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OVERVIEW & SCRUTINY COMMITTEE

Tuesday, 17 January 2017 at 7.30 pm
Conference Room, Civic Centre, Silver
Street, Enfield, EN1 3XA

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Councillors : Derek Levy (Chair), Abdul Abdullahi, Katherine Chibah, Joanne Laban,
Edward Smith and Nneka Keazor

Education Statutory Co-optees: 1 vacancy (Church of England diocese representative), Simon Goulden (other faiths/denominations representative), Tony Murphy (Catholic diocese representative), Alicia Meniru & 1 vacancy (Parent Governor Representative).

Enfield Youth Parliament Co-optees (2)

Support Officer – Andy Ellis (Lead Scrutiny Officer)
Elaine Huckell (Scrutiny Officer)

AGENDA – PART 1

1. WELCOME AND APOLOGIES

2. DECLARATIONS OF INTEREST

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

3. FOSTERING AND ADOPTION REPORT (Pages 1 - 14)

To receive an update on the work of the Fostering and Adoption Service.

4. QUARTER 2 CORPORATE PERFORMANCE REPORT (Pages 15 - 30)

To review elements of the Q2 Corporate Performance Report.

5. ENFIELD SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2015/16 (Pages 31 - 74)

To receive for noting only

- (i). Final Overview & Scrutiny Report
- (ii). Enfield Safeguarding Children Board Annual Report 2015/16

6. ENFIELD SAFEGUARDING ADULTS ANNUAL REPORT 2015/16 (Pages 75 - 120)

To receive for noting only

- (i). Safeguarding Adults Cover Report
- (ii). Safeguarding Adults Annual Report 2015/16

7. OVERVIEW & SCRUTINY COMMITTEE WORK PROGRAMME 2016/17 (Pages 121 - 124)

To note the Work Programme.

8. DATES OF FUTURE MEETINGS

The date of the next business meeting is 23 February 2017.

Provisional Call –In dates

- 16 February 2017
- 8 March 2017
- 21 March 2017
- 12 April 2017

MUNICIPAL YEAR 2015/2016 REPORT**MEETING TITLE AND DATE:**

Overview and Scrutiny Committee
January 17th 2017

REPORT OF:

Director of Schools & Children's Services

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Agenda - Part:	Item: Update Report
Subject: Fostering & Adoption Services in Enfield	
Wards: All	
Cabinet Member consulted: Cllr Orhan	

1. EXECUTIVE SUMMARY

This report updates the Scrutiny Panel on the work of the Fostering & Adoption Services since April 2015. It is a requirement of the National Minimum Standards that Members receive regular reports on the work of the Fostering & Adoption Services.

2. RECOMMENDATIONS

That the scrutiny Panel notes the findings of this report.

FOSTERING**3. BACKGROUND****3.1 Foster Carers**

During 2015-16:

In 2015/16 Enfield recruited 17 mainstream foster carers, the second highest number in the consortium. It should be noted that while Haringey recruited 20, their feedback is that these carers were secured by an independent recruitment agency on their behalf and are almost all baby carers, many of whom live a long way from the borough. Both Haringey and Hackney have piloted outsourcing the recruitment of foster carers and both experienced significant problems and have quickly brought the service back in house.

Haringey	Islington	Camden	Hackney	Enfield	Barnet
20	9	12	13	15	13

In 2016/17 Enfield has approved 8 carers to date and has another 7 in assessment, 3 are due to start the assessment process, 2 are on hold and likely to progress to assessment stage and 7 are in the process of meeting with social workers following their attendance to the Skills to Foster training. The next Skills to Foster Course is scheduled for December 2016 with 3 potential applicants on the list to attend so far. If any of our applicants are ready to attend the Course before December, they will be booked onto a consortium borough's training course to avoid delay in starting their assessment.

These are higher numbers than any other consortium borough. In 2015/16 the average time to recruit a foster carer in Enfield was 5.7 months. For the 8 carers recruited to date in 2016/17 the average time was 7.6 months. The reason for the increase is largely due to the time it is taking for DBS checks to be received. Two of the applications also required police checks to be undertaken in Spain and in Germany. The timescale is measured from the time between the carer putting in their formal application to being approved by the fostering panel. The regulations allow prospective carers to put in a formal application at any time from their initial expression of interest until after the Skills to Foster course. Every effort is made to encourage interested applicants to apply formally as early as possible in the process as this then allows checks to be requested and reduces the timescale to approval.

3.2 Recruitment

While our recruitment strategies are delivering positive results, these are offset by the number of carers resigning each year. In 2015/16, 15 foster carers left the service. In 2016/17, 13 sets of foster carers have already been de registered: Of these carers a number have adopted the child they were fostering and had no space for another LAC while others have resigned after long service as carers or due to changes in their family circumstances.

It is clear that the key to increasing the pool of available carers depends on both a successful recruitment campaign and reducing the number of carers leaving the service wherever possible.

All foster carers who wish to resign are offered exit interviews and where appropriate, offers of support are made to strongly encourage them to remain with the service. These include career breaks and conversion to an alternative fostering category e.g. respite. As can be seen from the analysis above, there is usually an unavoidable reason for de registration.

3.3 Placements

We currently have 131 Enfield fostering households and 8 children placed in consortium foster placements. We have 110 mainstream fostering households, currently providing homes for 146 of our looked after children. Vacancies in 20 of these fostering households are currently 'unavailable' for a variety of reasons. These include the carer/s being on holiday, subject to Standards of Care investigations, ill or about to retire. A number of single vacancies are blocked in households approved for 2 children because the 1 child in placement is very challenging or unable to live with other children.

We have an additional 11 sets of approved family and friends' foster carers and 10 temporary family and friends foster carers, under a specific regulation which allows children to be placed while a further assessment is underway. Fostering is a very highly regulated service area and all 131 sets of carers must have an allocated qualified social worker to support them, provide regular supervision and prepare a comprehensive annual review.

3.4 Support and Development

All foster carers have a named supervising social worker who provides regular supervision and supports the carer's professional development. A very comprehensive training and development programme is available for all carers and this has been designed to offer the flexibility to meet the needs of the foster carer workforce. In addition to day time taught courses, learning opportunities are also available on weekends and evenings as well as on line.

Placements which are vulnerable to the risk of breakdown are closely monitored by supervising social workers and managers.

Placement stability meetings take place to agree the additional support required to prevent children experiencing unnecessary moves. 'Instep' is a CAMHS led placement support service that provides speedy and responsive solutions to fragile placements. A programme of small focus groups for foster carers has been developed and these are facilitated by a CAMHS child psychotherapist. The aim of these groups is to reduce placement breakdowns by helping carers to consider the likely challenges in caring for more complex children and to develop strategies for managing these successfully.

3.5 Fostering Service Planned Actions October 2016 – March 2017

- Foster carer recruitment is now the priority for the North London consortium and a number of joint recruitment events are planned.

- The consortium Marketing and Recruitment group is currently completing an analysis of which strategies have produced the best outcomes to inform future planning.
- A strong partnership has been forged with the Imams and a previous event there to recruit BME adopters attracted over 100 interested people. A fostering recruitment event was held at the Regents Park Mosque on 08/10/16 resulting in interest from many people; currently two leads are being followed up and it is looking likely they will be progressing through the process to be assessed.
- Another event, also on 08/10/16, was held at the Dugdale Centre as part of Black History Month to raise awareness and the profile of fostering in Enfield.
- IFA carers looking after Enfield children are being targeted to encourage them to work for the Council.
- We have recruited a dynamic marketing and recruitment officer who is keen to improve and modernise our on line presence.
- The increase in temporarily approved and family and friends foster carers makes allocation challenging as caseloads increase – workflow within the service is kept under constant review and streamlined wherever possible to ensure that capacity is maximised and focused on the statutory requirements.

ADOPTION

3.6 BACKGROUND

3.7 Children

During 2015-16:

Enfield obtained 15 Adoption Orders, the third highest number in the North London Consortium.

Hackney	Camden	Haringey	Barnet	Enfield	Islington
16	7	24	12	15	12

Across the consortium, there was a 12% reduction in adoptions from the previous year. This reflects changing judicial practice which has led to a significant reduction in the number of Placement Orders made by the courts, in favour of Special Guardianship Orders which keep the child in their family of origin. In 2016/17 Enfield has secured 5 adoption orders to date with another 8 anticipated before the end of the financial year, barring parental appeals.

There has been a significant increase in the number of Special Guardianship Orders granted this year with 16 already having been awarded on children who were previously looked after and another 4 on children who had not been in care prior to the order being granted. This compares with a total of 11 Special Guardianship Orders in the whole of 2015/16.

The reduction in the number of children requiring adoptive homes has coincided with an increase in the number of approved adopters waiting to have children placed with them. This follows a sustained advertising campaign by the Department for Education to encourage more applications from anyone interested in adopting a child. There are now far more available adopters than children requiring adoptive families. Crucially, the children who actually wait to find adoptive families are the ones with complex needs; in sibling groups, with existing disabilities or who are likely to have inherited potentially serious developmental problems which will manifest when they are older – the children whom the current approved pool of adopters feels unable to care for.

Currently, there are 8 children in adoptive placements awaiting Adoption Order Hearings, which will count towards the final number at the end of the financial year.

Monthly monitoring takes place of performance against indicators. The national adoption scorecard process was designed by the DfE to benchmark performance and the indicators below were introduced to measure this:

- **LAC51 Average time (12 months) between a child entering care and moving in with its adoptive family, for children who have been adopted.**
- **LAC52 Average time (12 months) between a local authority receiving court authority (Placement Order) to place a child and the local authority deciding on a match to an adoptive family.**

Out of the 15 children that were adopted in 2015-16, 6 were placed within timescale since being received into care (40%). Of these children, 8 were matched within time scale from date of the Placement Order (53%).

Nationally, Enfield met the LAC52 average but not the LAC51 average. There were a number of contributing factors for the scorecard indicator relating to the nine children that were placed out of timescale (LAC51).

These include protracted and complex court proceedings with the timescale beyond the influence of the local authority, cases requiring extensive overseas assessments of extended family members, sibling groups with complex needs which made family finding more difficult and children being adopted by their foster carers with whom they may have lived for a number of years..

There is growing recognition within the DfE that the scorecard indicators are not sufficiently sensitive to reflect the range of complex circumstances of the children and families involved.

A detailed quarterly report on children waiting to be matched with adopters is provided to the Lead Member and DCS to reassure them that robust family finding is under way for every child.

3.7 Adoptive Families

During 2015-16:

Enfield approved 8 sets of adopters. This was a deliberate reduction on the 19 approved the previous year as a more targeted approach has been taken with the aim of recruiting adopters better able to take on the complex children awaiting a match. In 2016-17, 2 sets of adopters have been approved to date with 1 more being presented to Panel for approval on 31/10/16. Seven sets of adopters are currently in assessment with 3 more potential families to date booked on the November foundation day training.

3.8 Support to Families and Adopted Adults

The consortium has developed excellent support services for both adopters and special guardians, including thematic support groups, therapeutic interventions and bespoke training opportunities. Each borough provides a case worker service for adoptive/special guardianship families in crisis. Joint commissioning across six boroughs has secured excellent value for money in contracted services. The consortium has given formal, affiliated membership to a number of voluntary adoption agencies including After Adoption, the Post Adoption Centre, We Are Family and the Inter Country Adoption Centre. These partnerships are delivering preferential services to the boroughs in the consortium, and feedback to a Scrutiny Panel Workstream evidenced how highly these are valued by our service users.

To date:

- 18 adopted adults are currently receiving an access to records service.
- 15 adopted adults and birth relatives received support and guidance with regards to searching for extended birth family members separated by adoption. 14 are currently still receiving this service.
- 48 families are currently in receipt of adoption support packages.
- To date, there are 78 adoption allowances and 149 Special Guardianship Allowances being paid. There has been no increase in the number of adoption allowances being paid but an increase of 49 in the number of SG allowances being paid from the previous year.

3.9 The Adoption Support Fund

- The Adoption Support Fund was implemented by the DfE in May 2015 and has proved to be invaluable for adoptive families in need of therapeutic input. Recently the fund was extended to Special Guardians also. The ASF was established because many families needed some kind of support following adoption and too many had struggled to get the help they needed in the past. The ASF enabled them to access services they needed more easily alleviating financial demands placed on local authorities to provide costly therapeutic services. In 2015-16, 14 families benefitted from this fund with a steady flow of families continuing to make use of the fund in this financial year.

3.10 Adoption Service Planned Actions October 2016 – March 2017

- The London Adoption Board is leading on the regionalisation agenda across the Capital. There is, as yet, no clear plan for how this will impact on individual adoption services. It is anticipated that while some services will be organised across London, others will be delivered by smaller groups of authorities working in partnership – a model similar to the current consortium arrangement.
- The demand for support services to adoptive and special guardianship families in crisis has continued to increase, driven in part by the growing number of children being placed with extended family members, many of whom have their own problems. These placements have a higher risk of breakdown, particularly if the child has additional needs. In response, the service has been restructured with the responsibility for the special guardianship assessments and support now being cited in the adoption team.

- Recruitment initiatives to meet the needs of our children continue to be a priority. On 20/10/16, during National Adoption Week, the consortium boroughs will be facilitating a large event in Hackney, also as part of Black History Month, to raise awareness and the profile of adoption with the aim of attracting potential applicants for our black and dual heritage children in need of adoption.
- The recent Scrutiny Panel workstream focussing on adoption found the service to be a very good one. Adoption in Enfield received a judgement of 'Good' from Ofsted in 2015. Since then, a small number of adoption services in the country have been awarded a judgement of Outstanding. The Head of Service is reviewing practice in these authorities to determine if any lessons can be learned to improve our local practice.

3.11 Staffing and Accommodation

The Fostering and Adoption Services are based at Triangle House. Both teams are staffed with experienced practitioners and managers. The proximity to the Looked After Children's Teams continues to be helpful in promoting good planning for children in care.

The Advanced Social Work Practitioner post in the adoption team was deleted following the retirement of this worker, thus making a saving for the department. Following this, the Adoption Team Manager was promoted to a Service Manager position for both adoption and fostering service. There is a new Team Manager and Deputy Team Manager in place in the adoption team with shared supervisory responsibility for the six social workers in the team. Team members have vast experience and specialism in all areas of adoption work. Due to the changing landscape in permanency for children (i.e. decrease in adoptions and increase in special guardianship), a decision has been made to transfer the special guardianship work from the fostering service to the adoption service. There is currently a transition process taking place with good joint working between the two services to ensure a smooth handover.

This last year has been difficult for the Fostering Service due to staff shortages relating to ill-health and maternity leaves. This, together with the departure of the fostering team manager, put a strain on the remaining team members. Despite this, service delivery to our children and foster carers remained of the highest standard. The team is now fully staffed and far more settled.

On 19/9/16, a new Marketing & Recruitment started and has proved to be an asset to both the Fostering and Adoption Services. It is anticipated that the recruitment of foster carers and adopters will increase as a result of the campaigns that this worker is involved in.

3.12 Staff Training

Staff training and development needs are met both through the Consortium and Enfield's Training and Development Service which offers a comprehensive programme. Team members are expected to attend training to ensure their ongoing development needs are met, as well as maintaining their social work HCPC registrations. On 4th December 2015, social work professionals throughout the Childrens Services attended a social work conference where a number of impressive guest speakers attended and gave presentations. Another social work conference is currently being planned for 25th November 2016. In addition to training courses and conferences, annual Development Days are held covering different topics. These are attended by social work professionals, education and health professionals, and foster carers. The next Development Day has been arranged for 17th January 2017.

3.13 Fostering and Adoption Panels

The fostering and adoption panels are held separately on a regular basis. Each has an independent Panel Chair experienced in the work of fostering and adoption. The Panels are made up of a group of people from varying backgrounds either with personal experience of fostering and adoption or from their professional backgrounds. Both Panels include four independent members and two Councillors representing the two parties. The Panels continue to play an important role in providing quality assurance and consider recommendations on the suitability of applicants wishing to foster or adopt. The Agency Decision Maker will make the final decision based on the information provided to him and the recommendations made.

3.14 The North London Adoption & Fostering Consortium

The consortium develops an annual action plan which involves the 6 boroughs, Enfield, Barnet, Camden, Hackney, Haringey and Islington who work together sharing training, recruitment activities and fostering and adoptive placements for children. It meets regularly at both a strategic Heads of Service level as well as at operational level.

The consortium continues to benefit children and their families across the boroughs.

- There is a rolling programme of training offered to adoptive families and special guardians, covering a range of topics.
- Adopters and Special Guardians have the benefit of attending support groups with attendance from speakers on topics of interest identified by families.
- The consortium contract with the Post Adoption Centre continues to be a more cost-effective way of providing a range of services to all people affected by adoption. The contract benefits families with complex adoption support needs for assessment and treatment. The Post Adoption Centre also provides outreach support to families across the consortium boroughs, including a monthly surgery in Enfield, which can also be accessed by professionals involved in care planning.
- It has seen the development of initiatives such as fostering recruitment events within different faith groups e.g. Muslim community held at Edmonton mosque.
- Foster carers attending cross Borough preparation training groups.
- Enfield hosted and facilitated the support group for the Consortium Parent and Child foster scheme.
- The consortium is looking at developing a Teenage Fostering Scheme to recruit and support foster carers in offering placements to teenagers with complex needs.

3.15 User Feedback

There is a range of mechanisms in place to allow the Fostering and Adoption Services to monitor customer satisfaction:

- Evaluations following fostering and adoption preparation training groups.
- Feedback forms for applicants and professionals to complete post-panel attendance.
- Feedback from consortium families that have attended Enfield's fostering and adoption preparation training groups.
- Letters and cards from families giving positive feedback on the services they have received from staff members.
- The adopters forum (which is adopter led) gives families the opportunity to voice their views and suggest ways in which to improve services where there are gaps.
- The recently developed We Are Family organisation representing families across the consortium and London as a whole.
- The recent adoption workstream project resulting in written and verbal feedback to Councillors.

4. ALTERNATIVE OPTIONS CONSIDERED

This report is for information.

5. REASONS FOR RECOMMENDATIONS

To report to Members on the work and performance of Enfield's Fostering and Adoption Services.

6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

6.1 Financial Implications

Although the adoption allowances have remained stable in number over the past few years, the SGO allowances have continued to grow showing a significant increase over the last three years. In 2015-16 there was an overspend on adoption and SG allowances of £129,000 and in this financial year we are projecting an overspend of £115,000.

In fostering, there was an overspend on the fostering allowances in 2015-16 of £304,000 and in this financial year we are projecting an overspend of £106,000. This correlates with the fact that there has been a steady increase in the number of in-house foster carers being recruited and approved over the past few years where fostering allowances are payable. The increase in fostering allowances has been offset against the inter-agency fees paid when children are placed with foster carers approved by other agencies.

6.2 Legal Implications

The work of the adoption service is undertaken in accordance with the Adoption Regulations and the National Minimum Standards. Section 3 of the Adoption and Children Act 2002 requires all local authorities to maintain a service to meet the needs of all people affected by adoption.

The requirements for a fostering service are set out in the Fostering Services (England) Regulations 2011 and the matters set out in this report comply with these requirements.

6.3 Property Implications

There are no property implications.

7. KEY RISKS

Any operational risks are minimised by attention to good practice in recruiting and preparing foster carers and adopters, good preparation for children, attention to detail during the introduction and transition process, and continuing support post placement.

8. IMPACT ON COUNCIL PRIORITIES

8.1 Fairness for All

The fostering and adoption services provide homes for vulnerable children, keeps them safe from harm and allows them to benefit from a family life.

8.2 Growth and Sustainability

The work of the North London Adoption and Fostering consortium delivers cost effective partnership working initiatives

8.3 Strong Communities

Foster carers and adopters are members of the community who provide a valuable service on behalf of vulnerable children in Enfield.

9. EQUALITIES IMPACT IMPLICATIONS

Targeted recruitment strategies ensure we have a range of adopters and foster carers that can meet the needs of the complex and diverse range of children in our community.

Enfield Council has been assessed against the requirements of the Equality Framework and was accredited at the excellent level. This award has inspired the Council to continue to tackle inequality in the Borough and continue to build on the strengths of our diverse group of Councillors and staff groups that reflect the wider community to promote positive dialogue with our residents and service users. The Council is committed to being an exemplar of best practice in all equalities work.

10. PERFORMANCE MANAGEMENT IMPLICATIONS

The Fostering and Adoption Services are governed by the National Minimum Standards. Compliance is scrutinised by the Fostering and Adoption Panels and any performance related issues arising are managed by the Service.

11. HEALTH AND SAFETY IMPLICATIONS

The Council Health and Safety Unit comprises of four teams who provide a wide range of advice, guidance and assistance on matters of Asbestos Management, Fire

Safety and Occupational Health, Safety and Welfare across the Council. The Looked After Children Service has an individual Health and Safety Procedure in place which all staff members have been sent. It is the responsibility of the Management Group to ensure that staff members adhere to the procedure as and when issues relating to health and safety arise.

12. HR IMPLICATIONS

Enfield Council is committed to applying equalities when recruiting and is proud of a staff group that is represented of its community and the customer they serve. The Council has a number of Policies in place so that all staff members are aware of their rights and the expectations required of them in carrying out their duties. Any misconduct and performance issues are dealt with robustly and all Council employees are required to work within the remits of the Dignity at Work Principles and the Employee Code of Conduct.

13. PUBLIC HEALTH IMPLICATIONS

The increase in the recruitment of local foster carers in Enfield will ensure that children are placed in the locality to which they are familiar with. This will help in the building of stronger communities and social cohesion. Children will be better able to access the excellent range of services provided within the Borough. Adoption provides a permanent home for children who cannot live within their own families. Adopters are supported to access both universal and specialist health services.

Background Papers

Adoption and Children Act 2002

Children Act 2004

The Training & Development Standards in Foster Care

Adoption & Fostering National Minimum Standards 2011

Adoption & Fostering Services Regulations 2011

Family & Friends Statutory Guidance 2011

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CMB Review - Financial Indicators 2016/17 (protect)










Generated on: 10 November 2016















Area of Review
Income & Expenditure Position - Year end forecast variances
Income & Expenditure Position - Budget Profiling
Income & Expenditure Position - HRA
Balance Sheet - Cash Investment
Balance Sheet - General Fund balances year end projections
Cash Flow - Cash balances and Cashflow Forecast
Cash Flow - Interest Receipts Forecasts

Key Highlights
Year-end forecast variances of £7.2m overspend have been identified to date in relation to General Fund net controllable expenditure. Budget variances identified to date will need to be managed closely to ensure timely appropriate action can be taken.
Budget profiling across all departmental budgets will continue to be applied in order to better reflect predicted net spending patterns throughout the year. Budget holders now profile individual budgets based on anticipated spend across the year.
The HRA is projecting an underspend at year-end outturn against budget.
The current profile of cash investments continues to be in accordance with the Council's approved strategy for prioritising security of funds over rate of return.
The year-end outturn projection for the General Fund balances will meet the Council's Medium Term Financial Strategy target levels based on the use of uncommitted reserves to meet the one-off overspends in 2016/17.
The Council's cash balances and cashflow forecast for the year (including borrowing) will ensure sufficient funds are available to cover planned capital and revenue commitments when they fall due.
Interest receipts forecast for the year are on target with budget.

Risk Rating - Aug'16
✗
✔
✔
✔
✔
✔
✔

Key to Status		2015/16 (@ September 15) - Number of Indicators		Quarter 2 2016/17 (end of Sept 2016) - Number of Indicators	
	Alert		12		13
	Warning		16		12
	OK		28		26

(a) Housing and Homelessness

Indicator	September 2015	Jul 2016	Aug 2016	Sep 2016	Q2 2016/17	Current Target	Latest Note
Number of households living in temporary accommodation	2930 	3072 	3127 	3172 	Measured Monthly	2930	Target is set as benchmark of same period last year. Household in TA continues to climb. Increase of 8%/ 242 over last year. The increase in households living in temporary accommodation is due to: 1) Massive demand requiring temporary accommodation specifically nightly paid accommodation 2) Both the loss of leased units and conversion of leased units to Emergency Accommodation due to escalating prices 3) Housing Association Leasing Scheme (HALS) – housing associations are coming up against increased competition in the market and either withdrawing from the TA market or letting on a PRS basis. Leased Properties:1200 –reduction from 1335 on same period last yr Emergency Accommodation: 1851 – increase of 339 (22% increase on same period last year) HALS: 116 – reduction of 15 on same period (131) last year Voids(Private Sector Leased & Privately Leased Annexes): –5
Overall satisfaction with repairs service provided by Council Homes	91% 	90% 	90% 	91% 	Measured Monthly	92%	Cumulative YTD: 1,906 out of 2,091 surveys returned in respect of works orders issued (period April to September inc.) indicated their satisfaction with the responsive repair service. Monthly Snapshot: 95.96%
Contractor monitoring by Council Homes of responsive repairs completed by agreed target date – (YTD)	88.79% 	94.79% 	95.03% 	94.89% 	Measured Monthly	96.00%	Data outturns are inclusive of all term contractor repairs that were raised in April (and completed by the end of September). A total of 7,552 responsive repairs were completed in time from a total of 7,959 repairs completed. This still remains below target. Following a year of mobilisation the decision was made to implement the financial penalties within the contracts from May 2016. In addition one off contract meetings were held with the AD Housing and the senior contractor representatives and action plans to address the issues are being completed. These will be monitored monthly with the aim of reaching target performance within the year.








