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

Adults

If you or the person you are concerned about is over 18 (an adult at risk) you can call anonymously on the Adult Abuse Line:
020 8379 5212 (Textphone: **18001 020 8379 5212**).
In an emergency always call **999**.
There is also helpful information on the MyLife Enfield website. Go to:
www.mylife.enfield.gov.uk/enfield-home-page/safeguarding

Children and young people

If you or the person you are concerned about is under 18 (a child or young person):
• Ring the Children Multi-Agency Safeguarding Hub (MASH) Team on **020 8379 5555**, Monday to Friday 9.00am to 5.00pm.
• Call the emergency duty team on **020 8379 1000 (**at night and weekends) and tell them what is happening.
• For people who work with children and young people, please make your referral using the Children Portal:
www.enfield.gov.uk/childrensportal
• You can email at: **ChildrensMash@enfield.gov.uk**
• In an emergency – such as when someone is being hurt or shut out of their home – ring the police on **999**.
You can also ring **ChildLine** on **0800 1111** or visit the ChildLine website: **www.childline.org.uk**

If you don't want to talk to someone you don't know, you can ask an adult that you trust, like a teacher or youth worker or even a friend, to make the phone call for you. When people are working with children they have to follow set procedures, but they will explain to you what they will do and should be able to support you through the process.
ChildLine
ChildLine have launched the **'For Me'** app – the app provides counselling for young people via smartphone and other mobile devices. For more information and to download the app for free, go to: www.childline.org.uk/toolbox/for-me

For all Enfield residents

Domestic Abuse Support

If you have experienced or are currently experiencing being made to feel unsafe by someone close to you, this is domestic abuse. Domestic abuse is not okay and is a crime. Anyone can be affected by domestic abuse and there is help available.

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

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

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

Modern Slavery Helpline

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

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

Contents page

Vision statement

Our vision:

"An Enfield community where we can all live free from abuse and harm;

a place that does not tolerate abuse;

where we all work together to stop abuse happening at all, and

where we all know what to do if it does take place."

Foreword by the Chair

Geraldine Pic…

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

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

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

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

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

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

The Board has also been happy to contribute to the valuable work of the Combating Drugs and Alcohol Partnership Team, run by Enfield Council's Public Health Department, which was established in 2022/3. This group does vital work to, amongst other things, support more adults and young people into treatment where drug or alcohol use is harmful.

I would encourage all readers to consider this report in depth. Safeguarding Adults is a serious concern and all the staff involved take their roles and responsibilities very seriously. I hope you find the report informative, and I want to encourage all of you to send us your thoughts. Tell us what you think, what are we doing well, what do we need to improve on, how else can we communicate better across all the different communities of Enfield. We are always looking for feedback from residents so please get in touch. Email us at SafeguardingEnfield@enfield.gov.uk

Geraldine Gavin

Independent Chair

Enfield Safeguarding Adults Board

August 2023

A Summary of What We Did in 2022-23

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

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

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

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

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

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

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

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

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

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

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

Prevent abuse

In this section, we present the work we've done to prevent abuse from happening.
This can include:
• raising awareness about risks so people can stay safe;
• making sure we've identified the right priorities (consultations); and
• continuing to work in ways that can prevent abuse from happening.

ADULTS

Preventing Abuse in Enfield's Adult Care Providers

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

To manage the risks around quality and safeguarding, we have a Safeguarding Information Panel (SIP) to ensure that partners can effectively share information, identify any risks of harm to those who use services, and prevent any future or additional harm taking place.

The Panel can initiate actions such as the Provider Concerns process (for more information please see Enfield MyLife webpages & the relevant section of this report), Quality Checker visits, Immigration Enforcement visits and safety visits from the London Fire Brigade (**6** were made as a result of the panel discussions this year). The Panel meets every six weeks.

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

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

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

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

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

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

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

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

Infection Prevention and Control Measures in Care Homes:

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

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

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

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

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

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

Safeguarding Community Engagement Group.

