

| |
|--|
| <u>MEETING</u> HEALTH & WELL-BEING BOARD |
| <u>DATE AND TIME</u> THURSDAY 18TH SEPTEMBER, 2014 AT 9.00 AM |
| <u>VENUE</u> HENDON TOWN HALL, THE BURROUGHS, NW4 4BG |

Dear Members,

Please find enclosed additional papers relating to the following items for the above mentioned meeting which were not available at the time of collation of the agenda.

| Item No | Title of Report | Pages |
|---------|--|-----------|
| 7. | UPDATE ON THE BETTER CARE FUND PROPOSALS/ 5 TIER MODEL FOR INTEGRATED CARE | 1 - 10 |
| 9. | QUALITY AND SAFETY IN HEALTH AND SOCIAL CARE | 11 - 164 |
| 12. | EARLY INTERVENTION AND PREVENTION STRATEGY | 165 - 182 |

Claire Mundle 020 8359 3478 claire.mundle@barnet.gov.uk

This page is intentionally left blank

Health and Wellbeing Board Details

ROCR approval applied for
Version 3

Please select Health and Wellbeing Board:

Barnet

AGENDA ITEM 7

Please provide:

Dawn Wakeling

Dawn.Wakeling@barnet.gov.uk

Health and Wellbeing Board Payment for Performance

There is no need to enter any data on this sheet. All values will be populated from entries elsewhere in the template

Barnet

| | |
|--|----------------|
| 1. Reduction in non elective activity | |
| Baseline of Non Elective Activity (Q4 13/14 - Q3 14/15) | 29,094 |
| Change in Non Elective Activity | -716 |
| % Change in Non Elective Activity | -2.5% |
| 2. Calculation of Performance and NHS Commissioned Ringfenced Funds | |
| Figures in £ | |
| Financial Value of Non Elective Saving/ Performance Fund | 1,336,056 |
| Combined total of Performance and Ringfenced Funds | 6,225,434 |
| Ringfenced Fund | 4,889,378 |
| Value of NHS Commissioned Services | 15,022,208,000 |
| Shortfall of Contribution to NHS Commissioned Services | 0 |

2015/16 Quarterly Breakdown of P4P

| | Q4 14/15 | Q1 15/16 | Q2 15/16 | Q3 15/16 |
|--|----------|----------|----------|----------|
| Cumulative Quarterly Baseline of Non Elective Activity | 7,458 | 14,584 | 21,435 | 29,094 |
| Cumulative Change in Non Elective Activity | -134 | -328 | -522 | -716 |
| Cumulative % Change in Non Elective Activity | -0.5% | -1.1% | -1.8% | -2.5% |
| Financial Value of Non Elective Saving/ Performance Fund (£) | 250,044 | 362,004 | 362,004 | 362,004 |

Health and Wellbeing Funding Sources

Barnet

Please complete white cells

| | Gross Contribution (£000) | |
|---|---------------------------|---------------|
| | 2014/15 | 2015/16 |
| Local Authority Social Services | | |
| Barnet | 6,634 | 1,872 |
| <Please select Local Authority> | | |
| <Please select Local Authority> | | |
| <Please select Local Authority> | | |
| <Please select Local Authority> | | |
| <Please select Local Authority> | | |
| <Please select Local Authority> | | |
| Total Local Authority Contribution | 6,634 | 1,872 |
| CCG Minimum Contribution | | |
| NHS Barnet CCG | | 21,540 |
| - | | - |
| - | | - |
| - | | - |
| - | | - |
| - | | - |
| - | | - |
| Total Minimum CCG Contribution | - | 21,540 |
| Additional CCG Contribution | | |
| <Please Select CCG> | | |
| <Please Select CCG> | | |
| <Please Select CCG> | | |
| <Please Select CCG> | | |
| <Please Select CCG> | | |
| <Please Select CCG> | | |
| <Please Select CCG> | | |
| Total Additional CCG Contribution | - | - |
| Total Contribution | 6,634 | 23,412 |