Indicator	September 2015	Jul 2016	Aug 2016	Sep 2016	Q2 2016/17	Current Target	Latest Note
Rent collected by Council Homes as a proportion of rent due (excluding rent arrears)	101.53% 	100.74% 	101.11% 	101.14% 	Measured Monthly	100.20%	Cumulative YTD: A total of £31,681,404.33 of income was collected against a total of £31,322,853.58 in charges. Monthly Snapshot: 101.07%

(b) Adult Social Care




Indicator	September 2015	Jul 2016	Aug 2016	Sep 2016	Q2 2016/17	Current Target	Latest Note
Number of clients reviewed in the year (of clients receiving any long term service)	42.1% 	26.9% 	31.8% 	38.0% 	Measured Monthly	41.0%	At September 16 – 38% represents 1463 clients receiving a review of 3852 clients receiving a Long Term Support.
Percentage of Current Social Care Clients accessing Long Term Support (LTS) who receive Self Directed Support	100.0% 	100.0% 	100.0% 	100.0% 	Measured Monthly	99.0%	
Percentage of current clients with LTS receiving a Direct Payment	57.99% 	63.95% 	63.84% 	62.47% 	Measured Monthly	57.00%	
Delayed transfers of care (patients) per 100,000 pop	8.85 	10 	10.08 		Measured Monthly	5	In June 2016 Q1 there were 28 patient delays of which 22 were Health Delays, 3 were attributable to Social Care and 3 were joint delays. In August 2016 there was a slight reduction to 26 patient delays. 22 of which were Health Delays, 3 were attributable to Social Care and 1 was a joint delay. National Data (ADASS) shows that DTOC have risen nationally by 42% in four years (individual days from 119,736 to 169,928) In 2015/16 nationally 32% of DTOC were due to social care delays, however Enfield performed much better than the national position at 27%. There are two out of hospital groups (one for North Middlesex & one for Chase Farm) attended by health, social care and commissioners from each local authority (Barnet, Enfield & Haringey). The groups meet regularly to review delays and the reasons behind them. Examples of action recently to mitigate impact of delayed discharges include the revision and enactment of the discharge placement policy (for self-funding clients who contribute significantly to the number of delays) and a review of discharge to assess arrangements where people who are medically fit for discharge but not optimised for

Indicator	September 2015	Jul 2016	Aug 2016	Sep 2016	Q2 2016/17	Current Target	Latest Note
Number of adult learning disabled clients receiving LTS in paid employment	61	58 	58 	65 	Measured Monthly	59	return home or at risk of residential/nursing admission may be discharged to a residential rehab environment to facilitate further enablement and assessment. The impact of these initiatives continues to be reviewed on a regular basis.
No. of adults receiving secondary mental health services in settled accommodation (percentage)	80.5% 	77.2% 	77.7% 	77.2% 	Measured Monthly	80.0%	Total adults receiving secondary mental health services in settled accommodation – 791 ; Total adults who have received secondary mental health services at any point during a financial year – 1025 (77.17%)
No of Adults receiving secondary mental health services in employment	4.4% 	3.5% 	3.7% 	4.5% 	Measured Monthly	5.5%	Total number of adults who have received secondary mental health services in paid employment (i.e. those recorded as 'employed') at the time of their most recent assessment/formal review: 46 Total number of adults who have received secondary mental health services at any point during a financial year: 1025 (4.49%)
New Admissions to Residential and Nursing Care (65+) per 100,000 population over 65	211.9 	188.6 	235.2 	267.8 	Measured Monthly	210.0	This represents 115 admissions to residential care in the period from April to September 2016 compared to 85 in the same period in 2015/16
New Admissions to Residential and Nursing Care 18-64	2.03 	2.47 	2.89 	4.12 	Measured Monthly	3.70	This represents 10 admissions (increase from 7 to 10 from Aug and Sept) to residential care in the period from April to September 2016 compared to 4 in the same period in 2015/16

(c) Safeguarding Children

Indicator	September 2015	Jul 2016	Aug 2016	Sep 2016	Q2 2016/17	Current Target	Latest Note
Children looked after per 10000 population age under 18	40.4	44	42.4	42.9	42.9		352 CLA as at the end of September. Current under 18 population figure from the DfE is 82,000.
The number of Looked after children who were adopted or where an Special Guardianship Order (SGO) was granted during the year as a percentage of the number of children Looked after who had been Looked after for 6 months or more	4% 	Measured Quarterly			9.13% 	5.5%	Since April 2016, there have been 5 Adoptions and 16 Special Guardianship Orders granted out of a cohort of 230. This is an incremental target: Q1 = 2.75%, Q2 = 5.5%, Q3 = 8.25% and Q4 = 11%.
Percentage of children becoming the subject of Child Protection Plan for a second or subsequent time – in the past two years	6.0% 	6.2% 	5.4% 	5.3% 	5.3% 	8.0%	This indicator counts children who had a previous child protection plan in the past two years. Of the 322 children who became subject to a Child Protection plan during the past 12 months, 63 (19.6%) had previously been on a Child Protection plan and 17 had been on a previous Child protection plan in the past two years.

(f) Sport and Culture

Indicator	September 2015	Jul 2016	Aug 2016	Sep 2016	Q2 2016/17	Current Target	Latest Note
CYP Participation in Positive Activities (To measure and drive improved performance around the participation of young people in positive activities.)	60,701 	Measured Quarterly			60,281 	60,000	2nd Quarter Total = 60,281 Dugdale Centre = 10,901 Festival & Events = 6,500 Forty Hall & Estate = 17,657 Millfield Arts Centre = 24,698 Salisbury House = 525
Number of Arts activities for Children and Young people	4,300	Measured Quarterly			4,748 	4,200	2nd Quarter 2016-17 Total = 4748 Dugdale Centre – 242 Festivals & Events – 80

Indicator	September 2015	Jul 2016	Aug 2016	Sep 2016	Q2 2016/17	Current Target	Latest Note
Sports Development Sessions – Young People Attendances	6,372 	Measured Quarterly			21,711 	18,000	Summer programme has boosted numbers as more sessions are put on during this period.
Sports Development Sessions – Adult Attendances	7,883 	Measured Quarterly			15,900 	15,000	Program during summer holidays.
Leisure Centre – Young People attendances	398,331 	Measured Quarterly			441,133 	429,303	Year End Target: 858,607
Libraries self-service percentage usage – average	66.0% 	Measured Quarterly			87.3% 	60.0%	Q2: Self Service Activity – 410,447, Total Activity – 470,301 (87.3%)
Number of visits in person to libraries – All Enfield Libraries	864,417 	Measured Quarterly			705,100 	750,000	
Wifi usage in libraries – total number of sessions at libraries with iCAM wifi only	18187	Measured Quarterly			21103 	24880	In comparison to the same period last year there has been a 14% increase in the Wifi usage from 18,187 in Q2 2015/16 to 21,103 in 2016/17
Engagement in the Arts (People taking part in all arts at local level)	178,196 	Measured Quarterly			156,925 	155,000	2nd Quarter TOTAL = 156,925 Dugdale Centre = 25,041 Festival & Events = 27,000 Forty Hall & Estate = 63,561 Millfield Arts Centre = 37,008 Salisbury house = 4,315

(g) Income Collection, Debt Recovery and Benefit Processing

Indicator	September 2015	Jul 2016	Aug 2016	Sep 2016	Q2 2016/17	Current Target	Latest Note
Recovery of council properties fraudulently obtained, sublet or abandoned	33 	Measured Quarterly			20 	37	This is a shared target between the Internal Audit and Risk Team and the newly-established Neighbourhood Team in Council Housing. Working closely together they aim to improve performance over the remainder of the year, meeting regularly with the management team and delivering fraud awareness training to officers.
% of Council Tax collected (in year collection) Combined	54.89% 	37.56% 	46.17% 	54.99% 	Measured Monthly	54.90%	End of September 2016 collection rate 54.99% (£76,176,518 collected/ £138,539,698 Net Debit).
% of Business Rates collected (in year collection)	53.26% 	36.07% 	44.62% 	53.50% 	Measured Monthly	55.90%	End of September 2016 collection rate 53.50% (£62,972,816 collected/ £117,708,359 Total Property Charge). Business rate performance would be 56.5% with internal debts paid (should be paid in October)
% of Housing Benefit Overpayments recovered.	48.22% 	Measured Quarterly			66.75% 	52.00%	66.75% represents £3,149,408 recovered of £4,717,930 overpayments identified
Processing Times for Benefit Change in Circumstances (average number of calendar days) Cumulative YTD	10.9 	5.81 	5.96 	6.43 	6.43 	7	Year to Date September 2016: 56,978 changes of circumstances / 366,118 days – average 6.43 days September 2016 snapshot: 8,628 change of circumstances / 77,783 days – average 9.02 days.

(2) Growth & Sustainability

(a) Employment & Worklessness

Indicator	September 2015	Jul 2016	Aug 2016	Sep 2016	Q2 2016/17	Current Target	Latest Note
Employment rate in Enfield – working age Population	72.7% 	Measured Quarterly			73% 	74%	Target set at 74% (within 1% of the London average) – As at August 2016. Data extracted from August 2016 Labour Market Bulletin – Total number of JSA Claims has decreased by 2.2% on last month and young people by 3%. There has been no change in older claimants receiving JSA and long term claimants increased by 0.4% on the previous month.
Percentage of 16 to 19 year olds (Academic age Y12–y14) who are not in education, employment or training (NEET)	8.80% 	4.40% 	6.80% 		Measured Monthly	7.35%	August target is reflective of the increase in leavers at this time of year. NEET figures historically start to climb from June and peaking in September. The annual target for this year is 4.25% and will be the average of November, December and January. August Actual number of NEETS is 488 and the Cohort 12367. There have been changes to how NEETS and those young people with a Not Known destination will be monitored and reported post September with the requirement for Local Authorities to report on the destination of 19 year olds now being removed. In light of this change there may be adjustments to what is reported in the future
Young Offenders' access to suitable accommodation	96.3% 	100.0% 	100.0% 	94.7% 	94.7% 	95.0%	19 interventions ended 18 in suitable accommodation, 1 was left as unknown and was not updated, so counted as unsuitable.

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(b) Planning

Indicator	September 2015	Jul 2016	Aug 2016	Sep 2016	Q2 2016/17	Current Target	Latest Note
Percentage of all valid planning applications that are registered within 5 working days of receipt	86.9% 	76.3% 	81.1% 	74.2% 	77.3% 	80.0%	Monthly snapshots: July 76.3% (328/430); August 81.1% (353/435). Sept 74.2% (282/380) Year to Date: April to Sept: 1988 applications registered within 5 days of 2448 received (81.2%)

Indicator	September 2015	Jul 2016	Aug 2016	Sep 2016	Q2 2016/17	Current Target	Latest Note
2 year rolling performance of major applications determined in 13 weeks	73.26% 	68.82% 	70.83% 	71.72% 	71.72% 	73.00%	Rolling two year performance at September 2016: 71 of 99 in time
Processing of planning applications: Major applications processed within 13 weeks	66.67% 	100.00% 	100.00% 	80.00% 	91.67% 	80.00%	<u>Processed inside target</u> Q1: 4/5 – 80% Q2: 11/12 – 91.7% Year to Date – 15/17 – 88.2%
Processing of planning applications: Minor applications processed within 8 weeks	83.72% 	76.56% 	78.21% 	81.67% 	78.71% 	75.00%	<u>Processed inside target</u> Q1: 109/143 – 76.2% Q2: 159/202 – 78.7% Year to Date – 268/345 – 77.7%
Processing of planning applications: Other applications processed within 8 weeks	81.34% 	77.10% 	85.71% 	86.32% 	82.99% 	80.00%	<u>Processed inside target</u> Q1: 281/354 – 79.4% Q2: 322/388 – 83.0% Year to Date – 603/742 – 81.3%

(c) Waste, Recycling & Cleanliness





















Indicator	Q1 2015	Jul 2016	Aug 2016	Sep 2016	Q2 2016/17	Current Target	Latest Note
Residual waste per household	Q1 164.64kg/hhd 	155.52kg/hhd 				145.00k g/hhd	<i>These indicators are provided a quarter in arrears as per Wastedataflow deadlines, The total shown in July 2016 is the provisional figure for Quarter 1 (April to June period). This awaits validation by WasteDataFlow on 30.11.16</i>
Percentage of household waste sent for reuse, recycling and composting	Q1 38.79% 	39.38% 				42.00%	<i>These indicators are provided a quarter in arrears as per Wastedataflow deadlines, The total shown in July 2016 is the provisional figure for Quarter 1 (April to June period). This awaits validation by WasteDataFlow on 30.11.16</i>
Percentage of inspected land that has an unacceptable level of litter (3 surveys per annum)	2.67% 	1.93% 			Measured Monthly	4.00%	2015/16 final outturn 1.94% against a target of 4%.









Indicator	Q1 2015	Jul 2016	Aug 2016	Sep 2016	Q2 2016/17	Current Target	Latest Note
Percentage of inspected land that has an unacceptable level of detritus (3 surveys per annum)	3.55% 	9.61% 			Measured Monthly	6.00%	2015/16 final outturn 4.19% against a target of 6%.
Percentage of inspected land that has an unacceptable level of graffiti (3 surveys per annum)	0.00% 	0.00% 			Measured Monthly	2.00%	2015/16 final outturn 0% against a target of 2%.
Percentage of inspected land that has an unacceptable level of fly-posting (3 surveys per annum)	0.17% 	0.35% 			Measured Monthly	1.00%	2015/16 final outturn 0.17% against a target of 1%.

(3) Strong Communities

(a) Crime Rates




Indicator	September 2015	Jul 2016	Aug 2016	Sep 2016	Q2 2016/17	Current Target	Latest Note
Burglary	1,204 	777 	974 	1,170 	Measured Monthly	1,417	<p>The overall burglary figure includes burglary of domestic households (76% of total), commercial premises and businesses and domestic buildings such as sheds and garages. Currently household burglary in Enfield is at its lowest level in several years. We expect to achieve a reduction on last year's figure and are currently meeting the long term stretch target for 2016 as set by the Mayor's Office for Policing and Crime.</p> <p>The partnership continues to implement alley gate schemes to reduce opportunities for rear entry burglary offending across the borough and other intensive initiatives are ongoing for seasonal increases over the winter months. 12-month rolling data (which is monitored by MPS) shows Enfield to have reduced by -4.2% compared to -4.7% across London (to 30th of September).</p> <p>The Council are supporting MetTrace, a property marking crime reduction process led by the police, through use of signage and</p>

Indicator	September 2015	Jul 2016	Aug 2016	Sep 2016	Q2 2016/17	Current Target	Latest Note
Criminal Damage	1,082 	750 	914 	1,083 	Measured Monthly	1,039	analysis. Between March 2015 and August 2016, 13,165 MetTrace kits were deployed in Enfield. Criminal Damage has reduced by -18.9% since 2011/12. 12-month rolling data (which is monitored by MPS) shows Enfield to have decreased by -1.7% compared to +1.0% across London (to 30th of September). Focused work has begun on housing areas by the estates crime group and these areas are showing improvements.
Robbery	458 	271 	326 	416 	Measured Monthly	449	Robbery has reduced by -23.2% since 2011/12 and we are currently meeting the stretch target which was set by the Mayor's Office for Policing and Crime. Rates of offending per 1,000 residents are now notably below the historic average and the proportion of offences involving young people remain lower than in previous years. 12-month rolling data (monitored by MPS) shows Enfield to have decreased by -2.8% compared to -2.1% across London (to 30th Sept).
Theft from Motor Vehicle	1,138 	599 	745 	924 	Measured Monthly	1,205	Thefts from motor vehicle offences in Enfield have seen a significant long-term reduction over the past 5 years, with a -36.5% reduction since 2011/12. 12-month rolling data (which is monitored by MPS) shows Enfield to have a -9.0% decrease compared to -0.2% across London (to 30th of September).
Theft/Taking of Motor Vehicle	308 	241 	298 	380 	Measured Monthly	433	Thefts of motor vehicles in Enfield have declined by -34.3% since 2011/12 and we are currently exceeding the stretch target which was set by the Mayor's Office for Policing and Crime. However, 12-month rolling data (which is monitored by MPS) shows Enfield to have increased by +12.1% compared to +11.8% across London (to 30th of September).
Theft from the Person	218 	182 	217 	275 	Measured Monthly	190	Theft from the person offences are composed largely of pick-pocket type offences and snatch thefts (predominantly where mobile phones are snatched from victims in the street). 12-month rolling data (which is monitored by MPS) shows Enfield to have increased by +15.3% compared to a -0.6% decrease across London (to 30th of September).





Indicator	September 2015	Jul 2016	Aug 2016	Sep 2016	Q2 2016/17	Current Target	Latest Note
Violence with Injury	1,205 	821 	1,033 	1,242 	Measured Monthly	670	<p>We remain significantly off meeting the long term stretch target of -20%, as set by the Mayor's Office for Policing and Crime, as we have seen a +12.7% increase since 2011/12. However, Theft from Person represents the lowest volume of crime amongst all MOPAC 7 crime categories and therefore any minor change in the volume represents a large percentage change.</p> <p>Reported numbers of Violence with Injury have increased across both Enfield and London in the long term. Enfield has experienced an increase of +0.7% in the past 12-months, compared to +3.3% across London (to 30th of September). This includes violent offences which may be associated with street gangs in addition to violence which takes place in the home. Of note, Knife Crime has been decreasing by -11.8% and Gun Crime has been increasing by +4.8% in the past 12-months (to 30th of September). Serious Youth Violence has increased by +4.6% in the same period.</p> <p>Approximately 40% of violence with injury offences is domestic related. Nationally it is estimated that as much as 50% of all violence goes unreported to the police particularly that which is domestic or familial, or that which occurs as part of the night time economy.</p> <p>A considerable amount of violence that is not reported to police is dealt with by the London Ambulance Service and Accident & Emergency Departments. Locally we have worked to obtain this data in order to improve our knowledge on geographic locations of violence so that resources can be better coordinated and continue to work to tackle both domestic and gang related violence. Gang related violence although remaining an issue has recently reduced.</p>
Total Offences (MOPAC 7)	5,615 	3,641 	4,507 	5,490 	Measured Monthly	5,401	<p>The Mayor's Office for Policing and Crime announced in 2011/12 that the Metropolitan Police would be measured against 7 neighbourhood crime targets, referred to as the MOPAC 7. An ambitious stretch target of -20% over the next four years was set for Burglary, Criminal Damage, Robbery, Theft from Motor Vehicles, Theft of Motor Vehicles, Theft from the Person and Violence with Injury.</p> <p>Enfield has noted a reduction in 'MOPAC 7' of -16.6% reduction against this baseline set by the Mayor's Office for Policing and Crime</p>

Indicator	September 2015	Jul 2016	Aug 2016	Sep 2016	Q2 2016/17	Current Target	Latest Note
							(to the 30th of September). The largest volume crime categories are Burglary and Violence with Injury, which together account for over 45% of the MOPAC 7 crimes.
Number of Domestic Crimes	1,466	2,927		2,931	Measured Monthly		12-month rolling data (which is monitored by MPS) shows Enfield to have experienced a decreased level of MOPAC 7 crimes by -1.8% compared to a +0.5% increase across London (to 30th of September). Our analysis has also shown that areas of high density housing suffer from disproportionately high levels of crime and we are working to tackle this.
Number of Domestic Violence cases referred to MARAC	347	Measured Quarterly			236		There is no local target regarding the number of crimes of domestic violence. Domestic Violence is significantly under-reported nationally therefore we actively encourage victims to report offences to the police. Current data shows an increase in reported offences, which is believed to be down to a number of factors, including improved confidence and reporting to the police.
							The Multi-Agency Risk Assessment Conference (MARAC) is a regular local meeting whereby information about high risk domestic violence victims is shared between local agencies. A co-ordinated plan is drawn up to support the victim.
							There is no specific target set with regards to the number of referrals.



(b) Health & Well Being

Indicator	September 2015	Jul 2016	Aug 2016	Sep 2016	Q2 2016/17	Current Target	Latest Note
NDTMS Partnership Successful Completion Rate (%) for all Drug users in treatment (aged 18+), excluding alcohol-only users:	25.0%		21.7%		21.7%	21.4%	No data from NDTMS for July as NDTMS do not publish any data during this month as they reset the baselines
							




(c) Complaints




Indicator	September 2015	Jul 2016	Aug 2016	Sep 2016	Q2 2016/17	Current Target	Latest Note
All Departments – Complaints answered within 10 days	84.21% 	Measured Quarterly			82.67% 	92%	Q2: 62 of 75 (82.7%) of closed complaints closed within deadline Year to Date: 162/220 (73.6%)
Stage 1 Adult Social Care STATUTORY Complaints Scheme – % replied to within agreed target (individually negotiated)	88.24% 	Measured Quarterly			84.62% 	92%	Q2: 11 of 13 (84.6%) HHASC statutory scheme complaints closed in agreed timescales. Year to Date: 26/29 (89.7%)




(d) Other Corporate Indicators

Indicator	September 2015	Jul 2016	Aug 2016	Sep 2016	Q2 2016/17	Current Target	Latest Note
Average Sick Days – Council Staff (rolling 4 quarters)	7.99 	Measured Quarterly			9.48 	8.00	<p>Data represents sickness absence for the period from 01.10.2015 to 30.09.16. Total days absence for Council Employees 30,872.23, averaging 9.48 days per FTE</p> <p>HR and managers are continuing to managing both long term and persistent short term sickness absence. Additional interventions have been put in place to manage sickness absence including:</p> <ul style="list-style-type: none"> • HR review long term sickness and work with managers to ensure the case is proactively managed • Additional ‘Managing Absence & Attendance’ training sessions run across the Council • Regular discussions at Departmental DMT’s • Established departmental sickness boards • Additional promotion of the Council’s Counselling and Physio service • Annual Flu vaccinations

Indicator
Internal Audit Programme – % of reviews completed
I.T. incidents resolved within SLA High Priority (severity 1) resolved within 2 hours
% of invoices paid within 30 days for all Departments

September 2015
20% 
100% 
98.29% 

Jul 2016	Aug 2016	Sep 2016
Measured Quarterly		
Measured Quarterly		
90.97% 	94.52% 	95.05% 

Q2 2016/17
13% 
100% 
93.58% 

Current Target	Latest Note
	<ul style="list-style-type: none"> Piloting Mental Health Awareness training Long term sickness absence is higher among blue collar workers with a high predominance of muscular-skeletal related conditions. The Public Health team have developed a programme using the health trainer service which will be piloted at the Morson Road depot.
26%	The audit delivery plan has been re-profiled, and progress is being closely monitored.
95%	209 P1 Incidents all resolved within the 2 hour SLA.
98%	Sep 16: 95.05% (8,105 invoices inside target of 8,527 paid). April – Sep 16: 94.41% (47,253 invoices inside target of 50,050 paid)

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MUNICIPAL YEAR 2015/2016 REPORT NO.**MEETING TITLE AND DATE:**

OSC 10th November 2016

**REPORT OF: Tony
Theodoulou**Interim Director of
Children's Services

Contact officer and telephone number:

Grant Landon

0208 379 4075

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Item:

Agenda – Part:

**Subject: Enfield Safeguarding Children
Board Annual Report 2015 - 2016****Wards:****Key Decision No:****Cabinet Member consulted: Cllr Ayfer
Orhan****1. EXECUTIVE SUMMARY**

- 1.1 2015-2016 has been a successful year for the work of the Enfield Safeguarding Children Board (ESCB) with continued effectiveness in assessing and driving forward safeguarding practice which keeps children and young people at risk safe. There is a good multi-agency response to safeguarding concerns with strong systems and structures in place across the partnership. The commitment to workforce development and improving practice remains a priority with a comprehensive learning and development programme and a clear performance management framework in place.
- 1.2 The Enfield Safeguarding Children Board Annual Report covering 1st April 2015 to 31st March 2016 is attached as a background paper. It describes the Board's structure, activity and progress during 2015/16. The Board has followed through on the priority areas in the Business Plan 2014-2016.
- 1.3 The Board met 8 times during 2015/16 and was attended by senior managers from statutory and voluntary organisations, and by Lay Members. Enfield's Lead Member for Education, Children Services and Protection, Cllr Ayfer Orhan attends each board meeting and continues to challenge the work of the ESCB through discussion, asking questions and seeking clarity. This provides an important scrutiny and challenge function to the Board and further ensures the Board is supported by the Council.
- 1.4 There are currently five Subcommittees operating within ESCB, in which a significant amount of the Board's work is progressed. As with the full Board, membership is multi-agency, there is recognition by all Chairs that the success, effectiveness and thoroughness of the Board require each Subcommittee interacting with that of the others.

2. RECOMMENDATIONS

- 2.1 OSC to note the progress being made to safeguard children and young people and specifically note this report and the Enfield Safeguarding Children Board Annual Report which is attached as a background paper to this document.

3. BACKGROUND

- 3.1 The Children Act 2004 places a duty on every local authority to establish a Local Safeguarding Children Board. Enfield Safeguarding Children Board (ESCB) is made up of statutory and voluntary partners. These include representatives from Health, Education, Children's Services, Police, Probation, Children and Family Court Advisory and Support Service (Cafcass), Youth Offending, the Community & Voluntary Sector as well as Lay Members.
- 3.2 The main role of the ESCB is to coordinate what is done locally to protect and promote the welfare of children and young people in Enfield and to monitor the effectiveness of those arrangements to ensure better outcomes for children and young people. The effectiveness of ESCB relies upon its ability to champion the safeguarding agenda through exercising an independent voice.
- 3.3 There are currently five Sub Committees operating within ESCB, in which a significant amount of the board's work is progressed. The subcommittees are:
- Quality Assurance
 - Learning and Development
 - Serious Case Reviews
 - Child Death Overview Panel
 - Trafficking, Sexual Exploitation and Missing
- 3.4 **The Quality Assurance Sub Committee** has worked hard to improve the quality of service improvement and delivery of outcomes consistently across the partnership. The majority of monitoring and evaluation of multi-agency practice is monitored through the subcommittee which meets on a six-weekly basis. The group's key areas of focus are;
- To monitor and ensure compliance with the ESCB Performance Dataset and to report key findings and areas of concern to the board.
 - To ensure partner agencies' compliance with Section 11 Audit Tool.
 - To commission and oversee focused audits regarding performance and compliance with procedures and policies as necessary.

- To closely monitor compliance with performance around the child protection processes, such as agency attendance at conference and core groups, numbers of children subject to CP Plans.
- To oversee the development and review of multi-agency policies and protocols and sign them off when completed.
- To oversee Peer audits carried out on individual cases to identify learning points and areas for improvement.

3.5 **The Learning and Development Sub Committee** key drivers and priorities for the Training Programme have included;

- The review of the **Child Sexual Exploitation (CSE)** Strategy and activity to identify and tackle CSE in Enfield.
- Awareness raising around the issue of **Female Genital Mutilation (FGM)**
- Increasing awareness of understanding of gang related issues and links with other issues, such as CSE.
- The review of the threshold document and development of the one front door (**Multi-Agency Safeguarding Hub (MASH)** and the **Single Point of Entry (SPOE)** service)
- The ongoing issue of **Neglect**
- **Domestic Abuse and Violence Against Women and Girls**
- **PREVENT** – The national anti-radicalisation agenda

All evaluation reports are sent to training providers and all are analysed by the Training and Workforce Group. This analysis has resulted in amendments to course content over the course of the year and has informed the training needs analysis for 2016/17.

3.6 **The Serious Case Review Sub Committee** must consider whether to initiate a serious case review when a child dies (including death by suspected suicide) or is seriously injured, and abuse or neglect is known or suspected to be a factor. The main purpose of a serious case review is to learn lessons to improve the way in which agencies and professionals work both individually and collectively to safeguard and promote the welfare of children.

There were no serious case reviews commissioned in 2015/16 but 2 cases were published during this period relating to events in 2013 and 2014. Action plans have been put into place and multi-agency learning events have been delivered with regard to both cases.

3.7 **The Enfield Child Death Overview Panel (CDOP)** reviews the deaths of all children normally resident in Enfield. The panel looks to identify any issues that could require a Serious Case Review (SCR); any matters of concern affecting the safety and welfare of children in the area; or any wider public health or safety concerns arising from a particular death or from a pattern of deaths in the area; and will make specific recommendation to the ESCB.

- 3.8 The **Trafficking, Sexual Exploitation and Missing (TSEM)** subgroup of the ESCB has existed since early 2012. It is a multi-agency group which coordinates and oversees our operational and strategic response to child sexual exploitation (CSE) and other associated vulnerabilities including the implementation of the CSE strategy and action plan.

Meetings provide a forum for agencies to:

- share operational issues with each other
- provide transparent information on issues within their own agencies
- develop strategy and protocols where required to deal more effectively with the issues
- highlight any specific areas of risk

It has representation from all agencies working with children and young people in Enfield.

- 3.9 In February 2015 Enfield councilors demonstrated a strong commitment to tackling CSE by agreeing to establish a specialist dedicated members Task Group with a clear focus on Child Sexual Exploitation and associated risks for children and young people. The CSE members task group has met regularly reviewing and scrutinising all matters relating to Child Sexual Exploitation (CSE). The group report to Council and has made specific recommendations to be put into place during 2016/17.

- 3.10 The ESCB now has a fantastic network of young people's Safeguarding Champions; they are a group of young people committed to promoting the protection of Enfield's children and young people. More work is to be done to promote the direct participation and input of more of our children and young people in the work of Enfield at a strategic and operational level. This remains an area of challenge for the Board.

- 3.11 The Board is proud of its successes there have been many achievements over the year these can be found in the ESCB annual report pages 4 to 6. There is no room for complacency, the economic situation and organisational change affecting public services in Enfield and across the country continues to be a challenge for the Board.

4. ALTERNATIVE OPTIONS CONSIDERED

N/A

5. REASONS FOR RECOMMENDATIONS

Enfield Safeguarding Children Board will require the commitment and support from multiple partners and from colleagues across the Council in order to continue to focus on improvements with the clear aim of reducing harm.

