social media options (including video calls).	Develop online resources to support residents to recognise abuse and stay safe. Further develop social media approaches. Ensure learning is presented via videos	More visits to website, use of social media to report concerns, start to collect feedback on how social media and assistive technologies are helping people through customer audits.	New website developed with videos added. More work to be done	More social media activity and work with Safeguarding Ambassadors to develop this approach.
Work to reduce isolation (which can increase safeguarding risks) (Adults)	Online training; community engagement to encourage groups to stay in touch with people who might be isolated.	Complete pilot project to introduce 100 devices into homes to support better connectivity with family and friends.	Monitor responses to the isolation question in our social care survey.	Work with Amazon and Libraries to develop project. 10 devices used in initial trial – for staff and service users.	250 devices secured. Pilot project to be expanded to care home. ICES and Libraries to be used as channels to deploy. Work with research organisation to evaluate approach.

Safeguarding Priority 1 – Prevent Abuse

What is our objective?	How are we going to do this?	2020-21 Actions	How will we know	2020-21 update	2021-22 Actions
<p>Work with people alleged to have caused harm to prevent further abuse</p> <p>(Adults)</p>	<p>Identifying and working with people who will benefit from support and intervention.</p>	<p>Enfield has been selected to be part of National project working with adult service users who are have alcohol dependency.</p>	<p>Evaluation of the programme by professional, and through customer feedback.</p>	<p>A pilot scheme for Rise Mutual, a behavioural change programme for those who perpetrator domestic abuse was run between November 2020 and March 2021. This was funded by the National Probation Service, Children’s Services, Adult Social Care and the Community Safety Unit.</p> <p>Enfield continues to work with Alcohol Change UK on developing guidance around this important topic. Workshops were held in late 2020 and further training sessions are being developed for 2021.</p>	<p>Evaluation of the outcomes of this service are taking place at the moment and will determine future plans.</p> <p>Due to COVID-19 delaying some work on the Alcohol Change Project, this will be continuing into 2021/22. The final version of the guidance will be available shortly and the Safeguarding Adults Board will look at recommendations made.</p> <p>Multi-disciplinary training sessions on alcohol and addiction will also take place in the first half of 21/22.</p>
<p>Raise awareness of exploitation of adolescents to wider partnership</p> <p>(Children)</p>	<p>Ensure Safeguarding Adolescents from Exploitation strategy action is overseen by Vulnerable Young People Activity Group. Ensure on-going awareness on website, in newsletter and through events</p>	<p>Modern Slavery conference in May; London Modern Slavery conference; Modern Slavery and Adolescent Exploitation on newsletter. Specific section to be built on website. Deliver a conference for local businesses and third sector organisation by March 2020.</p>	<p>Feedback from Safeguarding Ambassadors, Independent Scrutineer, and attendees of events.</p>	<p>Serious Youth violence event highlighted the work being done to tackle issue as well as providing an overview to the Public Health approach</p>	<p>Further information sharing through social media, website and newsletter working in partnership with Safeguarding Ambassadors.</p>

Safeguarding Priority 2 – Protecting Adults at Risk, Children and Young People

What is our objective?	How are we going to do this?	2020-21 Actions	How will we know	2020-21 update	2021-22 Actions
<p>Make sure our community knows how to recognise and report abuse</p> <p>(Adults and Children)</p>	<p>Raise awareness about our Adult abuse line, online resources, and different types of abuse through our marketing and community engagement activity.</p>	<p>Improvements to website; social media. Highlighting how to recognise abuse. Audio tools for people with visual impairments.</p>	<p>Attendance and feedback from community activity and visits to website.</p>	<p>Impacted by COVID. Website launched and videos loaded.</p>	<p>Safeguarding Champions network to be established to take messages into community.</p>
<p>Make sure professionals are appropriately trained, with a focus on Making Safeguarding Personal</p> <p>(Adults)</p>	<p>Ensure partners and providers have trained professionals to the required level of safeguarding. Everyone who works with adults at risk should have safeguarding adults basic training, which includes: different types of abuse, including hidden or under reported abuse such as Modern Slavery, Domestic Abuse, Female Genital Mutilation, and details of what to do to report concerns.</p>	<p>Multi-agency training programme based on learning from reviews; and wider statutory changes: focus on Mental Capacity; substance misuse.</p>	<p>Attendance and feedback from training sessions.</p>	<p>Modern Slavery conference online – awareness sessions delivered to over 450 delegates across the partnership</p> <p>Multi-agency training programme focussing on PREVENT, Reducing Parental Conflict and Substance Misuse and Hidden Harm.</p>	<p>Multi-agency training plan is overseen by practice improvement group – includes: LADO, Missing children, Parental Mental Health.</p> <p>Pool of trainers to be developed.</p>
<p>Develop ways to help people protect themselves from abuse and harm</p> <p>(Adults)</p>	<p>Paper and online factsheets; information videos; and links to organisations that can help (e.g. for fraud, home security).</p>	<p>Stay Safe Factsheets to be relaunched; and audio versions made.</p>	<p>Downloads of factsheets; visits to page.</p>	<p>These are on the website.</p>	<p>To be developed further with Safeguarding Champions and Ambassadors once the network is established.</p>
<p>Develop online tool to make sure everyone knows how to access or make referrals to different services (Adults)</p>	<p>Update website with new tool; this will also make sure that as partner organisations change, once updated, other agencies will still know who to contact and what everyone does.</p>	<p>Website section will highlight key services and signpost to MyLife, Childrens Portal and Local Offer webpages.</p>	<p>Hits on website, improved referrals, feedback in audits.</p>	<p>Contact list proposed and Intranet site feasibility undertaken.</p>	
<p>Ensure there is effective multiagency analysis of data/ information to understand current and emerging risks (Children and adults)</p>	<p>Develop work of Insights Activity group to explore current data and methods to create an effective local picture.</p>	<p>Focussing on exploitation data held in different partner organisations, provide a view of risks around transition and the effectiveness of interventions</p>	<p>Analysis product completed, and response options identified.</p>	<p>Insights group undertaking this- focus has been on transition, CP, MH and violence data.</p>	<p>More analysis of Safeguarding Adults and childrens data –more work to understand who is and isn't in contact with us: Ethnicity analysis More detailed work on Domestic abuse.</p>

Safeguarding Priority 3 – Learning from experience

What is our objective?	How are we going to do this?	2020-21 Actions	How will we know	2020-21 update	2021-22 Actions
<p>Check that the way we are managing safeguarding is working properly</p> <p>(Children and adults)</p>	<p>We have regular checks and an annual adults independent audit and we will work with our neighbours. Checks will include: the user experience and applying the Making Safeguarding Personal approach. We will also work with neighbours to develop consistent London-wide assurance framework, and thresholds. We also conduct the Statutory Section 11 audits for children safeguarding.</p>	<p>Safeguarding adults Assurance (SAPAT) tool will confirm key safeguarding features are present in organisations; Partner updates and data at each Safeguarding Adults Board. Section 11 will take place, with input from Safeguarding Ambassadors</p>	<p>Audit reports (including Section 11) and confirmation from partners of the actions they have taken.</p>	<p>Section 11 - Completed and included feedback from safeguarding ambassadors of their meetings with the Executive Safeguarding Partners.</p>	<p>Section 11 learning to be reviewed.</p> <p>SAPAT being organised with Haringey in a peer-challenge format.</p>
<p>Learn from the advice of our Service Users, Carers and Patients</p> <p>(Adults)</p>	<p>Implement learning from Quality Checkers; ask people who have been through a safeguarding process about their experience and make improvements where necessary.</p>	<p>Include feedback of Service users who have had safeguarding enquiries as part of audit processes. (Question introduced on system in 2019/20)</p>	<p>Partners' confirmation of the action they have taken to address issues in feedback.</p>	<p>In July 2019, quality checkers produced friends and relatives feedback report from July 2020 that was shared with the NCL After Action Review.</p>	<p>Quality checker calls to friends and relatives to continue</p>
<p>If things go wrong, review what happened and learn lessons</p> <p>(Children and Adults)</p>	<p>Identified in Care Act, and Working Together 2018, we have to undertake Reviews, learn lessons, and make system improvements</p>	<p>Continue to work on publishing SARs , and local learning reviews and analysing learning opportunities based on recommendations.</p>	<p>Audits feedback, data.</p>	<p>Three SAR action plans used to develop</p>	<p>Process being reviewed.</p>
<p>Learn from the experiences of other local authority areas</p> <p>(Adults)</p>	<p>We work with our neighbouring boroughs to learn lessons together. We share our lessons from reviews and will work on checks together.</p>	<p>Continue to work closely with Safeguarding Adults Boards of North Central London area – Barnet, Haringey, Islington and Camden. Commitment to share spaces at SAR learning events.</p>	<p>Annual review and audits to identify improvements based on learning from other boroughs.</p>	<p>COVID impacted – much of the learning is a London level – eg. Insights work by ADASS.</p>	<p>Continue with regional analysis participation and share Enfield analysis approach about who hasn't contacted services during lockdown.</p>
<p>Improve sharing of learning between adults and children's safeguarding</p> <p>(Adults and Children)</p>	<p>Establish Practice Improvement Activity group by September 2019. Ensure discussions relating to children's and adult's issues are influencing improvements.</p>	<p>Practice Improvement group has received feedback on 1 Children LLR, and at April meeting will input on recommendation of Safeguarding Adults review.</p>	<p>Group established and has met. Terms of reference agreed. Minutes from meetings.</p>	<p>Practice Improvement meeting considers adults and childrens reviews and provides the opportunity to learn across both areas</p>	<p>Joint meetings to continue.</p>

Safeguarding Priority 4 – Supporting Services Improvements

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What is our objective?	How are we going to do this?	2020-21 Actions	How will we know	2020-21 update	2021-22 Actions
Ensure we have effective arrangements in place to intervene when provider quality drops below expected standard (Adults and Children)	Support Enfield services to improve, due to quality standards, whenever possible.	Provider Concerns policy being reviewed and relaunched.	Number of Provider concerns/ improvement processes and key issues addressed.	During lockdown, providers were contacted regularly to offer support.	Provider Concerns policy will be reviewed. Infection Control action plans will be developed to support all providers, learning lessons from last year.
Ensure partners share information and intelligence about poor quality services (Adults)	Ensure there are arrangements in place to share information properly about services so that partners can act quickly to respond to unsafe services.	More detailed data analytics to be introduced into meetings.	Regular meetings with partner agencies and evidence of actions.	Safeguarding Information Panel meetings continued through the year.	Safeguarding Information Panel meetings to continue
Online space for providers (Adults)	Develop online presence to share information, policies and best practice with providers to ensure organisations have tools they need to improve.	Develop Safeguarding information for providers as part of new website.	Traffic on website; download of resources.	This has been set-up on MyLife. Including information such as infection controlling, public information, and the Winter Plan.	The web space will continue to be updated in line with government guidance.
Consistent policies with neighbouring boroughs (Adults)	Make sure Enfield has clear and consistent policies with neighbouring boroughs which represent best practice in all areas.	Safeguarding Adults Partnership Assurance Tool (SAPAT); London wider exercise will be conducted. Continued participation in National work on defining and recording enquiries.	Audits, and data analysis will confirm consistence of practice	North Central London meetings and work have been impacted by COVID. We have shared information about assurance activities of the Safeguarding Adults Board.	Continue to work across London around the COVID analysis. Undertake SAPAT.
Ensure the voices of children and young people, as partners and scrutineers, are built into our Safeguarding Partnership work (Children)	Recruit 8 children and young people to scrutinise and develop our arrangements.	8 young people will be providing feedback on Scrutiny of safeguarding children's arrangements (incl. Sect 11).	At least 8 young people recruited and working with us on projects (website, Section 11 audits).	10 Safeguarding Ambassadors recruited and training programme co-produced. Ambassadors met with the Safeguarding Partners and were part of the Section 11 process.	Next cohort of Ambassadors to be recruited. Work on Voice of the Child short film as identified by in Section 11 work.

Safeguarding Priority 4 – Supporting Services Improvements

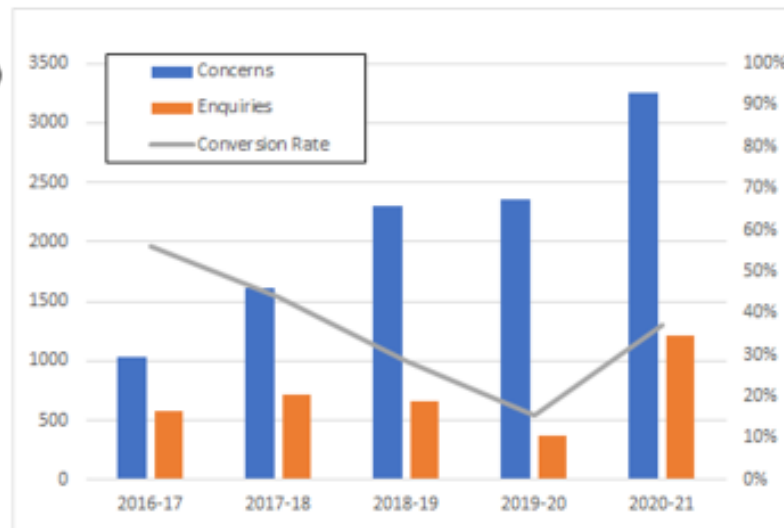
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What is our objective?	How are we going to do this?	2020-21 Actions	How will we know	2020-21 update	2021-22 Actions
Ensure we have consistent effective practices across the partnership to safeguard children and young people (Children)	A multi-agency audit programme that is agreed with partners	Planning for the 2021/22 programme and consultation on methodologies took place	Completed audit reports; improvements in practice	NCL CCG funding as part of Practice Improvement support. Lead who adds children's safeguarding expertise into the business unit recruited.	Methodology and programme of audits agreed. Focussing on Professional Curiosity and Information sharing; children affected by domestic abuse; serious youth violence.
To improve communication between workstreams and Exec and activity groups (Children and Adults)	Progress report using a project management approach		Better awareness of members of our partnership groups about what is happening across the whole	Tested various systems (Pentana, MS Project). Chairs and Exec meeting organised.	System in place and working across groups.

Appendix A – Detailed Safeguarding Adults Data

Overall Concerns and Enquiries

- Total number of Concerns in 2020/21 = 3,259
(2019/20 = 2,326; 2018/19 = 2,305)
- Of these, 1,212 went on to Section 42 Safeguarding Enquiries
(2019/20 = 356; 2018/19 = 655)
- Conversion Rate = 37.2%
(2019/20 15.3%; 2018/19 28.4%)
- The remaining 2,047 concerns have received some form of other safeguarding/ preventative measure
(e.g. Information and advice)



Locations of Abuse

Location of Abuse (Concerns)	Count	%
Own Home	1,912	58.7%
Care Home	256	7.9%
Other	230	7.1%
Hospital	209	6.4%
Blank	197	6.0%
In the community (excluding community services)	172	5.3%
Hospital - Mental Health	153	4.7%
In a community service	130	4.0%
Grand Total	3,259	100%

2020-21

Location of abuse	Concerns	
	Total	%
Own Home	1,019	43.8%
Blank	711	30.6%
Care Home	255	11.0%
Mental Health Inpatient Setting	86	3.7%
Hospital - Acute	70	3.0%
Other	61	2.6%
In the community (excluding community services)	50	2.1%
Not Known	39	1.7%

2019-20



Type of Abuse*	2020-21		2019-20	2018-19
	Yes	%	%	%
Self-neglect or Hoarding	790	20.3%	17.3%	18.8%
Neglect and acts of omission	699	18.0%	21.7%	22.7%
Physical	543	14.0%	11.9%	12.3%
Emotion / psychological	535	13.8%	14.0%	12.7%
Domestic Abuse	441	11.3%	5.7%	5.6%
Financial / material	376	9.7%	10.1%	11.1%
Organisational	144	3.7%	6.9%	7.7%
Sexual abuse or Exploitation	144	3.7%	3.0%	2.5%
Pressure Sores	134	3.4%	8.0%	5.5%
Discriminatory	26	0.7%	0.2%	0.2%
Modern Slavery or Human Trafficking	21	0.5%	0.4%	0.3%
Hate Crime or Disability Hate Crime	19	0.5%	0.6%	0.5%
Honour-based violence	10	0.3%	0.1%	0.0%
Forced Marriage	5	0.1%	0.0%	0.1%
Female genital mutilation	2	0.1%	0.0%	0.0%
Total	3,889			

Risk outcomes for completed enquiries

Of the 1,212 enquiry forms, 1,040 have a risk outcome that is not blank (i.e. the enquiries have been completed). The table below compares risk outcomes against previous years.

Where risk identified, what was the outcome?	2020-21		2019-20	2018-19
	Total	%	%	%
Risk reduced	686	66.0%	53.8%	59.0%
Risk removed	246	23.7%	24.2%	15.7%
Risk remains	94	9.0%	6.7%	9.3%
Risk did not exist	13	1.3%	9.2%	6.9%
Not Applicable	1	0.1%	6.3%	6.7%
Total	1,040			

76.7% of respondents also felt safer after the enquiry had been completed. A further 17% felt partially safer (i.e. safer in some areas, but not others).

Appendix B _ detailed Children's safeguarding information

NCL CCG report

Safeguarding Children:

The Safeguarding Children Partnership in Enfield moved to virtual meetings in 2020/21. The Executive team met more frequently as the other sub group meetings were stepped down in the first two quarters. The CCG Designated Nurse represented the CCG along with the then Managing Director for Enfield. The executive responsibility now sits with the NCL CCG Director of Quality and Chief Nurse who attended for latter part of 2020/21.

One area of focus for the Partnership is data analysis and audit to assess multiagency work, in particular case conferences. It was noted the business support unit for the Partnership did not have sufficient children's experience to lead on this area of work. Enfield Directorate agreed to increase the financial contribution in line with other NCL Directorates which has aided the development of this work.

The Designated Nurse and the Named GP undertook a piece of work on case conference requests and reports. This included tracking the request for information through to report submission. The Designated Nurse and Named GP had a series of practice visits after the initial restrictions were eased. The practice visits have been put on hold due to the pandemic. Some of the issues identified in the visits included NHS mail inadvertently marking the requests as Junk and the short timeframe for turnaround from requests to submission. In addition, there is inconsistency across the 5 boroughs on how GPs are supported with other CCG Directorates paying the GPs for their time to complete the reports. Results of the audit will be shared with the Exec team in June 2021.

The Designated Nurse for Safeguarding attends the Practice Improvement group which continued to meet on a regular basis in 2020/21. The Practice Improvement group is a joint safeguarding children and adult sub group which looks at areas to improve practice, learning from case reviews, including Local Learning reviews and Safeguarding Adult reviews. Enfield Directorate commissioned a piece of work by an independent reviewer to look at recommendations from the various reviews, identify themes and develop a framework to support learning.

The CCG Designated Nurse represented the CCG at the national Serious Youth Violence summit in March 2021. Each of the three Ministerial departments were represented with the junior Ministers opening the event. There is a commitment to joint working to reduce the incidence of Serious Youth Violence. Enfield remains an area of concern and is the highest borough for incidents of Serious Youth Violence in London. The Designated Nurse attends the Oasis Youth Hadley steering group which supports a youth worker in A&E at the North Middlesex University Hospital. Support was offered virtually over the lockdown period with a notable decrease in the number of attendances to A&E.

There continues to be gaps in the Designated Doctor functions for Enfield. The interim post-holder is working at full capacity to ensure children who require Child Protection Medical Examinations and Adoption/Fostering medical examinations are seen. Therefore, the Designated Doctor for Looked After Children, Safeguarding Children and Child Death are not being covered. The Designated Nurse for Safeguarding Children and the Designated Nurse for Looked After Children are working closely with the Safeguarding Children Partnership leads and the interim medical lead, however there continues to be an unmitigated risk. The interim medical has escalated the gaps to the Clinical Medical Lead for Enfield Community services at Barnet, Enfield and Haringey Mental Health Trust. The Trust is actively trying to recruit to the posts.

The Safeguarding Lead GP forum met on 3 occasions in 2020/21 via teams. There was an increase in GP practices represented at the forum with a plan to continue to offer a virtual platform for attendance. The focus of the sessions was on hidden harm, in particular Domestic Violence and Abuse. The Named GP for adults delivered a training session on Coercive Control and recognising the signs. The Designated Nurse for safeguarding discussed the learning from a Local Learning review on a case involving home schooling, with a focus on making every contact count. There was also a presentation from Rise Mutual on their work with perpetrators.

Examples of excellent practice by an officer or team that you'd like to highlight:

The Designated Nurse for Looked After Children provided exceptional support to her team and ensured children in care continued to have their health needs met. In spite of the lack of designated medical support, the Designated Nurse has worked with the Local Authority and other professionals to minimise the gaps in provision.

The Named GP for children provided front line support to NMUH A&E and Chase Farm Urgent Care during the pandemic. He worked tirelessly to treat patients at both departments. His attitude and approach to work supported numerous front line staff during this exceptionally difficult time.

Safeguarding focus during Pandemic

On the first of April, 2020 Enfield Clinical Commissioning Group (CCG) became part of the North Central London CCG. Each Directorate safeguarding lead worked collaboratively to develop a NCL wide safeguarding strategy, work plan and risk register. The CCG Designated Nurse continued to support the NCL Child Death Overview Process one day a week.

The CCG co-ordinated a webinar training session for primary care and provider leads on Domestic Violence and Abuse across NCL. There was also continued focus on the Identification and Referral to Improve safety project. During the pandemic, there was a notable decrease in the number of referrals to the service with the advocates providing virtual and telephone support. The advocates attended various forums to continue to highlight their offer of support and to offer tips on assessing risk using virtual assessments.

The NCL Designated Professionals have continued to monitor, and quality assure the NCL Safeguarding Health Providers Recovery and Restoration Plans for COVID-19. This has demonstrated that there is adequate assurance of the safeguarding elements of all health providers across NCL. Ongoing borough level safeguarding assurance in the delivery of provider's recovery and restoration plans is obtained through Designated attendance at providers safeguarding committees and at local partnership meetings. Where gaps are identified, further assurance has been sought and is monitored at a local level by the relevant borough Safeguarding Leads. There are no plans that required escalation.

