

AGENDA

SAFEGUARDING OVERVIEW AND SCRUTINY COMMITTEE

10 OCTOBER 2011

7:00PM

HENDON TOWN HALL, THE BURROUGHS, HENDON NW4 4BG

TO: MEMBERS OF THE COMMITTEE (Quorum 3)

Chairman: Councillor Bridget Perry
Vice Chairman: Councillor Kate Salinger

Councillors:

Andrew Strongolou	Zakia Zubairi	Anne Hutton	Alison Cornelius
Brian Salinger	Agnes Slocombe	Ansuya Sodha	Brian Gordon

Substitute Members - Councillors:

Suri Khatri	Anthony Finn	Andrew McNeil	Julie Johnson
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**You are requested to attend the above meeting for which an agenda is attached.
Aysen Giritli – Head of Governance**

Governance Services contact:

Media Relations contact: Sue Cocker 020 8359 7039

To view agenda papers on the website: <http://committeepapers.barnet.gov.uk/democracy>

CORPORATE GOVERNANCE DIRECTORATE

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14.	MOTION TO EXCLUDE THE PRESS AND PUBLIC:- That under Section 100A (4) of the Local Government Act 1972 the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in the paragraphs of Part 1 of Schedule 12A of the Act (as amended) shown in respect of each item:	-
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AGENDA ITEM: 6 Pages: 1-6

Meeting	Safeguarding Overview and Scrutiny Committee
Date	10 th October 2011
Subject	Barnet Multi-Agency Safeguarding Adults Board Annual Report 2010-11
Report of	Director Adult Social Care and Health
Summary	This report documents the work of the Safeguarding Adults Board 2010-11. It provides background to the multi-agency responsibility for safeguarding with the council as the lead agency, progress on the work undertaken and challenges for the future.

Officer Contributors	Sue Smith, Safeguarding Adults Manager
Status (public or exempt)	Public
Wards affected	All
Enclosures	Barnet Multi-Agency Safeguarding Adults Board Annual Report 2010-11
Reason for urgency / exemption from call-in	Not applicable
Key decision	No

Contact for further information: Sue Smith, Safeguarding Adults Manager, 020 8359 6105.

1. RECOMMENDATION

- 1.1 That Overview & Scrutiny Committee consider the Multi-Agency Safeguarding Adults Board Annual Report 2010-11**
- 1.2 The Safeguarding Overview & Scrutiny Committee give consideration to ensuring a robust multi-agency approach to safeguarding Barnet residents with involvement from the Council, NHS Barnet Health Trusts, The Police and the Voluntary Sector.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 None

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Corporate Plan 2011/13 contains the following strategic objectives relevant to the Safeguarding Overview & Scrutiny Committee: To continue to safeguard vulnerable children and Adults from avoidable harm at a time of reduced resources.
- 3.2 Two Performance Targets have been set to meet this strategic aim:
 - 100% of Adult Protection Plans to be developed for those who need them with people identified responsible for delivery
 - 100% of Adult Protection Plans reviewed by Team Manager within timescales set at the case conference.

4. RISK MANAGEMENT ISSUES

- 4.1 A failure to keep adults at risk of abuse safe from avoidable harm represents not only a significant risk to residents but also to the reputation of the Council. Although safeguarding must be the concern of all agencies working with vulnerable adults, the Local Authority is lead agency. As such both members and senior officers carry a level of accountability for safeguarding practice in Barnet. The governance structure in place needs to ensure that other lead stakeholders can ensure that practice in their agencies is of the required standard.
- 4.2 The Safeguarding Adults Board has prioritised training and audit and performance systems are being strengthened through Board sub groups. A training strategy is agreed and competency based training commissioned for staff in safeguarding roles. It is essential that staff have the appropriate skills to investigate safeguarding alerts and have systems in place to deliver safeguarding procedures.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 Safeguarding of adults services are available to all vulnerable residents residing in the London Borough of Barnet.
- 5.2 In 2009/10 safeguarding cases were broadly in line with the ethnic profile of Adult Social Service service users. In the past year there has been a marked increase in safeguarding cases involving BME groups. Figures confirm that referrals involving people from 'any other ethnic group' are low compared to the general population.

5.3 The Safeguarding Adults Board is further developing plans to ensure that barriers to accessing safeguarding services are addressed. A Faith and Communities Group reports to both safeguarding children's and adults boards and aims to raise awareness across diverse communities and understand better the barriers and solutions to improved protection across these communities. Information about abuse and where to report it are available in different versions including an easy read version and British Sign Language.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

6.1 Current safeguarding services are provided from available resources. There has been a steady increase of referrals over the last few years. This year saw a further 18 % increase in the number of referrals during this period. The first six months of 2011 indicate that this level of increase will be maintained during 2011/12. This continues to put increasing pressure on existing resources.

6.2 Safeguarding Adults Board costs, including those of the independent chair are met by Adult Social Care and Health. Health partners have so far been unable to agree contributions towards the Board budget. Serious case reviews are funded on a case by case basis.

7. LEGAL ISSUES

7.1 The multi-agency Safeguarding Adults Board has been set up as a response to the 'No Secrets' Guidance 2000 issued by the Department of Health under section 7 of the Local Authorities Social Services Act 1970. The statement of Government Policy on Adult Safeguarding issued in May 2011 stated its intent to seek to legislate for Safeguarding Adults Boards following the Law Commissions recommendations.

The Mental Capacity Act 2005 as amended by the Mental Health Act 2007 introduced new Deprivation of Liberty Safeguards from April 2009., These provide an authorisation process by which those people resident in care homes or patients in hospital who lack capacity may be deprived of their liberty. The authorisation process itself provides a safeguard to those persons in these situations

The Improvement and Development Agency and the Centre for Public Scrutiny have developed a Adult Safeguarding Scrutiny Guide April 2010 for officers and members involved in the overview and scrutiny process. It identifies safeguarding as four kinds of activity; Prevention and awareness raising, inclusion, personalised management of benefits and risks, and specialist safeguarding services.

www.idea.gov.uk/idk/aio/19170842

8. CONSTITUTIONAL POWERS

8.1 The scope of Overview and Scrutiny committees is contained within Part 2, Article 6 of the Constitution.

8.2 The Terms of Reference of the Overview and Scrutiny Committees are in the Overview and Scrutiny Procedure Rules (Part 4 of the Constitution).

9. BACKGROUND INFORMATION

- 9.1 The Council has lead responsibility for safeguarding adults. The Multi –Agency Safeguarding Adults Board comprises membership from Adult Social Care and Health, Central London Community Healthcare, NHS Barnet, Barnet Haringey and Enfield Mental Health Trust, Barnet and Chase Farm NHS Trust, The Royal Free NHS Trust, the Metropolitan Police, the Care Quality Commission, Barnet Community Protection Group, Barnet Safeguarding Children’s Board, Barnet Homes, Barnet Voluntary Service Council and Barnet Carers Network. The Board meets four times a year and reports annually on its work. The Board governance arrangements are set out to ensure that the Board report on its work to the Safeguarding Overview and Scrutiny Committee, Cabinet and Council, and due to the important inter-agency arrangements and the role of health it is noted by the Health and Wellbeing Board as well as each partners executive Board.
- 9.2 Over the year the Board focused on a strengthening partnership work with greater accountability. All four Health Trusts have established internal safeguarding groups which provide governance for strengthening their operational functions. The Board requires partner leads to report on agency activity and progress on their annual statements on a scheduled basis. These can be found in the appendices of the annual report. To further accountability the Board has recruited and appointed an independent chair Prof Hilary Brown who took up post last September.
- 9.3 The framework for safeguarding adults is provided in the Barnet Multi Agency Safeguarding Adults Policy and Procedures which were agreed by the partnership and updated in 2010. This is to be replaced by a pan London safeguarding policy and procedures: “Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse” which is to be implemented locally from the 1st October 2011.
- 9.4 The Safeguarding Adults Board reviews its work plan annually and develops a work plan with subgroups. The review takes into account the previous years outcomes and national and local developments. Outcomes of the work groups are monitored by the Board on a regular basis. Objectives for the coming year include:
- Work to implement the pan London Policy and Procedures
 - A plan to address service level issues through quality assurance and contract compliance linked to an improved intelligence system for flagging poor performing providers
 - Development of training for the health and social care workforce
 - Monitoring the reconfiguration of the NHS and identify how this impacts locally on the safeguarding agenda and contribution to multi-agency work
 - To review and strengthen the links with community safety
 - Support and monitor the use of the Mental Capacity Act, and
 - Monitor progress on action identified as part of any serious case reviews undertaken.
- 9.5 The Board continues to work with Barnet residents through a service user forum which meets quarterly. Each forum receives an updated report from the Board, and the chair of each sub group continues to present their progress for scrutiny at the forum. The Forum have contributed to the report. (pages 16-17)
- 9.6 A safeguarding adults specification is included in all care group contracts with providers. Work has been initiated to develop a flagging system to ensure key staff are aware of current safeguarding investigations relating to care providers and where suspensions have been introduced. A training programme has been delivered to support provider managers in implementing guidance issued last year on improving practice in investigations carried out in care settings. As part of our drive to improve quality Barnet Social Care and Health have commissioned the My Home Life Project which supports

- 9.7 Training was made widely available across stakeholder groups. 1189 staff in the health and social care staff work force attended part of the core training programme on safeguarding. A rolling programme of training for staff working in GP practices has begun and continues through out the year, and each of the Health Trusts have delivered training to significant numbers at hospital sites. Evaluation tools have been developed to measure the effectiveness of this training.
- 9.8 The communications group continues to focus on the following objectives stated in the Safeguarding Adults Work Plan 2008-2011 to:
- increase public awareness and access to support through a range of media
 - increase stakeholder awareness through a range of media
 - respond to local information revealed in quarterly monitoring reports
 - devise specific actions to improve access to safeguarding for all community groups with proportionately low referrals.
- 9.9 The communications group improved information available to the public through improved information on the website, a bus shelter campaign, accessible leaflets and information events targeting groups which have previously under reported. This year information was translated into British Sign Language for the deaf community and posted on the internet site You Tube.
- 9.10 The Board have a role in supporting and monitoring the use of the Mental Capacity Act in safeguarding working including the use of the Independent Mental Capacity Advocates. Monitoring reports have identified there is a need for further training and implementation across health trusts and for general practitioners. There were no referrals to the IMCA service in relation to decisions about serious medical treatment during 2010/11.
- 9.11 Over the year the rate of referrals increased by 18% and 495 safeguarding alerts were received by the council. 2010/11 saw a large increase in referrals involving older adults, who accounted for 47% of the referrals. There was a similar size increase in the numbers of referrals for adults with learning disabilities. Referrals involving adults with physical disabilities halved last year and only accounted for 5.5% of cases.
- 9.12 The new corporate priorities include protecting vulnerable adults from avoidable harm as a strategic objective, with business targets set to measure this through 100% of all protection plans developed for those that need them with timescales and people identified for delivery, and secondly 100% of protection plans are reviewed by Team Managers within timescales. Managers at all levels have responsibility for auditing compliance with the procedures.
- 9.13 Quality assurance audits are undertaken by safeguarding adults practice leads in conjunction with Heads of Service Managers with actions plans developed where practice needs improvement. Audit findings continue to indicate that further improvements are needed in safeguarding record keeping, including demonstration of use of the Mental Capacity Act.

- 9.14 Effective safeguarding of vulnerable residents is reliant on all partners in the multi agency partnership especially community safety, health partners, and the police where a crime has been committed. The voluntary sector plays a key role in strengthening awareness of safeguarding in communities and in offering support as a preventive measure. A partner self audit tool has been developed to measure compliance with safeguarding standards. The tool has been used to inform partner work plans as outlined in their statements in the appendices of the annual report.
- 9.15 The council has an important relationship with the Care Quality Commission in working together to promote good practice and prevent abuse and neglect in regulated services (care homes, domiciliary care agencies and now hospitals), through care management, commissioning and the monitoring of services.
- 9.16 Barnet and Enfield Safeguarding Adults Board jointly commissioned a serious case following the death of a young man with learning disabilities and complex health needs. The review identified lessons on managing concerns about failing services. The review identified that where a service is unacceptably putting vulnerable adults at risk it is important that this is picked up at the right level and addressed through contract compliance and regulation as well as through attention to individual concern. Where vulnerable residents have complex health needs, health and social care need to work together to share information and identify risks. An action plan has been developed as a result of the review and progress is monitored by the Board. A joint learning event is planned for Learning Disability Service staff and care providers across both Boroughs on September 26th.
- 9.17 The annual report covers the work of the Board from April 2010 – March 2011. It does not make reference to the subsequent inspection of dignity and care and nutrition at the Royal Free Hospital NHS Trust which was published on 26th May 2011. Similarly the panorama programme on Winterbourne View was screened subsequent to this reporting period, and is therefore not mentioned in this report. Both matters are of significant interest and have resulted in action being taken at the July Safeguarding Adults Board. The Royal Free NHS Trust reported to the Board on their action plan for improvements and this will be monitored for progress. They are also required to report to the Safeguarding Service User Forum on the 15th September. In relation to Winterbourne View the Head of Strategic Commissioning and Supply Management is required to submit a report to the October Board outlining the numbers of people with learning disabilities who are placed in private hospitals and the arrangements for contract monitoring and review of these placements. A learning event is also planned for the Learning Disability Service as part of Safeguarding Month.

10. LIST OF BACKGROUND PAPERS

10.1 None

Legal – LC
CFO – JH

Barnet Multi-Agency Safeguarding Adults Board

Annual Report 2010 – 2011



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Forward

I am pleased to be able to write a foreword to this report, the first since taking up my role as Independent Chair of the Safeguarding Adults Board in September 2010.

This has been a busy year with a 18% rise in referrals, an increase most marked amongst those with learning disabilities. Concerns about older people still make up the largest group of referrals and we are keeping track particularly of those cases that involve people with dementia. Abuse was perpetrated by paid carers in 30% of cases, and by family and friends in 37%. Sometimes the abuse involved another service user making our responsibility all the greater. Half of all cases come to light because they were disclosed directly by the adult-at-risk so we had better be listening when they summon up the courage to trust someone with their concerns. And 13% were witnessed by someone who will need to know where to turn and how to help which underlines the need for training across the borough.

Important guidance has come to fruition during this year but because service change is also high on the agenda the Board is committed to maintaining the good practice that has already evolved while re-shaping some of its interventions in the light of new structures. The publication of the pan-London policy and procedures has been welcomed by all and will clarify our dealings with other local authorities and with agencies that work across geographical boundaries. Reconfiguration of the health service may present challenges but representation at the Board continues to be prioritised by health colleagues and we will be tracking these changes and their impact throughout the coming year.

A number of important work programmes are already in progress. Prevention is our first priority and that means learning lessons from individual cases and feeding this back into safer service provision. Spurred on by the recommendations of a serious case review jointly commissioned by Enfield and Barnet, work has begun on managing concerns about failing services by cross-referencing safeguarding alerts with service provision. There are also lessons in that review about monitoring contracts and taking a more robust view of advice from health professionals. Where a service is unacceptably putting vulnerable adults at risk, it is important that this is picked up at the right level and addressed through contract compliance and regulation as well as through attention to individual concerns.

But this is challenging as the usage of services by adults-at risk diversifies, - from those funding their own services or receiving individual budgets through to those receiving domiciliary and residential care; many people live in their own homes and 40% do not receive a service at all so we have to be open to a wide range of sources of information and use many levers to put in place specific safeguards. We are following with care the progress towards personalisation and will consider whether particular approaches are required in those settings. Barnet has successfully put in place third party reporting sites to encourage vulnerable people to report crimes to reach this diversity of need.

Links with other partnerships including those working on Hate crime and Domestic Abuse have also been enhanced during this year. We want to ensure that cases are managed so that matters can be resolved locally as far as possible but that information is shared and that major concerns are escalated in a timely way.

The report also includes a focus on our work in relation to financial abuse, working with banks and post offices as well as with more traditional service providers, reminding us that safeguarding is always “everyone’s business” and not the preserve of the service community.

Above all we want to make sure that our interventions are proportionate, that they do not cut across the rights and choices of potentially vulnerable adults but that they do address serious wrong-doing when this is uncovered and assure people that their safety, dignity and autonomy will be safeguarded.

I would like to thank all those who contribute to this work, on the Board, through the Service User and Carer Forum, and through local partner agencies and partnerships. Safeguarding often boils down to making that extra phone call on a Friday afternoon, and to everyone who has done their bit we would like to thank you for your commitment to keeping some otherwise vulnerable, people safe. I hope colleagues and partner agencies will find the information in this report helpful as a review of last year’s achievements and as a “steer” for the year to come and that you will all continue to work with us to safeguard adults-at-risk in Barnet through a time of service and social change.

A handwritten signature in black ink that reads "Hilary Brown". The signature is written in a cursive style with a large, sweeping initial 'H'.

**Prof. Hilary Brown,
Independent Chair,
Barnet Multi-Agency Safeguarding Adults Board**

Barnet Multi-Agency Safeguarding Adults Board

Annual Report

2010 – 2011

1 Background

Barnet's Safeguarding Adults Board (previously Barnet Adult Protection Committee) was established in July 2001. It was established as part of the government guidance 'No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse'. This guidance is issued under section 7 of the Local Authorities Social Services Act.

The Safeguarding Adults Board (SAB) is a standing committee of lead officers who determine local policy, co-ordinate activity between agencies, set work plans for improvement, facilitate joint training and monitor and audit progress in safeguarding vulnerable adults. The Board meets four times a year and is chaired by an independent person Professor Hilary Brown. This is the eleventh annual report of the work of the Safeguarding Adults Board.

2 Membership

The Safeguarding Adult Board membership includes:

- London Borough of Barnet
(Adult Social Services, Children's Safeguarding, and Community Safety)
- NHS Barnet
- Barnet Community Services
- Barnet, Haringey and Enfield Mental Health Trust
- Barnet and Chase Farm NHS Trust
- The Royal Free NHS Trust
- The Metropolitan Police
- The Care Quality Commission
- Barnet Homes
- The London Fire Brigade
- Barnet Carers Network
- Barnet College
- Voice Ability , (Independent Mental Capacity Advocate Service)

3 National and Regional Developments

The following national and regional developments in both policy and research that will affect the safeguarding agenda are:

- Adult Safeguarding: Scrutiny Guide

- Performance judgements for adult social services
 - A Vision for Adult Social Care: Capable Communities and Active Citizens
 - Transparency in outcomes a framework for Social Care
 - Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse
 - The Independent Safeguarding Authority
 - Safeguarding Adults: The Role of Health Service Managers & their Boards
 - Safeguarding Adults: The Role of NHS Commissioners
- 3.1 **Adult Safeguarding: Scrutiny Guide** published in April 2010 by The Centre for Public Scrutiny and the Improvement and Development Agency. This guide is written for officers and elected members involved in the overview and scrutiny process, and for Independent Chairs of Safeguarding Boards who may be requested to participate in the work of OSC's. It is designed to assist in shaping and developing the best way to exercise their responsibilities locally.
- 3.2 **Performance Judgements for adult social services** published in November 2010 provides an overview of the performance of councils in England, including its judgements in councils maintaining dignity and respect. CQC inspected Barnets Safeguarding functions in 2009 and gave a judgement of 'good'.
- 3.3 **A vision for Adult Social Care: Capable Communities and Active Citizens** published in November 2010 by the Department of Health sets out overarching principles for adult social care and gives context for future reform including the Government's vision for providing protection. This includes high quality care, professional regulation, balancing freedom and choice with risk and protection, with particular responsibilities to those who lack capacity. Safeguarding is everyone's business including local communities, building on initiatives by local Health Watch. It emphasises effective safeguarding systems, local leadership with vision and strategic direction. It gives the commitment that the government will work with the Law Commission in preparation for strengthening the law in respect of safeguarding including consideration of safeguarding boards being put on a statutory footing. The document also outlines that safeguarding is central to personalisation.
- 3.4 Alongside the Social Care Vision, the Department of Health has launched **Transparency in Outcomes: a framework for adult social care - a consultation on a new strategic approach to quality and outcomes in adult social care**. The consultation proposes a framework which places outcomes at the heart of social care, improves quality in services, and empowers citizens to hold their councils to account for the services they provide. Protecting from avoidable harm and caring in a safe environment is the key outcome for safeguarding adults. This consultation came to an end on 31st March and has now been finalised.
- 3.5 Barnet has been very involved in the development of the **Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse**. London ADASS, The Metropolitan Police, and NHS London launched this pan London document in January 2011. A further At a Glance guide and Practice Guidance is due being developed, and local implementation in each London Borough is expected by September 2011. This will then replace Barnet Multi-Agency Policy and Procedures to Safeguard Vulnerable Adults.

- 3.6 In February 2011 Changes to **The Independent Safeguarding Authority** were announced by Deputy Prime Minister Nick Clegg as part of the new Freedoms Bill. Following parallel reviews of the **Vetting and Barring Scheme and the criminal records regime** a number of **recommendations** have been announced including a merge of the two agencies to create a barring and criminal records disclosure service. The new barring regime will on cover those who have regular or close contact with vulnerable groups and apply to both paid and unpaid roles. Automatic barring will apply for those serious offences which provide a clear and direct indication of risk. The biggest change is that registration will be scrapped, with no requirement for people to register with the scheme and there will be ongoing monitoring. CRB will continue to be available to employers, but will be portable through the introduction of a system which allows for continuous updating. The two offences will be retained in the new system; it will continue to be an offence for a barred person to work in regulated activity roles, and for an employer to knowingly employ a barred person in such a role. Current arrangements for referrals by employers and regulatory bodies will remain. The new agency will be self-financing and a consultation will take place on raising the cost of the criminal records disclosure fee to cover these costs.
- 3.7 **Safeguarding Adults: The Role of Health Service Manager and their Boards**, is best practice guidance issued in March 2011. This document reminds health service managers and their boards of their statutory duties to safeguard adults. It aims to assist managers in preventing and responding to neglect harm and abuse to patients in the most vulnerable situations. The document provides principles and practice examples that can achieve good outcomes for patients. A similar best practice guidance document has been issued for **NHS Commissioners**. A third document is due to be published for Health Service Practitioners. Barnet's SAB have tasked Health Trust partners to review the documentation and report back on how they plan to implement this guidance in their agencies.

4 Local Developments

- 4.1 The **Safeguarding Adults Board (SAB)** has further strengthened its effectiveness via the appointment of an **Independent Chair**. Professor Hilary Brown took up post in late September following a competitive interview with a multi-agency panel led by the Director of Adult Social Services, and a separate service user panel. The annual SAB planning day was held in November 2010 to review progress, identify further improvements, and revise the SAB work plan. The functioning of the board was reviewed and changes made to extend **membership** to London Fire Brigade, the Carers Network, Barnet College, and Voice Ability the independent Mental Capacity Advocate Service. Representation by the Police is now at a senior level with the Superintendent of Operations. **Objectives set for the coming year** include work to implement the new Pan London Procedures, a plan to address service level issues through quality assurance and contract compliance linked to a improved intelligence system for flagging poor performing providers, development of training for the health and social care workforce, monitor the reconfiguration of the NHS and identify how this impacts on the safeguarding agenda and contribution to multi-agency work, to review and strengthen the links with community safety, support and monitor the use of the Mental Capacity Act, and monitor progress on actions identified as part of the serious case review undertaken.

- 4.2 Following the findings of last years review of arrangements, a series of presentations were held with staff to feed back findings and an action plan developed to raise practice standards in recording and risk assessment and case auditing developed. The safeguarding adults' intranet page has been revised and updated, and further plans are in place to develop the internet site this year.

Safeguarding was the Subject of a Corporate Management Group in October 10' where achievements and challenges were presented to managers across the Council. A drive to ensure **Safeguarding is everyone's business** within the wider council was achieved through a repeat of last years successful **safeguarding month** with the theme that **Safeguarding is my business** in November 2010. The month opened with Safeguarding Question Time, where the Independent Chair of both Safeguarding Adults and Children's Boards gave presentations and took part in a question and answer session. Other events included topics such as safer recruitment, domestic violence, information sharing, safeguarding across faith and communities, crime reduction in Barnet, as well as express training sessions delivered to council staff and partners.

Work Plan Progress 2010 - 2011

5 Strengthening the Partnership

The Safeguarding Adults Board membership was reviewed on appointment of the independent chair. Although membership has been significantly strengthened to ensure safeguarding matters have a duly high profile within partner agencies. (see 4.1) the Board are yet to secure local representation from the London Ambulance Service.

- 5.1 Our well established **Safeguarding Adults Service User Forum** continues to ensure that the voice of service users remain central to our safeguarding work. The forum meets quarterly and consists of representatives of the 55+ forum, Barnet African Caribbean Association, Barnet Older Asian Association, and other interested older people, people with learning disabilities, physical disabilities and sensory impairment. Membership this year has extended to include representative of Barnet Voice for Mental Health, and a community safety officer from Barnet Police now attends to provide support and assist with local issues affecting represented groups. Each forum receives an updated report from the Safeguarding Adults Board, and the chair of each **SAB work group continues to present their progress for scrutiny at the forum**. Partners are also requested to attend meeting to give agency progress reports on safeguarding within their organisation. Each sub group must consider how it can consult and make use of the experience of the forum members. The new Independent Chair attended the most recent forum to hear the views and priorities of those who use services. See section 14 for work undertaken by this group during this year.
- 5.2 This year has seen increased **engagement with Health partners**, who have now established internal safeguarding boards to develop internal systems and safeguarding practice. One example of this, following a directive by NHS London, is that all pressure ulcers of grade 3 and 4 are now reported into the safeguarding procedures. A protocol is being developed to ensure that only those **avoidable pressure ulcers are reported under safeguarding procedures** and that this dovetails with serious incident procedures required by Health Trusts.

6 Accountability for the work of the Safeguarding Adults Board

The Board will report year to Cabinet in June and Council in July. Changes in governance will also be made with the development of new Health and Well-being Board, which is currently in shadow form. In addition the annual report will go to each partners' executive Board, the Safer Community Board and to each care group partnership board for information.

- 6.1 All four Health Trusts have established internal Safeguarding Groups. This provides a forum for strengthening their operational functions within their agency. The Safeguarding Adults Board requires partner leads to report on agency activity and progress on their annual statements on a scheduled basis.
- 6.2 Funding for training, communication and Serious Case Reviews has thus far been negotiated on a project basis and mainly funded by Social Care and Health.

7 Performance and Audit

The Board have implemented a **quality assurance** and performance management system to monitor the effectiveness of the safeguarding arrangements. Managers at all levels have responsibility for auditing compliance with the procedures. The new corporate priorities include protecting vulnerable adults from avoidable harm as a strategic objective, with business targets and performance indicators set to measure this through 100% of all safeguarding plans developed for those that need them with timescales and people identified for delivery, and secondly 100% of Protection Plans reviewed by Team Managers within timescales. Quality Assurance audits are undertaken by safeguarding practice leads in conjunction with Service Managers with action plans developed where practice needs improvement. Audit findings continue to indicate that further improvements are needed in safeguarding record keeping, including demonstration of use of the Mental Capacity Act.

- 7.1 A **self audit tool for partners** to measure compliance with safeguarding standards covers both preventative and responsive standards for safeguarding i.e. prevention policies and procedures, safer recruitment procedures, and learning and development opportunities as well as internal systems for responding to abuse, and auditing good practice in identifying, responding, recording and reporting abuse. Larger organisations can use this tool annually to monitor progress and inform their annual statements found in the appendix. Strategic Commissioning and Contracts are reviewing how contracts are monitored and how this tool can inform safeguarding compliance amongst smaller organisations.
- 7.2 We continue to operate a highly effective data collection and monitoring system, producing quarterly reports for the Safeguarding Board on information relating to numbers of referrals, patterns of abuse, investigation and safeguarding plans. The Board has consistently used information to analyse reports for themes, patterns and performance information that can help inform improvements for example areas where alerts are low. The system has been revised to fully meet the requirements of the **new national data set** administered by the Information Centre. The first report from the Information Centre is expected this summer.

8 Working with Service Providers

- 8.1 A safeguarding adults specification is included in all care group **contracts with providers** including residential and nursing care, supported living and home and

community support. This has been extended to include all health contracts. During visits to providers, safeguarding compliance is verified. If concerns arise from visits, action plans are agreed and monitored by strategic commissioning and contracts. The department is currently reviewing its process for contract monitoring to become more quality assurance focused. Barnet safeguarding procurement standards are applied by commissioners where there are not pre-existing rigorous standards laid down by regulation. Safeguarding adults is a standing agenda item at the provider forum discussions.

- 8.2 Work has been initiated this year to develop a **flagging system** to ensure key staff are aware of current safeguarding investigations relating to care providers and where suspensions have been introduced.
- 8.3 Implementation of the **Disciplinary policy for service providers** has been rolled out through a training programme delivered to support provider managers in improving practice in investigations carried out in care settings. It also sets out good practice arrangements in safer recruitment and selection of staff, supervision and appraisal with the aim of preventing abuse.
- 8.4 Information about the changes in Independent Safeguarding Authority has been sent out to providers and is available on the Barnet safeguarding adults web site.
- 8.5 Barnet has a 123 care homes in the borough, as part of our drive to improve quality we have commissioned the **My Home Life Project**. This is a UK wide initiative, promoting quality of life for older people in care homes, and for those visiting and working with them through relationship centred and evidence based practice. It is led by Age UK, City University and Joseph Rowntree Foundation. It is a 'bottom up' partnership approach, looking at best practice. It creates support for practitioners and accessible tools and information resources for care home managers and staff, and commissioners. It highlights the specific practices, behaviour and attitudes which impact on quality of life in care homes.
- 8.6 All NHS partners have established **respect and dignity programmes** in place following Essence of Care document published by DH in 1999 and re-launched in 2010 which provides basic standards for key areas of clinical practice. Each NHS partner has been required to report progress to the SAB throughout 2010-11. This will continue, and in the light of CQC inspection findings on dignity and nutrition published in May 2011 improvement plans will be monitored for progress.

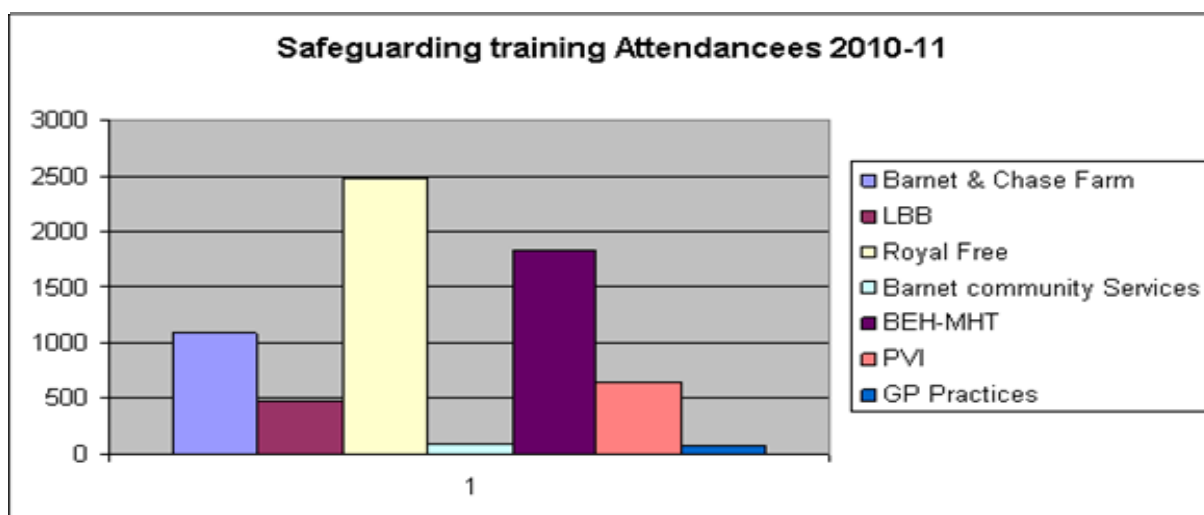
9 Training Group

Work undertaken/Achievements in safeguarding adults 2010-11

- 9.1 The learning outcomes of all safeguarding adult training sessions are linked to the **competency framework** agreed in the Multi-agency safeguarding adults training strategy. These will be reviewed annually as a part of re-commissioning the training programme, and policy changes.
- 9.2 The **Safeguarding Adults Training Programme for 2010-2011** was delivered to Barnet Council staff including Adult Social Services, NHS Barnet, Barnet, Enfield and Haringey Mental Health Trust, Barnet Community Services, and the private, voluntary and independent sector organisations in Barnet. The core training included awareness sessions, policy and procedure training, and Safeguarding Adults Investigations. The total number of health and social care staff who attended these sessions is 1189. Two training sessions for Members were delivered in 2010/11.

