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## **HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL**

**Wednesday, 20th September, 2023 at 7.00 pm in the Conference  
Room, Civic Centre, Silver Street, Enfield, EN1 3XA**

### **Membership:**

Councillors: James Hockney (Chair), Andy Milne (Vice Chair), Nicki Adeleke, Elif Erbil, Chris James, Doris Jiagge, Emma Supple and Kate Anolue

### **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 approve the minutes of the meeting held on 8 March 2023.

**4. ENFIELD SAFEGUARDING ADULTS BOARD STRATEGY 2023-28  
(Pages 7 - 38)**

To receive the report of Tony Theodoulou, Executive Director – People.

**5. SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2022/23 (Pages  
39 - 88)**

To receive the Annual report of the Safeguarding Adults Board.

**6. VACCINATIONS AND IMMUNISATIONS: CHILDHOOD IMMUNISATIONS FOCUS** (Pages 89 - 106)

To receive the report of Dudu Sher-Arami, Director of Public Health.

**7. WORK PROGRAMME 2023/24** (Pages 107 - 108)

To note the Health and Adult Social Care Work Programme for 2023/24 will be discussed at the first meeting of the new municipal year.

**8. DATES OF FUTURE MEETINGS**

To note the dates of future meetings as follows:

Tuesday 28 November 2023

Wednesday 28 February 2024

And 1 additional date to be confirmed.

All meetings will commence at 7:00pm and will be held in the Conference Room at the Civic Centre.

**HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL - 8.3.2023****MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL HELD ON WEDNESDAY, 8TH MARCH, 2023**

**MEMBERS:** Councillors Andy Milne (Chair), Nicki Adeleke, Kate Anolue, Hannah Dyson, Ahmet Hasan, Nia Stevens, Emma Supple and Eylem Yuruk

**Officers:** Dudu Sher-Arami - Public Health Director, Doug Wilson - Director of Health and Adult Social Care, Matt Casey - Service Manager of Strategy & Service Development, Lia Markwick - Lead Accommodation Service Develop Manager, Dr Dean Connolly, Doctors Net UK part of M3 Group Professional Network, Sophie Maule, Public Health Specialty Registrar ST3, London Borough of Enfield, Marie Lowe – Governance and Scrutiny Officer

**Also Attending:** Dr Fahim Chowdhury (GP and CCG Board Member)

**1. WELCOME & APOLOGIES**

Cllr Andy Milne, as Chair of the meeting, welcomed the representatives from the NHS, Members and Officers. He explained that apologies for absence had been received from Cllr James Hockney, who had been substituted by Cllr Hannah Dyson.

Apologies for absence had been received from Cllr Alev Cazimoglu, Cabinet Member for Health and Social Care, and the Leader, Cllr Nesil Caliskan who were unable to attend the meeting to respond to questions from Panel Members due to a clash with their Ward forum.

Apologies for absence had also been received from Laura Andrews, Senior Engagement Manager and Enfield Borough Lead for Communications and Engagement, Corporate Affairs Directorate, NHS North Central London ICB and Stephen Wells, Head of Enfield Borough Partnership Programme, Enfield Borough Directorate, NHS North Central London ICB.

The Committee **AGREED** with the Chair's proposal that, due to the distance presenting Officers had to travel and the inclement weather, the order of the items be changed. Item 6 - Draft Independent Living Strategy (2023-2027) would be taken as Item 4. The remaining items would continue in agenda order. Primary Care Access as Item 5, followed by Women's Health in Enfield, which would include a PowerPoint Presentation, copies of which would be made available to the Committee and published on the Council's website following the meeting.

**ACTION:** Governance

**2. DECLARATIONS OF INTEREST**

## HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL - 8.3.2023

There were no declarations of interest registered in respect of any items on the agenda.

### 3. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 19 January 2023 were **AGREED**.

### 4. PRIMARY CARE ACCESS TO SERVICES UPDATE AND ENFIELD BOROUGH PARTNERSHIP UPDATE

Deborah McBeal - Director of Integration, Enfield Borough Directorate, NHS North Central London Integrated Care Board (NCL ICB) introduced the report and accompanying presentation, published with the agenda on the Council's website, which provided an update on local primary care services and systems in the London Borough of Enfield.

The report provided an update on local primary care services and systems, whilst the slide pack incorporated content on workforce, primary care investment and activities undertaken to address local Primary Care Survey results (iPSOS Mori survey) together with Enfield Borough Partnership's update and Community Services review update.

The main considerations for the Health and Adult Social Care Scrutiny Panel were to note the content of the report and support the realisation of borough partnerships.

An invitation was extended to the Councillors to visit White Lodge Medical Practice, which had relocated to 105-109 Chase Side, Enfield, EN2 6NL. This should be a short walk, cycle or drive from Enfield Civic Centre. This would provide an opportunity for Members to see behind the scenes of a general practice and to really understand the workings. It would also provide an opportunity for questions and answers and to address any queries from Members, together with an opportunity to talk about local procedures and patient participation. The practice had indicated that it was happy to host the visit and suggested that Wednesdays may be the best day for them.

**ACTION:** Laura Andrews, Senior Engagement Manager and Enfield Borough Lead for Communications and Engagement, Corporate Affairs Directorate, NHS North Central London ICB/Governance

During the detailed discussion which ensued, the following points were made and addressed:

Members requested further information regarding investment in the East of the Borough in relation to development funding package, health inequalities, and community experience.

**ACTION:** Dudu Sher-Arami - Public Health Director

## **HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL - 8.3.2023**

The Director of Integration, responding to a question and request from Members, confirmed that a new GP contract had just been published and would be brought to a future meeting of the Panel.

**ACTION:** Director of Integration/Governance

The Chair, on behalf of Panel Members thanked the representatives from the NHS for their attendance and input.

**AGREED** that:

1. The updates on local primary care services and systems; together with the Enfield Borough Partnership update and Community Services review update be noted; and
2. A further update be provided at a meeting of the Health and Adult Social Care Scrutiny Panel during the 2023/24 Municipal Year.

### **5. WOMEN'S HEALTH IN ENFIELD**

The report from Sophie Maule and Dr Dean Connolly, Public Health Specialty Registrars informed the Panel of the state of women's health and outlined current activities and services for women's health in the London Borough of Enfield, including the key challenges to women's health.

The main considerations for the Panel were

1. Gender-based disparities contributed to poorer outcomes across several health and wellbeing domains.
2. Women had a higher cost per capita in A&E attendance compared to men in Enfield regardless of level of deprivation.
3. Multi-sector work was underway to address women's ill health, focusing on cancer, sexual and reproductive health, workplace wellbeing and intimate partner violence.

Members noted the conclusions of the report anticipated gender-based health disparities had been identified in Enfield and multi-sector work was underway to address these and support women to live healthier for longer. Future work should be informed by the National Women's Health Strategy.

Members recognised that the commitment to the Council Plan that was in place, however queried how would the Council do this?

**ACTION:** Dudu Sher-Arami, Public Health Director

Members expressed the view that the voluntary sector played a crucial role in the health and wellbeing of residents, especially those with little or no family nearby or whose English was a second language. They brought the community together, seeing some residents every day and helping to resolve their issues. The involvement of the Council and Members with the voluntary sector was also paramount in supporting local residents in the community and hearing what they had to say and the concerns they raised. The current

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method was not as productive as the previous method. Members asked Officers to explore community hubs could be developed.

**ACTION:** Dudu Sher-Arami, Public Health Director

In response to questions from Members regarding the availability of period and menstruation products in and at the food banks in the Borough, Officers undertook to check and advise that there was a good supply made available.

**ACTION:** Dudu Sher-Arami, Public Health Director

A further question regarding menstruation, particularly with regards to young girls, was the availability of the safe single sex spaces, which females could use without the presence of males. Officers undertook to feedback Members' comments to the appropriate body.

**ACTION:** Dudu Sher-Arami, Public Health Director

Referring to the very low rates of breastfeeding in the Borough, Members stated they would like to see plans for the work to be carried out to increase and improve these rates. The Public Health Director confirmed that in Enfield, only 30% of babies were fully/partially breastfed at the 6-8 week visit in 2020/21, which was lower than England (49.3%). There were plans for a Hub Working Group starting imminently at the central hub provision to encourage breastfeeding continued to six or nine months. The World Health Organisation (WHO) recommended breastfeeding for six months to two years as a supplement to food.

Members indicated that they would like to be part of the Hub Working Group to encourage breastfeeding.

**ACTION:** Dudu Sher-Arami, Public Health Director

### **6. DRAFT INDEPENDENT LIVING STRATEGY (2023-2027)**

The Health and Adult Social Care Scrutiny Panel considered the overarching report and the full draft Independent Living Strategy, together with appendices and following a short verbal introduction from Officers were invited to provide feedback and comment to inform the final version.

Members noted that the Independent Living Strategy was intended to complement existing strategies and contribute to a wholistic portfolio of documents, which set out, in partnership with those people who needed support, together with their carers, what was needed locally to better support independent living and how the Council would work with the stakeholders to deliver. That the Strategy of the Joint Health and Wellbeing Board, referred to in paragraph 9 of the Officer's report, be circulated to Members of the Panel.

**ACTION:** Lia Markwick, Service Development Manager

Regular updates on the implementation of the Independent Living Strategy, which set out the Council's headline priorities for supporting independent living for young people in transition to adulthood, adults (18-64 years) and older people (65+) with adult social care needs in Enfield over the next five

## HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL - 8.3.2023

years (2023-2027) be brought to the Health and Adult Social Care Scrutiny Panel on an annual basis.

**ACTION:** Lia Markwick, Service Development Manager/Governance

Members requested that a key to any acronyms used within the Independent Living Strategy be provided.

**ACTION:** Lia Markwick, Service Development Manager

Members referring to the data capture in the Enfield Equality Impact Assessment (EqIA), Section 4 – Equality Analysis, requested that it would be helpful if the pattern of people who needed help was provided from the data gathered. This was in addition to the simple summary provided. There was room for narrative within the document, which would be good practice and provide open questions for residents to respond.

**ACTION:** Lia Markwick, Service Development Manager

Members recognised that the purpose of the Focus Groups were to provide an opportunity for Officers to meet and understand the bigger picture and the needs of those who needed care and their carers. However, opportunities for online engagement should also be provided.

**ACTION:** Lia Markwick, Service Development Manager

Following consideration of the full draft Independent Living Strategy it was **AGREED** that:

1. The comments and feedback arising from the discussion inform the final version of the Independent Living Strategy (2023-2027); and
2. An annual update of the implementation of the Independent Living Strategy be brought to the Health and Adult Social Care Scrutiny Panel for the duration of the plan 2023-2027.

**ACTION:** Lia Markwick, Service Development Manager/Governance

### 7. WORK PROGRAMME 2023/24

**NOTED** that the Health and Adult Social Care Scrutiny Panel Work Programme for 2023/24 would be discussed at the first meeting of the new Municipal Year.

It was **AGREED** that the following items be put forward to the Work Planning meeting for consideration to added to the Health and Adult Social Care Scrutiny Panel Work Programme for 2023/24.

Primary Care Access to Services Update and Enfield Borough Partnership Update.

Women's Health in Enfield – Update Report

Independent Living Strategy (2023-2027) update report in one year's time.

**HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL - 8.3.2023**

**ACTION:** Governance

**8. DATE OF NEXT MEETING**

**NOTED** that the dates of the future meetings of the Health and Adult Social Care Scrutiny Panel would be announced following Annual Council on Wednesday 10 May 2023.

The meeting ended at 9.37 pm.





## London Borough of Enfield

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<b>Report Title</b>	<i>Enfield Safeguarding Adults Board Strategy 2023-28 (draft for consultation).</i>
<b>Report to</b>	HASC Scrutiny
<b>Date of Meeting</b>	20 <sup>th</sup> September 2023
<b>Cabinet Member</b>	Cllr Alev Cazimoglu
<b>Executive Director / Director</b>	Tony Theodoulou
<b>Report Author</b>	Elspeth Smith ( <a href="mailto:Elspeth.smith@enfield.gov.uk">Elspeth.smith@enfield.gov.uk</a> ) Bharat Ayer ( <a href="mailto:bharat.ayer@enfield.gov.uk">bharat.ayer@enfield.gov.uk</a> )
<b>Ward(s) affected</b>	ALL
<b>Classification</b>	Part 1 Public
<b>Reason for exemption</b>	N/A

### Purpose of Report

1. Under the Care Act 2014, Safeguarding Adults Boards have 3 core duties – one of which is to publish a strategic plan for each financial year which sets out how it will meet its objectives in the next year and how Safeguarding Adult Board Members will work to achieve this.
2. We are in the process of consulting on a draft 5-year Safeguarding Adults Strategy (2023-2028) and would like to make Scrutiny aware of the consultation and promote across the Council.

## **Main Considerations for the Panel**

3. The Enfield Safeguarding Adults Board Strategy 2023- 28 is a strategic plan with an emphasis on prevention and awareness of abuse.
4. The priorities, which carry over from the previous strategy, were developed by a project lead by service users and carers and our Quality Checkers, and include feedback from Safeguarding Adults board members, Adult Social Care professionals, Service users and carers.
5. The actions attached to those priorities have been developed by the Enfield Safeguarding Adults Board. They have been developed from:
  - The learning from Safeguarding Adults Reviews (particularly around the need for stronger collaborative working between partner agencies and particular forms of training),
  - Trends in safeguarding data (for example the increase in adults living alone and self-neglect as a type of abuse), and
  - Quality Assurance exercises such as an external audit by Red Quadrant last year which recommended multi-agency audits to encourage challenge, and
  - Feedback from professionals and residents of Enfield (such as the need to develop escalation protocols and heighten awareness of safeguarding processes in the community).
6. These priorities are compliant with the Care Act and focus on:
  - Preventing Abuse,
  - Protect adults at Risk,
  - Learn from Safeguarding Adults Reviews and other cases
7. The strategy and annual report aim to be free from jargon and in plain English. This is in line with Care Act requirements. The documents have been designed in a way that will make them easy to read for Enfield Residents. The Board's Community Engagement Group led on the development of this approach.
8. The Consultation is designed both as a way of gaining feedback about the Strategy itself but also to raise awareness of how to recognise and report the abuse of adults at risk in Enfield. It will also offer the opportunity for members of the public to request information about becoming Lay Members of the Enfield Safeguarding Adults Board.
9. Consultation is still under way on this document.

## **Background and Options**

10. The priority actions identified to be consulted on are:

## **Prevent Abuse**

- Engage with our community, to promote a culture where abuse and neglect are not tolerated – this is primarily through the active Safeguarding Community Engagement Group
- Use technology and social media to engage with our community, professionals, providers and voluntary organisations – this is an on-going priority.
- Work to reduce isolation and self-neglect – this priority particularly originated from Safeguarding Adults Reviews in the Borough and an increase in the number of concerns that feature self-neglect as the type of abuse in Enfield in 22.5% of cases (a percentage that is steadily increasing – up 4% in 5 years).
- Work with people alleged to have caused harm to prevent further abuse – this reflects practitioner concerns about how best to work with this group as well as concern about rates of repeated safeguarding incidents.

## **Protecting Adults at Risk**

- Make sure our community knows how to recognise and report abuse – this is always a key priority for the Enfield Safeguarding Adults Board.
- Make sure professionals are appropriately trained, with a focus on Making Safeguarding Personal – this priority comes from learning from Safeguarding Adults Reviews about differences in training/ perception across professional groups can impact how they work together. Target areas for training are identified.
- Develop escalation processes and networks to make sure professionals are able to work together well in high risk cases – for example by developing a partnership escalation protocol and mapping the multi-agency discussion forums to ensure information sharing and multi-agency working.

## **Learn from Safeguarding Adults Reviews and other cases**

- Check that the way we are managing adult safeguarding is working properly – developing multi-agency audits to support learning throughout the partnership and using these as part of the new Learning and Development framework which is being developed for the Board. This will incorporate learning from Safeguarding Adults Reviews.
- Learn from feedback – particularly feedback from those using services or caring for those who do. This also involves checking that all partners have actioned learning from Quality Checkers, feedback from those who have experienced safeguarding etc.

- If things go wrong, review what happened and learn lessons – the Care Act places a statutory duty on Safeguarding Adults Boards to undertake Safeguarding Adults Reviews (sometimes known as SARs) and take action following the learning. A new system (SARs in Rapid Time) is being put in place to ensure that this process is prompt and learning put in place. Lessons can also be learned from national or local reviews (both adults and children) and the auditing process.
- Learn from our neighbours – working together with North and Central London as well as national groups to ensure that we are learning from their experiences in working with individuals and providers also.

11. Consultation on the final Safeguarding Adults Board Strategy will involve both paper and digital surveys.
12. The Consultation offers the opportunity for respondents to suggest new priorities or specific actions to the Board.
13. The Safeguarding Adults Board Manager and Community Engagement Group of the Safeguarding Adults Board will be visiting Partnership Boards, professional team meetings across partners, Voluntary organisations and community groups. The consultation will also be publicised via social media and the Enfield Council Consultation pages.
14. The Care Act places a duty on Safeguarding Adults Boards to publish its strategic plan each financial year. Guidance states this plan should address both short and longer-term actions and it must set out how it will help adults in its areas and what actions the SAB will take to deliver the strategic plan and protect adults better.
15. This plan has historically been for a 3-year period; however, the Enfield Safeguarding Adults Board have agreed for a 5-year plan (as with the previous strategy); to enable more ambitious consultation and projects to be developed.

### **Relevance to Council Plans and Strategies**

16. The previous Safeguarding Adults Board Strategy and its priorities are directly referenced in the Council's Independent Living Strategy and some of the actions mentioned are linked – such as the promotion and development of assistive technology options to aid independence and avoid isolation.
  17. The Council Plan 2023-2026 sets out the five overarching priorities, five principles and six future outcomes for Enfield and the Enfield Safeguarding Adults Board Strategy compliments these (particularly 'Strong, healthy and safe communities', 'Fairer Enfield', 'Collaboration and Early help' and 'Residents live happy, healthy and safe lives').
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**Report Author:** Elspeth Smith  
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## **Appendices**

### **Background Papers**

**Departmental reference number, if relevant:**

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Care Quality  
Commission

NHS

Enfield  
Council

Police

HealthWatch

Enfield Carer's  
Centre

Here are some of the organisations working to keep adults at risk  
safe in Enfield.



Over 50s  
Forum

Probation

We all have a role to play to help keep people who may be at risk,  
safe.

If you have concerns, call us and we can act to stop abuse

Victim  
Support

Citizens  
Advice  
Bureau

1-2-1

London  
Ambulance

London Fire  
Brigade



## **Our Vision:**

**“is for an Enfield 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.”**

If you think you or someone you or an adults you know is or might be experiencing abuse, you can call the  
**Enfield Adult Abuse line on 020 8379 5212. Textphone: 18001 020 8379 5212**



## You have a vital role ...

Safeguarding adults 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. We all have important roles to play, to help adults at risk in our community to stay safe from abuse or harm.

This strategy shows you what the organisations are going to be doing, but we also want to show you the important role you can play to stop abuse from happening to an adult at risk.

At different times in everyone's life, we or family members are likely to require some type of support from adult health or social care. Your help in identifying and reporting abuse and poor practices is an important way of keeping people safe, for you, your family and anyone using these services now and in the future.

Be part of preventing abuse by :

**Being aware** of the different types of abuse (see the next two pages, and on our website – [www.enfield.gov.uk/safeguardingadults](http://www.enfield.gov.uk/safeguardingadults));

**Taking an active interest** in your community, your neighbours, extended family and offer help and support where possible;

**Reporting it** - If you see something that you think is abuse or that worries you, report it straight away. The numbers you need are in the box below:

If you think you or someone you know is or might be experiencing abuse, you can call the

**Enfield Adult Abuse line on 020 8379 5212. Textphone: 18001 020 8379 5212. In an emergency always call 999**

# Types of abuse

These pages show you a few examples of the different types of abuse. Our website, [www.enfield.gov.uk/safeguardingadults](http://www.enfield.gov.uk/safeguardingadults) also has a short video on recognising signs of abuse.

Remember if you have any concerns, call the number below to report it.

Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions

Domestic abuse – including psychological, physical, sexual, financial, or emotional abuse; ‘honour’ based violence which also includes **coercive control** which is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

If you think you or someone you or an adults you know is or might be experiencing abuse, you can call the Enfield Adult Abuse line on 020 8379 5212.