The provider safeguarding teams continued to provide a high level of safeguarding support during the pandemic. In spite of exceptional circumstances, teams at BEH, NMUH and the Royal Free NHS Trusts worked incredibly hard to ensure vulnerable children were identified and referred. There has been a notable increase in the number of children requiring additional support with their mental health needs and all 3 Trusts have responded swiftly to get the support in place.

Domestic Abuse – Police activity:

Since the inception of the BCU's VAWG Plan in March lots of work has been undertaken across the BCU.

- VAWG Strategy & Tactical Plan – I wrote this in March and sought buy in from Portfolio's across the BCU to ensure a collaborative approach.
- Offender Management - A key tactic in reducing risk was tackling offender management and targeting those high harm VAWG offenders. A bespoke system for VAWG offenders has been created and shared across the MPS through the central weekly dial ins chaired by Commander Alison Heydari. Since the introduction at the beginning of April we have seen a reduction of offenders wanted for VAWG offences.
- Partnership Approach –VAWG leads in Haringey & Enfield have been reached out too. The Policing Plan has been explained and input provided to both Local authorities at a strategic level including VAWG steering group & Strategic board. Scanning across both boroughs has been completed to identify charities and VAWG groups to reach out and encourage awareness & reporting to Police. There are almost 100 variations of different VAWG support groups with multiple service users across the BCU.
- Training - In May, a cohort of Public Protection officers are participating in 'Train the Trainer' knowledge exchange sessions through Enfield Council – focusing on VAWG & Stalking awareness where learning can be shared with fellow professionals from across public services and health
- National Stalking Awareness Week – 19-23 Apr 21 – Daily stalking awareness sessions were delivered to front line officers by police SME's, schools officers attended a number of schools to promote 'clever never goes' – formerly 'stranger danger' to promote practical personal safety skills for primary school children without causing unnecessary fear or mistrust of strangers. The new message instead teaches children to recognise unsafe situations to reduce the risk of abduction, including by persons known to the child. A bespoke review of all outstanding stalking suspects & stalking protection orders were considered for each case. There was a central national newspaper/broadcast & social media campaign promoting the week and encouraging victims to come forward from the MPS stalking lead.

- Intelligence – A dedicated analyst has reviewed crime data for the previous three months of the open space hotspot data in Enfield & Haringey for offences and plotted these areas on a map – the patrolling units have been provided with this data as well as images of known offenders for sexual offences and vulnerable CSE children to ensure that robust action is taken against perpetrator's and safety measures put in place around victims
- Safeguarding sex workers and targeting offenders – Op Boxster - A long-term, dedicated operation by SNT Taskforce with the responsibility of reducing offences involving sex workers, associated crime & ASB in and around N17 & N18 using covert and overt policing tactics. The team work with various internal and external partners along with agencies to employ an array of tactics and strategies to meet operational objectives. As well as targeting those individuals responsible for soliciting, the team also provide an intelligence capability to identify any persons who may be at risk but also known offenders.
- VAWG Day of action – 13 May 2021 – Police in uniform & plain clothes from North Area completed various activities across the BCU to highlight how we are working hard to prevent violence against women and girls, bringing offenders to justice and supporting victims, as well as engaging about the subject in a variety of ways. We targeted wanted offenders, focusing on arrest enquiries and providing extra people and resources to do so. Reassurance patrols were increased in public spaces with officers and staff taking the opportunity to engage with communities about what we're doing. This also included transport hubs such as train & underground stations and bus terminals. One male targeted by officers had carried out a random attack on a lone woman earlier in the week. He was identified by an eagle-eyed neighbourhood officer and a man-hunt launched. Following a relentless pursuit through the week he was arrested and convicted for the assault. He awaits sentencing.

Child Protection information and evaluation

Safeguarding Children

Total contacts into Children's Social Care:

Year	2018/19	2019/20	2020/21
Contacts:	29364	31427	30878

Though there was a small decline in 2020/21, the number of contacts into Children Social Care were higher than the 2018/19 levels. The decrease in the number of contacts during 2020/21 was a result of the various lockdowns and visibility of children and young people through the year. There was a decline in referrals to the Children's MASH following the initial lock down in March 2020. The trend was similar in January 2021 when there was another lockdown with contacts reducing significantly when schools were closed. The anticipated increase in the contact in March 2021 when schools reopened is reflected in the data. The number of contacts relating to domestic abuse or physical violence reflect a similar pattern decreasing during lockdown.

Year:	2019/20	2020/21
Number of MASH Contacts:	17725	19959

Partnership working in the Children's Multi-agency Safeguarding Hub (MASH) is strong. We launched a daily Emergency Duty Team (EDT) / MASH handover meeting which includes the police and health. This led to more robust and timely information sharing and smoother transitions with clarity on ownership and escalation. MASH Operational meetings with partners have continued to take place and they are an opportunity to enhance understanding of thresholds.

MASH threshold decision making has continued to be robust with ongoing audits reflecting good decision making. In April 2020, an audit of a dip sample of MASH cases found that threshold decision making in MASH was appropriate and proportionate. Ongoing work is being undertaken by the MASH manager to enhance practice.

Child and Family Assessments

Timeliness and quality of social work interventions remain good with over 90% assessments completed despite the challenges during the pandemic. This continues a year on year upward trend. Social workers have continued to work with children and seeking through views through direct work

Children Protection

Section 47 Strategy discussions/ meetings -

Year	2018/19	2019/20	2020/21
Strategy meetings:	1307	1793	2078

An increase in Section 47 strategy meetings was noted in 2020/21 (an increase from 1,793 to 2,078) which could be attributed to the pandemic as services in the community were limited and families were in crisis. 82.9% of the strategy meetings led to Initial Child Protection Conference which evidences good threshold decision making and that appropriate cases were escalated to Section 47 investigations.

Children subject to Child Protection plans

Year:	2018/19	2019/20	2020/21
Children	296	203	257

The increase in the number of strategy meetings has also resulted in an increase in the number of children on Child Protection Plans in the second quarter of 2020/21 (as indicated above) due to the severity of incidents and complexity of referrals received in Children's Social Care.

Service User feedback

In 2020/21, service user feedback was introduced across the Assessment and Intervention Teams and Child Protection and Child in Need Teams on all cases being audited. This process is being embedded and is now included in the audit moderation report.

72 service users were contacted for feedback, 45 participated. Of these 20 were children on Child Protection Plans while the rest related to children on Child in Need plans as well as those subject to child and family assessment.

Understanding

- 91.1% fully understood why social care had been involved, 4.4% mostly understood, 2.2% did not understand fully and 2.2% did not understand at all.

Respect

- 84.4% felt respected by social care workers (a lot), 8.9% quite a lot, 4.4% not a lot, 2.2% not sure.
- Two individuals who did not feel respected by social care workers had a child on a CP plan

Listening

- 73.3% felt they were listened to (a lot), 17.8% quite a lot, 4.4% not a lot, 2.2% not at all, 2.2% not sure.
- Of the three individuals who did not feel they were listened to, two had a child on a CP plan and one had a child on a CIN plan

Parental Involvement

- 73.3% felt involved with decisions that affected their child (a lot), 13.3% quite a lot, 2.2% not a lot, 4.4% did not feel involved with decisions that affected their child (not at all), 6.7% not sure.

- Of the three individuals who did not feel involved with decisions that affected their child, one had a CP plan and two had CIN plans
- Of the three individuals who were not sure whether they felt involved, two had a child on a CIN plan and one had a child with an open referral

Improvement

63% of individuals felt things had **improved** since social care's involvement.

18% of individuals felt things had **remained the same** since social care's improvement.

There were 3 families where parents did not feel the social worker made a difference for example social worker could not provide housing and in another the parents were in conflict and felt social worker sided with the other parent. Other reasons given were parents not being happy with the assessment if the outcome was not what they expected.

Joint Service For Disabled Children

The Joint Service for Disabled Children is comprised of the specialist social work service, preschool support home visiting service, early years keyworker service and a specialist short breaks and family support service.

Services are delivered in house 7 days per week at Cheviots, specialist play and home care providers are commissioned, and families can also access a personal budget to arrange the support that best meets their child and family's needs.

The services and support are designed to provide fun activities for the child, an opportunity to meet with their friends or be supported to access community activities and provide a break for the parent from their caring responsibilities to support family life.

Transforming Care:

We increased the frequency of the multi-agency Dynamic risk register meetings to weekly to ensure that children and families most at risk were supported effectively and to ensure that there was communication across the professional network

Positive Behaviour Support: (PBS)

All behaviors have a meaning.

Positive Behavior Support aims to understand what behaviours that challenge tell us, so that the child's needs can be met in better ways. The way the child is supported often has to change to achieve this and this needs to be regularly reviewed by all the people involved.

Positive Behaviour Support is an approach that puts the child at the centre to make systems work for them. We aim to give the right support at the right time so children can thrive to their potential.

The Joint Service now have 4 PBS Coaches and 9 Practitioners in the service.

PRICE training has replaced Approach as our provider of behaviour management and physical restraint training. When supporting people who are distressed there are times when restrictive interventions are required to protect staff, the individual themselves, and others. We share PRICE training's commitment to restraint reduction and the use of person-centred, non-restrictive strategies to support children and young people with behaviours of concern. PRICE also incorporates

important aspects of Trauma Informed Practice and Positive Behaviour Support.

New referrals to the JSDC of children 4yrs + for short breaks and family support:

<u>April 2017 - March 2018</u>	<u>169</u>
<u>April 2018 - March 2019</u>	<u>180 (up 7%)</u>
<u>April 2019 - March 2020</u>	<u>234 (up 30%)</u>
<u>April 2020 – March 2021</u>	<u>150</u>

The pandemic impacted on the number of new referrals received during the last year, please see data

Requests for additional support:

<u>April 2017 - March 2018</u>	<u>208</u>
<u>April 2018 - March 2019</u>	<u>295 (up 42%)</u>
<u>April 2019 - March 2020</u>	<u>260</u>

<u>April 2020 – March 2021</u>		<u>225</u>		
Number of CWD in receipt of Short Breaks				
Scheme	2017-18	2018-19	2019-20	2020-21
Short Break Grant	166	196	210	224
Direct payment	60	77	95	103
Directly commissioned Afterschool and Play scheme	114	117	112	89
Directly commissioned Homecare	77	57	75	61
Directly commissioned Residential	3	3	2	2
Shared Care	5	0	0	0
In-house Short Breaks including Family Fun Days	208	218	229	88
Temporary Pre-paid cards issued as alternative support during COVID (including some SBG/DP)				58
Total (not unique)	633	668	723	625
Unique			625	606

Evidence that demonstrates impact:

(please include feedback from people who use our services, and any evaluation or data that demonstrates the impact of your work):

Safeguarding focus during Pandemic

We know that the Covid pandemic been particularly challenging for disabled children and their families and the people that support them.

The sudden disruptions in routine, the withdrawal of support, the anxiety about safety have had such an immense impact.

For many families there has been financial insecurities and worry about the health and wellbeing other family members.

Families who rely on support networks whether from their family and friends or professional networks, have described their sense of isolation as this has been disrupted and, in some cases, has ended completely and due to the national lockdown and social distancing measures, the ability of children and families to access the usual range of traditional, face-to-face, social networks has been severely impacted.

For many disabled children and young people, the loss of their routine, structure, social relationships, school and short breaks that they rely on, has impacted

negatively on their emotional wellbeing which has resulted in increased behaviours of concern.

We also know that families living in accommodation that does not meet their needs, further exacerbated pressures for families with no access to outdoor space, impact of disrupted sleep patterns due to lack of routine, children sharing bedrooms with siblings which impacts on their wellbeing and often disrupts their home education programme.

We have utilised the newly formed Family Group Conference Hub in order to create support networks around children and families where there are safeguard concerns which has led to better outcomes, greater engagement with the Child protection processes and increased safety.

We are continuing to develop our child friendly and family friendly Child Protection plans taking into account the individual needs of the child and family.

We are continuing to explore creative ways of communication with disabled children extending and enhancing the range of direct work tools.

During the pandemic the Joint service has supported families with:

- emergency practical support e.g., finances, food, shopping, medical needs, prescription collections
- advice, support and signposting to other relevant services, e.g., finance, debt, furlough, mental health
- benefits applications, housing issues, charity applications, food bank vouchers
- emotional support and a chance for parents to talk when feeling isolated at home
- newsletters were sent from the service, giving families information regarding a variety of topics ranging from Covid-19 specific support, to ideas to keep children entertained, for example, online links to Makaton programmes and

home activities.

- families who sadly had bereavements of close relations during lockdown were supported by their named worker as required.
- the families of children in hospital were supported and worked with multi-disciplinary medical staff to support planning for Covid-19 compliant discharges.
- all scheduled educational work continued remotely in the Early Intervention support service, statutory work in relation to EHCP needs assessment was completed within timescales, along with advice and guidance about home learning activities
- resource bags of activities linked to planned learning activities for preschool children were delivered to families as required with COVID-19 compliant 'doorstep drop-offs'
- the weekly multi-disciplinary complex needs group, 'Playing and Moving' was delivered live online from Cheviots using Microsoft Teams, with families attending the group invited to log on and participate in the early learning and physiotherapy activities with their child from home
- all new referrals to the joint service have continued to be accepted and allocated a
- work with schools was completed on target, with all schools contacted and transition planning undertaken virtually for children due to enter nursery in September 2020
- The JSDC funded picnics in the park for children with SEND and their families in partnership with SENDIASS as part of the summer offer.
- Managers attended webinars organised by Our Voice, including those relating to Short Breaks and Positive Behaviour Support to share information with parents.
- The Moving on Transition events have continued to take place virtually.

We recognise that lockdown and other restrictions and requirements associated with Covid-19 have led to an increase in behaviours of concern for some children and young people, and these have brought additional challenges for families. We

have a team of Positive Behaviour Support Coaches and Practitioners at Cheviots and offered consultations with parents who would like some support managing these challenges.

Meetings were attended weekly with representatives of Our Voice with the Director of Education and Heads of Service in education, health, and social care to ensure that there was effective communication between the Local Authority and our parent forum.

In the summer we teamed up with Zebras Children & Adults Charity to provide fresh fruit and vegetables to approximately 40 families.

The Head of Service in the JSDC and the Head of Service in the Early Help and Protection Service presented to the SENCO forum to reinforce the referral pathways should they be concerned about the wellbeing, safety or support needs of any children.

We built on our well established positive relationships with the special schools to establish the children and young people who were not attending school, whether this was due to parental choice, because they or family members were shielding or because the school were not able to offer a place at school. We worked with schools to assess the risks and consider together how these could be mitigated, balancing the risks and impact on the family, potential of family breakdown, need to safeguard staff and the child.

We increased the frequency of the multi-agency Dynamic risk register meetings to weekly to ensure that children and families most at risk were supported effectively and to ensure that there was communication across the professional network

The social work team continued to undertake statutory social work visits, reviews and assessments for children either virtually or face to face

We increased the capacity of our social work duty service so we could ensure that

parents queries were addressed, and appropriate referrals made for support and responded to quickly.

We established a daily meeting with our Team Managers and JSDC Short breaks Manager to review Covid specific requests for additional support from families to ensure timely decision making and delivery of support.

Short breaks provision:

Many disabled children and young people were not able to adhere to social distancing so the numbers of children that were able to use the Cheviots building at any session had to be limited, as the staffing levels are necessarily high due to the complexity of children's needs, this further limited the numbers able to be in the building at any one time.

Families in receipt of services from Cheviots short breaks team were all contacted by to ask if they would like their child to continue to access short breaks at the Centre.

We ensured that families where there were complex and multiple factors e.g. safeguarding concerns, number of children in the family with disabilities, parents health. Were able to continue to attend the sessions.

Where parents decided that they did not want their child to attend group sessions at cheviots, or where their child was required to shield or where we were unable to offer sessions, parents were offered an alternative short break.

Cheviots continued to be open for all after school and weekend groups and to run playschemes throughout.

Families who received a short break grant or another playscheme service that was funded by the Joint Service, were able to use the grant more flexibly to purchase play and leisure equipment for their child in place of their usual short

break service including bikes, scooters, garden equipment, IT equipment, lego, sensory toys, trampolines

Our commissioned playscheme providers operated when lockdown restrictions allowed but often with limited places.

In March the JSDC undertook a play and leisure survey to gather information about the activities that children and young people with SEND and their families wanted to access in Enfield. The survey was available online and in a variety of formats including symbols, pictures and easy read. We received 337 responses and have developed an action plan in partnership with our parent forums to increase access to play and leisure opportunities available.

Positive Behaviour support:

All behaviors have a meaning.

Positive Behavior Support aims to understand what behaviours that challenge tell us, so that the child's needs can be met in better ways. The way the child is supported often has to change to achieve this and this needs to be regularly reviewed by all the people involved.

Positive Behaviour Support is an approach that puts the child at the centre to make systems work for them. We aim to give the right support at the right time so children can thrive to their potential.

Impact of Positive Behaviour Support:

- Improved understanding of behaviour and its functions
- Improved well-being for children and young people
 - Visibly happier
 - Engaging in more activities

- Able to access the community
- Improved communication
 - Children provided with the right tools to support communication
 - Able to make choices
 - Build stringer relationships with staff
- Reduction in behaviours of concern including self-injurious behaviours and those that harm other children and staff
- Reduction in number of injuries caused by behaviours of concern
- Reduction in the use of restrictive practices to manage behaviour

Examples of excellent practice

During the Covid Pandemic the Short Breaks and Family Support Team have worked tirelessly to ensure that the most vulnerable children and young people with disabilities and their families have continued to access crucial short breaks. This has often meant placing themselves in positions of higher risk in the height of the pandemic by keeping playscheme, after school and weekend sessions running as the alternative of having those vulnerable children and young people at home throughout the pandemic could have been incredibly harmful and damaging to the wellbeing of their entire families. The team have approached this with enthusiasm and dedication to the unified aim of putting children first and supporting families to lead happy and safe lives.

The short breaks team continue to deliver short breaks after school, on Saturdays and Sundays, and during all school holidays. They responded when children were unable to attend school and where families were feeling overwhelmed with either caring responsibilities during the pandemic.

They were a constant source of support, reassurance, and practical support to parents, they were flexible, could be relied on to work additional hours at short

notice to respond to emergency situations and maintained the needs of the children at the heart of all they do.

Their skill in supporting the most vulnerable disabled children and young people can not be overstated and they face risks every day without hesitation.

Mrs Y (Mother of two teenage boys with Autism) had this to say about the impact the short breaks team had on her family:

“I could not recommend them more. They have been amazing for my boys. One of my boys had a really tough time during the pandemic and they have been amazing. Anne has been our guardian angel. We wouldn't have made it through the lockdowns if it wasn't for them. I always knew when the boys attended Cheviots, they were happy and safe, and it gave me a chance to do other important things I needed to do”.

Max (Social Worker at Cheviots) had this to say about the work the short breaks team did during a crisis situation in the height of the second peak:

“I was in awe seeing the team attend the family home to contain the crisis that was unfolding. The police were present and the support of the short break team during that moment helped to reduce the level of anxiety of all those involved.”

The following comments were gathered from the lockdown survey performed by the Joint Service for Disabled Children:

‘just like to say the did everything, it was overwhelming the response I got and the help I got and am still getting, you don't realise how bad it was until you are through the other side, I lost my support network i.e. friends and family due to covid, but they became my network and I cannot thank them enough’

‘thank you we haven't always seen to eye to eye, but you have always had my daughters back and for that I am grateful. When we've needed support or

provision that I could afford you have provided it. We see from our experience you provide an excellent working environment because the team that work around safeguarding my daughter who is especially difficult to safeguard has been outstanding for 8 years without a break.'

'mum would like to thank us for our excellent work. We are very friendly and helpful and ring her up to remind her that c is due at cheviots for his short break'

'we are so grateful they have always been there for us'

'don't think they could have done anything more'

Within the Joint Service for Disabled Children we have tried to be as creative as possible to ensure that families are able to access the hugely valuable support of short breaks. During the Covid pandemic, there has been reduced access to almost all services and activities that children and disabilities would usually access. The Short Breaks team have been pragmatic in their risk assessments which have identified those most in need of support during this time. There have been many instances similar to that which was experienced by Mrs Y detailed above, where parents and carers have contacted the service stating that their situations at home have become more challenging for a variety of reasons. The Short breaks team have listened to those parents and carers before advocating for them at resource allocation panels.

As you can see from the comments above, the experience of many service users and their families who have accessed additional and continued support from the short breaks team has been wonderful. It is incredibly powerful to hear that families feel they might not have managed during the lockdown were it not for the support provided by the short breaks team. The Joint Service for Disabled Children prides itself in its commitment to ensure that disabled children and their families in the London Borough of Enfield are heard and treated with respect in every single contact with the council.

The Short Breaks team have been integral in the development of a creative and

flexible way of delivering short breaks to children, young people and their families during the pandemic. With the reduction in available activities they have helped to develop a system whereby those alternative short breaks would be offered to those families where children may have been shielding or

We know that short breaks are a vital form of support for families, however, with the additional pressures and stresses of the pandemic to contend with, we are of the view that the short breaks team and their work with the most vulnerable children and young people, has prevented family breakdowns and reassured parents and carers that they are not alone.

Feedback from Seema Islam –Chair Our Voice Parent/ Carer forum

“It has indeed been challenging in ways we could never have imagined. The shorts breaks team have really stepped up to the challenge and endeavoured to continue their support to families under difficult circumstances. With ever limited resources, covid restrictions and health issues from which the team were no more immune than the rest of us, the service has offered flexibility in light of the inevitable reduced number of playscheme places they were able to run.

This is been a lifeline for many families and for some the alternative arrangements have been welcome, but as you know, there have been families and CYP who felt unsupported. Given the unprecedented and extremely difficult circumstances, Our Voice had the opportunity to work with Cheviots right from the start in March 2020 and try to adapt and target the help they offered”

Enfield is fortunate to have such a fabulously skilled, dedicated and passionate team, they not only embody the values and behaviours we expect to see in our staff teams but provide the crucial support families need to continue in their caring role to.

They truly are unsung heroes during this pandemic!

Access to Resources Integrated Services

As the semi-independent placements are not regulated under the Care Standards Act, there are no minimum standards for what constitutes a 'Good' quality provision. This is left to the local authority to determine through their own quality assurance processes.