6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

6.1 Financial Implications

6.1.2 In 2015/16 the ESCB had a budget of £184,910 of which £144,310 was contributed by the London Borough of Enfield and the remainder from various partners, the largest of which was the CCG contributing £33,600.

6.1.2 The ESCB managed to spend within budget during the year primarily because there were no new Serious Care Reviews in 2015/16 which are regularly a high area of expenditure for Safeguarding Boards. **88%** of the overall budget was spent on staffing costs including the independent chair and the remainder was spent on Serious Case Reviews and Learning & Development.

6.2 Legal Implications

Section 13 of the Children Act 2004 ('the Act') places a duty on every Local Authority to establish a Local Safeguarding Children Board (LSCB). Section 14 of the Children Act sets out the objective of a LSCB. Section 14A of the Act requires a LSCB to 'prepare and publish a report about safeguarding and promoting the welfare of children in its local area' at least once in every 12 month period. The report must be submitted to the local Children's Trust Board. The Local Safeguarding Children Boards Regulations 2006 govern the running of an LSCB. The Government's Statutory Guidance, Working Together to Safeguard Children (2015), gives guidance on the operation of LSCBs.

The proposals set out in this report comply with the above legislation.

6.3 Property Implications

N/A

6.4 HR Implications

N/A

7. KEY RISKS

The Enfield Safeguarding Children Board is reliant upon a strong commitment from partners and is financed through contributions from partner agencies. There are risks that that the austere climate may impact upon the financial contributions and reduce the ability to deliver on the key priorities within the

business plan. Failure to deliver the business plan would have a detrimental impact upon the Council's reputation.

8. IMPACT ON COUNCIL PRIORITIES

8.1 Fairness for All, Growth and Sustainability and Strong Communities

The work of the ESCB meets all 3 of the council's key aims and the objectives within the Children and Young People's Plan. With particular emphasis and more weighting upon improving services to those children, young people and families that require prevention and intervention from safeguarding services across a broad spectrum from early help to statutory interventions.

9. EQUALITIES IMPACT IMPLICATIONS

Corporate advice has been sought in regard to equalities and an agreement has been reached that an equalities impact assessment is neither relevant nor proportionate for the approval of the Annual report. Safeguarding forms part of the Councils programme of retrospective equalities impact assessments (EQIA) and this was completed in July 2015. The retrospective EQIA collates equalities monitoring of service users, and consider how the service impacts on disadvantaged, vulnerable and protected characteristic groups in the community. A programme of actions to address adverse impacts are devised and implemented where appropriate throughout the delivery of the project.

10. PERFORMANCE MANAGEMENT IMPLICATIONS

This ESCB has a robust data set and annual audit programme supporting the continuous drive for improvement by the Council and its partners in relation to outcomes for children.

11. PUBLIC HEALTH IMPLICATIONS

The ESCB has strong links with the Health and Wellbeing Board and the Director of Public Health is a standing member of the Safeguarding Children Board. The ESCB has promoted and supported a number of public health issues and the Female Genital Mutilation task group, which is chaired by a Consultant in Public Health, has become an established sub-committee of the Health and wellbeing Board.

The ESCB is working closely with the Adult Safeguarding Children Board to further strengthen the partnership working with specific emphasis upon the health areas that are key priorities for both Boards such as Domestic Abuse and Female Genital Mutilation.

The ESCB coordinates local programmes to protect and promote the welfare of children and young people in Enfield and to monitor the effectiveness of those arrangements. Improved outcomes in early life and childhood lead to healthier, successful adults and improve the health of the population. For example: protecting children and young people results in improved population health outcomes by reducing mental health issues, sexually transmitted diseases and other issues e.g. obstetric complications in FGM victims.

The work of the Child Death Overview Committee contributes to reducing infant mortality in the borough by recognising risk factors and acting to prevent such deaths where possible. This increases life expectancy in the borough population.

Background Papers

1. Enfield Safeguarding Board Annual Report 2015- 2016

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Enfield Safeguarding Children Board

Annual Report 2015-16

Enfield
Safeguarding
Children Board

...because safeguarding children
is everybody's business

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Introduction from the Chair



The challenges for all of us involved in the safeguarding children's world are numerous. We live in a constantly changing society which, whilst full of opportunities inadvertently can bring increased risk and danger to young people. Keeping children safe (this can range from crossing the road to unwanted intrusion from the Internet) across Enfield, involves a number of different agencies. The major three being; the Local Authority, the Metropolitan Police and The National Health Service.

Other important contributing partners include colleagues across Education, Probation, Children's and Family Court Advisory and Support Services, the London Fire Brigade and also many concerned and active voluntary groups. On the Enfield Board we also have two excellent lay members who represent the community, and the Lead Councillor for Children and Families attends. At each meeting we may welcome other individuals such as members of the Youth Parliament and other involved groups. There are also many providers from private businesses including hospitals and children's homes and regular contact is maintained.

This report summarises the work undertaken by the ESCB between April 1st 2015 to March 31st 2016. It charts the progress made in relation to Child Sexual Exploitation, Female Genital Mutilation as well as tackling the growing concerns of increased radicalisation. There are many other situations where children can be harmed and these include living with carers who have addiction problems, where housing and financial pressures and poverty can result in neglect. Some young people have family members in prison, and we are aware of knife and gun crime which adds to the dangers being experienced.

A key role of the ESCB is communication and holding all agencies to account in relation to making continuous improvements. As the Independent Chair both on my visits and indeed at Board Meetings I consider the communication between partners to be good though of course there are no grounds for complacency.

The ESCB currently operates across Enfield only, there are 31 other London Boroughs and there is a London-wide Safeguarding Children's Board. It is important that we stay alert to specific local concerns, London concerns and then of course governmental concerns across the UK. National headlines can sometimes drive or distract from local issues and this needs to be carefully balanced.

A major area of focus for the ESCB during 2016-2018 is Domestic Abuse, children are too often subjected to violence in the home and there are increasing concerns that the resources needed to really get to grips with this serious and damaging problem are shrinking. We need to strengthen our existing links between the Health and Wellbeing Board, Community Safety, the Adults Safeguarding Board and work together to highlight where practice is good and importantly make improvements when gaps are identified. All agencies need to learn from each other and the issues behind Domestic Abuse cross many partners desks, how we manage these issues needs our attention. We will also focus on and continue to support and monitor the good work that is undertaken in Enfield to safeguard disabled children.

Finally a huge Thank You to each and every staff member across all the agencies who work in this demanding and very challenging arena. Your skills, energy and commitment are appreciated by the ESCB, and your work whilst often invisible to most when all goes well is undertaken with purpose and pride.

A handwritten signature in black ink, appearing to read 'G. Gavin'.

Geraldine Gavin
Independent ESCB Chair

About Enfield

Situated approximately twelve miles north of London, Enfield is London's most northern borough and is a place of contrasts, having some of the most deprived and some of the most prosperous wards in London and indeed England. There are approximately **82,200 children** (aged under 18) living in Enfield, making up **26% of the borough's population** (Source GLA estimate). Enfield has a high number of children living in poverty and although the infant mortality rate has decreased in recent years to 4.6 per 1,000 live births, this is still higher than the England London averages of 4.1 and 3.9 per 1,000 live births respectively.

The overall population of Enfield is approximately 321,000 with a population of children and young people in the borough of approximately 73,500. Enfield has a relatively young population with the number of children and young people representing approximately 23% of the total population.

Enfield has experienced significant change over the last few years in terms of the size and nature of its population; this has included an increase in the baseline child population together with an increase in the numbers of children in Enfield who are living in poverty.

As well as the increase in child population, Enfield has also been significantly affected by the changes associated with the Welfare Reform agenda. The most recent available data from IDACI (The Income Deprivation Affecting Children Index) measures the proportion of all children aged 0 to 15 living in income deprived families. Their data concludes that Enfield is the 13th most deprived borough nationally and the 5th most deprived in London. The London Boroughs with greater levels of deprivation than Enfield have smaller baseline populations, meaning that Enfield now has the largest number of children living in poverty of any London borough.

As might be expected, there has been a significant increase in the number of 'Contacts' being made to Enfield's Single Point of Entry (SPOE) in the last few years. Enfield is currently receiving approximately 50% more referrals than three years ago. This inevitably creates a considerable amount of pressure on available services.

2015/16 saw an increase in children subject to **Child Protection plans** in the first half of the year peaking at **302** in August 2015. However, there has been a steady decrease month on month from November 2015 with **233** children subject to plans at the end of March 2016. The

decrease from August 2015 to March 2016 is significant at 23%. A number of factors have impacted upon the reduction of children subject to child protection plans. Firstly the partnership overseen by Enfield Safeguarding Children Board has embraced Signs of Safety (SoS) Practice Model which is an internationally recognised model for direct work with children and families. (*Read more about work related to Signs of Safety on page 19*)

Secondly the local specialist CSE team became operational in July 2015 and by the end of the year referrals were being held within this team with strong child in need plans in place thus reducing the need for child protection plans. (*Read more about work related to CSE and Missing Children on page 12*)

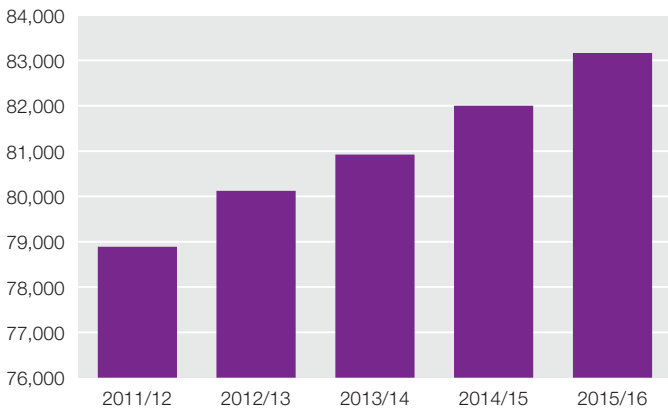
There was a small rise and then a fall in the number of **Looked After Children** during 2015/2016 but the overall number remains approximately the same at the end of March 2016 (359) as it was in March 2015 (358). There was a significant increase in the LAC population 3 years ago and this has remained consistently high over the last 2 years.

The number of unaccompanied asylum seeking children (UASC) looked after at the 31st March 2016 was **69** this is a significant area of pressure as there were **49** UASC looked after children at the 31st March 2015, this represents a 40% increase over the year.

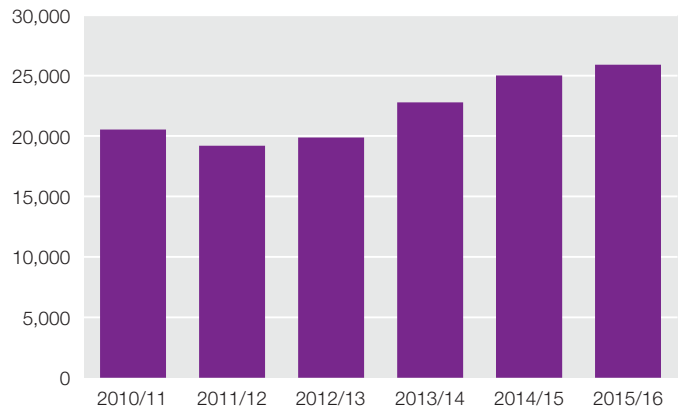
60 children returned from care to parents or relatives with parental responsibility during the year 15/16 (this does not include Special Guardianship Orders or Child Arrangement Orders).

Further data relating to Safeguarding activity across the partnership can be found in Appendix A.

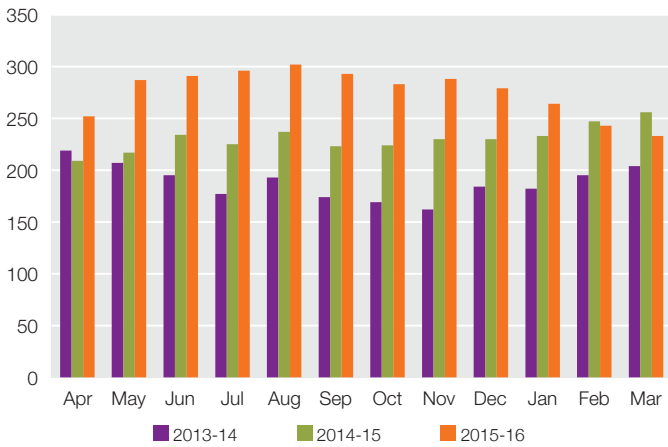
Enfield under 18 population



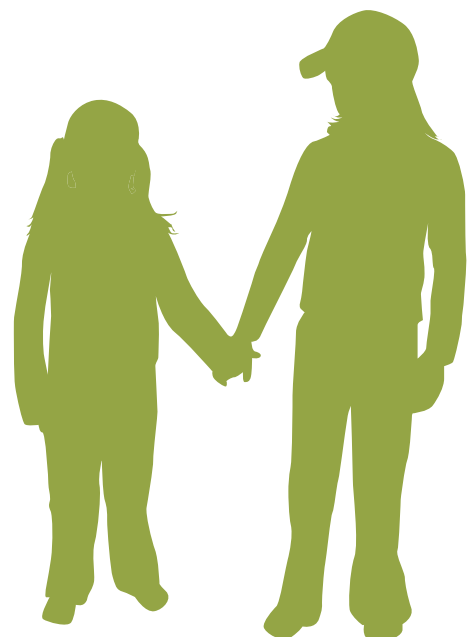
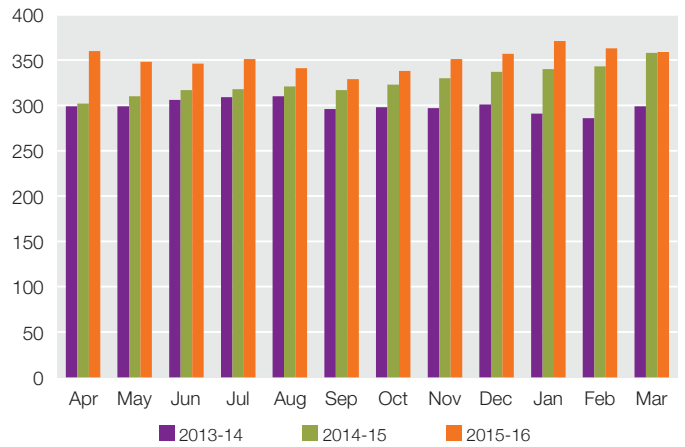
Contacts recorded



Child Protection Plans (April 2013-March 2016)



Looked After Children (April 2013-March 2016)



Executive Summary

This Executive Summary summarises the Annual Report covering 1 April 2015 to 31 March 2016 focusing predominantly on activity and progress across the year against the priority areas as outlined in the [ESCB Business Plan](#) which was developed at the end of 2014-15.

2015-2016 has been a successful year for the work of the Enfield Safeguarding Children Board (ESCB). There is an effective response to safeguarding concerns with good systems and structures in place across the partnership. The commitment to workforce development remains strong with a comprehensive learning and development programme and a clear performance management framework in place.

ESCB Business Plan 2015-2016: Summary of achievements

The Business Plan was divided into four sections with each section focusing on a priority area for development and activity. The priority areas are listed below along with some of the key achievements made this year. Many of the achievements contain hyperlinks which lead to the relevant page(s) of the [Enfield Safeguarding Children Board's website](#).



Effective responses to specific safeguarding concerns

- A great deal of progress has been made in our work in supporting the identification, assessment and safeguarding intervention of children at risk of [sexual exploitation](#). Activity includes the establishment of a dedicated multi-agency Child Sexual Exploitation Prevention Team, the development of an elected members CSE Task Group and a focused cross-border project in collaboration with our neighbours in Haringey, to help improve our responses to CSE and other vulnerabilities.
- Much positive work has been undertaken to support our work to support children and young people who go [Missing](#). This included the development of a new protocol covering processes for children who go missing from Home, Placements, Education and Health and the establishment of a new multi-agency Missing Children Risk Management Group which has quickly led to a significant reduction in the number of children who are missing education. *Read more about work related to CSE and Missing Children on page 12.*
- We have worked with local groups from the voluntary and community sector to update our strategy and protocols relating to the identification, assessment and safeguarding of children and risk of [Female Genital Mutilation](#) in line with national developments. *Read more about work related to FGM on page 14.*
- We have strengthened our links with the Community Safety Unit in relation to [RADICALISATION](#) and the [PREVENT](#) agenda. The board receives regular updates on activity in this area and has commissioned a series of training sessions to help raise awareness and understanding.



2

Effective safeguarding structures and systems

- The Board has overseen and endorsed some key changes in relation to how Early Help arrangements are structured and how referrals to children's social care are managed during the course of the year. Two Early Help audits were undertaken which were used to inform the new Early Help strategy (currently in draft) and the board has helped to raise awareness of changes training sessions and updated information on the website.
- The Enfield ESCB Threshold Document and Information Sharing Protocol have been completely refreshed to reflect current practice and procedures and have been circulated across the partnership.
- Work has continued to strengthen links between ESCB and related boards and groups including the Safeguarding Adult Board and the Health and Wellbeing Board. The Learning and Development subcommittee not operated jointly with the adult board ensuring consistency and improved effectiveness and the FGM subcommittee now reports directly to the Health and Wellbeing Board whilst maintaining strong links to the ESCB.

3

Communication and learning

- The Safeguarding Board has played a key role in shaping and promoting the implementation of the Signs of Safety practice model across the borough. This strengths-based and safety-focused approach to child protection work is grounded in partnership and collaboration and aims to improve outcomes for children and their families. The Board has fully endorsed the model and has overseen the delivery of briefings and training over 500 professionals. *Read more about work related to Signs of Safety on page 19.*
- We have again delivered a comprehensive programme of Safeguarding Training across the partnership, ensuring that all staff have access to good quality training, which helps support sustained improvements across all safeguarding services. Across the year we delivered training and learning sessions to well over 1,000 people, a significant improvement on previous years, at no additional cost. *Read more about work related to Learning and Development on page 20.*
- Enfield was one of the areas selected by the DfE for funding to support a national Child Abuse Awareness Campaign aimed at encouraging people in the community to be able to recognise the signs of abuse and to report it promptly. The campaign ran across the borough through the spring.
- We have continued to raise the **profile** of ESCB by developing and maintaining the ESCB website, getting articles into the local press, and developing our social media presence of both Twitter and Facebook where we now have over 500 followers.

4

Performance management and quality assurance

- We have continued to develop and improve our **Section 11 programme** which gives us the opportunity to seek assurance from our partners regarding their Safeguarding processes and activity and to offer challenge where appropriate. This year we have focused on improving the support and scrutiny we are able to offer our schools and have been very pleased with the high levels of engagement and the evidence provided of effective safeguarding structures.
- We have continue to refine and enhance our **Safeguarding Dataset** which is used to routinely scrutinise partners performance, to make it as informative and effective as possible and have used the findings to make changes and enhancements to practice and systems.
- The **multi-agency audit** programme has been expanded to include priority areas such as Missing and Child Sexual Exploitation and findings have continued to drive improvement. *Read more about work related to Performance Management on page 10.*

Conclusion and Challenges for 2016/17

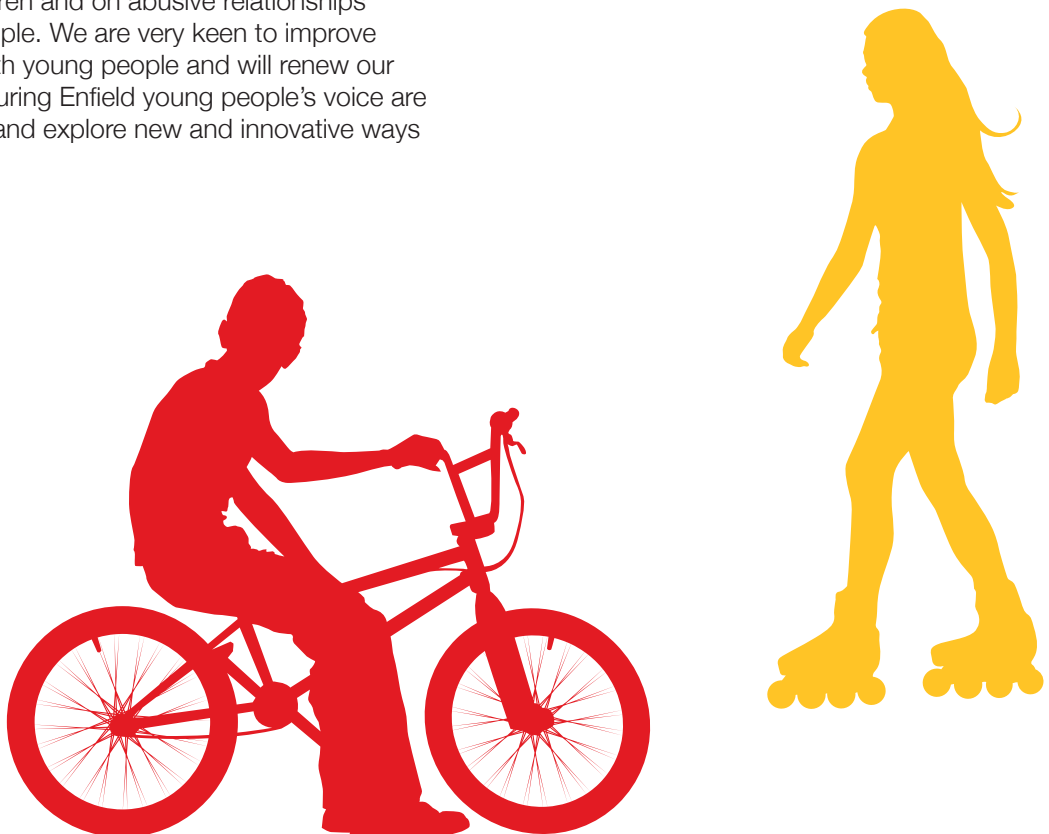
2015-2016 has again been a very busy year and productive for the ESCB. We hope that this report provides readers with reassurance of our firm commitment to ensure there are effective, joined-up local arrangements to safeguard and promote the welfare of children in Enfield.

This report demonstrates that safeguarding activity is progressing well and that the ESCB has clear agreement and focus on the strategic priorities and ongoing challenges. Reports from our partners demonstrate that statutory and non-statutory members are consistently working towards the same goals as part of the multi-agency partnership and within their individual agencies.

The Board is committed to a programme of scrutiny, monitoring and, quality assuring the quality of safeguarding activity across Enfield, and this programme of robust analysis and challenge will continue to ensure that children and young people are kept safe. The Board is proud of its successes but of course there is no room for complacency, the economic situation and organisational change affecting public services in Enfield and across the country continues to be a challenge for the Board.

2016/17 will see us continuing our focus on Child Sexual Exploitation and Missing Children and exploring ways of effectively bringing these issues together with other factors that affect vulnerable young people to offer a holistic and robust approach to our work with older children. We will have a renewed focus on Domestic Abuse both on the ways parental domestic abuse can impact on children and on abusive relationships between young people. We are very keen to improve our engagement with young people and will renew our commitment to ensuring Enfield young people's voice are heard at the board and explore new and innovative ways of achieving this.

We hope that you find this report interesting and helpful. There are many hyperlinks throughout the report which lead to relevant pages of our website. We continue to work hard to ensure our website is as relevant and useful, both for professionals and members of the public and we are also striving to maximise our use of social media to promote our work and engage with others. If you are a [Twitter](#) or [Facebook](#) user please follow us by clicking on the links. Your feedback and thoughts are always important to us. You can get in touch with us through our social media channels or through the website www.enfieldscb.org.uk/contact.



Messages for Readers

Board Members

Identify and act on child protection concerns.

Work effectively to share information appropriately.

Collectively make decisions about how best to intervene in children's lives where their welfare is being compromised, and collectively monitor the effectiveness of those arrangements.

Staff working in Board partner agencies

Book onto ESCB Multi-agency training and learning events relevant to your role.

Be familiar with the Pan London Safeguarding Procedures.

Be familiar with the Threshold Document to ensure an appropriate response to children and families.

Find out who your agency representative is to make sure the voices of the workforce, children and young people are heard.

Children and Young People

You are at the heart of the child protection system. We want to make sure that your voices are heard and that we know how you are experiencing the services in our Board partner agencies. If you would like to know more about how you can influence the work of ESCB please contact us.

www.enfieldlscb.org.uk/contact

Chief Executives and Directors

Show ESCB that your agency is committed to a culture of safeguarding.

Ensure your workforce contributes to the provision of ESCB multi-agency safeguarding training.

Have an open dialogue about any barriers that may impact on your organisations ability to safeguard children and young people.

Local Politicians

In 2015/16 Councillor Ayfer Orhan was lead member for children and families, making sure their voices are heard by the LSCB. She continues to fulfil this role in 2016- 2017, widely promoting the work of the Board to members communicating the core priorities and key safeguarding messages that everyone needs to be aware of.

All politicians should keep the protection of children and young people at the forefront of thinking when scrutinising and challenging any plans for Enfield.

The Community

You are in the best place to look out for children and young people and to report any of your concerns.

Safeguarding children and keeping them free from harm is everyone's responsibility, if you are worried about a child or young person please follow the steps on the Enfield LSCB website.

Follow us on Twitter and Facebook.

Role of the Board

Enfield Safeguarding Children Board is made up of statutory and voluntary partners. These include representatives from Health, Education, Children’s Services, Police, Probation, Children and Family Court Advisory and Support Service (Cafcass), Youth Offending, the Community & Voluntary Sector as well as Lay Members.

Our main role is to coordinate what is done locally to protect and promote the welfare of children and young people in Enfield and to monitor the effectiveness of those arrangements to ensure better outcomes for children and young people. The effectiveness of ESCB relies upon its ability to champion the safeguarding agenda through exercising an independent voice.

Safeguarding children is everybody’s responsibility. Our purpose is to make sure that all children and young people in the borough are protected from abuse and

neglect. Children can only be safeguarded from harm if agencies work well together, follow procedures and guidance based on best practice and are well informed and trained.

A key element of the ESCB’s work is the provision of information to and from the public, potential and actual service users, staff working in partner agencies and others interested in children’s welfare. We work hard to ensure our website www.enfieldscb.org is as helpful and up to date as possible.



Enfield
Safeguarding
Children Board



...because safeguarding children is everybody’s business



Governance and Accountability

The Children Act 2004 places a duty on every local authority to establish a Local Safeguarding Children Board (LSCB).

The Government's Statutory Guidance, Working Together to Safeguard Children (2015) defines safeguarding and promoting the welfare of children as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best life chances.

This is to enable those children to have optimum life chances and enter adulthood successfully.

LSCBs do not commission or deliver direct frontline services although they may provide training. Whilst LSCBs do not have the power to direct other organisations they do have a role in making clear where improvement is needed. Each Board partner retains their own existing line of accountability for safeguarding.

The Board met 8 times during 2015/16 and was attended by senior managers from statutory and voluntary organisations, and by Lay Members. Enfield's Lead Member for Children Services, Cllr Ayfer Orhan attends each board meeting and continues to challenge the work of the ESCB through discussion, asking questions and seeking clarity. This provides an important scrutiny and challenge function to the Board and further ensures the Board is supported by the Council.

Where there has been insufficient attendance or engagement at the Board, this has been appropriately challenged by the Independent Chair.

There are currently five Subcommittees operating within ESCB, in which a significant amount of the board's work is progressed. As with the full Board, membership is multi-agency. All Terms of Reference have been updated within the last year and there is recognition by all Chairs that the effectiveness and thoroughness of the Board requires that the work of each Subcommittee interacts with that of the others.