# Types of Abuse

Sexual abuse – including rape, sexual harassment, inappropriate looking or touching, being subjected to pornography or sexual acts to which the adult has not consented or was pressured into consenting

Psychological abuse – including emotional abuse, threats of harm or abandonment, humiliation, blaming and controlling, intimidation, isolation or unreasonable and unjustified withdrawal of services or supportive networks

Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial transactions, or the misuse or misappropriation of property, possessions or benefits

Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use coercion and deceit

If you think you or someone you or an adults you know is or might be experiencing abuse, you can call the Enfield Adult Abuse line on 020 8379 5212.

# Types of Abuse

Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion

Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in one's own home.

Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding

If you think you or someone you or an adults you know is or might be experiencing abuse, you can call the Enfield Adult Abuse line on 020 8379 5212.

# Types of Abuse

## Other types of abuse

**Hate crime** - A crime motivated by racial, sexual, or other prejudice.

**Female Genital Mutilation** – also known as female circumcision or female genital cutting, is defined by the World Health Organisation (WHO) as "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons".

In the next few pages, we provide further information on what abuse is, what safeguarding means and who is an adult at risk.

If you think you or someone you or an adults you know is or might be experiencing abuse, you can call the Enfield Adult Abuse line on 020 8379 5212.

# Definitions

## Abuse

Abuse is a violation of a person's human and civil rights by any other person or persons and is a crime.

## Safeguarding

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop the experience of abuse or neglect where we can.

If you think you or someone you or an adults you know is or might be experiencing abuse, you can call the  
**Enfield Adult Abuse line on 020 8379 5212. Textphone: 18001 020 8379 5212**

# Who is An Adult at Risk?

All adults who are over 18 years of age who have care and support needs, and who are experiencing, or are at risk of, abuse or neglect, and are unable to protect themselves.

An adult with care and support needs may be:

An older person,

A person with a physical or learning disability or a sensory impairment,

Someone with mental health needs, including dementia or a personality disorder,

A person with a long-term health condition,

Someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living,

A carer, providing unpaid care to a family member or friend.

Adult safeguarding applies whatever setting people live in, and regardless of whether or not they have mental capacity to make specific decisions at specific times.

An adult at risk could also include someone who does not receive community care services but because they have been abused or are at risk of being abused, they could become vulnerable. The adult may not be able to protect themselves against harm or abuse.

If you think you or someone you or an adults you know is or might be experiencing abuse, you can call the  
**Enfield Adult Abuse line on 020 8379 5212. Textphone: 18001 020 8379 5212**

# Principles of Making Safeguarding Personal.

There are 6 principles of Making Safeguarding Personal which should underpin everything we do:

**Empowerment** – People being supported and encouraged to make their own decisions and informed consent.

*"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."*

**Prevention** – It is better to act before harm occurs.

*"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."*

**Proportionality** – The least intrusive response appropriate to the risk presented.

*"I am sure that the professionals will work in my interest, as I see them, and they will only get involved as much as needed."*

If you think you or someone you or an adults you know is or might be experiencing abuse, you can call the Enfield Adult Abuse line on 020 8379 5212.



# Principles of Making Safeguarding Personal.

**Protection** – Support and representation for those in greatest need.

*"I get help and support to report abuse and neglect. I get help so that I can take part in the safeguarding process to the extent to which I want."*

**Partnership** – Local solutions through services working with their communities.

Communities have a part to play in preventing, detecting and reporting neglect and abuse.

*"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."*

**Accountability** – Accountability and transparency in delivering safeguarding.

*"I understand the role of everyone involved in my life and so do they."*

If you think you or someone you or an adults you know is or might be experiencing abuse, you can call the Enfield Adult Abuse line on 020 8379 5212.



# What is the Safeguarding Adults Board?

The Safeguarding Adults Board (also known as the SAB) brings together a partnership group in Enfield – the purpose of which is to communicate and work towards minimizing abuse across the borough. Abuse can affect anyone, in different places and in different ways : it is important that we all work together to prevent it or protect people when abuse does happen.

The Board in Enfield is made up of the following partners:

Police	NHS North Central London Integrated Care Board
London Ambulance Service	London Fire Brigade
Enfield HealthWatch	North Middlesex Hospital NHS Trust
Enfield Local Authority	Royal Free London NHS Hospital Trust
Enfield Probation	One to One Enfield
Barnet Enfield and Haringey Mental Health Trust	
Care Quality Commission	Enfield Carers Centre

## Care Act 2014

The Enfield Safeguarding Adults Board is a statutory Board formed under the Care Act 2014.

The main objective of the SAB is to assure itself that there are robust local safeguarding arrangements and partners to help and protect adults in its area.

The Local Authority, the Police and the NHS are the three statutory members of the Board.

If you think you or someone you or an adults you know is or might be experiencing abuse, you can call the  
**Enfield Adult Abuse line on 020 8379 5212. Textphone: 18001 020 8379 5212**

# A welcome from Geraldine Gavin, Chair...

It is a pleasure to introduce you to our consultation on the 2023-28 Strategy for the Enfield Safeguarding Adults Board.

It is important that we continue to build on our successes and meet new challenges – we also want to include more views of those who live and work in the London Borough of Enfield. Our Safeguarding Community Engagement Group, Quality Checkers and other partnership groups have helped us develop this Strategy around our plans for the next five years.

We plan to improve the information that we give residents in Enfield about how to keep themselves safe and report abuse. We want to review how we learn and how we work together as a partnership when risks are high. We want to make sure that we are working with neighbouring boroughs effectively and that our care providers understand how and when to raise safeguarding concerns.

We are keen to involve more residents of Enfield in our work as lay members of the Board, if that is something that interests you then please email [SafeguardingEnfield@enfield.gov.uk](mailto:SafeguardingEnfield@enfield.gov.uk).

It really is important that we keep the views and experiences of Enfield's residents at the heart of what we do as a Board and you can be an important part of that, either by being a lay member or by filling in this consultation. It really does help us.

In Enfield, our Safeguarding Adults Board Chair is independent.

As an independent person they can act as a neutral spokesperson for the work of the Board and its members.

If you think you or someone you or an adults you know is or might be experiencing abuse, you can call the  
**Enfield Adult Abuse line on 020 8379 5212. Textphone: 18001 020 8379 5212**

# Why have a Safeguarding Adults Strategy?

This strategy is our way of helping to create a change in attitudes: we want all our partner agencies and our community to unite in creating a culture of zero tolerance to all types of abuse.

We want to make sure we can all recognise abuse and know how to report it.

This is a shared statement about what the Enfield SAB is going to concentrate on over the next 5 years.

By working in partnership on these actions, we hope to realise our vision of a community that stands united against all forms of adult abuse.

## Care Act 2014

The Care Act places statutory functions on the Board.

It must assure itself of robust safeguarding practices.

It must publish a strategic plan and write an annual report. It must also conduct a safeguarding adult review should an adult with care and support needs die or experience serious harm, and abuse or neglect is suspected.

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# Review of 2018-23 Strategy

Our previous strategy covered the period between 2018-2023, which included a lot of disruption due to the COVID-19 pandemic. This changed the way the Board had to work but we continued to push forward on our priorities.

Throughout this time, the Board met virtually and kept partners in touch – a key piece of work, inspired by questions from our lay members, was added scrutiny around Do Not Attempt Resuscitation orders in Enfield over this time. This offered substantial reassurance at a difficult time.

In terms of the Strategy priorities, the Enfield SAB :

- Worked to reduce isolation through assistive technology projects and the Enfield Stands Together initiative during Lockdowns.
- Developed and improved the Board's online presence to make it easier for residents to find information on Safeguarding. (Some factsheets and resources do need to be updated and this is a priority for 2023-2028.)
- Implemented Partner updates to increase scrutiny on partners and ensure we are all acting on learning and concerns.
- Engaged in an external audit of our Board process by Red Quadrant Ltd (which was positive) and acted on the learning from this.
- Continued to meet regularly with neighbouring Safeguarding Adults Boards to ensure that policies and approaches are consistent.
- Worked to strengthen our partnership approach to supporting care providers – for example, our Quality Checkers and Provider Concerns process.

Where some activities are on-going, you will see that they appear again on 2023-2028's Strategy.

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# Have your say on what the priorities should be

Our SAB partners have told us what they are doing to keep adults safe.

We have used this feedback, as well as advice from the Safeguarding Community Engagement group, and other information, research and learning, to design our priority areas.

We will use our first version of the strategy to ask people who live and work in Enfield what they think. We want to make sure that our residents are confident in telling us what their concerns are.

Please complete the survey at the end of this strategy and return it to us.

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# What are the priorities for our Strategy?

Our actions fall into 3 areas:

- Prevent abuse;
- Protect victims;
- Learn from Safeguarding Adults Reviews and other cases;

Some of these actions will be completed jointly with our neighbouring Safeguarding Adults Boards and partners from the North and Central London area. (Barnet, Haringey, Camden and Islington). Joint actions will have star (\*) in the title.

These priorities have been developed through reviewing themes in our Safeguarding Adults Reviews (for example around isolation as well as how partners work together) and the regular audits conducted by partners. Some are in relation to trends observed in the Safeguarding data over the last 5 years (such as the increase in Self-neglect) or feedback from partners or residents of Enfield (through our Safeguarding Community Engagement Group). Some, like those relating to raising awareness of Safeguarding Adults, are key responsibilities of any Safeguarding Adults Board.

Following this consultation, a more detailed action plan for each year will be developed.

If you want to learn more about how a particular priority or action was developed then please email [SafeguardingEnfield@enfield.gov.uk](mailto:SafeguardingEnfield@enfield.gov.uk). You can also let us know of any ideas you may have.

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# Prevent abuse

**What and Why: Engage with our community, to promote a culture where abuse and neglect are not tolerated.**

This is a key priority for all Safeguarding Adults Boards. It is important that everyone in Enfield knows how to report safeguarding concerns and where to go for help and support.

**How:** Create a culture in Enfield where our community has a zero tolerance of abuse and neglect and understand how to report any concerns they may have. (\*we can develop our own marketing materials or use our neighbours' tools to help us with this). Our Community Safeguarding champions network, and various charity & community organisations will be crucial in helping us disseminate important safeguarding messages to Enfield residents.

**How will we know:** Attendance and feedback from the Community Engagement group at the SAB. Analysis of where our safeguarding concerns come from and if the proportion from members of the public increases.

Oversight – the Safeguarding Community Engagement Group

**What and why: Use technology and social media to engage with our community, professionals, providers and voluntary organisations.**

Feedback from members of the public and colleagues alike show that we are not always clear on processes – and that increasingly looking online is where most of us go to find these answers. The Board's digital presence needs to be updated and of high quality.

**How:** Improve the website and social media presence, so people can stay informed and report concerns; promote developments in assistive technologies and social media options (including video calls).

**How will we know:** More visits to website, compared to 2023, and the Board will collect feedback on how social media and assistive technologies are helping people through audits.

Oversight –SAB and Practice Improvement Group.

If you think you or someone you or an adults you know is or might be experiencing abuse, you can call the  
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# Prevent abuse

## **What and Why: Work to reduce isolation & self-neglect**

Safeguarding Adults Reviews in the Borough highlight this as a need (for example Mr K which you can see on the website) and an increase in the number of concerns that feature self-neglect as the type of abuse in Enfield in 22.5% of cases (a percentage that is steadily increasing – up 4% in 5 years).

How: Mapping and supporting case discussion forums throughout the partnership, Online training; community engagement to encourage groups to stay in touch with people who might be isolated

How will we know: Monitor responses to the isolation question in our social care survey. Observing trends and patterns around Safeguarding Concerns received – particularly repeat concerns around self-neglect.

Oversight – The SAB.

## **What and Why: Work with people alleged to have caused harm to prevent further abuse.**

Prevention often involves working with those who have caused harm to others (as an example Domestic Abuse).

This is a challenging area of work for all partners.

How: Developing guidance in this area.

How will we know: More effective joined up thinking and working together.

Oversight – The Practice Improvement Sub-group of the SAB

If you think you or someone you or an adults you know is or might be experiencing abuse, you can call the  
**Enfield Adult Abuse line on 020 8379 5212. Textphone: 18001 020 8379 5212**

# Protecting adults at risk

What and Why : **Make sure all staff are appropriately trained**

Safeguarding Adults Reviews and audits highlight areas for improvement – as an example, more knowledge is needed around the Mental Capacity Act.

How: Ensure partners and providers have trained professionals to the required level. Everyone who works with adults at risk should have safeguarding adults basic training.

Priority areas include:

- Trauma based practice
- Mental capacity/ advocacy
- Making Safeguarding Personal
- Working with substance misuse, Mental Health and self-neglect.

How will we know: Attendance and feedback from training sessions. Partner organisations sharing their training data and noting improvement.

Oversight: Practice Improvement Group

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**Enfield Adult Abuse line on 020 8379 5212. Textphone: 18001 020 8379 5212**

# Protecting adults at risk

What and Why: Make sure our community knows how to recognise and report abuse.

How: Raise awareness about our Adult Abuse Line and online resources – through our marketing and community engagement work.  
Review factsheets and websites to ensure they are all up-to-date.

How will we know: An increasing percentage of safeguarding adults referrals coming from the community, attendance at Safeguarding events and visits to the website as well as feedback from audits.

Oversight: Safeguarding Community Engagement Group.

What and Why: **Develop escalation processes and networks to make sure all colleagues work well together.**

Several Safeguarding Adults Reviews have confirmed this area needs to improve.

How and Why: Finalise an updated escalation protocol.  
Connecting up the variety of multi-agency meetings to improve effectiveness.

How will we know: Multi-agency audits and feedback from partners.

Oversight: Practice Improvement Group.

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# Learn from Safeguarding Adults Reviews and other cases.

What and why : **Continue to improve all Safeguarding processes.**

How: We are developing multi-agency audits to test how we are learning and improving throughout the partnership. A Learning and Development framework is being developed for the SAB to incorporate learning from Safeguarding Adults Reviews, audits, single cases and other experiences.

How will we know: We will complete 2 multi-agency audit reports per year on different themes and confirm what actions partners have taken. The Multi-agency audit process will be reviewed each year to ensure it is effective.

Oversight: Practice Improvement Group

What and Why: **Learn lessons from feedback of those who have been through safeguarding or use our services.**

**This is a key priority for any SAB – we cannot say that we are Making Safeguarding Personal without finding out what the people involved feel about their experiences.**

How: Implement learning from the Quality Checkers; ask people who have been through a safeguarding process about their experience and make improvements where necessary.

How will we know: Partners' confirmation of the action they have taken to respond to issues raised by feedback. These will be logged and may be reported on in the SAB Annual Report.

Oversight: Practice Improvement Group

If you think you or someone you or an adults you know is or might be experiencing abuse, you can call the  
**Enfield Adult Abuse line on 020 8379 5212. Textphone: 18001 020 8379 5212**

# Learn from Safeguarding Adults Reviews (SAR) and other cases.

What and why :**Improve processes around SARs and sharing learning from cases.**

This is a key responsibility for the SAB under the Care Act 2014.

How: As identified in the Care Act, we have to undertake Safeguarding Adults Reviews and learn lessons. Also learn from Children and Families Services and Community Safety Reviews. We will put in place a new system to review cases and implement learning more quickly. We will develop tools to communicate learning from SARs more effectively.

How will we know: Safeguarding Adults Reviews will be completed and learning implemented more promptly than previously. Learning materials on SARs will be placed on the website and audits conducted around which recommendations have been put in place.

What and Why: **Learning from our neighbours.**

A lot of residents of Enfield – as well as providers and partners – work or live in our neighbouring boroughs. It is vital that our approaches are consistent to avoid confusion. This has been identified from feedback in the Practice Improvement Group.

How: We will continue to work with North and Central London Boroughs to learn lessons together. We share our lessons from reviews and will work on checks together.

How will we know: Annual Review and audits to identify improvements to Enfield's safeguarding arrangements based on learning from other boroughs.

Oversight: Practice Improvement Group

If you think you or someone you or an adults you know is or might be experiencing abuse, you can call the  
**Enfield Adult Abuse line on 020 8379 5212. Textphone: 18001 020 8379 5212**

## Who to contact if :

If you think you or someone you know is or might be experiencing abuse, you can call the Enfield Adult Abuse line on **020 8379 5212**. **Textphone: 18001 020 8379 5212**

For an assessment of your care and support needs then please contact the Single Point of Access: **020 8379 1001**

The Children's Multi-Agency Safeguarding Hub: **020 8379 5555**

Solace Women's Aid Advice Service offers support for domestic and sexual violence. Phone the advice line on **020 3795 5068**.

Modern Slavery concerns: **020 3821 1763 (Mon-Fri 10am-2pm)**, or you can email us at: [ModernSlavery@enfield.gov.uk](mailto:ModernSlavery@enfield.gov.uk)

If you think you or someone you know needs a home fire safety visit, then check out: [Home Fire Safety | London Fire Brigade \(london-fire.gov.uk\)](https://www.london-fire.gov.uk)

Remember in an emergency, when someone is being harmed or abused, call the Police on 999.

If you would like to get involved in volunteering work to safeguard adults who may be experiencing abuse or harm, please contact us on [SafeguardingEnfield@enfield.gov.uk](mailto:SafeguardingEnfield@enfield.gov.uk).

If you are worried about someone then please do raise it.

If you want to see more information about how Safeguarding Adults works in Enfield then please look at MyLife [About Safeguarding Adults \(enfield.gov.uk\)](https://enfield.gov.uk/about-safeguarding-adults).

You can also see videos that were developed some years ago around Warning Signs of Abuse and how Making Safeguarding Personal works in Enfield at [Abuse - Recognise It, Report It \(enfield.gov.uk\)](https://enfield.gov.uk/abuse-recognise-it-report-it)

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## London Borough of Enfield

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<b>Report Title</b>	<b>Enfield Safeguarding Adults Board Annual Report 2022/3</b>
<b>Report to</b>	<i>Health &amp; Adult Social Care Scrutiny Panel</i>
<b>Date of Meeting</b>	<i>20<sup>th</sup> September 2023</i>
<b>Cabinet Member</b>	<i>Cllr Alev Cazimoglu</i>
<b>Executive Director / Director</b>	<i>Tony Theodoulou</i>
<b>Report Author</b>	<i>Elspeth Smith, Safeguarding Adults Board Manager and Bharat Ayer, Head of Safeguarding Partnerships</i>
<b>Ward(s) affected</b>	
<b>Key Decision Number</b>	<i>Non key</i>
<b>Classification</b>	<i>Part 1 Public</i>
<b>Reason for exemption</b>	N/A

### Purpose of Report

- 1) The report is being presented to note the Safeguarding Adults Board's (SAB) activity to protect adults at risk in 2022-23. It highlights the positive actions taken to prevent neglect, abuse and exploitation against adults at risks, includes data to demonstrate the impact of these actions, and states the key priorities for the Safeguarding Adults Board (SAB) for the 2023-24 period. The report also provides safeguarding updates on work undertaken by agencies during 2022/23.

## Recommendations

- I. To note the Annual Report. Noting the report at Cabinet, Scrutiny and Council enables Enfield Council to demonstrate its commitment to safeguarding adults at risk throughout the organisation. The report is a partnership document and as such is agreed at the Safeguarding Adults Board.

## Background and Options

- 2) There are statutory duties for publishing an annual Safeguarding Adults report. These duties apply to the Safeguarding Adults Board. The duties require specific information to be provided. The actions taken to address the requirements are in italics below.
- 3) For the Safeguarding Adults Board, the Care Act requires that the report includes:
  - a) what it has done during that year to achieve its objectives and strategy (*the information in the report is organised by the priority areas of the strategy*);
  - b) what each member has done during that year to implement the strategy (*this is done through the partner statements in the appendix*);
  - c) information on Safeguarding Adults Reviews, including information on referrals received, on-going reviews and key learnings from reviews that have been published (*this is detailed in the learning from experience section*).
- 4) Across the Safeguarding Adults Partnership, our primary responsibility is to provide a way for local agencies to work together to safeguard those at risk, and to ensure that the arrangements in place are working effectively.
- 5) This report highlights the work of the Enfield Safeguarding Adults Board over 2022-23 and also includes brief updates from our partner agencies on their work.