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

Most recently this includes:

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

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

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

Deprivation of Liberty Safeguards (DoLS)

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

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

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

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

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

The Assistive Technology Board – technology in adult social care

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

These initiatives include:

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

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

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

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

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

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

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

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

Protect people at risk

One of the main tasks for the Safeguarding Partnership is to make sure we have excellent responses to concerns. We do this through having clear policies, good training, looking at our data and audits (checks). This year a significant part of this work involved responding to emerging risks due to COVID-19. Here we present some of our key responses, policies, talk about our training and present some high-level data. More detailed information can be found in the appendices.

Adults

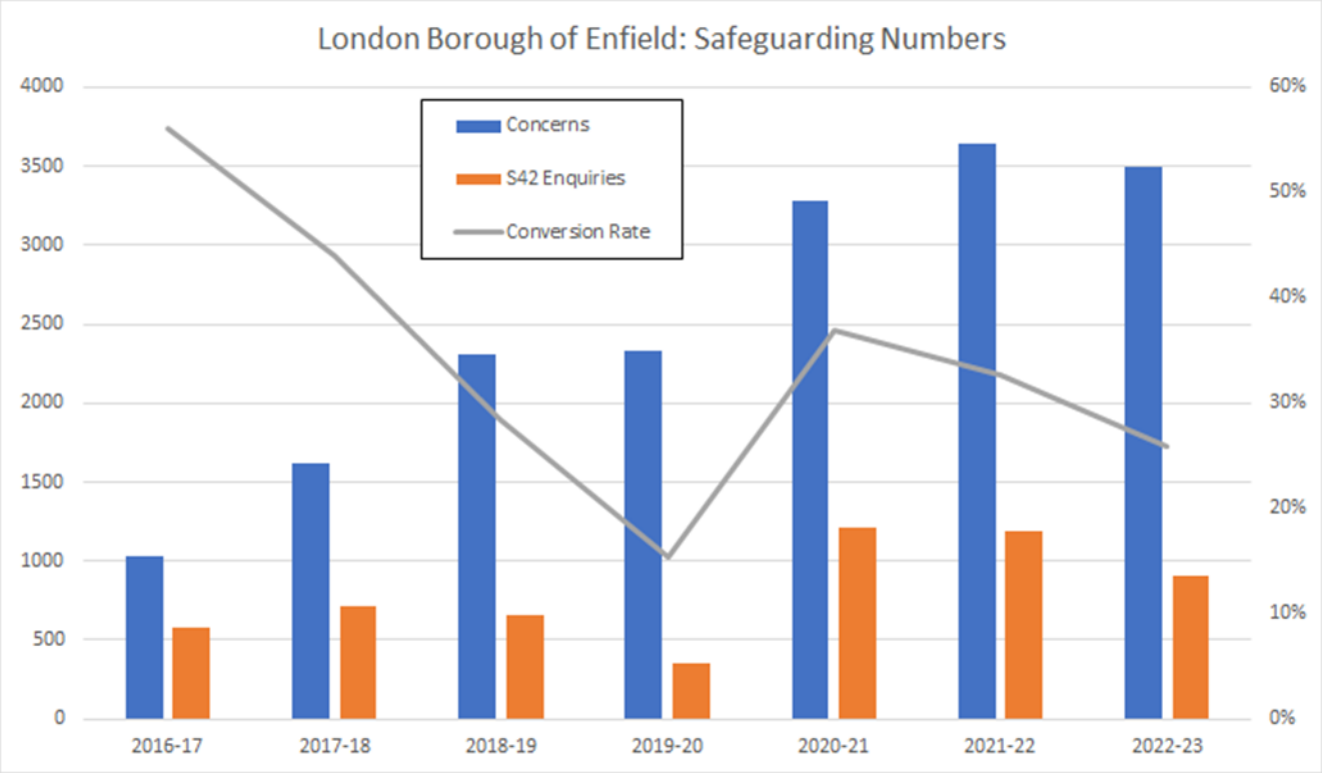
[in box]
Care Act 2014 (Adults)
Safeguarding Adults duties are detailed in Section 42 of the Care Act and in the accompanying statutory guidance. Where the criteria are met, the Local Authority, who is named as the lead agency for safeguarding, must ensure that a Safeguarding Enquiry takes place. The criteria that a concern must meet to require an enquiry are that: it is about a person who is 18 years of age or over, with care and support needs, and who is experiencing, or is at risk of, abuse or neglect, and is unable to protect themselves.