Summary of Health and Wellbeing Board Schemes

| |
|--------|
| Barnet |
|--------|

Please complete white cells

Summary of Total BCF Expenditure

Figures in £000

| | From 3. HWB Expenditure Plan | | Please confirm the amount allocated for the protection of adult social care | | If different to the figure in cell D18, please indicate the total amount from the BCF that has been allocated for the protection of adult social care services |
|------------------|------------------------------|-------------------|---|--------------|--|
| | 2014/15 | 2015/16 | 2014/15 | 2015/16 | |
| Acute | - | 142,374 | | | |
| Mental Health | - | 260,042 | | | |
| Community Health | 1,431,602 | 10,863,998 | | | |
| Continuing Care | - | - | | | |
| Primary Care | - | 915,000 | | | |
| Social Care | 4,538,300 | 6,410,300 | 4,200 | 4,200 | D18 contains the value indicated and a number of other enablers |
| Other | 664,098 | 4,820,286 | | | |
| Total | 6,634,000 | 23,412,000 | | 4,200 | |

Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool

Figures in £000

| | From 3. HWB Expenditure |
|------------------|-------------------------|
| | 2015/16 |
| Mental Health | |
| Community Health | 260,042 |
| Continuing Care | 10,863,998 |
| Primary Care | - |
| Social Care | 915,000 |
| Other | - |
| Total | 1,341,242 |
| | 13,380,282 |

Summary of Benefits

Figures in £000

| | From 4. HWB Benefits | | From 5.HWB P4P metric |
|--|----------------------|----------|-----------------------|
| | 2014/15 | 2015/16 | 2015/16 |
| Reduction in permanent residential admissions | - | - | |
| Increased effectiveness of reablement | - | - | |
| Reduction in delayed transfers of care | - | - | |
| Reduction in non-elective (general + acute only) | - | - | 1,336 |
| Other | - | - | |
| Total | - | - | 1,336 |

<Please explain discrepancy between D44 and E44 if applicable>

| |
|--------|
| Barnet |
|--------|

However, if the aggregated benefits fall to different organisations (e.g. some to the CCG and some to the local authority) then you will need to provide one row for the aggregated benefits to each type of organisation (identifying the type of organisation in column D) with values entered in columns F-J.

Please complete white cells (for as many rows as required):

| | | | | | | | |
|-------|--|--|--|--|--|---------|--|
| Total | | | | | | 743,255 | |
|-------|--|--|--|--|--|---------|--|

| | | | | | | | |
|-------|--|--|--|--|--|-----------|--|
| Total | | | | | | 1,949,125 | |
|-------|--|--|--|--|--|-----------|--|

Banet

Please complete all white cells in tables. Other white cells should be completed/revised as appropriate.

Residential admissions

| Metric | Baseline (2013/14) | Planned 14/15 | Planned 15/16 |
|---|-----------------------|---------------|---------------|
| Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population | 486.9 | 417.6 | 354.1 |
| | Numerator | 240 | 217 |
| | Denominator | 51,959 | 53,380 |
| Annual change in admissions | -23 | -28 | -28 |
| Annual change in admissions % | -9.6% | -12.9% | -12.9% |

Reablement

| Metric | Baseline (2013/14) | Planned 14/15 | Planned 15/16 |
|---|-----------------------|---------------|---------------|
| Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | 71.9 | 76.8 | 81.5 |
| | Numerator | 290 | 311 |
| | Denominator | 405 | 405 |
| Annual change in proportion | 4.9 | 4.7 | 4.7 |
| Annual change in proportion % | 6.8% | 6.1% | 6.1% |

Delayed transfers of care

| Metric | Q1 (Apr 13 - Jun 13) | Q2 (Jul 13 - Sep 13) | Q3 (Oct 13 - Dec 13) | Q4 (Jan 14 - Mar 14) | Q1 (Apr 14 - Jun 14) | Q2 (Jul 14 - Sep 14) | Q3 (Oct 14 - Dec 14) | Q4 (Jan 15 - Mar 15) | Q1 (Apr 15 - Jun 15) | Q2 (Jul 15 - Sep 15) | Q3 (Oct 15 - Dec 15) | Q4 (Jan 16 - Mar 16) |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+) | 717.8 | 670.9 | 582.0 | 570.5 | 538.2 | 536.3 | 476.7 | 447.4 | 419.3 | 392.0 | 368.6 | 346.3 |
| | Numerator | 2,027 | 1,865 | 1,644 | 1,548 | 1,456 | 1,371 | 1,307 | 1,225 | 1,145 | 1,063 | 1,010 |
| | Denominator | 282,405 | 282,405 | 282,405 | 287,022 | 287,022 | 287,022 | 292,123 | 292,123 | 292,123 | 292,123 | 298,000 |
| Annual change in admissions | -15.2 | -15.2 | -15.2 | -15.2 | -15.2 | -15.2 | -15.2 | -15.2 | -15.2 | -15.2 | -15.2 | -15.2 |
| Annual change in admissions % | -21.1% | -21.1% | -21.1% | -21.1% | -21.1% | -21.1% | -21.1% | -21.1% | -21.1% | -21.1% | -21.1% | -21.1% |