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

- 6) **Safeguarding Adults Reviews (SARs):** During 2022/23, two SARs were completed – giving all partners a wealth of learning and areas to make improvements. All published SARs can be found on the Enfield Safeguarding Adults pages on Enfield MyLife
- 7) **Safeguarding Adults concerns** –numbers of concerns remain high with a total of 3,501 received across the Multi-Agency Safeguarding Hub and the

Mental Health Trust teams compared to 2,305 in 18/19. This is a huge challenge that staff continue to meet.

- 8) **Enfield's work with Assistive Technology** was shortlisted for the Municipal Journal (MJ) Digital Transformation Award (2023) and continues to explore inventive ways to improve the lives of Enfield's vulnerable residents – primarily by adding isolation for a growing population that lives alone but also through PainChek, an innovative programme that supports carers to recognise levels of pain in those who may struggle to communicate.
- 9) **LeDeR reviews** - 13 deaths of people with learning disabilities were notified to the Learning Disability Learning from Lives and Deaths Programme (LeDeR) in 2022/23. Work continues to examine the learning from these sad deaths and improve the lives of people with Learning Disabilities in Enfield. This is slightly more than the pre-pandemic 5 year average.
- 10) **Multi-agency Thematic Learning Event Chaired by Professor Michael Preston-Shoot in January 2023:** inspiring learning and discussion around the partnership response to adults who self-neglect.
- 11) **Infection Control:** Work across the partnership continues to train care providers around infection control. Training has reached 120 front-line staff members with spot visits to residential care homes and presentations to provider forums.
- 12) **Modern Slavery:** In recognition of the Modern Slavery team's outstanding efforts, they have been nominated for the 2023 Local Government Chronical Awards. This prestigious nomination reflects the significance of the team's work in tackling modern slavery and their commitment to making a lasting impact. What impact?
- 13) **The Quality Checkers and the Community Engagement Group:** The Enfield Safeguarding Adults Board continues to work with adults and community groups to keep their views and needs at the centre of the work that the Board does. This includes interventions both large and small such as consulting on the Enfield MyLife Safeguarding pages or highlighting key concerns such as carer hesitation around vaccination for discussion at the Board.
- 14) **Supporting the development of Multi-disciplinary panels to discuss high risk cases and ensure partners work together:** this includes the Safeguarding Information Panel, Hoarding Panel and High Risk Advisory Panels (all of which are discussed further later in the report) amongst others. This ensures that information is shared and agencies work together promptly – a key piece of learning from SARs.

Important areas of work for 2023-24:

- 15) In 2023, we will be developing the 2023-2028 Enfield Safeguarding Adults Board Strategy – incorporating feedback from partners, members of the

public and users of services as well as providers – to help guide and structure our work over the next 5 years. The proposed priorities have been developed in consultation with Board Members and the Community Engagement Group but broader ranging consultation will be beginning in September.

#### Safeguarding Priority 1: Preventing Abuse.

- 16) Ensuring that members of the public are informed about types of abuse and how to prevent and report this by:
- 17) Updating our webpages and information available, including revising the Safeguarding Factsheets available and creating a 'What Happens After You Report Abuse' leaflet/page. These sites should also give an opportunity for adults to feedback on their experiences.
- 18) Ensuring our Community Engagement Group is reaching our local community through regularly meeting with voluntary and community groups such as Quality Checkers and reporting their priorities and concerns back to the Enfield SAB via Quarterly updates.
- 19) Continuing to work with Rise Mutual around behaviour change in domestic abuse cases for those at risk of being perpetrators as well as supporting survivors and working to ensure all partners are aware of this.
- 20) Develop a Task and Finish group to enhance and support the work of partners around adults who may self-neglect.

#### Safeguarding Priority 2: Protecting Adults at Risk.

- 21) Working with Board partners to develop and implement multi-agency audits to give assurance about the work we do.
- 22) Map out the different multi-agency meetings run by partners to discuss safeguarding risks to ensure that there is correct attendance and a lack of duplication.
- 23) Work together as partners to develop agreements around how best to handle concerns in specific areas – for example, Slips, Trips and Falls and Pressure Care.
- 24) Develop an Escalation Protocol so that partners have a clear route to escalate concerns with each other.

#### Safeguarding Priority 3: Learning from Experience.

- 25) The Safeguarding Adults Board will develop a new process to ensure that Safeguarding Adults Reviews are dealt with more promptly.
- 26) A Learning and Development framework will be developed for the Safeguarding Adults Board to incorporate learning from Safeguarding Adults Reviews, Multi-agency audits, single cases and other experiences.

- 27) All SARs published will have a 7-minute-briefing and learning materials made available to partners.
- 28) The Practice Improvement Group will continue to meet regularly and report on its activity and areas of practice improvement to the Board.

#### Safeguarding Priority 4: Supporting Service Improvements.

- 29) The Safeguarding Adults Board will continue to support Provider Concerns processes in Enfield and highlight concerns to providers via the Provider Newsletter (published by the Enfield Local Authority).
- 30) Work with partners across the North and Central London region on ensuring that information for, and expectations of, services are consistent and clearly communicated. A key piece of work in this area will be looking at when individuals are placed across borough boundaries.

#### **Preferred Option and Reasons For Preferred Option**

- 31) Publishing this report is part of the Enfield Safeguarding Adults Board's statutory duties, and not doing so would mean we would be in breach of these.
- 32) As mentioned above, noting this partnership report at Cabinet, Scrutiny and Council enables Enfield Council to demonstrate its commitment to safeguarding adults at risk of abuse or neglect.

#### **Relevance to Council Plans and Strategies**

- 33) The work of the Enfield Safeguarding Adults Board meets the Council's priority of "Strong, healthy and safe communities".
- 34) The purpose of safeguarding work is to protect adults at risk and their carers so that they can all thrive in the borough. The SAB's approach to safeguarding focusses on well-trained staff who can effectively engage and manage the risks that may be present.

#### **Financial Implications**

- 35) This report is not requesting any additional financial resources and therefore there are no specific implications for the budget of noting the Annual Safeguarding report. However, it is important to note that the costs of safeguarding adults are increasing and this places significant cost pressures on the Council as reflected in the Council's medium term financial strategy.

#### **Legal Implications** Rosalind Wing 24 August 2023

- 36) 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.
- 37) 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.
- 38) This report complies with the above legislation and guidance.

**Equalities Implications – confirmed by Lucy Nasby, 13<sup>th</sup> July 2023.**

- 39) Anti-discriminatory practice is fundamental to the ethical basis of safeguarding and care provision and critical to the protection of people's dignity. The Equality Act protects vulnerable adults and children receiving our care and the workers that provide it from being treated unfairly because of any characteristics that are protected under the legislation.
- 40) In Fairer Enfield 2021-25, we clearly outline our commitment to the Equality Act and the policy provides clear principles and guidance for staff and service users on how we will ensure we are complying with the Act. This annual report outlines how we are delivering inclusive services to safeguard adults at risk in Enfield.

**HR and Workforce Implications**

- 41) There are significant staffing challenges across adult social care nationally, regionally, and locally. The care sector has vacancies caused by changes in employment patterns, particularly increased competition for domiciliary care staff. We have Social Work and Occupational Therapy vacancies across all teams. The staffing pressures are resulting in increased caseloads for current staff at a time when demand is also increasing. The rising demand will compound our current difficulties concerning recruitment and retention of permanent staff.

**Environmental and Climate Change Implications**

- 42) The Safeguarding Partnership works across the Council to deliver positive outcomes for vulnerable residents, this includes improving housing conditions so people are safe, as well as improving health outcomes including through active and sustainable transport improvements.

**Public Health Implications**

- 43) Important public health aims include enabling 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.
- 44) The Safeguarding Adults Board has strong links with the Health and Wellbeing Board. Public health officers are also members of the Safeguarding Adults Board Activity Groups, to enable joined-up work with a focus on prevention.

### **Safeguarding Implications**

- 45) The report highlights the work of the Safeguarding partnership to safeguard adults at risk. The safeguarding implications of this work are:
- 46) For Enfield Council – as lead agency for safeguarding 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. The report does highlight areas of work for the coming year also.
- 47) For the community - improvements in understanding how to stay safe, how to recognise abuse and how to report it.
- 48) For our partners – good communications so that any issues with joint work (which is essential to effective safeguarding) can be escalated, managed and improved.

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**Report Author:** [Name] Sharon Burgess/ Bharat Ayer/ Elspeth Smith  
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### **Appendices**

Safeguarding Adults Board Annual Report 2022/23

### **Background Papers**

**Departmental reference number, if relevant:**

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### **Please talk to us**

Safeguarding adults at risk, children and families 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.

### **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 MyLife Enfield website. Go to:

**[www.mylife.enfield.gov.uk/enfield-home-page/safeguarding](http://www.mylife.enfield.gov.uk/enfield-home-page/safeguarding)**

### **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](http://www.enfield.gov.uk/childrensportal)**

- You can email at: **[ChildrensMash@enfield.gov.uk](mailto: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](http://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](http://www.childline.org.uk/toolbox/for-me)**

### **For all Enfield residents**

#### **Domestic Abuse Support**

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. Anyone can be affected by domestic abuse and there is help available.

Solace Women's Aid Advice Service offers support for domestic and sexual violence. Phone the advice line on **020 3795 5068**.

You can also find more resources to support anyone experiencing domestic abuse at:

<https://www.enfield.gov.uk/services/community-safety/domestic-abuse#how-to-get-help-with-abuse>

### 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:**

**“An Enfield 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**

Geraldine Pic...

As the Independent Chair of the Enfield Safeguarding Adults Board, I want to Thank all our partners and staff members who have contributed to another hard working and busy year.

The Board continues to meet at quarterly intervals, with all the key agencies around the table. In addition, we have a series of Activity Groups that work on behalf of the Board and report in at regular intervals. This Annual Report gives a lot of detail of the actual themes and work generated and there are a few that I want to draw your particular attention too.

It has been fantastic to be able to meet in person again, as during the Covid peak periods this had not been possible. We have now adapted our style of working and whilst we have increasing numbers of colleagues able to join us, we also have several online too. Across all our partners this 'hybrid' style works well. I have also been out and about and met many of our colleagues at their workplace which again has made our dialogue more meaningful.

During 2022-23 we benefited from an external review of the SAB which took place last summer. While broadly positive there were some helpful suggestions made that were adopted. An Executive Group now meet around a month ahead of the quarterly meetings, this gives each statutory organisation (Local Authority Safeguarding Adults, Integrated Health Board, the Metropolitan Police and Enfield Probation Service) an opportunity to make sure all partners are up to date with key local changes to practice that may have an impact on broader safeguarding activities. We also work with voluntary sector colleagues who make important contributions to our Safeguarding conversations. (Healthwatch, One to One and the Carers Association)

Safeguarding Adult Reviews (SARs) are being closely monitored as there have been more incidents reported into the Board and there were some legacy reports which were held up during Covid. It is imperative that we as a system continue to review practice and move more efficiently through the review processes. We are keen to adopt a speedier though nonetheless detailed analysis when cases and safeguarding concerns demand it. Again, more of the SAR details can be found later in this report.

An important Multi-Agency Learning Event took place in January 2023, this focused on a thematic review assessing the impacts of homelessness, addictions, and self-neglect. We had Professor Preston-Shoot facilitating around 100 plus staff through his detailed report which will be published by September 2023. This was an excellent way for all present to consider the safeguarding themes and what might be considered better practice when these very tricky themes are so prevalent amongst some of the adults known to Enfield services.

I would encourage all readers to consider this report in depth. Safeguarding Adults is a serious concern and all the staff involved take their roles and responsibilities very seriously. I hope you find the report informative, and I want to encourage all of you to send us 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. We are always looking for feedback from residents so please get in touch. Email us at [SafeguardingEnfield@enfield.gov.uk](mailto:SafeguardingEnfield@enfield.gov.uk)

Geraldine Gavin

Independent Chair

Enfield Safeguarding Adults Board

August 2023

## A Summary of What We Did in 2022-23

**Safeguarding Adults Reviews (SARs):** During 2022/23, two SARs were completed – giving all partners a wealth of learning and areas to make improvements. All published SARs can be found on the Enfield Safeguarding Adults pages on Enfield MyLife (there are also more details later in this report).

**Safeguarding Adults concerns** –numbers of concerns remain high with a total of 3,501 received across the Multi-Agency Safeguarding Hub and the Mental Health Trust teams compared to 2,305 in 18/19. This is a huge challenge that staff continue to meet with determination and creativity.

**Enfield's work with Assistive Technology** was shortlisted for the Municipal Journal (MJ) Digital Transformation Award (2023) and continues to explore inventive ways to improve the lives of Enfield's vulnerable residents – primarily by adding isolation for a growing population that lives alone but also through PainChek, an innovative programme that supports carers to recognise levels of pain in those who may struggle to communicate.

**LeDeR reviews** - 13 deaths of people with learning disabilities were notified to the Learning Disability Learning from Lives and Deaths Programme (LeDeR) in 2022/23. Work continues to examine the lessons from these deaths and improve the lives of people with Learning Disabilities in Enfield. This is slightly less than the pre-pandemic 5-year average.

**Multi-agency Thematic Learning Event Chaired by Professor Michael Preston-Shoot in January 2023:** inspiring learning and discussion around the partnership response to adults who self-neglect.

**Infection Control:** Work across the partnership continues to train care providers around infection control. Training has reached 120 front-line staff members with spot visits to residential care homes and presentations to provider forums.

**Modern Slavery:** In recognition of the Modern Slavery team's outstanding efforts, they have been nominated for the 2023 Local Government Chronical Awards. This prestigious nomination reflects the significance of the team's work in tackling modern slavery and their commitment to making a lasting impact.

**The Quality Checkers and the Community Engagement Group:** The Enfield Safeguarding Adults Board continues to work with adults and community groups to keep their views and needs at the centre of the work that the Board does. This includes interventions both large and small such as consulting on the Enfield MyLife Safeguarding pages or highlighting key concerns such as carer hesitation around vaccination for discussion at the Board.

**Supporting the development of Multi-disciplinary panels to discuss high risk cases and ensure partners work together:** this includes the Safeguarding Information Panel, Hoarding Panel and High Risk Advisory Panels (all of which are discussed further

later in the report) amongst others. This ensures that information is shared and agencies work together promptly – a key piece of learning from SARs.

Please see Appendix A for further updates, from the individual agencies and services within the Safeguarding Adults Board, around safeguarding adults in Enfield.



## 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
- continuing to work in ways that can prevent abuse from happening.

## ADULTS

### Preventing Abuse in Enfield's Adult Care Providers

Enfield has 195 Care Quality Commission (CQC) registered providers of care to adults- one of the highest numbers in London - and a high number of unregistered providers of care. Many of these providers also have high numbers of adults originally placed in Enfield by other local authorities.

To manage the risks around quality and safeguarding, we have a Safeguarding Information Panel (SIP) 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 the Provider Concerns process (for more information please see Enfield MyLife webpages & the relevant section of this report), Quality Checker visits, Immigration Enforcement visits and safety visits from the London Fire Brigade (6 were made as a result of the panel discussions this year). The Panel meets every six weeks.

Over 2022-23, the following were implemented by the Safeguarding Service Improvement team (often but not exclusively as a result of SIP):

- **25** unannounced visits to providers following whistleblowing or other concerns
- **24** visits to supported living providers
- **57** visits to residential and nursing home providers
- **32** visits to domiciliary care providers
- **23** visits to resident's private homes to discuss the services they receive
- **5** over-night and unannounced visits to residential and nursing homes

All these visits result in feedback and action planning for the provider so that they can improve their services and the Safeguarding Information Panel can continue to monitor.

During the Summer 2022 heatwave, the Safeguarding Service Improvement Team visited **11** providers (and sent information to others) to ensure that they were prepared for the extreme temperatures and how they might impact those who used their services. They also supported the Public Health team to ensure that providers were aware of the Extreme Weather protocols.

The team have also developed the Providers' Newsletter to go out to all care providers and keep them up to date with the latest advice, processes and best practice on a regular basis. This has really helped to improve communication with some providers who are unable to attend the Provider Forums. Recent topics have included vaccination support, fire safety and safe recruitment.

In **23** cases, the team has also worked with individual residents of care homes, and their families, to mediate where there are concerns and achieve improvements where possible – or to support a safe transfer to another provider if necessary.

Over the course of the last few years, the Safeguarding Service Improvement Team have focused hard on developing working relationships with providers and partners. This has led to improvements

in how information is disseminated and means that they provide a lot of ad hoc support and advice (hopefully preventing the need for more formal interventions later). One partner said this year “We are so lucky to work with such wonderful people in Enfield. We really appreciate all of you.”

### **Infection Prevention and Control Measures in Care Homes:**

A key consideration for all providers of adult social care is Infection Prevention and Control or IPC. This is especially important to manage COVID-19 but also other viruses and infections which can be devastating to a group of clinically vulnerable adults.

The Improvements and Standards Manager leads on Infection Prevention and Control to support the borough’s social care providers to implement and maintain robust IPC measures to minimise the risks of cross infection of infectious conditions and to contain and manage identified ‘outbreaks’.

The Improvements and Standards Manager works closely with the Public Health team to monitor levels of infectious conditions in care homes and delivers IPC training to front line workers.

**19** Infection Prevention and Control training sessions were provided – which reached **120** front-line social care staff. These sessions have focused on improving the competence and confidence of those delivering care. Feedback was very positive including “would recommend to colleagues” and “learnt how to protect myself and my residents”.

**55** organisational learning reviews have been completed with social care providers that have experienced an outbreak of COVID-19 in 2022/23 (**20** of these were joint with our Public Health colleagues). These reviews are helpful for the individual providers as recommendations are made (and followed up), but also for the wider community as themes are identified and tracked. Information and advice can then be highlighted to all providers.

**4** presentations on improving infection prevention and control have been given at Provider Forums.

### **Safeguarding Community Engagement Group.**

The Safeguarding Community Engagement Group has gone from strength to strength in 2022-23. Chaired by Gill Hawken, a long-term and highly respected lay member of the Enfield Safeguarding Adults Board, this group continues to be active in Board discussions and give scrutiny and feedback on all aspects of our work.

Most recently this includes:

- Continuing to reach out to community groups around safeguarding adults.
- Giving feedback on the Draft Safeguarding Adults Board Strategy for 2023-2028.
- Working with the Quality Checkers to gain their views on key pieces of documentation that the Enfield Safeguarding Adults Board are developing or reviewing.

Members of the Community Engagement Group often raise key issues for Board members – highlighting risks and the experience of adults in Enfield.

Going forward, the group will focus on recruiting more lay members as well as continuing to engage with voluntary groups – ensuring their concerns are reflected in the work of the Board at all times.

## Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) process is required by law to make sure that any restrictions to a person's liberty are independently judged as being in that person's best interests.

Financial Year	2018/19	2019/20	2020/21	2021/22	2022/23
Applications received	1468	1559	1557 (COVID had an affect here)	1748	1767

Over the past 5 years, we have seen a rise in Deprivation of Liberty Safeguards (DoLS) applications. This has been because of a better understanding of the Mental Capacity Act 2005 following training sessions delivered by the DoLS team and due to an increase in the number of individuals being placed in residential and hospital care settings who lack capacity.

On average, the team issues DoLS authorization within 44 days (from receipt of the application to sign off date). According to NHS Digital data returns (available online), the national average to complete this is 156 days (or over 5 months).

The Mental Capacity (Amendment) Act 2019 paved the way for DoLS to be replaced with a new scheme called the Liberty Protection Safeguards (LPS) but after much to-ing and fro-ing the government announced that the LPS will be delayed 'beyond the life of this parliament'. A lot of work was undertaken in anticipation of the LPS; including streamlining DoLS assessments with Care Act assessments, refocus on community DoLS and protecting younger peoples' liberties. This has further attributed to a better understanding of the Mental Capacity act 2005 and the need for protecting vulnerable peoples' human rights.

## The Assistive Technology Board – technology in adult social care

Over the last couple of years there have been many initiatives across Enfield Health and Adult Social Care to increase the use of assistive technology – to improve the lives of people and also protect them from harm.

These initiatives include:

- The SmartLiving Project – looking at how SMART devices could support people and combat isolation
- Learning Disability Assistive Technology Panel – specifically targeting how people with learning disabilities can be supported and
- PainChek – a clinically proven digital pain assessment tool that is really useful in working with adults who may struggle to communicate their level of pain.

The Local Authority also has a well-established and successful Safe and Connected service which is the telecare service supporting nearly 2,500 people to continue to live as independently as possible.