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

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

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

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



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

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

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

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

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

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

Modern Slavery

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

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

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

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

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

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

High Risk Advisory Panel

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

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

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

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

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

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

Hoarding multi-agency database and response

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

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

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

Transitional Mentoring and Advocacy Pilot Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Learn from experience

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

Outcomes and findings from all our reviews are used to promote a culture of continuous learning and improvement across the partner agencies. The processes here are required by law.

[in box]
Care Act 2014 (Adults)

What is a Safeguarding Adults Review?
A Safeguarding Adults Review (SAR) is a process that investigates what has happened in a case and ultimately identifies actions that will reduce the risks of the same incident happening again. The cases are reviewed by people who are independent, and the partnership then works together to make positive changes in light of what has been learned.

[in box]

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

Published Safeguarding Adults Reviews

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

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

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

Mr K:

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

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

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

Key recommendations from the SAR revolved around the themes of:

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

Sophie:

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

Key recommendations from the SAR were around:

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

There are further Safeguarding Adults Reviews in progress to be published in 2023/24 – including thematic looks at the topics of self-neglect and informal carers.

Improve Services

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

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

Supporting Enfield's Adult Social Care Providers

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

All registered providers are monitored by the Care Quality Commission.

[in box]
Who are the CQC?
The Care Quality Commission (CQC) is an executive non-departmental public body of the Department of Health and Social Care of the United Kingdom. It was established in 2009 to regulate and inspect health and social care services in England. In 2023, it will also begin inspecting and regulating Local Authorities around adult social care.

Provider Concerns Process

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

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

Our Provider Concerns process was initiated 20 times in 2022-2023.
This is a marked increase on the previous year and represents a significant pressure on all partners. The process brings together the organisations that are involved with a care provider to discuss concerns and risks, and work with the provider to make improvements for the residents or service users. The process can include a suspension on new placements, or in some cases, particularly if there is a risk of deregistration by CQC and the placement having to close, an exit strategy. In one case this year, the Provider Concerns process supported with an exit strategy for residents where the service had to close down.

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

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

Quality Checker Programme.

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

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

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

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

"My volunteer role makes a difference to people in care homes"

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

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

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

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

External Review.

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

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

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

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

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

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

Empowerment.

Prevention

Proportionality

Protection

Partnership

Accountability [End Box}

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

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

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

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

- Concerns about how the adults who had come to Enfield through the Homes for the Ukraine were being safeguarded. These were fed back into the groups working with these adults.
-
- An agreement and action planning around improving the Board's engagement with the Community and how the views and wishes of adults in Enfield were incorporated into partnership work. This informed the development and actions of the new Community Engagement sub-group of the Board.

- Concerns around how financial crisis would affect the most vulnerable in the borough – this resulted in the formation of a Cost of Living working group which has made progress in areas such as developing information for residents about support available and engaging with utility providers around support for priority users.

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

Priorities for 2023-24:
The following pages outline the key actions for 2023-24 and how they relate to our overall priorities. You will note that community engagement, and co-production are key themes; as well as using technology and data to better focus the work we do.

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

Safeguarding Priority 1: Preventing Abuse.

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

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

Safeguarding Priority 2: Protecting Adults at Risk.

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

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

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

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

Safeguarding Priority 3: Learning from Safeguarding Adults Reviews and Other Cases.

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

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

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

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

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

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

Appendix A - Partner Updates

Barnet, Enfield and Haringey Mental Health NHS Trust

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

We have been proactive also in ensuring we continue the Think Family agenda by introducing a drop in advice hub facilitated by our named professionals for child and adult safeguarding, and Domestic Abuse Co-ordinator. Across BEH, we now have 3 virtual advice drop ins for any practitioner who requires ad hoc advice and support. The safeguarding team continue to provide safeguarding supervision to the perinatal team, continually promoting safeguarding and risk posed to vulnerable babies and adults.
We continue to promote safeguarding to all practitioners across BEH, we maximise our capacity by attending CPA’s, team meetings and aways days, following this we can identify increased safeguarding adult alerts. We continue to measure the outcomes of our work via our internal reporting process, including auditing and analysis of the quality of safeguarding alerts.
Our continued delivery of safeguarding training to the PG diploma nursing students as part of corporate induction continues to gain positive feedback, plus bespoke training sessions in relation to our involvement in statutory reviews. The safeguarding team has also provided ongoing support to practitioners via refresher referral pathway training, this has built upon our training sessions held last year.