Safeguarding training for GP's practice staff was delivered as part of a rolling programme throughout the year, with a total of 195 trained including 51 GPs.

The Royal Free NHS Trust delivered Safeguarding Adult training at level 1 and 2 (SA raising awareness to 2469 staff and a further 18 were trained to level 3. Barnet and Chase Farm NHS Trust delivered safeguarding raising awareness sessions to 800 staff across the two sites and an e-learning programme was also delivered to 282 doctors. Barnet Community Services trained 80 staff as part of a raising awareness programme. Barnet, Haringey & Enfield Mental Health Trust have trained 1728 staff across the Trust. The chart below shows attendees from participating agencies.



9.3 With the aim of identifying how effective safeguarding training is, post **evaluation questionnaires** were sent to all delegates after three months of completion of the training. This method proved partially successful. 26% of those that attended raising awareness training returned their questionnaire. **All learners demonstrated that they were able to identify and recognise the indicators of abuse** as a result of the training. This was evidenced by examples. All knew how to respond to a disclosure, report abuse, and the factors that might increase the risk of abuse.

Evaluation of the train the trainer course identified that only a few managed to deliver the training back in their setting. It demonstrated that these sessions were not an effective means for delivering awareness training within the PVI sector. This finding informed the decision to fund the safeguarding training post reported in 9.4. which has proved more effective.

This evaluation method for other advanced courses proved less effective with a poor response to questionnaire from delegated who had attended. The training group this year will need to revisit methods of evaluation for these courses.

9.4 A part-time **Safeguarding Adults Trainer** post was appointed to in September 2010 for a 12 month contract to deliver safeguarding awareness training to **independent and Voluntary sector providers on-site at their premises**. To date approx 30 agencies have received sessions, with more waiting for training. The majority of training has been held in residential and nursing homes and for domiciliary care agencies. The sessions can be tailored to respond to a localised or skill need. i.e. recording. The team training approach gives greater opportunity for workers to consider together how they can further apply safeguarding awareness to their

practice, within their setting, especially where some abuse has taken place. It is recommended that this method of delivery continue in 2011/12.

- 9.5 **An Investigations Training programme** for provider organisations to improve the quality of investigations in care homes/settings was again delivered this year with very positive feedback.
- 9.6 **Safeguarding Adults Practice Forum** runs quarterly to **improve practice** through case study presentation and discussion, and update on practice developments. At each forum a Team Manager presents a case in stages for critique and exploration. These sessions, run by the Safeguarding Adults Manager, offer a reflective learning opportunity for staff who also bring cases for discussion.
- 9.7 A large multi-agency conference on **Disability Hate Crime** was run to raise awareness amongst health and social care staff, police, family carers and volunteers. A 160 people attended two half day sessions which were introduced by Neil Basu, Barnet's Borough Commander. The sessions were facilitated by AFTA Thought who through the use of actors and training facilitators presented real life interactive scenarios to explore the realities of disability hate crime. **New third part reporting sites which are accessible to older and disabled people were launched.** The feedback from this event was very positive.

Work proposed for 2011-12

- 9.8 All training course and material are being revised in line with new **Pan London Safeguarding Adult Policy and Procedures** to be launched in September. Briefing sessions on the new policy will also be delivered to update staff.
- 9.10 **The Safeguarding Adults Trainer** will take on the role of delivering the one day Policy & Procedures for the PVI sector.
- 9.11 A **range of specialist training sessions** to be delivered – Workshops on Safer recruitment will be delivered for in-house staff involved in recruitment and selection of staff. A learning event following a serious case review is planned for September, this will be joint funded with Enfield. Safeguarding raising awareness sessions are to be delivered to carers and service users
- 9.12 The training group will aim to develop a system where **providers can be accredited** through training to undertake internal inquiries when an alert is received in one of their service settings.

10 The Communications Group

The Communications Working Group aims to achieve the following objectives:

- Increase public awareness of all types of abuse, and access to support through a range of media
- Increase stakeholder awareness through a range of media
- Devise specific actions to improve access to safeguarding support for any community groups with proportionately low referrals as revealed in quarterly monitoring reports

Meetings to progress these actions have been held throughout the year. The Safeguarding Adult Communications Working Group has extended its membership to include providers and additional communications professionals. The group's

meetings are chaired by the Communication and Consultation Manager for Adult Social Services.

Achievements - 2010-2011

10.1 Raising public awareness:

- Several public events were held where safeguarding was promoted, including:
- East Barnet Festival – July 2010
- Multicultural Day – August 2010
- International World Elder Abuse Awareness Week during June 2010. During the week we raised awareness through:
 - SOS: Staying safe- Speaking Out for Silver Barnet event
 - A press release on safeguarding
 - Posters were distributed to police stations and GP surgeries
 - Information stall set up at Edgware Hospital and in housing receptions
- Activities in sheltered housing schemes such coffee mornings
- Plasma screen display at NLBP and at Barnet Homes Reception
- Activities and presentations to particular community and provider groups
- We have included an advert to raise awareness in local newsletters, such as Our Life and People's Voice newsletter
- Developed links with community safety information on Barnet Online and are looking to further develop information on the safeguarding page
- Poster and booklet reprints – circulating 5500 copies of the booklet to public access points across the borough
- Started negotiations with Barnet Care Directory, jointly produce with council and to include safeguarding information
- Users of the Barnet Independent Living Service have created their own safeguarding presentation to help raise awareness amongst other disabled people
- Creating new public information booklet to inform of what happens after a safeguarding referral has been made

10.2 Increase stakeholder awareness through a range of media

- A number of activities were planned as part of 'Safeguarding Month' these initiatives and events ran during November 2010 to promote safeguarding to all staff working in Barnet Council. This included express safeguarding training, and information about hate crime and community safety.
- Renewal of safeguarding information on council intranet site, to be shared with colleagues in Mental Health Trust and NHS
- Training opportunities were promoted through the website and intranet and updated accompanying training pack
- A letter was sent to local banks to raise awareness of Financial Abuse and where to refer concerns

- Begun discussion around work needed to promote safeguarding amongst GPs – including advertising in GP newsletter, and attending lunch briefing session
- Creating online information resource for social care providers around safeguarding
- Presentations to Barnet Homes staff and to network of learning disability service providers as part of world elder abuse awareness week activities

10.3 Actions to improve access amongst specific groups, in response to local monitoring information

- Information for deaf residents:
 - Developed a BSL video of ‘say no to abuse’ information
 - Presentation also carried out for Barnet Deaf Forum, along with a member of the police community safety unit
- Information sent to faith groups during world elder abuse awareness week
- Information sent to drug and alcohol centres in the borough – The Crossing promoted safeguarding at drop-in sessions at the centre
- Information workshops and drop-in sessions held at The Network for people with mental health problems

10.4 Areas for development in 2011-2012

- Launch, promote and distribute new PAN London Safeguarding Adults Policies and Procedures
- Raise awareness of ‘keeping safe’ in local communities, including emphasis on community responsibility to safeguard their members.
- Run promotional activities during World Elder Abuse Awareness Week - 13-17 June 2011
- In response to the increase in financial abuse we will promote ‘planning for the future’ to better inform people on keeping their money safe
- Raise awareness of risk of abuse amongst family members and carers
- Increase information available about staying safe and managing risk amongst people with Personal Budgets or who arrange their own social care services
- Additional promotion of mental capacity act

11 Community Safety

Over the last year the Community Safety Team has been affected by a number of personnel changes and reorganisation which has impacted on progress. Momentum was re-established in September 2010 with the temporary appointment of a hate crime co-ordinator who has worked closely with Police and Adult Social Services. They have developed operational response procedures to hate crime reports and co-ordination between agencies. The Police are also in the process of developing criteria for escalation of complex cases to a hate crime panel soon to be established. A data collection tool has been established, and this will enable relevant operational intelligence reports to be available to the Safeguarding Adults Board. Existing forms

have been revised and updated, an accessible format using pictures and easy read text suitable for people with learning disabilities is also available.

11.1 There have been training and other forums for people with learning disabilities to learn about keeping safe and about hate crime. **New third party reporting sites** have been set up as places where people with learning disabilities, physical disabilities, older people and people with mental health problems may find more accessible. They are:-

- Barnet Mencap
- Barnet Independent Living Service
- Community Network
- Self Unlimited
- Barnet Asian Old Peoples Association
- Anand Day Centre ASRA

12 Faith and Communities Group

The Faith and Communities Group established last year reports to both children and adults safeguarding boards. The London Safeguarding Children's Board have commissioned some work to identify areas of development in working to safeguard children from faith and cultural community groups. The Faith and Communities Group have extended this work locally to include vulnerable adults. This includes the use of focus groups and an on line questionnaire to both professionals and members of faith and cultural groups in Barnet to establish what are the barriers and solutions locally in working to safeguard adults from minority ethnic cultures and faiths. This work was launched as part of safeguarding month where the first focus groups were held. Work also continue to identify safeguarding champions to raise awareness and act as a point of advice and support to those people wishing to report concerns about abuse.

13 Mental Capacity Act and Deprivation of Liberty Safeguards

13.1 Mental Capacity Act

During 2010, the **Independent Mental Capacity Advocate (IMCA)** contract expired and following a tendering process, Voiceability was appointed as the new provider for the boroughs of Barnet, Enfield & Haringey. The staff working for the old provider (Rethink) were transferred to the new organisation, and the process went very smoothly. The use of the IMCA service in Barnet for this year shows a similar pattern to the previous ones. For the period 1.4.10- to 31.3.11, there were a **total of 31 eligible referrals**, compared with the previous year's total of 36.

Currently data is unavailable to enable the service to be benchmarked nationally, however we are able to compare this against that of Enfield & Haringey. Enfield have the largest number of referrals but this should be expected as they have the largest allocation of MCA grant (roughly calculated to reflect demand). However, within the IMCA statistics there are some worrying trends, most notably the continuing **low numbers of referrals associated with safeguarding** (4 in 09/10 and 3 and 10/11) and very low numbers of referrals from health providers. Even more worrying, there

were **no referrals at all in relation to serious medical treatment during 10/11**. In comparison, Enfield had higher numbers. This will need to be an area of development in 2011/12.

The Primary Care Trust receives an allocation to support the promotion of the Mental Capacity Act amongst the healthcare community and administer DOLS. With the change to GP commissioning, work has begun to draw up a **Section 75 agreement to secure this funding (and the work) to pass to the Local Authority**. The responsibility for issuing authorisations to hospitals will pass to the Local Authorities upon the enactment of the Health & Social Care Bill.

The Local Authority has provided refresher training on the Mental Capacity Act to the workforce. There continues to be new case law in this area and it is important for organisations to be aware of this.

A set of workforce **competencies** in relation to the Mental Capacity Act has been developed and it is intended to implement these within the Local Authority.

The national MCA implementation programme has now come to an end, although the London Network is to continue on a self organised basis.

13.2 Deprivation of Liberty Safeguards

The number of **requests for authorisation have decreased** dramatically over the second year – see table below:

	2009-10	2010-11
No of Requests for Authorisation	78	18
No of Authorisations Granted	23	9
No with Conditions Attached	15	8

The reasons for this are not evident, although it may be conjectured from the increase in proportion of requests to authorisations, that the Managing Authorities are making more appropriate requests. Across London, Barnet has gone from receiving amongst the highest requests to a middle position. The numbers of requests vary from 78 (Bexley) to 3 (Hammersmith & Fulham, Kingston, Tower Hamlets).

Nationally, the figures have shown a rise, but the proportion of requests to authorisations reflects the picture in Barnet (i.e. roughly 50%).

In the first 3 quarters of the year (only figures available), **Barnet PCT** (now NHS North Central London) **received a total of 5 requests and granted 2**. Across London, the numbers for PCTs are very low generally with no PCT receiving more than 9 requests during the period.

Training for Best Interest Assessors has been provided in order to meet their requirements and a bi-monthly **BIA practice forum** continues. It is a challenge to ensure that staff maintain competencies with a reduced number of assessments.

Work has begun with healthcare providers and NHS NCL to examine how these issues can be addressed. The IMCA Service are going to provide awareness raising

in health settings. A proposal for using the PCT funding allocation will be developed to ensure that the wider health community is aware of and adhere to the requirements of the MCA. This will also be addressed via Health commissioning and performance monitoring.

We will be commissioning specialised training from Afta Thought in order to raise further awareness amongst health and social care providers, both in terms of the application of the Mental Capacity Act and the Deprivation of Liberty safeguards.

14 Safeguarding Adult Service User Forum

The forum meets quarterly, and this year have received reports from the training group, the communications group and from the Independent Chair of the Safeguarding Board. They have also received presentations from London Fire Brigade, The Royal Free Hospital and the Police. They have received statistical information on referrals and outcomes, and the content of the new work plan developed in January.

14.1 What we have done:

- We know about the work of the Safeguarding Adults Board, and through presentations we have had an opportunity to question, challenge and influence the work of the Board.
- Barnet Voice for Mental Health now represent mental health service users
- We developed questions for and organised a user panel to interview and appoint the independent chair of the safeguarding adults board
- The content of raising awareness training for care staff has been improved following our advice and experience.
- We know how we can access fire safety checks for the organisations we represent, and who to talk to in the London Fire Brigade
- We know about the work of the safer schools team in Barnet and how they can help us when experiencing difficulties with children leaving school at bus stops and other locations
- A community support officer from the police is now attending our meetings to hear about our work and talk to about local issues affecting our members
- We know about hate crime, and some of our organisations have become third party reporting sites to make it easier for people to report
- We know about the work that LINK is doing and plan to inform the work of Health Watch when they are established.
- Accessible information about what happens after abuse is reported is being developed, so more people are better informed.
- Barnet Independent Living Service have developed a drama and made a DVD as part of our work to raise awareness amongst people with sensory impairment.

14.2 What we want to do:

- Finish our work on accessible information about what happens after abuse is reported, so people are better informed.
- More work on training for care staff

- Find out what people think following an investigation and whether they feel safer.
- Develop a mission statement
- Work to ensure there are good quality local services
- Monitor the effectiveness of hate crime reporting procedures.

15 Serious Case Review

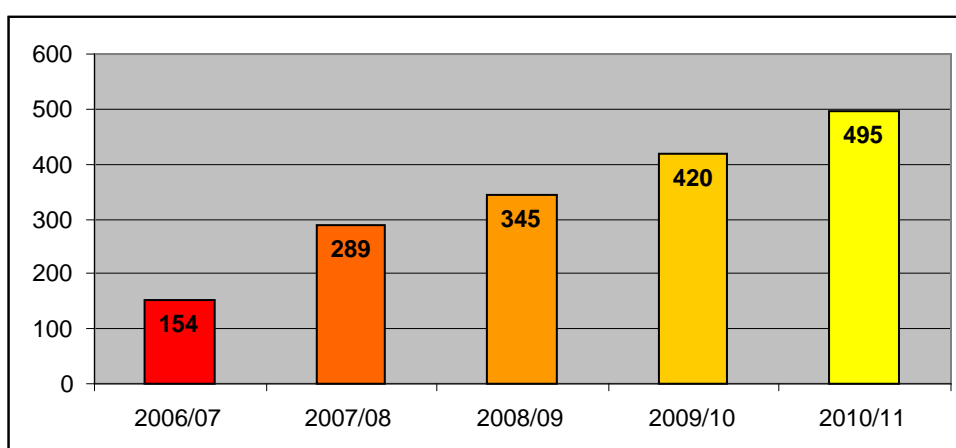
A **serious case review** jointly commissioned by Barnet and Enfield Safeguarding Adult Boards was conducted following the death of a young man with learning disabilities, and complex health needs. Recommendations have been made about the way we contract and commission services and how we monitor compliance at a service level, particularly where there are cross boundary issues. Recommendations for improved review and monitoring of the support plans and risk assessments were also made. An action plan has been developed as a result of the review which will be monitored by the Board. A joint **learning event** with Enfield SAB is planned for September 2011.

15.1 All fire deaths involving vulnerable adults in Barnet are being considered for management review at the Safeguarding Adults Board

16 Safeguarding Analysis of Monitoring Data

The information below is an analysis of safeguarding adult referrals to Barnet Social Work and Mental Health Teams during the period from 1st April 2010 to 31st March 2011. A full statistical report can be found in the appendix of this document.

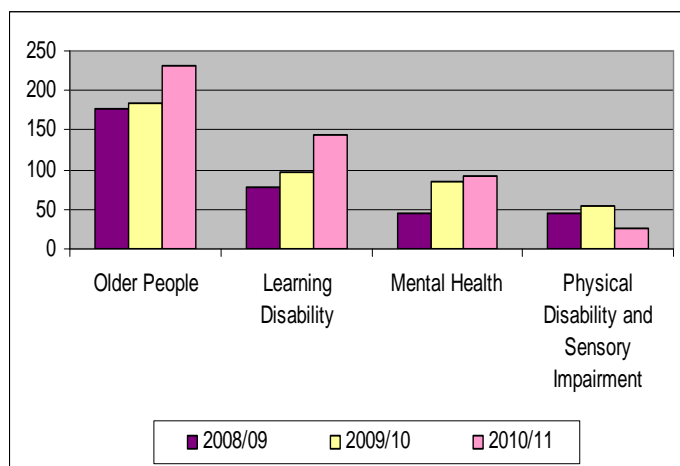
A total of 495 alerts were received in 2010/11. This sees a further 18% increase on the numbers during this period. The table below compares the numbers of referrals per quarter over a five year period. Each quarter denotes a sustained increase since 07/08. (There was a 22% increase on numbers referred 2009/10, 19% increase on the numbers referred 2008/09, on top of an 88% increase in 2007/08)



16.1 Primary Client Group

Continuing the trend from previous years, the largest client group referred are older people. 2010/11 saw a **large increase in referrals involving older adults**, who accounted for 47% of referrals. There was a similar size increase in the numbers of referrals for **adults with learning disabilities**.

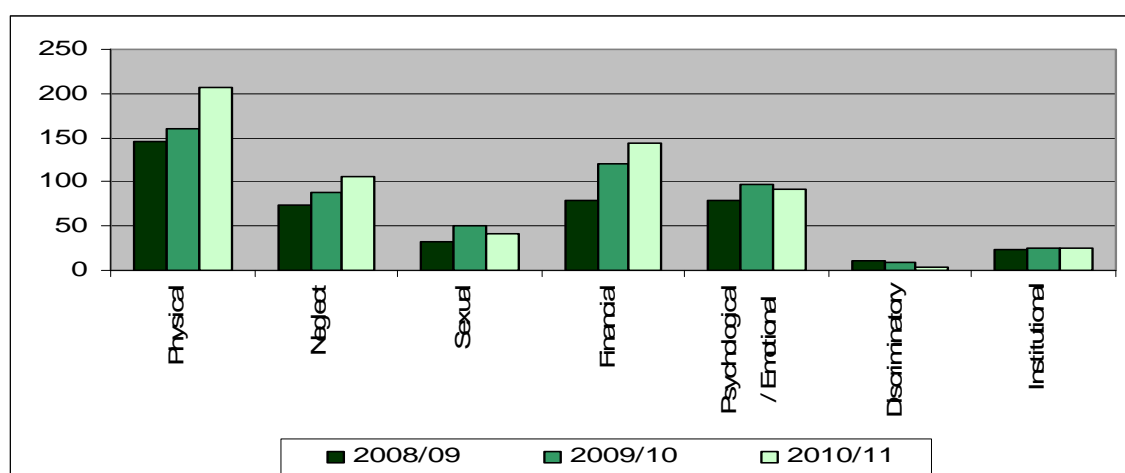
There was a large fall in the number of cases involving adults with physical or sensory impairments. Referral numbers for these adults more than halved in the last year, and accounted for only 5.5% of cases.



Primary Client Group	2008/09	2009/10	2010/11
Older People	51%	44%	47%
Learning Disability	23%	23%	29%
Mental Health	13%	20%	18%
Physical Disability & Sensory Impair.	13%	13%	5.5%
Substance Misuse	-	-	0.5%

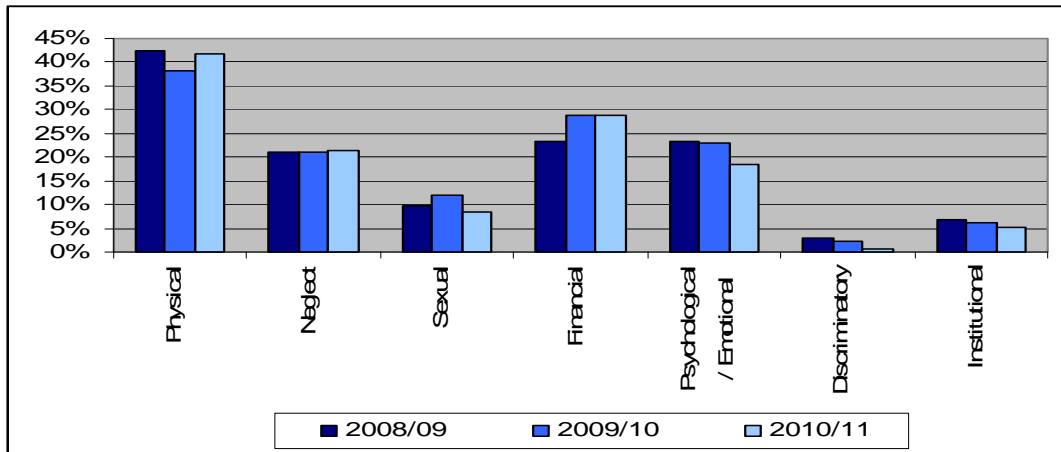
16.2 Type of abuse

This year has seen an **increase** in the number of referrals concerning **physical abuse**, with 47 more cases in 2010/11 than in 2009/10. There have also been notable rises in cases involving **neglect and financial abuse**, but drops in the number of cases involving sexual and psychological abuse. In 22% of cases more than one type of abuse was reported, therefore numbers in the chart below take this into account.



The chart below shows that, in proportional terms, neglect and financial abuse have not in fact become more prominent in the safeguarding case list in the last year, although there was a significant rise in financial abuse the year previously that has been sustained. Physical abuse, on the other hand, appeared in 42% of cases

compared to only 38% the year before. Cases involving psychological/ emotional abuse have dropped significantly in relative prevalence.

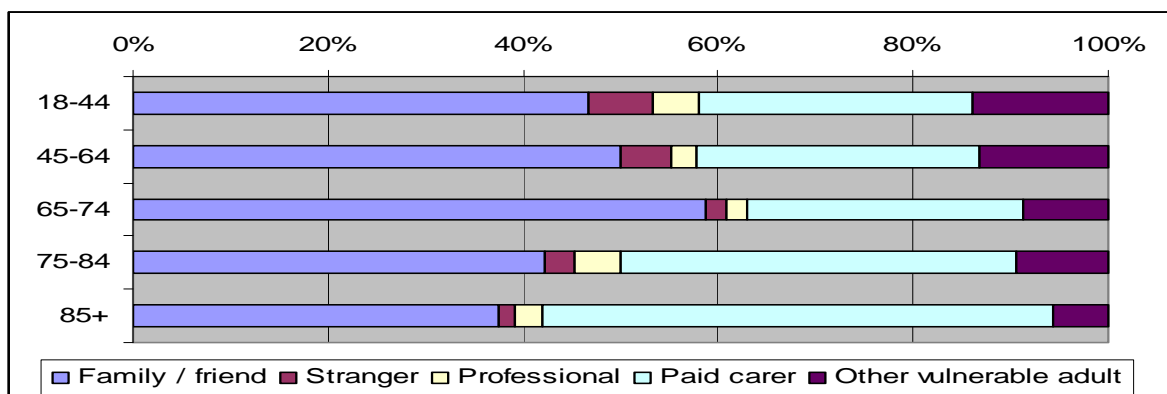


16.3 Age

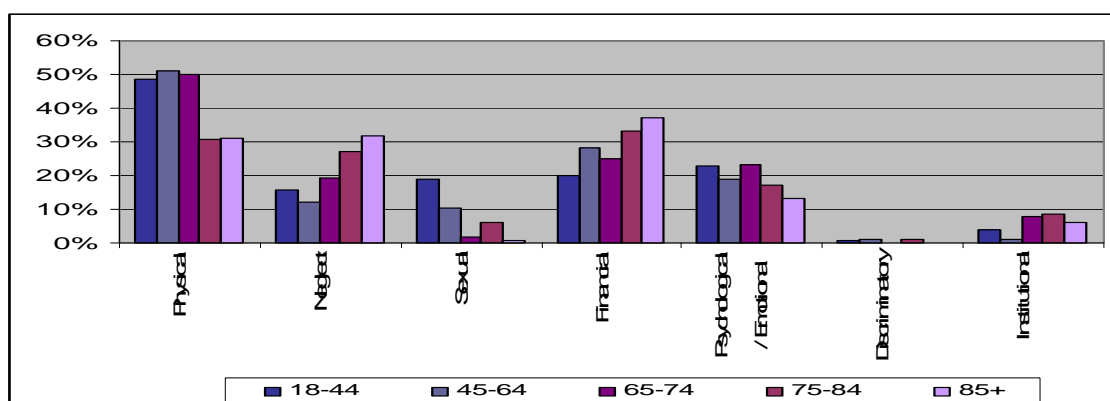
Over half of the vulnerable adults referred 2010/11 were over the age of 65, and over a quarter were aged 85 or over. This largely reflects the age profile of Barnet service users receiving a care package throughout the year, although safeguarding cases involve higher proportions of younger vulnerable adults and a lower proportion of elderly adults.

	18-44	45-64	65-74	75-84	85+
Referrals 2010/11	126	106	52	80	130
	26%	21%	11%	16%	26%
Care packages, 2010/11	17%	18%	10%	22%	33%

The chart below shows that **older people appear more at risk from paid carers**, whereas abuse from **friends and family and other vulnerable adults pose more of a risk to younger people.**



The chart below shows that physical and sexual abuse is more commonly reported concerning younger vulnerable adults, as is psychological and emotional abuse to some extent. Financial abuse and neglect is more likely to affect older people.



16.4 Gender

Over **two-thirds of safeguarding referrals were for women**. This female skew is to be expected in older age groups where women are very much in the majority. However, even for cases involving adults aged 18 to 64, men make up just 39% of the total.

The type of abuse reported concerning men and women is very similar, however women are more likely to report sexual and psychological abuse.

16.5 Ethnicity

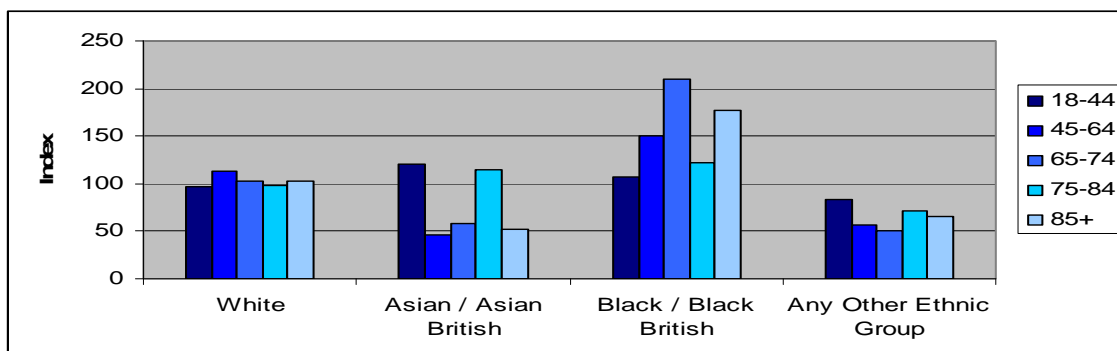
Ethnicity was recorded for 475 of 496 vulnerable adults. Of these 475 adults, **80% were from a White ethnic background**, 9.7% were from an Asian background, 6.7% from a Black background, and the remaining 3.8% were from other ethnic groups, including Chinese and Middle Eastern groupings.

From the previous year, the safeguarding referrals in 2010/11 showed a **large proportional increase in cases involving Asian/Asian British vulnerable adults**, and a **drop in those involving adults from Any Other Ethnic Group**. As this other category is increasing sharply in Barnet, there is a need to explore the reason why referral rates are dropping.

Ethnic grouping	2008/09	2009/10	2010/11
White	282	313	379
Asian / Asian British	21	34	46
Black / Black British	17	29	32
Any Other Ethnic Group	23	24	18
Ethnicity not known	2	20	21

To assess whether the ethnic profile of this year's safeguarding case list is representative of Barnet's population, it is necessary to break the list down into different age groups, as minority ethnic groups make up a much greater proportion of younger age groups than for elderly age groups.

The chart below shows how the 2010/11 case list compares to the 2011 population estimates for Barnet: an index of 100 means that the case list is perfectly representative within that age group; a lower index means that there are fewer safeguarding cases from that ethnic group than we would expect; and a high index means there are higher than expected cases from that particular ethnic group.

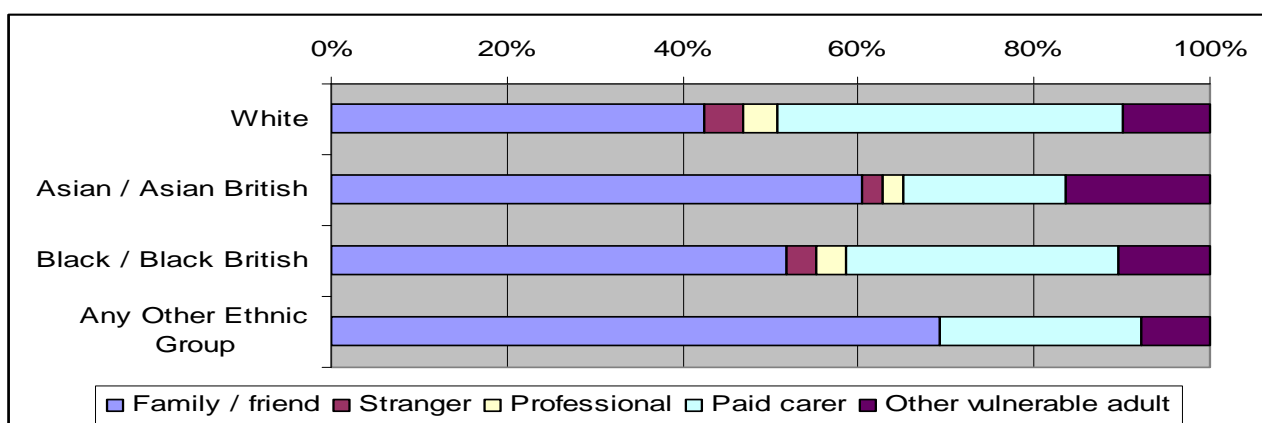


This indicates that there is a **strong over-representation of safeguarding referrals** involving those vulnerable adults within **the Black/Black British group**, particularly those aged 65 or over.