Prior to any semi-independent placement being sought for a young person under 18, the Care Plan will have been approved by the Placement Panel, chaired by the Director of Children and Family Services. This decision is informed by the views of the IRO and the assessment of need of the allocated social worker.

Checks for any serious gang/exploitation activity in the area are made prior to proposing a potential placement.

Enfield has a robust quality assurance process in place for all the council's commissioned semi-independent providers.

All the provisions used by Enfield are subject to monitoring visits annually conducted by the Placement and Assessment Officer including unannounced visits. In 2020-21 the Quality Assurance process was improved further by increasing the visits to the provision and although due to the pandemic this has been virtual, the timeliness of these visits were improved. All untendered provisions are now visited either in person or virtually before the young person moves in, references are sought from 2 other local authorities (where possible) and during visits, the Placement Officer is now asking for all staff to test the fire

alarms and carbon monoxide alarms. All young people in semi-independent placements get a monitoring call from ARIS and this has now been RAG rated so we are able to prioritise the young people who are more vulnerable and are able to monitor their placement more.

In 2020-21, a full monitoring visit was conducted on 17 semi-independent Providers (tendered and non-tendered provisions), with one of them requiring a revisit due to concerns around staff not able to test the fire alarms. This provision was revisited again within one month and all staff had been trained to test the fire alarms.

Evidence that demonstrates impact:

In 2020-21, a survey was undertaken by the council's Consultation and Resident Engagement Services Team (CREST) which included sending questionnaires to Enfield's care leavers living in semi-independent accommodation. 24 care leavers responded to this survey with an overall satisfaction rating of 8.66 out of 10 and 96% of care leavers reporting that they feel safe in their placement.

Safeguarding focus during Pandemic

Please provide details of your agency's response to safeguarding during the Pandemic.

The pandemic has caused unprecedented challenges to both our care leavers and providers. Care leavers were worried about self-isolating in their own room and

providers
being worried about how to keep their staff and other young people safe should
there be
a Covid outbreak in one of their provisions.

A coronavirus support plan was put into place through the Council's Risk Register
process.
This included the Access to Resources Integrated Service (ARIS) contacting every
semi
independent provider where an Enfield young person was placed, on a weekly
basis, to go
through a series of coronavirus related questions. This ensured a proactive
approach to
identifying any evolving issues and included questions on staffing levels, any
examples of
symptoms or diagnoses in staff or young people, compliance and PPE. ARIS
provided hand
sanitisers to providers who had been unable to source this for themselves.

The Leaving Care Risk Register identified the potential for care leavers in semi-
independent
provision to struggle and feel isolated in lockdown. Mitigating factors were put into
place
including; increased contact from social workers and personal advisors, additional
funding
for telephone credits where necessary and ensuring every young person had their
own TV.

Providers were asked to purchase additional food and essential supplies, funded
by the
council, to ensure that any young person who ran out of provision could be given
the
necessary support. Every provider was written to asking them to discuss with their

residents, any additional equipment they would like to help keep them occupied at home and the service purchased books, garden sports equipment, board games etc in response.

The Health and Education Access and Resources Team (HEART) continued to provide services to looked after children and care leavers throughout this period and specialist CAMHS appointments were delivered by virtually. The Virtual School ran its annual Summer ESOL course for Unaccompanied Asylum-Seeking Children using virtual technology. An Education, Employment and Training support worker was appointed to help some of the more complex young people to make the transition into meaningful activity.

Additional services were put into place across Children's Services to support young people, including those in semi-independent provision, through the challenges of lockdown. These included the online mental health support line, KOOTH, a Domestic Violence Hub and the Summer University Programme delivered through the Youth Service.

Examples of excellent practice by an officer or team that you'd like to highlight:

ARIS provided a 24 hour/7 day a week helpline throughout the first lockdown to

providers
to respond to any coronavirus related problems, questions or concerns. This
required all
officers within ARIS to be available throughout the night and the weekend to
respond to
any crisis that a Provider may have due to the Pandemic. The staff in ARIS
undertook this
without any issues and went the extra mile to help all the Providers.

Appendix C – Updated Terms of Reference for Activity Groups

Appendix D - Partner Updates

Barnet, Enfield and Haringey Mental Health NHS Trust

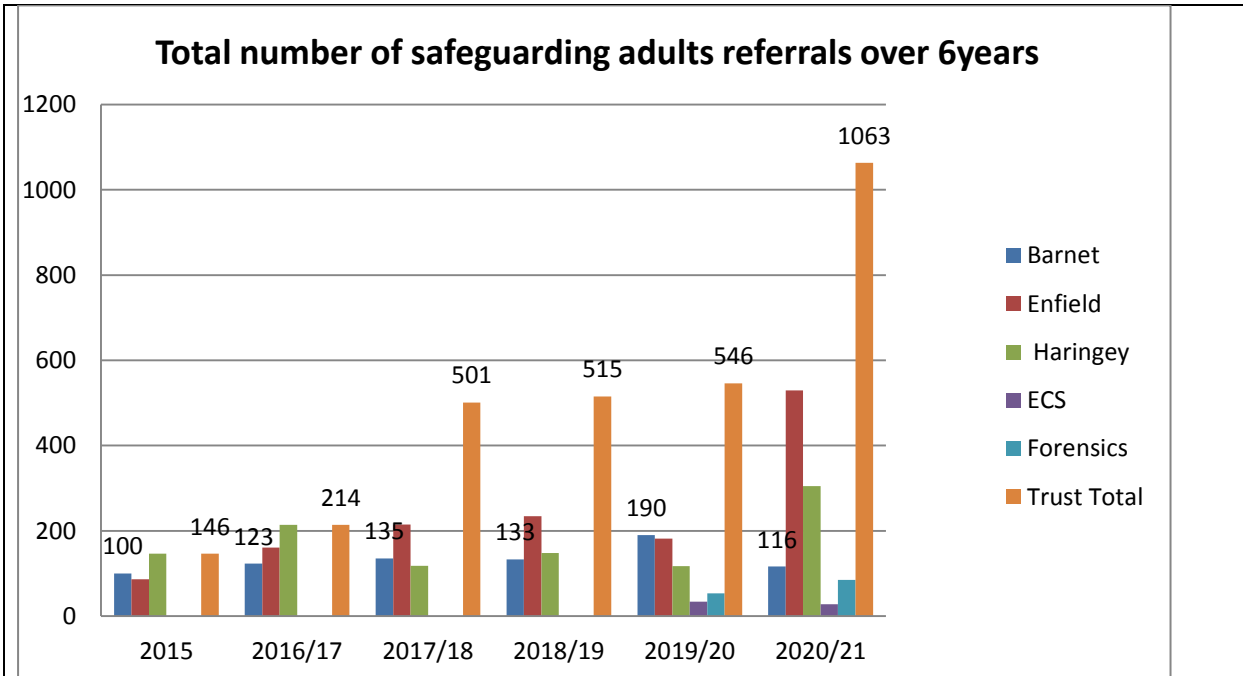
Safeguarding Enfield Annual Report information for 2020/21

Safeguarding Adults:

Safeguarding Adult activity




The chart bellows shows a 6 year comparison of safeguarding adult concerns raised. The number of concerns raised has increased significantly in 2020-2021 with reported concerns up by 92 %. This is consistent with national safeguarding, whereby it has been reported that there is an increase in reports of abuse after lockdowns lift.

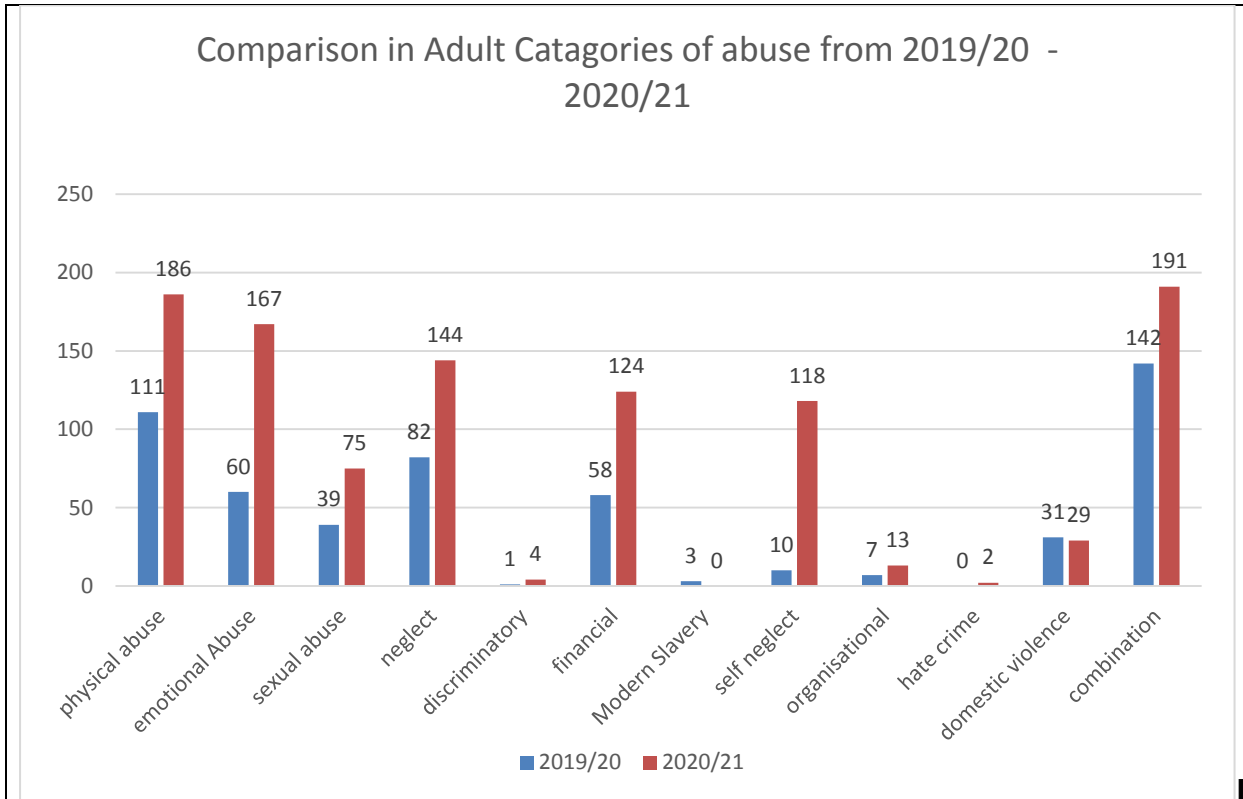
6 year comparison of the number of safeguarding adult concerns raised by BEH staff.



The table below gives further analysis of the trends in safeguarding adult referrals.

Year	Enfield	Trust wide annual total	Trend
2015	86	332	
2016/17	161 includes ECS	498 (50% increase on previous year)	↑
2017/18	215	501 (1% on	↔

2018/19	includes ECS 234 (includes ECS)	previous year) 515 (2% increase on previous year)	
2019/20	186	546 (6% increase from previous year)	
2020/2021	547	1053 (92% increase)	



Safeguarding Adult referrals have increased for the 6th year running, and significantly so in 2020-2021 with a 92% increase in safeguarding adult concerns.

As indicated in the above chart, The most frequently raised categories of abuse physical abuse, financial abuse, psychological/emotional abuse and neglect or self-neglect.

There has been the most striking increase in abuse for the category of self neglect

with a 1000% increase in referrals. The Safeguarding team have created a trust toolkit for self-neglect , a quick grab guide and a lunch and learn session focussed on cuckooing (considered under the category of self neglect) have been put into place to help support staff. In addition team managers have been asked to ensure that their clients at risk of self neglect have additional monitoring and local authorities have created high risk and multiagency panels in an attempt to manage the increase in self neglect and the associated risks such as environmental neglect, hoarding , fire risk , pressure ulcers etc .

The safeguarding Adults national network, along with SAB's and national government have noted that domestic abuse has increased significantly in the lockdowns during the Covid 19 global pandemic. Although our figures show there has not been an increase in domestic abuse, it is important to note that the majority of our domestic abuse reporting is under the categories of Physical, psychological and combination abuse, which has increased by over 100% in the last year. Our response to this increase is to support staff with their responses in the following ways:

- Providing resource packs for domestic abuse ; some of which were specially created to work with DA during the pandemic.
- Increased training in domestic abuse provided by our IDVA services.
- Comms awareness and support campaigns including material and toolkits on safety planning, MARAC and responses to domestic abuse.

Psychological abuse safeguarding referrals have represented the biggest increase in referrals during the pandemic; Our trust have seen a significant increase in the

reporting of Physical, emotional and combination of abuse. These forms of abuse have increased in the community but more significantly on the wards. Acuity on the wards during the initial lockdowns increased along with reporting of sexual abuse and physical harm. The adult safeguarding lead has worked with ward management to implement preventative measures in the areas of physical violence and improved response to sexual abuse.

Concerns regarding the newer categories of abuse as defined by the Care Act (2014), such as modern slavery/human trafficking/domestic servitude and hate crime are still less frequently raised. They remain low, however, we have seen a slight increase in 2020-2021. The Safeguarding team have implemented modern slavery training to the Champions and team managers in the trust in an attempt to raise awareness and see if this generates more activity. It is however acknowledged that these issues are less common in secondary services.

Concerns regarding financial abuse and scams has increased by 110%. This increase was predicated nationally during the pandemic and relevant partners have been working together; such as police, local authorities and fraud teams to address concerns and raise awareness.

There has been an increase in referrals for pressure ulcers from Community Nursing Services in Enfield especially in the categories of neglect (mainly pressure ulcers). There is work planned for supporting district nursing with safeguarding relating to pressure ulcers and ensuring that they are managing under the appropriate frameworks.

Data collection has been a focus of this year with the adult safeguarding lead meeting

with the local authority to discuss more effective data collection.

13.1 Section 42 Enquiries

Section 42 conversion rate	<u>Q1 and Q2</u>	<u>Q3</u>	<u>Q4</u>
Enfield	10%	65%	40%

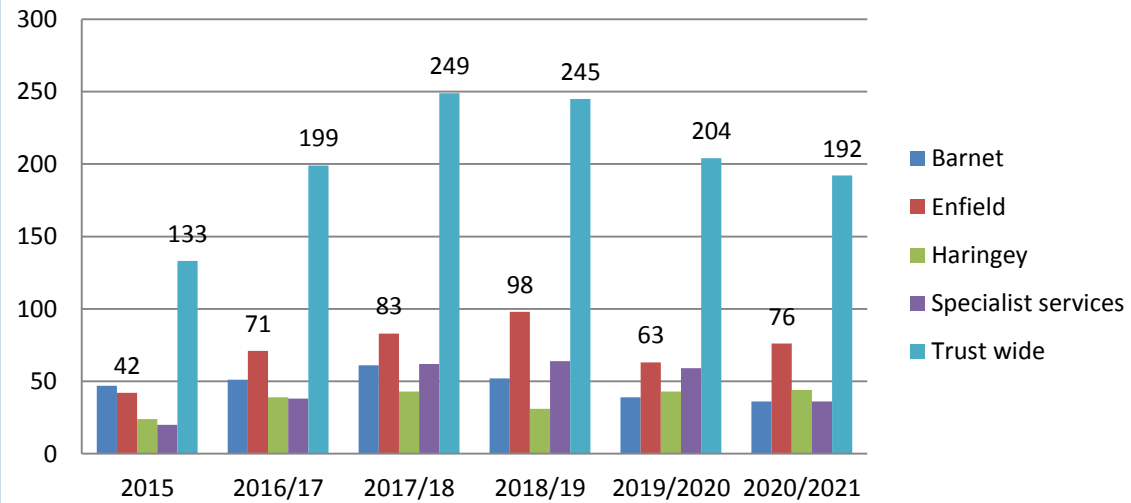
We continue to collect data regarding the number of safeguarding adult cases that meet the Section 42 (2) Enquiry threshold. In the last two quarters, S42 enquires have increased significantly in Enfield, with a conversion rate of approximately 50% overall. There may be different reasons for this. In mid-2020, the local authority in Enfield spent a lot of time encouraging SAMs to think about if, the fact-finding work they had done did, in fact, fit the criteria of an enquiry. Due to Lockdowns, concerns received came through less consistently. Along with this, there is anecdotal reports from the local authorities and SAB's that the nature of Safeguarding concerns have increased in complexity and therefore require Section 42 enquiries more often.

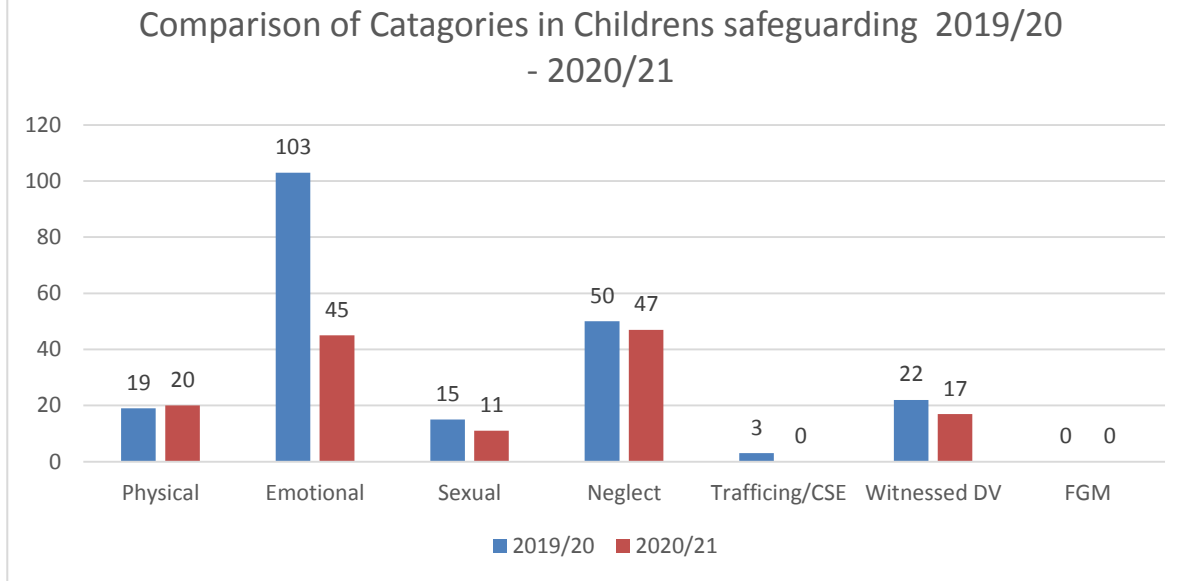
Safeguarding Children:

14. Safeguarding children activity

	Year	Enfield	Trust wide annual total	Trend	
<p>There has been a decrease in Children's Referrals from services most for noted that young school significant and the referrals entrenched family</p>	2015/16	42	133	↑	<p>been a slight increase in referrals for safeguarding in the 2020/2021. dropped whilst were kept at home schools and other that serve as the consistent referrers children's safeguarding. It was as children and people returned to there was a increase in referrals nature of the more complex and within complex dynamics.</p>
	2016/17	71 (inc ECS)	199		
	2017/18	83 (inc ECS)	249	↑	
	2018/19	98 (inc ECS)	245	↔	
	2019/2020	89 (inc 26 from ECS)	204	↓	
	2020/2021		192	↓	
		76			

Total number of safeguarding children referrals





The graph above shows the number of safeguarding children referrals made by type during 2020-21. This year we see a plateau in the amount of referral being made for children who witness domestic abuse. This may be hidden harm as less reporting is wider acknowledged during lockdowns. The number of referrals for children who are witnessing domestic abuse (22 referrals in 2019-20 compared to 17 during 2020-21). Early help and emotional abuse remain most common categories for the safeguarding referrals submitted for children with no change in the remaining categories, namely Female Genital Mutilation (FGM) where the safeguarding referrals remain 0 which is common for non acute trust for this to be very low. Reports of emotional abuse have halved during 2020-21 questioning whether this area of harm is hidden and will be reported as more services open and children and young people are accessing services.

In comparison with the previous two years there is a noted decrease in the number of referrals submitted across Enfield.

Since March 2020 the decrease in the number of safeguarding referrals made for children is a national picture and has been noted across all local authorities. This is due to the COVID -19 pandemic, that caused a locked down and resulted in fundamental changes to the lives of children and young people across the United Kingdom. This has meant that the agencies that would usually have 'eyes' on our children no longer did resulting in 'hidden harm'. Our Trust was effective in responding to this change by implementing virtual consultation '. Despite this new type of contact, children were not being seen in the traditional way. With the return to a new normal it is anticipated that safeguarding referrals for children will return to pre-COVID levels.

Examples of excellent practice by an officer or team that you'd like to highlight:
(We want to include the experience of staff of working in safeguarding through the pandemic):

Jo Toose in Enfield assessment team (BEH MH trust) team has been instrumental in the trust in managing / screening and supporting staff to implement protection plans. Her placement in the Enfield assessment team in mental health has improved safeguarding responses and supported trust staff.

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Safeguarding focus during Pandemic

- Increase in online training
- Tailor online training to the areas of increased abuse or hidden harm (cuckooing, neglect, financial abuse)
- Increased COMMS and toolkits shared.
- Increase in the amount of safeguarding champions in each team.
- Meeting with teams to promote areas of abuse that require preventative work e.g. teams making lists of those vulnerable to self neglect and implementing additional monitoring measures.
- Sexual safety measure on wards including the following increase in Sexual abuse during lockdowns and subsequent reduction in S17 leave :
 5. A3 posters for wards – (for staff and patients to raise awareness)
 6. Sexual safety Booklets
 7. Quick grab guide

8. Temperature check postcards for wards.

Preventative work ongoing look at effective risk management strategies to reduce incidents of sexual abuse on the wards – white board meeting - standing item on the daily agenda. i.e. daily checks of how safe a patient feels. Practical tips for ward staff – i.e. staff awareness of blind spots , environmental management. Practical tips for risk management of individual patients (eg if someone is very sexually disinhibited as part of their illness , what measures are staff putting in place to mitigate risks)

Themes emerging in lockdown 2020/2021

Lower numbers of safeguarding are reported during the peak of the lockdowns in the community and then a sharp rise in safeguarding referrals when lockdowns are lifted has been noted. The acuity on the wards does increase during lockdown periods where S17 leave is more limited. In line with national trends, Domestic abuse, self neglect, neglect and financial abuse has increased significantly.