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

Good practice examples

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

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

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

Further details can be found in

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

Enfield Housing

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

We have spent this period reviewing our safeguarding practices and training plan to ensure that our staff are equipped to meet the needs of Enfield residents who access support from our Housing Advisory Service regardless of their tenure and Enfield Council Tenants. This work will see launched the following year- updated safeguarding procedures & guidance for staff, guidance to support staff on how to respond/support residents who disclose suicidal ideation and a training plan that shows our commitment to continuous development ensuring all our frontline staff and manager's receive regular training through an annual training programme which includes refresher training on domestic abuse and Housing.

Domestic abuse

Across the housing area we continue to strengthen our domestic abuse response and work towards DAHA accreditation and developing Enfield housing services Domestic Abuse policy.

Rough Sleepers

Homeless/rough sleepers experience some of the most severe health and wellbeing inequalities and experience much worse outcomes than the general population. Many have co-occurring mental ill health and substance misuse needs, physical health needs, and have experienced significant trauma in their lives. These issues are often co-dependent with or exacerbated by a lack of safe and secure housing.

Our Rough Sleepers Multi-Agency Risk Assessment Meeting (Rough Sleepers MARAM) continues to meet fortnightly and encourages partnership-working across agencies in order to provide more effective and holistic support for those homeless/rough sleepers with complex needs, as well as improve pathways and services to meet the needs of homeless/rough sleepers.

Community Safety Unit

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

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

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

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

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

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

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

Good practice examples

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

Enfield Carers Centre

Example of positive multi-agency working

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

Staff Training

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

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

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

Enfield Council Safeguarding Adults

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

The Local Authority Strategic Safeguarding Adults team continues to audit Section 42 practice on a quarterly basis and is working to develop tools based on the learning from this. This includes quarterly Enquiry Officer's briefing to review the learning from audits and specific training around working with providers in safeguarding enquiries. Please find Enfield's Safeguarding Adults Practice Guidance and Tools on Enfield MyLife's Safeguarding Adults/ Information for Professionals page. Explore Enfield

MyLife for a lot more useful information on Safeguarding Adults and other issues. All Practice Guidance has been recently updated and there is some work being done to produce more on specific topics.

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

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

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

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

Enfield Council Housing

Healthwatch Enfield

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

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

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

Integrated Learning Disabilities Service (ILDS)

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

- We continue to prioritise and screen safeguarding referrals despite staffing challenges over the last 2 years (as well as increases in the number and complexity of safeguarding concerns over the last few years). There is no waiting list to respond to safeguarding concerns.

- We continue to work in an integrated manner, ensuring the most appropriate discipline within the service contacts and engages the adult at risk and family and gathers and analyses evidence. Ie – Nursing where there is a medical concern, Occupational Therapy where there may be environmental concerns. Our Community Nursing Service Manager also assumes the role of Safeguarding Adults Manager for cases relating to medicine/pressure sores etc.

- We have continued to engage with the Stragtegic Safeguarding Team where there have been high risk, complex or repeat safeguarding cases and make use of ILDS' Complex Cases Panel and the High Risk Panel. We also meet monthly with the Police to ensure that we are sharing information and working together.

- The service has recently commisioned Talking Mats Training to further upskill and provide tools to practitioners to be able to assess capacity and capture views and wishes of Adults at Risk who may experience communication difficulties.

- An example of good engagement with adults at risk includes the case of G. G has lived in their supported living placement for over 10 years. G's family members removed him from the property and refused to return him. Due to the risks posed, an application was made to the Court of Protection to enable adult social care to safely remove and place G back at his supported living.