An Assistive Technology Board was launched to increase assistive technology awareness across the Health and Adult Social Care workforce and to increase the confidence of staff with recommending assistive technology solutions. The Board has overseen an increase in training and

ensured that each adult social care team has an Assistive Technology champion as well as providing training for voluntary groups and partners about what assistive technology can do.

Enfield Council were shortlisted as a finalist for **the Municipal Journal (MJ) Digital Transformation Award** in recognition of SMART Living project, Painchek and assistive technology innovations. This is a fantastic achievement recognising the passion and commitment of everyone involved.

**[In-Box]** Mary is a 79-year old woman who lives alone and suffers from seizures. She was recently admitted to hospital following a fall and was worried about returning home. However, she felt that carers were an invasion of her privacy.

Assistive technology was put in place to help her – a falls detector alarm, a monitor that could detect a seizure in bed and an Amazon Echo which gives her a reminder of when to medication and when medical appointments might be due. Mary gave the Safe and Connected Service a key so that she can be helped if any of these alarms goes off.

All this helps Mary to be as independent as possible for as long as possible – and on her own terms.

### **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). This year a significant part of this work involved responding to emerging risks due to COVID-19. Here we present some of our key responses, policies, talk about our training and present some high-level data. More detailed information can be found in the appendices.

## **Adults**

[in box]

### **Care Act 2014 (Adults)**

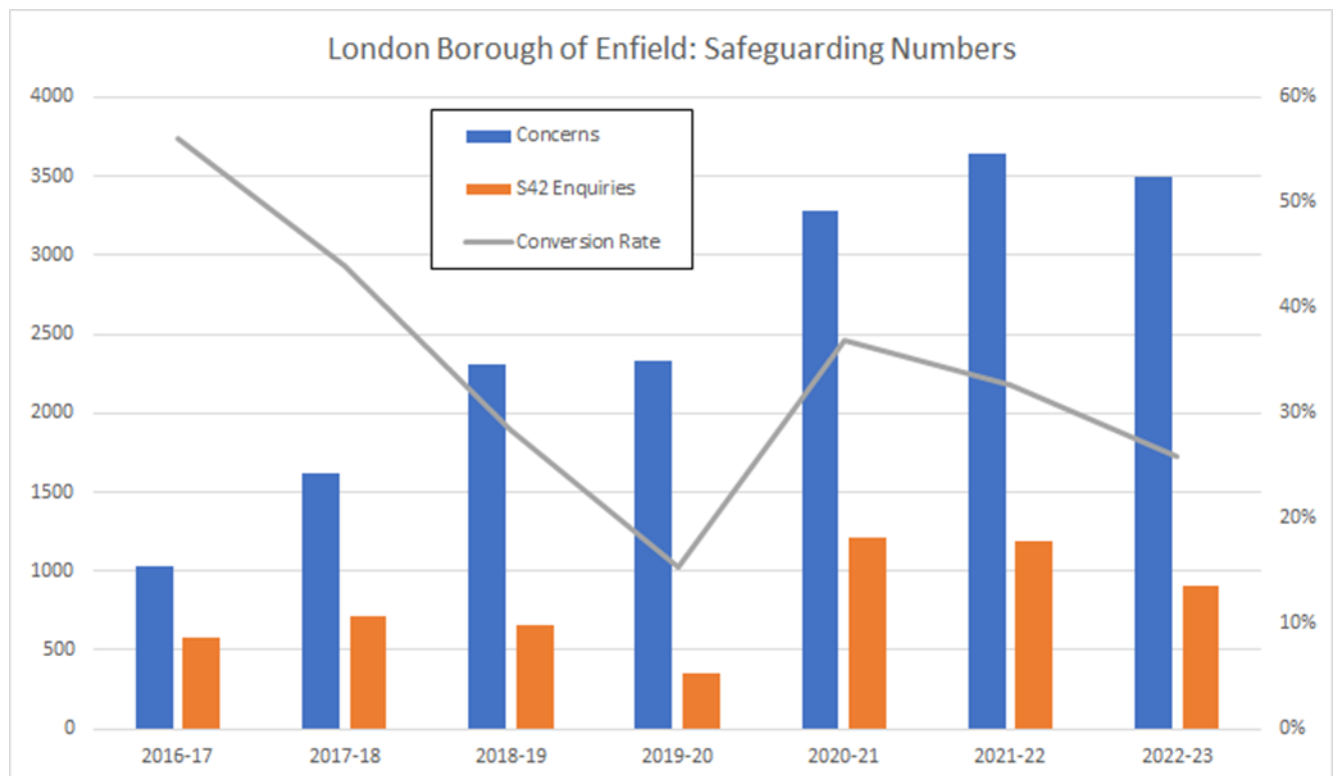
Safeguarding Adults duties are detailed in Section 42 of the Care Act and in the accompanying statutory guidance. Where the criteria are met, the Local Authority, who is named as the lead agency for safeguarding, must ensure that a Safeguarding Enquiry takes place. The criteria that a concern must meet to require an enquiry are that: it is about a person who is 18 years of age or over, with care and support needs, and who is experiencing, or is at risk of, abuse or neglect, and is unable to protect themselves.

### **Safeguarding Concerns and Enquiries under Section 42 of the Care Act.**

The Local Authority continues to respond to a large number of Safeguarding Adults concerns. 3,501 in 2022/23 – 2,653 of which were responded to via the Multi-Agency Safeguarding Hub and 848 of which were responded to via Local Authority staff seconded to the Barnet, Enfield and Haringey Mental Health Trust teams.

This is a slight reduction from 2021/22 (when the total was 3,638) but the numbers remain very high when compared to a few years ago as you can see below.

Not every concern results in a complete Safeguarding Adults Enquiry under Section 42 of the Care Act (2014), in 22/23 909 enquiries took place (26% of concerns).



The types of abuse that are being reported have changed over time. Self-neglect is the most prevalent type of abuse in Enfield in 22/23 and this has been increasing year-on-year for some time – how we respond to such concerns is a key focus of the Board's work over the coming years.

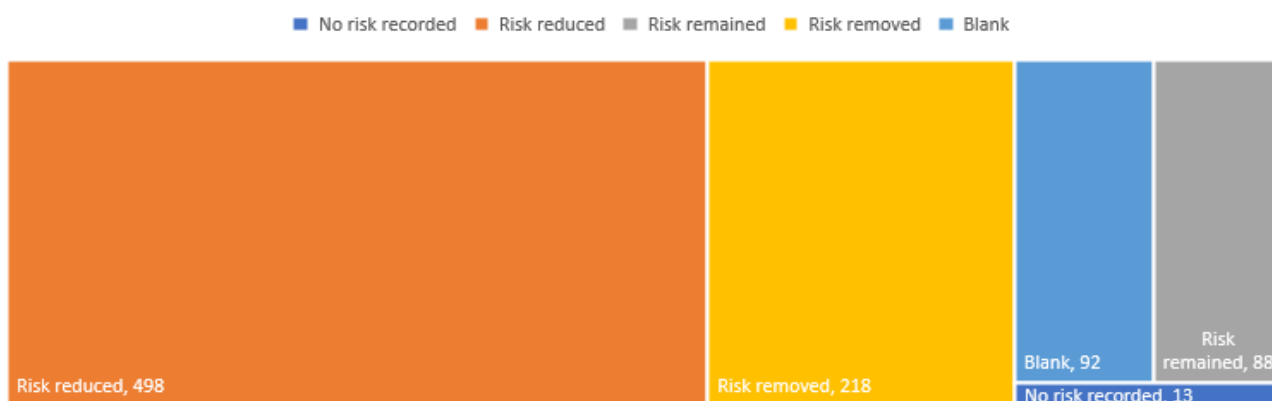
	2022-23		2021-22	2020-21	2019-20	2018-19
Type of Abuse	Yes	%	%	%	%	%
Self-Neglect or Hoarding	917	23.8%	20.7%	20.3%	17.3%	18.8%
Neglect and Acts of Omission	858	22.2%	20.1%	18.0%	21.7%	22.7%
Physical abuse	474	12.3%	13.7%	14.0%	11.9%	12.3%
Emotional / Psychological Abuse	441	11.4%	13.3%	13.8%	14.0%	12.7%
Domestic Abuse	367	9.5%	10.5%	11.3%	5.7%	5.6%
Financial or Material Abuse	407	10.5%	10.2%	9.7%	10.1%	11.1%
Sexual Abuse or Exploitation	161	4.2%	4.2%	3.7%	6.9%	7.7%
Organisational Abuse	149	3.9%	3.2%	3.7%	3.0%	2.5%
Pressure Sores	9	0.2%	2.4%	3.4%	8.0%	5.5%
Modern Slavery	35	0.9%	0.9%	0.5%	0.4%	0.3%
Discriminatory Abuse	29	0.8%	0.5%	0.7%	0.2%	0.2%
Hate Crime or Disability Hate Crime	6	0.2%	0.3%	0.5%	0.6%	0.5%
Honour Based Violence	2	0.1%	0.1%	0.3%	0.1%	0.0%
Forced Marriage	4	0.1%	0.1%	0.1%	0.0%	0.1%
Female Genital Mutilation	2	0.1%	0.0%	0.1%	0.0%	0.0%
<b>Total</b>	<b>3,861</b>					

When we look at location of abuse, we can see that the majority of people are abused in their own homes – 54%.

Location of Abuse	Count	%
Own Home	1,901	54.3%
Blank	452	12.9%
Other	280	8.0%
Care Home - Residential	204	5.8%
Care Home - Nursing	170	4.9%
Hospital	206	5.9%
In the community (public place)	113	3.2%
Mental Health Setting	92	2.6%
In a community service (e.g. daycare)	83	2.4%
<b>Total</b>	<b>3,501</b>	

After every Safeguarding Enquiry, the adult at risk is asked if they feel that the risk has been reduced, removed or remains (this might be for a number of reasons including the adult declining services). As you can see below, the majority of adults that we work with believe that the risks that they face have been either reduced or entirely removed. Where no risk is recorded, this usually means that the enquiry found the adult was not at risk at all.

#### Risk Outcomes 2022-23



Although the Local Authority is the lead agency in terms of the Section 42 Enquiry, none of this work would be successful without the support and work of multiple agencies and committed professionals. This is one reason why the Enfield Safeguarding Adults Board is so important as a point to coordinate and strategically plan this partnership work.



## **Modern Slavery**

The Modern Slavery Team, led by Fiana Centala, stands as a trailblazer by being the first of its kind in England. Their establishment marked a significant milestone in combating modern slavery and addressing the urgent need for coordinated efforts across partner agencies like the police.

Through proactive collaboration with law enforcement agencies, Non-Government Organisations, and local communities, the team has strengthened intelligence sharing and coordination. This has resulted in more effective identification of modern slavery cases, leading to increased rescues and protection for victims. They continue to raise awareness and offer training to a number of partners and organisations.

In recognition of the team's outstanding efforts, they have been nominated for the 2023 Local Government Chronicle Awards. This prestigious nomination reflects the significance of the team's work in tackling modern slavery and their commitment to making a lasting impact.

The Modern Slavery Team's updated strategy for 2023-28 was signed off in February 2023 and further demonstrates the team's commitment to making a tangible difference in the lives of those affected by this grave injustice.

The Council's Modern Slavery Team were key in the successful prosecution of members of an Enfield-based family who trafficked a woman from Poland into the UK to be exploited as cheap labour this year. Two men and two women were sentenced at Reading Crown Court after they were found guilty at Wood Green Crown Court, following a seven-week trial. The Modern Slavery Team provided evidence to the police in connection with concerns over the activities of the four which resulted in their arrest. This is an excellent example of the team's work in getting justice for an individual but also protecting others by supporting the Criminal Justice to hold perpetrators to account.

The most common type of exploitation received by the team is around child criminal exploitation. This crime amounted to 44% of all referrals received during the year 2022/23. To proactively manage these risks, the team has successfully secured funding for a pilot program; Devolved Decision Making National Referral Mechanism centred on decentralised decision-making to bring about support and protection for vulnerable and at risk young people. This initiative aims to offer a swift and robust response to young people who are vulnerable to exploitation.

## **High Risk Advisory Panel**

The High Risk Advisory Panel continues to meet on a monthly basis. This is chaired by our Principal Social Worker, David Williams, and brings together senior multi-disciplinary colleagues for cases where there has been a lack of progress using usual processes. This provides social care staff with a way to escalate their concerns about particular cases beyond their team's/services' own Complex Case meetings.

Self neglect (and declining services or assessment) continues to be a theme in the cases that are brought to the Panel. Several Safeguarding Adults Board partners have been involved which has

been essential in moving very complex cases forward. Multi-agency risk assessments are completed for all adults discussed.

The London Borough of Enfield has also worked with other London Boroughs to observe each other's risk panels and see where improvements can be made. The Terms of Reference for the group are currently under review.

Themes identified through the Panel include substance and alcohol dependence and the communication between agencies which we are working to improve.

IN BOX — Carys was an older woman who abused alcohol and was not taking her medication. The High Risk Advisory Panel brought together colleagues across health, social care, substance misuse and police services. Complex issues around medication were being resolved and key legal advice around depriving someone of their liberty was shared with Carys' family. The social worker felt that there was clear direction and guidance for their work after discussing the case, and new ideas were given to help work with Carys and keep her safe.

#### **Hoarding multi-agency database and response**

During 2022/23, the London Borough of Enfield and the London Fire Brigade worked together to further develop the database of properties/ individuals where there is a high risk due to clutter or hoarding. These are cases where the Clutter Image Rating is between 6 and 9 which indicates a significant increase in fire risk and an indication of self-neglect in some cases.

A regular meeting with multi-agency involvement, particularly Housing, Adult Social Care and the London Fire Brigade, has been developed to discuss and review how to support adults in these situations, monitor changes in the level of risk and ensure that they and their local communities are supported.

IN BOX – The East Locality Team from the Local Authority raised concerns about Nicholas, a former rough sleeper living in Enfield who needed care and support. However, Nicholas' home was extremely cluttered – particularly in certain rooms and this meant that there were problems with providing him with the right equipment (such as a hospital bed) and with care agencies attending to help him. Through the Hoarding Panel (and subsequent meetings), different partners and teams were able to make a plan together to help him improve his environment room-by-room. The London Fire Brigade assessed and gave crucial advice on managing any fire risk and what needed to be done first.

#### **Transitional Mentoring and Advocacy Pilot Service**

Adults Social Care and Children and Family Services have identified a need to support young adult residents aged 18 to 25 in achieving positive outcomes. These young adults may have been known to Children's Services as vulnerable children or have come to the notice of Adult Social Care post 18. This group may have received some support as a child, but when turning 18 are often unable to access equivalent or ongoing support as adults, unless they have been assessed as having eligible needs for care and support under the Care Act (2014). There are gaps in legislation to safeguard this group and the need for change has been highlighted nationally.

In Enfield, a working group was formed to consider the best options. Using feedback from colleagues, gathering local data, and looking at other authority models who have already adopted new ways of working, it has been recognised that there is currently a gap for this group of young people in the service. Upon reaching 18, they have no support in place, but may still need a degree of help to ensure that they are able to achieve better outcomes in life. The working group identified that these young people need the right support at the right time and it is best delivered



independently from the Local Authority, by a provider who has a good track record of engaging with young adults, and has the experience, skill set and community links.

The pilot contract began on 1<sup>st</sup> November 2023, for one year initially, and is provided by Precious Moments and Health Limited. 21 referrals have been received, 10 are still active, and is currently showing an even mix of males and females requiring the service. Everyone using this service is over 18.

Positive outcomes are being reported - some clients have improved education attendance or are applying to return. More than one young adult has also confirmed a reduction in their cannabis intake. Another young man has a job interview coming up which his mentor has helped him to prepare for. All this helps them to build the skills and resilience to be independent, safe and healthy as they move on with their lives.

### **Rise Mutual – Culturally Integrated Family Approach to Domestic Abuse (CIFA)**

Following a pilot scheme, Rise Mutual (working with the Enfield Community Safety Unit and other London Boroughs) have been successful in bidding for funding to run this programme for two additional years (2023 to 2025). Rise Mutual works with adults who are at risk of perpetrating domestic abuse but who are motivated to change their behaviour. The programme will deliver a family and community approach to tackling domestic abuse (DA) in 10 London boroughs, focusing on integrated victim safety support, 1:1 perpetrator delivery, adult-to-parent familial DA intervention, LGBTQI+ delivery and outreach work.

The programme focuses on working with groups that are traditionally minoritized or isolated. This could include Black and Minority Ethnic groups, disabled adults, isolated older people or many others.

The pilot scheme was very successful – especially with referrals from Children and Families Services. Additional work will be done with our Adult Social Care teams to work out how we can encourage referrals to this service and better explain the advantages.

The initial pilot identified a theme of adults with learning disabilities being referred and so Rise Mutual are working with Enfield's Integrated Learning Disabilities Services to make sure that their resources and approach are as accessible as possible.

### **Self-Neglect Learning Event led by Professor Preston-Shoot.**

Professor Michael Preston-Shoot, a nationally recognised expert in adult social care with adults at risk, particularly those who may be neglecting their own needs, ran a learning/ consultation event in January for Board partners and staff from many agencies. This was particularly to talk through the learning from those cases included in the thematic Safeguarding Adults Review which he is currently working on (to be published by September 2023 with feedback from this event included). Over 100 professionals were invited to the sessions and around 90 attended from across the partnership.

The presentation was engaging and thought provoking – and Professor Preston-Shoot went on to lead a number of themed conversations with both operational and strategic staff from key Safeguarding partners. There was a strong focus on the real-life experiences of the adults involved and how their views and wishes – as well as needs – could better have been heard & acted on. This work will stay in the minds of all who attended and is already helping partners to develop stronger practices in working with adults who are (or are suspected of) neglecting themselves.

The recommendations from this piece of work will form part of the SAR that Professor Preston-Shoot is currently writing into self-neglect. He encouraged teams and individuals to reflect on how they could change their practice when working with people that appear to be self-neglecting and particularly how they could ensure that all professional partners are working together to address need and share information. We will be following this up in next year's annual report.

## Learn from experience

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

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.

[in box]

### Care Act 2014 (Adults)

#### 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 cases are reviewed by people who are independent, and the partnership then works together to make positive changes in light of what has been learned.

[in box]

“Safeguarding Adults Boards must arrange a Safeguarding Adults Review when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.... must also arrange a Safeguarding Adults Review if an adult in its area has not died, but the Safeguarding Adults Board knows or suspects that the adult has experienced serious abuse or neglect”- Care and Support Statutory Guidance (updated Oct 2016)

## Published Safeguarding Adults Reviews

During 2022/23, two SARs were completed – giving all partners a wealth of learning and areas to make improvements. All published SARs can be found on the Enfield Safeguarding Adults pages on Enfield MyLife.

The action plan for all Safeguarding Adults Reviews are completed and monitored by the Enfield Safeguarding Adults Practice Improvement Group. This includes the development of a Board sub-group looking into how adults who decline services can better be supported, an escalation process which has been developed for partners where there are concerns and improvements in training around Mental Capacity (some of which is in place already).

All partners receive information and training resources (such as 7-minute briefings) around the learning from SARs and individual practitioners are encouraged to reflect on how they can improve their own practice.

Mr K:

Mr K was a 69 year old man with a complex medical background. He had frequent hospital admissions and a number of referrals into Adult Social Care. He had a history of declining services and treatments.

A number of reports were received around his reporting that he did not have food in the house. A referral was made to Single Point of Access Team in Enfield Council, and a visit was organised – contact could not be made with Mr K and a neighbour stated he was still in hospital. This was not the case.

Mr K was later found dead, cause of death undetermined.

Key recommendations from the SAR revolved around the themes of:

- The importance of professional curiosity and appropriate challenge when an adult declines care and support.
- Ensuring all partners have a good understanding of (and are applying) the principles of the Mental Capacity Act (2005).
- Ensuring that information (especially about risk) is shared across multi-disciplinary partners and that multi-disciplinary teams are working together constructively wherever possible.
- Specific recommendations around processes where professionals are unable to make contact and there is concern.

#### Sophie:

Sophie was an 18-year-old woman with a history of moving between areas. She died in hospital due to complications related to unmanaged long-term health conditions. There had been concerns about Sophie in terms of self-neglect and potential exploitation raised with the London Borough of Enfield and the London Borough of Haringey (who were working with her under their Young Adults service) as well as various Health and Hospital Trusts.