Key Relationships

Health and Wellbeing Board (HWB)

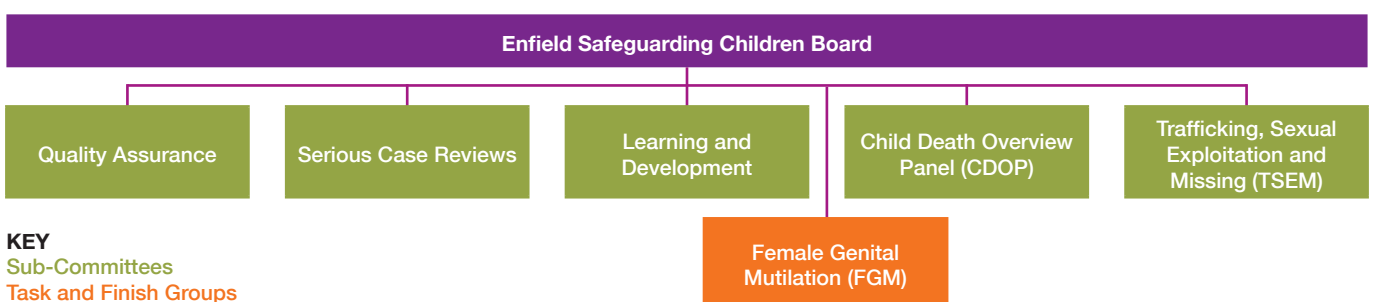
The HWB assumed its full statutory powers in April 2013 and the ESCB Chair is now a participant observer, increasing the influence of the Board by strengthening the relationship with this key strategic group. Clearer lines of accountability have been developed over the year and ESCB report regularly to the HWB and continue to make sure key safeguarding issues are addressed.

Safeguarding Adults Board

The ESCB Chair is a participant observer on the Adult Safeguarding Board and the Chair of the Adult Safeguarding Board has been a participant observer at the ESCCB.

Member Agencies Executive Management Boards

Board members are senior officers within their own agencies; this provides a direct link between ESCB and the various agencies' Boards.



Monitoring and Evaluation

This section provides some analysis of the work that has taken place in terms of developing a robust approach to Quality Assurance and Performance Monitoring. There are summaries of some of the key learning arising from our audit activity and detailed information on the ESCB's effectiveness in monitoring the safeguarding system, including **Section 11 Audits, and Management of Allegations of Adults working with Children**.

There continues to be a healthy and effective culture of accountability and challenge across the ESCB and the Quality Assurance Sub Committee continues to work to improve the quality of service improvement and delivery of outcomes consistently across the partnership. The majority of monitoring and evaluation of multi-agency practice is monitored through the subcommittee which meets on a six-weekly basis. The group's key areas of focus are:

- To monitor and ensure compliance with the ESCB Performance Dataset and to report key findings and areas of concern to the board;
- To ensure partner agencies' compliance with Section 11 Audit Tool;
- To commission and oversee focused audits regarding performance and compliance with procedures and policies as necessary;
- To closely monitor compliance with performance around the child protection processes, such as agency attendance at conference and core groups, numbers of children subject to CP Plans;
- To oversee the development and review of multi-agency policies and protocols and sign them off when completed;
- To monitor and scrutinise partner agencies internal Safeguarding activity and Quality Assurance work to ensure it is of a high and consistently standard.



Developing our approach to Section 11...

ESCB conducts annual Safeguarding audits under **Section 11 of the Children Act (2004)** which deals with the duty to make arrangements to safeguard and promote the welfare of children in the local area by seeking assurance that agencies have effective and robust arrangements in place.

Last year, for the first time, return of the completed Section 11 templates was followed by a panel Section 11 challenge interview. The panel was chaired by the ESCB independent chair who was joined by LSCB members. At the conclusion of the meeting a short summary of the discussion was drawn up along with an action plan for the agency identifying where improvement and/or clarification was required.

This year we have continued to build on and expand this activity with a specific focus on our schools. Section 175 of the Education Act (2002) requires local education authorities and governing bodies of maintained schools and further education institutions to make arrangements to ensure that their functions are carried out with a view to safeguarding and promoting the welfare of children. In addition, those bodies must have regard to any guidance issued by the Secretary of State in considering what arrangements they need to make for that purpose of the section.

The ESCB developed a **Schools Safeguarding Checklist** to assist schools to assure themselves, and the Safeguarding Children Board, that they are compliant with Safeguarding requirements. It was sent directly to all schools and to governing bodies. The response from schools has been excellent with over 90% of our schools returning the checklist. Phase Two of the process has been to offer support visits to schools to help them review and strengthen their safeguarding arrangements with a particular focus on current challenges such as CSE and Radicalisation. So far six schools have either been visited or have arranged visits and the feedback has been extremely positive. We will continue to expand this approach in 2016/17 and will start to target those schools where concerns about safeguarding have been identified or raised.

Themed Case File Audits

Each year a range of themed case file audits are undertaken through the ESCB focusing on key areas of safeguarding activity. Some audits are undertaken by managers from within children's social care and our agency partners whilst others are completed by external, independent auditors. Audits undertaken in 2015/16 include:

- The **distance from their home** Looked After Children are placed
- Children who go **Missing** who are open to Children's Social Care
- **Private Fostering** Cases
- **Child Sexual Exploitation (CSE)**
- **Early Help and the Team Around the Family (TAF)**

As we would expect, a range of strengths and areas for improvement were identified through the audits and actions plans have been developed where necessary.

Some of the actions that have been implemented as a consequence of these audits include:

- Ensuring that **chronologies** for Looked After Children are up to date and include a meaningful overview of the case
- Ensuring all **Direct Work** undertaken with children is recorded clearly and consistently
- Development of a new **ESCB Threshold Document** for use across the partnership with particular focus on assisting decision making in the Single Point of Entry (SPOE)
- Development of a new Early Help Assessment Form to be used by agencies to refer to the SPOE. The new form both ensures that information is captured clearly and succinctly and adheres to the newly implemented **Signs of Safety Practice Model** that is being implemented across Enfield.

Child Sexual Exploitation and Missing Children

This has again been a very active year in relation to our work to identify and tackle Child Sexual Exploitation (CSE) and the links with children and young people who go missing. We were very pleased to endorse and support the establishment of a multi-agency Child Sexual Exploitation Prevention (CSEP) Team in July 2015. The team consists of Social Workers, Police officers and support workers who manage and/ or provide support for all cases where CSE is an issue.

The Trafficking, Missing and Sexual Exploitation (TSEM) sub-committee, continue to oversee our CSE strategy and action plan which has evolved and developed as our understanding of needs and requirements have grown. We have updated both our CSE and our Missing children operating protocols and published them on our website. For the first time our Missing Protocol covers guidance on what to do when working with children who go missing from Education and Health as well as from Home and Care.

At the start of year we joined with Haringey Safeguarding Children Board to successfully bid for funding from the Department for Education Innovation Fund to develop a **Cross Borough Vulnerable Young People's project** which looked specifically on the needs of children and young people at risk of child sexual exploitation (CSE) within and across the two boroughs. The project aims, all of which are on track are to:

- Increase responsiveness to and prevention of, CSE, trafficking, gang activity and missing children incidents across the two boroughs through improved intelligence and analysis of the needs of vulnerable children and young people.
- Improve the quality of joint working across the two boroughs and explore cost efficiencies in relation to safeguarding vulnerable children and disrupting and prosecuting perpetrators.
- Monitor, record and share learning about models of joint accountability and joint working across the LSCBs particularly to tackle CSE, trafficking, gang activity and missing rates to better safeguard children and young people.



“HE ASKS ME TO HAVE SEX WITH HIS FRIENDS OR HE’LL STOP TAKING CARE OF ME”

Child Sexual Exploitation is when you are being manipulated into having sex, usually in return for something.

THIS IS ABUSE. DON'T MASK THE PROBLEM.

Call ChildLine on 0800 1111
for help and advice
or speak to an adult you trust
www.enfield.gov.uk/cse

METROPOLITAN POLICE
London safeguarding children trust
ENFIELD Council

The Project will run to June 2016 and will culminate in a Bi-Borough Learning event for partners to ensure learning and new processes and systems are fully embedded in both boroughs.

A member's CSE task group was established in June 2015 and meets four times a year offering strong leadership, oversight and scrutiny for the work undertaken to tackle CSE across the borough. The Task Group is due to report to the full council in May 2016.

The Borough has been part of the MsUnderstood North London Cluster – a project which brings together the six authorities within the cluster (Barnet, Camden, Enfield, Hackney, Haringey and Islington) supporting the collective focus on thematic issues of concern and enabling the sharing of relevant information across boundaries to build a cluster-wide problem profile of CSE (and within this peer-on-peer abuse and exploitation).

SAY SOMETHING IF YOU SEE SOMETHING

WATCH FOR

- GUESTS REQUESTING A ROOM THAT IS ISOLATED
- GUESTS WHO APPEAR SECRETIVE ABOUT THEIR VISIT OR TRYING TO CONCEAL THAT THEY ARE WITH A YOUNG PERSON
- FREQUENT ADULT VISITORS TO THE HOTEL WHO DO NOT APPEAR TO HAVE A REASON FOR BEING THERE

CHILD SEXUAL EXPLOITATION IS ABUSE. DON'T MASK THE PROBLEM.

THIS IS ABUSE. DON'T MASK THE PROBLEM.

Report it.
Call 101, quote Operation Makesafe.
www.met.police.uk

METROPOLITAN POLICE
London safeguarding children board
ENFIELD Council

Training and Awareness Raising

We have continued to work with Safer London Foundation to provide training and awareness raising in relation to CSE. As part of the **Cross Borough Vulnerable Young People's project** we arranged a number of targeted training sessions for specific professionals across the two boroughs. Professionals benefiting from this training include, Social Workers, Police officers, and Community Safety unit staff, Pupil Referral Unit staff and Health Visitors and School Nurses.

Next Steps

Given the progress made on tackling CSE and Missing in Enfield and given the growing understanding nationally and locally of the complex, often intertwined issues that young people face and how they can impact on young person's life it is proposed that the good work achieved by the Trafficking, Missing and Sexual Exploitation sub-committee is built upon and expanded to include a focus on a number of additional area including; Youth Crime and Violence including gang related activity, Radicalisation and the Prevent agenda and Domestic Abuse and Violence Against Women and Girls.

The new group would link closely with other forums where these topics are already discussed and look to develop and implement a Vulnerable Young People's Strategy and Action Plan which would provide a cohesive and joined up approach to addressing the wider challenges vulnerable young people face. The group would of course retain a sharp focus on issues related to CSE and Missing but by also considering other issues the opportunities to develop wide ranging strategies and support mechanisms for vulnerable young people would increase. Timescales and full details are yet to be decided but it is expected that the new group will be operational in 2017.



Female Genital Mutilation (FGM)

In 2014, the public health team in Enfield estimated that 2,823 girls and young women under-18 years old were at risk of being subjected to FGM and 3,000 women in the borough had probably already fallen victim to this form of abuse. In 2015, City University published a study which estimated that there were 3491 women in the borough that live with FGM. This equates to an estimated prevalence of 21.6 per 1,000 women. This compares to 5.0 per 1,000 women in England and 21.0 per 1,000 women in London.

The Council formed a multidisciplinary group in 2013/4 which in the 3 years of its existence has overseen work to identify the number of women and girls in the borough at risk of FGM. Recently the team have provided training to social workers and members of the CCG. In addition partners in the voluntary sector continue to train professionals and deliver community development work with affected communities.

Iris – an FGM clinic located at the North Middlesex Hospital became operational in autumn 2015. It is staffed by a female Gynaecologist and specialist midwife. The clinic provides care and support for women who are experiencing problems as a result of FGM, and women are invited to discuss their health needs in a sensitive and non-judgmental environment. Interpretation is available on request and is confidential and private. Psychological and social support, and deinfibulation (reversal) are provided, as well as general gynaecology, sexual health and contraception advice. Over 250 women have attended since it opened and approximately 75% are Somali.

A half day workshop with all stakeholders took place in March 2016. This was held to consider a draft action

plan and develop a strategy for FGM, given the FGM mandatory reporting guidance had been issued and the FGM chapter of the London Child Protection Procedures had been refreshed.

To take the work forward, the strategy is being developed. There is an action plan accompanying the strategy and the actions have been assigned. The majority of the actions are ongoing and there is an intention to hold a further workshop to agree the strategy. The strategy includes:

- Mapping services and the roles of the various voluntary sector organisations
- Refreshing protocols including clinical and referral protocols
- Working to co-ordinate better with the acute sector, including the IRIS clinic and the clinic being set up at Barnet
- Addressing an identified gap for health visitors and school nurses working with families affected by FGM and helping to devise a protocol for them.



Standing up to FGM

Radicalisation and the PREVENT agenda

Prevent is part of the Government's CONTEST strategy and the Prevent strand is aimed at preventing people from becoming terrorists or supporting terrorism. Enfield is one of the Prevent "priority" authorities in London, which is reflected in the fact that we receive additional resources from central Government.

The Prevent duty placed an ownership on named sectors from July 2015 to recognise and refer vulnerable individuals for further Prevent support.

In Enfield we have been working to provide training and other resources to schools and similar organisations to have a better understanding of Prevent and to be able to contribute to its aims.

Many organisations have accessed a training tool called Workshop to Raise Awareness of Prevent (WRAP). This training has been provided a wide range of professionals in Enfield including teachers, social workers, housing staff, front line workers and health care workers.

This year a critical thinking project called 'Second Thoughts' was commissioned to support schools in Enfield. The project received favourable feedback from a number of schools on the way it was delivered.

The aims of this critical thinking project were to:

- provide young people with the opportunity to consider their opinions and how their world view is formed
- help young people to think critically about the information they receive and recognise the dangers of stereotyping and misinformation
- help young people to identify bias, propaganda, and symbolism in the media
- illustrate how easily divisions can be created between groups of people, which can escalate into conflict, and how to deal with it.

This project is now being made available to all secondary schools in Enfield.

In Enfield the main aim of the Prevent delivery remains to safeguard vulnerable individuals and to train appropriate staff so they are able to recognise and refer appropriate people for further Prevent support. Prevent referrals are treated in a similar way to other safeguarding referrals and professionals are instructed to complete an Early Help Form if they have concerns about a child.



Child Death Overview Panel

The Enfield Safeguarding Children's Board carries out Child Death Reviews as set out in the guidance 'Working Together to Safeguard Children 2015'. This process is performed by Enfield Child Death Overview Panel (CDOP).

CDOP is a multi-disciplinary subcommittee of the Safeguarding Children's board and is chaired by a Consultant in Public Health (CPH).

CDOP reviews each death of a child normally resident in the borough up to the age of 18, excluding babies who are stillborn and planned terminations of pregnancy performed within the law. Relevant information is collected and collated and each child's case is discussed to determine if the death could have been prevented. The intention is not to assign blame, but to determine if there were any modifiable factors that may have contributed to the death and decide if any actions could be taken to prevent future such deaths. If it is determined that there are such actions, recommendations are made to the Local Safeguarding Children's Board (LSCB) or other relevant body so that action can be taken accordingly.

Where a death is unexpected a rapid response meeting is usually convened. These are convened and chaired by the designated paediatrician and are held as soon as possible. These meetings are held to ensure that all the relevant information is gathered as soon as possible and any relevant actions are taken accordingly.

The panel also has a role in identifying patterns or trends in local data and reporting these to the LSCB. The lessons and trends arising from reviews are compiled and reported to the main Board and information or health promotion campaigns are carried out as appropriate – this has included in the past information events on Sudden Infant Death Syndrome which were held in conjunction with other Boroughs and learning events to inform professionals of the work of the safeguarding board and CDOP.

Due to the time it can take for death's to be reviewed the data for CDOP activity is a year behind. Between April 2014 and March 2015 a total of 17 deaths were reviewed by the Panel. In this same time period there were 5 rapid responses for unexpected deaths.

Of the deaths that were reviewed in 2014/15, three (18%) were found by the Panel to have modifiable factors.

Thirty per cent (5/17) deaths were neonatal/perinatal events and 47 per cent of deaths (8/17) were in children where there was a known life-limiting condition.

Future challenges

The paediatric assessment unit at Chase Farm Hospital and the arrangements for out-of-hours care in the borough are currently being reviewed.

Demographics in the borough are rapidly changing due to new building in the borough, regeneration and an increase in the borough population due to cheaper housing in Enfield compared to surrounding boroughs.

Achievements

A closer working relationship between CDOP and the SCR panel has been developed with an agenda item on each panel to share cases and concerns rather than each panel looking at these in isolation. The Chair of CDOP also now attends the SCR sub-committee.

Work is ongoing on reducing the number of SUDIs in the borough, with the production of a CCG funded booklet on child health that was translated into a number of community languages and the distribution of materials from the Lullaby Trust.

Serious Case Reviews

In England a serious case review (SCR) takes place after a child dies or is seriously injured and abuse or neglect is thought to be involved. It looks at lessons that can help prevent similar incidents from happening in the future.

The SCR subcommittee of the ESCB meets quarterly and reviews and follows through actions from previous Serious Case and other Reviews. This ensures that any lessons learned are implemented. Learning events are planned and delivered to agency partners on lessons arising from serious case reviews both locally and nationally.

In 2015/2016 the ESCB has published two Serious Case Reviews. In accordance with guidance, both were anonymised.

In May 2015 Enfield and Haringey Safeguarding Children Boards jointly published the Serious Case Review (SCR) report for **'Child CH'**.

The Serious Case Review concerned the murder by CH then aged 15, of a young man who was unknown to him. The Overview Report stated that the circumstance of the death and CH's involvement, could not have been predicted. However, through looking at the work of all agencies involved with CH and his family, the report recognised that there were a number of areas of learning and improvement for partner agencies as well as evidence of good and effective practice. Agencies could, and should, have responded differently at key points.

In January 2016 the ESCB published the Serious Case Review (SCR) report for **'AX'** which involved the death of a 17 year old male who was stabbed at the end of 2013. AX spent much of his life in Barnet and was engaged with a number of agencies there and so throughout the process of the review Enfield Safeguarding Children Board worked closely with colleagues from Barnet to ascertain what happened and when and to identify how we can collectively learn from the premature death of this young man.

The report concluded that the circumstances and timing of AX's death could not have been directly predicted by any of the agencies with which he had been in contact but did identify possible opportunities for changing the outcome or influencing elements in this and future cases.

For both of these reviews comprehensive Action Plans were developed from the recommendations which have been implemented and monitored through the sub-committee. In both cases the action plans have been completed.

In addition to our own two SCRs the sub-committee has also focused on other related issues. These include:

- Serious Case Reviews undertaken by other local authorities where an Enfield agency had some involvement. In the last year this includes reviews undertaken by Haringey, Barnet, Waltham Forest and Croydon. In all of these cases the sub-committee has monitored the recommendations and actions and supported partner agencies to ensure they are completed.
- Serious Case Reviews from other boroughs across the country where there are issues and recommendations that are relevant to us. These include a review undertaken in Hackney which looked at the sexual abuse of children in Foster Care. In Enfield we used the recommendations to develop an Action Plan to ensure supervising social workers and Foster Carers were aware of failings that the report identified and to assure ourselves that robust processes are in place to prevent such failings happening here.
- Following a new inquest into the death of baby in Enfield in 2011 which changed the previous finding regarding who was likely to have caused his death we wrote to the Metropolitan Police Serious Crime Review Group and successfully requested that they review the case and the Police investigation into it.



Enfield Young Safeguarding Champions

After a very active year in 2014/15 there have been a hiatus in the activity of our young safeguarding champions in 2015/16. This has largely been a consequence of structural changes and diminishing resources within Enfield children's services. However, there is a clear plan in place to ensure there is strong engagement and consultation with young people moving forward which involves engaging with our Youth Parliament and other young people's groups. Representation of young people in the activity of the ESCB will be a core part of our Business Plan for the coming year.



Signs of Safety

Enfield Safeguarding Children Board (ESCB) and its partners, including Enfield Children's Social Care have committed to implementing the Signs of Safety framework. The comprehensive implementation plan has been approved and endorsed and funding has been secured for the next 2 years to help move this important project forward.

This means that we are making some significant changes to the way we work with children, young people and families to ensure they are always at the centre of the work we do.

What is Signs of Safety (SoS) and why we are implementing it in Enfield?

Signs of Safety is an integrated framework for working with vulnerable children and their families, that is underpinned by key principles – developing and sustaining working relationships with children, families and professionals; having a questioning approach, remaining open minded; and keeping the work grounded in everyday practice.

- SoS is an internationally recognised model for direct work with children and families.
- It is an outcome-focused, strengths-based model with a robust risk management framework & includes a range of principles, processes and tools to guide the work.
- Enfield is currently implementing the SoS to re-position the children's service at the centre of cutting edge social work research and practice (Munro review) and have a clear practice based model that can be used across all professions not just social work.

What we have done so far?

- Established a multi-agency **steering group** and a separate **operational group** which meet regularly to drive the implementation.
- Developed a full project plan which was signed off by ESCB, DMT and Enfield 2017 Design Authority.
- Hosted 2-day Signs of Safety training on 4 occasions delivering in depth training to 120 professionals. Arranged two further 2-day training sessions for October and provisionally booked the specialist 5-day training session for up to 30 professionals in December.

- Delivered SoS short briefings' to well over 400 practitioners across the borough.
- Included half day workshops for partner agencies as part of the annual ECSB Training programme.
- Worked closely with the Enfield 2017 IT team to identify IT changes and solutions required to fully implement the SoS (Smartboards, changes within Liquid Logic).
- Secured the funding through the 'invest to save' for the project to go forward.
- Review relevant policies, procedures, literature and assessment forms and made amendments to ensure they reflect SoS practice model.
- Begun the pilot period for Child Protection conferences in June 2016.

What's in progress?

- Recruitment of a SoS Practice Coordinator to lead the project for the next two years.
- Implementation of monthly practice meetings with Practice Leads and case workers.
- Ongoing review of the success and lessons learned during the pilot period ahead of full go-live in the autumn.
- Development of a Quality Assurance Framework You can find additional information and guidance on our [Signs of Safety webpage](#).



Learning and Development

ESCB has a responsibility to develop policies and procedures in relation to the 'training of persons who work with children or in services affecting the safety and welfare of children...to monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children' (*Working Together, 2013*)

With oversight from the Joint Adults and Children's Learning and Development Subcommittee, a Training Strategy and a comprehensive multi-agency training programme is developed and delivered by the ESCB and this continued in 2015/2016. Issues from national Serious Case Reviews (SCRs) and other case reviews were considered, considered and incorporated to ensure that the content of the training programme related to emerging issues of concern, as well as to core safeguarding learning, that all practitioners working with children and their families need to understand. The decision was taken at the start of the year to merge the adults and children's sub-committees. This has allowed us to identify areas of crossover and ensure that where relevant, such as for training on Domestic Abuse, professionals who work with adults and children are brought together to maximise effectiveness.

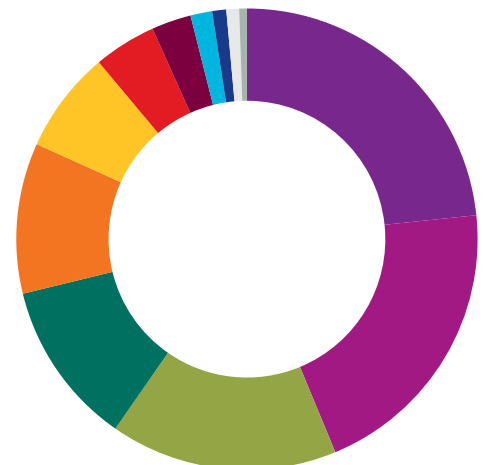
It has been a very active year for Training. Key drivers and priorities for the Training Programme have included:

- The implementation of the **Signs of Safety** model
- The development of the **Child Sexual Exploitation (CSE)** Strategy and activity to identify and tackle CSE in Enfield
- Awareness raising around the issue of **Female Genital Mutilation (FGM)**
- Increasing awareness of understanding of gang related issues and links with other issues, such as CSE.
- The development of the **Multi-Agency Safeguarding Hub (MASH)** and the **Single Point of Entry (SPOE)** service
- **Domestic Abuse** and **Violence Against Women and Girls**

A total of **1,118** places have been filled at ESCB learning events this year compared with **553** last year.

Attendees have been from the following sectors:

Children's Social Care	261	23.3%
Education	228	20.4%
Independent and Voluntary	178	15.9%
YFSS	129	11.5%
Health	118	10.6%
Other LBE	80	7.2%
CAMHS / EPS	49	4.4%
Out of Borough	31	2.8%
Police	17	1.5%
Other	11	1.0%
Foster Carers	10	0.9%
Probation	6	0.5%
	1,118	100.0%



Comments

- Enfield has a very active Independent / Voluntary sector which, as in previous years, has been very well represented and multi-agency training events.
- Attendance from Health and Education settings is significantly higher than last year.
- Attendance from Police colleagues remains low but is significantly higher than previous years.

Evaluation and Impact

Attendees at all learning events are asked to complete paper evaluation immediately after the event. Completion rates have been very good. In addition to answering questions about their overall perception of the course attendees are asked whether they think the course will be effective in improving their practice.

This data provides extremely helpful information both about the relevance and quality of the course itself and about the skills and knowledge of trainers we commission. Follow up evaluations for selected courses are sent after 6 weeks to develop understanding of how learning events impact on work with children and families and thereby improve outcomes for children. Completion rates have been lower but there have been some returns which offer important insights into how training can improve practice.

The effectiveness of ESCB training is also monitored through the quality assurance and audit programme. Findings are incorporated into ongoing Training Needs Analysis and are used to inform ongoing training and development.

All courses delivered this year have been evaluated positively.

For 2016/17 we are introducing an online evaluation tool which will considerably enhance our ability to understand and measure the impact of our training.



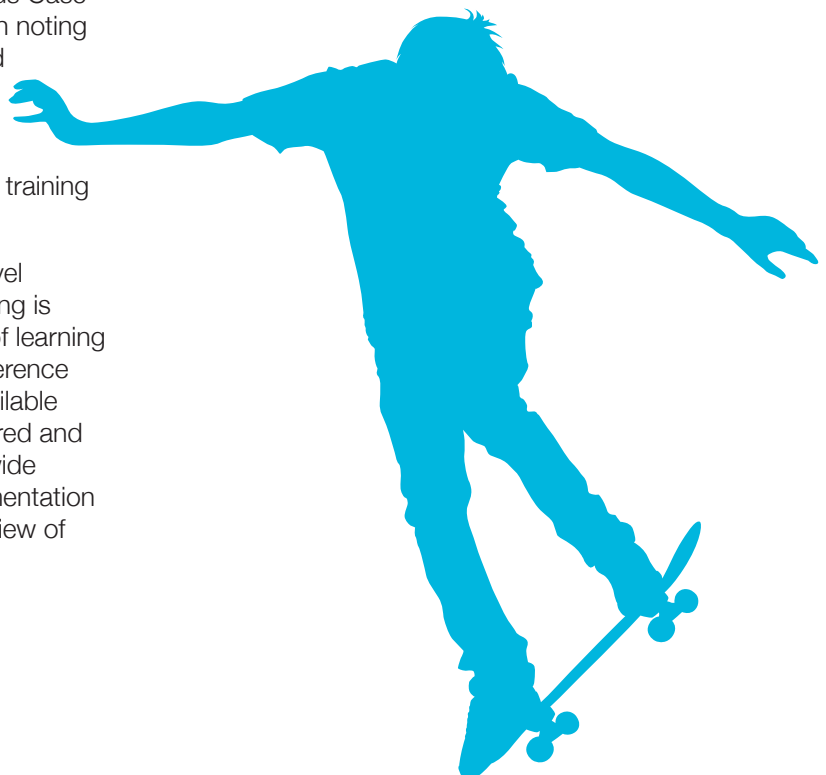
ESCB Finance and Resources

All LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be well organised and effective. Resources include staff time and additional support such as attending Board meetings, co-chairing the subgroups which support the work of the Board, and contributing to Serious Case Reviews.