Reasonable for red ratings

Patient / Service User Experience Metric

| Metric | Baseline (enter time period) | Planned 14/15 (if available) | Planned 15/16 |
|--|---------------------------------|---------------------------------|---------------|
| ASC User Survey Question 4 - Overall, how satisfied or dissatisfied are you with the support or services you have received from social services in the last 12 months? | 0.9 | 2.96 | |
| Number of service users who have indicated improvement | 343 | | |
| Improvement indicated by | Increase | | |

Local Metric

| Metric | Baseline (enter time period) | Planned 14/15 (if available) | Planned 15/16 |
|--------------------------|---------------------------------|---------------------------------|---------------|
| Self Directed Support | 1.0 | 1.0 | 1.0 |
| | Numerator | 2,701 | |
| | Denominator | 2,745 | |
| Improvement indicated by | Increase | | |

References/Notes

Population projections are based on: Subnational Population Projections, Interim 2012-based (published May 2014)3

- Based on "Personal Social Services: Expenditure and Unit Costs, England0212-13" (HSCIC <http://www.hscic.gov.uk/catalogue/PUB13085/ps-sep-eng-12-13-fn-rpt.pdf>)
- There is no robust national source for the average annual saving due to being at home 91 days after discharge from hospital in to reablement / rehabilitation services. Therefore HWS should provide the estimate that underpins their planned financial savings, which it is assumed will include the impact of reduction admissions to hospital and to residential care
- Based on 11-13 Reference Costs - average cost of an excess bed day. http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/231134/mh_reference_costs_2011-13_acc.pdf

Red triangles indicate comments
Planned deterioration on baseline (or validity issue)
Planned improvement on baseline

Reasonable for red rating

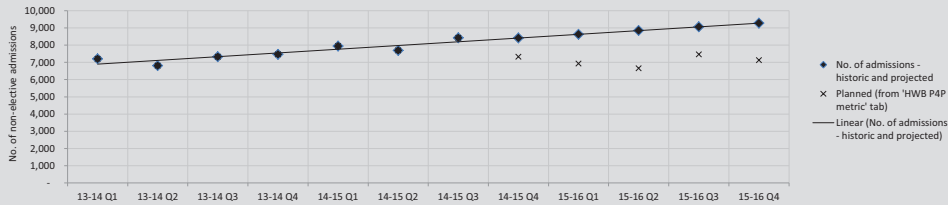
Reasonable for red rating

To support finalisation of plans, we have provided *estimates* of future performance, based on a simple 'straight line' projection of historic data for each metric. We recognise that these are crude methodologies, but it may be useful to consider when setting your plans for each of the national metrics in 2014/15 and 2015/16. As part of the assurance process centrally we will be looking at plans compared to the counterfactual (what the performance might have been if there was no BCF).

No cells need to be completed in this tab. However, 2014-15 and 2015-16 projected counts for each metric can be overwritten (white cells) if areas wish to set their own projections.

Non-elective admissions (general and acute)

| Metric | | Historic | | | Baseline | | | | Projection | | | | |
|--|--|----------|----------|----------|----------|----------|----------|----------|------------|----------|----------|----------|----------|
| | | 13-14 Q1 | 13-14 Q2 | 13-14 Q3 | 13-14 Q4 | 14-15 Q1 | 14-15 Q2 | 14-15 Q3 | 14-15 Q4 | 15-16 Q1 | 15-16 Q2 | 15-16 Q3 | 15-16 Q4 |
| Total non-elective admissions (general & acute), all-age | No. of admissions - historic and projected | 7,202 | 6,805 | 7,322 | 7,458 | 7,940 | 7,689 | 8,424 | 8,413 | 8,630 | 8,846 | 9,062 | 9,278 |