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

London Ambulance Service

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

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

London Fire Brigade

Safeguarding Enfield Annual Report information for 2022/23

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

The London Fire Brigade in Enfield have been consulted around the formation of a regular Hoarding panel working with adult social care and it is hoped that this will help in supporting adults who are

struggling with their environment – putting themselves and others at risk of fatal fire.LFB crews within Enfield continue to refer in to the Multi-Agency Safeguarding Hub where there are risks observed after a visit to an address in Enfield (and the residents are felt to have care and support needs). We also respond to concerns from adult social care and make Home Fire Safety Visits where there are concerns.

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

London Metropolitan Police, North Area BCU

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

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

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

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

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

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

As part of adult safeguarding week in November 2022 an information sheet was sent out to all NA officers providing advice and information on financial exploitation, Merlins, Mental

Health, modern slavery, care home investigations and neglect/abuse. This was also shared with other BCUs to provide an opportunity for organisation wide dissemination.

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

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

Good practice examples

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

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

National Probation Service

During the summer of 2002 six Probation Delivery Units received HMIP inspections and these were published in October 2022. Whilst there are areas for improvement identified some of the ley strengths focussed on the organisation's direction of service in developing a high-quality service. It was found that there are effective partnership arrangements and initiatives with a wide range of organisations across London, focused primarily on both the most dangerous offenders and some of the most difficult-to-reach individuals, including those with adult safeguarding concerns. A review of the pan-London Safeguarding policy

and procedure is imminent to ensure that each London Borough is correctly aligned to any changes in processes and an update on progress will be provided in due course.

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

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

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

NHS North Central London Integrated Care Board, Enfield Directorate.

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

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

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

Safeguarding - North Central London Integrated Care System (nclhealthandcare.org.uk)

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

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

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

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

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

Training and System Learning

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

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

General Practitioner Support and Training

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

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

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

Safeguarding Communication and Engagement

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

Communication includes social media articles and signposting for the public, and webinars and articles for staff across the NCL health economy. The topics highlighted in 22/23 have been: Mental Health and Suicide Prevention: Dementia Awareness; Trafficking of people

and Modern Slavery; Learning Disabilities; Domestic Abuse; Sexual Violence and Abuse; FGM Awareness and Online Safety.

Inequalities

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

Dedicated Primary Care Service for Homeless People:

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

Long Term Conditions Project (Diabetes)

Diabetes prevalence in Enfield is the 2nd highest of all London boroughs.

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

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

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

IRIS

IRIS is a domestic abuse training and support programme commissioned by the ICB in Enfield to support Primary Care. All Enfield surgeries have access to IRIS. They have a dedicated Advocate/Educator and Clinical Lead who will provide training for all surgery staff, as well as seeing patients referred to them by the surgery who are experiencing domestic abuse and need crisis intervention and ongoing support to protect themselves and their families.

Recently a Domestic Abuse survivor spoke to Enfield GPs about their experience of IRIS and how their GP was able to facilitate a safe space for them to see an advocate, who

worked together with the surgery to care for them and their family, helped to keep them safe and provide emotional support.

You can find more details about our work at Safeguarding - North Central London Integrated Care System (nclhealthandcare.org.uk)

North Middlesex University Hospital NHS Trust

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

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

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

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

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

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

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

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

Safeguarding Adults' Activity 2022-2023

A total of 826 referrals were made by the Trust safeguarding team in the reporting period April 2022 to March 2023. Identified themes: 229 were for neglect and acts of omission, 172 were self-neglect and 82 domestic abuse. The top 3 themes are consistent with the previous year`s report.

Good Practice examples…

Much focus has been on multidisciplinary working and developing new ways of working with external partnership network. The work of the Substance Misuse Clinic has been crucial in these cases not only with the antenatal management, but also the pre-planning,

this has been led by the Safeguarding Midwifery Advisor in conjunction with the Consultant obstetrician and drug/alcohol services.

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

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

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

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

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

Dementia Safeguarding Activity

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

The Trust Dementia Lead recognizes that increased numbers of Trust service users living into old age with multiple health issues including forms of dementia and increased frailty. There is an increase in the number of elderly patients disclosing domestic abuse often due to the behavioural changes occurring in partners and carers because of dementia and other medical changes, which demonstrates the benefit of a multi-disciplinary and integrated response.

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

Royal Free London NHS Foundation Trust

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

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

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

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