In 2015/16 the Board had a budget of £184,910 which was made of contributions from our partners. Approximately 78% of the total budget was contributed by the London Borough of Enfield and the CCG was the next highest contributor with approximately 18% of the total budget. It has been noted across London that the level contribution to Safeguarding Children Boards from the Metropolitan Police is significantly lower than that made by the other large urban Police Forces in England. Enfield Safeguarding Children Board supports the ongoing efforts of the London Safeguarding Children Board to address and seek a resolution to this issue.

The ESCB managed to spend within budget during the year primarily because there were no new Serious Care Reviews in 2015/16 which are regularly a high area of expenditure for Safeguarding Boards. 80% of the overall budget was spent on staffing costs including the independent chair and 16% was spent on Serious Case Reviews and Learning & Development. It is worth noting that almost twice the amount of people attended training and Learning and Development events in 2015/16 than in 2014/15 with no increases in measurable cost. This was a consequence of increased use of skilled internal staff to deliver training rather than commissioners external trainers.

For 2016/17 the board is asking for the same level of contributions from its partners to ensure funding is adequate to continue to deliver the wide range of learning and development opportunities including a conference in early 2017, to ensure there is contingency available for any Serious Case Reviews that may be required and to support the transition towards any borough-wide Safeguarding structures that may require implementation following the DfE commissioned Alan Wood Review of Local safeguarding Boards.



Statements from ESCB Partner Agencies

The ESCB is very much a partner organisation. Whilst much of this report focuses on what has been undertaken at a partnership level it is important too to ensure that each member agency is undertaking effective safeguarding work individually. This section focuses on what each partner had achieved in 2015/16 and what impact it has had on the lives of children and young people.



Enfield Clinical Commissioning Group

NHS Enfield Clinical Commissioning Group's (CCG) priority is to ensure children remain safe whilst they are receiving health care in Enfield. This priority remains at the heart of all commissioning planning and decision making. We have continued to work in partnership with all agencies in the health economy to achieve this and make sure that all health providers in Enfield understand their role in the health and wellbeing of children and young people.

Enfield CCG recognises their statutory duties and responsibilities to safeguard children and young people, which include being a statutory partner of the Enfield Safeguarding Children Board (ESCB).

NHS Enfield CCG has a statutory responsibility to ensure that the organisations from which it commissions services provide a safe system that safeguards children and young people. Safeguarding clinical expertise in the CCG is provided through the Designated Nurse and Doctor for Safeguarding children. The CCG has specific responsibilities for children looked after and supports the Child Death Overview Process. The CCG has secured the expertise of a Designated Nurse and Designated Doctor for Looked After Children and a Designated Paediatrician for the Child Death Overview Process.

What did we do?

- Organised a 1 day safeguarding children and adults at risk conference in July, 2015
- Co-ordinated a 1 day safeguarding symposium for Enfield primary care staff
- Supported the Identification, Referral to Improve Safety (IRIS) project for Domestic Violence
- Delivered PREVENT training to GPs
- Delivered safeguarding training to community pharmacists and dentists
- Co-ordinated and delivered 4 level 3 safeguarding children updates for GPs
- Supported the business case for the Female Genital Mutilation (FGM) clinic at NMUH
- Held quarterly strategic safeguarding committees for Named leads from each health organisation, including private organisations
- Facilitated quarterly safeguarding lead GP forums
- Undertook extensive deep dive into safeguarding arrangements moderated by NHS England (London)

How well did we do it?

- 150 delegates from across the health economy trained in safeguarding children and adults at risk at the 1 day conference in Forty Hall
- 80 delegates – mixture of GPs and primary care staff attended with excellent feedback
- 61 GPs trained in Prevent
- 25 community pharmacists and dentists trained in safeguarding
- 102 GPs trained to Level 3 with updates on referral pathways, substance misuse, domestic violence, FGM and Child Sexual Exploitation
- CCG assured as good by NHS England (London)

How did we make a difference?

- Maintenance and meaningful updates of level 3 safeguarding training for all healthcare staff
- Improved quality of safeguarding care and knowledge through GP engagement and case discussions
- 207 referrals to IRIS service
- Increased understanding of referral pathways to Single Point of Entry and Compass
- Increased awareness of FGM and FGM clinic
- Ensured named leads for each organisation, including the GP safeguarding leads had opportunity to meet regularly to share practice, hear updates and developments in local and national guidance

North Middlesex University Hospital

What did we do?

- Gangs – 2 gangs youth workers in post to cover Enfield and Haringey; official opening of service November 2015 1 year on; Gangs audit undertaken; Named Doctor presented at National conference (RCPCH)
- Early adopter site for CP – IS
- Development of FGM clinic supported by specialist Midwife for FGM
- Training on FGM delivered in local schools to teaching staff and at national Quality and Diversity conference by Named Doctor
- Training delivered to local youths working with Gangs youth workers by Named Doctor and Safeguarding Advisor
- Development of a substance misuse clinic for pregnant women supported by COMPASS

How well did we do it?

- Engaged with partner agencies with cross Borough initiatives – CSE and Gangs
- Local and national links with FGM, Gangs
- Received press coverage local and national for Gangs work
- Supported cross Borough initiative for 'keep safe bag' for young people attending A&E
- Received press coverage local and national for FGM services offered

How did we make a difference?

- Raised awareness in local community and nationally regarding Gangs work
- Improved care pathways – CSE, Gangs
- Improved information sharing between health colleagues – co -located with Liaison Health Visiting teams Enfield and Haringey
- Improved Staff knowledge and awareness with improved compliance levels

Barnet, Enfield and Haringey Mental Health NHS Trust

Overview 2015 -2016

Barnet, Enfield and Haringey Mental Health NHS Trust remains committed to safeguarding all our service users, their families and carers. We recognise that effective safeguarding is a shared responsibility which relies on strong partnership and multi-agency working. Over the last 12 months The Trust has strengthened its safeguarding arrangements in many ways including the recruitment of a full-time Head of Safeguarding. We are continually improving systems and processes; and developing a clear strategic approach to safeguarding across all our services.

Internal governance arrangements

Our aim is to ensure there is a whole organisational approach to safeguarding patients and service users, their families and carers. In order to do this we have developed an Integrated Safeguarding Committee (ISC). The ISC is chaired by the Executive Director of Nursing, Quality and Governance and provides strategic leadership and oversight. The work of the ISC is informed by our newly developed Safeguarding Strategy and overarching work plan. The ISC meets each quarter and is accountable to the Trust Quality and Safety Committee. The Executive Director of Nursing, Quality and Governance is the Executive lead for safeguarding and provides bi-monthly safeguarding updates to the Trust Quality and Safety Committee. In addition an annual safeguarding report is provided to the Trust Board. Safeguarding is a standing item for each of the Borough Clinical Governance meetings.

Safeguarding Children work undertaken and key achievements in 2015-2016

- The Domestic Violence and Abuse Policy has been updated.
- Domestic Violence and Abuse training have been included in Corporate Induction for all staff and is usually delivered by an IDVA.
- The Trust Safeguarding Children Policy has been updated to ensure it is in line with Working Together 2015 and the revised London LSCB Procedures.
- A safeguarding inbox has been set up to allow improved monitoring of safeguarding referrals made by Trust staff and a screen saver has been established to prompt staff to use it.
- A safeguarding dashboard has been designed to enable easier monitoring of safeguarding activity.
- A prompt to consider safeguarding has been included in the Trust incident reporting system (Datix).

- Prevent Training has been included in Corporate Induction for all staff.
- An Integrated Safeguarding Committee has been established with clear terms of reference.
- A safeguarding strategy has been completed with key aims and objectives.
- A safeguarding training strategy has been completed.
- We have met the target of 80% of eligible staff attending Safeguarding Children Training at each level.
- The safeguarding surgeries have been recognised as good practice.
- The safeguarding team champions meetings have been re-established in each borough.

Key Challenges

- Safeguarding practice is complex and varied. The challenge of collecting accurate meaningful data is recognised. Work continues to ensure data is captured and analysed effectively.
- To continue to develop and improve systems to promote effective lessons learnt from safeguarding incidents and inter-agency case reviews.
- To increase the number of staff undertaking level three training to help ensure that safeguarding children is embedded in everyday practice and is everybody's business.
- To ensure the challenge of working across three borough Safeguarding Children Boards and their associated sub-groups is managed effectively.

Safeguarding children work planned for 2016-2017

The work of the Integrated Safeguarding Committee is informed by an overarching work plan which underpins the Safeguarding Strategy. The Strategy has five broad aims which form the overall framework of work going forward:

- To ensure safeguarding is everyone's business across the Trust
- Develop a dataset of information that allows effective monitoring of safeguarding activity and outcomes
- Develop a culture of learning with robust internal systems to support this
- Promote early help to prevent abuse from happening in the first place
- Develop seamless pathways that promote joined up working at every level.

Royal Free London NHS Foundation Trust

What did we do?

- We continue to strengthen our governance structure through the Integrated Safeguarding committee and the relevant Trust committee's and Trust Board.
- Two Safeguarding Children Advisors (SCA) joined the safeguarding team one based at Barnet hospital (BH) covering Barnet & Chase Farm (CF), the other based at the Royal Free hospital (RFH) both, along with a specialist midwife, have received supervision training.
- The Trust now hosts three Independent Domestic & Sexual Violence Advisors (IDSVA's) in collaboration with Camden SafetyNet, Solace, and Victim Support. Two cover BH and one at the RFH. This training can be accessed by external Health colleagues.
- We continue to deliver a high quality safeguarding training to over 10,000 staff across the Trust.
- We have trained 4 CSE champions.
- We have contributed to 3 SCR's in the last year and have implemented the recommendations where applicable.
- We have continued to use audit to develop and strengthen safeguarding.
- Continued Policy development.
- We hosted an Integrated Safeguarding conference for 150 internal and external colleagues.
- We have harmonised domestic violence screening for the midwives across all three sites and community clinics.

How well did we do it?

- The SCA's are able to focus on frontline case work and make daily links with clinical areas. This has been very successful in supporting referrals but also providing external agencies with a point of contact.
- Since starting in July 2015 to March 2016, the IDSVA's have received 253 referrals:
 - 88% were female and 11% were male.
 - 49% came from RFH, 45% from BH, and 5% from CF, Edgware or other sites. We do not currently have an agreement to host an IDSVA at CF
- Our training figures for March 2016 have increased across all areas with level 1 87%, level 2 79% and level 3 85%.
- We have provided extensive training to staff at level 3 about identifying deliberate self-harm and the impact of social networks for children and young people. This learning is as a result of one of the serious case reviews we were involved in.

- We commissioned our internal auditors to review practice in our Outpatient clinics to see how robustly we identified children subject to Child Protection Plans. The audit identified some areas for improvement and we are currently implementing processes in clinic preparation to ensure we are able to identify which children have a CPP and ensure the allocated social worker is copied into the clinic letter.
- The safeguarding conference was evaluated as excellent by those who attended.

How did we make a difference?

- One of our IDSVA's and the named midwife for safeguarding children, along with a consultant obstetrician and a member of the security team received a team award for their 'Outstanding Contribution to Patient Safety' recognising their management and care of a vulnerable pregnant woman suffering significant domestic abuse.
- We have begun to see more referrals for FGM and CSE being made.
- We have increased to amount of safeguarding supervision we can provide to staff.
- Through training and support staff in the young people's sexual health clinic were able to identify two young girls who were being sexually exploited, one a missing child, one a LAC child, and access emergency services to ensure the girls were taken to a place of safety.
- Our safeguarding children training at all levels is highly evaluated with staff identifying that it will support their practice.

London Community Rehabilitation Company (Probation)

What did we do?

In 2015, London CRC focused on improving safeguarding children practice across all staff grades. Performance was driven by the Strategic Safeguarding Children Lead and the Safeguarding Senior Probation Officer lead.

A London CRC Child Safeguarding Performance Framework was launched in 2015, to measure and evidence the performance of routine tasks. The five key practice areas measured are as follows:

- Initial check to Social Services
- Response Received to Initial Check
- Management Oversight
- Home Visits

A lot of work has been undertaken in the past 12 months to raise awareness of frontline staff regarding London CRC's safeguarding responsibilities as well as their own professional responsibilities.

Work taken to achieve this has included:

- Regular safeguarding children practice messages distributed by the senior probation officer lead for child safeguarding. Subjects including CSE, Missing children, violent extremism, gang affiliation, the impact of parental mental ill-health, the impact of parental substance misuse, the categories of abuse and guidance on making referrals to children's social care.
- Implementation of the safeguarding children performance framework.
- Internal conferences held for children's champions.
- Briefings to middle managers re: safeguarding policies and procedures.
- Development of a Safeguarding Children Briefing pack which will be delivered to all London CRC staff this year 2016 – delivery monitored by the Professional Development and Learning department.

These improvements have been supported by a drive to ensure that all London CRC staff are provided with the necessary training to carry out their role in safeguarding children effectively. London CRC:

- Commissioned an independent audit of safeguarding practice across the organisation to inform future improvement plan.
- Commissioned a tailored mandatory training programme to be delivered across all staff grades.
- Encouraged staff to attend training delivered by local safeguarding children boards (LSCBs) and Mental Health and Safeguarding Awareness Training (MAST).

- Two training events for frontline staff and managers focusing on the impact on the impact of parental imprisonment on children were delivered in 2015 by Bernardos.

In December 2015, following an organisational re-structure, London CRC launched a new central MASH process on 7 December 2015. The new process is intended to reduce the amount of Probation Officer time spent on servicing the MASH and to increase the quality of information provided to the MASH in cases where the adult is actively managed by the LCRC. It was necessary to review the process as London CRC is now structured in a Pan-London model as opposed to the previous local delivery model. The new process remains under review and is being monitored closely by the designated safeguarding lead.

London CRC is committed to engaging service users effectively to assist them in complying with Orders set by the court. Where multi-agency work is undertaken in order to protect children linked to our service users, offender managers are expected to engage adults under our supervision throughout this process. In addition offender managers are expected to address safeguarding children concerns in risk management plans when completing OASYS assessments and they are also expected to devise sentence plan objectives with service users to promote positive outcomes with children they care for, or have regular contact with when concerns have been identified.

How well did we do it?

London CRC's performance in relation to completion of initial checks to social services and management oversight of cases with safeguarding concerns was poor at the beginning of 2015. However, by the end of 2015 performance had risen sharply in relation to both checks and management oversight of cases with safeguarding concerns to over 90% of cases.

Response to initial checks from Children's Social Care was lower and concerns have been raised from multiple local boroughs about the volume of checks and the pressure this has placed on local resource. This is being reviewed in collaboration with the London SCB and it is hoped a practical resolution will be achieved in due course.

In relation to home visits, the performance target is set at 60% due to the number of service users who are in custody at any given time and the number who are of no fixed abode. Performance in relation to home visits had improved from a low base to 40% and work is ongoing to continue performance improvement in this area.

Unfortunately due to a recent IT upgrade, we have been unable to use the performance framework to measure progress and have no up-to-date data. However, this is being actively resolved and the framework will be reviewed and refined to increase effectiveness.

Despite some significant improvements made by the CRC, MTCnovo commissioned a London CRC Safeguarding review in May 2015 which recognised the efforts made to improve safeguarding practice, however, also highlighted a number of presenting deficits. In response, the CRC commissioned a series of focus groups of a cross grade group of staff, to enquire into the reasons why efforts to improve practice had not been more effective. The findings of the focus group are being taken forward by the London Child Safeguarding Lead and an action plan will be overseen by the London CRC Child Safeguarding Board when this is set up.

London CRC Senior Leadership recognise that the CRC has made some positive improvements to practice over the past 12 months, despite significant organisational change. However, further improvements to practice and outcomes are necessary and there is a firm commitment to achieving this as a priority which is evident.

How did we make a difference?

A lot of work has been done in the past year to uplift safeguarding children performance and practice across London CRC. Equally, London CRC staff have been on a significant journey through the recent organisational re-structure and it has not been possible to date to evaluate to what extent the strategy and activities we have undertaken have made a difference to the quality of our work.

Quality assurance auditing will be prioritised over the next 12 months. London CRC has developed a new Quality Audit process whereby Senior Probation Officer's will carry out a case audit with each offender manager twice per year. The quality audit tool addresses specific aspects of safeguarding practice and it is envisaged that this will further embed practice improvements over the coming year and will be launched on 31/5.

After the second round of auditing it will then be possible to identify trends in terms of quality of practice and to highlight gaps and weaknesses which need to be addressed.

Enfield National Probation Service (Probation)

What did we do?

The National Probation Service (NPS) is committed to reducing re-offending, preventing victims and protecting the public. The NPS engages in partnership working to safeguard and promote the welfare of children with the aim of preventing abuse and harm and preventing victims. The NPS acts to safeguard children by engaging in partnership working including:

- **Strategic:** As a statutory partner, attending and engaging in Local Safeguarding Children Boards (LSCBs) and relevant sub-groups of the LSCB. Through attendance, the NPS contributes to the formulation of board priorities and the development of strategy, policy and procedures in relation to safeguarding children. The NPS shares knowledge of and skills in the risk assessment and management of offenders and contributes to the development of appropriate multi-agency training packages, which can be accessed by NPS staff. As a member of the LSCB, the NPS contributes to audit and performance monitoring, including contributing, where appropriate, to Serious Case Reviews (SCRs), other child protection reviews and child death reviews, and sharing and embedding into practice lessons learnt from such reviews.
- **Operational Management:** Middle managers must ensure that processes and procedures are in place to support the operational delivery required to safeguard children and to ensure an integrated approach to partnership meetings and multi-agency communication.
- **Operational:** Ensuring that the principles of safeguarding and promoting the welfare of children are integrated into every aspect of the work of the NPS. The NPS will make a referral to the local authority where staff have concerns that a child is in need or is experiencing, or is at risk of experiencing, abuse or neglect. The NPS works collaboratively with the Local Authority and other partner agencies to manage and reduce risks to children and to promote their welfare. This includes attendance at multi-agency professionals meetings and Child Protection Conferences as appropriate.
- **Operational:** Ensuring the identification and assessment of offenders who pose a risk to children and through appropriate and timely information sharing ensure that the Local Authority and other partner agencies are alert to the risks and that the offender is effectively managed to reduce the risk of re-offending. The NPS performs a vital role in providing pre-sentence risk assessment information and reports to the courts and provides assessments and reports for the Parole Board. The NPS is directly responsible for the supervision of those offenders assessed as posing high risk of serious harm during and after their imprisonment and on statutory supervision in the community.

How well did we do it?

Strategic: Regular attendance and engagement at board meetings and section 11 audits as required, dissemination of training from LSCB communicated to all Enfield probation staff.

Operational: Continued professional development of staff through performance objective of mandatory completion of e-learning of child safeguarding issues, this is followed by classroom training on child safeguarding. Enfield national probation service continues to have a dedicated member of staff attached to the MASH and SPOE to ensure information sharing about child safety and concerns is fluid between agencies as required, Enfield probation has a 'children's champion' probation officer who attends multi-agency pan-London safeguarding events to spread good practice and discuss issues pertaining to child protection.

Due to solid links with the SPOE and MASH Enfield probation is at an advanced stage in ensuring that information about children is shared and discussed through use of each other's IT systems and databases in real time from the local probation office- I am not aware of any other borough in London where this is working so well.

Enfield (as part of Barnet, Brent and Enfield cluster) was a top 3 performing cluster in London for 2015/16 in regards to its service level targets, whilst these don't directly measure targets linked to child safeguarding they demonstrate that the borough is performing well in its own right against its set targets.

How did we make a difference?

Through good use of IT systems information sharing is more fluid enabling a better and quicker exchange of information to check safeguarding issues. Through increased knowledge and information exchange the management of high risk offenders and offenders who present a risk of harm to children can be considered to be better managed with more well informed risk assessments and closer multi-agency working.

Through engagement within the MASH and SPOE more Enfield probation staff have attended local authority training events regarding the safeguarding of children leading to more informed and better connected staff.

Through more engagement with partner agencies we can consider ourselves making more of a difference through better understanding of partners' approaches to safeguarding and improving our own assessments and abilities to manage high risk offenders and subsequent safeguarding issues.

Metropolitan Police Service (CAIT)

What did we do?

The Child Abuse Investigation team that covers Enfield and Barnet investigated 760 offences against children during the financial year 2015 to 2016. The remit for the team includes all offences committed by family members and those with safeguarding responsibilities against children (including safeguarding professionals).

Hundreds of additional strategy discussion took place to discuss the safeguarding of Enfield children.

Police Conference Liaison Officers attended Initial and Repeat Case Conferences liaising with partners to ensure the best possible outcomes of families with children on Child Protection Plans.

How well did we do it?

In the financial year the team either cautioned or charged 208 cases, an increase of 70 from the previous year. 15 of those detections resulted in charges for rape, an increase in 2 of the previous year.

The team attended 100% of Initial Case Conferences.

How did we make a difference?

Working very closely with partners in Children and Social Care, Education, Health, parents and together with numerous third party safeguarding agencies, difficult decisions were made daily to protect the children of Enfield. Reacting swiftly to allegations, fast time intelligence gathering and the swift collation of evidence has made a difference to the outcomes for children in Enfield who have been physically and sexually abused by those they previously trusted.

Notes



MUNICIPAL YEAR 2016/2017 REPORT NO.**MEETING TITLE AND DATE:**

**Overview and Scrutiny
Committee
November 10, 2016**

REPORT OF: Ray James

Director of Health,
Housing and Adult Social
Care

Agenda – Part:**Item:****Subject:****Wards:****Key Decision No:****Cabinet Member consulted:**

Cllr Alev Cazimoglu

Contact officer and telephone number:

Georgina Diba, Strategic Safeguarding Adults Service, tel: 020 8379 4432

E mail: Georgina.diba@enfield.gov.uk

1. EXECUTIVE SUMMARY

The Safeguarding Adults Board Annual Report 2015-2016 presents the work completed during the first year of statutory responsibility for safeguarding as defined by the Care Act 2014. This was a year in which a strong partnership embedded the legislative requirements for safeguarding, while at all times keeping the focus on how we can collectively prevent abuse from happening, while assuring when harm does occur we support recovery and resilience through the 'Making Safeguarding Personal' agenda.

The Safeguarding Adults Board is a partnership of statutory and non-statutory organisations which seeks to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area. The Safeguarding Adults Strategy 2015-2018 sets out the priorities of partners across Enfield, what we intend to achieve and the actions we will take to get there. This document was developed through consultation with local people, service users, carers and organisations.

The Annual Reports presents the key accomplishments of the Safeguarding Adults Board, both in their strategic and assurance role for safeguarding in Enfield, but also the actions across the partnership which prevent abuse and ensure a robust response when harm does occur. The annual report aims to set out a summary of Board activities and its effectiveness in assessing and driving forward safeguarding practice which keeps adults at risk safe.

2. RECOMMENDATIONS

To note the progress being made in protecting vulnerable adults in the Borough as set out in the annual report of the Safeguarding Adults Board.

3. BACKGROUND

The Safeguarding Adults Board meets quarterly and has a number of responsibilities as set out by the Care Act 2014 and statutory guidance. Our annual report sets out how we have met these aims and the significant accomplishments over 2015-2016. The Board is proud of their successes in **Making Safeguarding Personal**, following achievement previously to be acknowledged at gold standard level, and we have expanded on this work by all partners effecting actions which will put adults at risks central to the safeguarding process.

Across the partnership many organisations completed specific pieces of work which will improve the effectiveness of the safeguarding response. We set out a new multi-agency policy and procedure for responding to self-neglect and hoarding, while partners in the Clinical Commissioning Group set out a Prevent Strategy and Delivery Plan, which was adopted by NHS England as good practice. Much of the work is done through strong partnership and collaboration between partners; our **Fatal Fire Working Group** was set up to learn how we can prevent a similar occurrence in the future following death of two individuals, while our work around **dehydration** prevention continues to implement actions to reduce hospital admissions from care providers.

During this year we saw the operation of the Multi Agency Safeguarding Hub (MASH), a team that receives all safeguarding concerns. Through working together and sharing information, while in partnership and listening to the outcome expressed by the adult at risk, the team helps to manage risk and promote safeguarding planning. There were **3,511** reports made to the MASH, of these 1,602 were Police Merlins and 665 notifications raised by partners were about adults whom may be vulnerable but not in need of safeguarding actions. The remaining **1,244 safeguarding concerns** were considered as to whether they met Section 42 criteria for safeguarding. We know that neglect (33.9% of cases) and multiple abuse (29.2% of cases) are the most reported, and this follows previous years. Those alleged to have caused harm are often family members, which is followed by paid care workers. In 84% of cases there is a nominated advocate, often of the persons choosing where they have capacity, to support them through the process. At the time of reporting, 58.3% of cases were substantiated or partially substantiated. Our full data can be found in Section 8 of the annual report.

The Safeguarding Adults Board has a strong assurance role and in holding partners to account. We took part in a North Central London Challenge and Learning event following partner self-assessments. Every year adult social care has external assurance of case practice and we are establishing more diverse ways of how to include service user feedback in this process. Our **Quality Checkers** are a pivotal part of this, and have completed a number of projects including one which focuses on establishing the quality of activities in Care Homes across the borough.

The Board now has a statutory duty to report on all Safeguarding Adult Reviews (previously known as Serious Case Reviews). Two of these reviews were completed during the year and have action plans monitored by the Board. There are also two further safeguarding adults reviews started, which will be completed and reported on in the next financial year.

Looking forward we have set ourselves some clear tasks to accomplish, which have been set out by requirements in the Care Act 2014, identified via themes and trends in our data, and through consultation feedback from service users, carers and local people:

- Produce information in a wider variety of formats, including a DVD
- Consider how we can prevent harm from occurring within care providers
- Increase awareness of mate crime, particularly in mental health
- Focus our data on the extent to which a person's outcomes have been met and whether this has made them feel safer

Every partner on the Board has a strong commitment to safeguarding adults and activities take place within each organisation to contribute towards enabling people to keep themselves safe and respond when harm does occur. Our statement from partners, which includes their planned actions over the coming year, can be found in the final section of the annual report.

4. ALTERNATIVE OPTIONS CONSIDERED

The Care Act places a duty on Safeguarding Adults Boards to publish an annual report. Further guidance goes on to state that the SAB must publish a report on:

- what it has done during that year to achieve its objective,
- what it has done during that year to implement its strategy,
- what each member has done during that year to implement the strategy,
- the findings of the reviews arranged by it under section 44 (safeguarding adults reviews) which have concluded in that year (whether or not they began in that year),
- the reviews arranged by it under that section which are ongoing at the end of that year (whether or not they began in that year),
- what it has done during that year to implement the findings of reviews arranged by it under that section, and
- where it decides during that year not to implement a finding of a review arranged by it under that section, the reasons for its decision.

The statutory requirement for an annual report negates any alternative options.

5. REASONS FOR RECOMMENDATIONS

The report is being presented to Overview and Scrutiny Committee to bring to attention the progress which has been made to support and enable adults at risk to be safe from harm, abuse and neglect.

6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

6.1 Financial Implications

The Care and Support Statutory Guidance sets out guidance for members on the assistance they may provide to support the Board in its work. As a result of this for 2015-2016 the Board established an allocated budget for the administration and implementation of the Boards work plan. This took into account the expected

increase in Safeguarding Adults Reviews, which was due to their statutory nature. The total budget allocated for the Board was £63,500 and was made up of all partner contributions. The contribution from the Local Authority was made up of £43,000 from the Better Care Fund.

The Boards budget was managed by the London Borough of Enfield Strategic Safeguarding Adults Service.