Key recommendations from the SAR were around:

- Ensuring that training and guidance around the Mental Capacity Act (2005) includes consideration of executive capacity (which is the apply to not only communicate a decision but also to carry it out) and how this might apply in cases where an adult appears to be self-neglecting. This also involves the SAB working to look at partner agencies and their response to self-neglect as a whole.
- Ensuring that multi-disciplinary partners are working together in assessing risk and whether an adult has care and support needs (please note that this is also reflected in the Mr K SAR).
- Reviewing transitional safeguarding arrangements in specific ways – both where an adult might be moving into adult services and where they are moving areas.
- Reviewing advocacy arrangements.

## **Improve Services**

All partners at the Safeguarding Adults Board have a number of processes in place to help us improve the quality of services received by the communities in Enfield. This is an important part of managing safeguarding risks.

Some of these processes are national, for example, CQC inspections, and others are local, for example, the Quality Checkers (volunteers with lived experience of caring or being cared for who give their time to give feedback on services in Enfield). They all have a role to play in making sure our services and safeguarding responses meet local people's needs.

## **Supporting Enfield's Adult Social Care Providers**

Enfield has one of the largest number of care providers in London, including 82 care homes and a number of domiciliary care agencies and supported tenancies.

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. In 2023, it will also begin inspecting and regulating Local Authorities around adult social care.

## **Provider Concerns Process**

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](http://www.enfield.gov.uk/mylife).

The process works to support providers to improve where there are concerns about the overall quality of the service that they provide. This could be identified by CQC inspection, Safeguarding Enquiries or referral by a professional into the Safeguarding Information Panel who decide what action should take place. Analysis of our Provider Concerns process has consistently demonstrated that these interventions usually result in improvements to the services as measured by improved CQC inspection ratings or a reduction in the number of Safeguarding Concerns being raised about the provider. Providers take these concerns very seriously and generally work well within the process.

Our Provider Concerns process was initiated 20 times in 2022-2023.

This is a marked increase on the previous year and represents a significant pressure on all partners. 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 by CQC and the placement having to close, an exit strategy. In one case this year, the Provider Concerns process supported with an exit strategy for residents where the service had to close down.

The Provider Concerns process also identifies themes which affect the quality of providers and this feeds into wider work in the borough – for example, providing providers with great guidance around pre-assessment or extreme weather.

IN-BOX: A example of the difference that this process can make is the case of Home A - The Provider Concerns process was initiated in response to a series of safeguarding concerns and concerns raised from Home A's CQC inspection report. The CQC inspection report rated the provider as Requires Improvement. The CQC, Local Authority, Mental Health specialists and Community Hospital Avoidance Team Matron all met regularly and supported both the process and the home. Residents and their families also gave regular feedback to guide the process and the Quality Checkers visited. CQC reinspected the home at the end of the process and the latest inspection report rates the service Good.

### Quality Checker Programme.

Quality Checkers are volunteers from all walks of life with lived experience of either being cared for or caring for a loved one. They have used services and generously give their time to provide feedback on current services in Enfield. This can be through visiting providers, calling other residents or reviewing documentation.

The Quality Checker programme has continued to go from strength to strength with new volunteers recruited and new projects being developed.

The Quality Checkers themselves get a great deal out of the project and say:

“I enjoy being a volunteer and have made friends and keep busy being involved in the project.”

“My volunteer role makes a difference to people in care homes”

In July 2022, the Quality Checkers reintroduced face-to-face visits to providers (these were suspended for a period due to COVID-19 concerns) and **54** of these took place in 22/23. These visits focus on the collection of direct customer experience feedback together with an overview of the volunteer’s perception of the care environment and the care provided evidenced by examples of observations and quotes from service users and carers. The Quality Checkers visits are conducted in pairs to ensure the feedback is as balanced and objective as possible. The feedback is formulated into a report that is submitted to relevant internal teams and our partners in Health and the CQC.

Our Quality Checkers also provide support to friends and families of people living in social care with welfare calls. This is requested by services when there are potential concerns about a provider. Welfare calls collect focused service user feedback – which is in turn fed back into the Provider Concerns or quality assurance processes. Decisions can then be made on what action partners need to take to improve services. The Quality Checkers made an impressive **197** welfare calls in 22/23.

The Quality Checkers have also been involved in a variety of other projects over the year, including:

- Gathering feedback from **80** adults who had used the London Borough of Enfield’s Single Point of Access or Enablement Services to find out what their experience was. This feedback was then used to identify areas for improvement as Enfield works towards a strength-based approach to working with people. They also spoke with staff members to test how new training and approaches had been received.
- Work with **12** homes (with a mixture of specialisms) to find out if there was adequate internal security in place. This work resulted in more information being made available to providers around how CCTV might be used and what policies they may need around internal security.
- Mystery shopping calls into the Safe and Connected Service – resulting in changes to training.
- A targeted project around GP and Dental support to homes following the lifting of COVID-19 restrictions; all residential homes were contacted for feedback and this was collated into a report and escalated to Integrated Care Boards across North and Central London for further investigation.
- Quality Checkers are taking part in a 3-month testing period of various pieces of assistive technology.
- Giving feedback on a variety of London Borough of Enfield policies or communications (including for example the Enfield MyLife Safeguarding pages) to ensure that the feedback of people who use services are at the heart of this work.

## External Review.

The Safeguarding Adults Board commissioned an organisation called RedQuadrant to review the Safeguarding Adults Board and its partnership arrangements – as well as to provide an external audit of the Local Authority's safeguarding adults practice around enquiries.

RedQuadrant concluded that 'The Board itself presents as a well-run Board with the buy in of agencies... The safeguarding processes surrounding the MASH [Multi-Agency Safeguarding Hub] showed good person-centred care and highlighted the importance of Making Safeguarding Personal and achieving the right outcomes for the adult. The MASH showed strong leadership with staff who were very focused on safeguarding and passionate about the level of care and support they were providing.'. They noted that multi-agency working was good within Section 42 Enquiries and that practice around Making Safeguarding Personal was mostly good.

Whilst the feedback received was mainly positive, there were areas for improvement identified including:

- Establishing a multi-agency auditing process so that partners are working together and learning from each other in key areas – this is currently being developed and will be delivered by end of 2023.
- The Enfield Safeguarding Adults Board and Enfield Safeguarding Children Partnership to consider jointly commissioning work around transitional safeguarding – please see separate information on Transitional Safeguarding.
- To develop the information available on the Safeguarding Adults Board website and to the public in general. This is an on-going piece of work but some improvements have already been made – including a review of our websites by Quality Checkers.

Adult social care also conducts regular internal audits around Section 42 enquiries looking at the principles of Making Safeguarding Personal, timescales, communication between services and proper consideration of mental capacity.

[In-Box] The principles of Making Safeguarding Personal should be the foundation of all of our work in Safeguarding Adults. They are:

Empowerment.

Prevention

Proportionality

Protection

Partnership

Accountability [End Box]

There are regular briefings for staff around the outcomes of these audits and information circulated to staff to ensure that we are continuously improving around Safeguarding Adults.

These internal audits were improved on the basis of feedback from RedQuadrant and in 2023/24, the focus will be on increasing the amount of feedback we get from service users who have experience of safeguarding processes and ensuring that this informs improvements.



**Enfield Safeguarding Adults Partnership Assessment Tool (SAPAT) meeting in May 2022.**

In May 2022, the Safeguarding Adults Partnership met to assess their work together and where the areas of good practice and for development might be. Much of what was discussed has been written about elsewhere in this report. However, areas previously not identified elsewhere in this report include:

- Concerns about how the adults who had come to Enfield through the Homes for the Ukraine were being safeguarded. These were fed back into the groups working with these adults.
- 
- An agreement and action planning around improving the Board's engagement with the Community and how the views and wishes of adults in Enfield were incorporated into partnership work. This informed the development and actions of the new Community Engagement sub-group of the Board.
- Concerns around how financial crisis would affect the most vulnerable in the borough – this resulted in the formation of a Cost of Living working group which has made progress in areas such as developing information for residents about support available and engaging with utility providers around support for priority users.

Joint learning took place with our colleagues in Haringey SAB who joined us for our SAPAT – and we in turn joined them for their own SAPAT. This allowed us to share learning across the local area.

**Priorities for 2023-24:**

The following pages outline the key actions for 2023-24 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.

In 2023, we will be developing the 2023-2028 Enfield Safeguarding Adults Board Strategy – incorporating feedback from partners, members of the public and users of services as well as providers – to help guide and structure our work over the next 5 years.

**Safeguarding Priority 1: Preventing Abuse.**

Ensuring that members of the public are informed about types of abuse and how to prevent and report this by:

- Updating our webpages and information available, including revising the Safeguarding Factsheets available and creating a 'What Happens After You Report Abuse' leaflet/page. These sites should also give an opportunity for adults to feedback on their experiences.
- Ensuring our Community Engagement group is reaching our local community through regularly meeting with voluntary and community groups such as Quality Checkers and reporting their priorities and concerns back to the Enfield SAB via Quarterly updates.
- Ensuring that public consultation is key to the development of all Enfield Safeguarding Adults Board policies and processes.

Continuing to support and highlight the work with Rise Mutual around behaviour change in domestic abuse cases and working to ensure all partners are aware of this. Rise Mutual is being monitored against a number of outcomes identified by the Violence Against Women and Girls Strategic group.

**Safeguarding Priority 2: Protecting Adults at Risk.**

Map out the different multi-agency meetings run by partners to discuss safeguarding risks to ensure that there is correct attendance and a lack of duplication.

Work together as partners to develop agreements around how best to handle concerns in specific areas – for example, Slips, Trips and Falls and Pressure Care.

Develop an Escalation Protocol so that partners have a clear route to escalate concerns with each other.

Develop a Task and Finish group to enhance and support the work of partners around adults who may self-neglect.

**Safeguarding Priority 3: Learning from Experience.**

The SAB will develop a new process to ensure that SARs are dealt with more promptly. We are in the early days of adopting this new process and trying to ensure immediate learning applied but also thorough examination of cases to be reviewed.

Working with Board partners to develop and implement multi-agency audits to give assurance about the work we do and to analyse where there might be any blockages to good practice.

A Learning and Development framework is a work in progress for the Safeguarding Adults Board to incorporate learning from Safeguarding Adults Reviews, Multi-agency audits, single cases and other experiences.

All SARs published will have a 7-minute-briefing and learning materials made available to partners.

The Practice Improvement Group will continue to meet regularly and report on its activity to the Board.

#### **Safeguarding Priority 4: Supporting Service Improvements.**

The Safeguarding Adults Board will continue to support the Provider Concerns processes in Enfield and the newsletter will be used to spread good practice.

Work with partners across the North and Central London region about ensuring that information for, and expectations of, services are consistent and clearly communicated. A key piece of work in this area will be looking at when individuals are placed across Borough boundaries.

This is the formal end of the Enfield Safeguarding Adults Board report. The following pages which can be found at [weblink](#) are updates from the partners who make up the Safeguarding Adults Board.



## Appendix A - Partner Updates

### Barnet, Enfield and Haringey Mental Health NHS Trust

Over the last financial year, we continued to gain assurance our staff are “Making Safeguarding Personal” by auditing Section 42 enquires across the three Trust boroughs. Investigating the quality of protective measures implemented, evidence and effectiveness of multi-agency working. This has assisted in determining how practitioners are using best practice to maximise the chances of service users being protected and recovering from what they have experienced. We continue to “see the adult, see the child”, with our think family agenda being well embedded within The Trust as we continue to work collaboratively with partner agencies to safeguard and protect children and adults.

We have been proactive also in ensuring we continue the Think Family agenda by introducing a drop in advice hub facilitated by our named professionals for child and adult safeguarding, and Domestic Abuse Co-ordinator. Across BEH, we now have 3 virtual advice drop ins for any practitioner who requires ad hoc advice and support. The safeguarding team continue to provide safeguarding supervision to the perinatal team, continually promoting safeguarding and risk posed to vulnerable babies and adults. We continue to promote safeguarding to all practitioners across BEH, we maximise our capacity by attending CPA’s, team meetings and away days, following this we can identify increased safeguarding adult alerts. We continue to measure the outcomes of our work via our internal reporting process, including auditing and analysis of the quality of safeguarding alerts.

Our continued delivery of safeguarding training to the PG diploma nursing students as part of corporate induction continues to gain positive feedback, plus bespoke training sessions in relation to our involvement in statutory reviews. The safeguarding team has also provided ongoing support to practitioners via refresher referral pathway training, this has built upon our training sessions held last year.

A Domestic Abuse and Sexual Safety Co-ordinator was appointed in August 2022. The Domestic Abuse and Sexual Safety Co-ordinator has supported delivery of a stalking masterclass in conjunction with the Stalking Threat Assessment Centre (STAC) psychologists; equipping staff to be able to effectively identify and respond to stalking, which is widely acknowledged to be a key risk factor in cases of domestic homicide. This session was also delivered to partners across the Haringey Safeguarding partnership, looking at supporting the co-ordinated community response. Due to low reports of men experiencing sexual abuse and barriers that men face in making a disclosure, we have facilitated a partnership wide workshop on 'Responding to Male Survivors of Sexual Abuse' with the Survivors Trust. Additionally, specialist older people and domestic abuse workshops have been rolled out across older peoples, memory, and dementia services across the trust with Solace Women’s Aid. A Domestic Abuse and Harmful Practices drop-in surgery has been set up and operates on a weekly basis across the partnership, supporting frontline staff to understand risk and take proactive and positive steps in safeguarding people accessing BEH services.

### Good practice examples

A partnership wide workshop on 'Responding to Male Survivors of Sexual Abuse' in total 203 colleagues attended, 117 of these were BEH staff. Throughout the trust there are minimal reports of men disclosing sexual abuse and therefore this session looked at the barriers that men face, how to have sensitive conversations, and what support can be offered to those that have experienced SA.

Consultation took place with older peoples and memory services throughout the trust, looking at themes around domestic abuse within the services. As a result, specialist DA training has been delivered to staff within these services in December and will feature in the next Quality and Safety report.

The Trust is now represented at the pan-London DVA co-ordination group, this presents a platform for best practices to be shared across Trust.

Further details can be found in

The Barnet, Enfield and Haringey Mental Health Trust website at <https://www.beh-mht.nhs.uk/>

### **Community Safety Unit**

*The Community Safety Unit lead on the strategic response to tackling Domestic Abuse and have produced a strategy to focus partnership activity.*

*We have actively sought external funding to support the expansion of this work and will for the first time be commissioning advocacy work specifically to support victims of sexual assault. This is in addition to the advocacy provided to those suffering domestic abuse.*

*The Community Safety Unit lead on commissioning reviews into any deaths following from Domestic Homicides, from which learning is collated and shared with partners. We also commission a number of services to tackle domestic abuse including Independent Domestic Violence Advocates.*

*Domestic Abuse is just one of the areas currently being assessed as part of Enfield's Response to the new Serious Violence Duty, where all Community Safety Partnership areas nationally are required to undertake an assessment and then produce a strategy which will demonstrate the area approach to tackling serious violence.*

*Community Safety have led on a number of campaigns to raise awareness in communities and deliver an annual conference for professionals aligned to White Ribbon Day in November each year.*

*We have successfully led for Enfield in securing funding to deter repeat offences by working with perpetrators of Domestic Abuse.*

*Domestic Abuse is also a key element of the Community Safety Partnership Plan. The work is reported to the Safer and Stronger Communities Board.*

**Good practice examples**

*The Community Safety Unit provide support to a limited number of clients to enable them to remain in their homes following domestic abuse, by providing locks and bolts and other small security measures to provide additional safety.*

### **Enfield Carers Centre**

#### **Example of positive multi-agency working**

Following contact from a family member living abroad, a safeguarding alert alleging financial abuse and wilful neglect was raised against an alleged perpetrator masquerading as a Godson of the alleged victim (an Enfield resident) and a “Carer” working for Enfield Carers Centre (ECC). An immediate alert was raised with the Council’s Safeguarding team so that the police could be informed and investigations begin. It transpired that the individual had registered with ECC as an informal carer but was never an employee in ECC’s homecare dept. The alleged perpetrator had not engaged with ECC beyond his initial registration and an enquiry about Attendance Allowance. He had refused a carers assessment offered to all newly registered carers, which would have provided more detail about the actual caring situation. An alert was placed on ECC’s database (the alleged perpetrator’s file) when two unidentified females also attempted to register as carers for the relative, claiming to be his Goddaughters. They were not registered and no further contact was subsequently received from them.

#### **Staff Training**

Three new members of our Admin team received levels 1 and 2 Safeguarding Adults and Safeguarding Children Training.

Three Carers Ambassadors received Safeguarding Adults training Levels 1 and 2 as part of their induction training.

Both Enfield Carers Centre’s Designated Safeguarding Leads (the Chief Executive Officer & Operations Director) attended and completed 2 day refresher DSL Training Courses via London Youth in April 2023.

### **Enfield Council Safeguarding Adults**

As can be seen in the data on the number of Safeguarding Adults concerns received, the Local Authority continues to deal with a high number of safeguarding adults concerns – with increasing levels of complexity in terms of higher levels of self-neglect with concerns about hoarding on the increase.

The Local Authority Strategic Safeguarding Adults team continues to audit Section 42 practice on a quarterly basis and is working to develop tools based on the learning from this. This includes quarterly Enquiry Officer's briefing to review the learning from audits and specific training around working with providers in safeguarding enquiries. Please find Enfield's Safeguarding Adults Practice Guidance and Tools on [Enfield MyLife's Safeguarding Adults/ Information for Professionals page](#). Explore Enfield MyLife for a lot more useful information on Safeguarding Adults and other issues. All Practice Guidance has been recently updated and there is some work being done to produce more on specific topics.

The Multi-Agency Safeguarding Hub continues to engage with partners and risk management meetings such as Community MARAC, MARAC and the Rough Sleepers MARAM to address risk.

Over the last year, the High Risk Advisory Panel and Complex Cases meetings (within individual service lines) have been further developed. This allows us to respond to high-risk cases in a multi-disciplinary way – drawing together the expertise of all involved partners.

The Strategic Safeguarding Adults team has continued to develop the internal training programme to give additional support in areas highlighted by internal audits such as work with providers.

Internal auditing of safeguarding enquiries have highlighted that the majority of adults feel that they were listened to and respected throughout the Safeguarding process and, most importantly, that it left them feeling safer. They were however concerned about the amount of time that it took from referral to closure and this is an area that the teams will continue to monitor and try to improve on.

Enfield Council Housing

Healthwatch Enfield

Healthwatch Enfield works to influence long term change and improvement. We have a seat on numerous health and social care boards and committees in Enfield, as well as representing Healthwatch and local residents at a North Central London level, which includes the boroughs of Barnet, Camden, Haringey, and Islington, as an equal, but independent partner. Within Enfield this includes the [Health and Wellbeing Board](#), as well as the Safeguarding Adults Board and many other key boards and committees. It is our job at these meetings to speak up to help raise awareness of the views and experiences of patients we hear from.

We often put forward suggestions which help to influence decisions being discussed at the time and we challenge where appropriate. We also encourage 'co-design' wherever possible, which means getting patients involved right at the start of projects to help design and plan new services or changes to services. Improved services are key for keeping adults at risk safe when they need help and support.

Our organisation doesn't have a lot of contact with adults at risk, but we ensure our volunteers and staff are up to date with changes to safeguarding legislation with regular safeguarding training, we have made sure to update our safeguarding policy accordingly.

Integrated Learning Disabilities Service (ILDS)



*The Integrated Learning Disabilities Service works with adults with learning disabilities in Enfield to empower, support and safeguard them.*

- We continue to prioritise and screen safeguarding referrals despite staffing challenges over the last 2 years (as well as increases in the number and complexity of safeguarding concerns over the last few years). There is no waiting list to respond to safeguarding concerns.
- We continue to work in an integrated manner, ensuring the most appropriate discipline within the service contacts and engages the adult at risk and family and gathers and analyses evidence. Ie – Nursing where there is a medical concern, Occupational Therapy where there may be environmental concerns. Our Community Nursing Service Manager also assumes the role of Safeguarding Adults Manager for cases relating to medicine/pressure sores etc.
- We have continued to engage with the Strategic Safeguarding Team where there have been high risk, complex or repeat safeguarding cases and make use of ILDS' Complex Cases Panel and the High Risk Panel. We also meet monthly with the Police to ensure that we are sharing information and working together.
- The service has recently commissioned Talking Mats Training to further upskill and provide tools to practitioners to be able to assess capacity and capture views and wishes of Adults at Risk who may experience communication difficulties.
- An example of good engagement with adults at risk includes the case of G. G has lived in their supported living placement for over 10 years. G's family members removed him from the property and refused to return him. Due to the risks posed, an application was made to the Court of Protection to enable adult social care to safely remove and place G back at his supported living.