There is evidence that there is more “hidden harm” during lockdowns, including grooming on the internet – (radicalisation, sexual abuse). This is evident from more PREVENT referrals from the trust along with more reports of online financial scams. Police report that Cuckooing has increased during lockdowns – staff have had access to Camden and Islington lunch and learn on cuckooing and audits on the response to Cuckooing safeguarding’s have been completed along with promotion of the relevant forums to manage risk. An increase in allegations against staff (especially bank staff) has been noted. This may be because the trust has appointed a PIPOT lead who is collating data within the safeguarding team.

Community Safety Unit

Safeguarding Enfield Annual Report information for 2020/21

The Community Safety Partnership known locally as the Safer and Stronger Communities board have refreshed their partnership plan. There is continued focus on tackling violence and burglary but additionally renewed efforts in reducing the harms caused by the supply and use of illegal drugs. This area is a key driver for crime and can manifest in ways such as county lines, cuckooing vulnerable people's addresses and increased violence and acquisitive crime.

We continue to work with the Mayor's Office for Policing and Crime and have submitted request for funding allocations to support our local priorities and those for London.

The SSCB is seeking to develop and refine offender management practices for both adults and young people to try to ensure the best outcomes for offenders and to reduce the numbers of victims of crime.

Public Health colleagues have worked in partnership with us to draft an evidence-based approach to tackling serious youth violence and our North Area Violence Reduction Plan has received favourable comment from the GLA Violence Reduction Unit.

Covid 19 and the resulting restrictions have impacted on levels of crime in different ways with some reducing dramatically and others including Domestic Abuse and Anti Social Behaviour resulting in greatly increased demand.

Children's Services have created a Domestic Abuse Hub, where multi skilled teams from across the council provide support for victims of domestic abuse, irrespective of whether they have dependent children.

Hate crime incidents, linked with racist offences have also increased and we monitor crime patterns and individual cases to bring about improvements, highlight risks and support individuals.

Safeguarding focus during Pandemic

See Above example of DA Hub

CCTV operatives have acted in support of the police and public health to identify areas where Covid restrictions are breached to enable a targeted response.

Many interventions have moved on line to support young people who are vulnerable to exploitation by street gangs, although outreach has continued where allowed.

Worked with the police and partners to identify changing crime types and associated risks.

Worked with Safeguarding Adults Team to provide additional security for older vulnerable residents in addition to our locks and bolts service to give those at risk from crime greater security and peace of mind.

Enfield Carers Centre

Safeguarding Enfield Annual Report information for 2020/21

Safeguarding Children:

1. Our newly employed Young Carers Worker attended online 'Child Protection' training delivered by the NSPCC.

2. The Young Carers Project Manager attended: 'Virtual Working and Safeguarding Considerations' training delivered by Education Child Protection and 'Jack Petchey Digital Training for Youth Groups' training delivered by Third Sector Lab.
3. Another Young Carers Worker attended 'Domestic Abuse and Sexual Violence Awareness' online training delivered by Barnet Council.

Enfield Carers Centre (ECC) also refreshed its whole staff team's safeguarding knowledge via online training just before the onset of Covid.

ECC has also introduced a Safer Recruitment Policy

This involves:

- Including the Organisation's Safeguarding Statement in any job advertisements
- Requiring all applicants to complete an application form requesting identifying details; a national insurance number; a full chronological career history since leaving secondary education; any relevant or required qualifications; a personal declaration and details of two referees one of whom must be their most recent employer
- Providing a job description and person specification that includes the organisation's Child and Adult Safeguarding Statement.
- Ensuring all relevant documents also clearly state that all applicants must be willing to undergo Adult and Child protections screening relevant to the post, including checks with past employers and the disclosure and barring service.
- Asking candidates appropriate questions at interview relating both to their skills and reasons for wanting to work with children and/or vulnerable adults.
- Ensuring that at least one member of the interview panel has undergone 'Safer Recruitment Training' within the past three years.
- Checking all candidates ID and exploring any gaps in their employment history or anomalies on the application form

Safeguarding Adults:

Enfield Carers Centre's entire office, homecare and support team also received Modern Slavery awareness training from the LBE MASH Team.

Safeguarding focus during Pandemic

Our charity noticed an increase in the number of concerns raised by both vulnerable adults and children during the pandemic as carers were "locked in" with their cared for persons with dementia and those with challenging behaviour etc.

ECC has made over four thousand "welfare/check-in" calls so far to:

- a) adult carers we were already aware of who were in precarious/challenging situations
- b) over 1000 registered dementia carers
- c) all carers aged 65+

In addition:

ECC's EyPIC Young Carers Project Workers made Check-in/welfare calls to the majority of our 479 registered young carers at that time.

Because of the unavoidable move to solely online services during the pandemic, we have closely considered the potential risks for vulnerable people and subsequently created and implemented the following: 'Online Safeguarding Policy', 'Safeguarding Risk Assessment for Zoom', 'Staff and Volunteer Code of Conduct for Online Sessions' and our 'Online Behaviour Agreement for Young People'. ECC did not previously offer online activities for children. Some key points include:

- Private meeting IDs and passwords used to ensure only invited people can attend
- Screen sharing options are off
- Private chat disabled (except to hosts) so this can be monitored by staff
- Staff monitor verbal conversations and the chat window and manage any situations arising following the 'Child Protection Policy and Procedures'
- Links for online activities are in the shared calendar to enable an open-door policy with Designated Safeguarding Lead access
- There are always 2 staff in each online group session
- Staff received training on how to use the Zoom platform safely with safeguarding in mind. Test simulations where 'everything goes wrong' took place to test the ability of staff to use Zoom.
- Staff rename children to their first name on Zoom if their username contains personal information such as their email address or phone number, or something inappropriate

Enfield Children's and Young People Services – awaiting return

Safeguarding Enfield Annual Report information for 2020/21

The impact of Covid19 on ECYPS and the community has been extremely challenging and difficult with staff and volunteers dealing with personal bereavement but continuing to support the most vulnerable children, young people and their families in Enfield.

From the beginning of lock down ECYPS immediately went live across all social media platforms providing essential information, activities and advice on a wide range of areas including:

ECYPS Foodbank- we expanded our foodbank to meet the needs of the community in the borough of Enfield. With the rise in unemployment, many families on low income and vast amount of the community shielding due to Covid19-families were struggling to put food on the table during lockdown. We co-ordinated our services with the support from the Felix Project, Stand Together Enfield, Grassroots and local business including Lidl, BITC and not forgetting the phenomenal response from the local residents. **24,000** bags of food were provided to families attending our foodbank at The Ark. Additionally, we delivered cooked food to **2000** families who were shielding due to medical needs. We expanded our foodbank to include a clothes bank and toy bank. 70% the people attending foodbank are from the Bulgarian/Turkish community. We have identified gaps in services and will be working with Edmonton Community Partnership to establish a hub for the community. Looking ahead, we will be working with Edmonton Community Partnership to deliver **14,000** essential food bags to **200** families across seven schools in Edmonton.

Parenting support-Due to the impact of lockdown many families were struggling with home schooling. Parents had to adapt and become teachers, activity leaders, counsellors whilst continuing to work from home. ECYPS adapted their 13-week SFSC parenting programme to a 4 week online programme focusing on positive parenting skills during lockdown. 24 workshops were delivered dealing with positive parenting techniques to increase positive behaviour.

Safeguarding- ECYPS provided regular information on online safety and links full of helpful resources including NSPCC, Childline, NHS, Think U know, National domestic abuse helpline, county lines and local authority services. We delivered online training including county lines, child protection, bespoke child protection training for foodbanks, safeguarding forum. DBS-checks for staff, volunteers and community organisations continued throughout Covid19. We produced monthly E-bulletins with helplines, emergency contact details, regular updates, details on local foodbanks-so that children do not go hungry during school holidays. ECYPS also promoted vaccination centres across Enfield. Finally, we revised our community handbooks and free and affordable activities books which were circulated online to organisations across Enfield.

Mental Wellbeing-ECYPS produced a Covid19 Survival Kit workbook for children and young people to improve their mental wellbeing and navigate their lives positively throughout the pandemic. As a result of securing Covid19 funding, ECYPS was able to

deliver counselling sessions for parents, children and young people subsequently assisting CAMHS who were facing a high demand on their services. Majority of referrals have been from leaving care team, Change and Challenge, Parent support and community organisations. ECYPS also produced a mental health YouTube video providing young people a platform to express themselves on the impact of Covid19 restrictions on their mental health. We delivered 32 mindfulness sessions online, 20 creative art workshops and weekly creative writing workshops in conjunction with Scribeasy, 20 healthy eating workshops. As soon as lockdown eased we resumed our 'I feel good' sessions to provide young people including young carers and young people with additional needs pampering sessions to unwind and release stress.

Covid19 Vaccines- supporting the roll out of vaccines to communities in mosques, churches, community centres. The ARK was a Covid19 vaccination centre.

Promoting physical fitness and mental wellbeing-regular cycling, fitness, pilates and dance sessions delivered online and face to face.

Training was delivered online via zoom. ECYPS delivered several child protection/safeguarding training to LBE staff and community organisations. 40 people attended training from the Turkish mosque, 20 local child-minders continued their training to keep up to date with Ofsted requirements.

Due to the increase in mental health ECYPS delivered 'My wise friend' and 'Take a breath' to give staff and volunteers simple techniques to implement when services and schools re-opened.

CHiPS - Community help point Scheme-Additional year of funding was secured via NEXUS and as a result CHiPS had a relaunch. Increased online presence across social media platforms, promoted via school food distribution bags to 200 families across 7 schools in partnership with Edmonton Community Partnership

Enfield Council Safeguarding Adults

Safeguarding Enfield Annual Report information for 2020/21

Safeguarding Adults:

Modern slavery:

Helpline

In April 2020, we established a specialist modern slavery helpline for professionals and members of the public to seek specialist support and advice, or to refer their concerns of modern slavery in the borough that they encounter. Between May 1st 2020 and Jan 31st 2021, we received 116 calls to the helpline.

Key achievements:

- Working with Housing to establish the Multi Agency Risk Assessment Meeting (MARAM) to support rough sleepers.
- Establishing a clear pathway of referrals with the Police, housing and secondary mental health services and the Modern Slavery Team.
- Providing enough evidence to police colleagues to enable the CPS to charge a husband and wife with modern slavery offences. Trial to commence 10.10.21.
- Being described by the Central Crime Police Teams as the 'gold standard' borough with the view of training other boroughs on how to approach modern slavery and exploitation cases.

Strengths-Based Approach:

Following the success of the 3-month trial of the 'Linking Together' Innovation Hub and subsequent roll-out of the 3 conversations model and Strengths-Based Approach (SBA) to the Single Point of Access (SPA) service, it was decided that this way of working would benefit residents and staff and we are working to implement more widely. We have a working group that meets fortnightly to deliver the vision and enhance the strengths-based practices that are already being used.

SMART Technology:

A pilot has been underway with adult social care service users, carers and staff using SMART devices. 10 Amazon Echo Shows were donated by Amazon and the work has helped design a larger pilot for 2021/22 involving upskilling staff, working with care home residents and their carers, and using the devices to support independent living for longer.

Domestic Abuse Perpetrator Programme:

Strategic safeguarding has worked with the National Probation Service (NPS), Children and Families and Community Safety to commission a pilot scheme, delivered by Rise Mutual, around behaviour change for those at risk of perpetrating domestic abuse.

This is funded largely through a government grant which the NPS acquired and ran from November 2020 to March 2021. It is known that perpetrators of domestic abuse are abusive in multiple relationships throughout their life – so to multiple partners and older parents for example. So, engaging with perpetrators is essential to prevent future abuse. We have worked hard with the provider (Rise Mutual) to ensure that their service is suitable for older or disabled adults and carers to reflect the Adult Social Care service user group. Monitoring meetings were held every two months to examine this and a programme of awareness raising took place to encourage referrals.

Safeguarding Children:

(Please include any highlights and examples of positive multi-agency practice and evidence of relevant engagement with children and young people, their families, communities and staff):

Safeguarding Ambassadors:

Weekly meetings took place with our Youth Leaders to co-produce a training programme for a role as an Enfield Safeguarding Ambassador. The training will be used to train the 2021-22 cohort of ambassadors. The Safeguarding Ambassadors met with the

safeguarding Partners as part of Enfield's Section 11 audits. Some of the actions from the meeting included developing a video by the Safeguarding Ambassadors on voice of the child. The Service User, Carer and Patient group is advising on this work.

Communication:

A new website platform has been developed at: www.enfield.gov.uk/safeguardingenfield/. The content is now being reviewed, with a focus on increasing the amount of multimedia/ video content. Regular newsletters have been to both the adults and children's partnership, highlighting the work of the partners and key issues.

Safeguarding focus during Pandemic

Supporting Care providers:

In response to the pandemic the strategic safeguarding adults team has been actively working with our care providers. We have ensured they have: access to information and support around infection control; the latest public health guidance; and can raise issues with our quality assurance team.

Ongoing support to providers:

Targeted support is provided to care support workers and informal carers to embed infection control training and translate this into good working practices, for example in how to use PPE correctly and effectively to protect all those they have direct contact with. The quality assurance team is the point of contact for care providers, and concerns and issues raised from them are then considered and responded to with the Public Health team.

Communications:

We are in regular contact with our care providers, and have developed a dedicated MyLife webpage. The webpage, which was developed in partnership with Public Health, focuses on infection control information and training.

Quality Assurance and emergency processes:

Many social care providers have sadly suffered significant losses of residents due to the covid virus and the pandemic has reduced the demand for residential and nursing placements. This information is collected and considered on a regular basis.

The quality checker project continues to gather information directly from people who use services and their friends and family to ensure their experiences during the 'lock down' period is included in our considerations and learning.

Learning:

The strategic safeguarding adults team undertook learning reviews with providers that had COVID outbreaks to identify risks and develop risk mitigation strategies.

Contingency planning for the winter break heightened risks

During the winter months, we were faced with acutely heightened risks around provider failure. Enfield has 13 nursing homes and over 70 residential sites. Within these organisations there was a risk of owners running into significant financial difficulties, and loss of staff either due to not being paid, developing symptoms, or being told to isolate by track and trace.

Moving adult social care service users at short notice, particularly over cold, winter months is a complex task requiring health, pharmacy, transportation and logistical input. Some care home residents are out of borough placements but we still have the safeguarding responsibility for moving them safely. Emergency preparation and contingency planning were taking place, with weekly monitoring of care home vacancies.

Working with people who have refused to comply with government guidance

Regular meetings were taking place, chaired jointly with Public Health to consider residents, and council tenants, who had not been complying with COVID-19 guidance on social isolation and distancing. The meetings were multiagency and provided a place where agencies could refer in, with a risk assessment, and appropriate local action could be taken. If the local measures were not successful, the group could refer to Public Health England.

Care Act Easements and Service Demand preparation:

At various points though the year, Adult Social Care managers met weekly to discuss how to mitigate the increase in demand/ potential further increase in demand on services due to increasing infection rates or restrictions. Actions from this meeting so far include:

Reviews and support plans have been edited on our systems to include more explicit contingency planning for if the agreed care plan is not possible.

All informal carers who manage Direct Payments packages have been written to, to ensure that they have contingencies in place and encourage them to reach out if not.

A 'dummy-run' exercise has been run around a hypothetical domiciliary care agency collapse which has led to a number of identified actions to ensure that we could respond promptly to this (for example pre-written scripts/ risk assessments and establishing languages spoken within the service). This incorporated all service areas.

Each operational service area has put in place a risk assessment around their service user group in case of large increases in community or staff infection.

Ethical Framework for Health and Social Care:

Department of Health and Social Care's Responding to COVID-19 – Ethical Framework for Health and Social Care was shared widely across the adult social care services.

<https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care/responding-to-covid-19-the-ethical-framework-for-adult-social-care>

We undertook the following steps to raise awareness of the Ethical Framework:

- During the first lockdown, guidance was issued to staff around proportionate responses to Safeguarding Adults concerns, the framework was included in this guidance and associated discussions
- ensured that the framework was highlighted at the end of our training for adult social care professionals
- Principal Social Worker for Adults (Sharon Burgess) sent communications to all Enfield Social Workers highlighting the framework
- highlighted the framework to our Safeguarding Adults Managers through our fortnightly communication with them

COVID response

- Provided weekly home learning ideas for over 400 PVIs, schools and childminders .
- Supported 400 schools, PVIs and childminders on key transition points for children and young people, including providing Early Years transition for vulnerable pupils.
- Created and sent out over 4000 Year 6/7 transition packs to all pupils in Year 6 in Enfield including for vulnerable pupils.
- The Educational Psychology Service (EPS) provided telephone support line for parents, with schools' agreement to use their statutory visit time for this purpose.
- EPS provided support for staff and headteachers during the year, including whole school wellbeing.
- EPS supported 14 schools to achieve the Sandwell Charter Mark, which supports a whole school approach to social, emotional and mental health.
- EPS and Professional Learning (PL) team set up a ten session programme of PL to support schools in their resilience and recovery work for all pupils.
- Schools' Traded Service worked with school to support food vouchers and/or food parcels to go to the most vulnerable families.
- HEARD and Nexus have put on three well attended parent workshops.

Wider

- Set up a ten session PL programme, including local, national and international expertise, re: Unconscious Bias and Anti-Racism as a response to the BLM movement.
- A three session Governor training course re: Unconscious Bias and Anti-Racism has started as a corollary to that training.
- Set a ten session PL programme re: Digital Transformation for schools which included national expertise for online safety in both primary and secondary schools.

- A new Designated Safeguarding Leads (DSL) network for school DSLs has been set up.
- The SEYIS adviser visits to schools included questions about the remote learning offer. This checked that all pupils were being contacted and how schools reacted to any lack of response from a pupil or family.
- Whole service Safeguarding training took place in September 2020.
- All NQTs were able to join LA run safeguarding training within their first half term.
- Trauma Informed Practice in Schools (TIPS) was promoted via two taster sessions open to schools and all members of the Education Service.
- Nexus funded training for all schools from Pivotal education linked to restorative practice and TIPS.
- SWERRL / BSS have support vulnerable pupils in their return to school.

Enfield Council Housing

Safeguarding Enfield Annual Report information for 2019/20

Safeguarding is everybody's responsibility and we are continuing to embed and strengthen safeguarding principles in our strategic and day to day housing operations.

The Council agreed a **Homelessness Prevention and Rough Sleeping Strategy** in 2019 which sets out to end homelessness. It provides the Council's strategic direction for change and is important for setting out the strategic direction for safeguarding and meeting the needs of homeless adults at risk, children and young people

A transformation of the Council's Homelessness and Prevention Services began in September 2019 to deliver investment in multi-agency, co-located 'up stream' homelessness prevention services. Workshops to design and develop the new service model have involved managers from Adult Social Care and Children's Services, helping to strengthen relationships across services. Investment in the service will ensure more vulnerable adults and families with children are given early advice and support to prevent their homelessness, including strengthened support plans.

Rough Sleeper Services were strengthened in 2019/20 following government funding for additional support staff, services and accommodation including a new Rough Sleepers shelter in the borough, enabling vulnerable, destitute adults at risk of abuse and harm to be housed and given support to get their lives back on track. A multi-agency panel for high risk rough sleepers was also set up, bringing together professionals to discuss and put in place plans for vulnerable rough sleepers with complex support needs including mental health issues, substance misuses.

Other areas in which our safeguarding activities within Housing Needs have been strengthened include:

- Housing Needs Managers meet with Children with Disabilities Managers to discuss cases involving families with children who have multiple and complex needs to find solutions.
- A Housing Options and Advice Officers is co-working with the MASH / SPOE Teams week and referral pathways are strengthened. There are plans to increase the co-working arrangement in 2020/21
- Multi-agency meetings are continuing for leaving care, mental health, Council tenants evictions, MAPPA and MARAC.
- Eligible homeless families with children, who have no recourse to public funds, are being accommodated / supported until a decision is made on their immigration status.
- Disabled Facilities Grants are provided to eligible families to safeguard and support independent living, covering eg stair lifts and walk in showers.

Housing Management Team Safeguarding Activity

Throughout the 2019/20 period, the housing management team have maintained core membership of the Multi-Agency Child Exploitation (MACE) panel, using the forum to remain aware of, and highlight safeguarding concerns, as well as decimating best practice to frontline housing management staff.

As part of our commitment to continuous development, frontline housing management staff receive regular training through an annual training programme which includes refresher training on the Care Act and Housing. Furthermore, within our training plan,

each training session must have a focus on safeguarding and its implications, for example, safeguarding considerations in managing cases involving Domestic Abuse, Anti-Social Behaviour, and Fraud.

Our front-line housing management team maintain a central record for Safeguarding referrals and the Housing management team also monitor, review and report the number of safeguarding referral made each month.

The housing management staff are currently conducting a review of our tenancy management procedures and we are incorporating safeguarding best practice as a standard subheading within each housing management process, to ensure staff remain aware of their obligations. Within each frontline housing management team, there is a nominated Safeguarding lead, which ensures that Safeguarding remains a priority at every level.

Safeguarding focus during Pandemic

Housing Needs

Safeguarding and ensuring the safety and wellbeing of local residents was at the heart of changes to the way housing needs services were delivered during the Covid 19 pandemic and 'lockdown'.

1. Street homelessness was addressed quickly through compliance with government guidance to move rough sleepers from shared housing to self-contained housing within days of the announcement.
2. Rough Sleeper accommodation / support delivery plan developed - those who were assessed as homeless or at risk of sleeping rough were accommodated during 'lockdown' in hotels or self-contained accommodation. This meant more single people and couples without children were kept safe.
3. A new dedicated Housing Advice Telephone line was introduced immediately after 'lockdown' to re increase access to services / replace Face to Face contact at John Wilkes House (main Housing Needs Office) when the Council building closed. New access arrangements were immediately communicated widely across the Council / Voluntary and Community Sector. Information was translated into community languages. When Enfield and Edmonton libraries opened to the public, a Housing officer has been located there to support library staff providing services to customers at risk of homelessness wh do not have digital access or a phone.