6.2 Legal Implications

Section 43 of the Care Act 2014 imposes a duty on each local authority to establish a Safeguarding Adults Board (SAB) for its area. Schedule 2 of the Care Act 2014 sets out various requirements for SABs, including at paragraph 4 the duty to publish an annual report. Paragraph 4 prescribes the subjects which must be covered in an annual report and the people and bodies to whom the SAB must send copies.

The parts of the Care Act 2014 concerning SABs have been in force since 1 April 2015.

The proposals set out in this report comply with the above legislation.

6.3 Property Implications

None identified.

7. KEY RISKS

Mitigation of risks in relation to vulnerable adults is demonstrated in the Board's annual report. The Board is required to work effectively within partner resources while ensuring it can meet the changing needs and trends emerging in relation to the harm and abuse of adults in its area. Taking into account changes by the Care Act, the Board seeks assurances from partners through quality assurance mechanisms that they are able to keep people safe and manage risks. This is evidenced, by one example, via partner self-assessments and the North Central London Challenge and Learning event.

The Board is continually looking at options to enhance efficiency and joint working that minimises duplication while provide quality and safe services to adults at risk. Needing to deliver in times of austerity, the Board will work in partnership with its statutory partners, namely the Police and Clinical Commissioning Group, alongside existing partnership Boards, to maximise its impact. The Board will continue to work closely with the Safeguarding Children Board and other partnerships to effectively keep people safe.

The community and those whom use services have inputted strongly into the development of the Board strategy action plan, which sets out the work program on an annual basis. The Boards action plan is reviewed at each quarterly meetings and highlights progress against each action.

Co-production and challenge on safeguarding adults is crucial and a clear requirement in the Care Act. This risk has been mitigated by the Service User, Carer and Patient sub group of the Safeguarding Adults Board. In addition, London Borough of Enfield are working on alternative digital and face to face options for adults or their representatives to provide feedback.

8. IMPACT ON COUNCIL PRIORITIES

8.1 Fairness for All

The Board is strongly committed to tackling inequalities, with an emphasis in improving the wellbeing of those at risk of abuse or whom have experienced harm. The Board undertakes this through a range of activities with communities on improving the identification and reporting of abuse, as well as preventative activities as set out the Boards Prevention Framework 2015-2018.

Accessibility is a key part of ensuring service users, carers and local people understand what abuse is and how to report concerns. The Board has undertaken significant work on addressing these alongside the Service User, Carer and Patient sub-group of the Board, with robust plans during the coming year on diversifying communication methods. This has been set out in the Boards Communication Plan for 2015-2016.

8.2 Growth and Sustainability

The Board's work has not directly impacted on the Council's priority of growth and sustainability.

8.3 Strong Communities

The Safeguarding Adults Board has strong leadership through an independent chair. In addition, partners on the Board are of appropriate seniority and commitment to promote the vision that 'safeguarding is everyone's business.' The work of the Boards is responsive to the needs of local people and those who use services; this is achieved through a range of activities, including consultations, events, sub-groups of the Board and quality assurance activities.

Above all, the Boards work in partnership to improve safety of people in Enfield, linking to issues such as hate crime, domestic abuse, and female genital mutilation in partnership with other Boards, such as Safeguarding Children's Board and Safer and Stronger Communities Board.

9. EQUALITIES IMPACT IMPLICATIONS

Corporate advice has been sought in regard to equalities and an agreement has been reached that an equalities impact assessment is neither relevant nor proportionate for the approval of the Safeguarding Adults Board Annual Report. Safeguarding forms part of the Councils programme of retrospective equalities impact assessments (EQIA) and this was completed in June 2016. The retrospective EQIA collates equalities monitoring of service users, and consider how the service impacts on disadvantaged, vulnerable and protected characteristic groups in the community.

Equalities in relation to the performance data for safeguarding are considered at each Safeguarding Adults Board meeting and as part of the Quality, Safety and

Performance sub-group. The themes and trends emerging from data help direct the actions of the Board. Equalities Impact assessments will be completed for each of the project streams as appropriate.

10. PERFORMANCE MANAGEMENT IMPLICATIONS

The Safeguarding Adults Board Strategy Action Plan 2015-2018 was developed through strong consultation, including with those whom use services, carers and via Enfield Healthwatch. The performance of the Board is assessed against this action plan and the annual report reflects the achievements and areas which require further work.

11. PUBLIC HEALTH IMPLICATIONS

Safeguarding of adults at risk is recognised as a significant public health issue; preventing abuse and promoting choice will increase wellbeing within these populations. Safeguarding interventions are focused on recovery and resilience from abuse, which has the potential to further improve wellbeing of adults at risk.

Prevention of abuse has focused not solely on individuals, but also on working with services and organisations to provide assurances that care is safe and of significant quality.

The Board is also reviewing the data we collect so that outcomes for service users from safeguarding link to the wellbeing principles, allowing the Board to address the areas of wellbeing most important to adults whom may be at risk of abuse.

Background Papers

ENFIELD SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2015/16





WORKING IN PARTNERSHIP WITH LOCAL PEOPLE AND



STATEMENT FROM THE CHAIR



Thank you for your interest in safeguarding adults in Enfield. As independent chair of the Adult Safeguarding Board I am pleased to be introducing this Annual Report. This is an exciting year with the implementation of the Care Act and the Board being made statutory. In Enfield we have had an effective Safeguarding Adults Board for many years but it has been helpful to have legal backing. We are required to demonstrate even closer partnership working to ensure people do not slip through gaps in services. The Care Act increases the types of abuse we now have to consider, and all of this is done within the context of reducing resources for all partners.

We have continued to make sure that we hear the voice of people who have been identified as “at risk”. Nationally Enfield has been identified as an area where we have made significant progress in involving victims in the safeguarding process. We need to continue to make sure that they are included in any actions and their views are listened to. It is good to see that many people are supported by advocates of their choosing, which includes independent advocates. Most importantly we want to make sure people feel safer at the end of the safeguarding process and will continue to ensure that the outcomes people wanted from the safeguarding enquiry are achieved wherever possible.

Our Dignity in Care Panel has continued to look in depth at the quality of services provided by the Council and make recommendations for improvements. They have also carried out “mystery shopping” to help the Council to get a true account of what it is like to use local services. We also have an active service user, carer and patient sub group of the Board to ensure their views are represented.

The number of referrals for safeguarding concerns has dropped this year for the first time, with an increase in notifications by organisations such as Police and NHS 111 around people they feel are vulnerable. Enfield has established a Multi-Agency Safeguarding Hub which is where all agencies, police, NHS and social care get together to share information and pick up early indications that abuse may be happening. This team also helps to ensure that all agencies are involved in helping to protect people at risk.

We continue to hear nationally about concerns of the quality of some health and care services, and of cases where adults have suffered harm in care homes, their own homes and hospitals. Since 2010 Enfield has had a safeguarding information panel to help to identify places where poor care may be happening. Where we do discover instances of poor care we ensure that improvements are made and the Board scrutinises these improvements.

This year we have completed 2 Safeguarding Adult Reviews into incidents of poor care and have ensured that the lessons learnt from these reviews are understood by all Board partner agencies; two more of these reviews are in progress.

I am very grateful for the support of all partner organisations for our work. I would particularly like to thank the Councillors and staff in Enfield Council, particularly Councillor Alev Cazimoglu for their interest and encouragement. Lastly, I would like to thank the people of Enfield for their vigilance.

Marian Harrington

Independent Chair, Enfield Safeguarding Adults Board

STATEMENT FROM SERVICE USERS, CARERS AND PATIENTS



It's important that disabled people and other vulnerable service users are represented in the group as their safety concerns can easily be overlooked."



Regarding the group and its recent achievement of 'Staying out of the Closet', this shows that by the group working together, it is possible to make a change to individuals and the community, when we get a result for the better. I do look forward to our meeting."



ENDIG's committees found every Safeguarding Carers and Patients Groups (SCP) meeting very interesting and learnt a lot of issues which we don't know.

"The meeting were very useful information.

"Attendees showed their supportive toward Deafies and have their knowledge about Deaf Awareness.

"Many thanks for provided BSL Interpreter in every meetings.

"We would like to see SCP meeting continue and stay strong!"



I have great pleasure in working with this concerned and informative group. They are the added value aspect of adult safeguarding."

Irene Richards, SAB Lay Member and Co-chair of the Service User, Carer and Patient Group



As a Citizens Advice Bureau, working with thousands of vulnerable clients every year, it's great to have the opportunity to engage regularly with this group of service users, carers and patients who are passionate about contributing to how we keep people in Enfield safe."

Jill Harrison, Enfield Citizens Advice Bureau



Victim Support were delighted to be invited to sit on the Safeguarding Adults: Service Users, Carers and Patients Group as it provides us with a real opportunity to engage with key stakeholders in Enfield and ensures the issue of safeguarding adults is kept as a top priority for everyone."

Caroline Birkett, Area Manager, Victim Support

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ABOUT US

WHO WE ARE

The Enfield Safeguarding Adults Board (SAB) is a multi-agency partnership, which became statutory from April 1, 2015. The role of the Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area. This is about how we prevent abuse and respond when abuse does occur in line with the needs and wishes of the person experiencing harm.

OUR AIMS

Working together and with adults at risk of abuse we aim to ensure people are:

- safe and able to protect themselves from abuse and neglect;
- treated fairly and with dignity and respect;
- protected when they need to be;
- and able to easily get the support, protection and services that they need.

Our Safeguarding Adults Strategy 2015-2018 sets out the priorities of partners across Enfield, what we intend to achieve and the actions we will take to get there. This document was developed through consultation with local people, service users, carers and organisations. We review this annually.

WHAT WE DO

The Board is made up of senior members from all the agencies seen on the inside cover page. The Care Act 2014 and the statutory guidance sets out what the Board needs to do. We support the systems that keep adults at risk safe and hold partner agencies to account.

The Board supports adult safeguarding in its objective to stop abuse or neglect wherever possible, with a focus on prevention so that where possible abuse does not happen in the first place.

The Board has a **Prevention Framework 2015-2018** to help focus the activities. All of the work undertaken by the Board is done with an emphasis on the principles of Making Safeguarding Personal – keeping the person at risk of or experiencing harm as the central focus of any action.

12 TYPES OF ABUSE WE SAFEGUARD AGAINST.
 PHYSICAL. SEXUAL. FINANCIAL. PSYCHOLOGICAL.
 DISCRIMINATORY. ORGANISATIONAL. NEGLECT.
 MODERN SLAVERY. TRAFFICKING. SELF-NEGLECT AND HOARDING.
 DOMESTIC ABUSE. HATE AND MATE CRIME.



WE ALL KNOW THE SAYING 'PREVENTION IS BETTER THAN CURE'"

RESOURCES AND FUNDING FOR THE BOARD

All partners contribute resources to enable the Board to carry out its statutory duties. Resources include staff time and additional support, such as attending Board meetings, co-chairing the sub-groups which support the work of the Board, and contributing to Safeguarding Adult Reviews. There are also additional projects or activities partners contribute towards, such as Keep Safe Week 2015 joint with the Enfield Safeguarding Children Board.

In 2015/16 the Board for the first time had a budget which some partners contributed towards. The total budget for the year was £68,900. The funding was managed by Enfield Council on behalf of the Board to an agreed plan, with updates given to each Board meeting about how the funds were being spent.

SUB-GROUPS WHICH SUPPORT BOARD WORK

Sub-groups were created to help the Board to achieve its aims and influence the Board's decision making process. Each group implements and works towards completing their own action plan.

This reporting year saw the closure of two sub-groups – the joint Safeguarding Adult and Children group, and the Policy, Procedure and Practice group – as well as a task to finish group on the Care Act Implementation for Safeguarding Adults. Groups are closed when actions are all complete or there are existing groups or forums taking forward the work.

SERVICE USER, CARER AND PATIENT GROUP

The SCP group meets bi-monthly and is committed to influencing how we work with adults at risk to keep them safe from harm and abuse. It is a diverse group that is fully invested in the need to be inclusive and representative of the population of Enfield.

Group membership was increased at the beginning of the year with representation from Victims Support and the Citizens Advice Bureau.

The group have been focused for some time on work around Lesbian, Gay, Bisexual and Transgendered (LGBT) experiences in care providers. They joined up with the Quality Checker program in Enfield to look into this area.



The Enfield LGBT Network is very pleased that the Safeguarding Adults: Service Users, Carers and Patients Group instigated the important piece of research 'Staying out of the Closet'. This was a forward thinking and bold undertaking and demonstrates the group is not afraid to tackle difficult issues."

Tim Fellows, CEO, Enfield LGBT Network

QUALITY, PERFORMANCE AND SAFETY GROUP

Quality, Performance and Safety Group helps to provide assurance that partners provide a safe service and learn from incidents and performance data. Members agreed that the group needed to be representative of those on the Board and as such membership was expanded with the aim of providing greater responsibility from all partners to this area. Further, to ensure everyone is starting from the same knowledge point, there was a focused presentation on quality and performance in the context of safeguarding.

The group have identified areas to data where there may be gaps in the data, and have made suggestions in how these may be managed going forward. The group intends to set out recommended levels of quality assurance to be undertaken by partners in the coming year.

LEARNING AND DEVELOPMENT GROUP

The Learning and Development group looks at how we support adults, through a number of training, learning and support opportunities, to be competent in safeguarding adults. The group joined up with the equivalent sub-group of the Safeguarding Children Board from November 2015.

In March 2016 we held the first safeguarding and domestic violence training aimed at both practitioners in adults and children. Work will continue to look at areas where joint training can be delivered.

Learning and Training opportunities are delivered for the Safeguarding Adults Board partners by Enfield Council and included in 2015/16 the following:

- **Section 42 Enquiries** – **60** members of health and adult social care staff trained
- **Safeguarding Adults Legal** – **60** members of health and adult social care staff trained
- **Domestic Abuse and Safeguarding Adults** – **40** members of staff trained from across partnership
- **Domestic Abuse (Joint Children and Adults)** – **15** individuals working with adults attended
- **Level 1 Safeguarding Adults** – e-learning open to all
- **Mental Capacity and DoLS Refresher** – **23** staff members trained
- **DoLS and CoP Training** – **45** staff members trained

The Board also delivered some bespoke learning which included a Domestic Violence and Safeguarding Adults Conference in December 2015, with 45 people in attendance. Domestic abuse is a key issue for all partners; organisations such as the Mental Health Trust have written new Domestic Abuse Policies and included this in Corporate Induction for all staff.

In addition, all partners have their own safeguarding adults learning and development opportunities, which include for example:

- NMH have introduced monthly 'Lesson Learned Events' for Ward Managers and Matrons and other members of the multi-disciplinary team to enable reflections on recommendations from safeguarding adult's enquiries. In addition 86% of all staff had attended level 1 training and 74% of relevant senior staff had attended level 2 training.
- Safeguarding surgeries in the Mental Health Trust ensure focused sessions of learning on specific areas involving safeguarding adults and safeguarding children. Safeguarding Adults at Risk training levels 1 and 2 are delivered at mandatory Corporate Induction for all staff. The training is delivered as a safeguarding day and includes safeguarding children training, domestic violence training, and training in MCA and DoLS. Prevent Healthwrap is also delivered at Corporate Induction and has been mandatory since September 2015. Staff are required to refresh safeguarding training at least every 3 years. The Trust target for mandatory training compliance is 85%. Safeguarding adult training compliance for April 2016 is 86.5%

2 WHAT WE HAVE ACCOMPLISHED

Through quarterly meetings the Board has shown how it works collaboratively and in partnership to achieve the actions it has set itself in the Safeguarding Adults Strategy action plan for the year. Some of the key accomplishments from this action plan include:

- A new policy and procedure for working with self-neglect and hoarding, including when this may be useful to consider under safeguarding and high risk panels. There was strong collaboration with this work from the London Fire Brigade.
- We know that there is under reporting through safeguarding in Black and Minority Ethnic communities. The Board will continue to offer awareness raising and in March as part of International Women's Day, Enfield Council held an event with Naree Shakti, an Asian Women's Organisation in Enfield.
- Enfield Clinical Commissioning Group have trained up a number of Continuing Healthcare Nurses on the Best Interest Assessor course. This will help ensure actions continue to be taken with respect to the Mental Capacity Act and in line with the best interest of a person whom may lack capacity for a decision. They also held a Safeguarding Conference and a Primary Care Symposium on safeguarding over the year.
- Partners on the Board submitted their Making Safeguarding Personal action plan. While Enfield achieved a gold standard framework for this in March 2015, we recognised that we must remain focused on ensuring adults who are harmed have their views and wishes considered within safeguarding and are kept at the centre of actions undertaken.

The Board responded to a national report which suggested residents from care homes are more likely to be dehydrated upon admission to hospital than residents admitted from their own homes. A Hydration Group led by Quality Assurance in Enfield Council was set up to look into this, and started by having Quality Checkers undertaking 20 visits to care homes. A number of activities are underway, including training in care homes and card prompts for staff. A further 20 visits will take place to care homes across the borough to collect information on how care homes ensure residents with dementia and who are non-verbal are kept adequately hydrated with food and drink of their choice. This feedback will be shared with the working group to support the ongoing activities to reduce the number of residents of care homes presenting at A&E dehydrated.



The Board received a report from the Fatal Fire Working Group it set up, which was in response to the deaths of two individuals. The aim of this group was to share learning and any changes we could make to prevent a similar occurrence in the future. Some of the actions from this have included:

- Hoarding policy tool box for practitioners to identify hoarders
- Fire safety awareness information available from London Fire Brigade (LFB) website
- Occupational Therapy referral system in place for sign posting to telecare suppliers
- Joint work between Enfield Council and LFB to offer home fire safety visits to people in the community

Many Board partners have been working on the Prevent Agenda, which aims to stop people becoming terrorists or supporting terrorism. This is an issue for adults with care and support needs whom may be targeted or groomed for terrorist activities. Partners such as the CCG have:

- Trained 61 GPs over three sessions on Prevent
- A training workshop for community dentists and pharmacists
- Established a quarterly forum for the provider organisation Prevent leads. The forum will be facilitated by the Enfield Prevent trainer and will provide support and advice to the Prevent leads

OUTCOMES WE PROMISED TO REPORT ON

The Board agreed to report on the outcomes we have met from three places: our strategy action plan 2015/16, Quality Assurance Framework 2015-2018, Communication Plan 2015/16 and our Prevention Framework 2015-2018.

WE HAVE:

- Ensured guidance is being updated in time for the implementation of the new London Multi-Agency Adult Safeguarding Policy and Procedures. Partners also produced specific guidance, such as Enfield CCG Prevent Strategy and Delivery Plan, which was adopted by NHS England as good practice.
- Supported partners with Making Safeguarding Personal and made sure they have action plans where they are needed.
- Held a Care Act Implementation group which completed all of its tasks and reported back to the Board.
- Used information and soft intelligence via the Safeguarding Information Panel to determine providers which had organisational concerns. Led by Enfield Council and with a range of partners we then worked with those providers through the Provider Concerns Process to ensure improvements were made and that people were kept safe.
- Reviewed performance data at each meeting and set out actions for further review or assurance.
- Set out a quality assurance framework and have a plan for the next year on how audits will be undertaken.
- Held a forum for the Voluntary Sector in June 2015. We will continue to look for ways to connect with the Voluntary and Community Sector to improve engagement.

WE STILL NEED TO:

- Look at how we support adults who are isolated and may be at risk of abuse or harm. We have started a project plan and in the coming year need to join with partners to implement this.
- Improve how we gain feedback from adults at risk, to confirm that they feel safe and have a positive experience of care and support. Interviews were started but we did not have enough people able to take part. We are looking at different ways of doing this in the next year.
- Find ways for people at risk of harming others to access support to prevent harm or prevent repeat abuse. We want to use findings from a thematic review of domestic abuse involving adults at risk as the starting point for this work.
- Evidence the number cases which went to prosecution and had access to the justice system. Our Police colleagues will be looking at this to assure the Board that adults at risk have equal access to the justice system.

Partners on the Board were asked to complete a safeguarding self-assessment. A North Central London Challenge and Learning event was then held in January 2016. Partners came to learn from one another, provide critical analysis and help to plan what we need to focus on going forward.

COMMUNICATION AND AWARENESS

Adult safeguarding must raise awareness of abuse so that communities as a whole, alongside professionals, play their role in seeing and reporting abuse. The Board and individual partners have:

- Held a domestic abuse conference focusing on experiences of adults at risk
- Facilitated a week of events joint with the Enfield Safeguarding Children Board on keeping yourself safe and well
- Raised awareness of disability hate crime through a publicity campaign
- Attended partner events, such as Carers Week 2015 and to the Learning Disabilities Partnership Board
- Completed a review of all publicity through the Service User, Carer and Patient Sub-Group of the Board
- Representatives from Enfield Council spoke at the Respect Conference on the Care Act and Making Safeguarding Personal when working with perpetrators.



MULTI-AGENCY SAFEGUARDING HUB (MASH)

The MASH has been in place since April 2015 and is a multi-agency team that receives all safeguarding concerns. Through working together and sharing information, while in partnership and listening to the outcomes expressed by the adult at risk, the team helps to manage risk and promote safeguarding planning.

What some of the MASH Team say about this innovative way of working?



I enjoy working for MASH because every day brings different challenges and learning opportunities. I actually enjoy coming to work. I feel the way MASH works epitomises social work values and encompasses what social work is about and should be and it allows me to put into practice daily the reasons why I wanted to become a social worker."



In my role of Social Worker in the MASH I enjoy the day-to-day challenges of supporting people in the most difficult and distressing of circumstances and supporting people to regain some sense of control and autonomy over their lives."

3 THE DIFFERENCE TO ADULTS AT RISK OF HARM



Miss M is a young woman who has a learning disability and while she speaks some English, so is not able to talk about more complex subjects. She receives health and social care support from the Enfield Integrated Learning Disabilities Service.

Miss M was at risk of being forced into a marriage overseas, and has been assessed as not having the capacity to understand the situation or the impact that marriage would have on her life. She lived at home with her family and they were the people that were wanting her to marry. The Integrated Learning Disabilities Service went to the Central Family Court and obtained a forced marriage protection order. This order was taken the same evening to Miss M's family by the police and social services. This order has helped to prevent Miss M from being forced into a marriage that she does not have capacity to consent to.



I would also like to take this opportunity to say how impressed our whole team here at FMU have been about how this case has been handled...on this occasion the case has been handled with efficiency and professionalism. I believe this is one of very rare cases where the capacity assessment and Forced Marriage Protection Order has all been obtained within a couple of days from referral."

Forced Marriage Unit, Foreign and Commonwealth Office



Miss A is a young woman whom disclosed sexual abuse by her father. She had been unable to complete her schooling but tried to continue to enable her to get into university. She lived at home with her family and when she disclosed the abuse, some family members verbally abused her and blamed her for the situation. The Multi-Agency Safeguarding Hub were concerned about the risk of honour based violence and the need for emotional and practical support. Within 24 hours and with the help of her school, she was consulted with and emergency young person's support accommodation was found. Her father was subsequently arrested and remains in custody.

Miss A will now receive ongoing assessment from the Care Management Service to fully assess her needs and ensure she receives the support she requires to enable her to maintain her independence and maximise her wellbeing. Different teams, agencies and organisations worked effectively within 24 hours to source and secure appropriate accommodation for a very vulnerable service user to maintain her safety. Despite her not presenting with evident care needs, Miss A was clearly in need of support and was subsequently deemed to have met the safeguarding criteria.



Mrs T disclosed that her family members were calling weekly and threatening her. A safeguarding concern was raised and with Mrs T consent the police were informed. There were known historical allegations of sexual, physical and emotional abuse. A safeguarding meeting was held and it was agreed that the Police would lead an investigation. The Mental Health Trust supported Mrs T and offered her an assessment of her care and support needs, referral for counselling and regular reviews by the clinical teams. Due to the high risk in this case of domestic violence a referral to the Multi-Agency Risk Assessment Conference (MARAC) was completed.

WORKING WITH CARE PROVIDERS

In addition to the safeguarding adults process for single concerns of abuse, Enfield also have a provider concerns process. This process is used when there are serious concerns relating to safeguarding and the quality of care with provider services. The process is used to support providers to improve, so that we can be assured those whom use the service are safe. This process is led by Enfield Council but with strong partnership from Police, Care Quality Commission, Clinical Commissioning Group and a range of other partners.

During 2015/16, we worked with seventeen providers under this process. We help providers to set out an improvement plan which we then monitor and quality assure that actions have been completed. Those who use the service, their families and visiting friends are the key partners who can let us know how the care is experienced and if they feel real change has been made; one person fed back on our questionnaire 'staff do not work as a team, they work individually.' This has helped us to address issues with the home and see how team capacity and building could be undertaken.



4 QUALITY ASSURANCE AND ORGANISATIONAL LEARNING

The Strategic Safeguarding Adults Service in Enfield Council undertakes quarterly audits of safeguarding practice. We look at how the adult at risk or their representative was involved from the beginning to end, the outcomes they wanted were known and areas such as proportionality and prevention were considered. The audit found that overall practice was very good across all of the six safeguarding principles. The area that stood out for improvement was in the application of the Mental Capacity Act 2005.

An external auditor was used to provide independent challenge to how practice is undertaken. The key learning from this audit was:

1. There is a culture of learning evidenced in this audit. Of particular note was the time taken by workers to understand the audit process and view it as a positive learning opportunity.
2. There are good organisational learning opportunities. The Best Practice Forum is a good platform to share learning across services. Other learning opportunities for example Lunch Time Seminars to widen access to shared learning might be explored.
3. The Three Stage Test needs to be applied consistently.
4. Partners need to be Care Act 2014 ready as safeguarding adults is not the sole prerogative of the Council.
5. The MASH would benefit by greater multi-agency involvement and co-location of core agencies.
6. Systems in mental health and hospital social work teams and the MASH need to be reviewed to make the best use of resources.
7. Targeted training on alternative types of achieving outcomes e.g. family conference.
8. Broaden the knowledge of the requirements of Section 68 Care Act 2014 advocacy arrangements.
9. Rationale for decision making throughout should be recorded.
10. Risk assessments need to focus on risk management with the adult.
11. Templates should allow for sovereignty so that staff use their own knowledge and skills to personalise action according to the adults desired outcome.

QUALITY CHECKERS

Quality Checkers are a group of volunteers that have experience of social care or are carers. They undertake visits to provide their feedback on services and are a vital point of contact with those using the service. The quality checkers have done a number of projects this year, including establishing the quality of activities in Care Homes across the borough, visits to homes to look at hydration practice, specific work focusing on how homes support Lesbian, Gay, Bisexual and Transgendered individuals, and making visits in response to quality concerns which are then fed into the safeguarding adults process.

PROMOTING LEARNING

Partners on the Board are keen to promote learning and hear from those who use services. There are many ways this can be done – such as Barnet, Enfield and Haringey Mental Health Trust hold safeguarding surgeries with staff from multi-disciplinary team on a regular basis. The North Middlesex Hospital hold lessons learnt meetings to share learning and embed change.

Every single safeguarding concern looks at whether there is learning for any partner or organisation. These are then reviewed after three months to make sure recommendations are put in place.

5 SAFEGUARDING ADULT REVIEWS

We report in this section on how many requests for a Safeguarding Adult Review were made to the Board. We will say whether we accepted this as meeting the criteria for a SAR and if not, why. For those that were undertaken we provide information on the recommendations and what we will do next.

The Care Act 2014 states that a Safeguarding Adult Review (SAR) must be arranged by the Safeguarding Adults Board (SAB) when an adult in its area dies as a result of abuse or neglect whether known or suspected, and when there is concern that partner agencies could have worked more effectively to protect the adult. A SAR must also be arranged if an adult has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. Please note that Safeguarding Adult Reviews were previously known as Serious Case Reviews.