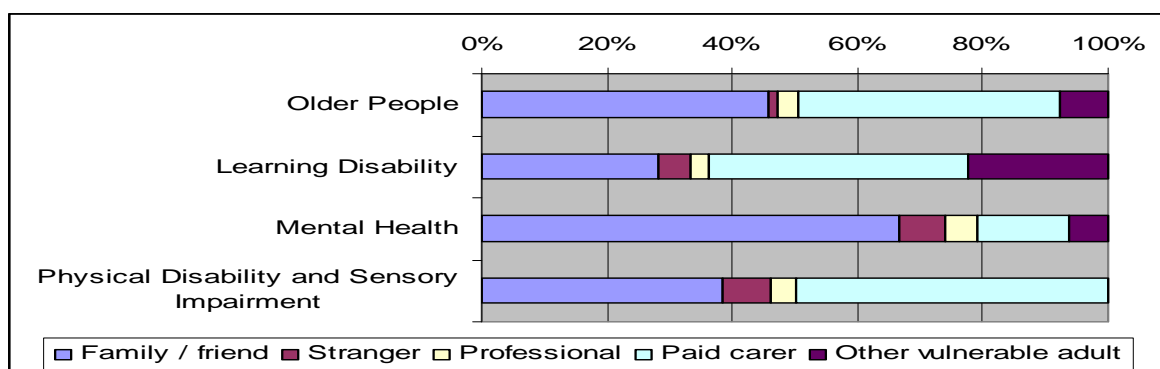
The figures also confirm that referrals involving people from Any Other Ethnic Group are particularly low compared to the general population. The numbers involved however are small (this group makes up just 2.7% of the 65+ population).

The analysis also suggests **low numbers of referrals amongst some Asian ethnic groups**, particularly those from older age groups. Pakistani and Bangladeshi are the least represented, although they make up just 1.1% of the 65+ population. The Indian community makes up 8.4% of Barnet's elderly population, but accounted for just 5.1% of safeguarding cases in 2010/11.

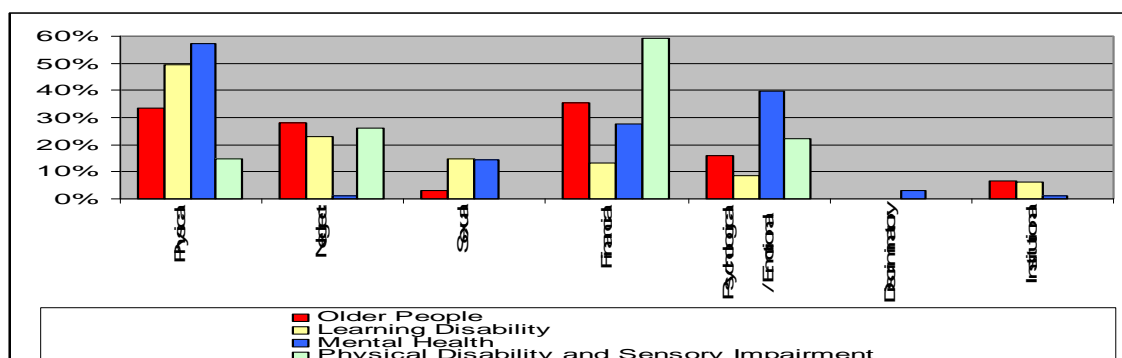
The chart below represents the **relationship between ethnic profile of the vulnerable adults and the person who caused the harm**. It suggests that white vulnerable adults are more at risk of abuse from paid carers than adults from minority ethnic groups. Instead there appears a heightened risk of abuse among BME groups, particularly Asian vulnerable adults, to abuse from friends and family and other vulnerable adults. However, these differences may indicate the fact that the profile of ethnic minority groups tends to be younger than those of white vulnerable adults, and younger adults are more at risk of abuse from family and friends, compared to older adults who are more at risk of abuse from paid carers.



The chart below shows that vulnerable adults with mental health problems are particularly at risk of abuse from friends and family, whereas people with learning disabilities are at particular risk of abuse from other vulnerable adults.



Compared to other client groups, vulnerable adults with physical or sensory impairments are much more likely to report financial abuse, whereas adults with mental health problems are more likely to report physical abuse and psychological abuse.



16.7 Person who caused the alleged harm

When considering the relationship between the adult at risk and the person who caused the harm, we can see similar patterns from previous years.

Person who caused the harm	2008/09	2009/10	2010/11
Friend / Relative	39%	41%	37%
Paid Carer	47%	32%	30%
Other vulnerable adult	8%	7%	8%
Stranger	5%	6%	3%
Professional	1%	2%	3%
Not Known	-	5%	17%
Other	-	7%	2%

Friends and relatives and secondly paid carers are indicated in most cases to have caused the alleged harm. The numbers involving other vulnerable adults are thought to be low.

There were 182 safeguarding referrals where a relative or friend was the person who caused the alleged harm. Partners, friends and neighbours were the most

frequently reported within this group. **The main carer was the person who caused the alleged harm in only 35 cases.**

Relationship to VA	Number of cases
Partner	48
Parent	15
Friend / neighbour	53
Son / daughter	42
Other relative	21
Volunteer	3

Physical abuse is present in 77% of cases where the harm is caused by the vulnerable adult's partner. There is a **high incidence of financial abuse involving friends and neighbours**, and psychological abuse involving sons and daughters.

There were a total of 147 (30%) safeguarding referrals where a **paid carer** was the person who caused the alleged harm. The majority of these were in a care home setting.

Paid Carer	Number of cases
Residential care	53
Nursing care	37
Domiciliary care	29
Day care	6
Self-directed staff	2
Other	20

16.8 Focus on financial abuse

In 2010/11, there were 143 safeguarding referrals involving financial abuse. This represents a large increase in this types of abuse on the previous year.

As has been documented above, **age appears to be a risk factor for financial abuse**: Financial abuse is present in 33% of cases involving adults aged 65 or over, and 37% of those aged 85 or over. This compares to only 24% for those adults aged 18 to 64. When considering the younger age group, some client groups appear more at risk than others – for those with physical or sensory impairment, financial abuse is present in 16 of 27 cases (59%). Dementia does not appear to be a strong risk factor in terms of financial abuse – only 28% of cases for adults with dementia involved some sort of financial abuse.

39% of all financial abuse referrals identify friends or family has the person responsible, compared with 20% relating to paid carers. Financial abuse is more likely in situations where the person responsible is not living with the vulnerable adult. In 28% of cases of financial abuse, the details of the person who caused the harm were not recorded. This is due to the fact that the person responsible is often not known at the time of the alert.

Those people in receipt of **personal budgets also feature highly** (67%) although the low number of cases involved means we cannot say for certain whether this is a significant trend. However this needs to be monitored in view of the direction of increasing personal budgets.

41% of financial abuse took place in the vulnerable adult's own home, and 38% in the home of the person responsible. When considering referrals relating to people who live in **supported accommodation 47% of all referrals relate to financial abuse**. This also needs to be further explored with the emphasis of increasing supported living.

16.9 Focus on dementia

In total, it was reported **that 95 of the 496 safeguarding referrals were for people with dementia**. As the table below shows, the proportions within each age group reported with dementia is much greater than what would be expected to be found in the general population. There are perhaps some issues around the accuracy of the recording or accuracy of the diagnosis, but nevertheless there appears to be **a high risk factor associated with dementia**.

	Safeguarding referrals, 2010/11	Estimates of Barnet residents with dementia
18-64	1.7%	0.0%
65-69	5.6%	1.2%
70-74	2.9%	2.7%
75-79	44.4%	5.9%
80-84	35.6%	12.0%
85-89	46.0%	20.2%
90+	44.4%	30.0%
All ages 65+	35.1%	7.9%

When considering those referred with dementia, the **most common form of abuse reported was neglect** which featured in 32% of cases. 48% of all cases involving people with dementia identified a paid carer as responsible. With a predicted increase of people with dementia these factors need to be considered in the commissioning and contracting of services.

16.10 Funding authority

The majority of referrals were for people receiving a service commissioned by Barnet Adult Social Services, however there were also significant numbers of people receiving services funded by health, by other councils or by themselves, as well as adults who were not currently receiving any service from the health and social care sector.

Understandably, those cases involving services funded by another council or by the adult themselves are more likely to involve an alleged abuse by a paid carer,

whereas services funded by health are more likely to involve abuses carried out by friends or relatives.

Funding Source	Total number of cases	% involving friend or relative	% involving paid carer
A Barnet-commissioned service	284	31%	32%
A service funded by health	54	57%	22%
A self-funded service	42	12%	48%
Service commissioned by another council	46	17%	50%
No service	40	70%	3%
Personal budget	6	17%	67%
Combination of funding authorities	4	50%	25%
Missing Data	19	-	-

16.11 Safeguarding Responses

Of the 495 cases referred **429 (87%) proceeded to strategy meeting**. This is a 5% decrease on last year. The other 66 cases (13 %) used a community care assessment, CPA, or referral to other agency as a response to the referral. For those cases where a strategy meeting or discussion took place, typically this happened 3 days after the initial safeguarding alert was raised. In 17% of cases an Interim protection plan was developed at the outset, more so for cases where domiciliary care workers and care staff in nursing homes were the people who caused the alleged harm. Disciplinary procedures are applied in only 4% of cases involving paid carers, and Community Care Assessments are carried out in only 8% of cases involving friends and family.

Of the 429 cases which proceed through safeguarding procedures, the following **outcomes were determined**: 129 (36%) were substantiated, 48 (13%) were partly substantiated, 98 (27%) were not substantiated, 88 (24%) were not determined /inconclusive. On 31.03.2011, 66 cases remain ongoing and so an outcome is not yet determined.

When considering those unsubstantiated cases, alleged abuse by paid carers is more likely to remain unsubstantiated than abuse by friends or relatives. Alleged abuse in care homes feature particularly highly in terms of unsubstantiated evidence. Older people and adults with learning disabilities are slightly more likely to be linked to unsubstantiated safeguarding referrals than clients from other categories, this may be explained by the difficulties in gaining first accounts from these groups.

In those cases where the evidence was deemed to be inconclusive, friends and family are more likely to be involved than paid carers. There appears to be particular issues around gathering substantive evidence relating to sexual and financial abuses.

17 Conclusions

The safeguarding of adults at risk is a key priority for Barnet Council and its partner agencies. We continue to build on previous good foundations as recognised in the

CQC safeguarding inspection and strive for further improvements. Safeguarding arrangements have continued to improve during 2010/11 to ensure safer outcomes for vulnerable adults. The Board membership has strengthened and governance arrangements have been revised, and there has been an appointment of an independent chair. The work plan and work groups has been reviewed and updated. There has been a further increase in the number of referrals to Adult Social Services Teams and the impact of this on capacity needs to be audited. Quality assurance processes need to be further developed with stronger monitoring and targeting of services where collated information indicates higher risk. Work with providers of care, service user groups, and carers to test whether we have helped to make people safer.

Key actions for the Safeguarding Adults Board for the next year are:-

- Deliver actions agreed in the Safeguarding Adults Board work plan and those of the work groups.
- The Safeguarding Adults Board to receive reports on our business plan targets for safeguarding, and monitor and review progress with particular emphasis on recording and risk assessment.
- Fully implement plans to audit partner organisations safeguarding standards. Ensure these outcomes are used to improve practice through planned monitoring.
- Manage the reconfiguration of the NHS and how this impacts on their internal safeguarding agenda and contribution to multi-agency work.
- Revise the training strategy and competency framework in line with national developments to ensure we have an abuse aware, safeguarding competent and effective workforce.
- Ensure people have access to information and advice about protecting themselves, the services they use and what to do if they are being harmed or abused.
- Ensure that commissioning by the NHS and local authority in health and social care services builds in assurance that a quality framework is in place and is tested.
- Review the commissioning and contract monitoring arrangements to respond to the increase of referrals for people with dementia.
- Monitor the impact of personalisation and whether this presents risks for vulnerable people in new settings
- Review and strengthen the links with community safety and implement plans identified in relation to interfaced safeguarding systems.
- Implement locally the “Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse”.
- Support and monitor the use of the Mental Capacity Act in safeguarding work, including the use of IMCAs.
- Monitor progress on actions identified in the serious case review action plan.
- Identify outcomes for those who have experience abuse and neglect to test whether we have helped to make them safer.

Sue Smith
Safeguarding Adults Manager
London Borough of Barnet
May 2011

Annual Statements 2011

Organisation: **Barnet Borough Police**

Internal arrangements for governance regarding safeguarding adults at risk

- Continued to work closely with partners to improve the monitoring and assessment of incidents, helping identify safeguarding issues for action.
- Streamlining communication processes with partners such as Adult Social Services and joint work placements.
- Having reviewed our role and input on the Safeguarding Adults Board, sought opportunities to further improve information sharing processes and promote learning. This has included supporting serious case and incident review, contributing expertise to improve future service delivery.

Work undertaken and achievements in 2010/2011

- Provided resources to the tri-borough Mental Health Assessment Team (Haringey, Barnet & Enfield), supporting problem solving activity and interventions with communities.
- We have regularly and systematically reviewed our approach to those incidents which are likely to pose greater risk, and recently undertook a Domestic Violence internal review to identify areas for improvement.
- The borough has achieved excellent detection rates for all hate crimes (homophobic, racial and domestic), exceeding all the targets set for this performance year.
- We have also supported the multi-agency homicide review process, designed to capture learning and improve our ability to prevent serious crimes of violence.

Work Planned for 2011/2012

- An internal resources review is currently underway, with the aim of improving priority investigations, public satisfaction, and enhancing capability, particularly in respect to crimes of violence.
- We are exploring a new way of identifying and responding to Anti-social behaviour (ASB), seeking an early identification and resolution of repeat problems.
- We have an aspiration to have a collated multi-agency safeguarding hub that could risk assess vulnerable children and adults across the partnership.
- We are providing information, support and resources into the development of an intervention project, which intends to concentrate partnership resources on those families with the most complex needs across all agencies.

Ben Bennett
Superintendent, Operations
Metropolitan Police

Organisation: Barnet Enfield and Haringey Mental Health Trust

Internal arrangements for governance regarding safeguarding adults at risk

- Barnet, Enfield and Haringey Mental Health NHS Trust (BEHMHT) as a health service provider have a key role to play in preventing and responding to the needs of adults who are at risk of abuse. This commitment is demonstrated through the continued work in the Trust by raising awareness of staff of their responsibilities and through multi-agency working.
- The Assistant Director for Safeguarding Adults provides quarterly reports/updates to the Joint Clinical Integrated Governance Contract Meeting, Governance and Risk Management Committee and the Clinical Governance Sub committee on the work undertaken regarding Safeguarding Adults in BEHMHT.
- Additionally, an annual report highlighting safeguarding adult activity in the Trust is developed and sent to the Trust Board as part of the governance and assurance process. The annual report includes a work plan which states the key priorities to be addressed in the coming year.
- The Trust also has an internal Safeguarding Adults committee that meets on a bi monthly basis which reports to the Trust's Clinical Governance Sub Committee.

Internal arrangements for training regarding Safeguarding adults

- It is a requirement that staff who work with adults who are risk of abuse receive adequate training to support their practice. The standard set in BEHMHT is that all staff will receive level 1 mandatory training in safeguarding adults every three years.
- Multi agency level 2 and 3 training for staff carrying out investigations and chairing strategy meetings/case conferences is commissioned from the local authority. This ensures that staff are appropriately equipped to manage safeguarding adults at risk from alert to closure.
- The level 1 training provided in-house has been mapped against the competencies as set out by the local authority. This is to maintain currency in the information given to staff in the management of safeguarding adults.

Work undertaken and achievements in 2010/2011

- During 2010/11 progress has been made in raising awareness amongst staff of their responsibilities in the safeguarding adults' process. Reporting and recording mechanisms in each borough are being monitored through auditing to ensure that the processes are smooth and seamless.
- An A3 poster has been developed showing a flow chart of the safeguarding adults at risk process with key contact details. These have been distributed to all clinical areas.
- The Trust has been carrying out compliance inspections against the criteria in Outcome 7 (safeguarding) of the CQC's new regulatory framework on all inpatient units and community teams
- Case file audits have been carried out as part of the monitoring of the safeguarding process in BEHMHT
- Level 1 safeguarding adult training continues to be offered as part of the mandatory training day. As of February 2011, 73.29% of staff have received level 1 training.
- During December 2010 and January 2011 a number of training sessions were carried out internally on Domestic Violence/MARAC by the Clinical Nurse Lead and Safeguarding Adults Lead from Haringey. The sessions were held in each borough of the Trust.

- It was agreed via the Safeguarding Adults Committee that a presentation/training on uploading safeguarding papers on RIO would help to address that gap. Two sessions were arranged and delivered in each borough by the CRS Transformation Manager. The intention was that Team Managers and admin staff would be the first group of staff to attend. The sessions were held during January 2011-February 2011.
- A Trust wide safeguarding adult database has been developed which will be used to update and monitor progress regarding Safeguarding cases in the Trust.
- A detailed internal safeguarding adults at risk policy has been developed. It is aligned to the multi-agency procedures in each borough, whilst at the same time providing more detail for staff on the Trust's internal processes
- A Team Leader day took place in July 2010 where CQC outcome 7 was a key feature of the day. The outcome of the Barnet case file audit carried out in May 2010 was presented and discussed.
- As a quality measure the Trust has established bi-monthly quality reporting on the safeguarding adults process via the Trust wide Safeguarding Adults Committee
- As of 1 October 2010, the process for booking level 2 and 3 multi-agency safeguarding adult training has changed. All applications to attend level 2 and 3 multi-agency safeguarding adult training are sent to workforce development who will confirm back to the staff member when they have been offered a place to attend by the local authority.

Work planned for 2011/2012

- Continue to deliver level 1 safeguarding adult training as part of the mandatory training day and include updates such as the Pan London Procedures, Mental Capacity Assessments and Domestic Violence/ MARAC
- As a quality measure, internal case file audits to be carried out and report to the Safeguarding Adults Committee.
- Maintenance of the Trust wide Safeguarding Adult Database which will be used to monitor progress regarding safeguarding cases in the Trust
- Further develop the work around reporting structures such as serious untoward incidents, complaints and safeguarding to ensure that an integrated approach is taken.
- Work with the local authority to ensure the implementation of the Pan London Safeguarding adult Procedures in BEHMHT
- A continued programme of Lead Nurse inspections outlining evidence regarding Outcome 7 of the CQC regulatory framework. Bi-monthly reports to be presented at the Safeguarding Adults Committee.
- Develop and track action plans drawn up in the light of any gaps established through auditing or reporting to ensure organisation learning and enhanced standards of practice.
- The Trust will incorporate the above elements into its Safeguarding Adults programme for 2011/12

Veronica Flood

Assistant Director Safeguarding Adults

Organisation: Network of Carers' Support Organisations

Internal arrangements for governance regarding safeguarding adults at risk

- The Network of Carers' Support Organisations is one of a number of network groups supported by Community Barnet and is made up of 18 voluntary organisations.
- It meets every three months, to coordinate and improve the support for family carers. These carers' support organisations provide services for those caring for older people, people with learning disabilities, disabled people and people with mental health needs, or health conditions.
- The representative on the Safeguarding Adults Board is elected by the members and reports to the Network.

Work undertaken and achievements in 2010/2011

- In July Barnet Carers' Centre's representative stood down and was replaced by the Chief Executive of Barnet Mencap. He was elected by members of the Network of Carers Support Organisations.
- Staff from the Carers' Centre have attended in-house training and safeguarding courses. Carers have attended awareness sessions.
- Since the autumn, work has been undertaken to raise the profile of safeguarding amongst carers and the organisations that support them. There has also been work to increase awareness amongst professionals of the issues faced by family carers in relation to safeguarding.

Work Planned for 2011/2012

- The aim in the next year will be to get a better understanding of how safeguarding issues affect family carers, for carers and carer organisations to be aware of what to do if they have concerns, and for professional staff to work more effectively with family carers. To achieve this, the following actions need to be undertaken and monitored by the Safeguarding Adults Board:

1. The new London multi-agency policy and procedures should be promoted to family carers and carers' support organisations.
2. Training will be provided for family carers and carers support organisations so that they can fulfil their role effectively in safeguarding procedures.
3. Training for professional staff will include a focus on family carers, so that staff are better able to listen to carers' concerns and respond to them. As a result of the training more incidents of abuse should come to light and there will be an increase in alerts for family carers.
4. In order to understand the role of family carers, family and friends in causing harm, as well as in reporting abuse, special attention will be given to the data. This will be closely monitored to see if there is an increase or decrease in alerts, and the occasions when family and friends themselves cause harm. Consideration should be given to adding a specific category of "carer" and apply this to people who "cause harm" and "referrers".
5. Family carers will be given better support. The need for this should be identified in Carers' Assessments, and more carers' assessments will be carried out.
6. More work will be done to identify inter-personal abuse between family carers and the person they care for. There will be stronger links with domestic violence services.
7. The Network of Carers' Organisations will audit the information and advice about safeguarding that they give to carers. This will include any specialist support services

available on a local or regional basis and advocacy support for carers. Gaps will be identified and reported to the Safeguarding Adults Board.

8. Work will continue to recognise and support the role of carers in tackling abuse in residential homes and also in community and day settings. It is important that this work continues under the new Carers' Support contracts. This will build on the work of the Advance project, Dignity in Care initiatives and the work of others in the borough.
 9. Family Carers and carers support organisations will be included in the work to increase the awareness of Disability Hate Crime and 3rd Party reporting procedures, so that carers are better able to report concerns.
 10. Family carers and carers support organisations will be supported by professionals to increase their knowledge of the Mental Capacity Act and its implications.
 11. There will be stronger links between the Safeguarding Adults Board and carers support organisations and carers' groups, such as the Barnet Family Carers Forum.
- The new safeguarding policy and procedures highlight issues of unintentional harm and neglect involving family carers. They identify the lack of knowledge and inability of carers to manage and the way that this can increase the risks of abuse. By the end of the year the aim will be to better understand the role of carers in safeguarding.
 - The Safeguarding Adults Board will be able to oversee recognition of carers' stress, the provision of support and an improvement in carers' well-being. By doing this they will recognise carers as partners in tackling abuse and ensure the safety of adults at risk.

Ray Booth
Chief Executive, Barnet Mencap
(on behalf of Network of Carers' Organisations)

Organisation: London Fire Brigade

Internal arrangements for governance regarding safeguarding adults at risk

- London Fire Brigade (LFB) has a policy specifically for Safeguarding Adults which is known by all fire officers.
- If an officer suspects there may be a safeguarding issue, details are forwarded to the duty Assistant Commissioner who will decide whether to make a referral to the Local Authority or not.

Work undertaken and achievements in 2010/2011

- LFB successfully secured a place on Barnet's Safeguarding Adults Board and managed to get the Board to agree to carrying out multi-agency management reviews following adult fire deaths.
- LFB has started a new partnership arrangement with Barnet Carers Group.
- LFB has donated £1000 to the Adult Safeguarding Board.

Work Planned for 2011/2012

- Continued working with the Adult Safeguarding Board, seizing opportunities to make vulnerable people safer.
- Renewed partnership working with Barnet's Domestic Violence Team.
- Ongoing work with Drug and Alcohol user groups.
- LFB will carry out over 2000 Home Fire Safety Visits within Barnet during 2011/12, the vast majority of these will be to vulnerable people or within areas that we have identified as being at higher risk of fire.

Tom George
Borough Commander, Barnet

Organisation: Barnet Homes

Internal arrangements for governance regarding Safeguarding adults

- Lead Officer and Board member for safeguarding adults is Gladys Mhone, Head of Human Resources of Barnet Homes, with the deputising role being undertaken by Dorothy Tucker, Sheltered Housing Project Coordinator.
- This arrangement will ensure an appropriate level of seniority and leadership. By combining non frontline officer with a practitioner with knowledge and experience as deputy we will be able to contribute better to driving Safeguarding culture, skill and knowledge across the organisation
- Our Business Plan aims to have a clear understanding of our residents, including their needs and priorities. This aim will ensure that our vulnerable adults are known that their needs identified and targeted to improved their lives.

Work undertaken and achievements in 2010/2011

- We have undertaken Safeguarding training and Safeguarding recruitment training for key Board members, managers and staff within Barnet Homes.
- We have reviewed our Recruitment and Selection Policy and Procedure to ensure that Safeguarding is a consideration from the start of the process through the management practices
- We worked alongside the Council and other provider organisations to promote World Elder Abuse Awareness Day in June 2010. We organised a variety of activities in Sheltered Housing Schemes and mounted displays in Barnet House and at the Grahame Park Housing Office
- We have set up a database of vulnerable people on our Housing Database so that in case of emergency a report can be run on vulnerable people in the area affected
- We reviewed and updated our own Safeguarding Adults Policies and Procedures which are on website as well as intranet
- We have actively contributed to the Performance & Audit and Communications working groups.
- We participated in the Council Safeguarding month in the summer

Work planned for 2011/2012

- We will carry out briefing sessions for all staff to communicate the revised Policies and Procedures
- We will work with the Council to launch the Pan London Safeguarding Procedures from September 2011
- We will set up a Barnet Homes Safeguarding Internal working group to ensure that staff champion safeguarding issues within their areas of work
- We will commission in-house training for staff who may have missed last year's training on Safeguarding
- We will focus on financial abuse as a theme for this year in response to cases that we reported
- We will seek feedback from the working group to understand priorities that require focusing on.

Gladys Mhone
Head of Human Resources

Organisation: Royal Free Hampstead NHS Trust

Internal arrangements for governance regarding Safeguarding adults

- The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards policy was developed and ratified in September 2010.
- The Adult Safeguarding Policy was reviewed and updated in December 2010. Information has been added to the revised patient 'Bedside Booklet' that explains how service users can recognise and report abuse. The Bedside Booklet also contains new information about what staff will do when a patient lacks the capacity to make their own decisions.
- The new pan-London policy "Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse" was launched in January 2011. The RFH Safeguarding Board has been briefed on the changes which relate predominantly to terminology changes and our policies are being amended to reflect these.

Internal arrangements for training regarding Safeguarding adults

- A new training programme incorporating adult protection, child protection and the Mental Capacity Act (MCA) was launched in January 2010. Level 3 safeguarding workshops for senior staff were developed in collaboration with Middlesex University, who also delivered this training programme.
- Evaluation data from the Safeguarding training from last quarter of 2010 - the last set of data available - showed that the training was rated extremely well, scoring 5.1 out of a possible maximum of 6.
- On 25 November 2010 the Trust solicitors, Bevan Britten, providing a challenging training session for consultant doctors and other senior staff within the hospital. The session included a short overview of the Mental Capacity Act, followed by the law surrounding the Deprivation of Liberty Safeguards.

Work undertaken and achievements in 2010/2011

- Information for staff has been improved: Ward packs were provided to clinical areas containing key information and documents relating to Adult Protection and the MCA, including decision-flowcharts. The Freenet pages relating to the Mental Capacity Act have been modernised and a new page developed for the Deprivation of Liberty Safeguards. A new portal has been developed on Freenet with information regarding adult safeguarding for all staff, with links to our partner agencies.
- The number of referrals from the Royal Free Trust to the Camden Independent Mental Capacity Act Advocate service has doubled each quarter for the last three quarters recorded.
- Two successful bids for funding were made during the year. One award of £5k was made by the Department of Health to conduct an audit of the MCA in practice across the organisation; this audit is ongoing. Another award of £5k was made by Camden Adult and Social Care Services for the Trust to provide MCA training to staff.
- A total of four Deprivation of Liberty requests have been made since January 2010. Three requests for authorisation were approved and one was rejected, due to the patient being eligible for treatment under the Mental Health Act.
- Fortnightly meetings have been commenced that use information from incidents, discharge alerts, claims and complaints to identify adult safeguarding concerns and trigger investigations or further action as appropriate. This is an additional assurance mechanism ensure triangulation of both soft and hard intelligence from a range of areas across the Trust.

- An audit of all clinical incident forms completed June 2010 was carried out to review the processes of escalation to adult safeguarding. The audit found that all cases with an adult protection element had been escalated appropriately. This will be subject to a reaudit this year
- As part of the quarter 4 compliance review of CQC standard 7, two elements have been graded as amber. These are in relation to our training figures for both MCA and adult safeguarding which are below the recommended level of 80% of all staff and policy and training relating to restraint and restriction. A revised Restraint and Restriction policy is currently in draft form, which will also include recommendations about staff training requirements. Leads from security services, adult protection, A&E, and mental health services are involved. Partial compliance for these elements enable us to have a clearly defined action plan in response to our self assessment of standard 7 which we have declared compliance with overall for the quarter.

Work planned for 2011/2012

- Continued efforts to increase training uptake and raise awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards will be ongoing, including “Safeguarding Awareness Days” to be held at the Royal Free Hospital in June and July 2011.
- The team will work with the Organisational Development and Learning Department to increase opportunities and review delivery methods for delivering training.
- The team will develop and ratify the Restriction and Restraint policy in 2011.
- The Trust’s adult safeguarding policy and training programme will be revised and remodelled in line with the recent Pan-London guidance.

Linda Davies

Safeguarding Adults Operational Lead

Organisation: Barnet and Chase Farm Hospitals NHS Trust

Internal arrangements for governance regarding Safeguarding adults

- The Director of Nursing is the Director responsible for Safeguarding.
- One of the Deputy Director of Nursing acts as the corporate lead for Vulnerable Adults.
- A Medical Matron on each site act as operational leads, providing advice and support to staff on adult protection policies and procedures
- The Trust has a vulnerable adult's board which meets quarterly and has a safeguarding strategy group to ensure that learning from both children's and adults safeguarding are taken forward within the organisation.
- An Annual Report which includes the Annual Reports from both the London Borough of Barnet and London Borough of Enfield is taken to the Trust Board.

Internal arrangements for training regarding Safeguarding adults

- There is a session on safeguarding as part of induction for all staff. Additional training has been provided by an external trainer. 800 members of the Trust received safeguarding training during the financial year 2010/11.
- Medical Staff have an e-learning package as part of induction and 282 Doctors completed this package.
- The Trust solicitor provides training on the mental capacity act.
- Additional training has been provided on the Deprivation of Liberty Standards
- Training has been provided on caring for patients with dementia in an acute setting as part of the Trusts Dementia strategy.
- SOLACE has provided training on Domestic Violence for the Trust.

Work undertaken and achievements in 2010/2011

- As part of Safeguarding Awareness week the Trust had information stalls on both sites. The stands had representatives from nursing and social work staff and information leaflets on Safeguarding. The Trusts interpreting service supported the staff on the raising awareness stalls.
- As part of the 'Dignity in Care' campaign the Trust is undertaking a number of initiatives to ensure that all our patients are treated with dignity and respect. The "We Care" campaign has introduced the Quality of Interaction Observational Tool (QUIS) to improve the quality of interaction and communication between staff and patients. 40 wards and departments are undertaking QUIS audits monthly and staff are using this tool to reflect on how they care and to agree actions as a team to continue to improve care and communication.
- The Trust has undertaken an audit of safeguarding alerts and one key area of weakness identified was in the documentation of alerts and outcomes. This will be addressed within training and when the Trust revises its guidance to staff.
- The Trust continues it's on going commitment to reducing the inequalities experienced by people with learning disabilities when accessing health care environments.
 - Training in Learning Disability awareness is now part of a bi-monthly training session open to all clinical staff, and fundamentals of care training includes a session on recognising and implementing reasonable adjustments for vulnerable patients.
 - Staff are encouraged to refer all patients with learning disabilities to the Acute Liaison Nurse (ALN) to ensure that they are supported to meet the additional needs of this vulnerable group and to aid discharge planning and communication across the multi agency boundaries.