4. Three Housing Officers were appointed to the Council's Domestic Abuse Hub in recognition of data showing an increase in domestic abuse during 'lock down' to work exclusively with this client group carrying out risk assessments, safety planning and identifying safe accommodation; welfare checks were carried out on all open homeless cases where domestic abuse was reported as the cause of homelessness.

Housing Management

During the Government Lockdown imposed from 23rd March 2020, the Housing management team undertook a "Welfare and Wellbeing checks" programme, calling all known vulnerable residents and those believed to be at risk of abuse or neglect. The service maintain regular contact with all sheltered housing residents and a significant portion of our residents over 65 in General Needs accommodation who have requested ongoing support.

We are working in partnership with the Riverside Floating support service to help residents carry out tasks associated with independent living, utilise technology (where appropriate) to assist in their support and longer term wellbeing, and access information, community resources and social interaction to avoid becoming socially isolated. Since lockdown restrictions have been lifted, the housing management team are now undertaking a series of welfare checks and welfare visits to residents with whom the service has had little or no contact.

Staff have had specific training in identifying signs of abuse and neglect, as well as training for identifying and supporting those suffering from Domestic Abuse during the Covid period.

Healthwatch Enfield

Safeguarding Enfield Annual Report information for 2020/21

Healthwatch Enfield was established to act as the statutory, independent consumer champion for health and social care services in the borough. Our roles and responsibilities include:

- Obtaining the views of local people regarding local health and care services and importantly to make these views known
- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local health and care services
- Providing advice and information about access to local health and care services
- Enabling local people to monitor the standard of provision of local health and care services and whether and how local care services could and ought to be improved
- Formulating views on the standard of provision and whether and how the local health and care services could and ought to be improved; and sharing these views with Healthwatch England

Healthwatch Enfield is also able to raise relevant issues at a number of strategic boards. This allows us to provide support as well as challenge and highlight issues raised by local people in the development and delivery of local strategies.

In terms of safeguarding, Healthwatch Enfield

- ensures that our Board, staff and volunteers are trained to understand and follow up any safeguarding concerns identified by us or raised with us in our work locally
- arranges refresher safeguarding training for staff, volunteers and board members
- has reviewed our safeguarding policy in May 2020
- supports and challenges data presented at a number of strategic boards

We have promoted safeguarding training opportunities.

We deal with any specific concerns raised with us and when appropriate refer these to the CQC and welcome the support of senior managers in follow up work.

We value the strong commitment to improving engagement and understanding of safeguarding across all communities.

We have been working with the Council's Covid Resilience Board during the pandemic as well as supporting a number of regular meetings particularly to support vaccination take-up recently. It should be noted that the joint working expected from the Integrated Care Partnership has been accelerated by developing an Enfield response to covid vaccine take-up. This has been a really positive development and bodes well for the future. It would be useful to learn lessons from this joint working approach, in our efforts to work with local communities with regard to raising awareness about safeguarding and domestic violence.

Safeguarding focus during Pandemic

We have promoted information about safeguarding and particularly domestic abuse throughout the pandemic.

We have also run a number of webinars most recently focussed on mental health.

We have continued to work with the Council's Covid Resilience Board during the pandemic.

We have also attended weekly meetings led by local GPs to support the vaccination process in Enfield. Our work with local black and minority ethnic communities has enabled us to support this process and the efforts being made to reach out to all communities in Enfield.

We have drawn attention to the challenges faced by Eastern European, primarily Bulgarian/Roma communities, particularly those who do not have settled status and are engaged in sex work. We are working with the Council/Health on vaccine take-up and GP registration.

Integrated Learning Disabilities Service (ILDS)

Safeguarding Enfield Annual Report information for 2020/21

Safeguarding Adults:

EILDS continues to provide a multi-disciplinary approach to managing PMLD which includes social, physical, psychological, and mental health assessments.

- Safeguarding concerns have continued to be received by the service and safeguarding plans are completed within usual time frame, essential face to face meetings have taken place during lockdown where tech / video was seemed not appropriate for service users.
- In some cases, following closure of a case, a review may take place (3 months) to make sure all protective measures are still robust and that service users are safe, and any agreed actions have been completed.
- Throughout the safeguarding there is continued Management support & oversight and clear directions from the Sam is recorded in cased notes.

There has been continued work to an excellent standard, managing some very complex safeguarding cases and all were responded to with MSP continuing to be a focus

Examples of excellent practice by an officer or team that you'd like to highlight:

Case example and feedback extracted from the internal safeguarding enquiry audits:

The safeguarding concern is raised by an art therapist working with the client who raised concern regarding psychological abuse and neglect perpetrated by the client's support worker and centres on her responses to the client when asked for particular support and the worker's view that the client should not be in bed at certain times of the day which the client explains is a side effect of her medication. The client specifies she feels she is being bullied by this individual and explains that this is impacting on her mental wellbeing.

Good Practice

Safeguarding plan implemented that the person alleged to have caused harm in this case is removed from the client's support arrangements. This is a robust plan which removes the risk of further abuse for the client, it is acknowledged that as the support worker works for an organisation, there could be further clients at risk in this case. These risks are considered by the safeguarding adults manager who requests that the enquiry officer has input into the interview questions to establish how long the support work had worked for the organisation, to review her training records and to establish whether there have been any concerns raised about her conduct by other clients.

The enquiry officer emails the manager with a list of constructive questions to be referred to within the interview with the support worker, these centre around the support worker's knowledge of the clients can support needs and around dignity and respect.

There is good evidence of engagement with the adult.

the client's voice is captured well and there were explicit verbatim statements which form her safeguarding outcomes. There are recordings regarding the client's capacity with regards to safeguarding concerns and is clear through the engagement and dialogue with professionals that this is the case, this is well evidenced. Another area of good practice is the co-production of the safeguarding plan with the client to ensure that she has a sense of ownership and control over the safeguarding process and how this impacts her own support arrangements. The making safeguarding personal principles identified as relevant in this case were Control by the individual over day to day life, Protection from abuse and neglect and Physical & mental health & emotional wellbeing.

There is clear and detailed SAM oversight. Guidance is provided by the safeguarding adults manager around the next steps and a time frame set for the safeguarding adults manager to be updated three days later.

This enquiry audit has established areas of good practice in respect of making safeguarding personal and approaches to practice. Safeguarding principles are well evidenced, and recording is to a good standard, furthermore, there is a clear narrative as to the client's views, wishes and outcomes at each stage of the enquiry. There have been some areas for learning which have been identified which has been shared at the Social Work Forum within their service.

Safeguarding focus during Pandemic

Please provide details of your agency's response to safeguarding during the Pandemic.

- We have continued to offer all specialisms in the service and prioritised urgent review and associated clinical work to support individuals and keep them safe at home; we have used technology in various different forms and developed a series of social stories and accessible information both for our website information and for individuals

- We have made over 2500 welfare calls to those who are high risk; non-compliant; no access to internet etc and working with those who are non-compliant with multiple agencies involved to make sure they are safe.
- We have been working with parents and carers to support significant anxiety level and the challenges around the apparent inequality and national reporting of the approach especially to testing and reporting mortality and also access to PPE– most people with complex LD needs live at home and in supported living accommodation and not inc are homes so access to testing excluded those with PMLD. In Enfield we have acknowledged this, and we acted very early on to ensure people who needed PPE had the PPE they needed
- We have set up our own test site for LD and MH to ensure service users safety.
- Vaccination Hub at the Chase Farm Hospital has been available for people with learning disabilities and autism and their parents/carers. The hub was supported by 2 members of staff from the ILDS. Most of the Service Users returning to the Day Services have received their first vaccine.
- We have been particularly challenged in LD buy the number of deaths for 2021 is 26 and 18 having covid as a contributing factor. Findings indicate good access to the health and care they needed at that time
- Mortality rates rocketed to 630% in April / May; over the year the average has increased by 250% All Rapid Reviews have been completed; all full LeDeR reviews on track
- 8 out of the 10 died in hospital which indicates the correct processes followed and clinical oversight provided
- Most have been subject to a full LeDeR review, and there are seven still waiting for their reviews to be completed.
- PWMLD have been disproportionately affected and live in the family home

- We have supported and prevented admissions, as well as supporting individuals through a multi-agency approach to receive the care and support needed in hospital.
- As a service, we have continued limited essential face to face assessments, MCA & BI and safeguarding to ensure the safety of our service users

Testing / Infection Control

- All Enfield-based day services, including IWE, have re-opened w/c 12 April 2021. As in September 2020, robust infection control measures have been put in place to ensure highest level of infection management for both Service Users and Staff.
- The testing regime has been put in place which includes
 - Weekly PCR testing for all Service Users and Staff
 - 2-weekly LFT testing for all Service Users
 - Daily LFT testing for all staff
- LFT testing kits have been delivered to individual families/Service Users and support has been provided to ensure families/SU are confident in taking the tests

Bubbles

- The first week re-opening started with the bubble of 5 service users, followed by another bubble of 5 in second week (w/c 19 April)
- There will be no new bubble introduced in week 3 (w/c 26 April) to give providers and LBE an opportunity to review the situation and assure ourselves that there is no increase in infection rates, before introducing the third bubble to keep everyone safe.
- The third bubble of 5 will be introduced w/c 3 May and we will continue facilitating the return of more people each week until we reach full capacity

Virtual Offer

- Not all services will be able to operate at the same capacity as before the Pandemic due to social distancing measures, however the appropriate level of support is provided to all services users who continue to remain at home.
- ILDS in partnership with Radiomathon is developing a Virtual Offer as an add on option to the building-based day services locking in positive changes, including utilisation of technology, introduced during the Pandemic.

Support to providers

- We are continuing with fortnightly meetings with our day service providers to ensure we pick up on issues/challenges and provide support to our providers. So far, providers are reporting very positive outcomes following the reopening and are very happy to see the day centres filling up with people.

Older People

- The same infection control and testing measures have been applied to older people day services
- However, due to the fact that most older people have now received their second vaccination and there is substantial evidence to support the effectiveness of the vaccines, it was decided that it was safe to increase the bubble size of 10 for older people.
- As with people with Learning Disabilities, commissioners and operational managers continue monitoring the situation closely to ensure the building -based day service environment continues to be as safe as possible.

London Ambulance Service

To read updates from the London Ambulance Service 2020-21, please go to

<https://www.londonambulance.nhs.uk/about-us/our-publications/>

London Fire Brigade

Safeguarding Enfield Annual Report information for 2020/21

A subject for our recent Borough Training Days has been 'Safeguarding' and our commitment to this. Our own referral process was communicated to all personnel working for LFB within the Borough. We have worked collaboratively with Enfield Council in the establishing of a Hoarding Database to record individuals with hoarding behaviours and their properties forming a 'one stop shop' for access by partner agencies.

Safeguarding focus during Pandemic

Although our Home Fire Safety Visit programme has been temporarily halted we continue to visit households raised as 'high risk' as part of a referral and also those that are passed to us as high risk by partner agencies or from attending incidents.

All options are being looked at to begin HFSVs with appropriate social distancing measures.

Despite the challenges faced crews carried out 677 Home Fire Safety Visits during the period 2020 – 21 1 and 402 of these visits have been for our most high risk individuals.

London Metropolitan Police, North Area BCU

Safeguarding Enfield Annual Report information for 2020/21

Safeguarding Adults:

- Continued focus on Modern Slavery and roll out of training to all officers through LA and 'Train the Trainer' SME scheme. Identification of High Risk subjects and appropriate safeguarding measures in place.

- Trigger plans created by Missing Persons Unit for vulnerable persons and those missing on more than one occasion to ensure Local Authority intervention and collaborative safeguarding measures.
- Continued support of the Enfield DA Hub to ensure that delivery was maintained across the borough

Violence against Women and Girls

- VAWG Strategy & Tactical Plan – was written in March to ensure a collaborative approach across the BCU.
- Offender Management - A key tactic in reducing risk was tackling offender management and targeting those high harm VAWG offenders. A bespoke system for VAWG offenders has been created and shared across the MPS through the central weekly dial ins chaired by Commander Alison Heydari. Since the introduction at the beginning of April we have seen a reduction of offenders wanted for VAWG offences.
- Partnership Approach –VAWG leads in Haringey & Enfield have been reached out too. The Policing Plan has been explained and input provided to both Local authorities at a strategic level including VAWG steering group & Strategic board. Scanning across both boroughs has been completed to identify charities and VAWG groups to reach out and encourage awareness & reporting to Police. There are almost 100 variations of different VAWG support groups with multiple service users across the BCU.
- Training - In May, a cohort of Public Protection officers are participating in ‘Train the Trainer’ knowledge exchange sessions through Enfield Council – focusing on VAWG & Stalking awareness where learning can be shared with fellow professionals from across public services and health
- National Stalking Awareness Week – 19-23 Apr 21 – Daily stalking awareness sessions were delivered to front line officers by police SME’s, schools officers attended a number of schools to promote ‘clever never goes’ – formerly ‘stranger danger’ to promote practical personal safety skills for primary school children without causing unnecessary fear or mistrust of strangers. The new message instead teaches children to recognise unsafe situations to reduce the risk of abduction, including by persons known to the child. A bespoke review of all outstanding stalking suspects & stalking protection orders were considered for each case. There was a central national newspaper/broadcast & social media campaign promoting the week and encouraging victims to come forward from the MPS stalking lead.
- Intelligence – A dedicated analyst has reviewed crime data for the previous three months of the open space hotspot data in Enfield & Haringey for offences and plotted these areas on a map – the patrolling units have been provided with this data as

well as images of known offenders for sexual offences and vulnerable CSE children to ensure that robust action is taken against perpetrator's and safety measures put in place around victims

- Safeguarding sex workers and targeting offenders – Op Boxster - A long-term, dedicated operation by SNT Taskforce with the responsibility of reducing offences involving sex workers, associated crime & ASB in and around N17 & N18 using covert and overt policing tactics. The team work with various internal and external partners along with agencies to employ an array of tactics and strategies to meet operational objectives. As well as targeting those individuals responsible for soliciting, the team also provide an intelligence capability to identify any persons who may be at risk but also known offenders.
- VAWG Day of action – 13 May 2021 – Police in uniform & plain clothes from North Area completed various activities across the BCU to highlight how we are working hard to prevent violence against women and girls, bringing offenders to justice and supporting victims, as well as engaging about the subject in a variety of ways. We targeted wanted offenders, focusing on arrest enquiries and providing extra people and resources to do so. Reassurance patrols were increased in public spaces with officers and staff taking the opportunity to engage with communities about what we're doing. This also included transport hubs such as train & underground stations and bus terminals. One male targeted by officers had carried out a random attack on a lone woman earlier in the week. He was identified by an eagle-eyed neighbourhood officer and a man-hunt launched. Following a relentless pursuit through the week he was arrested and convicted for the assault. He awaits sentencing.

Safeguarding Children:

- Operation Sharda – Contextual safeguarding – Reaching out to young people to identify the safe spaces & predatory areas which they signpost from experience & do not necessarily reflect crime trends. Mapping & additional patrolling in those areas is undertaken. Working with partners including Local Authority to gather a full analysis of the issues how to maintain the safety of young people
- Operation flute - NA Exploitation Unit (contextualise safeguarding op) identifying vulnerable locations that have a high prevalence of exploitation offences and intelligence whilst working in partnership to raise awareness of exploitation with local businesses, proactively targeting exploiters and performing outreach to potential victims.
- Parents Exploitation Leaflet – Identifies the signs of exploitation for parents and directs them to Police and support Services. This is cascaded to young people who interact with the police including CSE victims of crime.

- Re-designed CSE disruption toolkit for targeting perpetrators through MACE.

Examples of excellent practice by an officer or team that you'd like to highlight:

In February 2021 North Area CSE Team received the London award for Innovation & Partnership working in the MPS as shining example of collaboration and protection of young persons showcasing all their good work including through the pandemic. This is testament to the professionalism and tenacity of the team.

Safeguarding focus during Pandemic

- A COVID strategy in place throughout the strategy which has evolved in line with transmission of the virus
- Blended working has taken place with staff and regular communication & support provided
- Staff have adapted to using Technology and video conference facilities
- Re-alignment of staff where required to ensure continued focus on service delivery
- A return to work policy is in place to reassure staff and ease any anxieties

National Probation Service

Safeguarding Enfield Annual Report information for 2020/21

Safeguarding Adults:

There have been checks in place to ensure that all staff are up to date with mandatory safeguarding adults training. Quality development officers have completed audits on cases to ensure best practice. Officers make referrals to Safeguarding adults where appropriate. A pan-London briefing has been delivered on best practice and interventions around DA, stalking and HBV. Where applicable officers attend CPAs and incorporate care plans into risk assessments. Safeguarding adults are part of the MAPPA

panel to advise on cases discussed in this multi-agency forum. A seven-minute briefing has been produced on working with autism. As a wider inclusion and diversity programme for both staff and service users briefings and exercises around race, disability and LGBTQ needs have been disseminated. Specialist advisor available for consultation around chemsex cases where sexuality and MH add to vulnerability. Specialist pan-London briefing on working with MH and PD

Safeguarding Children:

There have been checks in place to ensure that all staff are up to date with mandatory safeguarding children's training. NPS London division has also completed a quality assurance exercise to ensure that not only is staff training up to date but that section 11s have been completed and that MARAC/MASH in each Local authority have been approached for feedback. Feedback received from Enfield indicated that whilst Probation (not specified CRC or NPS) attends CP conferences a report is not always provided. As a result of feedback staff have been provided with a report template and briefed to provide a report whether or not the attend in person. Quality development officers have completed audits on cases to ensure best practice. Specialist pan-London briefings on Safeguarding Children, Working with adults who offend against children (sexual and indecent images); youth transition to adulthood and SGO cohort. Safeguarding adults are part of the MAPPA core panel to advise on cases discussed in this multi-agency forum

Examples of excellent practice by an officer or team that you'd like to highlight:

Wendy Fleming-Hodge, Probation Officer is managing a female offender convicted of Conspiracy to Rob, which involved multiple co-defendants and presence of a firearm. She was released to Approved Premises in 2019 and absconded via a window in December 2019. The whereabouts of the service user were unknown until NPS were contacted by Police in Milton Keynes informing us that the service user had given birth to a child in March 2021. We were informed that Children's and Families were supporting the mother given that the baby suffered complications. The service user was subject to recall and despite the traumatic birth there were no grounds to rescind the recall. WFH has worked closely with Children's and Families, Police and Prison Probation to make a decision where professionals were in agreement to arrange for the mother to be returned to prison on a mother a baby unit whilst a review of the recall and risk assessment could take place. This work has been undertaken via professionals meeting and a stand-alone MAPPA Level 2 Meeting to ensure that decisions and actions can be taken expediently. Here in Enfield NPS this is our first experience of contributing to decision making which resulted in the Police actioning a warrant

and safely returning the service user and her new-born to custody. This demonstrates the importance of multi-agency work to safeguard children.

Safeguarding focus during Pandemic

Response has varied during lockdown. In first lockdown in line with government guidance offenders/service users over 70 were not required to report for face to face supervision, it was conducted via phone. Other service users have continued to report face to face but the frequency varies depending on risk – focus is on those who are high risk or where there are DA & Safeguarding concerns. Older or vulnerable adults where isolation is a factor can now be referred to a charitable organisation SWM to provide extra support that is not mandated.

NHS North Central London Clinical Commissioning Group, Enfield Directorate

Safeguarding Enfield Annual Report information for 2020/21

Safeguarding Adults

The NHS England Safeguarding Accountability and Assurance Framework (2019) sets out the statutory safeguarding responsibilities for the CCG which is central to the role for Designated Safeguarding Clinical Commissioners. The CCG has a statutory responsibility to ensure that they, and the organisations that they commission from, have systems and processes in place to safeguard children and adults at risk.

Safeguarding MASH (Adult) Nurse

The Safeguarding Adults team have continued to maintain strong partnership working with the NCL CCG, Enfield Directorate in the reporting period of 2020-2021 with the Local Authority in the following areas:

MASH (Adults) has been fortunate to have the support of a qualified Nurse subject to funding by the Clinical Commissioning Group. The role of the MASH Nurse Assessor has been invaluable within the MASH team when working in a multi-agency context, working with: Nursing Homes, Hospitals, General Practitioners and District Nurses'. A clinical perspective in scoping the points to consider when requesting an enquiry enables more focused reports which allows for better learning and therefore preventative work. This has prevented the current delays and duplications which is found when social care staff must assess and decide on the lines of enquiry around clinical issues.

Modern Day Slavery

- The Local Authority designed and executed a virtual Modern Day Slavery Conference which was funded by NCL CCG Enfield. The Conference presented and discussed Modern Day Slavery in the United Kingdom with a particular focus on

Enfield.

- Arrangements were made for General Practitioners to attend Modern Day Slavery training.
- Safeguarding Adult Lead has trained quality and commissioning staff, in Enfield Directorate on Modern Day Slavery and how to refer service users.

Pressure Ulcer Panel

Within this strong partnership of NCL CCG, Enfield Directorate has funded and provided an expert nurse in Pressure Ulcers for the Enfield Local Authority and new NCL CCG Enfield Directorate, Pressure Ulcer Panel. The Pressure Ulcer Nurse has worked with the Pressure Ulcer panel to the highest level to effect a lasting change, to begin the process of improvement in the protection of vulnerable adults open to abuse from developing pressure ulcers. The panel is an advisory panel to the Local Authority Safeguarding Adult Manager (SAM). The Local Authority are responsible for receiving and managing safeguarding concerns, causing others to undertake enquiries when necessary, ensuring the implementation of the Making Safeguarding Personal agenda. The concerns relate to the reporting pathways currently operating between Enfield health providers in the reporting of pressure ulcers for investigation to Enfield Local Authority.

Liberty Protection Safeguards (LPS)

In preparation for the implementation of LPS in April 2022, the NCL CCG Heads of Service were briefed on LPS and the impact Continuing Health Care. A proposal is being prepared for specific support for community DOLS across NCL, with a view to also providing practical support for the LPS post implementation. The CHC are scoping the current number of potential Community DOLS, as well as understanding the number of patients (in nursing homes) currently subject to DOLS who will be transferred to the CCG in April 2022. The CHC team are being supported on preparing for the new legislation.