Two Safeguarding Adult Reviews were completed in the 2015/16 reporting period. A summary of each case follows. Two additional Safeguarding Adult Reviews have been raised and agreed to meet the criteria; these remain in progress. One further request for a Safeguarding Adults Review has been raised in this financial year and we are awaiting panel of Board members to consider if the criteria has been met.

Two referrals were raised and did not meet the statutory criteria for a Safeguarding Adults Review. This was because both were in response to failings by single agencies and not related to how partners worked together to safeguard. There is always learning from cases and these can be looked at using the single safeguarding adult's process or through single agency review.

SAR ONE

Ms Q was an elderly lady whom lived in an Enfield residential care home for the last three years of her life where she was supported by her daughter who took an active interest in her care. She died in April 2015 and there were concerns about how partners worked together. The review found no evidence of deliberate neglect or harm, however that pressure damage could have been avoided.

The SAR outlined five main areas of improvement and learning. These are summarised below:

1. Baseline assessments must be completed and reviewed when a person presents with previous and potential damage within the community.
2. A lead clinician is allocated to oversee the case and treatment for residential care homes and high risk community patients.
3. Mental capacity should be considered at key stages when concerns are indicated.
4. Pressure ulcer management should have a clear treatment pathway with a professional escalation process.
5. Improved communications facilitated by defined professional roles and responsibilities at an early stage.

SAR TWO

Mr X was an elderly man who had resided in an Enfield nursing home following his discharge from hospital some years before. Mr X suffered from dementia and had no capacity to consent to care or to articulate his needs. There was a safeguarding concern raised following his death and then a Safeguarding Adults Review was commissioned in October 2014. A number of recommendations were made around improving communications, implementing escort protocols when service users lack capacity and catheter management within nursing homes. The recommendations from this review were:

1. Pre-admission to care settings to include that checks that people are discharged with sufficient stock of medication.
2. Meeting to be convened with local hospitals, nursing and residential care providers to set out protocols for improving discharge from hospitals and admission to care settings.
3. BUPA policy of adults being accompanied to hospital to be quality assured for implementation in BUPA homes. Hospital staff to accept responsibility for people when they are on hospital premises.
4. Transfer letters to hospitals from care settings to clearly detail the reason for contacting acute medical services and highlight if there is a repeat concern.
5. NNUH to review systems to highlight repeat admissions.
6. Clinical Commissioning Group to quality assure discharge planning in local hospitals.
7. London Ambulance Service to be compliant with Care Act 2014 requirements and to co-operate and contribute to Safeguarding Adult Reviews.
8. London Borough of Enfield to quality assure that timely reviews are taken and that there is a system to confirm that recommendations from adult safeguarding enquiries are implemented.

The recommendations from both of these Safeguarding Adults Reviews will be formulated into an action plan monitored via the Safeguarding Adults Board. Reports from each SAR will go onto the Enfield website once consent has been obtained from family members of the adults at risk.

SAFEGUARDING ADULT REVIEWS IN PROCESS

A SAR has been agreed in response to a serious sexual assault. This SAR is currently in process but actions are already being taken with the Provider and a number of Local Authorities and the placing Clinical Commissioning Group to start embedding changes.

A SAR has also been agreed to look at domestic abuse involving adults at risk. This is being undertaken using a thematic review methodology.

We expect to report on these SARs and the findings during 2016/17.



6 WHAT WE WILL DO NEXT YEAR

We have a Safeguarding Adults Strategy 2015-2018 and there are a number of actions for us in the next year to complete. We completed a review with service users, carers, and organisations via Partnership Board in January-March 2016. We met with the following four partnership boards:

1. Carers Partnership Board
2. Learning Disabilities Partnership Board
3. Mental Health Partnership Board
4. Physical Disabilities Partnership Board

We talked about the actions that we would be undertaking in the coming year and explained that safeguarding was now a statutory duty. We also asked each partnership if they had any suggestions on what the Safeguarding Adults Board could do to keep people safe from harm in the coming year. We did this to see if there were any additional actions the Board should be taking.

These are some of the suggestions that we received:

- Produce newsletter articles or find different ways to inform people about safeguarding and what it means
- Attend voluntary sector events and forums
- Produce a DVD that explains safeguarding and generally use video more to help people understand the different types of abuse
- Increase awareness of Mate Crime, particularly in mental health
- Update images in the Staying Safe leaflet

In addition, each partner on the Board has set themselves an action that they will undertake which will be monitored by the Board.

Finally, we have used our data to look for any themes or trends that help us to direct what we should focus on. We have found that we must continue to focus on domestic abuse and how we ensure adults are supported to reduce risk of harm. We also know that abuse does happen in care and we will continue to look for ways to prevent quality and safeguarding issues with providers. We have seen a change in the number of reports of abuse and have agreed that how we record safeguarding concerns needs to be reviewed, as we are closing down concerns in line with people's wishes and safeguarding plans much more quickly. We want our data in the next year to capture more easily the extent to which a person's outcomes have been met and whether this has made them feel safer.

Our action plan will be monitored at each Board meeting and can be found in the safeguarding adult pages at www.enfield.gov.uk



7 ACTION PLAN 2016/17

Objectives set out by the Safeguarding Adults Board are set out below. The actions to achieve these and responsible individuals can be found on the full document reported at each quarterly Board meeting. These can be access on the Safeguarding Adults Board pages at www.enfield.gov.uk

KEY PRIORITY 1: EMPOWERMENT

People being supported and encouraged to make their own decisions and informed consent

- **OBJECTIVE 1.1:** Mental capacity assessments and the Deprivation of Liberty safeguards are carried out in compliance with new requirements under the Care Act 2014 and with regard to ensuring individuals who lack capacity have support to optimise their well-being and control.
- **OBJECTIVE 1.2:** The Board will assure itself that adults at risk are involved strategically in safeguarding and through to involvement in individual cases.
- **OBJECTIVE 1.3:** We will help young carers to understand what safeguarding adults is about and where they can go to for advice, support or to make a report.

KEY PRIORITY 2: PROTECTION

Support and representation for those in greatest need

- **OBJECTIVE 2.1:** For individuals in Enfield to have appropriate information on abuse and how to stop abuse before it happens.
- **OBJECTIVE 2.2:** Individuals experiencing safeguarding concerns to have access to appropriate advocacy.
- **OBJECTIVE 2.3:** The Board will clarify the surveillance and community alarm options for adults at risk and their representatives and have assurances this in within legal parameters.
- **OBJECTIVE 2.4:** Partners on the Board will facilitate intervention on the issue of dehydration and hold providers to account for implementation.

KEY PRIORITY 3: PREVENTION

It is better to take action before harm occurs

- **OBJECTIVE 3.1:** To support people to keep themselves safe (self-protection strategies) and recognise abuse; learning lessons from domestic violence campaigns and Domestic Homicide Reviews.
- **OBJECTIVE 3.2:** Raise the profile of domestic violence, honour based violence, female genital mutilation and trafficking within the Acute Hospital Trusts.
- **OBJECTIVE 3.3:** Local health economies are in place which are monitored and have indicators that ensure people are kept safe from abuse.
- **OBJECTIVE 3.4:** To create a more robust organisational learning system which is able to evidence practice change.
- **OBJECTIVE 3.5:** The Board will develop and deliver on creating pathways of support for those isolated and at increased risk of abuse and exploitation.

KEY PRIORITY 4: PROPORTIONALITY

The least intrusive response appropriate to the risk presented

- **OBJECTIVE 4.1:** We will seek service user feedback from those who have been harmed to improve practice.
- **OBJECTIVE 4.2:** Board will facilitate pathway programme in place for people at risk of harming others.

KEY PRIORITY 5: PARTNERSHIP

Local solutions through services working with their communities. Communities have a part to play in presenting, detecting and reporting neglect and abuse

- **OBJECTIVE 5.1:** For partner organisations to provide assurance to the Board that their service provision is in line with the Dignity Standards.
- **OBJECTIVE 5.2:** For language of professionals to be simplified so that there is improved equality of access to services – as recommended by Making Safeguarding Personal.
- **OBJECTIVE 5.3:** For the Safer Neighbourhood Team to set out an engagement plan with the partnership to improve how we can work together to safeguard adults at risk in the community and with providers.

KEY PRIORITY 6: ACCOUNTABILITY

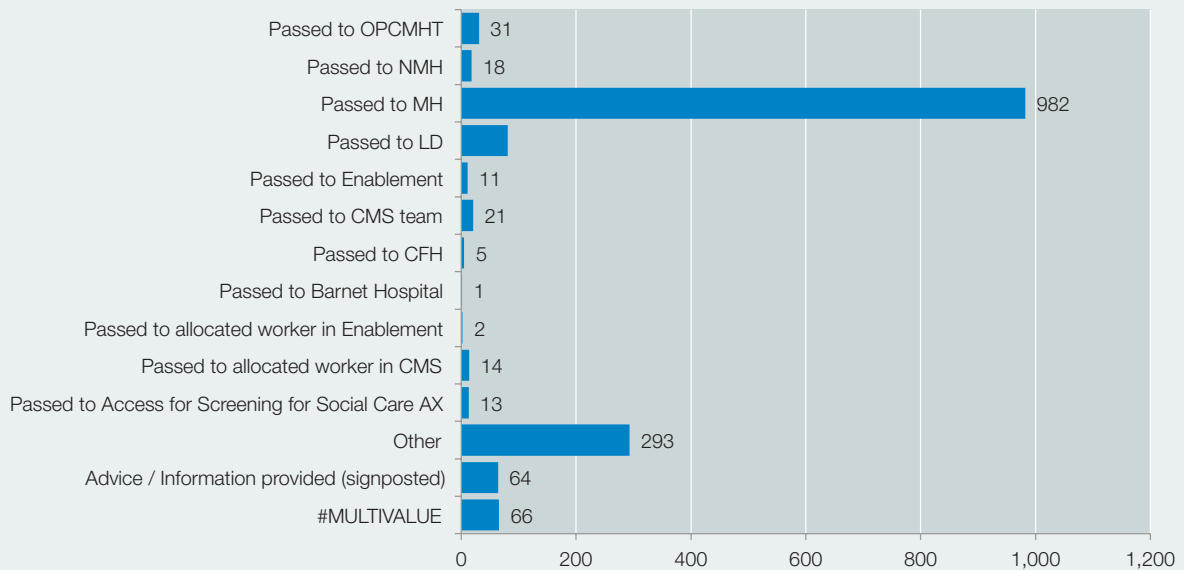
Accountability and transparency in delivering safeguarding

- **OBJECTIVE 6.1:** Board will assure itself that decision to proceed under safeguarding and decisions to prosecute are transparent.
- **OBJECTIVE 6.2:** Provide assurance of General Practitioner Input into safeguarding adults.
- **OBJECTIVE 6.3:** Carry out Safeguarding Adults Reviews (SAR) where there is a statutory obligation and ensure learning is widely disseminated.

PERFORMANCE REPORT 2015/16

TOTAL NUMBER OF REPORTS MADE TO THE MULTI-AGENCY SAFEGUARDING HUB: **3,511**

Of these, number of Merlins: **1,602**



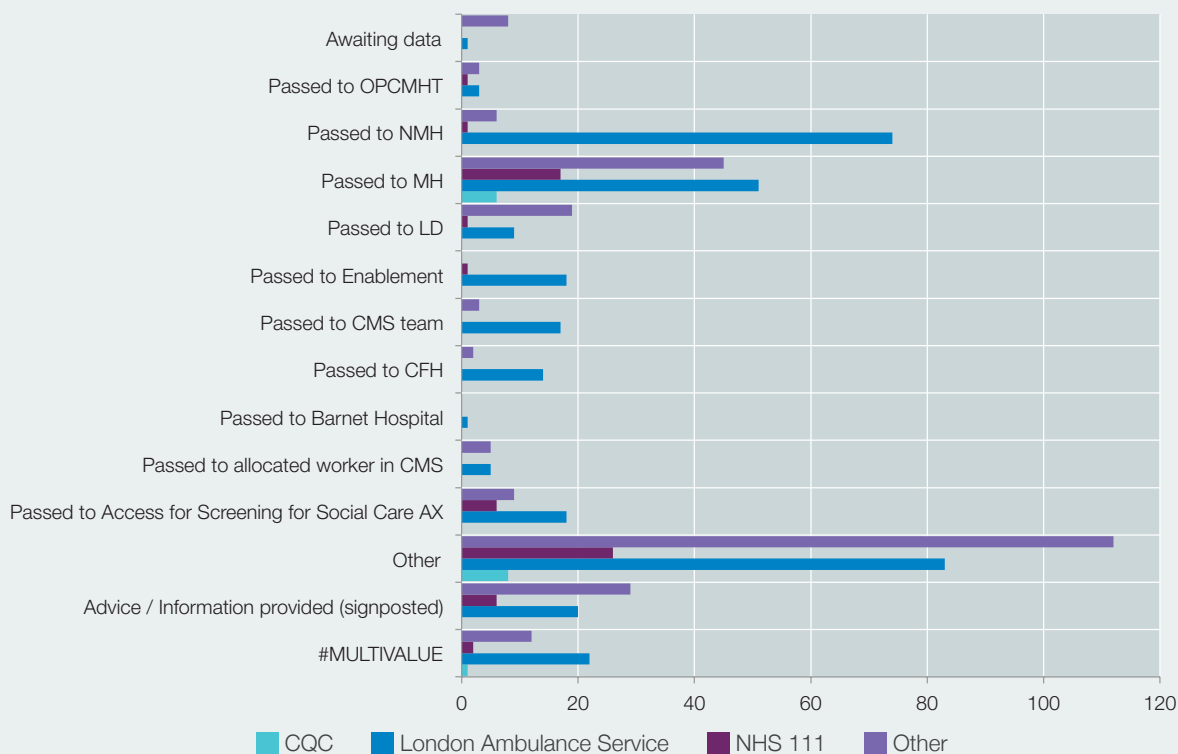
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Majority of police Merlins relate to adults with mental health needs. The MASH sent 902 of these Merlins to the Mental Health Trust. Where there is an allocated worker in adult social care, these are sent direct to the relevant teams.

Merlins are helpful in providing additional information, which can be used to build up a picture over time or identify when risk is escalating.

A Merlin is not always safeguarding; The Merlin Database is the recording system the Metropolitan Police utilise to record missing people, and children and adults coming to police notice. This system is used to record contact and what, if any action has taken place. Officers and police staff are trained to identify vulnerability through the use of the MPS Vulnerability Assessment Framework.

Of these, number of referrals from partners not progressed as safeguarding: **665**



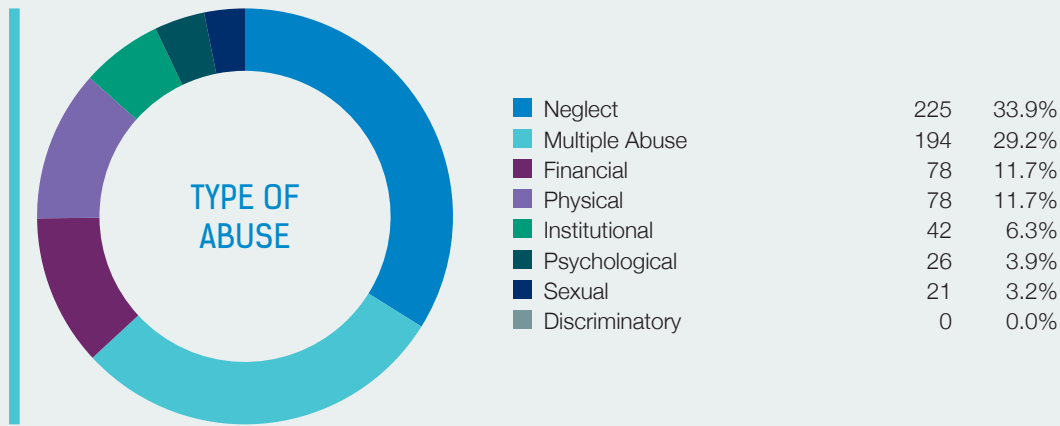
#MULTIVALUE equals to more than one input onto the Carefirst database

TOTAL SAFEGUARDING CONCERNS RAISED TO COUNCIL: **1, 244**

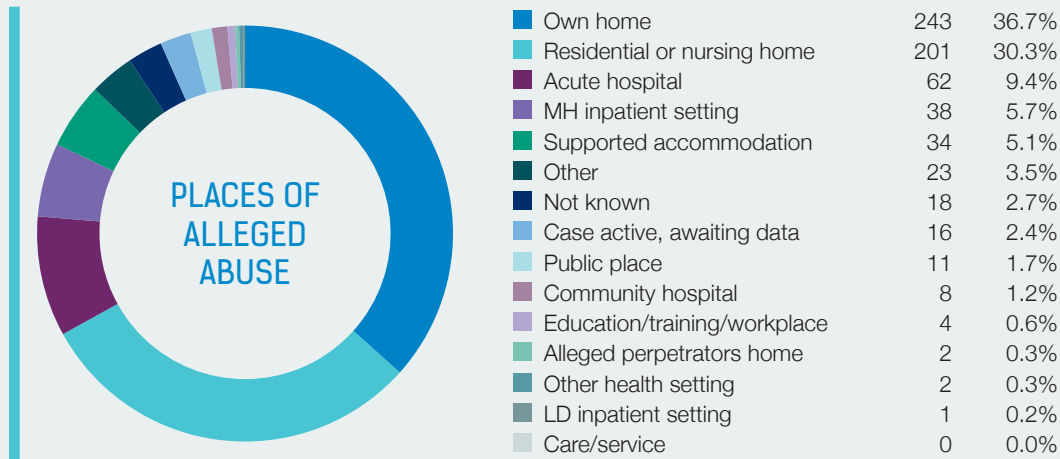
- **189** cases were managed under safeguarding with a brief enquiry that enabled early resolution
- **138** safeguarding cases did not meet Sec 42 criteria
- **83** safeguarding concerns were more appropriate for care planning or support from other professionals
- **52** cases where the Sec 42 criteria was not met, we still provided advice and guidance direct to the person raising concern, a professional involved or the adult/their representative
- **48** safeguarding concerns were repeat notifications, often from another partner, of an existing Sec 42 progressing. These were recorded to help build a picture over time
- **30** safeguarding concerns were passed to the correct host authority if safeguarding or to placing authority if not safeguarding concern
- **60** additional safeguarding concerns were passed to mental health to consider if they met the Sec 42 criteria

An additional **644** cases which went through the Sec 42 process are reported on the following pages.

DETAILS RELATING TO 644 CASES



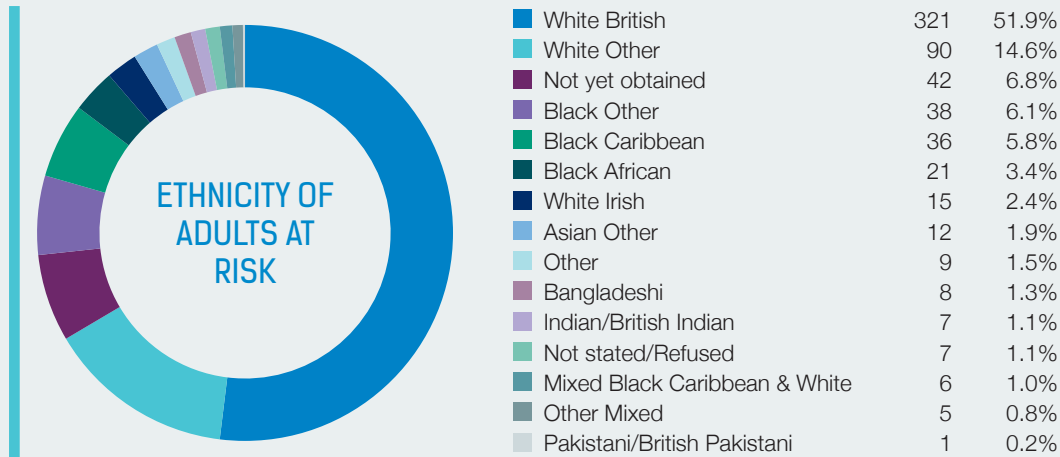
Neglect (33.9% of cases) and Multiple Abuse (29.2% of cases) are the most reported in Enfield.



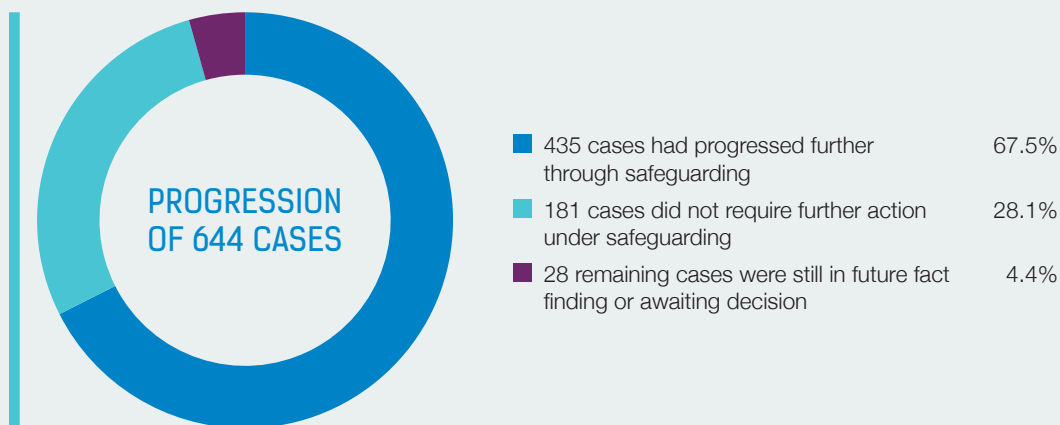
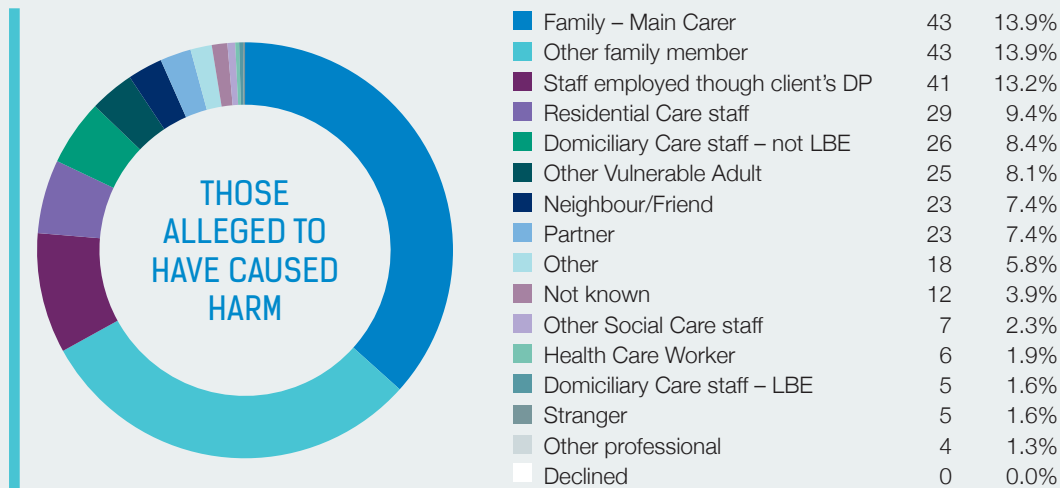
36.7% of referrals were in relation to alleged abuse in the Adult at Risk's own home and 30.3% were alleged to have occurred in a residential or nursing home.

ROUTES OF REFERRAL

The largest referral sources were Hospital staff 129 (19%), Private/Independent Provider 121 (18%) and LBE-Health and Adult Social Care 111 (17%).



The ethnicity of adults at risk is predominantly in the “White British” (51.9%) and “White Other” (14.6%) categories. The next highest categories, where the ethnicity of the adult at risk has been established, is “Black Other” (6.1% cases) and Black Caribbean (5.8% cases).



NOMINATED ADVOCATE INVOLVEMENT

In 84% of cases there is a nominated advocate involved. Advocates can be from a number of places and include: Independent Mental Capacity Advocate, Independent Mental Health Advocate, care act or safeguarding advocate, or an advocate of the person’s choosing. Often family members act in this role when it is appropriate to do so.

CONCLUSION

58.3% of cases were substantiated or partially substantiated at the time of reporting.





PARTNER STATEMENTS



BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST

Barnet, Enfield and Haringey Mental Health NHS Trust remains committed to safeguarding all our service users, their families and carers. We recognise that effective safeguarding is a shared responsibility which relies on strong partnership and multi-agency working. We have strengthened our safeguarding arrangements, which includes recruitment to a Head of Safeguarding. We are continually improving systems and processes, with a clear strategic approach to safeguarding across all our services.

INTERNAL GOVERNANCE ARRANGEMENTS

Our aim is to ensure there is a whole organisational approach to safeguarding. In order to do this we have developed an Integrated Safeguarding Committee (ISC). The ISC is chaired by the Executive Director of Nursing, Quality and Governance and provides strategic leadership and oversight, including reporting to the Trust Quality and Safety Committee. The work of the ISC is informed by our newly developed Safeguarding Strategy and overarching work plan. The ISC meets each quarter and is accountable to the Trust Quality and Safety Committee. In addition an annual safeguarding report is provided to the Trust Board. Safeguarding is a standing item for each of the Borough Clinical Governance meetings.

SAFEGUARDING ADULTS WORK UNDERTAKEN AND KEY ACHIEVEMENTS IN 2015/16

- The Trust Safeguarding Adults at Risk Policy has been updated to ensure it is Care Act compliant.
- A safeguarding inbox has been set up to allow improved monitoring of safeguarding alerts, with a screen saver established as a prompt.
- A safeguarding dashboard has been designed.
- A prompt for safeguarding now included in the incident reporting system (Datix).
- Mental Capacity Act and Deprivation of Liberty Safeguards training mandatory.
- Established an Integrated Safeguarding Committee with clear terms of reference.
- A safeguarding strategy has been completed with key aims and objectives.
- A safeguarding training strategy has been completed.
- The terms of reference for the Trust safeguarding champions have been refreshed and revised.

KEY CHALLENGES

Safeguarding practice is complex and varied, and the Trust works across three Boroughs which can present unique challenges. The need to collect accurate meaningful data is recognised, and work continues to ensure data is captured and analysed effectively. The Trust will continue to develop and improve systems to promote effective lessons learnt. We will review the training needs analysis for level 3 safeguarding adults training in line with recently published Intercollegiate Document Safeguarding Adults (April 2016). Importantly, we will ensure that the principles of the MCA are embedded into everyday practice.

SAFEGUARDING ADULTS WORK PLANNED FOR 2016/17

The work of the Integrated Safeguarding Committee is informed by an overarching work plan which underpins the Safeguarding Strategy. The Strategy has five broad aims which form the overall framework of work going forward:

- To ensure safeguarding is everyone’s business across the Trust.
- Develop a dataset of information that allows effective monitoring of safeguarding activity and outcomes.
- Develop a culture of learning with robust internal systems to support this.
- Promote early help to prevent abuse from happening in the first place.
- Develop seamless pathways that promote joined up working at every level.

STATEMENT WRITTEN BY:

Mary Sexton – Executive Director of Nursing, Quality and Governance
Enfield Safeguarding Adults Board representative





ENFIELD BOROUGH POLICE

Enfield Borough Police believe strongly that all adults have the right to live a life free from abuse and neglect. As a statutory partner on the Enfield Safeguarding Adults Board we are working together to provide a robust and transparent response in line with our duties when the abuse of a vulnerable adult occurs. Importantly, we are working in partnership with organisations to prevent abuse where possible, through activities such as burglary prevention and joint awareness sessions.