A mental capacity assessment was undertaken to in relation to G's capacity to make the decision as to where to live and he was assessed as lacking capacity. However, G's views and wishes were very much the focus of the recommendations made to the court – G stated clearly that he wants to live at the supported living and also clearly stated he wants regular face to face contact with his family. There are a number of risks associated with family contact – however, the Integrated Learning Disabilities Service has taken on G's views and have arranged supervised contact sessions weekly in an independent contact centre with the long term aim being that the contact can take place in the community and , risks permitting, be less restricted. G also has an independent advocate and a Court Appointed Litigation Friend to seek and capture his views and wishes independently.

London Ambulance Service

**To read updates from the London Ambulance Service 2022/23, please go to**

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

London Fire Brigade

### **Safeguarding Enfield Annual Report information for 2022/23**

We have continued to meet with partners within the Fire Safety Partnership to ensure recommendations made following previous fatal fires have been adopted. Further meetings are diarised regularly.

The London Fire Brigade in Enfield have been consulted around the formation of a regular Hoarding panel working with adult social care and it is hoped that this will help in supporting adults who are struggling with their environment – putting themselves and others at risk of fatal fire. LFB crews within Enfield continue to refer in to the Multi-Agency Safeguarding Hub where there are risks observed after a visit to an address in Enfield (and the residents are felt to have care and support needs). We also respond to concerns from adult social care and make Home Fire Safety Visits where there are concerns.

LFB have also worked to ensure partners are aware of new processes around Home Fire Safety Visits through presentations to the Enfield Safeguarding Adults Board, the Service Improvement Panel and other partnership meetings and events.

#### **London Metropolitan Police, North Area BCU**

In 2022 the Metropolitan Police service (MPS) has recorded approximately 142,000 adult Merlin reports across 32 London boroughs, compared to 128,000 child reports. This demonstrates that adult safeguarding is and remains as a priority going forward. During the same period, the borough of Enfield recorded 4700 adult Merlin reports, compared to 4440 adult Merlin reports recorded in 2021. The trend is in line with the organisation. The legacy of Covid-19 and the current cost of living situation has certainly led to an increase in adult safeguarding across the BCU.

In January 2023, MPS Commissioner Sir Mark Rowley has launched the 2023-2025 Turnaround Plan on how MPS will achieve its mission of More Trust, Less Crimes and Higher Standards. Part of his nine point plan was to strengthen work in Public Protection and Safeguarding, as well as targeting those who perpetuate violence against women.

The MPS Adult Safeguarding Policy has recently been updated and a new online toolkit is in the process of being completed for officers to access help and advice. The central MASH review is still ongoing. Merlin will also be integrated into the new CONNECT computer system later this year, including automatic prompts for officers to assess vulnerability.

On a local level the dedicated police Vulnerable Adult Co-ordinator role on North Area (NA) has been recognised by the MPS Central Mental Health and Adult Safeguarding Team as providing a valuable link between Police and Adult Social Care. This has enabled regular meetings regarding higher risk/repeat Merlin subjects and a clear pathway for more immediate liaison when required. It also enables continuity at the Enfield high risk panel meeting and specific strategy meetings involving vulnerable adults.

Enfield Social Care have linked in with Police to assist in the updating of their Council MASH policy and there is also ongoing joint work anticipated regarding Merlin training and how to deal with the removal of service users from residential settings. Following police legal advice on neglect offences involving unpaid family carers, this has been shared with officers alongside partners to provide wider understanding and awareness of this offence.

A policy is now in place in relation to deaths involving vulnerable adults and the reporting pathways and timescales that are anticipated between Police and Social Care. There have been a number of such investigations which have involved effective and extensive liaison between partners.

As part of adult safeguarding week in November 2022 an information sheet was sent out to all NA officers providing advice and information on financial exploitation, Merlins, Mental Health, modern slavery, care home investigations and neglect/abuse. This was also shared with other BCUs to provide an opportunity for organisation wide dissemination.

Police continue to work with Enfield Council Modern Slavery Team to promote awareness, safeguard victims and prosecute modern slavery offenders. Joint modern slavery training has been delivered to all Neighbourhood Policing Team officers on North Area and jointly funded leaflets on cuckooing and cannabis farms (two of the most prevalent forms of modern slavery in Enfield) have been produced and delivered to targeted areas. The joint Council/police team has also been recently shortlisted for a public/public partnership Local Government award.

Cuckooing cases are collated across Enfield and shared with the police Missing Persons team. This is due to cuckooing addresses often being used for County Lines and the exploitation of children as well as vulnerable adults. The Neighbourhood Policing teams have been provided with specific training on cuckooing, how to record incidents and ensure a multi-agency approach is provided to safeguard the vulnerable resident.

### Good practice examples

#### **Partnership working – financial exploitation:**

Police and Social Care worked in partnership regarding an elderly lady who was subject to financial abuse by her neighbour. The neighbour was arrested, with bail conditions being implemented. Officers recognised the vulnerabilities of the victim against the Vulnerability Assessment Framework and completed a Merlin. Following the bragging and sharing of the Merlin, the Council MASH team were able to attend the address that day to provide emergency food provisions. Further liaison between Police and Social Care ensured discussion on the provision of an emergency phone for the victim for ongoing safeguarding. Enquiries continue by police to evidence the unauthorised bank card use by the suspect.

#### **Investigation into death of Vulnerable Adult:**

Detailed investigation has been conducted around the death of a service user in a residential setting, who passed away during the red hot weather alert in Summer 2022. Evidence has been collated from various sources to establish whether any neglect was present from the provider. There has also been extensive ongoing multi-agency liaison between partners.

National Probation Service

During the summer of 2002 six Probation Delivery Units received HMIP inspections and these were published in October 2022. Whilst there are areas for improvement identified some of the key strengths focussed on the organisation's direction of service in developing a high-quality service. It was found that there are effective partnership arrangements and initiatives with a wide range of organisations across London, focused primarily on both the most dangerous offenders and some of the most difficult-to-reach individuals, including those with adult safeguarding concerns. A review of the pan-London Safeguarding policy and procedure is imminent to ensure that each London Borough is correctly aligned to any changes in processes and an update on progress will be provided in due course.

Locally we are working to improve the arrangements for information sharing to ensure that pre-sentence domestic abuse and safeguarding enquiries are completed and utilised to inform assessment, planning and risk management and ensure staff have the relevant training to use risk and safeguarding information, obtained from key stakeholders, to appropriately inform risk assessment and sentence plans for people on probation. Our staff are engaging in a pan-London Quality Improvement Programme that covers the operational HMIP recommendations. This includes a practitioner and manager upskilling package and greater oversight operational procedures. All of our staff are currently undertaking relevant mandatory safeguarding training to ensure the best quality of service is delivered to our people on probation.

It has been acknowledged there is a growing elderly prison population with a variety of safeguarding needs that need to be met once they have been released in to the community. We have therefore set ourselves a challenge with the Enfield SAB to review our referrals to the Adult MASH in the 2<sup>nd</sup> half of 2023 to review the volume and quality of referrals submitted and to follow through the outcomes.

#### Good practice examples

We now have re-settlement packs available for people on probation coming out of prison homeless. Each individual will be provided with a rucksack containing a sleeping bag. This will be particularly useful for those individuals facing housing emergencies.

NHS North Central London Integrated Care Board, Enfield Directorate.

The North Central London Integrated Care Board (ICB) became a legal body on July 1<sup>st</sup> 2022. The Executive Director who is the Chief Nurse has responsibility for safeguarding. The Safeguarding team was reviewed to strengthen the team structures and a Director for Safeguarding was appointed in November 2022.

Enfield Safeguarding Team consists of an Associate Director for Quality, A Named GP for Adult and Children's Safeguarding, A designated Nurse for Children's Safeguarding and a Designated Professional for Adult Safeguarding.

The Integrated Care System (ICS) website is live and has a safeguarding page which has links for each of the five boroughs.

### [Safeguarding - North Central London Integrated Care System \(nclhealthandcare.org.uk\)](http://nclhealthandcare.org.uk)

The ICB safeguarding policies have been written to reflect the new organisation. These are: Safeguarding Adults Policy, MCA Policy, Safeguarding Children's Policy, Domestic Abuse Policy and Prevent Policy.

Alongside the policies the Safeguarding Strategy has been reviewed and updated to ensure that Safeguarding of Children and Adults is embedded in the commissioning arrangements across the ICB and ICS.

The safeguarding team has the following work streams to deliver on the strategy:

- CDOP (Child death overview panel)
- Communications Group
- Safeguarding Governance
- Looked After Children
- Training and system learning
- Risk
- Quality Assurance and Data Management

ICB Designated Safeguarding professionals offer supervision to Named Safeguarding Leads in Health Providers. The Enfield designates also provide group supervision for an Enfield provider. Ad hoc advice and supervision is available to colleagues from across the partnership, and for GPs and practice staff.

### **Training and System Learning**

The ICS Safeguarding training and system learning group organises conferences and other training for healthcare staff across NCL. In November 2022 a NCL safeguarding conference was held where topics presented included lived experiences of a survivor of exploitation and domestic abuse: Financial Abuse: Mental Capacity Act updates and Transitional Safeguarding.

Regular System Learning conversations are held across the five Boroughs where partners discuss learning from serious cases and other relevant safeguarding updates.

### **General Practitioner Support and Training**

Safeguarding professionals offer support for Primary Care with complex safeguarding concerns. The Named GP and Designated Professionals support GPs with their participation in safeguarding reviews and audits.

Enfield has a quarterly GP forum for training and discussion, and the ICB also hosts extra webinars that GPs are invited to. GPs have their own dedicated website hosted by the ICB where events are promoted, and presentations uploaded. Clinical guidelines and useful articles are also uploaded.

Enfield GP forums have included training on: Incels and Prevent, Changes to the Mental Health Act, The Legal Basis for Information Sharing and Domestic Abuse.

### **Safeguarding Communication and Engagement**

The ICB Safeguarding Communication and Engagement Working Group raised awareness of international, national and regional annual awareness events, and increased the understanding of safeguarding and access to support.

Communication includes social media articles and signposting for the public, and webinars and articles for staff across the NCL health economy. The topics highlighted in 22/23 have been: Mental Health and Suicide Prevention; Dementia Awareness; Trafficking of people and Modern Slavery; Learning Disabilities; Domestic Abuse; Sexual Violence and Abuse; FGM Awareness and Online Safety.

### **Inequalities**

The ICB communities' team have commissioned projects in Enfield via the inequalities fund. These are some examples of projects from 2022/23

#### **Dedicated Primary Care Service for Homeless People:**

This project commenced on the 1<sup>st</sup> December 2022 and will run until March 2024. The aim of the project is to engage with people who are experiencing homelessness and are not registered with a GP, providing them with comprehensive service of holistic healthcare screening and immunisations, address health inequalities build trust with healthcare professionals, improve access to treatment and support, empower patients to take control of their own health, and work collaboratively both with clients and stakeholders for secondary care. There is a dedicated phone line accessible for 24/7 and clients are encouraged to come on site, which is at Carlton House for any of their checks. Advice and health promotion is offered, and relevant onward referral is arranged. Drug and Alcohol and Mental Health Services are also involved to provide wrap around care. Imperial college are monitoring this service to review how successful it is.

#### **Long Term Conditions Project (Diabetes)**

Diabetes prevalence in Enfield is the 2<sup>nd</sup> highest of all London boroughs.

This health inequality project focuses on enhancing the health management of people with type 2 diabetes in eastern Enfield focusing on Edmonton. The strength-based model for the identification, management and interventions for adults at risk of developing or already living with complex type 2 diabetes is used.

Existing nurses within the service developed standard operating procedures and care pathways for the project and a task and finish group was set up. The diabetes walk in clinics allow patients to talk to a Diabetes Specialist Nurse and a health and wellbeing coach. A number of community events have taken place.

The project aims to strengthen the discharge pathway following a diabetes related A&E or hospital admission, improve collaborative working between community and primary care, build on existing resources to address language barriers in diabetes care and establish the role of a health and wellbeing coach to enable access to coaching and behavioural change clinics to improve self-management of diabetes.

### **IRIS**

IRIS is a domestic abuse training and support programme commissioned by the ICB in Enfield to support Primary Care. All Enfield surgeries have access to IRIS. They have a

dedicated Advocate/Educator and Clinical Lead who will provide training for all surgery staff, as well as seeing patients referred to them by the surgery who are experiencing domestic abuse and need crisis intervention and ongoing support to protect themselves and their families.

Recently a Domestic Abuse survivor spoke to Enfield GPs about their experience of IRIS and how their GP was able to facilitate a safe space for them to see an advocate, who worked together with the surgery to care for them and their family, helped to keep them safe and provide emotional support.

You can find more details about our work at [Safeguarding - North Central London Integrated Care System \(nclhealthandcare.org.uk\)](https://www.nclhealthandcare.org.uk)

#### North Middlesex University Hospital NHS Trust

The Integrated Safeguarding team deliver services in line with the Trust's statutory responsibilities around Safeguarding Adults and works with partners. The Safeguarding Adult's Specialists worked closely with Enfield and Haringey Local Authorities to address a backlog in section 42 enquiries which had occurred because of the COVID-19 pandemic.

#### **In the year ahead, the team will continue with the workstreams agreed in the Safeguarding Strategy and work plan for 2021-2024.**

Ø The Trust's mandatory training target of 85% compliance in all levels of safeguarding training across NMUH throughout 2022/2023.

Ø Deep dive into Section 42 enquiries by Safeguarding Adults Specialists supported by divisions The objective is to keep service users safe from harm and to avoid cases escalating to the level of a statutory enquiry.

Ø Ensure the voice and views of individuals at risk of abuse or neglect and those who support them, is heard, and ensure we 'make safeguarding personal'.

Ø Update the integrated intranet safeguarding webpage and the individual team intranet pages.

Ø Maintain attendance and partnership working within the local and national statutory framework.

Ø Further embed the philosophy of 'Think Family' holistic approach to safeguarding beside increased regard for contextual safeguarding and the impact of societal pressures.

#### **Safeguarding Adults' Activity 2022-2023**

A total of 826 referrals were made by the Trust safeguarding team in the reporting period April 2022 to March 2023. Identified themes: 229 were for neglect and acts of omission,

172 were self-neglect and 82 domestic abuse. The top 3 themes are consistent with the previous year's report.

### **Good Practice examples...**

Much focus has been on multidisciplinary working and developing new ways of working with external partnership network. The work of the Substance Misuse Clinic has been crucial in these cases not only with the antenatal management, but also the pre-planning, this has been led by the Safeguarding Midwifery Advisor in conjunction with the Consultant obstetrician and drug/alcohol services.

The CQC report states "staff had training on how to recognize and report abuse and knew how to apply it. The service worked well with other agencies to protect women from abuse". The CQC report also noted that service users accessing NNUH Maternity spoke over 100 languages, which is a challenge for interpreting facilities, however, the Trust was in the process of reviewing access to interpreting services.

The Maternal, New-born and Infant Clinical Outcome Review Programme (MBRRACE) - Saving Babies Lives report 2021 outlines the increased risk of maternal mortality through social deprivation, mental health, substance abuse and domestic abuse alongside other vulnerabilities. The report is pertinent to the Trust locality demographic. The Saving Babies Lives report also stresses the importance for early referral to specialist services who are dedicated to improving outcomes.

The Maternity Safeguarding team work closely with the Magnolia Team 'Magnolia Midwives' service, which is a multi-disciplinary delivery model culminating in antenatal care, obstetrics, psychiatry, psychology, and social workers, to support women with moderate to severe mental health issues during their pregnancy.

The Maternity Safeguarding team also work closely with the Perinatal Mental Health Midwife and Substance Misuse Midwives, offering them support and supervision daily to improve outcomes. As a team they have evidenced improved outcomes for families, and this is what they continue to strive for.

The Maternity Safeguarding team work to support all maternity cases but more particularly families who are victims and survivors of; domestic abuse, substance abuse, female genital mutilation, homeless/refugee and asylum, perinatal mental health and teenage pregnancy.

### **Dementia Safeguarding Activity**

The Dementia Specialist role is part of the Integrated Safeguarding team, and this strong link enables the development of a more collaborative approach. The Trust is mindful of its duty in making reasonable adjustments to facilitate equitable access to healthcare delivered by appropriately skilled and knowledgeable staff for service users who have a mental health condition; learning disability; autism; dementia or delirium.

The Trust Dementia Lead recognizes that increased numbers of Trust service users living into old age with multiple health issues including forms of dementia and increased frailty. There is an increase in the number of elderly patients disclosing domestic abuse often due to the behavioural changes occurring in partners and carers because of dementia and



other medical changes, which demonstrates the benefit of a multi-disciplinary and integrated response.

The Trust continues to submit Deprivation of Liberty Safeguards (DoLS) applications to local authorities. Each application is quality assured by the Adult Safeguarding team to ensure they are appropriate and proportionate to the patient's needs and that there is an accompanying Mental Capacity Assessment. Applications made that do not meet the criteria for sending to the local authority, for example the person has regained capacity, or has been detained under the Mental Health Act, are also recorded. The number of applications made for 2022-23 was 612 which is a of 11% decrease on 2021-22.

### Royal Free London NHS Foundation Trust

The RFL NHS foundation Trust recognises that good partnership working is essential to promote effective safeguarding. The safeguarding team work hard to build and maintain good relationships with partner agencies. This allows access to multi-agency training enabling staff to benefit from shared learning and develop their safeguarding skills. Partner agencies contribute to the delivery of RFL safeguarding training. We work collaboratively with the commissioned domestic abuse services to host independent domestic abuse advisors within the Trust, based at both Barnet and the Royal Free hospitals.

Following the Department of Health & Social Care (DHSC) consultation on the draft Code of Practice for the LPS, the RFL NHS Foundation Trust approved a business case to recruit a LPS lead and over the year planned the development of the role and secured the budget to implement the statutory changes to the deprivation of liberty framework. This recruitment is now on hold following the announcement on 5th April that the Government would delay the implementation of the Mental Capacity (Amendment) Act 2019 until "beyond the life of this Parliament." There has been a focus on increasing and embedding staff knowledge and application of the Mental Capacity Act (MCA). Staff within the safeguarding team have been supported to attend Best Interest Assessor training.

The safeguarding team continue to work with the Electronic Patient Record (EPR) team to implement changes to strengthen and improve how EPR can support staff to identify and raise safeguarding concerns, reduce duplication therefore increasing the quality of referrals to the Local Authority.

The RFL NHS Foundation Trust is working toward White Ribbon UK accreditation. This is a nationally recognised programme for organisations who are committed to improving their workplace culture, progress gender equality and end violence against women and girls. The steering group has been formed and will be responsible for developing and delivering the action plan for the next 3 years. As part of the awareness raising the Trust hosted the first presentation to an acute Trust by the founders of Surviving in Scrubs to deliver a webinar about misogyny and gender-based abuse in the workplace within Health. In addition, the team supported International Day of Elimination of violence against women and girls across the Trust by promoting the role of the hospital based independent domestic & sexual abuse advisors and how they can support patients and staff who experience domestic abuse.

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## London Borough of Enfield

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<b>Report Title</b>	Vaccination and Immunisations: Childhood immunisations focus
<b>Report to</b>	Health & Adult Social Care Scrutiny Panel
<b>Date of Meeting</b>	20 <sup>th</sup> September 2023
<b>Cabinet Member</b>	Cllr Cazimoglu
<b>Executive Director / Director</b>	Tony Theodoulou / Dudu Sher-Arami
<b>Report Author</b>	Louisa Bourlet <a href="mailto:louisa.bourlet@enfield.gov.uk">louisa.bourlet@enfield.gov.uk</a>
<b>Ward(s) affected</b>	All
<b>Classification</b>	Part 1 Public
<b>Reason for exemption</b>	None

### 1. Purpose of Report

To inform the panel of the uptake of maternity and childhood immunisations in Enfield and the work being undertaken at a borough partnership level to improve the uptake of routine childhood immunisations.