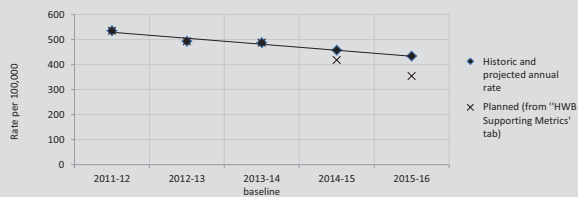


| Metric | | Projected | | | | |
|--|----------------|--------------|------------|------------|------------|------------|
| | | 2014-2015 Q4 | 2015-16 Q1 | 2015-16 Q2 | 2015-16 Q3 | 2015-16 Q4 |
| Total non-elective admissions (general & acute), all-age | Quarterly rate | 2,238.7 | 2,260.4 | 2,317.0 | 2,373.7 | 2,391.1 |
| | Numerator | 8,413 | 8,630 | 8,846 | 9,062 | 9,278 |
| | Denominator | 375,815 | 381,776 | 381,776 | 381,776 | 388,036 |

* The projected rates are based on annual population projections and therefore will not change linearly

Residential admissions

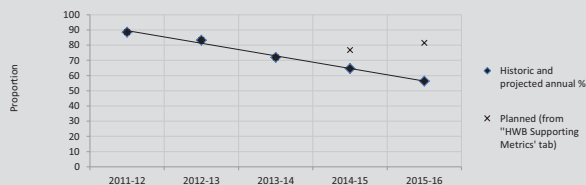
| Metric | | 2011-12 Historic | 2012-13 historic | 2013-14 baseline | 2014-15 Projected | 2015-16 Projected |
|---|-------------|------------------------------------|------------------|------------------|-------------------|-------------------|
| | | Historic and projected annual rate | | | | |
| Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population | | 535 | 493 | 487 | 457 | 433 |
| | Numerator | 255 | 245 | 240 | 238 | 231 |
| | Denominator | 47,705 | 49,295 | 49,295 | 51,959 | 53,380 |



This is based on a simple projection of the metric proportion.

Reablement

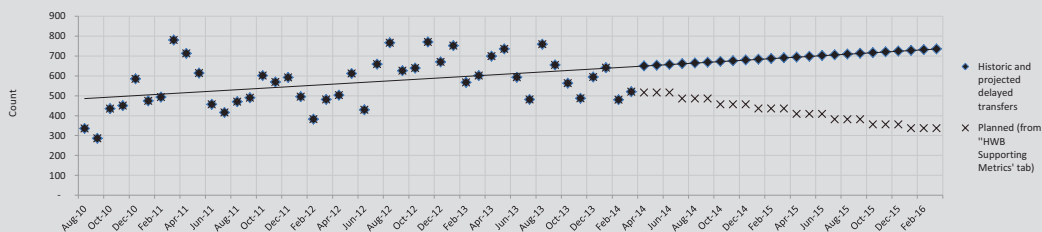
| Metric | | 2011-12 Historic | 2012-13 Historic | 2013-14 Baseline | 2014-15 Projected | 2015-16 Projected |
|---|-------------|---------------------------------|------------------|------------------|-------------------|-------------------|
| | | Historic and projected annual % | | | | |
| Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | | 88.5 | 83.2 | 71.9 | 64.6 | 56.3 |
| | Numerator | 400 | 330 | 290 | 262 | 228 |
| | Denominator | 450 | 400 | 405 | 405 | 405 |



This is based on a simple projection of the metric proportion, and an unchanging denominator (number of people offered reablement)

Delayed transfers

| Metric | Historic and projected delayed transfers | Historic | | | | | | | | | | | |
|--|--|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 |
| Delayed transfers of care (delayed days) from hospital | | 335 | 286 | 435 | 450 | 585 | 474 | 493 | 780 | 713 | 614 | 457 | 416 |



| Metric | | Projected rates* | | | | | | | |
|--|----------------|------------------|---------|---------|---------|------------|---------|---------|---------|
| | | 2014-15 Q1 | | | | 2015-16 Q1 | | | |
| Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+) | Quarterly rate | 681.9 | 693.5 | 705.2 | 705.8 | 717.2 | 728.7 | 740.2 | 739.8 |
| | Numerator | 1,961 | 1,995 | 2,028 | 2,062 | 2,095 | 2,129 | 2,162 | 2,196 |
| | Denominator | 287,622 | 287,622 | 287,622 | 292,125 | 292,125 | 292,125 | 292,125 | 296,808 |

* The projected rates are based on annual population projections and therefore will not change linearly