ACHIEVEMENTS OVER 2015/16

Enfield Borough Police are proud to be a partner on the Multi-Agency Safeguarding Hub, which is an innovative model, which enables effective information sharing and addresses risk with adults experiencing abuse. Working alongside health and social care professionals means that we can assist adults to access the justice system and hold perpetrators to account.

Senior Police have co-chaired over the last year, the Quality, Safety and Performance sub group of the Safeguarding Adults Board. This has provided an opportunity to directly contribute to assuring the Board that organisations are safeguarding people effectively. In addition, Senior Police attend the Board on a regular basis and contributed to the North Central London Challenge and Learning Event following a reflection on areas of positive actions by the Police and where we could make improvements.

Additional actions we have taken include:

- Presenting to partners on legislative options for holding perpetrators to account.
- Use of Police Systems to record accurately and identify adults whom may be vulnerable. The purpose of this is to maximise opportunities for early intervention to prevent someone from becoming a victim of crime at a later stage.
- Community Safety Officers presenting at awareness sessions jointly with the Council and its partners.



ACTIVITIES PLANNED 2016/17

The work of 2015/16 has strengthened our partnerships and has now placed the safeguarding agenda as a priority across all the policing activities we undertake.

- We will continue to ensure our processes and reviews are in place that identify vulnerable adults of crime at an early stage and that these cases continue to be appropriately resourced and responded to by specialist officers, improving victim care and case outcomes.
- We will continue to engage with all the communities in Enfield Borough through direct and indirect personal contact ensuring that we are always delivering a quality service and improving confidence in all areas of safeguarding.
- We will continue to integrate all recent safeguarding legislation into our investigative and intelligence framework ensuring we broaden our knowledge and safeguarding impact.

STATEMENT WRITTEN BY:

Detective Inspector Albert Wildgoose – Enfield Police, Public Protection
Enfield Safeguarding Adults Board representative



HEALTHWATCH ENFIELD

Our role is to amplify the voice of local people on issues that affect those who use health and care services. We actively seek views from all sections of local communities and try to ensure that our priorities take account of the issues raised with us.

We are pleased to see that Safeguarding Adults Board have been placed on a statutory footing and that Healthwatch is a member of the Board; this allows us to provide challenge and inject the issues raised by local people into how safeguarding is developed.

Healthwatch Enfield directly contributed to the development of the Safeguarding Adult Boards three year strategy 2015-2018. We did this through providing our views on what the areas of focus should be and how this could be achieved.

OUR CONTRIBUTION TO SAFEGUARDING 2015/16

In terms of safeguarding, Healthwatch has:

- supported the work of the Safeguarding Adults Board, to ensure that the patient's/ local people's voice is central to service planning and any case reviews
- had representation on the SAB's Quality Performance and Safety (QPS) group
- ensured that our Board, staff and volunteers are trained to understand and follow up any safeguarding concerns identified by us or raised with us in our work locally
- support awareness raising about safeguarding issues amongst our community partners and communities as part of other engagement activities.



Healthwatch representative also attended the North Central London Challenge and Learning event for Safeguarding Adults Boards. This was a positive experience which enabled the voice of patients and local peoples to be raised amongst senior members across partner organisations.

Going forward, Healthwatch Enfield will continue to support the Board and contribute towards this important area of protecting some of the most vulnerable people from abuse and harm.

STATEMENT WRITTEN BY:

Parin Bahl – Healthwatch Enfield

Enfield Safeguarding Adults Board representative



HEALTH, HOUSING AND ADULT SOCIAL CARE, ENFIELD COUNCIL

Protecting and working with those at risk of harm is the responsibility across all departments in Enfield Council; from senior managers to all front line staff we promote the need to recognise what abuse is and ensure staff know how to report. Importantly, we want to prevent abuse from happening in the first place.

The Care Act 2014 and its guidance provide clear responsibilities for the Council to safeguarding adults with care and support needs. We have a duty to make enquiries or cause others to make them. For this reason, our adult social care department takes a lead in safeguarding and supporting adults, focusing on their wellbeing, recovery and resilience.

We work across departments and with external partners to support adults experiencing harm. This can include linking with our colleagues in the Council's Community Safety Unit around anti-social behaviour or in complex domestic abuse cases to working with teams that tackle rouge traders and fraud. Where there are concerns around the welfare and safety of children and young people, we work with our colleagues in safeguarding children.

Strategically, we believe that how our work develops should be informed by those who use services. This year we worked to undertake interviews with those who have been harmed, but have learnt that after abuse has occurred many people wish to move forward without reliving this process. As a result, we have changed our practice for next year to interview people for their reflections before the process closes and providing online electronic options to give feedback as a second option. We also ensure projects we undertake have challenge from those who use services, and particularly link into the Boards Service User, Carer and Patient Sub-Group.

The Council takes a lead on initiating and managing the provider concerns process where there is serious safeguarding risk. This year, we have worked with 17 different providers and alongside support from partners such as the Care Quality Commission, Health and Police, are working to improve the quality and safety of care.

Some of our accomplishments this year have included:

- Delivering domestic abuse training and a bespoke course with safeguarding children
- Leading a project to reduce risk of dehydration in care homes
- Updating all policies and data collection in line with new London Adult Safeguarding Policy
- Continued to embed Making Safeguarding Personal and promoting this amongst partners
- Held bespoke workshops between Multi-Agency Safeguarding Hub and the Police

The most important work we do is in our responsibilities towards keeping adults at risk safe and working with them towards recovery and resilience after abuse has occurred.

In the coming year the Council will continue to work in partnership with adults at risk and partners to both prevent abuse and ensure people are support when harm does occur. There are a number of priorities we have, and these include helping to prevent financial abuse through raising awareness of deputyship and appointeeships arrangements; continuing our work with providers when there are safeguarding concerns and quality issues; and continually striving towards excellent practice.

STATEMENT WRITTEN BY:

Bindi Nagra – Assistant Director, Health, Housing and Adult Social Care
Enfield Safeguarding Adults Board representative



LONDON AMBULANCE SERVICE

The London Ambulance Service NHS Trust (LAS) has a duty to ensure the safeguarding of vulnerable persons remains a focal point within the organisation. We are committed to safeguarding vulnerable members of our community and continue to work closely with partner organisations to improve this process.

Living a life that is free from harm and abuse is a fundamental right of every person. All staff in whatever setting and role, are in the front line in preventing harm or abuse occurring and in taking action where concerns arise.

This report provides evidence of the LAS commitment to effective safeguarding measures during 2015/16. A full report along with assurance documents can be found on the Trusts website.

SAFEGUARDING DUTY AND RESPONSIBILITIES

To address safeguarding responsibilities we have:

- a safe recruitment process that includes the vetting and barring scheme and procedure with reference to the Independent Safeguarding Authority;
- processes for dealing with allegations against staff with clear links to police and local authority designated officers;
- a named executive director with responsibility for safeguarding;
- heads of safeguarding for adults and children who are also the named professionals;
- a safeguarding officer who is first point of contact for local safeguarding boards and local authorities;
- internal and external reporting mechanisms to capture safeguarding issues.

WORKING WITH PARTNER AGENCIES

We work closely with the safeguarding lead commissioners. We continue to work with all adult safeguarding boards in response to notifications of safeguarding adult reviews. All recommendations and action plans are monitored internally and approved by the safeguarding committee for closure when appropriate.

CONTRIBUTION TO THE ENFIELD SAFEGUARDING ADULTS BOARD

The LAS has a lead member whom attends the quarterly Safeguarding Adults Board in Enfield, and are keen to provide support to the local developments. Some of the actions the LAS took last year in Enfield include:

- Contributing to Safeguarding Adults Review so that learning can be shared
- Completion of self assessment of safeguarding, which went to a North Central London Challenge and Learning Event
- Joining sub-groups of the Board where relevant to support actions that keep people safe
- Providing assurance to the Safeguarding Adults Board during meetings of improvements within the LAS

The LAS made a total of 4,331 adult safeguarding referrals across London in 2015/16, and 8,440 relating to welfare concerns for adults whom may have care and support needs. In Enfield, there were 132 adult safeguarding referrals and 267 adult welfare referrals. The LAS is committed to ensuring that information is shared to prevent and reduce the risk of harm to adults at risk.

STATEMENT WRITTEN BY:

Alan Taylor – Head of Safeguarding
Enfield Safeguarding Adults Board representative



LONDON FIRE BRIGADE

The London Fire Brigade has a strong commitment to safeguarding adults at risk and continues to work to develop service delivery by focusing preventative work streams to better identify at risk individuals as well as responding appropriately following referral through links with inter professional groups. We recognise that robust safeguarding arrangements are essential to managing risk. We believe that all residents have the right to be treated fairly and with dignity and respect.

Our aim to reduce the risk of harm from fire to those most vulnerable within the community.

As part of the London Fire Brigade's adult safeguarding responsibilities, it is required to provide a representative as board members on the local multi-agency safeguarding adult board. The Borough Commander Enfield Borough is currently on Enfield Safeguarding Adults Boards and is an integral decision maker in the development and progression of the local safeguarding agendas. The London Fire Brigade has maintained an active participation in the Safeguarding Adults Board, undertaking work streams as required throughout the year.

KEY ACHIEVEMENTS 2015/16

Last year London Fire Brigade Enfield Borough planned the following activities and achieved the following outcomes:

- Raise awareness of risk to adults in fire, such as instances of hoarding and the benefits of fire suppression system, to partners.
- All Borough fire officers were updated by the Enfield Council on safeguarding and legal requirements at the annual information day.
- Senior fire officers attending borough area forums to ensure that all communities are aware of the important fire safety work carried out by fire officers and delivering 'Home Fire Safety Visits' to the most vulnerable members of our community.
- Attended a number of Community based events to promote home fire safety and raise awareness of the provision of arson proof letter boxes.
- Two thousand two hundred home fire safety visits were completed within the borough and at least 87% of these were carried out in homes that statistically, were most likely to have a fire.
- A program of visiting all sheltered housing residential homes was started and all staff and residents were informed of the fire safety tips, need to have a routine to keep safe from fire and the services we provide. Most importantly we stressed the importance of the responsible person concept for care homes and housing stock, while highlighting the importance of providing adequate care and fire protection for residents.
- London Fire Brigade Watch officers have made a number of referrals throughout the year in accordance with Brigade Policy. Of these only a small number have been referred through the urgent referral agreement. The remainder have been referred to appropriate services and agencies.
- Work with partners to address vulnerable adults at risk from exploitation by unscrupulous landlords to receive support through implementation of statutory enforcement.

PRIORITIES FOR 2016/17

- Carry out home fire safety visits to all sheltered housing facilities within the borough, to see reduction in number of incidents by partnership working.
- Continue to raise awareness of the availability and provision of domestic fire suppression systems for very high risk adults.
- Raising staff awareness of domestic violence.
- Focusing our prevention and protection activities on ensuring that older people living in care home and in sheltered housing are as safe as possible.
- Developing further local recording and quality assurance programmes.
- Continue to raise awareness of partners, organisation and agencies of risks to adults from fire, in particular dangers of hoarding and provision of arson proof letter boxes and fire retardant bedding.
- Continue to develop protocol between LFB and adult social services reporting referral outcomes in relation to safeguarding adults or otherwise.
- Support partners by providing advice in relation to fire safety in the home when requested.



STATEMENT WRITTEN BY:

Les Bowman – Enfield Borough Commander, London Fire Brigade
Enfield Safeguarding Adults Board representative



NHS ENFIELD CLINICAL COMMISSIONING GROUP

NHS Enfield CCG is a statutory organisation overseen by NHS England. The key function of the CCG in relation to safeguarding is to ensure that the services they commission have safeguarding systems and processes in place.

KEY ACHIEVEMENTS FOR 2015

EMPOWERMENT

- Co-ordination of a tri-borough (Barnet, Enfield and Haringey) Conference on the Mental Capacity Act (MCA, 2005) and Deprivation of Liberty Safeguards (DOLS) in May 2015.
- The CCG developed an electronic audit tool for GP practices to assess compliance with MCA and DOLS.
- Nurses from Continuing Healthcare have successfully completed the Best Interest Assessment training with Hertfordshire University.
- CCG organised training on revalidation for nurses who work in the nursing home sector.
- Primary Care Safeguarding Adults at Risk and Children symposium was organised for GP's and all health staff that work in Primary Care.

PARTNERSHIP

- CCG commissioned the services of a nurse expert affiliated to NHS England and Buckinghamshire University to confer with providers, CCG and the local authorities in producing a borough wide Pressure Ulcer Protocol.
- Making Safeguarding Personal (MSP) – The CCG coordinated the local authority lead manager in MSP to facilitate a teaching session with the Continuing Health Care Team.

ACCOUNTABILITY

- The governing body received training in safeguarding adults with particular emphasis on the Care Act (2014).

PREVENTION AND PROTECTION

- All CCG staff have been trained in PREVENT.
- CCGs use Clinical Quality Review Groups (CQRGs) to monitor health providers and provide assurance that care is of high quality and safe.

PRIORITISED WORK PLAN

- Ensure that all NHS providers, Independent health providers and GP practices meet PREVENT training compliance targets.
- To facilitate a GP practice Safeguarding Audit.
- Ensure both CCG's and Provider organisations are focussed to meet the MSP agenda.
- To continue to support local authority quality team in provider concerns issues.



STATEMENT WRITTEN BY:

Carole Bruce-Gordon – Assistant Director for Safeguarding
 Enfield Safeguarding Adults Board representative



NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST

COMMITMENT TO SAFEGUARDING ADULTS AT RISK

North Middlesex University Hospital NHS Trust's Board takes the issue of safeguarding extremely seriously and receives annual reports on both safeguarding children and safeguarding adults. The Trust acknowledges that safeguarding adults is everybody's business and that everyone working in health care has a responsibility to help prevent abuse and to act quickly and proportionately to protect adults where abuse is suspected. The safeguarding of all our patients remains a priority for the Trust as we see it as a fundamental component of all care provided. Maintaining the consistency and quality of all aspects of safeguarding practice across the Trust is essential.

The Trust has an established Safeguarding Adults Group which has representation from our inter professional and inter agency groups. It meets bi-monthly and provides the strategic direction to safeguarding adult activities across the Trust and ensures that all safeguarding commitments and responsibilities are met.

During 2015/16 the Trust has worked with partner organisations to safeguard some of the people who are most at risk of abuse, harm and neglect. This enables the Trust to work with partners, communities and local people to prevent abuse and ensure a robust and transparent response when abuse of an adult at risk occurs.

The Director of Nursing is the Executive Lead for Safeguarding Adults and represents the Trust at the Enfield local multi-agency safeguarding adult board meetings.

PARTNERSHIP WORKING DURING 2015/16

In September 2015, the Trust recruited a Safeguarding Adult Coordinator and established a centralised safeguarding email inbox to enable partners to send safeguarding concerns direct to the Safeguarding Adult Team. All concerns or enquiries are then forwarded to the relevant Local Authority Safeguarding Adult Teams. The Trust works in partnership with the multi-agency Enfield MASH team to comply with requirements for following up Safeguarding Adult alerts.

Trust staff attend Safeguarding Adult Strategy Meetings and Case Conferences as required. Recommendations from Case Conference Investigations are fed back to the relevant ward managers and matrons and the Trust has introduced monthly 'Lessons Learned Events' for Ward Managers and Matrons and other members of the multi-disciplinary team to enable reflection of recommendations from safeguarding adult enquiries.

The Trust is represented at Enfield Safeguarding Adult Board subgroups by the Safeguarding Adult Lead. The Trust is also represented at NHS England Safeguarding Network meetings by the Safeguarding Adult Lead.

In December 2015, the Trust completed the Safeguarding Adult Provider Audit which was jointly developed by London Chairs of Safeguarding Adults Boards (SABs) network and NHS England London. The aim of this audit tool is to provide all organisations in the Borough with a consistent framework to assess monitor and/or improve their Safeguarding Adults arrangements. In turn this supports the Local Authority Safeguarding Adult Board (SAB) in ensuring effective safeguarding



practice across the Borough. Representatives from the Trust attended the Board Challenge event held on 25th January 2016 where all partners were asked to feedback on key areas of development and challenges.

In February 2016, the Trust participated in the Police and Enfield Adult Social Care Interface workshop where case studies were discussed to enable shared learning and to enhance multi-agency working arrangements.

STATEMENT WRITTEN BY:

Eve McGrath – Safeguarding Adults Lead
Enfield Safeguarding Adults Board representative



ONE-TO-ONE (ENFIELD)

One-to-One (Enfield) is very committed to protecting our members' physical and psychological well-being and safeguarding them from all forms of abuse. We recognise that safeguarding is a responsibility for everyone, and therefore seek to ensure that safeguarding is a priority throughout the organisation.

We have a project to raise awareness and understanding of Hate Crime, and hold regular workshops for staff, carers and people with learning difficulties. We have launched a DVD and booklets to raise awareness on Hate Crime so people can recognise and report it.

To ensure our members are safeguarded against any abuse, we work with the Integrated Learning Disabilities Team. One-to-One (Enfield) has a positive relationship between members, staff, volunteers and other partner organisations that encourages people to be open about concerns and helps people to learn from each other. There are continuous training and development opportunities for staff and volunteers.

STATEMENT WRITTEN BY:

Nusrath Jaku – Volunteer Coordinator
Enfield Safeguarding Adults Board representative





ROYAL FREE LONDON NHS FOUNDATION TRUST

The Royal Free London NHS Foundation Trust is committed to safeguarding all vulnerable patients who access services across the Trust. We understand that to safeguard effectively we must work collaboratively with partner agencies and professionals.

In order to do this we will work closely with others to ensure that all of the services we provide have regard to our duty to protect individual human rights, treat individuals with dignity and respect and safeguard against abuse, neglect, discrimination, embarrassment or poor treatment. We acknowledge the balance between an individual's rights and choices and the need to protect those at risk.

INTERNAL GOVERNANCE ARRANGEMENT

We have a three year strategy that sets out our 10 core aims and that informs our three year work plan. The progress of this work plan is monitored by the Integrated Safeguarding Committee (ISC).

The ISC meets quarterly and is chaired by the Director of Nursing who is the executive board lead for safeguarding. The ISC is attended by the CCG safeguarding leads. The ISC monitors all safeguarding activity, Safeguarding Adult Reviews, Serious Incidents, allegations against staff, complaints, as well as responding to requests from Safeguarding Adult Boards and national priorities.

The ISC reports bi-annually to the Clinical Risk and Clinical Governance committee and to the patient safety committee and the full Trust Board annually.

A member of the safeguarding team sits on the weekly serious incident review panel.

SAFEGUARDING ADULTS WORK UNDERTAKEN AND KEY ACHIEVEMENTS IN 2015/16

Policy development – all completed and implemented:

- Mental Capacity Act and Deprivation of Liberty Safeguards Policy
- Celebrity/VIP visits policy
- Allegations of abuse against staff policy
- Female genital Mutilation (FGM)
- PREVENT policy

Referral rates have increased April 2015 and March 2016:

- 484 safeguarding alerts raised at the Royal Free Hospital (increase of 51%)
- 387 alerts for Barnet Hospital and Chase Farm Hospital (increase of 217%)

We have also embedded the role of the Independent Domestic Violence Advocate within the acute setting and now have 3 full time posts. In terms of training, our figures are consistently in the 80% range for delivering MCA/DoLS and Safeguarding adult.

KEY CHALLENGES AND PRIORITY FOR 2016/17

- Deliver the PREVENT agenda across the Trust
- Develop and deliver safeguarding adult supervision
- Develop and deliver level 3 safeguarding adult training
- Continue to improve compliance with application for DoLS

STATEMENT WRITTEN BY:

Helen Swarbrick – Head of Safeguarding
Enfield Safeguarding Adults Board representative



SAFER AND STRONGER COMMUNITIES BOARD

The Enfield Safer and Stronger Communities Board (SSCB) is the statutory Community Safety Partnership locally. The Crime and Disorder Act 1998 as amended by the Police and Justice Act 2006 places a duty on responsible authorities to work together to understand the issues related to crime and community safety in their area and to have an agreed partnership plan to bring about improvements.

The Enfield SSCB have been recognised for strong achievement and good practice both nationally and internationally, contributing to current agendas such as tackling serious and organised crime, counter terrorism and tackling gangs and CSE (child sexual exploitation).

CURRENT POSITION

The Safer and Stronger Communities Board comprises the local authority, the police, the fire brigade, probation services, (including the Community Rehabilitation Company) and the clinical commissioning group (CCG). Senior officers from these agencies support and facilitate the activity of the Safer and Stronger Communities Board within their own agencies. The lead Elected Member for Community Safety is also a member of the SSCB.

The SSCB also work in partnership with a range of organisations, such as community groups, neighbouring boroughs, central government and the Mayor's Office for Policing. It has embedded links with other key groups such as Safeguarding Boards, the Drug Alcohol Action Team (DAAT) and the Enfield Targeted Youth Engagement Board (ETYEB). Regular representation and updates between these boards help us tackle areas of joint concern such as domestic abuse or other crimes which particularly impact on those with vulnerabilities.



KEY ACHIEVEMENTS OF 2015/16 INCLUDE:

- Continued investment in CCTV provision across the borough providing evidence for thousands of incidents to resolve investigations and deter future crimes
- Burglary, vehicle crime, criminal damage and robbery have all reduced
- Continued to support our Safehouse scheme to support the target hardening of vulnerable residents' homes
- Partnership drive to tackle ASB, including that on housing estate
- Working in partnership to tackle prostitution in response to identified concerns
- Delivered high profile seasonal crime prevention messages around Domestic Abuse and the risks from gangs
- We have continued the links and data sharing with health agencies, notably at North Middlesex Hospital including commissioning a youth outreach worker to help identify and engage with those at risk from gangs
- Raised awareness of Prevent and provided instructive sessions for over 600 staff
- Presentations at national conferences promoting Enfield work on coercive control
- Better oversight of emergency incidents on the Borough
- Successfully led a multi-borough application for DCLG funding to inform specialist support in refuge accommodation.

PRIORITIES IN THIS YEARS' PARTNERSHIP PLAN REMAIN:

- As identified through the London Mayor's office priorities include burglary, criminal damage, robbery, theft from and of motor vehicle, theft from a person and violence with injury.

OUR SSCB PRIORITIES ARE CURRENTLY:

- Tackling serious youth violence
- Tackling domestic abuse and violence against women and girls
- Tackling Anti-Social Behaviour
- Reducing property crimes such as burglary and car crime
- Delivery of the Prevent agenda locally
- Development of a Serious and Organised Crime plan in conjunction with the MPS and local partners.

We are also aware of key cross cutting themes that impact on all of the above such as substance misuse, the management of offenders in the community and hate crime.

STATEMENT WRITTEN BY:

Andrea Clemons – Head of Community Safety
Enfield Safeguarding Adults Board representative



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**Strategic Safeguarding Adults Service
Health, Housing and Adult Social Care**

June 2016



OVERVIEW AND SCRUTINY WORK PROGRAMME 2016/17

The Role of Scrutiny in Meeting the Public Sector Equality Duty

The Overview and Scrutiny Committee has a key role to play in ensuring that the Council meets all the statutory duties under the Public Sector Equality Duty of the Equality Act 2010, particularly in ensuring that the authority has due regard to the needs of diverse groups when designing, evaluating and delivering services in order to –

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act.
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

In order to do this, the Overview and Scrutiny Committee will scrutinise the Council's Equality and Diversity Action Plan and Annual Achievement Report each year to monitor the Authority's performance. The OS Committee will be flexible enough to pick up on issues of inequality, wherever they arise in the Council work programme, or to delegate to individual workstreams for investigation. OSC has a key role in providing a 'critical friend' challenge to the Council's strategic equality objectives and scrutinising performance in delivering those objectives.

In addition, as part of their normal work programme, each workstream will (where relevant and proportionate) -

- request information about the equality impact assessments/analyses that have been undertaken whenever discussing proposals for new policies or future plans, or for current services, to inform their comments on those proposals or services
- examine these assessments/analyses of impact in detail to check if they are robust and have been developed based on strong evidence and appropriate engagement
- question and consider whether appropriate people have been involved and engaged in developing equality objectives and plans, and when assessing the impact of policies and proposals.
- when procurement award criteria and contracts are determined, consider whether or not specific equality stipulations are required
- Scrutiny may also wish to investigate the accessibility of equality and other published documents, asking questions such as –
 - what is done to promote these documents?
 - what languages or formats is the information available in?
 - which documents are most regularly required?
 - how aware are the public of the Authority's equality plans and performance?

OVERVIEW AND SCRUTINY WORK PROGRAMME 2016/17

WORK	Lead Officer	25 May (Planning)	14 July	8 Sept	11 th Oct	10 Nov	19 Jan	23 Feb	27 April
Work Programme									
Setting the Overview & Scrutiny Annual Work Programme 2016/17	Andy Ellis	Agree Work Programme							
Selection of New Workstreams for 2016/17 and 2017/18	Andy Ellis	Review and Approve Workstreams 16/17	Receive Scoping and discuss Enfield 2017 WS Scoping with Cllrs Georgiou and Lemonides						Consider/ Propose New Workstreams 17/18
Workstreams Update (standing and time-limited)	Andy Ellis			Update		Update		Update	Update on Adoption Workstream recommendations
Scrutiny Workstream Reports									
Agenda Planning	Andy Ellis								
Standing Items									
Children's and Young People's Issues	Tony Theodoulou / Julian Edwards			Looked After Children/Children in Need/ Child Protection - Tony Theodoulou, Julian Edwards Local Auth Designated Officer/ Ind		Fostering and Adoption		Troubled Families Maria Kelly SEND Janet Leech	Adoption Regionalisation

OVERVIEW AND SCRUTINY WORK PROGRAMME 2016/17

WORK	Lead Officer	25 May (Planning)	14 July	8 Sept	11 th Oct	10 Nov	19 Jan	23 Feb	27 April
				Review Officer Anne Stocker					
Monitoring/Updates									
Child Sexual Exploitation Task Group	Anne Stoker							Update	
Scrutiny Involvement in Budget Consultation 17/18	James Rolfe Isabel Brittain						Budget Meeting		
Cabinet Member for Community Safety and Public Health	Cllr Fonyonga Ray James Andrea Clemons				Briefing Papers				
Safeguarding Annual Report - Adults Services	Marion Harrington (Independent Chair) Sharon Burgess (Head of Safeguarding Adults)					Report			
Safeguarding Annual Report - Children's Services	Geraldine Gavin (Independent Chair) Head of Safeguarding Children					Report/Action Plan			
Equality and Diversity Annual Report	Ilhan Basharan							Report	
Annual Corporate Complaints Report	Nicholas Foster							Report	
HR Issues – How do we recruit and support people with disabilities and mental	Julie Mimmagh								Report

OVERVIEW AND SCRUTINY WORK PROGRAMME 2016/17

WORK	Lead Officer	25 May (Planning)	14 July	8 Sept	11 th Oct	10 Nov	19 Jan	23 Feb	27 April
health issues									
Scrutiny Monitoring									
Scrutiny Annual Report	Claire Johnson								
Other Items/Specific Topics:									
Care Act	Bindi Nagra								Update
Better Care Fund	Keezia Obi								Update
Town Centres and High Streets	Ian Davis							Update on the Inward Investment Strategy	
Housing Repairs	Ian Davis		Update						
Female Genital Mutilation	Bindi Nagra		Report						
Pre-decision Scrutiny – Housing Allocations Policy	Shaun Rogan					Housing Allocations Policy			
CALL-IN				Cycle Enfield proposals for A105					

Note: Provisional call-in dates:- 7th & 30th June, 26th July, 3rd & 24th August, 29th September, 11th & 26th October, 22nd November, 13th December, 17th January, 16th February