NCL Safeguarding Adult Leads and Health Providers have received the draft LPS training framework for comment, with comments being sent back on behalf of NCL. In March 2021, a briefing paper 'NHS preparation for implementation of the Liberty Protection Safeguards (LPS)' for the Safeguarding Adults National Network which received input from a NCL Designates, will be approved for distribution by the end of May 2021.

Safeguarding Business Continuity Plan – COVID-19

The Designated Professionals have continued to monitor, and quality assure the NCL Safeguarding Health Providers Recovery and Restoration Plans for COVID-19. This has demonstrated that there is adequate assurance of the safeguarding elements of all health providers across NCL. Ongoing borough level safeguarding assurance in the delivery of providers recovery and restoration plans is obtained through Designated attendance at providers safeguarding committees and at local partnership meetings. Where gaps are identified, further assurance has been sought and is monitored at a local level by the relevant borough Safeguarding Adult Lead. There are no plans that required escalation.

Working with Commissioned Services within in NCL CCG, Enfield Directorate

Safeguarding Adult Lead has worked with commissioned services to ensure that safeguarding processes are in place.

Safeguarding Lead & Quality Nurse Assessor

Safeguarding Lead and Quality Nurse Assessor forms part of the wider implementation of an integrated health and Social care strategy for care homes in Enfield. This contributes to enhancing the care delivered to Enfield's care home population. The post

works in partnership with London Borough of Enfield to ensure robust systems and processes are in place. Care home engagement has increased considerably following the implementation of this role and some of the key achievements:

- Better Medicine Management
- Clinical Care Planning
- Pressure Area Care
- Making Safeguarding Personal
- Action Planning with Care Homes regarding CQC Action Plans.

Safeguarding Children:

The Safeguarding Children Partnership in Enfield moved to virtual meetings in 2020/21. The Executive team met more frequently as the other sub group meetings were stepped down in the first two quarters. The CCG Designated Nurse represented the CCG along with the then Managing Director for Enfield. The executive responsibility now sits with the NCL CCG Director of Quality and Chief Nurse who attended for latter part of 2020/21.

One area of focus for the Partnership is data analysis and audit to assess multiagency work, in particular case conferences. It was noted the business support unit for the Partnership did not have sufficient children's experience to lead on this area of work. Enfield Directorate agreed to increase the financial contribution in line with other NCL Directorates which has aided the development of this work.

The Designated Nurse and the Named GP undertook a piece of work on case conference requests and reports. This included tracking the request for information through to report submission. The Designated Nurse and Named GP had a series of practice visits after the initial restrictions were eased. The practice visits have been put on hold due to the pandemic. Some of the issues identified in the visits included NHS mail inadvertently marking the requests as Junk and the short timeframe for turnaround from requests to submission. In addition, there is inconsistency across the 5 boroughs on how GPs are supported with other CCG Directorates paying the GPs for their time to complete the reports. Results of the audit will be shared with the Exec team in June 2021.

The Designated Nurse for Safeguarding attends the Practice Improvement group which continued to meet on a regular basis in 2020/21. The Practice Improvement group is a joint safeguarding children and adult sub group which looks at areas to improve practice, learning from case reviews, including Local Learning reviews and Safeguarding Adult reviews. Enfield Directorate commissioned a piece of work by an independent reviewer to look at recommendations from the various reviews, identify themes and develop a framework to support learning.

The CCG Designated Nurse represented the CCG at the national Serious Youth Violence summit in March 2021. Each of the three Ministerial departments were represented with the junior Ministers opening the event. There is a commitment to joint working to reduce the incidence of Serious Youth Violence. Enfield remains an area of concern and is the highest borough for incidents of Serious Youth Violence in London. The Designated Nurse attends the Oasis Youth Hadley steering group which supports a youth worker in A&E at the North Middlesex University Hospital. Support was offered virtually over the lockdown period with a notable decrease in the number of attendances to A&E.

There continues to be gaps in the Designated Doctor functions for Enfield. The interim post-holder is working at full capacity to ensure children who require Child Protection Medical Examinations and Adoption/Fostering medical examinations are seen. Therefore, the Designated Doctor for Looked After Children, Safeguarding Children and Child Death are not being covered. The Designated Nurse for Safeguarding Children and the Designated Nurse for Looked After Children are working closely with the Safeguarding Children Partnership leads and the interim medical lead, however there continues to be an unmitigated risk. The

interim medical has escalated the gaps to the Clinical Medical Lead for Enfield Community services at Barnet, Enfield and Haringey Mental Health Trust. The Trust is actively trying to recruit to the posts.

The Safeguarding Lead GP forum met on 3 occasions in 2020/21 via teams. There was an increase in GP practices represented at the forum with a plan to continue to offer a virtual platform for attendance. The focus of the sessions was on hidden harm, in particular Domestic Violence and Abuse. The Named GP for adults delivered a training session on Coercive Control and recognising the signs. The Designated Nurse for safeguarding discussed the learning from a Local Learning review on a case involving home schooling, with a focus on making every contact count. There was also a presentation from Rise Mutual on their work with perpetrators.

Examples of excellent practice by an officer or team that you'd like to highlight:

The Designated Nurse for Looked After Children provided exceptional support to her team and ensured children in care continued to have their health needs met. In spite of the lack of designated medical support, the Designated Nurse has worked with the Local Authority and other professionals to minimise the gaps in provision.

The Named GP for children provided front line support to NMUH A&E and Chase Farm Urgent Care during the pandemic. He worked tirelessly to treat patients at both departments. His attitude and approach to work supported numerous front line staff during this exceptionally difficult time.

Safeguarding focus during Pandemic

Safeguarding Adults

- Business Continuity Plan
- 3-year Safeguarding Strategy
- Continuation of work in Continuing Health Care
- Education of NCL CCG Enfield Staff on Hidden Harm due to the COVID-19 Pandemic

- Safeguarding Lead and Quality Nurse Assessor continued to support Care Homes face to face during the pandemic

Safeguarding Children

On the first of April, 2020 Enfield Clinical Commissioning Group (CCG) became part of the North Central London CCG. Each Directorate safeguarding lead worked collaboratively to develop a NCL wide safeguarding strategy, work plan and risk register. The CCG Designated Nurse continued to support the NCL Child Death Overview Process one day a week.

The CCG co-ordinated a webinar training session for primary care and provider leads on Domestic Violence and Abuse across NCL. There was also continued focus on the Identification and Referral to Improve safety project. During the pandemic, there was a notable decrease in the number of referrals to the service with the advocates providing virtual and telephone support. The advocates attended various forums to continue to highlight their offer of support and to offer tips on assessing risk using virtual assessments.

The NCL Designated Professionals have continued to monitor, and quality assure the NCL Safeguarding Health Providers Recovery and Restoration Plans for COVID-19. This has demonstrated that there is adequate assurance of the safeguarding elements of all health providers across NCL. Ongoing borough level safeguarding assurance in the delivery of provider's recovery and restoration plans is obtained through Designated attendance at providers safeguarding committees and at local partnership meetings. Where gaps are identified, further assurance has been sought and is monitored at a local level by the relevant borough Safeguarding Leads. There are no plans that required escalation.

The provider safeguarding teams continued to provide a high level of safeguarding support during the pandemic. In spite of exceptional circumstances, teams at BEH, NMUH and the Royal Free NHS Trusts worked incredibly hard to ensure vulnerable children were identified and referred. There has been a notable increase in the number of children requiring additional support with their mental health needs and all 3 Trusts have responded swiftly to get the support in place.

North Middlesex University Hospital NHS Trust

Safeguarding Enfield Annual Report information for 2020/21

Safeguarding Adults:

The Safeguarding Adults team (SGAT) have continued to maintain strong partnership working with the local safeguarding teams during the pandemic and periods of local down. The safeguarding team have maintained safe and consistent service ensuring all adults at risk have had their needs responded to.

During the pandemic the SGAT has seen a rise in the number of concerns relating to Domestic Abuse and Self Neglect.

The Pathfinder Project onsite Domestic Abuse services withdrew from the site in March and continued to provide telephone support and engagement with our survivors on Domestic Abuse. The contract for the service ended in November 2020 and the Trust has now successfully recruited into its own IDVA service to support its patients.

The Integrated Safeguarding team supported the 16 days of action in November 2020 with a series of social media posts and blogs on our internal intranet. This also marked the start of the White Ribbon application process.

During 2020/21 the SGAT have worked with the governance team to develop a central electronic recording system for all safeguarding concerns raised both by the Trust and against the Trust. The team have also developed a central recording system for all DOLS applications. Both systems can be accessed by all divisions and provide opportunities for audit of processes and data collection.

Safeguarding Children:

Safeguarding children team have maintained good communication links with partner agencies to ensure sharing of information during lockdown and closures of Paediatric services at NMUH

Youth on youth violence - Oasis Youth Service. During lockdown virtual working with young people or meeting in open areas – some positive engagement with working virtually seen. Funding obtained to have youth worker support young people in police custody - ‘golden moment to get engagement’.

There has been strong multidisciplinary working in the care, planning and management of pregnant women with complex needs, requiring close working with the Learning Disability, Perinatal/Psychiatric liaison teams and social care in managing on-going care.

Pilot Project– PMHS (Perinatal Mental Health Service). There is a pilot project for trauma based interventions for 12 months in Enfield/Haringey/NMUH which will include women that experience parent/infant separation due to safeguarding procedures.

NMUH Trusts Named Midwife is working with partner agencies to update the maternity protocol/referral criteria and there is continued work with Enfield local authority to review the pre-birth protocol for safeguarding procedures.

Examples of excellent practice by an officer or team that you’d like to highlight:

Frontline staff including the A+E/ITU staff continued to maintain their safeguarding responsibilities throughout the pandemic in difficult situations.

Safeguarding focus during Pandemic

Children and Adults:

- Executive team supported for Safeguarding team to remain on site throughout and staff were not redeployed to other areas
- NCL reconfiguration of paediatric services / COVID – NMUH ED remained open throughout. Inpatient services were transferred to GOSH during both lock down periods. Strong network links made with GOSH safeguarding team to manage CP cases and transfer back
- During first lockdown the total numbers of referrals made remained similar despite ED attendance numbers lower.
- There has been a continued increase in the number of children and adults attending the ED department with mental ill health concerns throughout, which could be COVID related – increase in need for Tier 4 bed
- Youth on youth violence referrals noted to reduce when schools closed
- Solace continued to provide telephone support to all our survivors of domestic abuse
- Throughout the lockdown we have maintained community nursing and midwifery for babies and children.
- Training figures maintained
- Safeguarding services have continued to be provided at a consistent level

Safeguarding referrals have continued to be completed maintaining pre-lockdown figures

xOne-to-One (Enfield)

Awaiting feedback

Royal Free London NHS Foundation Trust

Safeguarding Enfield Annual Report information for 2019/20

Safeguarding Adults:

Partnership working between agencies working to safeguard adults at risks of abuse and neglect has developed an “unprecedented” focus on virtual working and communications during the coronavirus outbreak.

RFL NHS Foundation Trust’s new integrated discharge team (IDT) is focused on helping patients to return home, and ensuring that they get the care they need when being discharged.

In order to do this, the Trust is working closely with partner organisations including community health care providers, local CCG and Local authority. This allows a safe and streamlines discharge processes, supporting each other in the quick and appropriate discharge of patients.

Since March 2020 the Independent Domestic & Sexual Violence Advisors were working remotely but remained allocated to specific hospital sites and were adequately supported with appropriate IT equipment and access to information to support staff and patients. We were able to work together to deliver targeted domestic abuse training for our mental health first aiders who support our staff.

The MCA and the related Deprivation of Liberty Safeguards (DoLS) has not been altered by the emergency Coronavirus Act which went through Parliament in the week beginning 23 March 2020. While the law remains the same, there are implications for the use of the MCA during the coronavirus outbreak. All Best Interest Assessments (In relation to DoLS) were completed remotely.

The challenges of completing these assessments are magnified when done remotely. RFL NHS Trust made IT equipment available for all wards to support external colleague to carry out these assessments by telephone or video link. The safeguarding team was

always available to support them as accessing good support – from colleagues and managers, – is crucial to deprive someone from his/her liberty within the legal parameter.

Virtual safeguarding adults Board was very effective to bring multi agencies together and focusing on challenges of safeguarding adults due to COVID 19.

Safeguarding Children:

Child protection case conferences, strategy meetings and core groups are now all conducted virtually and this has made it easier for staff to attend. Enfield children social workers and the wider children network access the virtual multi-disciplinary meeting for pregnant women who are vulnerable.

We continued to implement the better births programme to provide women with continuity of carer throughout their pregnancy and through this project were able to appoint two midwives to support the safeguarding needs of the most vulnerable women and their babies. Feedback from mothers who have continuity of midwife is very positive.

Following learning from local case reviews that we rolled out ICON, a coping with crying programme to support new parents and to reduce the prevalence of abusive head trauma in babies and small children. Initially we embedded it on the neonatal unit at Barnet hospital. Following direction from NHSE who were concerned about increased parental stress during lockdown we provided all new parents with information about ICON. Midwives would then talk to both parents about how to manage crying during a face to face visit at home on day five after delivery. We have now introduced ICON as part of the antenatal education.

We continually review our safeguarding training throughout the year but as a result of the covid pandemic have developed more training that we can deliver virtually or blend with eLearning.

We linked with the police to participate in the safe spaces scheme which encourages young people who attend Chase Farm Urgent Care Centre to identify areas on a map of the local area where they feel safe and where they feel unsafe.

Examples of excellent practice by an officer or team that you'd like to highlight:

Front line nursing team challenged a prison guard on his abusive behaviour (physical and emotional) to a patient from the local prison. The patient was in handcuffs and prison guard's duty was to stay with him at all times. Prisoners are usually escorted outside of the secure environment of the prison when necessary, under the proper authority and, during escort, are kept in secure custody at all times. The prison guard had a level of authority and statutory responsibility however, the staff members correctly identified that the prison guards actions were breaching our patient's human rights. The patient being in handcuffs and being under the custody of a prison guard did not cloud their assessment. They challenged the prison guard to protect the patient; immediately raised this to the senior managers, raised a complaint to the prison and reported to the local authority and police as an assault.

Safeguarding focus during Pandemic

RFLNHSFT continuity plan in place and shared with the safeguarding partners to provide assurance that core responsibilities were being met.

Maintained a safe staffing level within the safeguarding team even when staff volunteering in other areas.

Ensured that midwives in the vulnerable women teams were not deployed to other areas.

Supported safeguarding team to work remotely ensuring staff and partner agencies continue to have access to RFL NHS Foundation Trust's Safeguarding Team.

Children and adult safeguarding training continued either virtual or face to face and training figures maintained.

Enabling virtual access to the ward so other professionals, family members and relevant people have access to ward staff and patients when necessary.

Adjustments in place to allow visitor to accompany or visit a person with a learning disability.

Attendance at virtual child protection case conferences, strategy meetings and core groups.

Provided safeguarding supervision to case holders, such as community midwives through virtual platforms which has been highly evaluated

Worked closely with other secondary and tertiary Health Trust to ensure inpatient services were maintained for children within NCL.

Waverley School

Safeguarding Enfield Annual Report information for 2020/21

School provided a food bank and called families regularly. Online learning was provided and school was open for children who were vulnerable.

Safeguarding Children:

(Please include any highlights and examples of positive multi-agency practice and evidence of relevant engagement with children and young people, their families, communities and staff): children's joint service for disabled children and Waverley work closely to keep children safe. Health professionals including therapy and nursing team work well together to meet the needs of the children. Staff from chevots were able to assist with a range of support eg food for respite.

Examples of excellent practice by an officer or team that you'd like to highlight:

School nurse Trish Noone worked really well with school leaders to find information about which pupils should be shielding.

During the Covid-19 Pandemic:

During national lockdowns school staff worked with families to ensure they have everything they needed to keep the children safe. Ever changing guidance from the dfe was difficult to keep on top of however the support that Dudu Sher-Arami from public health Enfield has been amazing. She has been willing to join meetings with short notice. She was extremely patient and reassuring and able to advise school leaders on how best to keep the children and young people safe.

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MUNICIPAL YEAR 2021/22 - REPORT NO.	
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MEETING TITLE AND DATE Health & Adult Social Care Scrutiny Panel 28 th July 2021	Agenda - Part:	Item:
	Subject: Enfield Integrated Care Partnership Report Update	
	Wards: All	
Deborah McBeal, Director of Integration, Enfield Borough Directorate, NCL CCG Stephen Wells, Head of Enfield Integrated Care Partnership Programme, Enfield Borough Directorate, NCL CCG	Cabinet Member consulted:	
Contact officer -	Deborah McBeal	Stephen Wells
Telephone number:	020 3688 2191	0203 688 2874
Email:	d.mcbeal@nhs.net	stephen.wells6@nhs.net

1. EXECUTIVE SUMMARY

The presentation provides a progress update to the Health & Adult Social Care Scrutiny Panel on the work undertaken by the Enfield Integrated Care Partnership (ICP) in 2020/21 including an update on:

1.1 Enfield ICP Initiatives Working Groups:

- Mental Health
- Inequalities
- Screening & Immunisation
- NCL Inequalities Investment Fund 2021/22

1.2 Planning for transition to the NCL Integrated Care System (ICS) and the NCL ICS Development Plan

2. RECOMMENDATIONS

The Health & Adult Social Care Scrutiny Panel is asked to:

- Note progress made by Enfield Integrated Care Partnership in 2020/21 including the Initiative Working Groups (Mental Health, Inequalities and Screening & Immunisation)
- Note the planning for transition to the NCL Integrated Care System

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Enfield Integrated Care Partnership Progress Update

Health & Adult Social Care Scrutiny Panel

Deborah McBeal, Director of Integration, Enfield Borough Directorate, NCL CCG
and
Stephen Wells, Head of Enfield Integrated Care Partnership Programme
Enfield Borough Directorate, NCL CCG

28th July 2021

“Working together, we will change the way we work in order to reduce inequality and to support all people in Enfield to live happy, healthy and rewarding lives”

Equal and inclusive, Quality, Accessible, Listening and Responsive, Integrated, Timely

Why are we doing this?

To address the Health and Care Challenges in Enfield:

Growing population and deprivation

- 330,000 – 4th largest London Borough
- 30% increase in population 2001-2025
- Moved from 12th to 9th most deprived London borough
- Language barriers – 100+ languages

Increasing need impacting wider determinants of health

- 1 in 5 workers low paid
- Debt, fuel and food poverty
- 250% increase in homelessness associated with private rental market evictions
- Youth violence +27%

East/West Inequality

- Life expectancy and living in poor health
- Households in poverty & child poverty
- Adult and child obesity
- School readiness and achievement

Differential service use East/West of borough

- NEL 12% and Elective 20% higher national average Edmonton Green
- 600+ attendances NMUH A&E with significant unregistered population

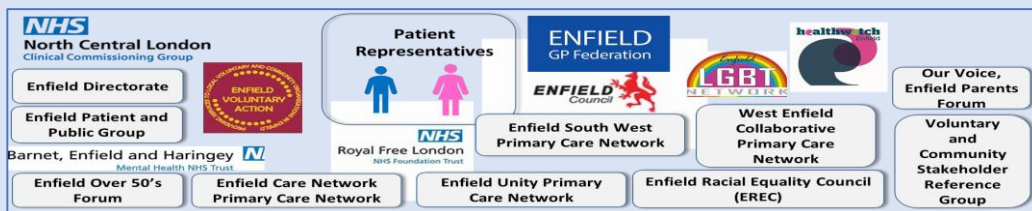
Differential investment

- Historic lack of investment in community and primary care services
- Significantly lower spend on community services per head of population than other NCL boroughs
- Fewer GPs and practice nurses than national average
- Austerity - Enfield Council cuts £178m since 2010 - £13m more in 20/21. Average reduction of £800 per household for core funded services

To address the local and national priorities:

- Delivering **NHSE's 8 tests** for the journey to a new health and care system
- Delivering the **London Vision and Touchstone**
- Supporting delivery of the **12 Expectations** for ICS Programmes
- Local priorities – Enfield HWBB, Enfield Poverty and Inequalities Commission, NCL ICS

To respond to the wide range of stakeholders involved in this process



What will we do to achieve this vision?

We've developed a clear set of priorities for the Enfield ICP based on extensive engagement

Identifying and addressing health and wellbeing inequalities in BAME communities

- Improving self-care and management of LTCs
- Improve the knowledge and understanding of local services for BAME
- Driving up representation of those impacted by inequalities in PPRGs
- More engagement with BAME and deprived communities
- Measuring the performance and impact of services for all residents and BAME
- Ensure ICP members are positive corporate citizens in employment practices

Achieving uptake of screening and immunisations to keep residents healthy and catch physical and mental conditions earlier, including for cancer, giving people the best possible intervention/treatment:

- Exceeding childhood vaccinations targets for all communities
- Exceeding flu vaccination targets in winter 20/21
- Driving uptake of and concordance with cancer screening programmes
- Developing new and targeted comms/engagement campaigns

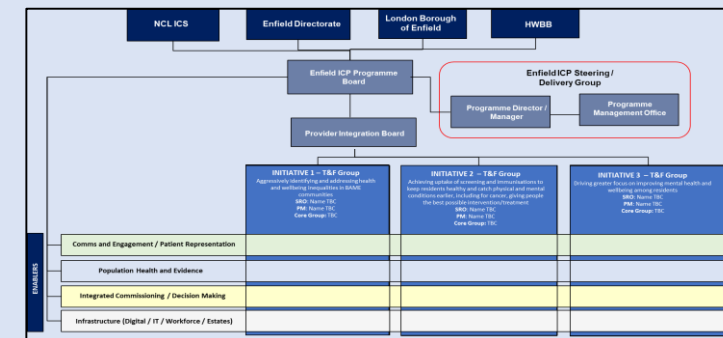
Driving greater focus on improving mental health and wellbeing among residents

- Proactively responding to the direct and indirect impact of Covid-19 by providing improved care offers
- Improve capacity and capability through local public services by developing networks of support, training and advice to improve the management of lower acuity mental health conditions (e.g. in schools and at work)
- Proactively ensure improved understanding of early support and access points for all communities that may need emotional resilience support as a result of covid related anxiety as well as those overrepresented with more severe and complex conditions

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How will we deliver these priorities?