- Visits to the hospital for people with learning disabilities are on going and there have been a number of tours of the diagnostic imaging (x-ray) department, surgical wards, day surgery and theatres.
- The ALN also provides support for individual clients who have outpatient's appointments or planned admission.
- Future projects include the development of an accessible learning disabilities web page for patients and staff, further accessible hospital visits for people with learning disabilities and their carers, the completion of a reasonable adjustments risk assessment, easy read menus, development of an easy read feedback system and awareness raising events during Mencap learning Disability week in June.
- The ALN is also looking at ways our cancer services and preadmission clinics can be improved to take into consideration the unique needs of some of our patients with learning disabilities
- The Trust has implemented a dementia pathway and launched a dementia awareness programme as part of its dementia strategy. As part of this a range of information and advice sheets have been made available to patients, staff and their relatives.
- The Trust is currently piloting a 'green cup' scheme for patients with dementia to prevent dehydration. As part of Nurses Day the Trust is launching 'distraction boxes' which families and friends will be encouraged to add personal items to.
- The Trust has a patients and relatives group. One of the schemes this group are currently piloting is a 'carers badge' scheme.

Work planned for 2011/2012

- As part of Nurses Day the Trust intends to hold safeguarding awareness stalls.
- The Trust is re-vamping its Safeguarding pages on the intranet and will have a combined safeguarding page for children and adults with signposts to relevant sections.
- The Trust intends to continue hosting 'Demystifying Hospital' visits for patients with learning disabilities
- The Acute Liaison Nurse for patients with a learning disability intends to undertake a session on recognising the needs of people with a learning disability as part of the student nurse induction.
- The Trust intends to provide further training on caring for patients with dementia in an acute setting
- The Trust is reviewing e-learning packages as part of its training strategy
- The Learning Disability Liaison Nurse will continue to work with the communications department to develop patient information leaflets in an accessible form.
- The Trust will be rolling out the 'We Care' values across the organisation as part of the Trusts Dignity Project.
- A Dignity Advocate Group is being set up to work at a local level influencing the small things that make a difference.
- As part of the improving patient nutrition the Trust will be focusing on the Age UK's seven steps to end malnutrition in hospital.

Teresa McHugh
Deputy Director of Nursing

Organisation: Community Safety, London Borough of Barnet

Work undertaken and achievements in 2010/2011

- The introduction of INTEC and a risk assessment matrix which score anti-social behaviour matters including safeguarding as a criteria rating as low / medium / high risk, enabling safeguarding issues to be identified and referred to the correct agencies.
- Re launch of the third party hate crime reporting with partner agencies.
- All staff have received half day safeguarding training and the mandatory data protection training.
- Adult vulnerability criteria now forms part of drug and alcohol assessments and all levels of vulnerability are recorded on the client database (ILLY)
- An initial draft protocol for protection of vulnerable adults has been produced
- Treatment service providers have been given clear expectations on their roles and required systems to manage the safeguarding agenda and how these must fit into their own organisational procedures.

Work planned for 2011/2012

- Implementation of the drug and alcohol / adult social services joint-working protocol is scheduled for 2011/12. In addition to the protocol a launch day and a parallel cross-services training programme are to be scheduled.
- Workforce drug and alcohol brief intervention service launched
- The NTA is planning a safeguarding audit in early 2011/12 and the partnership will engage fully with the process and develop and implement any action plan arising from this audit.
- Review the structure and process for managing hate crime both strategically and at a multi-agency panel level.

Paul Lamb

Community Protection Group Manager

Organisation: Barnet Community Services/Central London Community Healthcare

Introduction

- The Barnet Community Services (BCS) Safeguarding Board continued to meet regularly over the course of the past year, 2010-2011.
- The membership of the BCS Safeguarding Board changed in October 2010 following a reorganisation of the management structure; and following the recent merger between BCS and Central London Community Healthcare Trust in April of this year, there will be a further reorganisation of the Safeguarding Board.

Membership of the BCS/CLCH Safeguarding Board

The membership of the BCS Safeguarding Board is now as follows:

Ann Mount	Assistant Director of Operations; Joint Chair
Andrew Wilkes	Divisional Manager, Learning Disabilities & Urgent Care;
Dee Hackett	Director of Clinical Governance
Marcia Daley	Head of Education and Organisational Development
Patricia Hill	Divisional Manager for Intermediate Care Services; Professional Lead for Allied Health Professions
Kate Bushell	Operational Manager, District Nursing Service
Claire Dawson	Nurse Team Manager, Barnet Learning Disabilities Service
Pat Smith	Operation Manager, Intermediate Care
Elise Warner	Therapy Modern Matron
Graziella Walker	HR Resourcing Manager
Sue Smith	Barnet Safeguarding Adults Manager
Linda Davies	Safeguarding Lead, Royal Free Hospital

Work undertaken and achievements in 2010/2011

- Pressure Ulcers. In the course of the past year Barnet Community Services has attached increasing priority to the rapid identification and treatment of pressure ulcers, both in the community and on the wards at Finchley Memorial and Edgware Community Hospital. The Tissue Viability Nurse has worked closely with District Nursing Teams and with Nursing Staff on the wards to ensure they have the necessary knowledge and skills to provide effective treatment to patients with pressure ulcers.
- Safeguarding Adult Service User Forum. Claire Dawson, the Nurse Team Manager in the Learning Disabilities Service and a member of the BCS Safeguarding Board has jointly facilitated this group with the Safeguarding Adults Coordinator. The Service User Forum meets quarterly and has representation from all Care Groups. Claire has helped to ensure that good practice in the Learning Disabilities Service, for instance in ensuring that accessible information is provided is incorporated into work with the representatives in the Forum.
- Serious Incidents, (formerly SUI's) In the past year Barnet Community Services has significantly improved the system for reviewing all S.I.'s, ensuring that they are reported to the Director of Clinical Governance every month and that action plans are developed and rigorously monitored. The monthly meeting to review SI's also has ensured that each case is scrutinized to check whether it should have also been raised as a safeguarding alert.

Internal arrangements for training regarding Safeguarding adults

- In the past year the BCS Safeguarding Board has placed a high priority on the training of its staff. Basic adult safeguarding training is mandatory for all clinical and non-clinical staff, and in the course of the past twelve months over 500 staff have been trained.
- In addition, a second Raising Awareness Event was held on April 6th 2011 to raise the profile of adult safeguarding throughout Barnet Community Services, following on from the success of the event held on April 1st in 2010. This consisted of a morning session, mirrored by an afternoon session, with external speakers and table top discussions. At the start of each session, Sue Smith, Safeguarding Coordinator provided an update on the new Pan London Safeguarding Policy and Procedures which will be implemented in Barnet in September of this year. This was a very well attended event, with 40 staff attending the morning and 35 the afternoon session.

Merger with CLCH

- It is considered that the merger between Barnet Community Services and the Central London Community Healthcare Trust, (CLCH), which consists of the former Hammersmith & Fulham, Kensington & Chelsea and Westminster Provider Services, will be a positive development in terms of taking forward adult safeguarding. CLCH already has a Safeguarding Board and a Safeguarding Lead for the organisation
- In the next few months, work will take place to review the safeguarding policies and procedures of both the CLCH and the former BCS Safeguarding Boards to ensure consistency of practice across the enlarged organisation
- It is probable that for the next six months at least, the former Barnet Community Services Safeguarding Board will continue to meet, with representation from the wider organisation, since at a time of organisational change it will be important to ensure that Health staff working within Barnet in a range of settings continue to identify vulnerable adults at risk of abuse and raise alerts appropriately.

Work planned for 2011/2012

In the next year, the Barnet part of CLCH will focus on three main priorities:

1. Increasing the number of alerts made by Health staff: We need to ensure that alerts raised by Health staff are appropriately documented and recorded. At the present time, a number of alerts raised by Health staff and forwarded to Adult Social services are not properly recorded as Health alerts. This is especially the case where there are joint teams. We need to record the number of alerts raised by Health staff and also which Health Teams are making these alerts.
This is important in terms of identifying the Teams where we need to raise the profile of adult safeguarding.
2. Developing a network of Safeguarding Champions within BCS/CLCH: In terms of raising the level of awareness of adult safeguarding throughout the organisation, we need to identify champions within the different Health teams within BCS/CLCH. The champions will help to ensure that adult safeguarding issues are regularly discussed at Team Meetings and that staff are made aware of new developments, particularly in the context of the forthcoming Pan London Policy and Procedures. A number of staff put their names forward following the Raising Awareness Event on April 6th 2011, but we

need to encourage more Clinical and Non-Clinical staff to become safeguarding champions.

3. Continue to review all SI's to ensure referrals are made when appropriate to safeguarding. Procedures are already in place to review all SI's to check that safeguarding alerts have been raised when relevant. The monthly SI Review meeting will continue to rigorously scrutinize all SI's to check for safeguarding issues. Where it appears that a safeguarding referral should have been made, this will be actioned and feedback provided to front-line practitioners.
4. Ensuring all staff are briefed on the new Pan London Procedures. It will be important to ensure that all BCS/CLCH Staff receive information and guidance on the new Pan London Safeguarding Adult Policy and Procedures to be launched in September. Briefing sessions on the new policy will also be delivered to update staff, and the former Barnet Community Services will need to liaise with CLCH to ensure a uniform approach is adopted.
5. Developing the Safeguarding Board within the new organisation-CLCH: It has been stated that potentially, the move to the enlarged organisation should be positive in terms of taking forward adult safeguarding. However, it will be important that future safeguarding arrangements, including the future establishment of a single CLCH Safeguarding Board and the development of appropriate policy and procedures ensure consistent good practice throughout the organisation.

Ann Mount
Assistant Director of Operations

Andrew Wilkes
Divisional Manager, Learning Disabilities & Urgent Care

Appendix 1 – Monitoring Report

Safeguarding Adult Protection Referrals Monitoring Report

Annual Report

1 April 2010 – 31 March 2011

Sue Smith, Safeguarding Adults Manager

Tel: 020 8359 6105

Email: sue.smith@barnet.gov.uk

- Information in this report was supplied by Social Work Teams and CMHT in Barnet
- The data is drawn from the Safeguarding Adult Monitoring Forms, completed after receiving an alert abuse
- The data relates to incidents with a 'date of alert' received between **1 April 2010** and **31 March 2011**
- Adults at risk can have a 'learning disability', 'physical disability', 'sensory impairment', be 'mentally ill', be an 'older person', or any combination of these
- Between **1 April 2010** and **31 March 2011**, there were a total of **495** alerts received.

Analysis of Safeguarding Adults Referrals to Barnet Social Work Teams during the period from 1st April 10 ~ 31st March 11.

Total number of alerts during the period was:

495

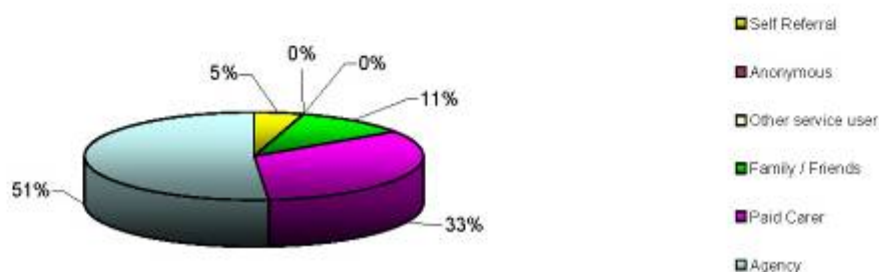
Total alerts by quarter

I	01 April 2010 - 31 June 2010	139
II	01 July 2010 - 31 Sep 2010	123
III	01 Oct 2010 - 31 Dec 2010	118
IV	01 Jan 2011 - 31 March 2011	115
Total		495
Total Alerts 2009-10		420

1) Referrer's relationship to victim

The table below indicates the source of the 495 alerts and their relationship to the victim.

	Total Alerts
Self Referral	23
Anonymous	1
Other service user	0
Family / Friends	53
Paid Carer	164
Agency	254
Total Alerts	495



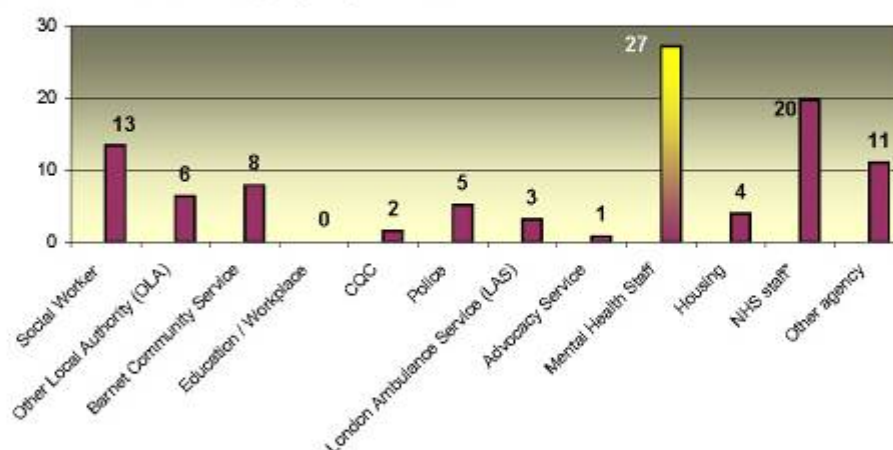
Referrers relationship to victim by quarter

Quarter	Self Referral	Anonymous	Other service user	Family / Friends	Paid Carer	Agency	Total Alerts
I	7	0	0	18	43	71	139
II	6	0	0	10	42	65	123
III	5	1	0	11	38	63	118
IV	5	0	0	14	41	55	115
Total	23	1	0	53	164	254	495

1a) Alerts from 'Agency'

Those alerts from 'other agencies' are further broken down to indicate which agency they came from:

	Total Alerts
Social Worker	34
Other Local Authority (OLA)	16
Barnet Community Service	20
Education / Workplace	0
CQC	4
Police	13
London Ambulance Service (LAS)	8
Advocacy Service	2
Mental Health Staff	69
Housing	10
NHS staff*	50
Other agency	28
Total	254
Total in 2009-10	214



* Of NHS staff 4 cases referred from FMH, 2 cases referred from ECH (BCS)

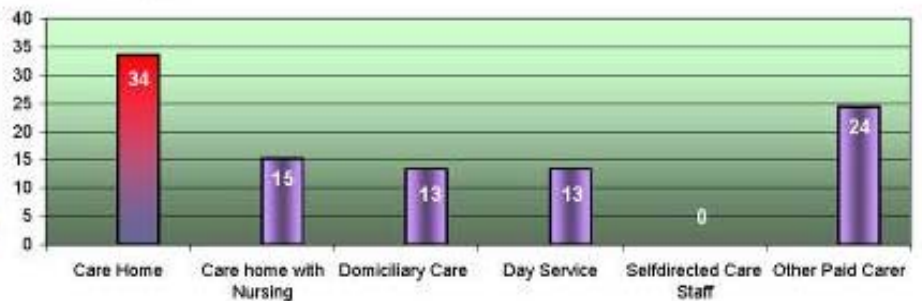
Alerts from 'Agency' by quarter

Quarter	Social Worker	OLA	Barnet Community Service	Education / Workplace	CQC	Police	LAS	Advocacy Service	MHT	Housing	NHS staff	Other agency	Total
I	11	2	3	0	2	4	2	1	21	1	16	8	71
II	10	5	4	0	0	6	1	1	18	2	7	11	65
III	7	6	10	0	2	3	2	0	15	4	8	6	63
IV	6	3	3	0	0	0	3	0	15	3	19	3	55
Total	34	16	20	0	4	13	8	2	69	10	50	28	254

1b) Alerts from 'Paid Carer'

This table indicates in more detail those cases referred by paid carers.

	Total
Care Home	55
Care home with Nursing	25
Domiciliary Care	22
Day Service	22
Selfdirected Care Staff	0
Other Paid Carer	40
Total	164
Total in 2009-10	127

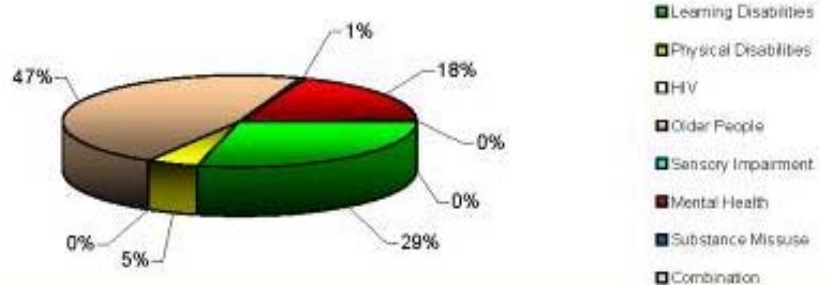


Alerts from 'Paid Carer' by quarter

Quarter	Care Home	Care home with Nursing	Domiciliary Care	Selfdirected care staff	Day Service	Other paid carer	Total
I	11	5	10	0	3	14	43
II	13	10	4	0	5	10	42
III	15	5	3	0	8	7	38
IV	16	5	5	0	6	9	41
Total	55	25	22	0	22	40	164

2) Breakdown of Client Group

	Total Alerts
Learning Disabilities	143
Physical Disabilities	23
HIV	1
Older People*	232
Sensory Impairment	3
Mental Health**	91
Substance Misuse	2
Combination	0
Total Alerts	495



*23 older adults cases refer to individuals who have additional mental health needs

**1 older adults case referred to PCMH

** 2 mental health cases referred to RFH, 1 mental health case referred to CT South

Of the 495 alerts received, 95 people have dementia

3) Number of alerts to each team and categories of abuse referred

Team	Total	Physical	Neglect	Sexual	Financial	Psychological	Discriminatory	Institutional	Combinations	Total
Learning Disabilities	138	55	25	18	15	4	0	2	19	138
Transitions Team	5	4	0	0	0	0	0	0	1	5
Older Adults:										
Access Social Care Direct	16	6	2	1	3	4	0	0	0	16
Short Term Enablement & Planning Team	10	3	0	0	1	3	0	0	3	10
Complex Planning & Ongoing Support North	30	3	2	3	18	2	0	1	1	30
Complex Planning & Ongoing Support West	35	4	5	0	15	2	0	0	9	35
Complex Planning & Ongoing Support South	58	13	14	0	21	1	0	0	9	58
Review and Reassessment Team	11	2	2	0	2	2	0	0	3	11
Right to Control	2	0	0	0	1	0	0	0	1	2
Hospitals:										
Barnet	26	4	6	0	5	0	0	0	11	26
Edgware	4	1	1	0	1	0	0	0	1	4
Northwick Park	0	0	0	0	0	0	0	0	0	0
Finchley Memorial	3	2	0	0	1	0	0	0	0	3
ICS	4	0	1	0	0	2	0	0	1	4
Royal Free	39	9	13	1	5	2	0	0	9	39
Mental Health:										
CMHT North East	15	2	0	1	1	3	0	0	8	15
CMHT South East	7	1	0	2	1	0	0	0	3	7
CMHT North West	8	3	0	0	2	1	0	0	2	8
CMHT South West	20	6	0	2	3	1	0	0	8	20
Recovery Team	17	4	1	0	7	1	0	1	3	17
Primary Care Team	7	1	0	0	1	2	0	0	3	7
Older Adults MHT - East	19	8	1	0	4	2	0	0	4	19
Older Adults MHT - West	4	1	0	0	0	0	0	0	3	4
Acute Care Services East	1	1	0	0	0	0	0	0	0	1
Acute Care Services West	6	2	0	1	2	0	0	0	1	6
Barnet Drug & Alcohol Service	2	1	0	0	0	0	0	0	1	2
Psychology Therapy Service	8	2	0	0	0	2	0	0	4	8
Other	0	0	0	0	0	0	0	0	0	0
TOTAL	495	138	73	29	109	34	0	4	108	495

3a) Number of alerts to each team by quarter

Team	I	II	III	IV	Total
Learning Disabilities	39	36	41	22	138
Transitions Team	2	2	0	1	5
Older Adults:					
Access Social Care Direct	1	4	3	8	16
Short Term Enablement & Planning Team	1	4	3	2	10
Complex Planning & Ongoing Support North	8	7	10	5	30
Complex Planning & Ongoing Support West	12	9	8	6	35
Complex Planning & Ongoing Support South	9	21	8	20	58
Review and Reassessment Team	3	5	1	2	11
Right to Control	0	0	1	1	2
Hospitals:					
Barnet	3	4	7	12	26
Edgware	1	1	1	1	4
Northwick Park	0	0	0	0	0
Finchley Memorial	1	1	1	0	3
ICS	1	0	1	2	4
Royal Free	18	5	5	11	39
Mental Health:					
CMHT North East	7	2	4	2	15
CMHT South East	4	1	1	1	7
CMHT North West	1	2	3	2	8
CMHT South West	8	5	4	3	20
Recovery Team	5	3	4	5	17
Primary Care Team	3	2	1	1	7
Older Adults MHT - East	8	3	5	3	19
Older Adults MHT - West	1	0	2	1	4
Acute Care Services East	0	0	1	0	1
Acute Care Services West	2	1	1	2	6
Barnet Drug & Alcohol Service	0	0	2	0	2
Psychology Therapy Service	1	5	0	2	8
Other	0	0	0	0	0
TOTAL	139	123	118	115	495

4) Type of abuse

	Total
Physical	138
Neglect	73
Sexual	29
Financial	109
Psychological / Emotional	34
Discriminatory	0
Institutional	4
Combination*	108
Total Alerts	495



Combination* (more than 1 type of abuse referred) refers to (see table below):

Physical	Neglect	Sexual	Financial	Psychological / Emotional	Discriminatory	Institutional	Total
x			x				9
x	x						9
x				x			30
x			x	x			3
x				x	x		3
x		x	x	x			2
x		x		x			4
x		x		x			3
x						x	6
	x		x				6
	x					x	14
	x			x			2
	x			x		x	1
	x		x	x			1
			x	x			11
		x	x				2
		x		x			2
							108

4a) Type of abuse by client group

	LD	PD	HIV	Older People	SI	Mental Health	Subs. Misuse	Combination*	Total
Physical	59	2	0	51	0	25	1	0	138
Neglect	25	3	0	44	0	1	0	0	73
Sexual	18	0	0	5	0	6	0	0	29
Financial	15	9	1	65	2	17	0	0	109
Psychological / Emotional	4	4	0	16	0	10	0	0	34
Discriminatory	0	0	0	0	0	0	0	0	0
Institutional	2	0	0	1	0	1	0	0	4
Combination	20	5	0	50	1	31	1	0	108
Total Alerts	143	23	1	232	3	91	2	0	495

*See 2) for explanation of combination of Client Group

4b) Type of abuse by person who caused the harm

	Friends/ Family	Stranger	Professional	Paid Carer	Other adult at risk	Not known	Other	Total
Physical	46	2	6	23	31	26	4	138
Neglect	5	0	2	61	0	5	0	73
Sexual	9	5	0	4	5	5	1	29
Financial	43	7	1	22	1	31	4	109
Psychological / Emotional	23	0	2	7	1	1	0	34
Discriminatory	0	0	0	0	0	0	0	0
Institutional	0	0	0	3	0	1	0	4
Combination	56	2	3	27	4	13	3	108
Total Alerts	182	16	14	147	42	82	12	495

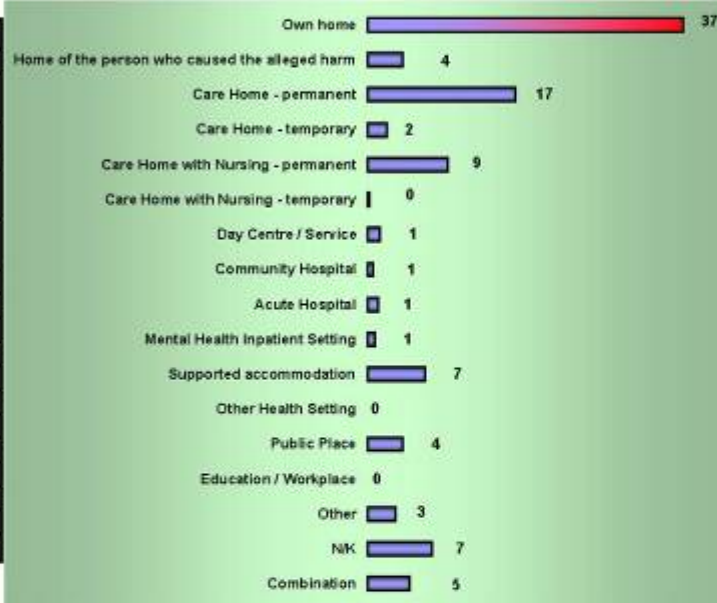
4c) Gender of the adults at risk referred and the type of abuse

	Male	Female	Not known	Missing Data	Total
Physical	51	86	1	0	138
Neglect	30	43	0	0	73
Sexual	5	24	0	0	29
Financial	42	67	0	0	109
Psychological / Emotional	6	28	0	0	34
Discriminatory	0	0	0	0	0
Institutional	2	2	0	0	4
Combination*	28	80	0	0	108
Total Alerts	164	330	1	0	495

*See 4) for explanation of combination of abuse

5) Settings where alleged abuse took place

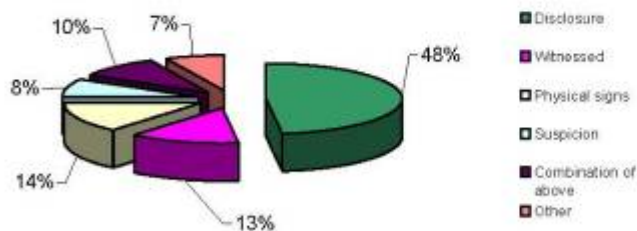
	Total
Own home	182
Home of the person who caused the alleged harm	20
Care Home - permanent	85
Care Home - temporary	11
Care Home with Nursing - permanent	46
Care Home with Nursing - temporary	1
Day Centre / Service	7
Community Hospital	3
Acute Hospital	6
Mental Health Inpatient Setting	4
Supported accommodation	33
Other Health Setting	0
Public Place	20
Education / Workplace	0
Other	16
N/K	37
Combination	24
Total Alerts	495



6) How did the alleged abuse come to light?

The table below indicates how the abuse had come to the attention of the referrer

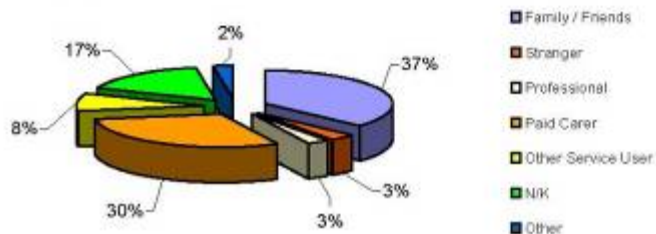
	Total
Disclosure	238
Witnessed	65
Physical signs	70
Suspicion	40
Combination of above	48
Other	34
Total Alerts	495



7) Information about the person who caused the harm

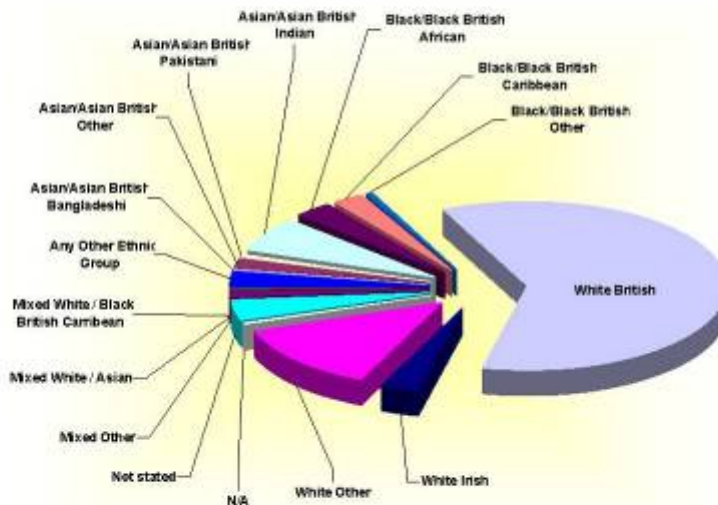
The table below indicates the relationship of the alleged person who caused the harm to the adult at risk

	Total
Family / Friends	182
Stranger	16
Professional	14
Paid Carer	147
Other Service User	42
N/K	82
Other	12
Total Alerts	495



8) Ethnic Origin of the adult at risk*

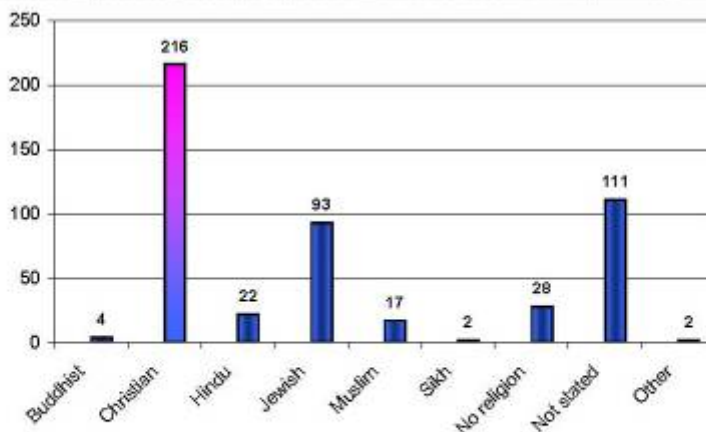
	Total
Asian/Asian British Bangladeshi	1
Asian/Asian British Other	8
Asian/Asian British Pakistani	3
Asian/Asian British Indian	33
Black/Black British African	16
Black/Black British Caribbean	12
Black/Black British Other	3
White British	300
White Irish	14
White Other	64
N/A	1
Not stated	19
Mixed Other	5
Mixed White / Asian	1
Mixed White / Black British Caribbean	1
Any Other Ethnic Group	14
Total	495



*Ethnic Origin was defined via swift code

8a) Faith of the adult at risk*

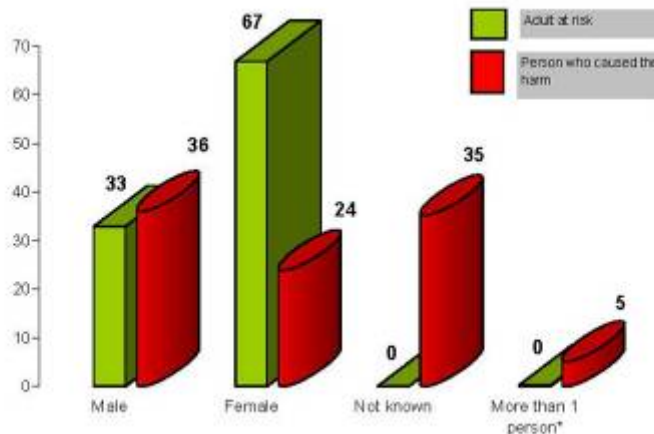
	Total
Buddhist	4
Christian	216
Hindu	22
Jewish	93
Muslim	17
Sikh	2
No religion	28
Not stated	111
Other	2
Total	495



*Religion was defined via swift code

9) Comparison between gender of adults at risk and gender of alleged person who caused the harm

	Adult at risk	Person who caused the harm
Male	163	178
Female	331	118
Not known	N/A	174
More than 1 person*	1	25
Total Alerts	495	495



More than 1 person who caused the harm* refers to: "In 2 cases of strangers, 1 case of two carers at nursing home, 2 cases of daughter and her boyfriend, 1 case of male and female relative, 1 case of group of local youth, 1 case of son & daughter, 1 case of female and male care staff, 4 cases of parents of client, 2 cases of neighbours, 2 cases of staff in care home, 1 case of staff & neighbours in care home, 1 case of extra care housing staff & ward staff, 2 cases of other adults at risk, 1 case of befriended couple, 1 case of son/daughter & friend/neighbour, 2 cases gender unknown.