### 2. Main Considerations for the Panel

- Childhood vaccinations are one of the most effective and cost- effective ways to prevent disease.
- Childhood Immunisation uptake across Enfield, North Central London and London is lower than 95% (the uptake required for herd immunity).

- There is significant inequality in vaccination uptake between different communities in Enfield.
- There is concern across London including in Enfield regarding the potential for increase in cases of vaccine preventable disease, especially Measles given the low immunisation uptake.
- Enfield has an Immunisation Action Plan which includes action to increase Measles, Mumps and Rubella (MMR) vaccine uptake. Despite significant levels of activity by all partners, this is yet to result in increases in uptake.
- There is a complex commissioning and provider landscape for the provision of childhood vaccination.
- Local Authority Public Health Teams have a statutory duty regarding assurance for vaccination uptake. This is executed through leadership of the Screening and Immunisation Borough Partnership subgroup which coordinates the Immunisation Plan and aims to increase vaccination uptake and decrease disparity in vaccination uptake.

### **3. The success of vaccines and immunisation across the world**

The World Health Organisation states that;

“Immunization is a global health and development success story, saving millions of lives every year. Vaccines reduce risks of getting a disease by working with your body’s natural defences to build protection. When you get a vaccine, your immune system responds.

We now have vaccines to prevent more than 20 life-threatening diseases, helping people of all ages live longer, healthier lives. Immunization currently prevents 3.5-5 million deaths every year from diseases like diphtheria, tetanus, pertussis, influenza and measles.

Immunization is a key component of primary health care and an indisputable human right. It’s also one of the best health investments money can buy. Vaccines are also critical to the prevention and control of infectious disease outbreaks”.

### **4. How is the provision of childhood immunisation organised?**

Public Health Teams have an assurance role in relation to immunisation uptake. In Enfield, this translates to strategic oversight of the Enfield Childhood Immunisation Plan and Co - Chairing of the Borough Partnership subgroup on Immunisation and Screening. The use of Public Health Intelligence informs targeted activity to combat low uptake in certain areas/communities.

The national Joint Committee for Vaccination and Immunisation (JCVI) have agreed a childhood immunisation schedule that is offered to all children (see Appendix A).

Immunisation for Flu and Whooping Cough is also offered to all pregnant women between 16- and 32-weeks gestation.

A range of organisations commission and provide immunisations to children and young people.

**Table 1: Commissioner and provider organisations for maternity and childhood immunisations.**

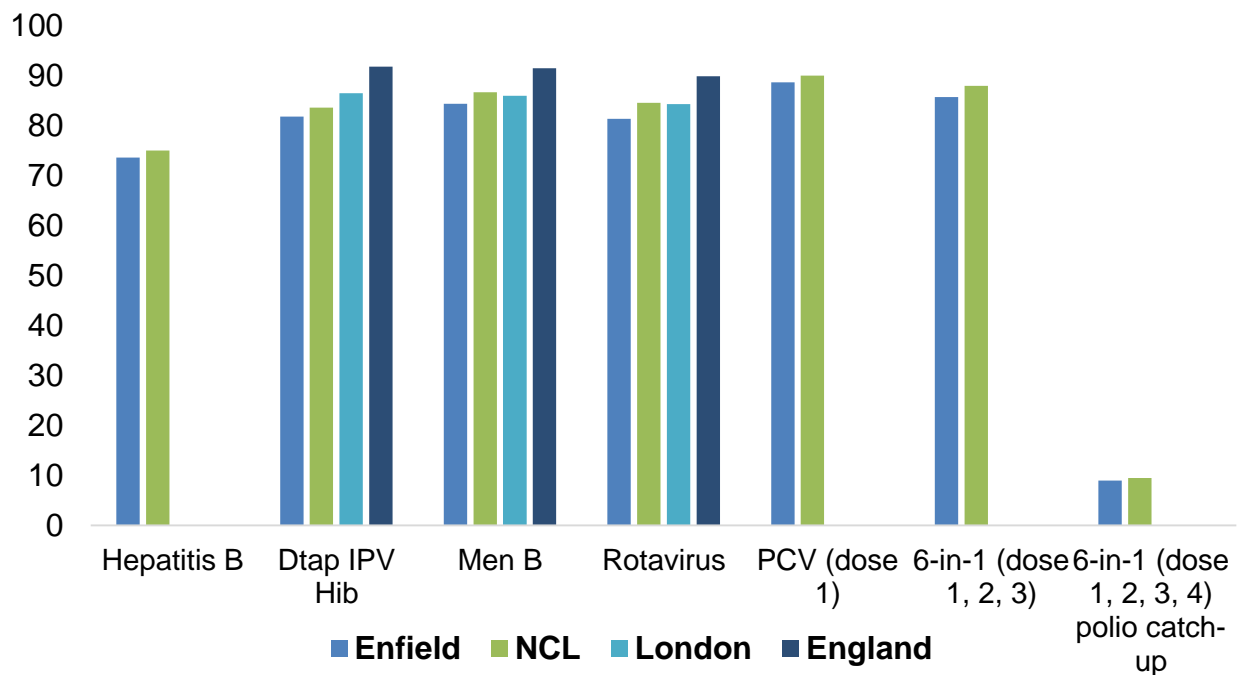
<b>Immunisation</b>	<b>Commissioner</b>	<b>Provider</b>
<b>Flu &amp; Whooping Cough to pregnant women</b>	NHS England	Maternity Services
<b>Primary Immunisations for children aged 0-4</b>	NHS England	Primary Care (General Practice)
<b>Immunisations for school aged children</b>	NHS England	School Aged Immunisation Services (NMUH for Enfield)

## **5. Uptake of maternity and childhood immunisations among Enfield residents**

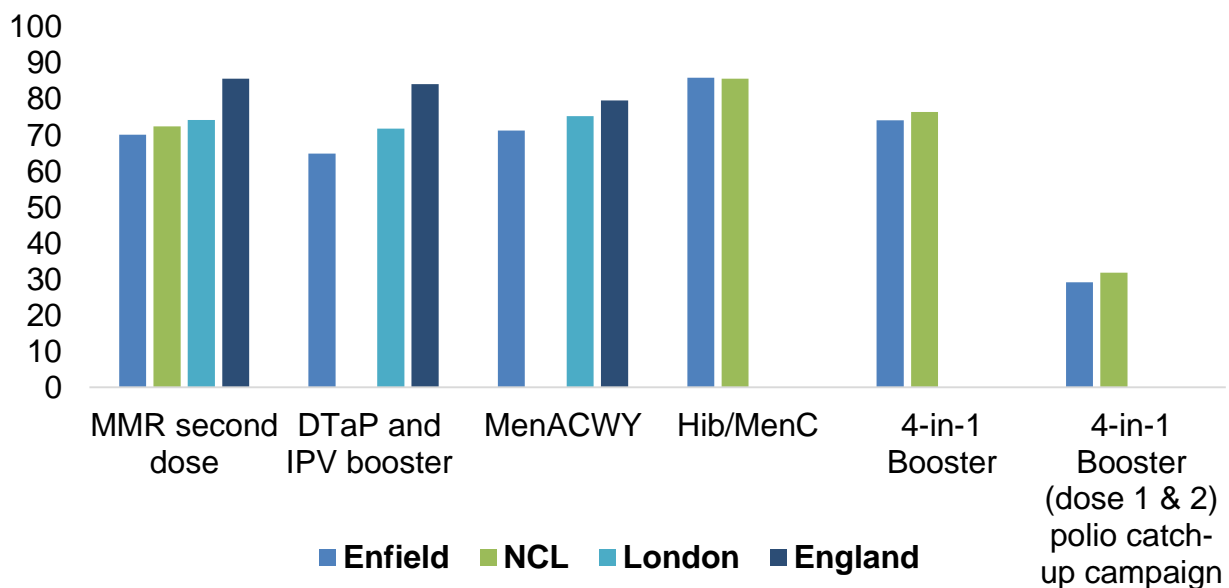
The target uptake for immunisations worldwide is 95%. Uptake at this level is known as 'herd immunity' and allows protection of those who are unable to receive vaccination. Nationally, but especially across London (including Enfield) there is lower uptake of maternity and childhood immunisations.

### **Routine Immunisation at 1 and 5 years-old**

The following figures show current uptake of routine childhood immunisations. Generally, there is lower uptake in Enfield and London than England.



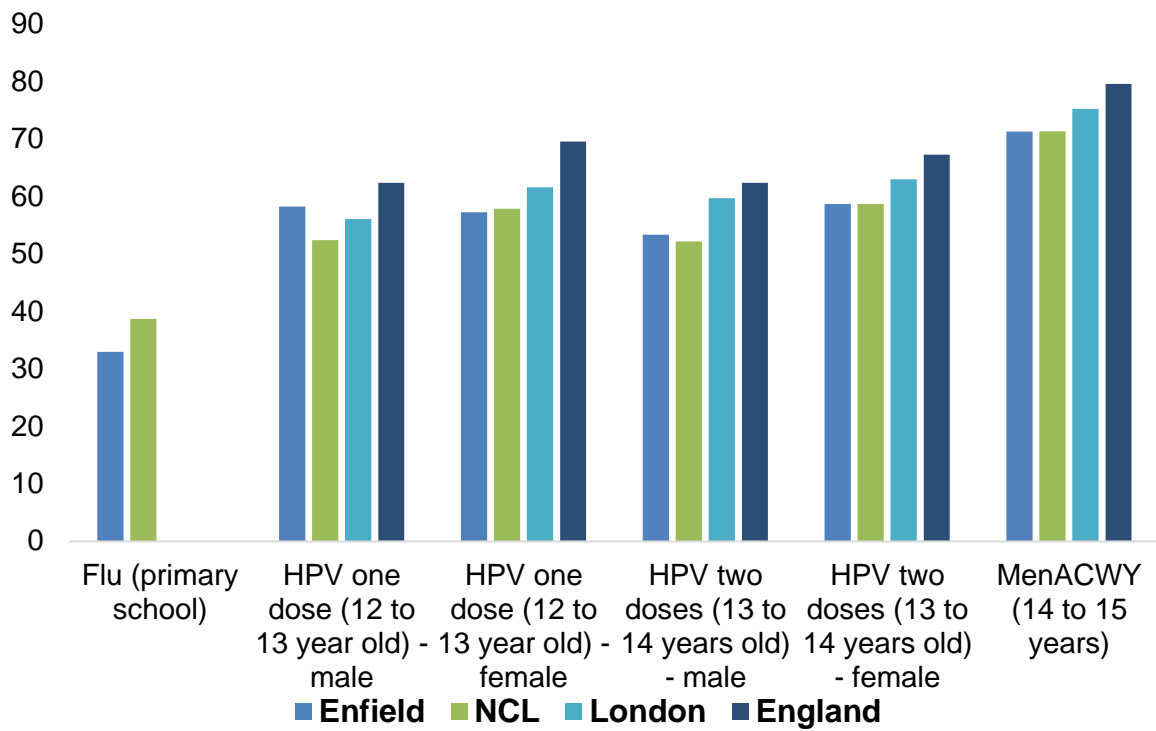
**Figure 1: % uptake of immunisations by 1-year old in 23/24**



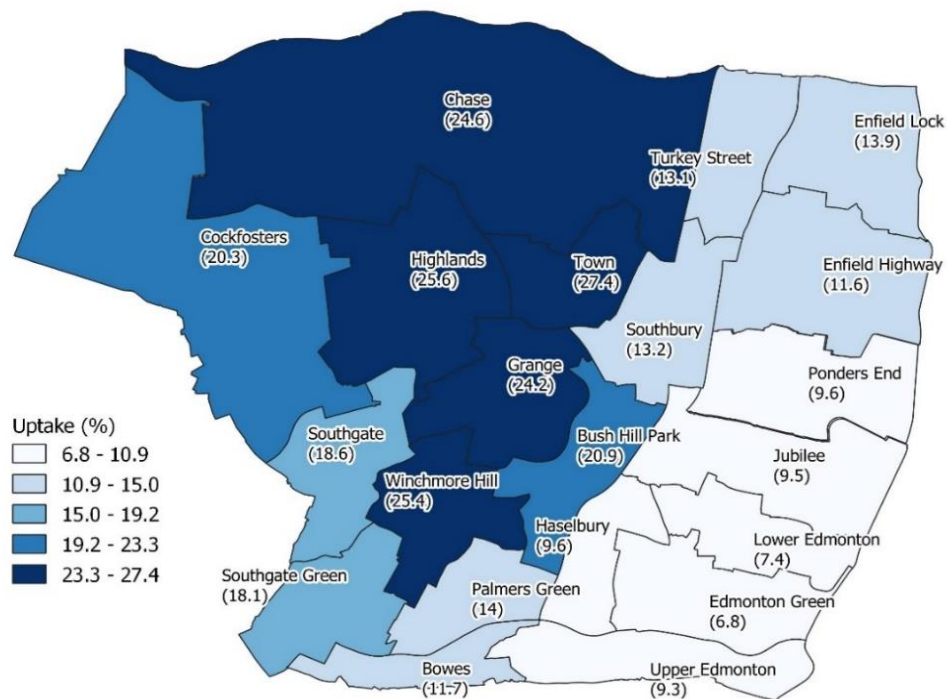
**Figure 2: % uptake of routine immunisations at 5 years in 23/24**

## 6. Inequality in vaccine uptake

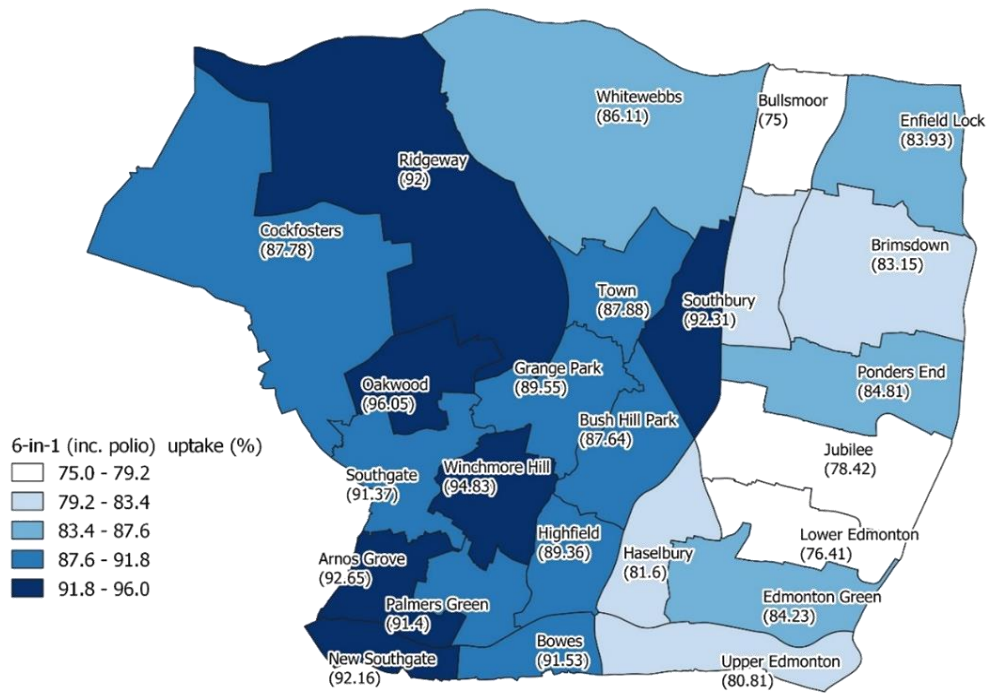
All vaccines show a pattern of lower uptake in areas of higher deprivation (figures 4 to 8). Additionally, we also see lower uptake in certain ethnic groups including Gypsy Roma and Traveller communities, Black communities and White Other communities.



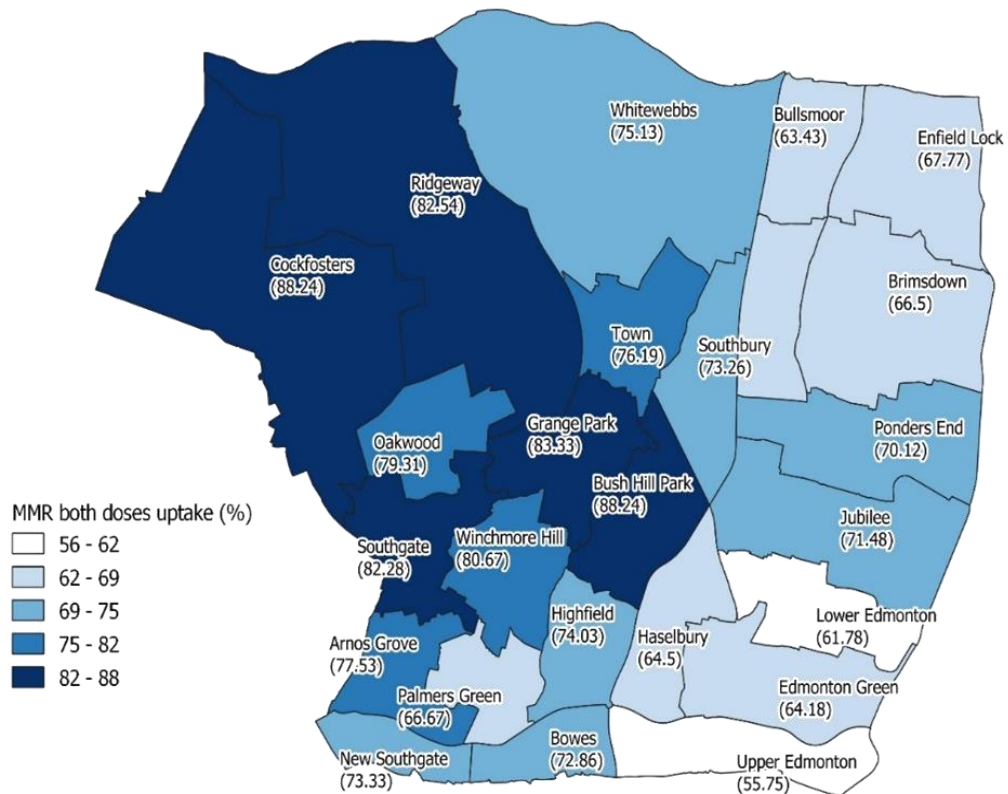
**Figure 3: % uptake of all routine school-aged immunisations in Enfield, NCL, London and England in 23/24**



**Figure 4: flu vaccine uptake in school-aged children by ward in 22/23**

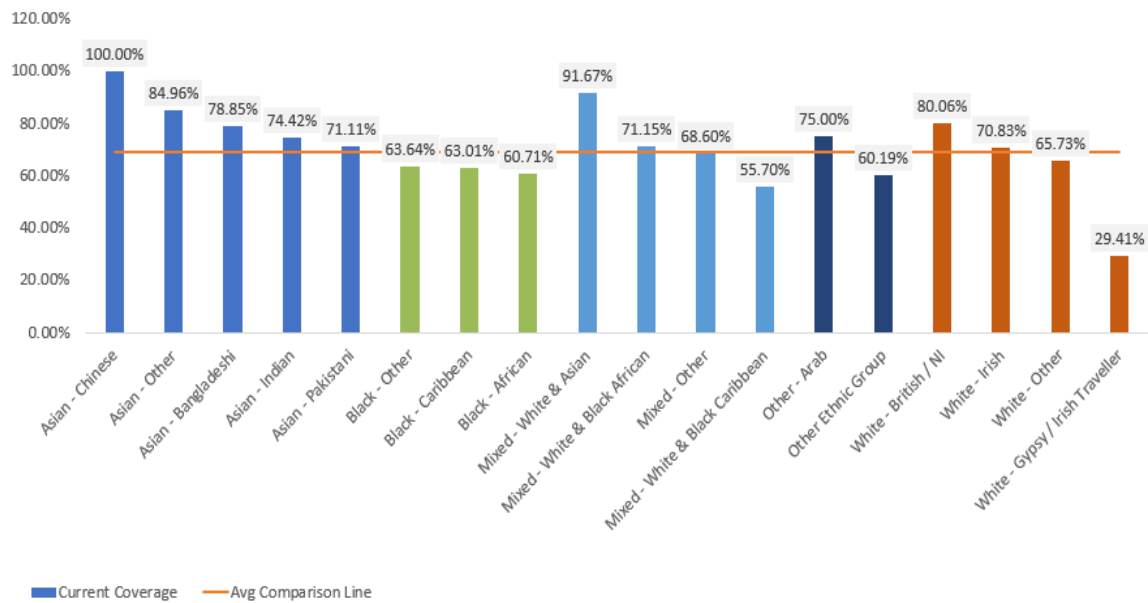


**Figure 5: % uptake of 6-in 1 (inc. Polio) by ward in 23/24**

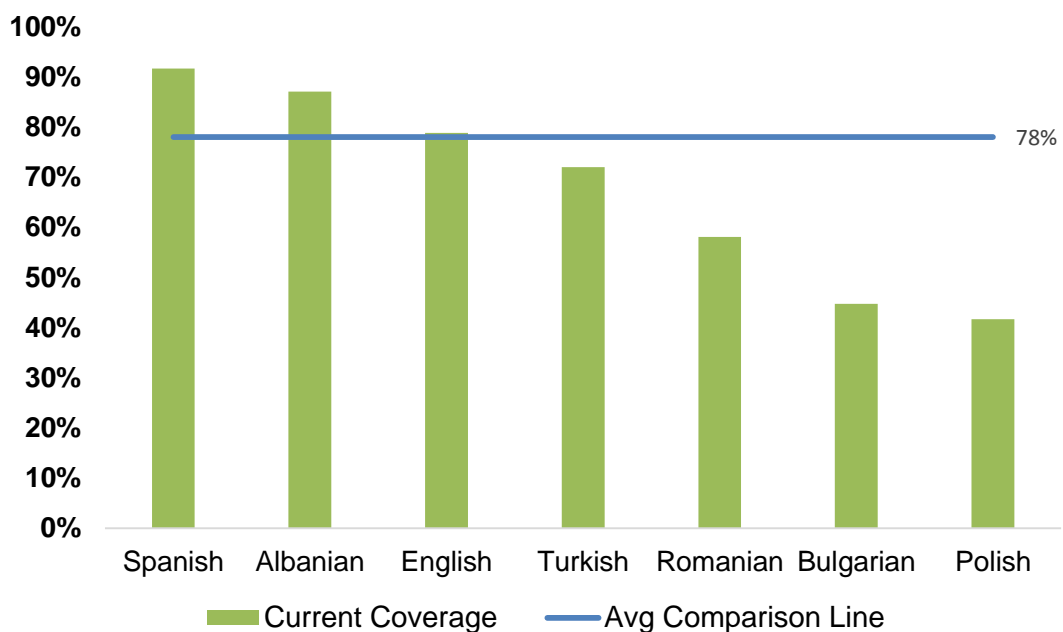


**Figure 6: % uptake of MMR (both doses) by ward in 23/24**





**Figure 7: % MMR uptake by ethnicity**



**Figure 8: % uptake of all vaccinations 1 year by language spoken**

## 7. Why is vaccination uptake low in Enfield?

There are numerous reasons why uptake is low, some of this we understand however, arguably, we don't understand fully the reasons behind low vaccination uptake for all parts of our community.