HWB Financial Plan

| Date | Sheet | Cells | Description |
|------------------|----------------------------------|---------------------------|--|
| 28/07/2014 | Payment for Performance | B23 | formula modified to =IF(B21-B19<0,B21-B19) |
| 28/07/2014 | 1. HWB Funding Sources | C27 | formula modified to =SUM(C20:C26) |
| 28/07/2014 | HWB ID | J2 | Changed to Version 2 |
| 28/07/2014 | a | Various | Data mapped correctly for Bournemouth & Poole |
| 29/07/2014 | a | AP1:AP348 | Allocation updated for changes |
| 28/07/2014 | All sheets | Columns | Allowed to modify column width if required |
| 30/07/2014 | 8. Non elective admissions - CCG | | Updated CCG plans for Wolverhampton, Ashford and Canterbury CCGs |
| 30/07/2014 | 6. HWB supporting metrics | | Updated conditional formatting to not show green if baseline is 0 |
| 30/07/2014 | 6. HWB supporting metrics | D18 | Comment added |
| 30/07/2014 | 7. Metric trends | D19 | Updated forecast formulas |
| 30/07/2014 | Data | K11:O11, G43:H43, G66:H66 | Changed a couple of 'dashes' to zeros |
| 30/07/2014 | 5. HWB P4P metric | Various | Removed rounding |
| 30/07/2014 | 5. HWB P4P metric | H14 | Unprotect cells and allow entry |
| 31/07/2014 | 1. HWB Funding Sources | A48:C54 | Updated conditional formatting |
| 01/08/2014 | 5. HWB P4P metric | G10:K10 | formula modified to =IF(OR(G10<0,H10<0,I10<0),"",IF(OR(ISTEXT(G10),ISTEXT(H10),ISTEXT(I10),ISTEXT(J10)),"",IF(SUM(G10:J10)=0,"",SUM(G10:F10))-1)) |
| 01/08/2014 | 5. HWB P4P metric | H13 | Apply conditional formatting |
| 01/08/2014 | 5. HWB P4P metric | H13 | formula modified to =IF(H13="","",H12*1/4) |
| 01/08/2014 | 4. HWB Benefits Plan | J69:J118 | Remove formula |
| 01/08/2014 | 4. HWB Benefits Plan | B11:B60, B69:B118 | Texted modified |
| Version 2 | | | |
| 13/08/2014 | 4. HWB Benefits Plan | I61, I119, J61, J119 | Delete formula |
| 13/08/2014 | 4. HWB Benefits Plan | rows 119:168 | Additional 50 rows added to 14-15 table for organisations that need it. Please unhide to use |
| 13/08/2014 | 4. HWB Benefits Plan | rows 59:108 | Additional 50 rows added to 15-16 table for organisations that need it. Please unhide to use |
| 13/08/2014 | 3. HWB Expenditure Plan | rows 59:108 | Additional 50 rows added to table for organisations that need it. Please unhide to use |
| 13/08/2014 | a | M8 | Add Primary Care to drop down list in column I on sheet '3. HWB Expenditure Plan' |
| 13/08/2014 | HWB ID | J2 | Changed to Version 3 |
| 13/08/2014 | 6. HWB supporting metrics | | Change text to 'Annual change in admissions' |
| 13/08/2014 | 6. HWB supporting metrics | C11, I32, M32 | Change text to 'Annual change in admissions %' |
| 13/08/2014 | 6. HWB supporting metrics | C12, I33, M33 | Change text to 'Annual change in admissions %' |
| 13/08/2014 | 6. HWB supporting metrics | C21 | Change text to 'Annual change in proportion %' |
| 13/08/2014 | 6. HWB supporting metrics | C22 | Change text to 'Annual change in proportion %' |
| 13/08/2014 | 6. HWB supporting metrics | D21 | Change formula to =IF(D19=0,D18-C18) |
| 13/08/2014 | 6. HWB supporting metrics | D21 | Change format to 1.dec. place |
| 13/08/2014 | 6. HWB supporting metrics | E21 | Change formula to =IF(E19=0,E18-D18) |
| 13/08/2014 | 6. HWB supporting metrics | E21 | Change format to 1.dec. place |
| 13/08/2014 | 6. HWB supporting metrics | E22 | Change formula to =IF(D19=0,D18/C18-1) |
| 13/08/2014 | 6. HWB supporting metrics | E22 | Change formula to =IF(E19=0,E18/D18-1) |
| 13/08/2014 | 5. HWB P4P metric | J14 | Cell can now be modified - £1,490 in as a placeholder |
| 13/08/2014 | 5. HWB P4P metric | N9:AL9 | Test box for an explanation of why different to £1,490 if it is. |
| 13/08/2014 | 4. HWB Benefits Plan | H11:H110, H119:H218 | Change formula to eg. =H11*G11 |
| 13/08/2014 | 2. Summary | G44:M44 | Test box for an explanation for the difference between the calculated NEL saving on the metrics tab and the benefits tab |