10) Alleged person who caused the harm by Client Group

	Friends & Family	Stranger	Professionals	Paid Carer	Other service user	Not known	Other	Total
L.D.	29	5	3	41	22	42	1	143
P.D.	8	2	1	10	0	2	0	23
HIV	1	0	0	0	0	0	0	1
O.P.	89	3	6	81	15	31	7	232
S.I.	0	0	0	3	0	0	0	3
M.H.	54	6	4	12	5	7	3	91
Substance Misuse	1	0	0	0	0	0	1	2
Combination	0	0	0	0	0	0	0	0
Total Alerts	182	16	14	147	42	82	12	495

11) Summary of action agreed

Of the **495** cases referred for this year: **429** proceeded to strategy meeting
66 cases had an alternative outcome.
Of the **429** cases that proceeded to strategy meeting: **363** forms were completed
66 were still ongoing.

	Total
Arrange Strategy meeting	429
Alternative Outcome	66
Total Alerts	495
Allocate case	1
Allocate Case & Refer to other agency & Other action & N.F.A.*	1
Community Care Assessment	2
Community Care Assessment & Allocate Case	1
Disciplinary action & N.F.A.	1
N.F.A.	36
N.F.A. & Other action	7
Other action	11
Refer to other agency & N.F.A.	3
Refer to other agency & Other action	2
Refer to other agency & N.F.A. & Other action	1
Total Alerts - Alternative Outcome	66

*N.F.A. - No Further Action

The speed of response:

- ~ The average number of days between receiving the alert to the day of the strategy meeting is 5.
- ~ In **237** cases a strategy meeting was held within four days.
- ~ In **77** cases a strategy meeting was held between 4 and 10 days
- ~ In **46** cases a strategy meeting was held 10 days after receiving the alert or longer.
- ~ In **3** case - date of strategy meeting is unknown

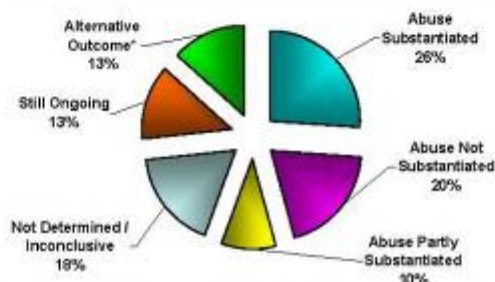
12) Attendance of other agencies at strategy meetings and case conferences

	Strategy Meeting	Case Conference
Police	59	19
Adult Social Services	296	146
Other Local authorities	37	20
CQC	43	18
Barnet Community Service	34	26
MHT	79	47
GP	6	3
RFH	22	10
BGH	10	2
ECH	3	0
FMH	1	1
Other NHS	4	7
Domiciliary Care	43	39
Care Home	101	71
Other provider	50	28
Adult at risk	N/A	41
Family	N/A	58
IMCA	N/A	1
Advocate	N/A	4
Other agency	60	34

13) Case Conclusion: On the balance of probabilities

	Total
Abuse Substantiated	129
Abuse Not Substantiated	98
Abuse Partly Substantiated	48
Not Determined / Inconclusive	88
Still Ongoing	66
Alternative Outcome*	66
Total Alerts	495

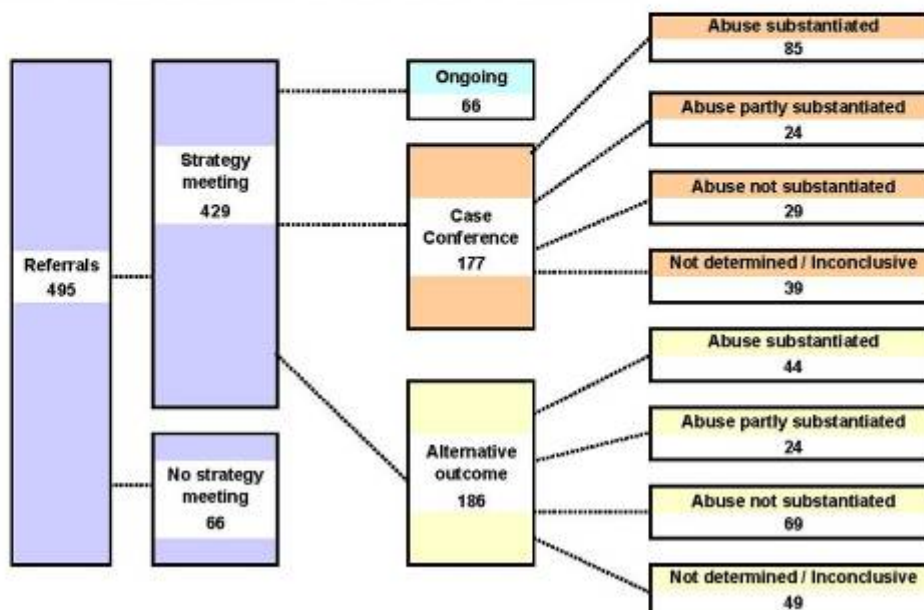
*Alternative outcome: see 13) for those that did not proceed to the strategy meeting.



14) Quarterly Comparison of Case Conclusion

Quarter	Substantiated	Not substantiated	Partly substantiated	Not determined / Inconclusive	Still ongoing	Alternative outcomes	Total completed
I	47	29	22	29	1	11	127
II	35	26	14	20	7	21	95
III	29	30	10	19	14	16	88
IV	18	13	2	20	44	18	53
Total	129	98	48	88	66	66	363

15) Outcome flowchart



16) Summary of action taken for the adult at risk who were referred

Number of cases where action was taken/service offered for the adult at risk

Action taken / Service offered (accepted)	Abuse substantiated	Abuse Not Substantiated	Abuse Partly Substantiated	Not Determined / Inconclusive
Removed from Property or Service	4	2	6	8
Community Care Assessment	17	7	8	18
Civil Action	0	0	0	0
Application to Court of Protection	4	0	0	0
Application to change appointeeship	2	0	1	0
Referral for Advocacy scheme	2	0	2	2
Referral for Counseling / Training	7	3	1	6
Move / increase / different care	21	4	3	15
Management of access to finances	14	3	4	5
Guardianship / Use of Mental Health Act	1	0	0	2
Review of Self-Directed Support (IB)	2	0	0	1
Restriction / Management of access to person who caused the harm	16	5	4	6
Referral to MARAC	2	0	1	1
Increased Monitoring	56	16	18	31
No further action	16	46	9	21
Other	54	31	17	29
Total	218	117	74	145

17) Summary of action taken for the person who caused alleged harm

Number of cases where action was taken/service offered for the person who caused alleged harm

Action taken / Service offered (accepted)	Abuse Substantiated	Abuse Not Substantiated	Abuse Partly Substantiated	Not Determined / Inconclusive
Removal from property or service	12	0	4	6
Action under the Mental Health Act	5	0	0	0
Community Care Assessment	3	0	2	1
Carers Assessment	3	3	0	0
Management of access to adult at risk	11	1	2	5
Criminal Prosecution / Formal Caution	2	0	0	0
Police Action	16	0	9	7
Disciplinary Action	29	1	3	2
Referral to ISA	2	0	0	0
Action by CQC	2	0	2	1
Action by Contracts Compliance	3	1	1	0
Referral to Court Mandated Treatment	0	0	0	0
Referral to registration body	0	0	0	0
Counselling / Training / Treatment	21	3	5	3
Continuing monitoring	34	11	12	5
Referral to MAPPA	0	0	1	0
Exonerated	0	11	0	0
No further action	21	63	13	50
Not known	9	2	4	2
Other	0	0	0	0
Total	173	96	58	82

AGENDA ITEM: 7

Pages: 7-12

Meeting	Safeguarding Overview and Scrutiny Committee
Date	10 October 2011
Subject	Annual Complaints Report 2010/2011
Report of	Director of Adult Social Care and Health
Summary	Adult Social Care and Health is required under statutory regulations, to report annually to the relevant Council committee on adult social care complaints and to compile an annual report.

Officer Contributors	Mathew Kendall, Assistant Director, Transformation and Resources, Adult Social Care and Health Emily Bowler, Customer Care and Business Manager, Transformation and Resources, Adult Social Care and Health
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix A: Adult Social Care and Health Annual Complaints Report 2010/2011
Reason for urgency / exemption from call-in	Not applicable
Key decision	No

Contact for further information: Emily Bowler 020 8359 4463

1. RECOMMENDATION

- 1.1 That the Safeguarding Overview and Scrutiny Committee make comments and /or recommendations to the Cabinet Member for Adults on the contents of the Annual Complaints Report.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 None.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Overview and Scrutiny Committees must ensure that the work of the Scrutiny is reflective of the council's priorities.

- 3.2 The Corporate Plan 2011-2013 has the following priorities relevant to the work of Adult Social Care and Health:

Better services with less money

- Create a more customer-centric council that enables customers to efficiently achieve the desired outcome
- Ensure our support services effectively serve the organisation through high quality, high value services

Sharing opportunities and sharing responsibilities:

- Promote personalisation of services and enhanced quality of life for adult social service users.

A successful London Suburb

- Ensure a positive experience of care and support for carers

Listening and acting on customer feedback is essential to achieving these priorities. It also enables us to monitor our progress and focus on key areas to improve customer experience in relation to Adult Social Care and Health.

4. RISK MANAGEMENT ISSUES

- 4.1 The quality of services is assured by regular monitoring as part of the procedures for internal control within Adult Social Care and Health.

- 4.2 Advocacy support is available to complainants to assist them in making their complaint and all staff are advised to promote the use of advocates. Advocacy services are commissioned through service level agreements with two voluntary sector groups, Advocacy in Barnet and Mind in Barnet.

- 4.3 The complaints process provides the council with an additional means of monitoring performance and improving service quality, and provides an important opportunity to learn from complaints. Key learning with actions taken in 2010/2011 is included in Section 8 of the Annual Complaints Report (Appendix A).

- 4.4 Where complaints are received and highlight any safeguarding issues, we would deal with these under the Multi-Agency Adult Safeguarding Policy and Procedure.

- 4.5 Adult Social Care and Health works closely with the Care Quality Commission (CQC) who are responsible for the inspection and registration of the following services:
- Care homes, including care homes with nursing
 - Home care agencies
 - Independent health care establishments
 - Adult Placement Schemes

CQC are informed, with the permission of the complainant, if the complaint is about any of the services listed above.

- 4.6 With effect from the 1 October 2010 the Local Government Ombudsman (LGO) were given new powers to investigate complaints from people who fund and arrange their own care. This means that self-funders now have the right to complain to the LGO, which provides a free, independent and impartial complaints service.

In the past, it has only been service users who have had their care arranged and funded by the council who have had access to an independent complaints service. All clients should in the first instance take up their complaint with the service provider and go through their complaints process. If the issue is not resolved to the client's satisfaction, the following process is followed:

- If funded and arranged by the council, the Adult Social Care and Health complaints and representations procedure is followed
- If self-funding or arranging care privately, individuals will contact the Local Government Ombudsman's Office in London

- 4.7 The council is committed to tackling fraud and other forms of malpractice and treats these issues seriously. It recognises that some concerns may be extremely sensitive and has therefore developed a system under the Whistle Blowing Procedure, which allows for the confidential raising of concerns.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 Pursuant to the Equality Act 2010 ("the Act"), the council has a legislative duty to have 'due regard' to eliminating unlawful discrimination, advancing equality and fostering good relations in the contexts of age, disability, gender reassignment, pregnancy, and maternity, religion or belief and sexual orientation.

- 5.2 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the responsibility of the Committee is to perform the Overview and Scrutiny role in relation to:
- The council's leadership role in relation to diversity and inclusiveness, and
 - The fulfilment of the council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.

- 5.3 The complaints procedure supports the council in meeting the legislative duties outlined above, and a number of steps have been taken to ensure that it is

- 5.4 Adult Social Care and Health welcomes complaints from advocacy services such as Disability Action in the borough of Barnet (DabB), Disability Law Service etc. from people who are not able to make representations and complaints in their own right to ensure that they too have a voice and are listened to.
- 5.5 The report includes data which outlines the number of complaints recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011 by ethnicity. (Section 4g, Bar chart 7a and table 7b). The ethnic profile of complainants is broadly reflective of the profile of the general population in the borough, although there were no complaints made from Chinese residents or those from 'Any Other Ethnic Group'. The data also shows that the BME representation amongst complainants is much higher than that seen in the Adult Social Care and Health client-base, particularly Asian/Asian British and Black/Black British. The reasons for this are unclear. The Adult Social Care and Health Equalities Network (attended by managers from across the department) will be exploring these issues at their next meeting to discuss possible reasons and find appropriate solutions for the future.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 As Adult Social Care and Health make significant changes to how services are managed and delivered, we anticipate that we will receive more complaints from our customers.
- 6.2 To reduce the number of complaints we may receive, we will continue to fully consult with users and carers on any planned service changes to ensure they feel engaged in the process.

7. LEGAL ISSUES

- 7.1 Adult Social Care and Health is required to operate a statutory complaints procedure under the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 and the Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009.

8. CONSTITUTIONAL POWERS

- 8.1 The scope of Overview and Scrutiny committees is contained within Part 2, Article 6 of the Constitution.
- 8.2 The Terms of Reference of the Overview and Scrutiny Committees are in the Overview and Scrutiny Procedure Rules (Part 4 of the Constitution).
- 8.3 The Safeguarding Overview and Scrutiny Committee has within its terms of reference responsibility:

"To scrutinise the provision of adult social care services (including those who have physical disabilities, sensory impairment, learning disabilities, mental health needs

or other special needs) to ensure that residents are safeguarded and supported to lead as independent lives as possible in their own homes.”

9. BACKGROUND INFORMATION

- 9.1 In discharging their responsibility to scrutinise the provision of adult social care services, the Committee are requested to consider the Annual Complaints Report 2010-2011 for Adult Social Care and Health, as attached as Appendix A to this report, and make appropriate comments to the Cabinet Member for Adults.
- 9.2 The report includes information on the statutory social care complaints procedure, statistical information over a 3-year period for compliments and complaints (including corporate complaints), the new role of the Local Government Ombudsman in social care, complaints managed by Contractors, learning from complaints and embedding the learning and the outcome from the complaint user survey.
- 9.3 For the first time in 3 years more complaints were received than compliments; however this was anticipated due to the current financial constraints the council faces.
- 9.4 The highest proportion of complaints received (33%) related to assessments of need for potential services. Overall the perception is that our service users are not feeling included or listened to throughout the assessment process and this has been fed back through Leadership Team and front line staff have been asked to pay particular attention to this in order to improve our performance for the future.
- 9.5 As it is a requirement by the Department of Health for health and social care organisations to better understand the benefits of using information from complaints to improve services Adult Social Care and Health has embraced the expectation and introduced measures to ensure this happens in a systematic way. Following the investigation of each complaint managers are required and routinely asked to outline in writing exactly what lessons have been learnt, together with what actions have been taken as a result of the complaint. Key learning with actions taken in 2010/2011 is included in Section 8 of the Annual Complaints Report (Appendix A). The benefits of this include higher levels of satisfaction, more opportunities to improve services for everyone and an increase in our reputation with the people we serve.
- 9.6 In 2010-2011, we received 10 corporate complaints and followed the current corporate complaints procedure to investigate and respond to them. All were satisfactory resolved at stage 1 and did not progress to stage 2 and beyond hence not requiring input from corporate complaints team.
- 9.7 Since July 2011, we have forged a positive relationship with the new Corporate Complaints Officer and work in partnership when responding to LGO enquiries and complaints. We are also being consulted on the new corporate complaints procedure.
- 9.8 For the first time, a complaint user survey was conducted to elicit feedback from our complainants on how they found the complaints process and how Adult Social Care and Health could improve the complaints journey in the future. The key

- A need to ensure the initial telephone conversation with the complainant and investigating manager happens. During that conversation, managers have been reminded to ensure the expectations of complainants are managed effectively. Never to over promise; also where unreasonable expectations are apparent from the complainant this is addressed accordingly.
- Complainants expect a written response to be provided to each and every issue raised in the complaint at the time of writing the complaint and all the new issues raised during the subsequent telephone conversation.
- Complainants require a full explanation for the decisions made and the reasoning behind the decision and outcome of the complaint
- Managers need to remember to follow through all actions as stated in the response, so they do exactly what they say they will do, ensuring all delegated tasks are monitored and completed.

10. LIST OF BACKGROUND PAPERS

10.1 None.

Legal – LC
CFO – MC

**London Borough of Barnet
Adult Social Care and Health**

Adult Social Care and Health Annual Complaints Report

2010 - 2011

Freedom of Information Act Protective Marking Information	
Protective marking	NOT RESTRICTED
Suitable for publication scheme	Yes
Title and version	Annual Complaints Report 2010 – 2011 V: FINAL
Purpose	Managerial action
Relevant to	All Adult Social Care and Health
Author	Jennifer Watson-Roberts
Summary	Annual Complaints Report (Statutory requirement)
Department	Adult Social Care and Health
Date created / last reviewed	13 September 2011

London Borough of Barnet Adult Social Care and Health

2010/2011 – Annual Complaints Report

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1. Introduction

1.1 Background

Adult Social Care and Health is required under statutory regulations, to report annually to the relevant Council committee on adult social care complaints.

Adult Social Care and Health is required to operate a separate statutory complaints and representations procedure in accordance with the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 and the Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009 (hereby referred to as 'the Regulations') and the Health and Social Care Act 2003. Any complaint which does not fall under these requirements will be considered under the council's corporate complaints procedure.

This report provides information on complaints for Barnet Adult Social Care and Health for the period 1 April 2010 to 31 March 2011 dealt with through the statutory social care complaints procedures and corporate complaints procedures.

2. Adult Social Care and Health complaints procedure

From 1 April 2009 new complaints have been assessed in terms of their seriousness and how likely the issue is to recur, so that appropriate and proportionate action can be taken in response. This is in line with the Department of Health's Guidance 'Listening, Responding, Improving', where complaints are considered as low, moderate or high risk. Barnet Adult Social Care and Health then designates low and moderate risk complaints as 'Straightforward' and high risk complaints as 'Serious and/or Complex'. A complaint can be re-designated if new information arises during the investigation process.

Straightforward Complaints (Low or Moderate risk) - Local resolution

When a complaint is assessed as straightforward, it is dealt with by a member of staff and/or line manager in the team providing the services, within 20 working days with the aim of achieving resolution. Where possible, the response is provided within 10 working days.

The complainant is invited to comment on the response. Where there is disagreement, a meeting is offered to discuss the concerns with a manager and the Complaints and Representations Manager. A final decision on the complaint is then provided by the Head of Service.

Serious and/or Complex Complaints (High risk) - Independent investigation

If the complaint is especially serious and/or complex an independent investigation will be arranged that produces a report. Adjudication with remedy is then provided within 25 working days (extendable to 65 working days) from the date the complaint is agreed.

The complainant is invited to comment on the response and if there is disagreement, a meeting is arranged to discuss the concerns with a senior manager and the Complaints and Representations Manager. A final decision on the complaint is then provided by the Senior Manager.

3. Accessing the complaints procedure

A number of steps have been taken to ensure that the complaints procedure is accessible to all service users and carers. The Adult Social Care and Health complaints procedure continues to be widely publicised:

- Comments, Compliments and Complaints booklet has been widely distributed to public offices in the borough, including voluntary organisations and BME community groups.
- Posters have also been distributed widely telling people how to make a comments, compliment or complaints about the service.
- The Easy Read version of the booklet 'Comments, Compliments and Complaints' has also been widely distributed. This is aimed at people with learning disabilities and people whose first language is not English.
- Information about making a comment, compliment or complaint is included on all Health and Social Care web pages on the Barnet Council website and Adult Social Care and Health, Social Care Connect website.
- Public information about making a complaint about Adult Social Care and Health is always available at public events. In 2010/2011 we held several public events including a Carers Rights Day, Older Adults' Assembly, which also included people with learning disabilities and their carers, East Barnet festival and two Housing and Support for Older People Consultation events, information on how to complain was available at all these events.
- We also attended the Multicultural Day (an annual festival for the diverse communities in Barnet). Organizations representing African, Caribbean, Indian Subcontinent and Somali interests helped us to facilitate outreach to some of Barnet's smaller communities.
- We attended various meetings to share information about complaints with key stakeholders representing various disability groups, including Barnet Centre for Independent Living (Bcil), Disability Action in the borough of Barnet (DabB), Mind in Barnet, Disability Law Service and the Adult Carers Strategy Partnership Board etc.

All staff are advised to promote the use of advocates for vulnerable people, and advocacy support is available to complainants to assist them in making their complaint if they wish. This support is commissioned through service level agreements with two voluntary sector groups, i.e. Advocacy in Barnet and Mind in Barnet, which agree to provide advocacy services. All public information booklets promote the use of advocates.

4. Compliments, Complaints and Representations

a. Compliments

Table 1a below shows the total number of compliments recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011 compared to the previous two years.

Table 1a: Compliments			
	2008/2009	2009/2010	2010/2011
Compliments	132	111	80

Table 1a: Number of compliments recorded in the last three years

Table 1b below shows the total number of compliments recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011 by service area and gives a comparison to the previous two years.

Table 1b: Compliments by service area and period received			
Service Area	2008/2009	2009/2010	2010/2011
Access	-	-	8
Enablement	-	-	21
Complex Planning	-	-	8
Older Adults	85	73	-
Learning Disabilities	34	13	8
Mental Health		8	12
Physical and Sensory Impairment		6	-
Performance and Supply Management	13	11	-
Transformation and Resources	-	-	17
Strategic Commissioning	-	-	6
Total	132	111	80

Table 1b: Number of compliments recorded by service area and period received in the last three years

Table 1c below shows the total number of compliments recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011 by service area and period received.

Table 1c: 2010/11 - Compliments by service area and period received						
Service Area	Q1	Q2	Q3	Q4	Total	% of Total
Access	1	5	1	1	8	10%
Enablement	5	5	5	6	21	26.25%
Complex Planning	0	2	2	4	8	10%
Older Adults	-	-	-	-	-	-
Learning Disabilities	1	2	3	2	8	10%
Mental Health	2	4	0	6	12	15%
Physical and Sensory Impairment	-	-	-	-	-	-
Performance and Supply Mgt	-	-	-	-	-	-
Transformation and Resources	2	12	3	0	17	21.25%
Strategic Commissioning	0	1	5	0	6	7.5%
Total	11	31	19	19	80	100%

Table 1c: Compliments recorded in 2010/2011 by service area and period received

b. Complaints

Table 2a below shows the total number of new complaints recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011 compared to the previous two years.

Table 2a: Complaints			
	2008/2009	2009/2010	2010/2011
Complaints	78	73	88

Table 2a: Number of complaints recorded in the last three years

The overall the number of complaints received fell by 6% from 78 in 2008/2009 to 73 in 2009/2010; in 2010/11, there was an increase of 20% as 88 complaints were received.

c. Compliments compared to complaints

Table 3a below shows the total number of compliments recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011, compared to the total number of complaints recorded and gives a comparison to the previous two years.

Table 3a: Number of Compliments and Complaints			
	2008/2009	2009/2010	2010/2011
Compliments	132	111	80
Complaints	78	73	88

Table 3a: Number of compliments and complaints recorded in the last three years

d. Complaints by procedure

Table 4a below shows the distribution of complaints recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011 by complaints procedure and gives a comparison to the previous two years.

Table 4a: Complaints by procedure			
Procedure	2008/2009	2009/2010	2010/2011
Statutory complaints	65	67	78
Corporate complaints	13	6	10
Total	78	73	88

Table 4a: Number of complaints recorded by complaints procedure in the last three years

Table 4b below shows the total number of complaints recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011 by type and seriousness or stage.

Table 4b: 2010/11 - Complaints by procedure and seriousness/stage			
Number of complaints recorded under the statutory social care procedure		Number of complaints recorded under Council's corporate procedure	
Straightforward (Low/Moderate risk)	76	Stage 1	10
Serious and/or Complex (High risk)	2	Stage 2	-
		Stage 3	-
Total	78	Total	10

Table 4b: Number of complaints recorded in 2010/2011 by procedure and seriousness/stage

A total of 88 complaints were recorded as received between 1 April 2010 and 31 March 2011 and of these, 78 complaints were dealt with under the statutory social care complaints procedure and 10 were dealt with under the corporate complaints procedure.

Of the statutory social care complaints received, 76 were considered as Straightforward and 2 were considered Serious and/or Complex, with 1 of the 2 Serious and/or Complex complaints investigated as a joint health and adult social care complaint.

Of the 10 corporate complaints received, all were dealt with and resolved at Stage 1 of the process.

Table 4c below shows a breakdown of complaints recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011 by service area, compared to the previous two years.

Table 4c: Complaints by service area			
Service Area	2008/2009	2009/2010	2010/2011
Access	-	-	8
Enablement	-	-	20
Complex Planning	-	-	21
Older Adults	30	27	-
Learning Disabilities	19	10	19
Physical and Sensory Impairment	22	19	-
Mental Health	7	11	10
Performance and Supply Management	0	6	-
Transformation and Resources	-	-	7
Strategic Commissioning	-	-	3
Total	78	73	88

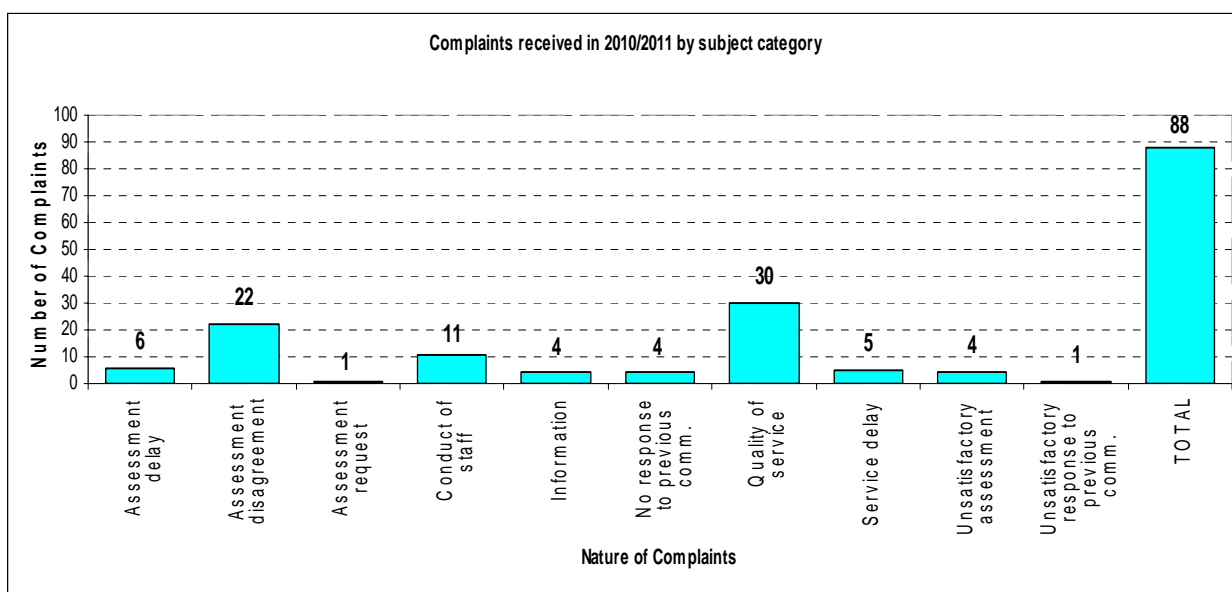
Table 4c: Number of complaints recorded by service area in last three years

Table 4d below shows the total number of complaints recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011 by service area and period received.

Table 4d: 2010/11 - Complaints by service area and period received						
Service Area	Q1	Q2	Q3	Q4	Total	% of Total
Access	0	2	6	0	8	9.1%
Enablement	4	3	7	6	20	22.7%
Complex Planning	9	5	6	1	21	23.9%
Older Adults	-	-	-	-	-	-
Learning Disabilities	3	9	3	4	19	21.6%
Mental Health	3	4	3	0	10	11.4%
Physical and Sensory Impairment	-	-	-	-	-	-
Performance and Supply Mgt	-	-	-	-	-	-
Transformation and Resources	2	1	3	1	7	7.9%
Strategic Commissioning	2	1	0	0	3	3.4%
Total	23	25	28	12	88	100%

Table 4d: Complaints recorded in 2010/2011 by service area and period received

Bar chart 4e below shows a breakdown of complaints recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011 in graphical format by subject category.



Bar Chart 4e: Number of complaints recorded in 2010/2011 by subject category

Table 4f below provides a breakdown of complaints recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011 by complaint subject and gives a comparison to the previous two years.

Table 4f: Complaints by subject category						
Category	No. of Complaints 2008/09	% of Complaints 2008/09	No. of Complaints 2009/10	% of Complaints 2009/10	No. of Complaints 2010/11	% of Complaints 2010/11
Assessment process	15	19.2%	17	23.3%	-	-
Assessment delay	-	-	-	-	6	6.8%
Assessment disagreement	-	-	-	-	22	25%
Assessment request	-	-	-	-	1	1.1%
Conduct of staff	8	10.3%	26	35.6%*	11	12.5%
Customer care	2	2.6%	2	2.7%	-	-
Direct Payments related	1	1.3%	0	0	-	-
External service provision	11	14.1%	5	6.8%	-	-
Finance	16	20.5%	2	2.7%	-	-
Information	6	7.7%	6	8.2%	4	4.6%
Information not available	1	1.3%	0	0	-	-
No response to previous comm.	-	-	-	-	4	4.6%
Quality of service	18	23%	14	19.2%	30*	34%
Service delay	0	0%	1	1.4%	5	5.7%
Unsatisfactory assessment	-	-	-	-	4	4.6%
Unsatisfactory response to previous comm.	-	-	-	-	1	1.1%
Total	78	100%	73	100%	88	100%

Table 4f: Number of complaints recorded in the last three years by subject category

*Quality of service = 30 complaints - 11(37%) upheld, 3(10%) partially upheld and 16 (53%) not upheld (see Table 5b)

e. Outcome of complaints

Tables 5a (i) and (ii) below shows the total number of Adult Social Care and Health complaints made during the past three years that were upheld (well founded), partially upheld (partially founded) and not upheld (not founded), together with those which were carried forward into the next reporting cycle, these being incomplete at year end.

Table 5a (i): 2008/09 - Complaints by outcome		
Stage 1	Number of complaints 2008/2009	% of complaints 2008/2009
Upheld	23	29.5%
Partially upheld	12	15.4%
Not upheld	40	51.3%
Other*	3	3.8%
Total	78	100%
Stage 2	Number of complaints 2008/2009	% of complaints 2008/2009
Upheld	2	16.7%
Partially upheld	4	33.3%
Not upheld	4	33.3%
Other*	2	16.7%
Total	12	100%
Stage 3	Number of complaints 2008/2009	% of complaints 2008/2009
Upheld	3	42.9%
Partially upheld	1	14.2%
Not upheld	3	42.9%
Other*	-	-
Total	7	100%

Table 5a (i): Number of complaints recorded by outcome in 2008/2009

**Other refers to complaints, which were incomplete at year-end and so carried forward to next reporting cycle.*

Table 5a (ii): 2009/10 and 2010/11 - Complaints by outcome				
Straightforward and Corporate complaints	Number of complaints 2008/2009	% of complaints 2008/2009	Number of complaints 2010/2011	% of complaints 2010/2011
Upheld/well founded	21	29%	30	35%
Partially upheld/Partly founded	17	23%	14	16%
Not upheld/Not founded	34	47%	42	49%
Other*	1	1%	0	0%
Total	73	100%	86	100%
Serious and/or Complex complaints	Number of complaints 2009/2010	% of complaints 2009/2010	Number of complaints 2010/2011	% of complaints 2010/2011
Upheld/well founded	0	0%	0	0%
Partially upheld/Partly founded	0	0%	2	100%
Not upheld/Not founded	0	0%	0	0%
Other*	0	0%	0	0%
Total	0	100%	2	100%

Table 5a (ii): Number of complaints recorded by outcome in 2009/2010 and 2010/2011

* Other refers to complaints, which were incomplete at year-end and so carried forward to next reporting cycle.