At the end of 2022, the ICS conducted a parent survey across North Central London (n=224). The key findings were;

- Access to appointments was generally good but parents wanted more after school appointments and more at weekends.
- Parents want more information about vaccines before vaccinating their child (regarding side effects, ingredients, number of vaccines given, the diseases being vaccinated against and risk)
- The trusted voice is still the GP
- A quarter of parents stated they did not get a reminder from their GP

Other issues are likely to be;

- **Misinformation and lack of trust/ opportunity to discuss with a trusted person**

Low vaccination uptake is not a new problem. In the late 1990s the discredited ex- Dr Wakefield incorrectly claimed a link between Autism and MMR. Over recent years we have seen strengthening of anti-vaccination sentiment and lack of trust regarding vaccination.

- **Data quality**

Intelligence is only as good as the data entered and there may be some level of inconsistency of data e.g. between Child Health Information System (CHIS) and primary care clinical system or when children are vaccinated abroad.

- **Access**

Whilst the parent survey did not identify access as a particular problem this may be due to some bias. Access to primary care may be more difficult for some residents.

## **8. Provision and activity to increase immunisation uptake**

### **NHSE Commissioning**

NHSE-London commissions school aged immunisation teams to work in Enfield and all Boroughs across London to protect primary school children from reception to year 6 and secondary school years 7 to 9 against flu, Polio, Measles Mumps and Rubella and Human Papilloma Virus (HPV).

Last year Flu uptake performance nationally, across London and in Enfield was lower than previous years due to the delayed approval from the UK Joint Committee for Vaccination and Immunisation (JCVI) for secondary schools which delayed the start date and supply availability. Additional pressures on flu delivery last year included pressure from the polio booster campaign which ran throughout the season and, disruption to some schools due to strep A cases in school aged children.

At this time there was also misinformation circulating on social media outlets about a possible connection between flu nasal vaccination and increased risk of

Strep A or that infection with flu helped children to build their immunity. This required additional information to parents and schools, additional training, and vaccination teams provided additional communications and support to parents and schools on myth-busting.

NHSE-London, working in partnership with local authorities, schools, Integrated Care Boards and community and faith groups, are taking several steps to improve school age flu uptake and to improve equitable uptake for the 2023 and 2024 flu season. Some examples of Enfield plans include:

- Providing additional catch-up clinics during weekends and after school.
- Using e-consent and digital tools to improve timely approval from parents.
- Working closely with faith-based communities and networks to understand perceptions and barriers and offering a range of appointments and products (such as non-porcine based flu vaccinations).
- Providing information in a range of languages and formats.
- Ensuring bespoke approaches for looked after children, pupil referral units, private schools and home educated children to maximise uptake.

### **School-aged immunisation team (SAIS)**

The School-aged vaccination teams work closely with schools, school nurses and community groups and serve all schools in Enfield. There are 9 target primary schools and 6 secondary schools with particularly low uptake.

Vaccination teams are working to rectify the high variation in uptake across Enfield and are taking several steps to improve the inequality in uptake specifically with schools and community groups in Eastern and Southern areas of Enfield. Some successful measures include:

- A rolling programme of visits to schools to vaccinate children. This includes catch up visits for those children who are absent / unconsented on the day.
- A programme of catch up clinics in community sites and GP Practices for those children who have missed their vaccinations.
- Extra resource to contact those parents who have either declined consent or not consented for their child to be vaccinated to offer information.
- Improved Communications: using paper and verbal consent to bridge the digital divide for parents not wanting to e-consent. Advertising on buses, in hospitals and on websites and social media.

- Improving convenience, confidence and reducing complacency: Providing ad-hoc sessions at the NMUH paediatric A&E, working with Revival Christian Church and working with African-Caribbean community leaders to identify additional clinics, visiting local mosques and providing information in additional languages, providing after school clinics, following up non-attendees to understand reasons for missed appointments
- Behavioural Science Project: Beyond making vaccinations more convenient and accessible, vaccinators are working with community leaders and parents to understand possible concerns or barriers to uptake. The Behaviour Science Project will specifically examine the root causes of low uptake or non-consent and understand ways to improve confidence and trust in vaccination and or other health services.

## **Primary Care**

Primary Care providers have several processes in place as part of their “business as usual” approach to childhood immunisations:

- Robust call-recall systems
- Flexible vaccine clinics hours, including weekends
- Liaising with the school aged vaccine provider to ensure records stay up to date
- Supporting with additional outreach clinics run by the SAIS provider, in two practices in the east of Enfield.
- Text message reminders of appointments and notifications of vaccinations due
- Submitted an expression of interest to NHSE re: additional access and capacity for immunisations
- Opportunistic engagement with families where appropriate

## **North Middlesex University Hospital (NMUH) Maternity Service**

All pregnant women ‘booking in’ at NMUH maternity service are offered whooping cough immunisation between 16- and 32-weeks gestation. Whilst uptake remains low this has improved since last year. Uptake during pregnancy continues to be challenging. In July 2023, there were 343 booked attendees all of whom were offered vaccination, of which 221 accepted this offer in this month (they can book to attend in other months). Of the appointments booked 32 did not attend (DNA) and these are/have been followed up. Seventy-seven patients had their vaccine during their appointment; 25 declined of which 4 advised they had received it elsewhere.

## **9. Childhood Immunisation Action Plan**

The Enfield Borough Partnership Screening and Immunisation Group oversees the Enfield Childhood Immunisation Action Plan. This includes actions for all parties including Local Authority, Voluntary and Community Sector partners, Primary Care, Maternity Services, Education etc. and ensures all partners work collectively. The plan is dynamic and action-focused and takes a proactive stance in addressing the multifactorial efforts of system-wide improvement.

A summary of activities currently included in the Action Plan include:

- Performance reporting
  - Provision of intelligence to ensure we target activity to lowest uptake area
- Primary Care
  - See section above
  - Staff training for nurses and non-clinical staff
- Early years settings, children centres and nurseries
  - communication with setting staff
  - staff training
  - support with consenting parents
  - regular communication with parents/ carers
- Schools
  - Regular communication with Headteachers and education staff
  - Communication with parents/ carers
  - SAIS attendance at school events
  - See School Aged Immunisation Team section above.
- Family hubs
  - Development of opportunities for immunisation provision and information through family hubs.
- Communications
  - Using all available communications channels to advocate for childhood immunisation including social media, letters to parents, items in local papers including Albanian Gazette, Ayrupa, Olay, Parikiaki, Facebook, posters and Healthy Enfield newsletter.
  - Examples of past and current campaigns can be seen in Appendix 2
  - Measles staff webinar (planned)
  - New NCL ICS Micro-site for vaccinations targeting children and families
- Voluntary and Community Sector
  - Using the concept 'Trusted Voices, Trusted People, Trusted Places' meaning health messages from trusted community leaders in

venues that residents routinely use, we disseminate accurate information and training disseminated through Voluntary and Community Sector organisations

- Training of Community Champions regarding accurate immunisation messages.
  - Proactive work with organisations such as Enfield Black Health Forum, Enfield Caribbean Association and the Revival Christian Church to engage with Black communities to encourage vaccination.
- Community Engagement
    - Childhood vaccination information sessions held at Enfield Black Health Forum
    - SAIS attendance at community events over summer
    - Childhood vaccination information session at Revival Christian Church planned
    - Planned engagement with Somali community
    - SAIS Attendance at CONEL fresher's week
  - Health Visiting
    - Ensure that Health Visitors promote immunisation, support identification of children with missing immunisations and support parents to access immunisation
  - Maternity services
    - Provide information and access to flu and whooping cough vaccines  
(MMR vaccination is part of the Borough wide plan however we are focusing on this due to the greater threat of increased cases).

## 10. Learning

### Successes

Learning from the COVID-19 vaccine programme and the subsequent vaccine champions scheme has enabled the stronger development of relationships across the health and local authority systems. Improved knowledge of communities and their distinct needs has enabled a more effective way of working and in a culturally sensitive manner.

Education sessions with professionals and parent champion groups have been well received and there is a desire from all to learn more.

The concept of “Trusted Voices, Trusted People, Trusted Places” continues to inform community engagement and communications activities, recognising and utilising the important skills and assets that communities possess; working with them and not *for* them improves trust, the reach of public health messages and involvement in campaigns to improve immunisation uptake.

## Key issues / challenges

Long standing health inequalities continue to be highlighted when looking at childhood immunisations. Some of the key challenges in addressing low uptake are:

- **Complex populations** of different ethnicities, cultures, beliefs and views.
- **Disengagement** in vaccine-related communications.
- **Lack of trust** - Lack of availability of sensitive transparent information accessible in appropriate formats.
- Some residents feeling unable to ask questions or discuss concerns or know where to go for good quality information. The aim is to improve accessibility and understanding of complex matters for all in a clinical setting.
- **Funding** - During the pandemic several sources of vaccine related funding was available to both LBE and the NHS from which many interventions and projects were funded and from which many lessons were learnt. This included work to address vaccine misinformation targeted at young people and a behavioural science immunisation project led by the Enfield SAIS team. The project aimed to gain a greater insight into the behavioural patterns associated with and influential to parent's decision making for school-aged immunisations. These sources of funding are not available on an ongoing basis and the work is being built into current limited capacity.
- **Unregistered GP population** – children not registered with a GP are known to have lower vaccine uptake or be at greater risk of missing routine immunisations. Commissioners should ensure that people who are not registered with a GP practice are aware that they are eligible for vaccinations.

### 11. Future activity will include;

- Continuation of activity identified within the Enfield Immunisation Plan and continued engagement with residents in low uptake communities.
- Special focus on increasing uptake of MMR
- Winter planning including for Flu
- Adaptation to meet future challenges

### 12. Request to Health and Social Care Scrutiny

We would like to request Councillors support with the following actions;

- Write to central government to request that increased access is made to vaccination for children through pharmacies, hospital ED departments, outpatient

clinics and other health care settings ensuring that all health services share responsibility for increasing immunisation.

- Consider contacting the Shadow Health Secretary to lobby government to focus on improving vaccination uptake by
  - Tackling misinformation
  - Improving NHS systems to collect data
  - Making it easier for residents to see what immunisations they've received e.g. through NHS App.
  - Providing additional resources to engage with communities with low vaccine uptake.

### **13. Relevance to Council Plans and Strategies**

This work links into the “Strong, Healthy and Confident communities” priority of the Council Plan 2023-26. Immunisation is also a priority in NCL population health and integration strategy.

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## Appendix 1

### The routine immunisation schedule

The routine immunisation schedule				from February 2022
Age due	Diseases protected against	Vaccine given and trade name		Usual site <sup>1</sup>
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus <sup>2</sup>	Rotarix <sup>2</sup>	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Prevenar 13	Thigh
	Rotavirus	Rotavirus <sup>2</sup>	Rotarix <sup>2</sup>	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	MenB	MenB	Bexsero	Left thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMRvaxPro <sup>3</sup> or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Eligible paediatric age groups <sup>4</sup>	Influenza (each year from September)	Live attenuated influenza vaccine LAIV <sup>3,5</sup>	Fluenz Tetra <sup>3,5</sup>	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMRvaxPro <sup>3</sup> or Priorix	Upper arm
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV (two doses 6-24 months apart)	Gardasil	Upper arm
Fourteen years old (school Year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix	Upper arm

## Appendix 2

### Communications and engagement activities

#### Past campaigns

14. *Protected campaign (July-August 2022)* which targeted children and adults with the aim of supporting parents to acknowledge all the vaccinations they need for themselves as well as their children. It was advertised in:

- Clear Channel
- Newspapers
  - Albanian Gazette
  - Avrupa
  - Olay
  - Parikiaki

- Organic social media
- Facebook ad
- A4 posters in GPs and pharmacies in low take up areas
- Healthy Enfield monthly newsletter

15. *Child 1-9 Polio vaccination campaign* aimed to improve awareness of the additional polio vaccine booster being offered to all children aged one to nine across London. For some children this may be an extra dose on top of their routine vaccinations. For others it may just bring them up to date with their routine vaccinations. This will ensure a high level of protection from paralysis and help stop the virus spreading further.

Advertised:

- Letter from the leader shared
- Social media assets created and shared
- National assets used
- The Hub platform updated

16. *COVID-19 & Flu Jab campaign*

A section of this campaign was aimed at the flu nasal spray which is aimed at children. Advertised on:

- Back of buses
- Social media
- Kiosks

## **Current campaigns**

17. *NCL ICB Summer Ready*

To create more awareness around MMR and Polio vaccines, the ICB has created summer ready assets. The assets come from the angle of the child/ young person speaking, rather than the NHS.

Advertised on:

- Organic social media
- Clear Channel boards
- A3 poster outside Civic Centre

Continuing to share social media posts organically from NHS, UKSHA, DHSC & NCL ICB. This includes:

- Measles
- Mumps
- Rubella
- HPV
- Meningitis
- COVID-19
- Flu
- Full schedule of vaccinations needed
- Forward to VCS groups where necessary

MMR vaccine summer ready social media campaign:

As part of a summer campaign to encourage parents to vaccinate their children ahead of the holidays, the NCL vaccine team created “summer ready” assets which were shared on our channels including Enfield’s channels. The campaign focussed on the MMR vaccine. This included static and animated versions of the assets. These were also shared our partners in the weekly vaccination’s newsletter.

For the month of July 2023 on twitter, our #Summerready assets were the top tweets with 590 impressions and an engagement rate of 3.3%.

## **Future communication campaigns**

### *18. Winter wellness & Flu jab*

### *19. HPV*

- Sharing resources
- Working with NCL Cancer Alliance and NCL ICB
- Attend community events for young people

### *20. Measles*

- Measles webinar for staff planned for September 2023
- Internal communications
- UKHSA resources being shared to:
  - VCS groups and faith forums
  - Community champions EVA
  - Nurseries
  - Schools
  - Children centres
  - NCL – send to all GP surgeries

## **New microsite for vaccinations**

21. The NCL vaccine team set up a new page with information about how children aged 4 to 18 can visit a local nurse-led vaccination clinic to get any vaccines they may have missed when a nursing team visited their school, as well as any measles and polio vaccines they may have missed earlier in life. The new page signposts to the Enfield School Aged Immunisation Service (SAIS) and where parents can get their children vaccinated if they’ve missed any routine vaccines.

## **Enfield Black Community Health Forum**

22. On the 26<sup>th</sup> July 2023 the forum hosted a session on childhood vaccinations hosted by the Enfield SAIS team. The session was attended by Enfield borough stakeholders and this was an opportunity to educate and ask questions about MMR and other routine vaccinations.

## **Upcoming activities**

23. College of Haringey, Enfield and North East London Freshers week (21<sup>st</sup> September 2023) This is an opportunity for the Enfield SAIS team to have a stand at the event and connect directly with many students from various

academic disciplines. This will allow the team to signpost and generate awareness about the important work they do.

24. Millions of children in England will be offered a flu vaccine from September, as the NHS steps up its life-saving vaccination programme to protect against deadly viruses ahead of winter. Like in previous years, we will be creating a communications campaign around this and will be promoting flu clinics. School aged children will be able to get the flu vaccine at school or at community clinics, and those with long term health conditions can also get the vaccine at GP surgeries. Children aged two and three years will be able to get an appointment with their GP practice.
25. We are planning to carry out further engagement activities with our Enfield Somali voluntary sector organisations in September to create awareness of children's vaccinations and provide information on accurate sources of information.

Date of meeting 2023/24	Topic	Report Author	Lead Members	Executive Director/Director	Reason for proposal	Other Committee/ Cabinet/Council approvals?
19 June 2023	Work Programme Planning					
20 September 2023	Draft Safeguarding Adults Strategy	Sharon Burgess	Cllr Cazimoglu	Tony Theodoulou	Requested to come to the Panel by Officers	C, YP & E Scrutiny Panel 30/10/23
	Annual Safeguarding Report	Sharon Burgess/Bharat Ayer	Cllr Cazimoglu	Tony Theodoulou	The Annual report is brought to this Panel for discussion	
	Vaccinations & Immunisations	Louisa Bourlet	Cllr Cazimoglu	Dudu-Sher-Arami	Update requested (with a focus on the uptake of childhood immunisations in the borough plus links with family hubs & community grants)	
28 November 2023	Adults & Children's Social Care Annual Statutory Complaints Report	Eleanor Brown	Cllr Cazimoglu	Fay Hammond	The Annual report is brought to this Panel for discussion	
	Enfield Sexual Health Community Services	Fulya Yahioglu	Cllr Cazimoglu	Dudu Sher-Arami	Update requested	
	CQC Inspections Update (Borough Partnership Plan)	Alpesh/Nnenna	Cllr Cazimoglu	Dudu Sher-Arami	Update requested	

<b>28 February 2024</b>	Public Health - Substance Misuse	Andrew Lawrence	Cllr Cazimoglu	Dudu Sher-Arami	Update requested (to include information on the use of Nitrous Oxide 'balloons')	
	Health Visiting, Breastfeeding & Women's Health (in terms of screening)		Cllr Cazimoglu	Dudu Sher-Arami	The panel have requested an in-depth review of these areas.	
	Access to Primary Care, Dental Care & Oral Health Promotion	Deborah McBeal	Led by ICS	Deborah McBeal/ICS	The Panel have requested an in-depth review of services (with a key focus on Children's Dentistry Provision). Report to also include information on access to services via Technology- digital exclusion etc.	
<b>Date TBC</b>	Mental Health Transformation/Reforms	Deborah McBeal	ICS Led	ICS Led	The panel have requested an in-depth review and what this will mean for local services in the borough (to include young people in mental health crisis following Covid)	
	Integrated Care Systems	Deborah McBeal	ICS Led	Deborah McBeal/ICS Led	Update on changes and impact on LBE	