Through a clear delivery plan and a robust and inclusive governance structure



- A Provider Integration Partnership Group will bring together providers from across the Health and Care system
- Separate Task and Finish groups will be established for each initiative, responsible for developing and implementing the plan to realise the required outcomes
- The Task and Finish groups will endure for the duration of delivery of the initiative, and will be replaced at the end of the initiative by a new set of T&F Groups
- Key enablers will support each T&F Group, to ensure a common approach to critical aspects of delivery across the system (e.g. Communications and Engagement, Population Health and Evidence etc.)

Enfield Integrated Care Partnership

ICP Initiatives – Highlight Reports Year end 2020/21:

- i. **Inequalities**
- ii. **Mental Health Steering Group**
- iii. **Screening & Immunisation:**
 - *Seasonal Vaccination Programme*
 - *COVID Vaccination Programme*



ICP Agreed Priorities (PRE-Covid)	Impact of COVID
Reduce childhood obesity	27% of year 6 children are identified as obese (National Childhood Measurement Programme 2019/20, there is no data available regarding impact of pandemic). Whilst we do not yet have National Childhood Measurement Programme data covering the period, we anticipate that childhood obesity will have increased due to lower levels of physical activity among children.
Reduce childhood obesity among groups where there is evidence of high prevalence in comparison to average for Enfield including; children from Black, Turkish backgrounds and geographic communities experiencing deprivation.	As above
Reduce inequalities by working as an Integrated System to improve wider determinants – improve employment opportunities, educational outcomes, reduce homelessness and improve the built environment in areas of high deprivation.	Currently there has been an increase in numbers of individuals and families who are seeking benefits, using food banks, on furlough and experiencing financial crisis in Enfield. It is possible that there will be a long term worsening/ widening of inequality in Enfield as a result of the pandemic. We will use local intelligence to monitor the impact on the priorities identified.
Commission a programme of Community Participatory Research (CPR), Health Champions and Community Chest to support the above priorities. This will include academic evaluation of the programme.	Some of the meetings of the task and finish group were postponed due to COVID pandemic prioritisation – none the less the key working group continued to enable the procurement to progress resulting in securing a local organisation to deliver HC & Community Chest.

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Risk/Issues	RAG*	Mitigating Actions
1. Following a procurement process, we were unable to commission CPR from a local organisation	Amber	We will seek procurement from an appropriate organisation outside of our local system
2. We are yet to secure an academic partner for evaluation of the programme	Amber	We will be approaching appropriate academic organisations over the next few weeks.

Issues for Escalation to PIP AND/OR ICP BOARD

1	NA
2	NA



Addressing Inequalities 2021/22

NCL Inequalities £2.5m Investment Fund

The 5 Priority Areas related to Inequalities:

Priority 1: Restore NHS services inclusively – use data to plan the inclusive restoration of services guided by local evidence (focused on analysing access, experience and outcomes data)

Priority 2: Mitigate against digital exclusion – provide face-to-face care; identify who is accessing telephone, face-to-face, video consultations breaking this down by relevant protected characteristic and health inclusion group; assess impact of digital consultations channels on patient access.

Priority 3: Ensure datasets are complete and timely - improve the collection and recording of ethnicity data across primary care, outpatients, A&E, mental health, community services, and specialised commissioning.

Priority 4: Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes - take a culturally competent approach to increasing vaccination uptake in groups that had a lower uptake than the overall average as of March 2021; preventative programmes and proactive health management for groups at greatest risk of poor health outcomes should be accelerated (related to management of LTCs, conducting annual health checks for people with LDs and SMI, improving maternity care for Black and Asian women and those from deprived neighbourhoods)

Priority 5: Strengthen leadership and accountability

NCL CCG Inequalities Fund: Rationale and Principles

NCL CCG have created an Inequalities Fund to address the growing disparity between our most deprived and least deprived communities. In line with 2021/22 Planning Guidance, this will focus on the most deprived 20%, with an aim to improve their access, experience and outcomes.

The objectives of this fund are as follows:

- We are seeking innovative and collaborative approaches to delivering high impact, measurable changes in inequalities across NCL
- We want these solutions to break down barriers between organisations and develop both new and extend existing relationships
- We want to target the most deprived communities and to reach out proactively to our resident black and minority ethnic populations
- We want this to help form Borough, Multi-Borough and NCL wide partnerships to deliver high impact solutions
- We are keen to engage our population, the VCS and our partners across health and care in making a difference to the lives of our people

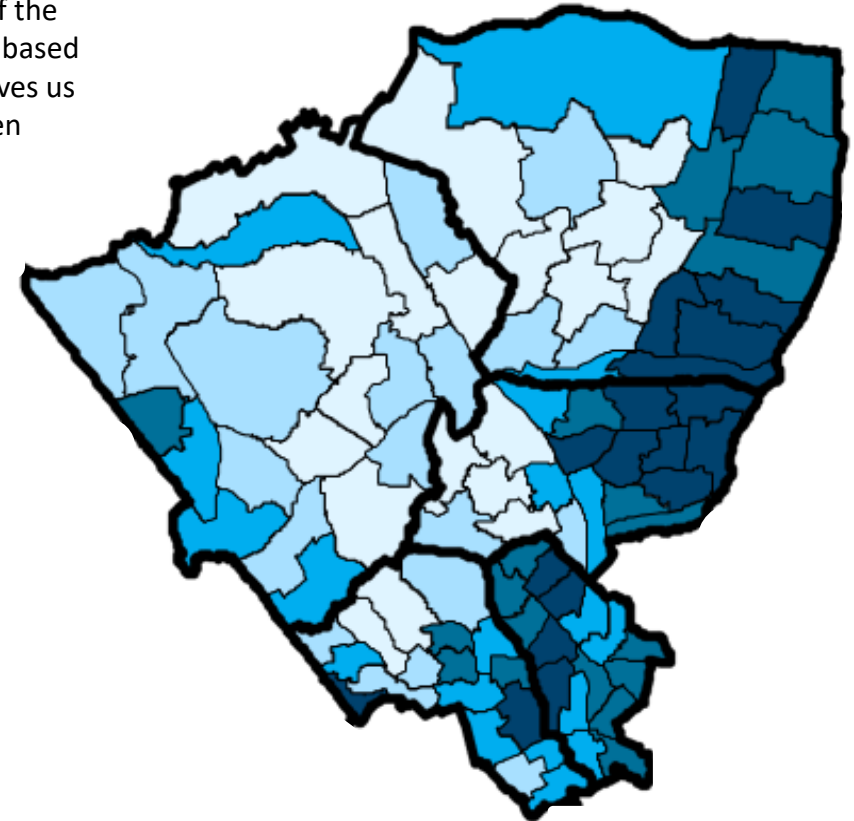
Each ICP will be able to bid for a proportion of the initial £2.5m, with funds relative to needs in each borough. All health and care partners will need to approve the submitted plans, which will be assessed by an NCL wide panel.

Top 20% Most Deprived Wards in NCL

Based on Index of Multiple Deprivation Score 2015, the 20% most deprived Wards in NCL are spread across 19 of the total of 95 Wards. The table below also uses the Deprivation Score to give a weighted investment for each Ward based on an allocation of £2m of the £2.5m Inequalities Fund to address the Planning Guidance Priorities. Using this gives us an indicative value for each Borough of Enfield (£676,781), Haringey (£766,967), Islington (£369,039) and Camden (£187,213). As stated previously none of the 20% most deprived Wards are located in Barnet.

Ward	Borough	Total IMD Score	Total Population	Total ward allocation £*	£ per population
Northumberland Park	Haringey	52.6	16,416	141,161	8.60
Edmonton Green	Enfield	47.0	19,433	149,262	7.68
White Hart Lane	Haringey	45.9	13,485	101,211	7.51
Tottenham Green	Haringey	43.6	16,595	118,119	7.12
Finsbury Park	Islington	42.4	17,258	119,421	6.92
Tottenham Hale	Haringey	41.5	19,202	130,034	6.77
Bruce Grove	Haringey	40.2	15,090	98,998	6.56
Upper Edmonton	Enfield	39.2	19,806	126,874	6.41
St Pancras and Somers Town	Camden	38.6	16,967	107,121	6.31
Noel Park	Haringey	38.3	15,161	94,818	6.25
Turkey Street	Enfield	38.2	15,684	97,984	6.25
Lower Edmonton	Enfield	37.1	17,948	108,896	6.07
Ponders End	Enfield	36.5	15,788	94,058	5.96
West Green	Haringey	36.3	13,918	82,626	5.94
Kilburn	Camden	36.0	13,600	80,092	5.89
Holloway	Islington	35.5	14,983	87,010	5.81
Caledonian	Islington	35.5	13,896	80,521	5.79
Tollington	Islington	35.3	14,220	82,087	5.77
Haselbury	Enfield	34.8	17,539	99,707	5.68

* Calculation: The population was multiplied by IMD score, to give an indicative score on which to base the £2m allocation.



The colours on the map show different quintiles across NCL. Darker colours indicate the wards with higher levels of deprivation, based on the IMD deprivation score.

Indicator values range from 9.5 to 52.6.

Original Data Source: Ministry of Housing, Communities and Local Government, Index of Multiple Deprivation 2015⁸

Enfield ICP Inequalities proposals funded in 2021/22

NCL CCG received 32 proposals from the five boroughs and these were reviewed by a panel led by lay/patient representatives with public health and NCL CCG executive team input. The decisions were ratified by the NCL Population Health & Inequalities Committee. The successful schemes in Enfield are outline below:

Inequalities Proposal	Funding in 2021/22 (part year effect) £
Black Health Improvement Programme (BHIP) for Enfield Primary Care, NHS North Central London CCG and development of Enfield Caribbean and African Community Health Network	£ 37,000
Enhanced Health Management of People with Long-Term Conditions in Deprived Communities in Enfield	£159,000
Enfield Connections at North Middlesex University Hospital	£ 72,000
Supporting People with Severe & Multiple Disadvantage who are High Impact Users in Healthcare Services	£ 41,000
Parentcraft Programme	£ 87,970
DOVE project (Divert and Oppose Violence in Enfield) Public Health approach to reducing Serious Youth Violence	£ 55,186
VCS & Primary Care based smoking cessation	£200,000
Joint proposal with Haringey Supporting earlier cancer presentation through community development	£ 36,384



The Enfield ICP Mental Health Steering Group: April 2021

ICP MH Steering Group Agreed Priorities (PRE-Covid)		Impact of COVID	
We agreed to prioritising the development and delivery of the Long Term plan targets for Mental Health in relation to the Community Framework for MH, this includes but is not limited to developing PCN MH integrated care and holistic support for SMI communities by piloting agreed approaches. We will improve access to physical health care, increase access to SMI health checks, increase access to Individual Placement Support and seek to achieve EIP Level 3 in 21/22		Some meetings of the Steering Group were cancelled due to prioritisation of Covid activity and transformation funding and milestones are yet to be confirmed by NHSE. We have agreed the TOR for the group and what Long Term Plan targets will be prioritised for 21/22 and these are: <ul style="list-style-type: none"> - Improve SMI health checks by working with primary care to improve targeted uptake of hard to reach group and improve record keeping across all 6 domains - We agreed the PCNs Pioneer sites and selected East borough neighbourhoods across two PCNs (17 GP Practices in the East of the borough). - Increase access to Individual Placement Support (IPS) by joining the Councils contract with the Working Well Trust under Section 75 arrangements - Review EIP services in terms of gap analysis to achieve Level 3 	
Establish Community Transformation Work streams and Activities		We have established a local Community transformation work stream; the steering group meets monthly and there are sub-groups at NCL level for co-production, contracting & procurement and Needs Assessment. Membership attendance has been sporadic due to the Covid 19 pandemic.	
Develop a shared approach for local priorities and modelling		Further development of the operational model, principles, population segmentation and interfaces in readiness for staffing workshops and engagement events that are in planning stage	
Risk/Issues		RAG*	Mitigating Actions
1. non-engagement from clinicians and workforce due to Covid and vaccination prioritisation means that we may not stay on track with key deliverables			Increased support through BEH PMO, streamlining communications – need to Review and flex as required
2. NHSE milestones yet to be confirmed – this is partly due to covid			Beyond our control but we will continue to develop projects in the interim
Issues for Escalation to PIP AND/OR ICP BOARD			
1	None at present		



Seasonal Vaccination Programme: April 2021

ICP Agreed Priorities (PRE-Covid)	Impact of COVID
Achieve National Flu Target: Over 65s – 75% Under 65s at risk – 55% Pregnant Women – 55% 2/3 year olds – 50% Actual Performance 2020/21 : Over 65s – 73.0%, Under 65s at risk - 45.1%, Pregnant Women – 26.8%, 2/3 years olds – 48.7%	Increased target to 75% across all cohorts Additional 50-64 cohort Services delivered in covid compliant facilities/ increased time to deliver vaccine.

Risk/Issues	RAG*	Mitigating Actions
1. Pregnant women flu uptake in Maternity units below target	R	NCL below target. Engaging with Maternity Departments on recovery plans Engaging with Primary Care Providers to deliver mop up clinics
2. Availability of flu vaccine supplies	A	Ongoing engagement with NHSE/I re: underwriting GP Practice additional flu orders
3. NHSE/I change eligibility cohort mid season	R	Communication and Engagement strategy to be developed as and when required.

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*RAG status based on Likelihood & Impact

Issues for Escalation to PIP AND/OR ICP BOARD	
1	Engage Acute Maternity providers to improve flu uptake amongst pregnant women.
2	Patient vaccinations outside of practice registered lists.



COVID Vaccine Inequalities: April 2021

ICP Agreed Priorities (PRE-Covid)	Impact of COVID
(National target) At least 75% coverage for all JCVI cohorts – including health, social care and care home staff	NA
(Aligned to NHSE Local Borough Plan submitted and agreed March 2021) Aspiration of 95% vaccine coverage for all JCVI cohorts	NA
Limit inequality in vaccine uptake between areas of high and low deprivation, different ethnic groups and other groups experiencing deprivation (e.g. GRT, homeless)	NA

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Risk/Issues	RAG*	Mitigating Actions
1. Below 75% vaccine coverage (or <95%) in some geographic communities, ethnic groups and other communities experiencing inequality (e.g. homeless, GRT)	amber	ICP Vaccine Workstream activity informed by intelligence provided by Public Health Team ICP Inequalities Workstream working to borough Live communication and engagement plan (including range of communication activities such as multiple community webinars, social media, and direct community with community leaders (aligned to NHSE Local Borough Plan)) Provision of weekly programme of pop ups targeting lower uptake communities
2. Below 75% uptake among care home workforce	amber	Production of improvement plan LBE.

Issues for Escalation to PIP AND/OR ICP BOARD

1	Care home staff uptake
2	



NORTH LONDON PARTNERS
in health and care

This ICS System Development Plan is a work-in-progress draft and we will continue to update it every quarter through engagement with stakeholders from across the system to reflect our progress. Please email comments and feedback to: northcentrallondonics@nhs.net

NCL ICS System Development Plan

Refreshed Plan

DRAFT for Submission to NHSE/I
v1.0
30th June 2021

Health and Care Bill

1. Government has published a bill setting out it intends to reform the delivery of health services and promote integration between health and care in England
2. The bill is structured in six parts, focuses largely on the detail of a new health and care system based on integration will be structured in England

Integration Care Systems (ICSs) will merge the functions of CCGs alongside some of the existing NHS England functions and with new strategic functions. The primary functions of a future ICS (as described in legislation) will be to arrange for the provision of services for our population for the purposes of the health service in England, supported by additional functions such as:

- Leading strategic planning and commissioning
- Allocating financial resources
- Coordinating and overseeing service delivery
- Facilitating service transformation and pathway redesign
- Leading emergency planning and response
- Stakeholder and public engagement – making sure patient and resident voices are heard

In terms of changes to the formal governance:

- (a) an ICS Health and Care Partnership which will bring together parts of the system, including local authorities, primary care, independent sector and voluntary sector.
- (b) an ICS NHS Body which will be responsible for the day-to-day running of the ICS.

High Level Changes proposed (1)

1. Integrated Care Systems (ICSs) will become statutory organisations and will be responsible for strategic commissioning and planning

- ICSs will merge the functions of CCGs alongside some of the existing NHS England functions and with new strategic functions. The primary functions of a future ICS (as described in legislation) will be to arrange for the provision of services for our population for the purposes of the health service in England, supported by additional functions such as:
 - Leading strategic planning and commissioning
 - Allocating financial resources
 - Coordinating and overseeing service delivery
 - Facilitating service transformation and pathway redesign
 - Leading emergency planning and response
 - Stakeholder and public engagement – making sure patient and resident voices are heard

In terms of changes to the formal governance:

- (a) an ICS Health and Care Partnership which will bring together parts of the system, including local authorities, primary care, independent sector and voluntary sector.
- (b) an ICS NHS Body which will be responsible for the day-to-day running of the ICS.

High Level Changes proposed (2)

- 2. An ICS will be set a financial allocation by NHS England.** The ICS NHS Body will develop a plan to meet the health needs of its population and develop a capital plan for the NHS providers in its geography.
- 3. Services will continue to be delivered at Place level.** Places will generally be aligned geographically with local authority boundaries and there must be joint decision-making with local authorities. However, places are not legal entities. This is where providers of primary care, community and mental health, social care, care will work together.
- 4. There will be a duty to collaborate.** NHS providers will be told to work together in provider collaborative and organisations across the health and care sector will have a duty to collaborate.
- 5. Population health is at the heart of these proposals.** Changes to the National Tariff will enable it to work more flexibly with longer term population health contracts, rather than focussing on activity-led inputs.
- 6. The government will have the power to impose capital spending limits on Foundation Trusts, as it currently does on NHS Trusts.** The government will have the power to set legally-binding Capital Departmental Expenditure Limits (CDEL) for individual, named Foundation Trusts which are not working to prioritise capital expenditure within their ICS.
- 7. NHS England will formally merge with NHS Improvement and be designated NHS England.** The merged entity will be accountable to the Secretary of State, while maintaining operational independence.

London's 16 Conditions of Success for an ICS

London Priorities	NCL Position	Next Steps	Sections
Strategic Direction & Measure of Success: There is a clear post-Covid narrative for health and care which partners and stakeholders support	In Place and Ongoing We have made significant progress towards embedding a post-Covid narrative in our system through our recovery programme across acute, mental health, community and primary care.	<ul style="list-style-type: none"> Work with our partners to embed both the findings from our resident engagement as well as an evidence-based understanding of our population's post-Covid health needs 	<i>Our Local Population and Population Health Approaches</i>
Strategic Direction & Measure of Success: There are appropriate measures and metrics of success with which we can measure progress and hold ourselves to account for continuous improvement	In Place and Ongoing We have developed in-depth life course analysis of the residents of our 5 boroughs and established the Population Health and Inequalities Committee.	<ul style="list-style-type: none"> Developing an Outcomes Framework as a key measure of our success in reducing population health inequities. Building an inequalities lens into our regular system performance metrics; such as waiting lists. 	<i>Our Local Population and Population Health Approaches</i>
Place Based Elements of the ICS: Health and care resources at a neighbourhood/LCN/ PCN level are well developed, integrated and resourced to be effective in providing high quality local care	Well developed With 32 PCNs and six established GP Federations, primary care representation in the Provider Alliance and in ICS Senior Leadership; our Primary Care Networks are well embedded in our ICS	<ul style="list-style-type: none"> Establishing a sector-wide GP Alliance. In-depth primary care commissioning review to inform next steps of PCN development 	<i>Partnerships in Place and Provider Collaborative/ Governance</i>
Place Based Elements of the ICS: Borough based integrated care partnerships are up and running and delivering intended benefits, community and primary care are integrated with local acute care	Well developed Five effective borough based partnerships that agree local priorities in partnership with local acute, community, mental health trusts, local authorities and primary care.	<ul style="list-style-type: none"> Developing ICP interface with ICS Comprehensive OD programme to help further strengthen these borough partnerships. 	<i>Partnerships in Place and Provider Collaborative</i>
Place Based Elements of the ICS: Provider collaboratives are up and running and delivering the benefits and outcomes we expect of them as pan borough vehicles (and not becoming additional layers or provider monopolies).	In Place and Ongoing All NCL providers (acute, mental health and community trusts, primary care) have established a single provider alliance; and appointed a Managing Director to move into delivery of priority programmes.	<ul style="list-style-type: none"> Progress programmes of work with agreed outcomes across four priorities identified- Waiting times, Workforce, Research to Action and Lead Provider models Establishing a sector-wide GP Alliance. 	<i>Partnerships in Place and Provider Collaborative</i>
Place Based Elements of the ICS: The existing statutory institutions of health and care systems (e.g. NHS Trusts, FTs, Governors, HWBBs) are delivering positive benefit of focus on institutions without disbenefit on lack of focus across the system	Well developed We have role-modelled effective balancing of institutional and system focus via decision making through our GOLD arrangements and Covid Vaccination programme throughout the pandemic.	<ul style="list-style-type: none"> Continue to stress test through ICS Steering Committee and Partnership Council, forerunners of ICS Governance Embed System Oversight Framework Develop place-based oversight into our framework 	<i>Governance</i>