Table 5b below shows the total number of Adult Social Care and Health complaints recorded from 1 April 2010 to 31 March 2011 by the outcome and subject.

Table 5b 2010/11 – Complaints by outcome and subject				
Complaint subject	Upheld	Partially upheld	Not upheld	No. of complaints
Assessment delay	5	-	1	6
Assessment disagreement	5	6	11	22
Assessment request	-	-	1	1
Conduct of staff	4	2	5	11
Information	1	-	3	4
No response to previous communication	1	1	2	4
Quality of Service	11	3	16	30
Service Delay	3	2	-	5
Unsatisfactory assessment	-	1	3	4
Unsatisfactory response to previous communication	-	1	-	1
Total – 2010/2011	30	16	42	88

Table 5b: Complaints recorded by outcome and subject in 2010/2011

Complaints upheld and partially upheld vary in theme, and include some of the following:

- faulty equipment
- concerns relating to the outcome of community care assessments
- delays in providing a service following an assessment
- delay in reissuing a Disabled Blue Badge
- Concerns regarding the care received from a service provider
- Incorrect information submitted to another local authority
- Unhappy with the comment and tone used by member of staff.

Section 8 of this report outlines how we have learnt from these complaints and made service improvements.

f. Timeliness of complaints handling - Performance Standards

Table 6a below shows of the 88 complaints recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011, 74 (84%) were acknowledged within the 3 working day statutory timescale.

Table 6a: 2010/11 - Acknowledgment letter/email sent			
Completed within timescale	Timescale met	Timescale not met	Total no. of complaints
Total	74 (84%)	14 (16%)	88 (100%)

Table 6a: Number of complaints acknowledged within 3 working day timescale

In 2010/2011 Adult Social Care and Health target for responding to new complaints was 80%. The timescale for responding to a Straightforward Complaint is 20 working days, a Serious and/or Complex complaint is 25 working days (extendable to 65 working days) and a Corporate complaint is 10 working days.

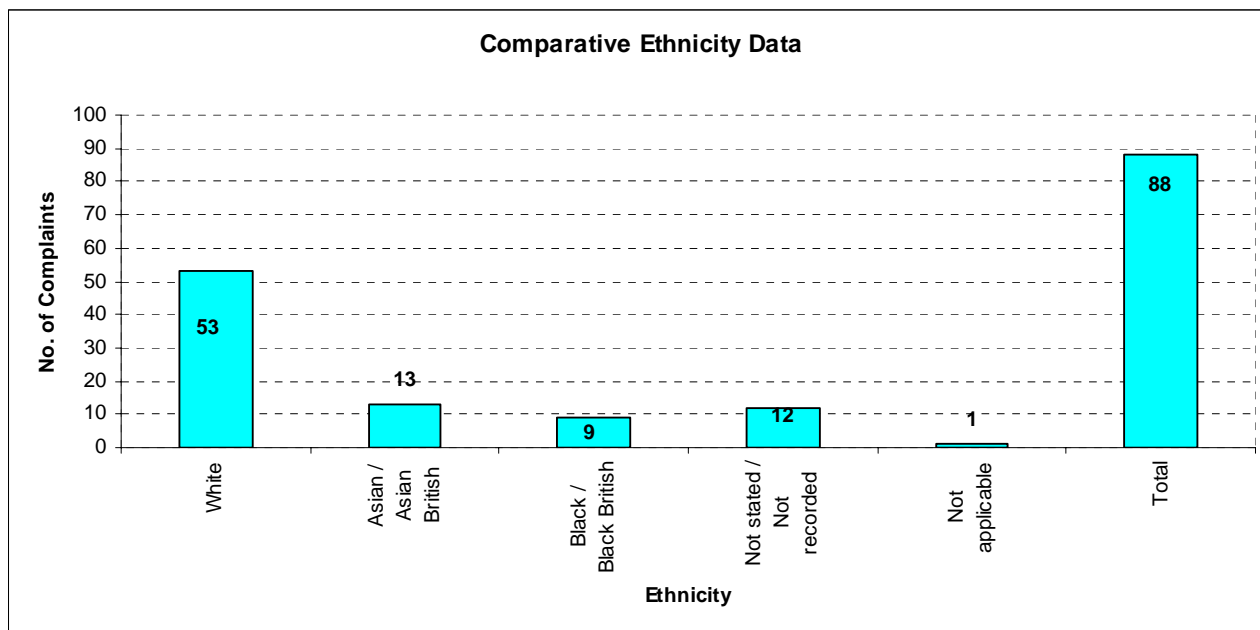
Table 6b below shows of the 88 complaints recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011, 71 (81%) complaints were responded to within timescale.

Table 6b: 2010/11 - Response letter/email			
Completed within timescale	Timescale met	Timescale not met	Total no. of complaints
Total	71 (81%)	17 (19%)	88 (100%)

Table 6b: Number of complaints responded to within timescale

g. Breakdown of ethnicity

Bar chart 7a and table 7b shows the number of complaints recorded in Adult Social Care and Health from 1 April 2010 to 31 March 2011 by ethnicity.



Bar Chart 7a: Breakdown of complaints recorded by ethnicity in 2010/ 2011

Table 7b: 2010/11 - Comparative ethnicity data						
	No. of complaints 2010/11		No. of service users - 2010/11		Barnet's adult population - 2011	
White	53	60.2%	5,784	78.2%	196,655	69.6%
Mixed	0	-	79	1.1%	-	-
Asian/ Asian British	13	14.8%	740	10.0%	40,744	14.4%
Black/ Black British	9	10.2%	397	5.4%	21,387	7.6%
Chinese	0	-	38	0.5%	8,058	2.9%
Any other ethnic group	0	-	310	4.2%	15,847	5.6%
Not stated/ Not recorded	12	13.6%	46	0.6%	-	-
Not applicable	1	1.1%	-		-	-
Total	88	100%	7,394	100%	282,691	100%

Table 7b: Comparative data between number of complaints recorded in 2010/2011, total number of services users and London Borough of Barnet adult population

The ethnic profile of complainants is broadly reflective of the profile of the general population in the borough, although there were no complaints made from Chinese residents or those from Any Other Ethnic Group.

The data also shows that the BME representation amongst complainants is much higher than that seen in the Adult Social Care and Health client-base, particularly Asian/Asian British and Black/Black British.

This will be explored at the Adult Social Care and Health Equalities Network meeting which is attended by managers from across the department, to discuss possible reasons and find appropriate solutions for the future.

5. Local Government Ombudsman (LGO)

The Local Government Ombudsman (LGO) looks at complaints relating to local authorities and is able to investigate matters where there has been an alleged or apparent 'maladministration' or service failure (although there are some situations in which the LGO will be unable to investigate such as conduct of Court proceedings). During an investigation the LGO will consider whether a third party member of the public has suffered injustice and whether that injustice arose as a result of a fault by the Council.

The LGO may prepare a statement of reasons, instead of a report where he decides a report is not appropriate and is satisfied with the action taken or proposed by the authority. He can also publish all or part of a report or statement, or a summary of a matter which is the subject of a report or statement.

Where a local authority carries out a function entirely or partly by means of an arrangement with another person, the action taken by the other person shall be treated as action taken on behalf of the authority and in the exercise of the local authority's function.

The LGO is able to investigate complaints relating to failure in a service which was the local authority's function to provide and is carried out entirely or partly by means of an arrangement with another person, including through a partnership with another body.

If, during the course of an investigation into a complaint, a service failure or apparent maladministration comes to the attention of the LGO, his office may investigate, even where no one has complained of that particular service failure or maladministration.

The LGO may also make a finding of 'service failure', even where there is no maladministration.

The LGO, in a report where there is no injustice, is able to recommend action.

A complainant has the right to raise a complaint with the LGO at any time. Under the new 'Council First' procedure the LGO in summary, requires all complainants to go through all stages of their local authority's own complaints procedure before the Ombudsman will consider the complaint.

However, the LGO has decided that the following complaints will normally be treated as exceptions to this general requirement:

- Complaints where the subject means the matter is clearly urgent
- Complaints where the complainant's circumstances indicate a need for priority
- Complaints where the LGO or the local authority decide that completing the local authority's own procedure would be to the detriment of the complainant, (for example due to delay or to avoid different timescales for different procedures in a complaint which is made against two authorities within the jurisdiction of the LGO, or within the jurisdiction of the LGO and Parliamentary and Health Service Ombudsman).

From the 1 October 2010, the LGO have new powers to deal with complaints from people who self fund or arrange their own personal social care. The new service will give self-funded users the same access to the LGO service as those who have assistance from the local authority. Until then, a person using services under a private contract had no remedy other than to go to court if they had an unresolved dispute with their provider.

Category Managers within the department have written to all providers, with information relating to the new protocol with regard to dealing with self funders, reinforcing the first point of contact should be to the company/ care provider and the second port of call should be to the Local Government Ombudsman's office. For local authority service users the second port of call is the Adult Social Care and Health Department.

6. Local Government Ombudsman enquiries and complaints

Tables 8a and 8b summarises the number and outcomes of complaints involving the LGO for the last two years.

Where a complaint has not been considered under the Council's complaints procedures and the LGO refers the complainant back to the local authority. Such complaints are described as 'premature'.

Table 8a: Complaints via Local Government Ombudsman (LGO) - 2009/2010		
	Number of decisions 2009/10	Outcome
LGO Enquiry	1	Rejected as premature
LGO Complaints (Closed)	2	No evidence of maladministration
LGO Complaints (Active)	1	Currently under investigation, no final decision received to date
Total	4	

Table 8a: Number of complaints in 2009/2010 involving the Local Government Ombudsman incl. outcomes

At the time of writing this report the above complaint requiring further investigation is still being investigated by the LGO.

Table 8b: 2010/2011 - Complaints via Local Government Ombudsman		
	Number of decisions	Outcome
LGO Enquiries	3	3 x Rejected as premature
LGO Complaints (Closed)	7	1 x Outside LGO jurisdiction 1 x Complaint withdrawn 2 x No or insufficient evidence of maladministration (no report) 2 x Local settlement (no report) 1 x LGO to discontinue investigation
LGO Complaints (Active)	3	1 x Provisional view received, awaiting final decision 2 x Awaiting provisional view
Total	13	

Table 8b: Number of complaints in 2010/2011 involving the Local Government Ombudsman incl. outcomes

7. Complaints managed by Contractors

Adult Social Care and Health welcome complaints as a way of measuring how we are doing and encourage homecare providers to do the same. Complaints reach the Adult Social Care and Health in a number of different ways, i.e. directly through the council's complaints function, via the social worker, straight through to the Supply Management team etc. If the service user is unhappy with the outcome from the care provider, then the complaint is escalated through to the Supply Management team who will work with the provider to address the underlying issues and if necessary, put actions in place with time limits. When complaints are sent directly from the Complaints and Representations Manager, the Supply Management team investigate and manage the complaint directly with the care provider.

In 2010/2011 the total complaints escalated through the Supply Management team were 114; in the same period last year 90 complaints were received, which is an increase of 24 equalling 27%. The reason for this increase is due to the Provider Home and Community Support contract being retendered and as a result of changes in providers, 155 service users needed to be transferred. This understandably caused some clients anxiety and led to an increase in complaints. The process was managed as delicately and sensitively as possible, with each service user being reviewed and offered various options, including Direct Payments. This enabled service users to remain with their current care provider and carer if they so wished to do.

Following continued evaluation of complaints throughout the year, two care Providers were highlighted as providing an inadequate service. Of which, one was serious enough to immediately place an embargo on any new referrals. An action plan was put in place with timescales set for improvement. Work is still being carried out with this Provider and being closely monitored. The second care provider merged with another provider and this led to a number of service failures, which were picked up at an early stage. The department worked with the new management in place and were able to agree a series of actions, which have all now been signed off as 'met'.

8. Representations

Service users may make representations about the contact they have had with Adult Social Care and Health or the service they have received without necessarily making a complaint under the formal procedure. In 2009/2010, 15 Representations were received by the Complaints and Representations Manager. Of which 13 were satisfactorily resolved with no further action; however 2 became formal complaints. In 2010/2011, 25 Representations were received, all of which were satisfactorily resolved and none escalated through to the formal complaints procedure.

9. Learning from complaints and representations

The complaints process provides the council with an additional means of monitoring performance and improving service quality, and provides an important opportunity to learn from complaints.

There is an established system in place to capture a range of complaints information including the nature of the complaint, the action taken, the outcome of each complaint and whether there was compliance with the time periods specified in the Regulations. The information captured from this monitoring is used in a number of ways including:

- The provision of feedback and dissemination of information to line managers, to improve systems and procedures
- A quarterly update report to the Senior Management (Leadership) Team
- Measurement of performance and quality control
- Where services are purchased under contract, informing both the appropriate service Commissioners and Supply Management Team who monitor each contract.

10. Service improvements

The nature and complexities of delivering social care mean that some times things go wrong or we find as a result of our investigations that we could improve the way we do things and improve the experience of our service users. Some complaints outcomes are a matter of putting things right and apologising to our service user. Other outcomes have a wider significance on service delivery.

The following lessons have been learnt from complaints throughout the year, with changes already made based upon the learning, and include proposed changes for the future:

Assessment process

- Decisions made following risk assessments, reviews and Funding Panel decisions must be conveyed to service users in writing.
- The need for individual service user support plans to accompany every contract.
- The need to manage expectations appropriately, in terms of possible outcomes
- Not to use Review meetings as a means to conveying the reduction in care package.
- The need for Personal Budgets to have outcomes and support plans to support service users needs
- Flexibility when applying criteria for provision of equipment
- Prioritise initial referrals, giving sufficient consideration to risk involved to service user

Customer Care and Communication

- Explore other methods of communicating with service users other than phone and letter, i.e. becoming more open to use of emails and mobile phones.
- To ensure stronger, cohesive working between different teams, services and inter-agency collaboration between departments; also with service user and their families/carers, which include timely (in some instances speedier) and clear processes.
- The need for a Pathway Plan for each child prior to Children Services transferring and Adult Social Care and Health accepting the case. To include a chronology of recent involvement.
- Not to make assumptions when communicating and where appropriate, open dialogue and ask questions before taking action.
- Improved communication between service users/their representatives and the department, ensuring all key decisions are communicated in writing, including explaining possible implications of subsequent decisions.

- Staff need to be aware that comments and language used needs to be appropriate, accurate, clear and sensitive to the service user and/or carer to avoid misunderstandings or offence.

Electronic Databases

- Staff to ensure that essential service user personal information is entered on electronic case records to avoid service users having to repeat themselves.
- Need for accuracy in recording at all times, especially where diagnosis are concerned.
- Staff to ensure that complaints received are correctly progressed through to the appropriate team's in-tray in Wisdom and not lost or overlooked – print and retain hard copy until complaint is responded to or resolved.

Contracts

- Proactive contract monitoring and action taken, when necessary to ensure contract compliance.

Miscellaneous

- The need for robust initial investigation to all complaints, followed by a comprehensive response.
- Clear audit trail/written list when documents are provided under the Data Protection Act 1998.
- The importance of being clear about opportunities for use of discretion and the reasons for exercising it.

Staff have been informed of the learning relevant to their service area through emails, supervision sessions and team meetings. Adherence to the learning from complaints is monitored via regular quality assurance checks by respective managers.

11. Complaint User Survey

A complaint user survey was developed and sent to all the current complainants in early 2011. The report containing the results from the survey captures the level of overall satisfaction with the complaints process, and includes the outcomes from the complainants' perspective (See Appendix 1).

Based on the survey's findings, a number of key actions to improve the complaints journey for future complainants have been established. To deliver these actions, the Complaints and Representations Manager will continue to work closely with managers to ensure that:

- The Comments, Compliments and Complaints booklet is distributed on receipt of each new complaint received
- They speak to complainants on receipt of each new complaint, where appropriate, a meeting is offered and that they:
 - Take the complaint seriously. Demonstrate empathy and real concern
 - Obtain as much information and facts about the complaint as possible
 - Inform the complainant about the complaints process, i.e. plan of investigation (interviews, files, policies, procedures, legislation)
 - Inform the complainant when they can expect a written response to their complaint.
 - Manage the expectations of the complainant in relation to outcomes
- The whole complaint is investigated and addressed in the response letter

- All the reasons for decisions taken are detailed in the response provided to complainant
- Managers do what they say they will do as a result of the complaint

12. Adult Social Care and NHS Complaints - Network

The Complaints and Representations Manager continues to work closely with colleagues from the North West London Complaints Managers group to ensure that Adult Social Care and Health are kept informed and in a position to adopt as consistent an approach to complaints handling as possible.

Additionally, the Complaints and Representations Manager has joined colleagues in neighbouring local authorities and health departments within the North Central London area to formulate and draft a joint health and social care complaints procedure in line with the requirements of the 2009 statutory complaints procedure.

13. Training

In 2010/2011 the Complaints and Representations Manager provided briefing sessions to managers within care services delivery services (with the exception of Mental Health Services) on the complaints procedure and its processes, paying particular attention to reporting and the recording of lessons learnt from complaints received and actions put in place as a result.

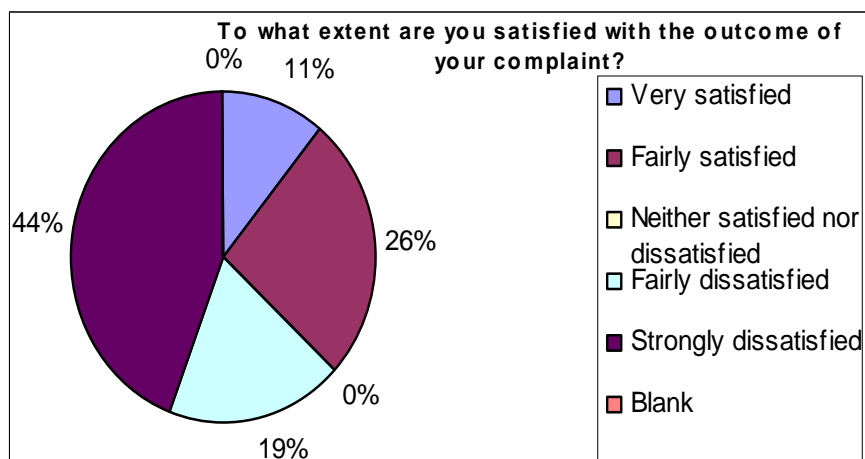
Appendix 1 - Adult Social Care and Health, Outcome – 2010/11 Complaints User Survey July 2011

In February 2011, 67 questionnaires were sent out to 2010/2011 complainants and service users. In March and April 2011 reminder letters and emails were sent, and of the 67 questionnaires sent, 27 (40%) were completed and returned.

Of the 27 participants who took part in the survey 7 (26%) complainants accepted the offer of a Resolution meeting with the investigating manager and in some cases together with the Complaints and Representations Manager during the investigation process and the other 20 (74%) complainants were either offered the opportunity to meet but declined the offer or the investigating manager did not feel meeting with the complainant would add value to their investigation. The Complaints and Representations Manager will continue to encourage managers to consider the benefits of face-to-face discussions when investigating complaints.

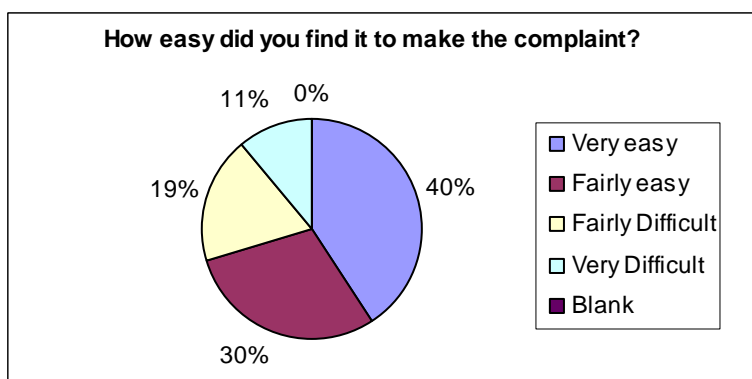
Of the 27 participants who took part in the survey 7 (26%) complaints were upheld, 4 (15%) complaints were partially upheld and 16 (59%) complaints were not upheld.

Question 1 To what extent are you satisfied with the outcome of your complaint?	
Very satisfied	3 (11%)
Fairly satisfied	7 (26%)
Neither satisfied nor dissatisfied	0
Fairly dissatisfied	5 (18.5%)
Strongly dissatisfied	12 (44.5%)
Total	27 (100%)



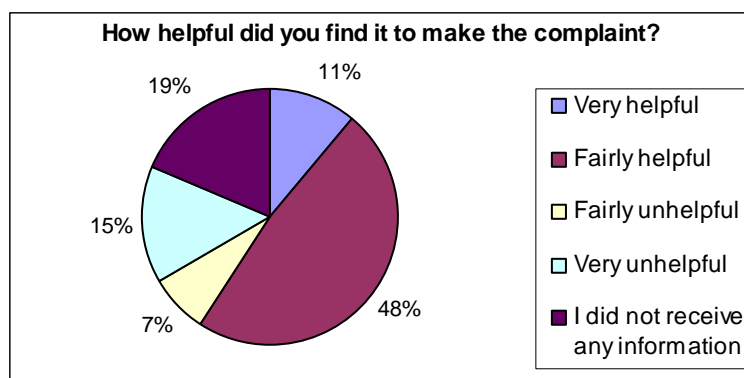
Of the 27 participants who took part in the survey 55% were satisfied to some extent with the outcome of their complaint. The complainants that tended to be dissatisfied were participants whose complaints were not upheld.

Question 2 How easy did you find it to make the complaint?	
Very easy	11 (41%)
Fairly easy	8 (30%)
Fairly difficult	5 (18%)
Very difficult	3 (11%)
Total	27 (100%)



Over 50% of the participants found it easy or relatively easy to make their complaint.

Question 3	
How helpful did you find the information on how to complain?	
Very helpful	2 (7.5%)
Fairly helpful	15 (55.5%)
Neither helpful nor unhelpful	0
Fairly unhelpful	2 (7.5%)
Strongly unhelpful	3 (11%)
Did not receive any information	5 (18.5%)
Total	27 (100%)



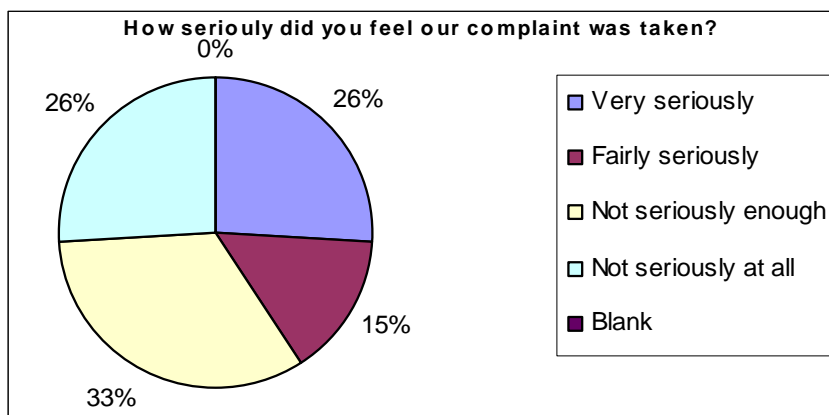
Of the 27 participants that took part in this survey, 5 complaints (19%) were received on a Comments, Compliments and Complaints form. The Comments, Compliments and Complaints booklet explains how to make a comment, compliment and/or a complaint under the statutory adult social care complaints.

Of the remaining 22, 9 (41%) received a Comments, Compliments and Complaints booklet with their acknowledgement letter, 9 (41%) did not receive any written information (it was found these complained directly to the service complained about) and 4 (18%) complaints received were corporate complaints and no written information was provided.

The Complaints and Representations Manager has reminded all managers who deal with complaints that they must send a Comments, Compliments and Complaints booklet or the web link to the document to all complainants on receipt of their complaint.

Of the 13 participants who received the Comments, Compliments and Complaints booklet, over 60% found the information received about how to make their complaint useful or relatively useful.

Question 4 How seriously did you feel your complaint was taken?	
Very seriously	7 (26%)
Fairly seriously	4 (15%)
Not seriously enough	9 (33%)
Not seriously at all	7 (26%)
Total	27 (100%)



Over 50% of participants that took part in the survey felt that their complaint was not taken seriously enough.

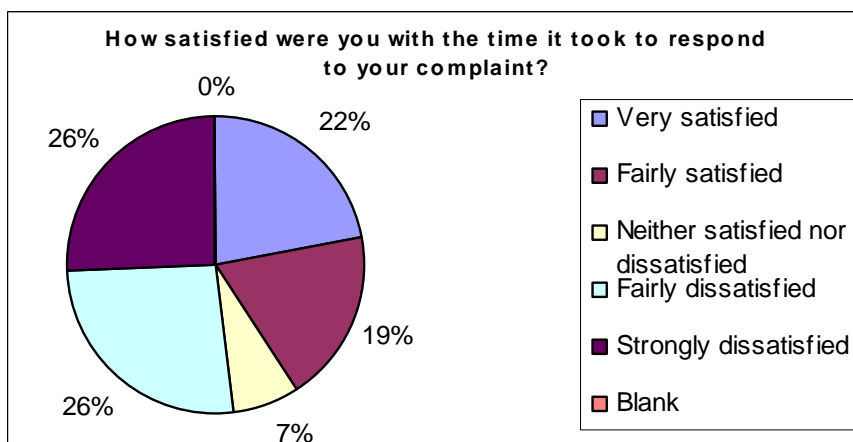
The Complaints and Representations Manager encourages managers to speak to complainants or service users very early on during the complaints process, normally within 5 working days of the complaint being received into the council, and during that initial conversation they are advised to:

- obtain as much information and facts about the complaint as possible
- inform the complainant about the complaints process, i.e. plan of investigation (interviews, files, policies, procedures, legislation)
- inform the complainant when they can expect a written response to their complaint.

It is also expected that that conversation is used to manage the complainant’s expectations in relation to outcomes, together with showing empathy and concern.

The Complaints and Representations Manager will remind all investigating managers on allocation of each new complaint of the requirement and expectations within that initial conversation when speaking to the complainant.

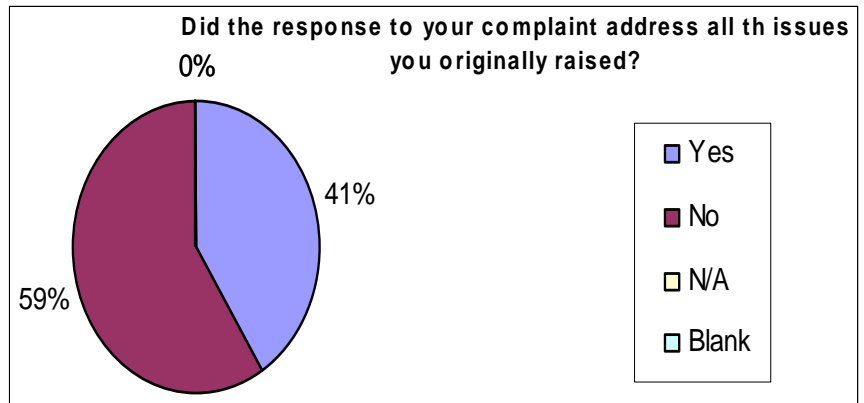
Question 5 How satisfied were you with the time it took to respond to your complaint?	
Very satisfied	6 (22%)
Fairly satisfied	5 (18.5%)
Neither satisfied nor dissatisfied	2 (7.5%)
Fairly dissatisfied	7 (26%)
Strongly dissatisfied	7 (26%)
Total	27 (100%)



Just over 50% of participants that took part in the survey were dissatisfied with the time it took to respond to their complaints.

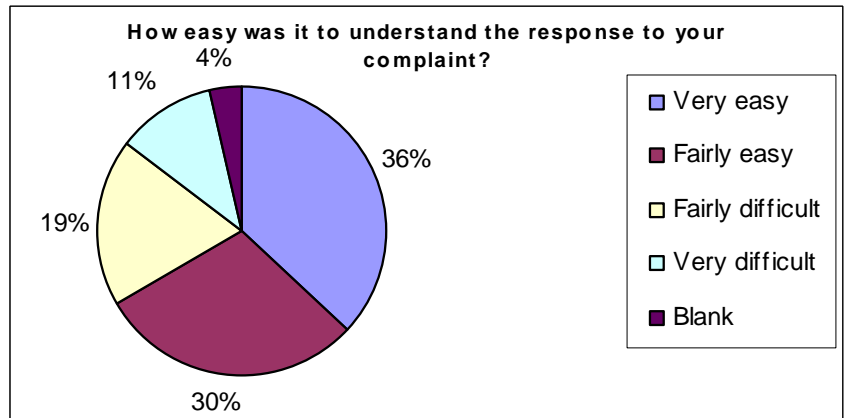
It is the department’s aim to respond in writing to complaints within 20 working days and in 2010/2011 of the 88 complaints received, 81% were dealt with within timescale; however, in 2009/2010 of the 73 complaints received 96% were dealt with within the 20 working day timescale, with 78% being dealt with within 10 working days. In addition, in 2010/2011 there was 13 complaints reported to the Local Government Ombudsman and in 2009/2010 only 4 complaints was reported. Based on this the Complaints and Representations Manager will be reviewing the timescales for managers responding to all Straightforward to consider how improvements could be made.

Question 6 Did the response to your complaint address all the issues you originally raised?	
Yes	11 (41%)
No	16 (59%)
Total	27 (100%)



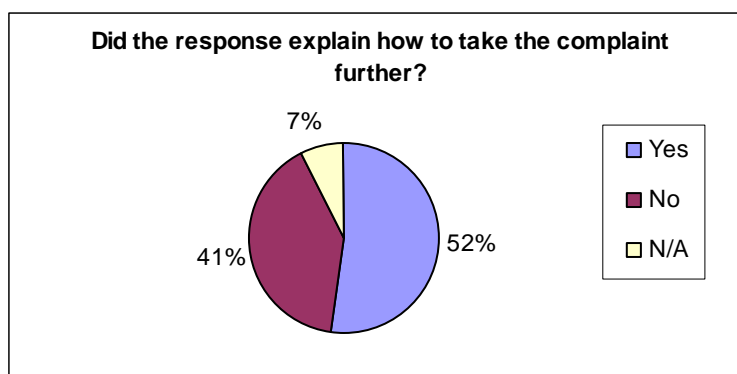
Over 55% of participants that took part in the survey said the response received did not address all the issues they had originally complained about. This may be because the initial, early telephone conversations are not routinely happening or when they are, not enough information is being sought and so managers are only responding to the written complaints received. The Complaints and Representations Manager will monitor this to ensure that conversations are taking place and that the whole complaint is being captured and addressed in the response letters.

Question 7 How easy was it to understand the response to your complaint?	
Very easy	10 (37%)
Fairly easy	8 (30%)
Fairly difficult	5 (18%)
Very difficult	3 (11%)
Blank	1 (3.5%)
Total	27 (100%)



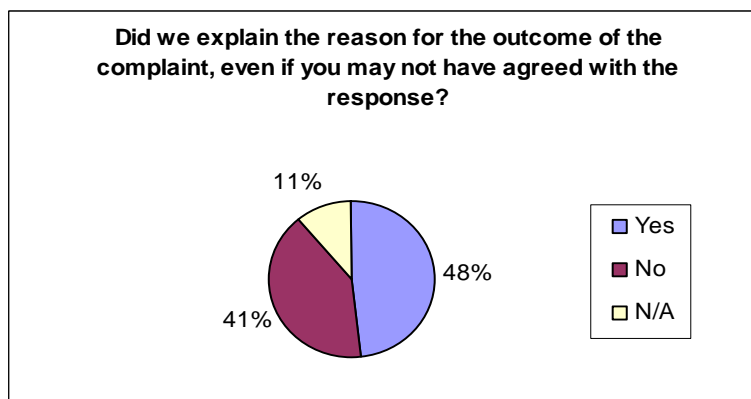
Over 65% of participants that took part in the survey said it was easy to understand the response to their complaint and that is probably because all responses are in plain English.

Question 8 Did the response explain how to take the complaint further?	
Yes	15 (55.5%)
No	10 (37%)
N/A	1 (3.5%)
Blank	1 (3.5%)
Total	27 (100%)



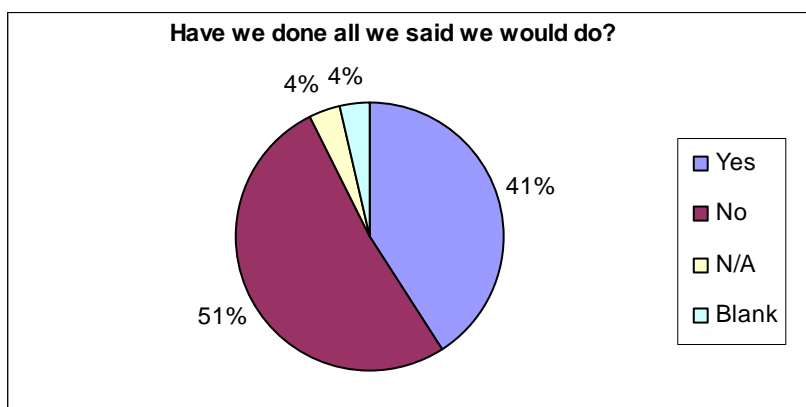
Over 55% of participants that took part in the survey said that the response to their complaint did advise them how to take their complaint further. It was found from data collected and stored on file that of the 27 participants, 18 (67%) were advised how to escalate their complaint in writing if they were unhappy with the investigation and/or response provided, and 9 (33%) were not.

Question 9 Did we explain the reason for the outcome of the complaint, even if you may not have agreed with the response?	
Yes	12 (44%)
No	11 (41%)
N/A	3 (11%)
Blank	1 (3.5%)
Total	27 (100%)



Of the 27 participants that took part in the survey, less than half said that the reason for the outcome of their complaint was explained. Where complaints are upheld or partially upheld it is not common practice that the reasons for the decision in each case are explicitly explained. The Complaints and Representations Manager will monitor this to ensure that the reasons for decisions made are detailed in the responses.

Question 10 Have we done all we said we would do?	
Yes	11 (41%)
No	14 (52%)
N/A	1 (3.5%)
Blank	1 (3.5%)
Total	27 (100%)



Over 50% of participants said the department did not do all it said it would do.

The Complaints and Representations Manager will monitor this through receipt of the completed Complaints Recording Form (Action Plan and Feedback Form) and regular discussions with the investigating managers.

AGENDA ITEM: 8

Pages: 13-18

Meeting	Safeguarding Overview and Scrutiny Committee
Date	10 October 2011
Subject	Understanding and addressing the rise in the number of repeat child protection plan cases
Report of	Cabinet Member for Education, Children and Families
Summary	This report outlines our performance against the indicator Children Subject to a Child Protection Plan for a second or subsequent time and benchmarks our performance against neighbouring boroughs and national averages. It discusses the possible reasons for the decline in performance during 2010/11, the actions taken to address this, and the additional research required to better understand the issue and improve performance.

Officer Contributors	Bridget Griffin, Divisional Manager, Safeguarding Division, Children's Service Ann Graham, Assistant Director, Children's Social Care.
Status (public or exempt)	Public
Wards affected	All
Enclosures	None
Reason for urgency / exemption from call-in	Not applicable
Key decision	No

Contact for further information: Ann Graham, Children's Social Care 020 8359 5734

1. RECOMMENDATION

- 1.1 That Members note and comment on performance and the actions in place to further improve it.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Budget and Performance OSC, 21 June 2011 Decision 6, Corporate Performance Results for Quarter 4 and year end 2010/201.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Corporate Plan 2011/2013 contains the strategic objective 'Continue to safeguard vulnerable children and adults from avoidable harm at a time of reduced resources'. This is highlighted within the Children's Service Plan 2011/12, which also includes the objective to 'identify and protect those most at risk of harm'. Understanding the pattern of repeat child protection plan cases will help to support these priorities.

4. RISK MANAGEMENT ISSUES

- 4.1 If any potential issues regarding child protection planning are not identified and addressed there is a risk that outcomes for vulnerable children and young people could decline. Since the report on children subject to a Child Protection plan for a second or subsequent time was requested, there has been an upturn in performance. Performance will continue to be closely monitored so that any fluctuations are identified and can be investigated as appropriate.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 Children subject to a child protection plan are a vulnerable group and it is important to analyse outcomes for these children and young people, including whether they become subject to a child protection plan for a second or subsequent time.
- 5.2 Males are more likely to be subject to a child protection plan than females and older children are also overrepresented in the cohort. As at March 2011 59% of the 201 children subject to a Child Protection Plan were male and 70% of the children were aged ten or over.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 The current Family Intervention Project, audits, and protection panel outlined in 9.12 to 9.14 can be contained within existing resources. Ongoing monitoring of performance can also be carried out using existing staff. However, though there is an increase in the number of children subject to a child protection plan (see paragraph 9.10), current budget monitoring indicates that services for children in need will be delivered within existing resources of £4,200,000. The Children's Social Care budget is £27,300,000.

7. LEGAL ISSUES

- 7.1 Local authorities are required to exercise all the duties and functions of the Authority under Parts IV and V of the Children Act 1989, sections 31-52 (including section 47 –

local authority's duty to investigate) and all other enabling powers with regard to the care, supervision and protection of children and young people.

8. CONSTITUTIONAL POWERS

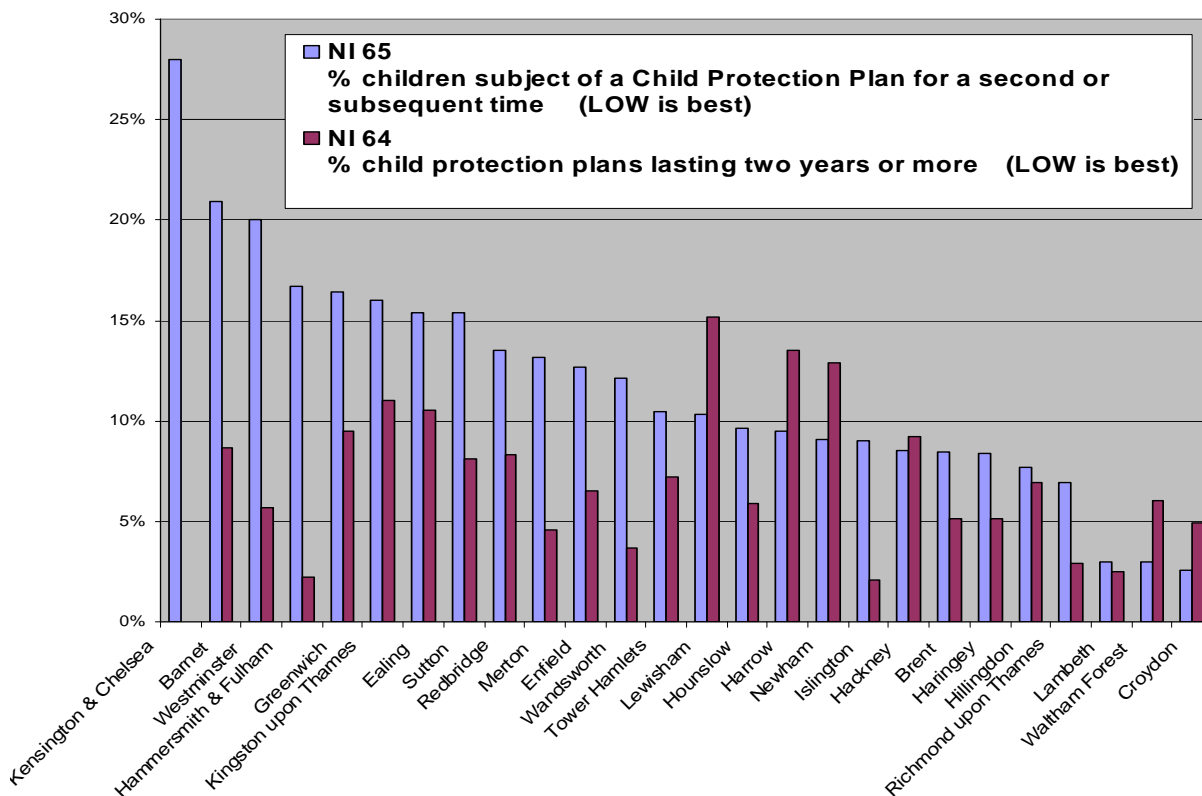
- 8.1 The scope of Scrutiny Committees is contained within Part 2, Article 6 of the constitution; the Terms of Reference of the Scrutiny Committees are in the Overview and Scrutiny Procedure Rules (Part 4 of the constitution).

9. BACKGROUND INFORMATION

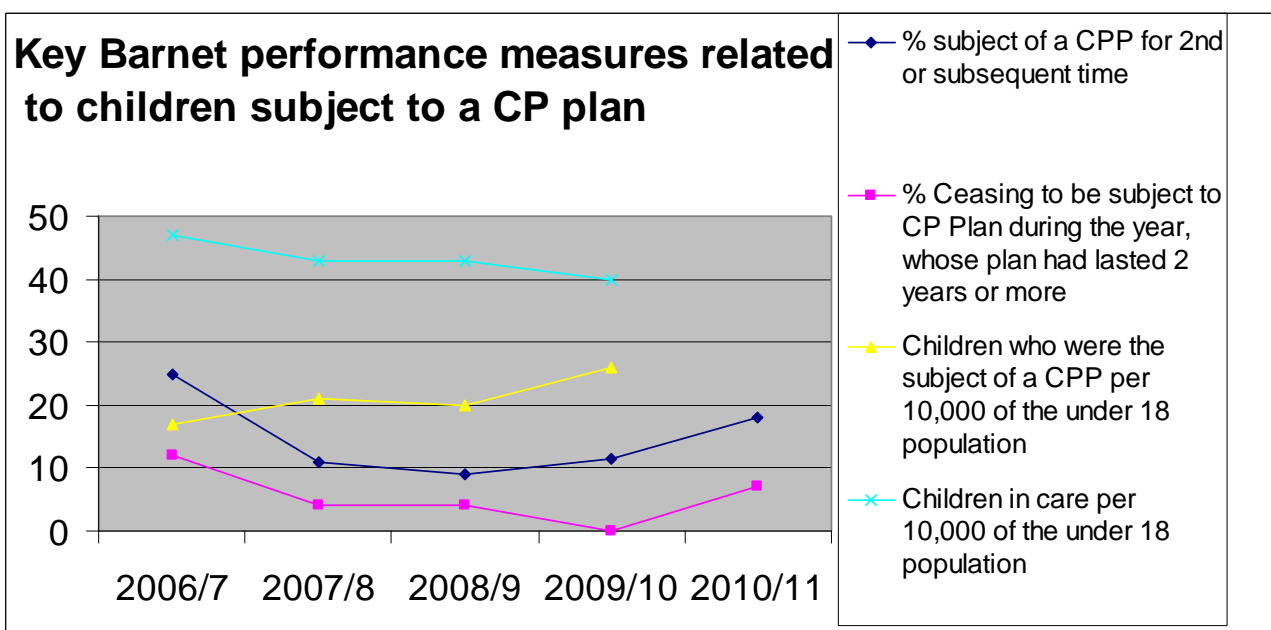
- 9.1 When social workers and workers from agencies such as health, police, and education establishments are concerned that a child is likely to or is suffering significant harm, then a children protection conference is usually called. The child protection conference discusses and analyses information about the child's safety and developmental needs and the parent's or carers capacity to ensure the child is safe and protected from harm both in the present and in the future.
- 9.2 The child protection conference can decide to make the child subject to a child protection plan where actions to safeguard and promote the child's well being are set out. Parents, carers and where appropriate children and young people attend the child protection conference.
- 9.3 The decision as to whether a child should continue to be subject to a child protection plan is reviewed three months after the initial child protection conference, and then at six monthly-intervals. The decision to discontinue the child protection plan is based on a judgement that the child is no longer at risk of significant harm and no longer needs safeguarding by means of a child protection plan.
- 9.4 Performance in the management of children protection is directly measured by the following indicators:
- the percentage of children subject to a child protection plan for a second or subsequent time, where low is good
 - the percentage of children ceasing to be subject to a child protection plan during the year, whose plan had lasted 2 years or more, where low is good
 - the percentage of child protection cases which were reviewed within required timescales, where high is good
- 9.5 The first two indicators are in obvious tension with each other. It should also be noted that children are counted as being subject to a child protection plan for a second or subsequent time regardless of how long ago they became subject to a first child protection plan. High levels of subsequent plans may suggest that the professionals responsible for the child's welfare are not intervening effectively either to bring about lasting change or to make alternative plans for the child's long term care.

Performance analysis

- 9.6 At March 2011 the percentage of children becoming the subject of a child protection plan for a second or subsequent time was 18%. The percentages between April and August 2011 have ranged between 9% and 13.6%. This is much improved performance than that at December 2010 when performance was at 20.9%
- 9.7 The chart below shows performance against two of the performance indicators across all London boroughs for whom data is available at the end of December 2010. It



9.8 Closer examination of social care in Croydon, Lambeth and Waltham Forest shows that although they are performing well on both measures in the chart above, they have a larger number of children in care per 10,000 of the population than Barnet – 126 (Croydon), 105 (Lambeth), and 63 (Waltham Forest) compared with 40 in Barnet. Though there is no direct link between numbers of children subject to plans and looked after, one possible interpretation is that Barnet may be choosing to work with children and families in the community rather than placing them in care. This hypothesis is discounted because numbers of children in care to Barnet have not increased following the reduction in numbers of children subject to a second or subsequent plan.



9.9 In the past three years, the percentage of children subject of a child protection plan for a second or subsequent time has been lower than the England average and generally in line with statistical neighbours. 2010/11's outturn of 18%, an increase on last year's outturn of 11.6%, gave rise to concerns. Current performance is at 13.6% and is similar to past trends. It must be noted that both indicators are subject to fluctuations, due to the small cohort of children involved, and changes in performance may not be statistically significant.

Possible reasons for previous performance

9.10 The reasons for the decline in performance during 2010/11 are not immediately evident, in part because, the decision to make a child subject to a child protection plan is complicated and unique to the individual child. A second or subsequent child protection plan is not necessarily wrong because it may reflect a new risk of significant harm to a child that had not existed previously. What is important is that high and low performance is monitored to ensure that all issues that could be impacting the safeguarding and protection of children are explored and addressed appropriately.

9.11 Outside of a detailed audit of each case over the past two years, two likely reasons for the change in performance are explored below. They are the increase in social care activity and neglect in families.

9.12 Increase in social care activity

The numbers of children subject to a child protection plan in Barnet have risen from 145 in 2006/07 to 241 in 2009/10. For August 2011 the number was 289. The increase in volume does not give an obvious answer as to Barnet's performance on children subject to a second or subsequent plan because this performance indicator is worked out as a percentage of the number of children subject to a child protection plan. Reasons for fluctuations in numbers of children subject to children protection plans are complicated and difficult to clearly evidence, for example, there was an increase following the aftermath of the death of Baby Peter Connolly. The hypothesis being that nationally there was an impact on professional judgement and practice with professionals being more risk adverse.

9.13 Neglect and changes in the level of harm posed to individual children

Analysis of the children subject to a child protection plan for a second or subsequent time has found that, during 2010/11, 34 children became subject to a plan for a second time and only 3 were subject to a third plan. It must be noted that second and subsequent plans are included in the indicator regardless of how long ago the first plan was. Of the 34 children, 26 were subject to a child protection plan as a result of neglect as opposed to other types of abuse.

In some complex families, patterns of neglect tend to oscillate and thereby fall above and below the threshold of significant harm. Hence there may be periods of neglect followed by periods of evidenced improvement in outcomes for the child. During these periods, professionals would be correct to conclude that significant harm is no longer present and with the right level of ongoing support, predict continued stability for the child.

An audit of neglect cases in 2007 showed that none of the professional judgements made to cease the child protection plan put the children at significant risk of harm.

Actions to improve performance

The following actions are in place to monitor and improve performance.

- 9.14 Strengthening support when children cease to be subject of a child protection plan
Expanding the Family Intervention Project will increase multi-agency support for children who may become subject to a child protection plan or have previously been. This will provide support for families and children living together in the community and should work to reduce the likelihood of a second or subsequent plan.
- 9.15 Munro-style audits of children subject of a child protection for a second or subsequent time
Professor Eileen Munro has undertaken a national review of child protection and has recommended changes to the method of audits and case reviews. Barnet has already started to carry out Munro-style audits in order to draw out organisational issues, local issues and other key themes to improve practice. Peer-reviewed audits will be carried out on a number of cases in which children have been subject to a child protection plan for a second or subsequent time where the levels of harm have been highest. Findings from the audit will be discussed with social workers, managers and other relevant professionals to improve practice.
- 9.16 Protection panel
A newly developed Protection Panel meets on a monthly basis to examine in detail the findings around the case audits and make recommendations both in terms of the individual child and thematic organisational issues that may be emerging. Organisational issues will be reported to the Children's Service Senior Leadership Team.
- 9.17 Findings from the audits that help clarify the reasons behind the recent decline in performance on children subject to a CP plan for a second or subsequent time, and the actions that are being taken in response to this, will be reported to the Corporate Directors Group in six month's time.

10. LIST OF BACKGROUND PAPERS

- 10.1 The Statement of Purpose of the Protection Panel can be viewed by request by contacting Ann Graham on 020 8359 7534.

LS: MM
CFO: JH

AGENDA ITEM: 9 Pages: 19- 26

Meeting	Safeguarding Overview and Scrutiny Committee
Date	10 October 2011
Subject	Implications of the Special Educational Needs Green Paper
Report of	Cabinet Member for Education, Children and Families
Summary	This report outlines the key recommendations of the SEN green paper, their implications for Barnet, and the next steps required.

Officer Contributors	Brian Davis, Principal Educational Psychologist, Children's Service
Status (public or exempt)	Public
Wards affected	All
Enclosures	None
Reason for urgency / exemption from call-in	Not applicable
Key decision	Not applicable

Contact for further information: Brian Davis, Principal Educational Psychologist, Children's Service 020 8359 7664

1. RECOMMENDATION

- 1.1 That Members consider the implications of the recently published SEN Green Paper and other related developments for Barnet as set out in this paper and provide comment to the Cabinet Member for Education, Children and Families.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 None.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The three priority outcomes set out in the 2011/13 Corporate Plan are: Better services with less money; Sharing opportunities, sharing responsibilities; and a successful London suburb. Ensuring that children with special educational needs are appropriately supported is important in helping to meet the Corporate Plan strategic objective 'create the conditions for children to develop skills and acquire knowledge to lead successful adult lives'. Identifying children with SEN early is also an important part of the Children's Service's commitment to early intervention and prevention expressed in the Corporate Plan.
- 3.2 Reducing the Special Educational Needs (SEN)/non-SEN attainment gap is a key performance target in both the Corporate Plan and Children and Young People Plan. Supporting those with SEN also contributes towards the partnership Children and Young People Plan 2011/12 objective to 'enable every child and young person to achieve their full potential, narrowing the gap for those whose attainment is at risk'.

4. RISK MANAGEMENT ISSUES

- 4.1 Risks in relation to the SEN Green paper need to be considered alongside the risk presented in management of SEN issues in Barnet generally. As well as potential benefits, inevitably there are risks associated with developing new ways of working as the SEN green paper is suggesting. Existing main risks relate to the growth and increase in complexity of the SEN population in Barnet.
- 4.2 Without a revised SEN strategy aimed at ages 0-25, reorganisation and consideration of budget arrangements, Barnet would not be able to deliver on the expectations of the SEN Green Paper.
- 4.3 There are substantial risk management issues in relation to provision for children with Special Educational Needs in Barnet. Pupil numbers are increasing due to an increase in the number of births in the borough and movers into the borough. Over the next four to five years this could lead to a 15-20% increase in the number of statements of special educational needs maintained from its current number of approximately 1,700. This increase will place increased pressure on the Children's Service in terms of providing education; supported living and respite costs for those up to the age of 25; and managing caseloads. The compounding effects of increasing SEN child populations in neighbouring boroughs also need to be considered in terms of the effects of other authorities seeking placements in Barnet SEN provision and vice versa.
- 4.4 In 2013 more children with statements of SEN will continue in full time schooling beyond age 16 due to the Raising of the Participation Age. By 2013 the Local Authority is also

- 4.5 Although a high cost area, outcomes for children and young people with SEN in Barnet are extremely good by national comparison. Maintaining this performance in the context of budget reductions generally in the council will be challenging and poses a potential reputational risk for the Council. Getting things right early can prevent substantially greater spending and conflict with parents and carers.
- 4.6 Children with SEN are vulnerable and present significant daily operational risk management and safeguarding issues in their education, transportation and care.
- 4.7 Partnership working across the statutory agencies and the voluntary sector needs to be robust with effective communication and information sharing processes. Should the Local Authority delegate or share responsibilities to a greater degree, for example, with the voluntary sector as indicated in the green paper this will become increasingly important. There is a risk that current IT and communication platform may not be sufficient to support increased joint working and sharing confidential data.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 Over the past ten years the number of annual births in Barnet has increased by 28%. Over the next five years, regeneration and demographic growth will bring about a shift in the ethnic profile of the borough, with a projected increase in the Black and Minority Ethnic population from 33.1% to 35.0%. There are substantial and regular numbers of “mover in” families from inside/outside London and particularly overseas, where children have significant special educational needs which may previously have been inadequately addressed. In addition families often present with English as an additional language.
- 5.2 Although not a statutory requirement in relation to SEN, tribunal outcomes indicate a need for due regard being given to parental and child views with regard to education within particular religious contexts.
- 5.3 There are a number of consultation processes which particularly apply in the relation to the delivery of services to children and adults with disability.
- 5.4 The SEN Green paper must be considered in the light of the Education White Paper (The Importance of Teaching - The Schools White Paper 2010) which includes the development of free schools and academies and the increasing autonomy of schools. There continues to be national policy development, consultation and discussion around responsibilities in relation to the education of children with special educational needs, social and emotional and behavioural difficulties and admissions and exclusions. Changes are also anticipated in school funding arrangements including the introduction of the pupil premium for disadvantaged children and young people.
- 5.5 Current Excellence in Clusters (EiC) arrangements allow for additional SEN-related services such as speech and language therapy and educational psychology to be delivered in EiC schools for sections of the school age child population more socially economically deprived.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

6.1 Finance

- 6.1.1 As outlined in this section and in the risks section , an increase in the number of children with Special Educational Needs will place increased pressure on Children's Service budgets.
- 6.1.2 Transportation costs are being reduced per child presently through efficiencies but pressures on this budget will also increase in relation to increasing numbers and age ranges and increasing delivery of personalised arrangements, potentially involving more than one education or work related provider.
- 6.1.3 Parental expectations for quality of provision, choice and outcomes in Barnet are high and our children's services, schools and children's centres are also aspirational in this regard. Expectations may rise even higher in relation to the expressed aims of the SEN Green Paper. Barnet is moving forward with a high performance baseline and this needs to be considered in relation to perceptions about improvements that can be gained in the future, through implementation of new ideas. All four special schools and one of the main PRUs (Northgate –catering for young people with psychological issues affecting access to education) are judged as outstanding. The other main PRU for behavioural issues is judged as good. Children with SEN in mainstream schools in Barnet progress very well. Parental expectations for education post transition are high.

6.2 Procurement

- 6.2.1 Procurement and contracting have been an area of focus within SEN in recent months. The use of formal contracting across providers of education and therapies has been extended and this will bring improved Value for Money over time. The effect will not be great with regard to out of borough placements as monitoring of provision, progress and safeguarding arrangements has been reasonably strong. It is hoped improvements will be gained in relation to the delivery of therapies including delivery of speech and language therapy.

6.3 Value for money

- 6.3.1 There may be potential for some long-term efficiencies through more "joined up" approaches to assessing and meeting special educational, additional and care needs across agencies and also across age groups (within the 0-25 model indicated in the green paper). The proposed use of a single assessment and plan could ultimately replace statutory assessment altogether. Some efficiencies have already been realised in Barnet through greater joint working between Children's and Adult's services around transport of children with SEN and vulnerable adults. Initiatives are underway to link decision making with regard to provision during transition.

6.4 Staffing

- 6.4.1 There will need to be some review of roles and functions and critical review of capacity in the area of SEN to deliver on a new and expanding agenda for local authorities. The green paper also suggests opportunities to expand the role of the voluntary sector.

6.5 IT

- 6.5.1 The IT, data management and communication platform for developing the single plan approach and for the efficient management and monitoring of SEN outcomes in Barnet requires development. The authority has supported the implementation of the SEN progression guidance to monitor attainment through annual reviews. Some analysis of this data takes place for those young people involved with our specialist teacher service (virtual school). This work could be extended.

6.6 Property and in borough capacity

- 6.6.1 Reliance on more expensive out of borough and independent placements for school aged children with SEN has been reduced and the ability to defend tribunals on the basis of the quality of Barnet's provision has improved with all special schools now judged as outstanding. In borough capacity needs to be increased year on year and targeted more efficiently where there is need. Specialist placements locally are required for older young people with learning disabilities. This will need to include consideration of which building and existing property opportunities or market building opportunities are presented. Our special and mainstream schools could have a role in this as well as local colleges.
- 6.6.2 To help ensure that there is sufficient SEN provision going forward we are putting in place contracts with schools that convert to academy status, especially around additional resourced provisions. The agreements indicate that the number of places can be reviewed according to local on going need.

7 LEGAL ISSUES

- 7.1 Moving into this period of innovation and national learning about improving processes, the law does not change and councils will still need to meet the statutory requirements of existing legislation, guidance and systems.
- 7.2 There are a number of routes for challenges to local authorities including SENDIS tribunals, Judicial Review, Ombudsman complaints and negative outcomes can generate significant cost. Levels of challenge are high and we are exploring ways of reducing this e.g. through improved mediation.

8. CONSTITUTIONAL POWERS

- 8.1 The scope of Scrutiny Committees is contained within Part 2, Article 6 of the constitution; the Terms of Reference of the Scrutiny Committees are in the Overview and Scrutiny Procedure Rules (Part 4 of the constitution).

9. BACKGROUND INFORMATION

- 9.1 The Education White Paper (November 2010) proposed increased academies and free schools, to include special schools. It also proposed changes in the training of teachers to include some focus on SEN, and the development of teaching schools (including special schools) in relation to training and school improvement models. It reinforced quality first teaching in all schools as a primary consideration in meeting children and young people's needs. In the related area of behaviour management and exclusion schools would have more powers and autonomy with reduced potential for challenge.

- 9.2 The SEN Green paper 'Support and aspiration: A new approach to special educational needs and disability' was published in March 2011. It aimed to address the following issues:
- Parents are said to feel they have to battle to get the support their child needs
 - SEN statements are not joining up education and care support
 - Children are falling between the gaps in services or having to undergo multiple assessments
 - Multiple layers of paperwork and bureaucracy are adding delays to getting support, therapy and vital equipment
 - There is a confusing and adversarial assessment process, with parents' confidence in the system undermined by the perceived conflict of interest where the local authority must provide SEN support as well as assess children's needs
 - OFSTED and others suggest that children are being over identified as having SEN, which prevents them from achieving their potential because of reduced teacher expectation.
- 9.3 Government consulted on the green paper and Barnet encouraged local professionals, parents and carers, children and young people, mainstream and special schools to make direct consultation responses and to share those responses with the Council. Barnet Council considered the responses made by various groups and submitted a Barnet response to the consultation before the deadline of 29 June 2011.
- 9.4 The Barnet consultation submission broadly welcomed the proposals in the green paper. Some key aspects of the response were: support for the emphasis placed on early identification and proposals to make the assessment process more streamlined; the belief that provision needs to be shaped around the needs of the child; and support for increased independence for parents. Barnet has already piloted personal budgets for children with complex needs and believes that empowering parents to make their own choices about the care package their child receives is a positive step, as long as parents are adequately supported to take on this role. The consultation response also stressed the importance of integrating services, being mindful of value for money, and ensuring there is a continuum of support.
- 9.5 The SEN green paper indicates proposed improvements in the way special educational and additional needs are identified and addressed in the future. Mechanisms for this are not yet clear as the next stage is further government reflection on the consultation, the issuing of further guidance to local authorities (due imminently) and the implementation of a number of pathfinder projects to test out improved approaches through evaluation. This will be followed by legislative changes.
- 9.6 Some key aspects of the green paper on SEN are:
- a new approach to identifying SEN through a single Early Years setting-based category and school-based category of SEN;
 - a new single assessment process and Education, Health and Care Plan by 2014;
 - local authorities and other services will set out a local offer of all services available;
 - the option of a personal budget by 2014 for all families with children with a statement of SEN or a new Education, Health and Care Plan;
 - give parents a real choice of school, either a mainstream or special school (particularly in maintained sector); and
 - introduce greater independence to the assessment of children's needs.
- 9.7 A strategic role continues to be emphasised for local authorities. Collaboration and training through schools is promoted, with a focus on achievement and progress rather than SEN 'labels'. Early intervention is promoted, with implications for the planned use of resources

- 9.8 The following paragraphs outline proposals identified in the Green Paper where Barnet will need to consolidate existing good practice or make considered progress in systems development and learning in preparation for the near future.
- 9.9 **Early Identification and Assessment** - Health and development reviews are planned for those aged 2 – 2 ½ years with integrated support arrangements incorporating increased numbers of health visitors. Early access to education is promoted within the 15 hour offer to 2 year olds. A single Education, Health and Care plan 0 - 25 is proposed from 2014. Links between multi-agency planning and assessment are well established in Barnet at the Early Support stage and appreciated by parents of children with complex needs. Early Intervention and Prevention is a priority in Barnet and includes a focus on family support and collaborative team working to identify issues of concern and address them.
- 9.10 **Giving parents control** - Parental Control, It is intended that there is a clear offer to parents describing what help is available from whom, with transparent information about funding and further exploration of the scope for personalised budgets and funding.
- 9.11 **Learning and achieving** – The child’s view is to be given greater emphasis and the child will have the right to appeal. The child’s view must be taken into account in issues of bullying, exclusion, promoting understanding of impairments, dealing with fear and stigma. The management of behaviour links to initiatives outlined in the schools white paper. Barriers to learning are to be identified, and challenging behaviour and bullying addressed through, intervention supported by training. Special school outreach is promoted (existing to some extent in Barnet). It is thought that a single SEN category replacing school action and schools action plus would help reduce any over identification of SEN. More outstanding schools and academies are intended and education and training is to be available to all students up to age 18 from 2015.
- 9.12 **Preparing for adulthood** – intentions include more effective transition, provision of more entry level courses, opportunities for work experience, and supported employment. It is intended that by 2015 local authorities will have a clear offer for transition.
- 9.13 **Services working together for families** – promotes innovative local collaborative working, including through commissioning, professionals working together and integrated collaborative approaches. Joint strategic needs assessments, joint health and wellbeing strategies, NICE and health outcomes frameworks will underpin the work between health and local authorities. It is proposed that GP consortia lead on commissioning. There is also an intended review of the SEN Code of Practice. Barnet benefits from strong multi-agency partnerships and health commissioners from NHS North Central London are both part-seconded to and based with the Council.
- 9.14 **Statutory timeframes** - The SEN green paper proposes reducing the timeframe for statutory assessment of SEN from 26 to 20 weeks. This comprises a reduction in the time local authorities have to decide whether to assess a child from 6 weeks to 3 weeks and a reduction from 12 to 9 weeks in the time for the statutory assessment. Barnet completes 100% of statutory assessments on time when solely responsible. Performance declines in the case of exceptions and involvement of other agencies such as therapy services, but has recently been improving and now stands at close to 80%. A move to shorter timeframes for statutory assessment is likely to create a performance and compliance pressure in Barnet.