London's 16 Conditions of Success for an ICS

London Priorities	NCL Position	Next Steps	Section
<p>-Strong Partnerships: The role of local councils as critical partners in achieving long-term aims for prevention and health and wellbeing is fully recognised and reflected in the approach to strengthening health and care partnerships at all levels of the ICS</p>	<p>Well developed NCL Councils are critical partners in our ICS Steering Committee, NCL Population Health & Inequalities Committee, part of the exec chair of our Borough Partnerships (jointly chaired), and members of the ICS Partnership Council. They also play a key role in helping develop and embed our population health approach.</p>	<ul style="list-style-type: none"> Engage with our local councils on embedding a shared understanding about the role of an Integrated Care System; Ensure local council involvement in transformational programmes of work such as our mental health and community services review 	<p><i>Governance</i></p>
<p>Strong Partnerships: A strong set of clinical leaders and clinical networks within the ICS who are sufficiently empowered to improve system performance</p>	<p>Well developed The emerging ICS Leadership has well established roles for clinical leadership- such as those of a Primary and Secondary Care Chief Medical Officer and a Chief Nurse. NCL has successfully developed Clinical Networks, and our Clinical Advisory Group has provided essential oversight and scrutiny to our decision making during our Covid response.</p>	<ul style="list-style-type: none"> Engagement across clinical and multiprofessional leadership during this summer to design a framework for clinical leadership at system, place and neighbourhood level in our ICS building from our current clinical leadership 	<p><i>See slide 44 for further details</i></p>
<p>Strong Partnerships: Resident and patient engagement is strong at all levels of the local system and supports decision making quality and legitimacy</p>	<p>Well developed We are committed to embedding our resident voice in defining the role and purpose of our Integrated Care System. Our borough partnerships have close links with their local HealthWatch and we continue to engage with residents through multiple forums including an Engagement Advisory Board.</p>	<ul style="list-style-type: none"> Establishing a Community Partnership Forum to make resident voice more integral to our plans. Embedding patient voice in Population health approach Looking at new ways to work with our communities as evidenced in the recent vaccine roll out 	<p><i>Listening to our communities</i></p>
<p>Strong Partnerships: Health and care staff are supported by workforce strategies, cultures and plans which help them to operate effectively at institution, ICS and regional levels as appropriate</p>	<p>Well developed This can be evidenced through the NCL People Plan, and ICS level workforce mission and vision, our commitment to staff wellbeing as part of our recovery plans, and ongoing programmes of OD at all levels.</p>	<ul style="list-style-type: none"> As next steps, our NCL People Board will continue to work together to co-design and promote the strategic vision for workforce across the ICS and amongst its member organisations and staff. Examples of system working include the Redeployment Hub. 	<p><i>See Enablers: Workforce See slide 46 on ongoing OD interventions</i></p>

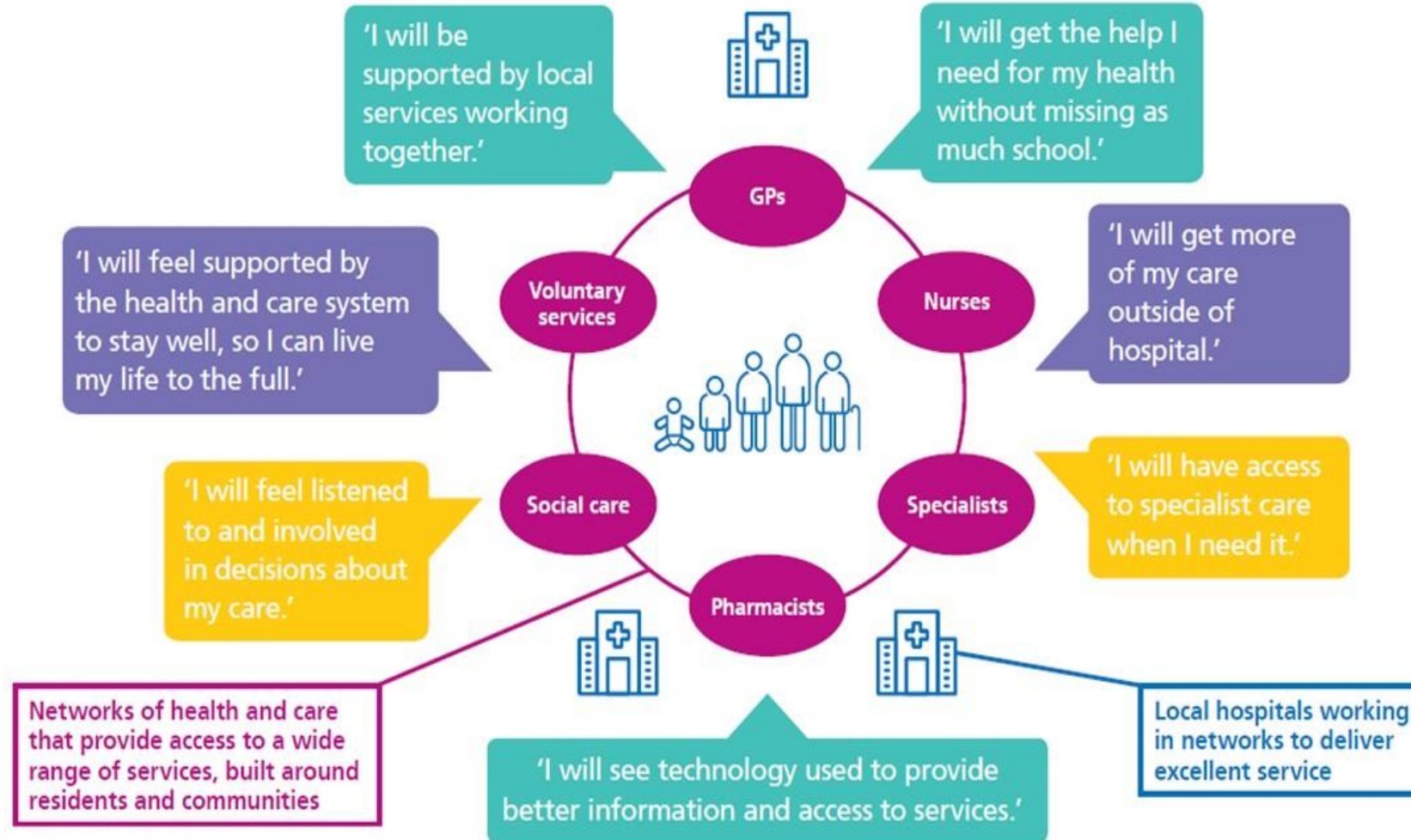
London's 16 Conditions of Success for an ICS

London Priorities	NCL Position	Next Steps	Section:
<p>Effective ICS Governance & Decision Making: The formal governance of the ICS is lean and fit for the purpose of its legislative function and system leadership mission (whilst avoiding becoming a “super CCG”)</p>	<p>In Place and Ongoing We have established a NCL Partnership Council and ICS Steering Committee as a forerunner of future ICS Governance that works across the health and care system.</p>	<ul style="list-style-type: none"> Continue to adapt in line with emerging guidance; ensuring a whole system approach to partnership working, as we move towards ICS shadow governance 	<p><i>Governance</i></p>
<p>Effective ICS Governance & Decision Making: There is increased freedom to move money around the health and care system to support sustainability through improving quality, reducing costs and increasing equality</p>	<p>In Place and Ongoing We have agreed financial principles and system ways of working; piloted a financial approach to tackle health inequalities through the Health Inequalities Fund; and supported innovative ways of working across the system through the Accelerated System Recovery Fund</p>	<ul style="list-style-type: none"> Embed a whole system comprehensive financial strategy Determine approach towards areas where less clarity is available such as specialised commissioning (that constitutes a significant share of NCL health services) 	<p><i>Finance</i></p>
<p>Effective ICS Governance & Decision Making: There are effective cultures, mechanisms and support for mutual aid and holding each other to account for continuous improvement in system performance and reduction in unwarranted variation</p>	<p>Well developed Our principles of mutual aid- role modelled through the pandemic across acute, community, mental health and primary care – have played a critical role in pandemic response and elective recovery across the system.</p>	<ul style="list-style-type: none"> Work through our Operational Implementation Group to ensure a system-wide framework for elective recovery. As an accelerator site, work towards a “One NCL” approach to our waiting list. 	<p><i>Enablers Mutual Aid Principles, Governance</i></p>
<p>Effective ICS Governance & Decision Making: Decision making at all levels is supported by excellent population health data and management supporting improving health outcomes and reducing health inequalities</p>	<p>In Place and Ongoing We have embedded population health data in programmes such as Covid vaccination through HealthIntent (PHM system); and also established a Health Inequalities Fund as a step towards supporting a population health approach.</p>	<ul style="list-style-type: none"> Continue to work with wider system partners to onboard onto HIE/HealthIntent OD to embed a population health approach into ongoing programmes of work, helping our workforce to use data for effective decision making. 	<p><i>Our Local Population and Population Health Approaches</i></p>
<p>Regional Added Value: There is sufficient standardisation of ICS governance approaches, specifically in core structures and mandated performance metrics, which allows for London-level sharing, line of sight and accountability</p>		<p>These two conditions of success have been earmarked as those for which a “single regional approach would be necessary”.</p>	
<p>Regional Added Value: The regional role and operating model has a clear focus centred on added-value to ICSs plus holding them to account; and the respective roles for region and ICS are clear and appropriate</p>		<p>The NCL ICS Executive Leadership and ICS Transition team continues to engage with the regional team to feed into regional thinking and respond to emerging guidance.</p>	

Our Vision for an Integrated Care System in NCL

We want to enable our residents to Start Well, Live Well and Age Well

We asked our residents what Integrated Care means for them; and this is what they told us...



What will the integrated care system mean for our residents?



Our Integrated Care system can not just focus on how healthcare services operate. Evidence shows that as little as 10% of a population's health and wellbeing is linked to access to healthcare.

Therefore we need to work with partners to look at the bigger picture, including:



Fulfilling work



Education and skills



Our surroundings



The food we eat



Money and resources



Transport



Housing



The support of family, friends and communities

What will be different?

“Joan is 80 years old and lives in Camden. She has heart disease and diabetes, and recently has been forgetting to take her medication. She has found it more difficult to manage over the last six months but wants to keep living at home. Joan's GP and social worker have developed a Care Plan in discussion with Joan. This means that the GP practice, district nursing and social care know how to work together to help Joan stay well and at home safely. If Joan's GP becomes concerned about something, he uses the 'Rapid Response' service to assess her the same day at home, which helps avoid trips to A&E. When Joan did fall last year and needed to be seen in hospital, she was assessed within 2 hours and a plan was in place quickly to get her home as soon as she was ready. Joan was supported to stay at home with a care package provided by social care, her domiciliary care workers were increasingly concerned about her forgetfulness so referred her to the memory clinic for a dementia assessment.”

How integrated care can help

- ✓ Clearer information about local services and how to use them will be available to help residents access the right support.
- ✓ Better access to mental health care, with residents given more support to find the help they need.
- ✓ Patients ready to leave hospital will be discharged, through hospitals, community services and social care working together.
- ✓ Ensuring all people have their mental health care needs met, and providing interim support for when people are on waiting lists for complex care treatment.

Our Strategic Aims

We have identified five strategic aims to deliver our ambition and achieve our purpose. We have mapped life courses for residents from all our boroughs (see appendix) and are in the process of developing a set of outcomes that will enable us to track our progress towards achieving these aims. We continue to refine and further develop these aims with our system partners and residents.



Start well



Live well



Age well



Work well



Enablers

Strategic Aim 1:

By working collaboratively with schools and communities, our children and young people will have:

- tools to manage their own health
- access to high quality specialist care
- safe and supported transitions to adult services.

Strategic Aim 2:

Our residents will have early support for health issues including:

- equitable access to high quality 24/7 emergency mental and physical health
- world-class planned and specialist care services
- true parity of esteem between physical and mental health.

Strategic Aim 3:

Our residents will:

- be supported to manage their long term conditions and maintain independence in their community
- receive seamless care between organisations
- experience high quality and safe hospital care that ensures they can get in and out of hospital as fast as they can.

Strategic Aim 4:

Our workforce will:

- have equal access to rewarding jobs, work in a positive culture, with opportunities to develop their skills
- have support to manage the complex and often stressful nature of delivering health and social care
- strengthen and support good, compassionate and diverse leadership at all levels.

Strategic Aim 5:

We will provide key enablers for success, including:

- digital technologies to connect our health and care providers with our residents and each other
- a fit for purpose estate in each locality
- being a financially balanced health economy driving value for money for the taxpayer.

Foundations of the NCL ICS

Our vision for integrated care is enabled by a focus on three key pillars which will represent a shift-change in that we work together to plan, deliver, and monitor health and care services:

- a) Tackling Health Inequalities will make a measurable impact on health disparities by addressing the wider determinants of health and adopting 'person and community centred' approaches in all that we do.
- b) Whole-person Personalised Care gives people choice and control over their mental and physical health, and means health and social care partners working together to deliver more person-centred care.
- c) Population Health Management allows our partnership to use data to design new models of proactive care and deliver improvements in health and well being that makes best use of the collective resources.

Roadmap to transition to ICS

May June July Aug Sept Oct Nov Dec Jan Feb Mar April '22

Listening and planning phase

- Staff and partner engagement in developing the ICS system development plan
- National guidance issued (over summer)

Implement new ways of working

- NCL ICS operating in shadow governance form
- Engage with stakeholders to embed NCL ICS Vision
- Work to implement NCL system development plan

Design phase

- Shadow ICS Governance developed in line with legislation
- New ways of working developed in line with system development plan

Embedding new ways of working

Continue to develop system capabilities to deliver on core ICS vision of a population health based- approach to reducing inequalities, improving access and increasing efficiencies

How to get involved...

- Join the upcoming drop in session and listening sessions (more information in newsletter)
- Email any questions to:
- Share any good system working examples to
- Contribute to system development planning through team discussions...

This is based on what we know now – but could change based on national timelines...

Key areas where we are working together with partners to develop

Area	System forum	Working with...	Example questions to explore with partners...
The impacts and benefits of becoming an ICS	ICS Steering Committee	<ul style="list-style-type: none"> • ICP meetings • LA meetings • CCG Governing Body • Trust boards 	<ul style="list-style-type: none"> • What does the change to a statutory ICS mean we could do differently for residents to improve outcomes/reduce health inequalities? • What does this mean to your organisation – what would work differently? • What changes are needed between now and April 2022 to get us closer to our vision?
NCL's Population Health & Inequalities Strategy	NCL Population Health and Inequalities Committee	<ul style="list-style-type: none"> • Local Care Forum • ICP Meetings • NCL Finance Groups 	<ul style="list-style-type: none"> • How should we adapt to embed a population health approach? • What are the key areas of variance in outcomes across NCL? • Where are the common areas we should work together? • What might we do at a borough level? • What should we do as a system over the next nine months to embed a Population Health Approach?
Principles for collectively agreeing priorities at a place level	ICS Steering Committee	<ul style="list-style-type: none"> • NCL Population Health Committee • Local Care Forum • ICP Meetings 	<ul style="list-style-type: none"> • How will each place / borough partnership agree priorities? • How do we work to the principle of subsidiarity? • What should the interface between ICS and ICP priorities look like?
Impact of system oversight framework	System Recovery Executive	<ul style="list-style-type: none"> • System Recovery Executive • Trust Boards • ICP meetings • NCL Finance Groups 	<ul style="list-style-type: none"> • Do we have transparency of process, shared accountability and joint decision-making? • How do we continue to embed that across the system? • What is our approach to aligning system-wide operational and strategic plans?
ICS Financial Framework	NCL Finance Groups	<ul style="list-style-type: none"> • NCL Finance Groups • NCL Population Health and Inequalities Committee • ICP Meetings 	<ul style="list-style-type: none"> • How do we best spend the NCL pound? • What is our plan for sharing financial risk and opportunity? • How do we balance system financial sustainability with organisational sustainability?
Clinical Leadership Development	NCL People Board	<ul style="list-style-type: none"> • NCL People Board • NCL Clinical Advisory Group • CCG Governing Body • Trust boards 	<ul style="list-style-type: none"> • How do we establish appropriate clinical and professional leadership? • What is the role of leadership within system, place and provider collaboratives? • What is our approach to achieving multi-professional leadership including primary care and speciality representation?
Role of Strategic Commissioning	CCG Governing Body	<ul style="list-style-type: none"> • CCG Governing Body • Local Care Forum • ICP Meetings 	<ul style="list-style-type: none"> • How can strategic commissioning lead to better outcomes for our residents and patients? • What changes are needed in the way we engage with local authorities and other system partners? • What additional skills and competencies should commissioners have to embed a strategic commissioning approach?

Our five Borough Partnerships (ICPs): Key Features

- Partnerships are maturing locally. COVID and the acceleration of the ICS has furthered existing partnership working.
- Place-based leaders are working together to shape the ICP role, priorities, local structures & teams and ways of working.
- There are common features, but local nuances within each partnership.

Barnet – partnership accelerated in last 18 months. Significant NHS engagement plus strong community and co-production focus and local govt leadership. Older population gives rise to focus on proactive care, same day urgent care and support to remain independent. Strong focus also on MH & Dementia and CYP, as well as developing a ‘Neighbourhood’ model.

- 425,395 registered population
- 10 + ‘organisations’ represented (25+ members of delivery board)
- 7 PCNs
- Chair of Exec: rotating (CCG, Council, Barnet Hospital, GP Federation)
- Co-chairs of ICP: Dawn Wakeling (DASS), Colette Wood (CCG Director of Integration)



Enfield – Newly formed partnership. COVID has helped accelerate integrated working. Priorities have been expanded from an initial focus areas following success around flu and Covid vaccs. Provider Integration Partnership (PIP) oversees delivery.

- 425,395 registered population
- 10 ‘organisations’ represented (25+ members of delivery board)
- 4 PCNs (not geographical – neighbourhoods within @ 50k)
- Chair Exec: Bindi Nagra and Dr Chitra Sankaran
- Co-Chairs of ICP – Mo Abedi BEH and Alpesh Patel Enfield GP Federation

Haringey – established and ambitious partnership with strong relationships. Focused on expansion of community based care models, MH, wider determinants and inequalities and a local strengths based approach that also addresses risks driven by deprivation.

- 298,418 registered population
- 15+ ‘organisations’ represented (25+ members of delivery board)
- 8 PCNs
- Chair Execs: Zina Etheridge, Siobhan Harrington
- Chair of ICP: Rachel Lissaeur (Director of Integration)

Camden – long partnership history with integrated commissioning and partnership development of integrated delivery models. Strong focus on CYP, MH, citizen’s engagement/coproduction and dialogue with families and communities, as well as a developing Neighbourhood model. New areas of focus include accelerating provider developments at PCN and borough level and connecting with local communities.

- 303,267 registered population
- 15 + ‘organisations’ represented (30+ members of ICP/8 PCNs)
- Chair Exec: Martin Pratt, Deputy Chair Kate Slemeck
- Chair of ICP: Graeme Caul, CNWL

Islington – active multiagency partnership under banner of ‘Fairer Together’ with input from all statutory agencies (including police, fire, housing). Senior leadership from Islington Council and CCG. Emphasises joint commissioning, operational joint working and expansion of neighbourhood level delivery. New Delivery Board established to drive key workstreams:

- 257,135 registered population
- 15+ ‘organisations’ represented (25+ members of delivery board)
- 5 PCNs
- Chair Exec: Dr Jo Sauvage (CCG), Cllr Kaya Comer-Schwartz (Leader)
- Co-Chairs of ICP John McGrath (CCG GB) and Stephen Taylor (Islington Borough)

Summary – Borough Priorities at a Glance

All five partnerships:

- **Shift to proactive care (early intervention and prevention)** – partnerships are focused on how they can make the move to delivering more proactive care through the use of population health management tools (e.g. risk stratification, case management, etc).
- **Inequalities and deprivation** – all boroughs are gathering data related to inequalities are working towards addressing them as part their priority areas of work.
- **Cross-sector workforce planning and skills development** – partnerships have identified the need to develop collective workforce plans.
- **Supporting care homes/providers** – all partnerships are focused on providing enhanced and integrated support to care homes and their residents
- **Digital inclusion** – partnerships have acknowledged the need to emphasise digital inclusion and learn from resident experiences related to the use of technology over the pandemic.
- **Vaccinations and Immunisations** – partnerships are working together to deliver COVID vacs and delivered and highly successful flu campaign.



Appendix

NHS England Integrated Care System Design Framework

<https://www.england.nhs.uk/publication/integrated-care-systems-design-framework/>

ICS Partnership

- Each ICS will have a Partnership at system level established by the NHS and local government as equal partners. The ICS Partnership will be a committee, rather than a corporate body.
- Members must include local authorities that are responsible for social care services in the ICS area, as well as the local NHS (represented at least by the ICS NHS body).
- The Partnership will need to be transparent with formal sessions held in public.

ICS NHS Body

The ICS NHS body will be a statutory organisation responsible for specific functions that enable it to deliver against the four core purposes:

- Developing a plan to meet the health needs of the population within their area;
- Allocating resources to deliver the plan across the system;
- Establishing joint working arrangements with partners that embed collaboration as the basis for delivery of joint priorities within the plan;
- Establishing governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance;
- Arranging for the provision of health services;
- Leading system implementation of the People Plan;
- Leading system-wide action on data and digital;
- Driving joint work on estates, procurement, supply chain and commercial strategies;
- Planning for, responding to and leading recovery from incidents.

NHSE/I will be delegating commissioning of primary care and appropriate specialised Services to the ICS Body.

Integrated Care Systems core purpose

- **strong place-based partnerships** between the NHS, local councils and voluntary organisations, local residents, people who access service their carers and families, leading the detailed design and delivery of integrated services within specific localities (in many places, long- established local authority boundaries), incorporating a number of neighbourhoods
- **provider collaboratives**, bringing NHS providers together across one or more ICSs, working with clinical networks and alliances and other partners, to secure the benefits of working at scale

Governance and management arrangements

The statutory governance requirements for the NHS ICS body will be set out in legislation including the statutory minimum membership of the board – it is likely to include the following roles:

- Independent non-executives: chair plus a minimum of two other independent non-executive directors;
- Executive roles: chief executive, director of finance, director of nursing and medical director;
- A minimum of three additional board members, including at least:
 - one member drawn from NHS trusts and foundation trusts who provide services within the ICS's area
 - one member drawn from the primary medical services (general practice) providers within the area of the ICS NHS body
 - one member drawn from the local authority, or authorities, with statutory social care responsibility whose area falls wholly or partly within the area of the ICS NHS body

Financial allocations and funding flows

NHSE/I will make financial allocations to each ICS NHS body for the performance of its functions. Decisions about spending will be devolved to ICS NHS bodies. This will include the budgets for:

- acute, community and mental health services (currently CCG commissioned)
- primary medical care (general practice) services (currently delegated to CCGs)
- running cost allowances for the ICS NHS body

This may also include the allocations for a range of functions currently held by NHS England/ NHS Improvement, including:

- other primary care budgets;
- relevant specialised commissioning services suitable for commissioning at ICS level (for example, excluding highly specialised services);
- the allocations for certain other directly commissioned services;
- a significant proportion of nationally held transformation funding and service development funding;
- the Financial Recovery Fund;
- funding for digital and data services;

NB, Every ICS will be required to continue to meet the mental health investment standard and as such a minimum level of mental health funding remains ringfenced

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