Next Steps

- 9.15 More detailed proposals and plans from Government are anticipated by the end of this year. A series of pathfinders will take place to pilot the new approaches outlined in the green paper. Legislative changes are expected from May 2012.
- 9.16 Based on the proposals contained within the SEN green paper there will need to be further discussion with the voluntary sector with regard to roles they can fulfil in contributing to any assessment processes and supporting the independence and objectivity of such. Direct appeals by young people may need to be considered. Banding approaches to funding may also need to be further developed alongside testing of personal budgets systems.
- 9.17 Local Authorities are currently expected to maintain a strategic role and a role as champions for children with SEN and disability (including promoting childcare for disabled children). Within Barnet we will be reviewing the membership of our inclusion strategy group, focusing on 0-25 development, and developing a new strategy for SEN to move us forward.

10. LIST OF BACKGROUND PAPERS

- 10.1 SEN Green Paper –Support and aspiration: A new approach to special educational needs and disability - A consultation.
<https://www.education.gov.uk/publications/standard/publicationDetail/Page1/CM%208027>
- 10.2 Education White Paper. *The Importance of Teaching - The Schools White Paper 2010*
<https://www.education.gov.uk/publications/standard/publicationdetail/page1/CM%207980>
- 10.3 Health White paper Equity and excellence: Liberating the NHS. 12th July 2010.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353
- 10.4 Health White Paper Healthy Lives, Healthy People: Our strategy for public health in England
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128120
- 10.5 SEN Green Paper – Barnet response to the government consultation
- 10.6 Barnet bid for SEN pathfinder

Papers 10.5 and 10.6 can be requested by contacting Brian Davis on brian.davis@barnet.gov.uk

Legal – LC
CFO – JH

AGENDA ITEM: 10

Pages: 27-32

Meeting	Safeguarding Overview and Scrutiny Committee
Date	10 October 2011
Subject	Children's Service Governance Structures
Report of	Cabinet Member for Education, Children and Families and the Director of Children's Service
Summary	This report outlines the key governance structures in Barnet's Children's Service, the links between them, and how they help deliver the strategic and operational functions and responsibilities of the service.

Officer Contributors	Elaine Tuck, Strategy and Planning Manager
Status (public or exempt)	Public
Wards affected	All
Enclosures	None
Reason for urgency / exemption from call-in	Not applicable
Key decision	Not applicable

Contact for further information: Elaine Tuck, Strategy and Planning Manager, 020 8359 4191

1. RECOMMENDATION

- 1.1 That the Safeguarding Overview and Scrutiny Committee comment and make recommendations as appropriate to the Cabinet Member for Education, Children and Families on the governance structures in place in the Children's Service.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Safeguarding Overview and Scrutiny Committee 4 July 2011, Agenda Item 8 – Forward Work Programme 2010-11 – the Committee requested a report detailing current governance structures in the Children's Service.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities. The three priorities set out in the Corporate Plan 2011-13 are: better services with less money, sharing opportunities, sharing responsibilities; and a successful London suburb.
- 3.2 The Corporate Plan 2011/13 contains the following strategic objectives relevant to the Children's Service: continue to safeguard vulnerable children and adults from avoidable harm at a time of reduced resources; invest in early intervention to reduce the number of children and families experiencing complex problems; create the conditions for children to develop skills and acquire knowledge to lead successful lives; and ensure every school is a good school for every child and sufficient school places are available.
- 3.3 The governance structures within the Children's Service enable it to maintain a strategic and operational overview of services, ensuring that they help contribute towards corporate and service priorities. Please see 9.2 and 9.5 for more detail on multi-agency priorities as delivered by the Children's Trust Board.

4. RISK MANAGEMENT ISSUES

- 4.1 The Children's Service holds a risk register which is reported on to the Children's Service Senior Leadership Team each quarter. This includes key risks from across the Children's Service as identified in each team's risk register which forms part of their team plan.
- 4.2 The Children's Service has a Data Governance Group which meets monthly. It is responsible for helping to ensure that good practice is being followed across the service and to identify any areas where further work is required.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 The Children's Service produces a 'Profile of Children and Young People in Barnet' every year, which contains data about our young people including gender, race, disability and other characteristics. This data, along with service-user specific data, is used to inform the commissioning and service planning that takes place at the various groups and boards throughout the Children's Service.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 None in the context of this report.

7. LEGAL ISSUES

- 7.1 Government has indicated its intent to remove the statutory requirement on local authorities to set up Children’s Trust Boards and the requirement on those Boards to prepare and publish a joint Children and Young People’s Plan.
- 7.2 The establishment of multi-agency Local Safeguarding Children Boards was a key element of the Children Act 2004; it has been a requirement for local authorities to have a board since 2006.
- 7.3 Establishing a Children in Care Council is a statutory requirement of the Care Matters Agenda.

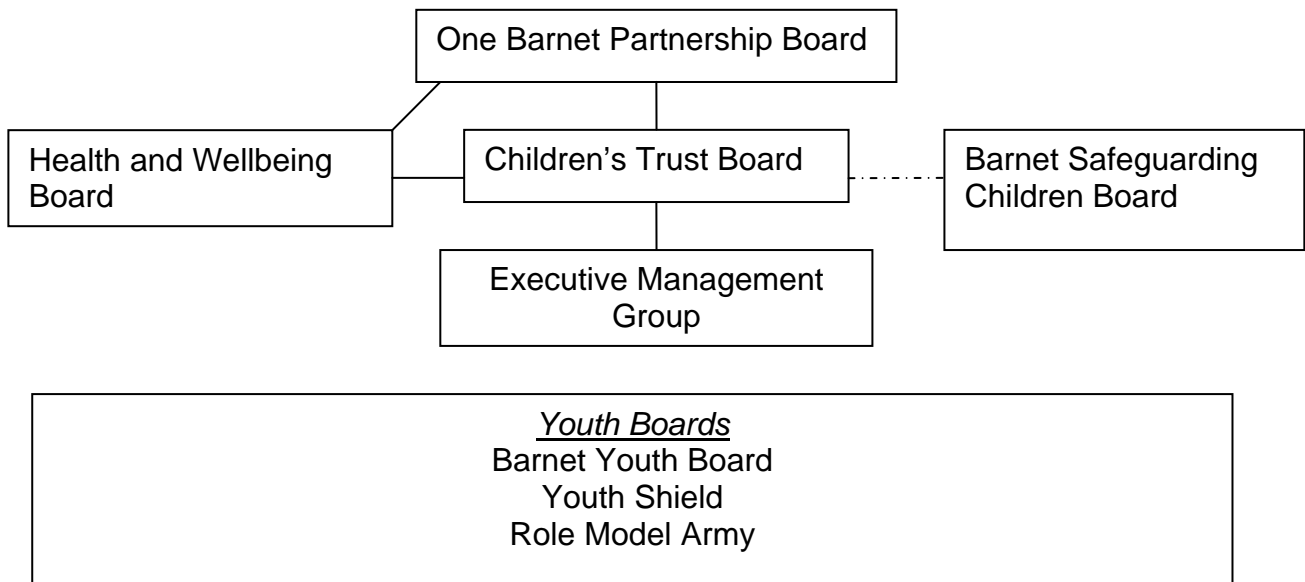
8. CONSTITUTIONAL POWERS

- 8.1 The scope of Scrutiny Committees is contained within Part 2, Article 6 of the constitution; the Terms of Reference of the Scrutiny Committees are in the Overview and Scrutiny Procedure Rules (Part 4 of the constitution).

9. BACKGROUND INFORMATION

- 9.1 The Children’s Service governance structures are aligned with corporate and multi-agency governance structures. The top level structures are shown in the diagram below.

Top-level multi-agency governance structures



One Barnet Partnership Board

- 9.2 The Sustainable Community Strategy is the ‘umbrella strategy’ for all the plans and strategies of key partners in Barnet. The One Barnet Partnership Board maintains oversight of the four strategic outcomes in Barnet’s Sustainable Community Strategy – strong, safe communities for everyone; investing in children, young people and their families; healthy and independent living; and a successful London suburb.

Children's Trust Board (CTB)

- 9.3 The Children's Trust Board delivers the outcome 'investing in children, young people and their families' and reports into the One Barnet Partnership Board.
- 9.4 The CTB brings together all services for children and young people in the borough, to focus on improving outcomes for all children and young people. It is chaired by Councillor Harper, Cabinet Member for Education, Children and Families. Key members of the trust include:
- Barnet Council
 - NHS Barnet, GPs, and health providers
 - Barnet Borough Police
 - CommUnity Barnet, who represent the voluntary sector
 - Primary and secondary schools in Barnet
 - Barnet College
 - Jobcentre Plus.
- 9.5 Although there is no longer a statutory obligation to have a CTB, the Board has chosen to retain it in order to support partnership working in Barnet. The CTB's priorities are ensuring the safety of all Barnet's children; narrowing the gap for children at risk of not achieving their potential; and preventing ill health and unhealthy lifestyles. The delivery of these priorities is externalised through the publication of an annual Children and Young People Plan. Progress on each of the priorities is monitored through a combination of performance indicators and progress reports submitted to the Children's Trust Board.

Executive Management Group (EMG)

- 9.6 Whilst the CTB provides inter-agency governance to ensure that partners in Barnet are working effectively together, the EMG is a larger group of Directors and Senior Managers, which implement the strategic direction set out by the CTB. EMG is responsible for implementing the direction provided by the CTB and holds decision-making powers in relation to budget allocation, business planning and service implementation, and quality assurance.
- 9.7 It is a multi-agency working group and board members include the Director of Children's Service and the Senior Leadership Team (SLT) from the Children's Service, as well as senior management from Adult Social Care, Housing, Health Services, the Police, CommUnity Barnet (representing the voluntary sector), Barnet College and Jobcentre Plus.
- 9.8 In order to keep meetings focussed, much of the day to day work of the CTB and EMG is carried out by sub-groups. There are a number of multi agency sub-groups covering areas including domestic violence, 14 to 19 education, school place planning, youth services, and inclusion. There are also a number of boards that make decisions in individual cases such as the Complex Needs Panel, which agrees educational statements; the Resource Panel, which makes decisions regarding high cost placements for children and decisions to initiate care proceedings; and the Fostering Panel that approves Foster Carers.

Barnet Safeguarding Children Board (BSCB)

- 9.9 The establishment of multi-agency Local Safeguarding Children Boards was a key element of the Children Act 2004; it has been a requirement for local authorities to have a board since 2006. The role of the board is to co-ordinate and challenge the effectiveness of partners in safeguarding and promoting the welfare of children.

- 9.10 The BSCB has had an independent chair since 2009 and board members include delegates from Health, Police, Probation, Voluntary Sector, Adult Services, Housing, Schools, and Children's Service. The BSCB has a two part structure with an Executive that meets as necessary prior to the full Board meeting. Executive Members are responsible for policy, strategy and performance in respect of safeguarding children. They are also responsible for establishing the BSCB budget and agreeing agency contributions. BSCB has overall responsibility for the delivery of the Work Programme in order to fulfil its statutory requirements.
- 9.11 The Cabinet Member for Education, Children and Families is now a participant observer on the BSCB. He is not a full member in order to maintain the independence of the BSCB. He is, however, politically accountable for ensuring that the local authority fulfils its legal responsibilities for safeguarding and promoting the welfare of children and young people.
- 9.12 In 2010 a young people's safeguarding board 'Youth Shield' was developed – see paragraph 9.17. Representatives from Youth Shield attend BSCB meetings.
- 9.13 There are a number of sub-groups that report into the BSCB including the Standing Serious Case Review Sub Group, which is now independently chaired in accordance with Ofsted recommendations and the Child Death Overview Panel (CDOP), as well as the Performance and Quality Assurance Sub Group; the Training and Development Sub Group; the Professional Advisory Sub Group; and the Cross-Generational Sub Group. The Cross generational sub-group was established as a cross cutting group that reports to both the Safeguarding Children Board and the Safeguarding Adults Board.

Health and Wellbeing Board

- 9.14 The Health and Wellbeing Board leads the development of an integrated health and well being strategy, supported by a Joint Strategic Needs Assessment. Working across the Council and local NHS, this then informs specific commissioning arrangements. The Board will fulfil the functions set out in the current Health and Social Care Bill for greater local democratic legitimacy in health. It delivers on the 'healthy and independent living' strategic outcome of Barnet's Sustainable Community Strategy. The Cabinet Member for Education, Children and Families and the Director Children's Service sit on the board.

Youth Boards

- 9.15 There are three key groups facilitated by the Children's Service through which children and young people in Barnet are involved in decision-making.
- 9.16 Barnet Youth Board – The youth council for the borough of Barnet, representing young people aged 13 to 19. Members, comprising representatives from the majority of our secondary schools and from community and voluntary organisations, regularly take part in consultations and assemblies and deliver presentations.
- 9.17 Role Model Army – Barnet's Children in Care Council which meets to discuss issues with Barnet's care system, take part in consultations and work with managers to make changes in the care they and those they represent receive.
- 9.18 Youth Shield – The young people's safeguarding board which ensures the views of children and young people on safeguarding are represented. Representatives from Youth Shield attend BSCB meetings.

Top level Children's Service governance structures

- 9.19 Whilst the Children's Service host, operate and/or attend the multi-agency groups set out above, the service has its own internal management structure. The Cabinet Member for Education, Children and Families, Councillor Harper, is politically accountable for budget and policy formulation and implementation in relation to children and young people including in the areas of early years to post-16 education, youth services (including youth offending), safeguarding, and corporate parenting. He has regular theme meetings with the Director of Children's Service and members of the Senior Leadership Team to set strategic direction and discuss key issues.
- 9.20 Children's Service Senior Leadership Team (SLT) – meets weekly and consists of the Director and Assistant Directors. It is chaired by the Director of Children's Service. It is responsible for maintaining strategic oversight of all functions delivered by the Children's Service and for making high-level decisions around budgets, policy and service planning.
- 9.21 Children's Service Leadership Team (CLT) – meets monthly and consists of the Senior Leadership Team and other key managers. It is a forum to discuss key service issues and disseminate key information.
- 9.22 Children's Service Management Team (CMT) – meets every six weeks and consists primarily of middle managers across the service. It is a forum for managers to develop policy and disseminate information.
- 9.23 All these meetings aim to develop and foster a shared understanding of direction and to ensure corporate, partnership and service priorities are fully embedded in service delivery. Managers also hold regular team meetings with those reporting into them. Other forums for discussion and information-sharing include a quarterly Directors Question Time, a regular Children's Service newsletter, and lunchtime briefings for staff on topical issues emerging within the children's arena.

10. LIST OF BACKGROUND PAPERS

- 10.1 None

Legal – HP
CFO – JH

AGENDA ITEM: 11 Pages: 33- 36

Meeting	Safeguarding Overview & Scrutiny Committee
Date	10 th October 2011
Subject	Cabinet Forward Plan
Report of	Scrutiny Office
Summary	This report provides Members with the current published Cabinet Forward Plan. The Committee is asked to comment on and consider the Cabinet Forward Plan when identifying future areas of scrutiny work.

Officer Contributors	Melissa James, Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendices
Reason for urgency / exemption from call-in	Not applicable
Key decision	Not applicable

Contact for further information: Melissa James, Scrutiny Officer, 020 8359 7034

1. RECOMMENDATION

- 1.1 That the Committee comment on and consider the Cabinet Forward Plan when identifying areas of future Scrutiny work.

2. RELEVANT PREVIOUS DECISIONS

- 2.1 None.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Overview and Scrutiny Committees/Sub-Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.

- 3.2 The three priority outcomes set out in the 2010/13 Corporate Plan are: –

- Better services with less money
- Sharing opportunities, sharing responsibilities
- A successful London suburb

4. RISK MANAGEMENT ISSUES

- 4.1 None in the context of this report.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:

- The Council's leadership role in relation to diversity and inclusiveness; and
- The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.
- The Council is required to give due regard to its public sector equality duties as set out in the Equality Act 2010 and as public bodies, Health partners are also subject to equalities legislation; consideration of equalities issues should therefore form part of their reports.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 None.

7. LEGAL ISSUES

- 7.1 None save those contained within the body of the report.

8. CONSTITUTIONAL POWERS

- 8.1 The scope of the Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution; the Terms of Reference of the Scrutiny Committees are

included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution).

9. BACKGROUND INFORMATION

- 9.1 Under the current overview and scrutiny arrangements, the Health Overview & Scrutiny Committee will ensure that the work of Scrutiny is reflective of Council priorities, as evidenced by the Corporate Plan and the programme being followed by the Executive.
- 9.2 The Cabinet Forward Plan will be included on the agenda at each meeting of the Health Overview & Scrutiny Committee as a standing item.
- 9.3 The Committee is encouraged to comment on the Forward Plan.
- 9.4 The Committee is asked to consider items contained within the Forward Plan to assist in identifying areas of future scrutiny work, particularly focussing on areas where scrutiny can add value in the decision making process (pre-decision scrutiny).

10. LIST OF BACKGROUND PAPERS

- 10.1 None.

**London Borough of Barnet
Forward Plan of Key Decisions
September 2011**

Contact: Andrew Charlwood, Governance Service, 020 8359 2014

andrew.charlwood@barnet.gov.uk

Subject	Decision requested	Cabinet Member/ author	Consultation	Last date for reps	Documents to be considered
Cabinet Resources Committee 27 September 2011					
Contract Award for Lead Providers Home and Community Support	To approve the award of a four year framework contract for three lead providers for Home and Community Support and to authorise a six-month extension to the current framework contracts for the current 11 service providers	Adults Eryl Davies			Full report
Quarter 1 Monitoring 2011/12	To consider the 2011/12 Monitoring Report, to instruct directors to take appropriate action to improve performance in identified areas, and to approve virements and transfers	Resources and Performance Maria Christofi			Full report
Replacement of Cremators, Building Works, Renovations and Compliance with Mercury Abatement Legislation at Hendon Cemetery and Crematorium	To approve capital funding to deliver Phase 1 of a scheme to undertake necessary works at Hendon Cemetery and Crematorium	Housing Andrew Milne			Full report
Introduction of Enhanced Housing Management Charges for Sheltered Housing	To agree service charges for enhanced housing management of sheltered housing / sheltered plus services, to delegate authority to the Director of Planning, Environment and Regeneration to agree a revised management fee with Barnet Homes and to approve that protection from	Housing Andrew Milne			Full report

Subject	Decision requested	Cabinet Member/ author	Consultation	Last date for reps	Documents to be considered
	the enhanced housing management service charge be funded from the Housing Revenue Account				
Transforming Passenger Transport Services	To authorise the council to participate in the West London Alliance Transport Efficiency Programme to deliver Passenger Transport Services and to approve the transformation of Passenger Transport Services to achieve identified savings	Customer Access and Partnerships Kate Kennally			Full report
Leisure Contract Review	To review the current leisure contract with Greenwich Leisure Limited, with final terms to be agreed by the Committee at a future meeting	Customer Access and Partnerships Pam Wharfe			Full report
Early Intervention and Prevention Commissioned Contracts	To approve the award of contracts to deliver Early Intervention and Prevention Services and approve a waiver of Contract Procedure Rules for an extension of currently commissioned contracts	Education, Children and Families Jay Mercer			Full report
Permanent Primary School Expansion in the Colindale Area	To approve the expansion of primary school provision in the Colindale area using the Children's Capital Programme, to agree to entering into a Strategic Partnership Agreement with Kier London and to agree to the provision of temporary	Education, Children and Families Val White			Full report

Subject	Decision requested	Cabinet Member/ author	Consultation	Last date for reps	Documents to be considered
	accommodation on the Orion site				
Grant of New Leases for Allotment Sites	That grant leases to allotment plot holders for terms for up to 38 years	Resources and Performance / Environment Lynn Bishop			Full report
Purchase of Leasehold Interest in Land at Grahame Park Way NW7	To accept a surrender of the lease of the premises from RFL Mill Limited or any other company in whom the subject may be vested	Resources and Performance / Environment Craig Cooper			Full report
Extension of Current Housing Advice Contract and Foundation Service Contract and permission to Re-tender Services	To approve retrospective extensions to the current Housing Advice and Foundation Service contracts and to approve commencement of a joint re-tendering exercise	Housing Andrew Milne			Full report
Barnet Integrated Learning Disability Service - Contracts with Central London Community Health NHS Trust and Barnet, Enfield & Haringey NHS Mental Health Trust	To authorise the council to act as Lead Commissioner for learning disability services across health and social care and to authorise a waiver of Contract Procedure Rules to enable the provision of specialist Community Learning Disabled Services	Resources and Performance / Adults Jim Wilson			Full report
Treasury Management Outturn for Quarter Ended 30 June 2011	To receive a report providing an update on treasury management activity	Resources and Performance John Hooton			

Cabinet 3 November 2011

Subject	Decision requested	Cabinet Member/ author	Consultation	Last date for reps	Documents to be considered
Tenancy Strategy	To approve the Draft Tenancy Strategy and authorise the commencement of an eight week consultation	Housing Andrew Milne			Full report
Infrastructure Delivery Plan	To agree a Delivery Plan for the future infrastructure needs of the borough, funded by the Community Infrastructure Levy	Planning / Resources and Performance Martin Cowie / Lucy Shomali			Full report
Community Infrastructure Levy	To seek approval of a preliminary draft charging schedule for Barnet	Planning / Resources and Performance Martin Cowie / Lucy Shomali			Full report
Proposed Phasing of Primary School Expansions and Investment Strategy to Meet Demand for Secondary School Places	To set out projected demand for additional primary school places in the borough up to 2016/17, to seek agreement for the investment programme and to provide an update on first phase of primary expansions. To set the projected shortfall of secondary provision from 2015/16 onwards and the investment strategy required to	Education, Children & Families Val White			Full report

	ensure there are sufficient secondary school places				
Reference from Overview & Scrutiny	Cabinet to receive the report and recommendations of the Early Intervention and Prevention Task and Finish Group	Scrutiny Office Jeff Lustig			Full report
Financial and Business Planning 2012/13 to 2014/15 and Budget Headlines	To agree the Financial and Business Planning process for the period 2012/13 to 2014/15, to receive the budget headlines and to commence consultation on the budget proposals	Resources & Performance / Leader Andrew Travers	Programme of budget consultation to be carried out		Full report
Network Management Policy	To define the principles of the Network Management Policy	Environment Declan Hoare			Full report
Cabinet Resources Committee 7 November 2011					
West London Alliance	To agree that the Council move from the North London Strategic Alliance to the West London Alliance.	Leader Craig Cooper			Full report
Land at East Road, Burnt Oak	To approve the disposal of land	Resources and Performance Craig Cooper			Full report
Security Service Provision in Council Properties	To report on the provision of security services in Council properties	Resources and Performance Craig Cooper			Full report
Dollis Valley Estate Regeneration	To agree the appointment of the development partner for the Dollis	Leader			Full report

	Valley Estate	Lucy Shomali			
Community Advice Service – Award of Contract	To agree the award of the Community Advice Service contract	Adults / Customer Access & Partnerships Julie Taylor			Full report
Big Society Innovation Bank – Community Assessment Panel	The report will seek consent to delegate authority to a community assessment panel, under the chairmanship of the Cabinet Member, to approve awards, both to third sector and civil society applicants, from the Big Society Innovation Bank.	Cabinet Member for Customer Access and Partnerships Julie Taylor	The proposals follow consultation with the third sector and other interested parties on the creation of the Big Society Innovation Bank through the Third Sector Commissioning Group. CommUNITY Barnet will publicise the Panel and appoint representatives in line with the council's requirements under the terms of its 2011-12 funding agreement.		
Procurement of Contracts for Prevention Services to Support Personalisation of Social	To authorise the procurement of contracts for information, advice and advocacy services and for support for people with learning disabilities	Adults Kate Kennally			Full report

Care and Health					
Special Cabinet Resources Committee, December (date TBC)					
Development and Regulatory Services Competitive Dialogue	To inform the Committee of those participating bidders that will be invited to submit detailed solutions	Customer Access and Partnerships Craig Cooper			Full report
Parking Services Contract Award	To award to contract for the provision of Parking Services following a restricted procurement procedure	Environment Pam Wharfe / Craig Cooper			
Cabinet 14 December 2011					
Partnership Governance	To seek approval for a revised partnership framework including Safer Communities Partnership, Health & Well-Being Board, Children's Trust Board and a refreshed overarching partnership board	Customer Access & Partnerships Julie Taylor			Full report

AGENDA ITEM: 12 Pages: 37-40

Meeting	Safeguarding Overview & Scrutiny Committee
Date	10 th October 2011
Subject	Safeguarding Overview & Scrutiny Committee Forward Work Programme
Report of	Scrutiny Office
Summary	This report outlines the Committee's work programme during 2011/12.

Officer Contributors	Melissa James, Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix A- Safeguarding Overview and Scrutiny Work Programme 2011/2012
Reason for urgency / exemption from call-in	Not applicable
Key decision	Not applicable

Contact for further information: Melissa James, Scrutiny Officer, 020 8359 7034.

1. RECOMMENDATION

- 1.1 **That the Committee consider and comment on the items included in the 2011/12 work programme of the Safeguarding Overview & Scrutiny Committee (Appendix A).**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 None.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three priority outcomes set out in the 2010/13 Corporate Plan are: –
- Better services with less money
 - Sharing opportunities, sharing responsibilities
 - A successful London suburb

4. RISK MANAGEMENT ISSUES

- 4.1 None

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
- The Council's leadership role in relation to diversity and inclusiveness; and
 - The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.
 - The Council is required to give due regard to its public sector equality duties as set out in the Equality Act 2010 and as public bodies, Health partners are also subject to equalities legislation; consideration of equalities issues should therefore form part of their reports.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 None in the context of this report.

7. LEGAL ISSUES

- 7.1 None save those contained within the body of the report

8. CONSTITUTIONAL POWERS

- 8.1 The scope of the Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution; the Terms of Reference of the Scrutiny Committees are

included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution).

9. BACKGROUND INFORMATION

- 9.1 The Safeguarding Overview & Scrutiny Committee's Work Programme 2011/12 indicates items of business previously considered by the Committee and forthcoming items.
- 9.2 The work programme of this Committee is intended to be a responsive tool, which will be updated on a rolling basis following each meeting, for the inclusion of areas which may arise through the course of the year.
- 9.3 The Committee is empowered to agree its priorities and determine its own schedule of work within the programme.

10. LIST OF BACKGROUND PAPERS

- 10.1 None

4 JULY 2011

SAFEGUARDING OVERVIEW & SCRUTINY COMMITTEE

ITEMS TO BE CONSIDERED	INFORMATION	REPORT ORIGIN	LINK TO CORPORATE PLAN
Safeguarding in Barnet	New committee to consider joint report from Children's and Adults on Safeguarding being reported to Cabinet on 15 June 2011	Report from Children's / Adults	<ul style="list-style-type: none"> • Better services with less money • Sharing opportunities and sharing responsibilities • Successful London Suburb
Statutory Officer / Member Visits to Children's Homes	Standing item	Report from Children's Service	
Cabinet Forward Plan	Standing item	Report from Scrutiny Office	
Safeguarding OSC Work Programme	Standing item	Report from Scrutiny Office	

10th OCTOBER 2011

SAFEGUARDING OVERVIEW & SCRUTINY COMMITTEE

ITEMS TO BE CONSIDERED	INFORMATION	REPORT ORIGIN	
Barnet Multi-Agency Safeguarding Board- Annual Report 2010-2011	Committee to consider the annual report on safeguarding vulnerable adults for 2010/11. Regulator requirement.	Requested by Adult Social Services OSSC Report from Adult Social Services	<ul style="list-style-type: none"> • Better services with less money • Sharing opportunities and sharing responsibilities • Successful London Suburb
Children's Governance Structures	Committee have requested a report outlining the Boards and Panels governing the delivery of services for children.	Requested by Children's Services OSSC Report from Children's Services	
Implications of the Green Paper on SEN	Committee have requested a report outlining the implications of the Green Paper.	Report from Children's Services	
In depth Performance report: % of children subject to a child protection case for the second or subsequent time	Referred from Budget and Performance OSC to the Safeguarding OSC.	Report from Children's Services	
Annual Complaints Report 2010-2011	Committee to consider the annual complaints Report	Report from Adults Social Services	

	for 2010/2011		
Statutory Officer & Member Visits to Barnet Children's Homes & Hostels	Standing Item	Report from Scrutiny Office	
Cabinet Forward Plan	Standing Item	Report from Scrutiny Office	
Safeguarding OSC Work Programme	Standing Item	Report from Scrutiny Office	

FUTURE MEETINGS- ITEMS TO BE ALLOCATED

SAFEGUARDING OVERVIEW & SCRUTINY COMMITTEE

ITEMS TO BE CONSIDERED	INFORMATION	REPORT ORIGIN	LINK TO THE CORPORATE PLAN
Charging Policy (Adult Social Services)	Committee to receive a six-month update on the Council's charging policy.	Report from Adult Social Services	<ul style="list-style-type: none"> Better services with less money Sharing opportunities and sharing responsibilities Successful London Suburb
Local Authority Trading Company	Committee to receive update report on management arrangements for in-house social care services, particularly the	Report from Adult Social Services	

	role and governance arrangements of the LATC and role of elected members and Council		
LINKS Update and Annual Report	Committee to receive an update on Barnet LINKS, together with the LINKS Annual Report for comment.	Report from Policy and Partnerships Group	
Munroe Review Findings: Barnet's Response	Committee to receive a report on the Munroe Review and the implications for Barnet's Children's Services Social work	Report from Children's Service	
Adult Social Services workforce approach to Safeguarding	The Committee to receive a report on the adult social services workforce approach to Safeguarding	Report from Adult Social Care and Health	
Pricing Strategy for Older Adults using Social Care Services	The Committee to receive a report on the pricing strategy for Older Adults using social care services	Report from Adult Social Care and Health	
The Local Authority's changing relationship with Schools.	The Committee to receive a report on the Council's changing relationship with Schools	Report from Children's Service	
Adult Social Services-Balance Scorecard for Safeguarding	The Committee to receive an update report on safeguarding performance	Report from Adult Social Services and Health	

Health and Social Care Integration	Adult Social Services OSSC recommended that a TFG be established to consider Health and Social Care Integration.	Report from Scrutiny Office	
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Future Meeting Dates

5th January 2012

16th April 2012