AGENDA ITEM 9

| | |
|-----------------------------------|---|
| | <p align="center">Health and Well-Being Board</p> <p align="center">18th September 2014</p> |
| Title | Quality and Safety in Health and Social Care |
| Report of | Strategic Director for Communities |
| Wards | All |
| Date added to Forward Plan | June 2014 |
| Status | Public |
| Enclosures | <p>Appendix 1- Draft Joint Working Protocol between Barnet's Health and Wellbeing Board, Local Safeguarding Children Board and Local Safeguarding Adults Board</p> <p>Appendix 2- Barnet Safeguarding Adults Board Annual Report 2013-14</p> <p>Appendix 3- Barnet Safeguarding Adults Business Plan 2014-16</p> <p>Appendix 4- Barnet Safeguarding Children's Board Annual Report 2013-14 (final draft)</p> <p>Appendix 5- Barnet Safeguarding Children's Business Plan 2014-16 (final draft)</p> <p>Appendix 6- Decisions of the Health Overview and Scrutiny Committee, 12th May 2014</p> <p>Appendix 7- Update on recent CQC inspections from Barnet, Enfield and Haringey Mental Health Trust</p> |
| Officer Contact Details | <p>Claire Mundle</p> <p>Claire.mundle@barnet.gov.uk</p> <p>020 8359 3478</p> |

Summary

This report summarises the progress that has been made over the past year to improve the quality and safety of services for children and adults in Barnet. The report draws on the key messages from the annual safeguarding reports produced by multi-agency Adults and Children's Safeguarding Boards, and also highlights recommendations made by the Health Overview and Scrutiny Committee following their review of annual quality accounts from

providers of NHS healthcare in Barnet in May 2014.

Recommendations

- 1. That the Health and Well-Being Board approves the draft joint working protocol between Barnet Health and Wellbeing Board, Barnet Local Safeguarding Children Board (LSCB) and Barnet Local Safeguarding Adults Board (LSAB)**
- 2. That the Health and Well-Being Board refers the approved protocol on for sign off at the next meetings of the Local Safeguarding Children's Board and the Local Safeguarding Adults Board**
- 3. That the Health and Well-Being Board considers and comments on the progress that has been made to improve safeguarding practice in Barnet over the past 12 months, with specific reference to the SAB and LSAB 2013/14 annual reports (attached at Appendix 2 and 4)**
- 4. That the Health and Well-Being Board reviews Appendix 7 for the most recent update from the Barnet, Enfield and Haringey Mental Health Trust about how it is addressing on-going quality concerns.**
- 5. That the Health and Well-Being Board endorses the continued improvement of multi-agency approaches to safeguarding Barnet residents and quality improvement of health and care services, with involvement from the Council, NHS Barnet Health Trusts, the Police, voluntary sector, service user forums, and faith and community groups.**

1. WHY THIS REPORT IS NEEDED

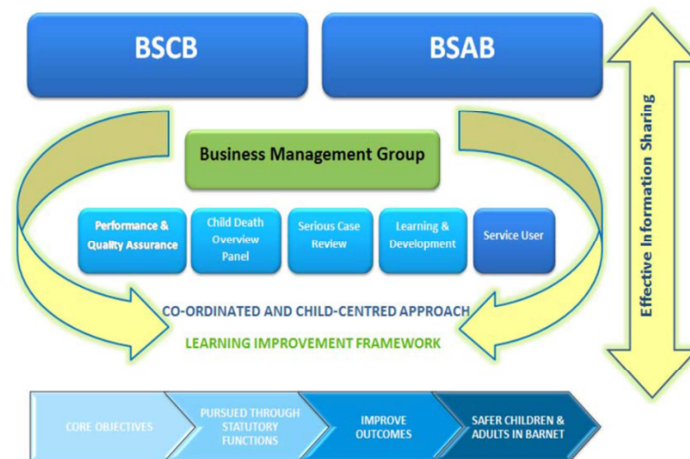
- 1.1 The Health and Well-Being Board is required, by its Terms of Reference, '*to receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients*'.
- 1.2 Barnet's Committee system of governance, which came into effect in June 2014, established two committees that have a statutory remit to address safeguarding issues in the Borough; these are the Adults and Safeguarding Committee, and the Children, Education, Libraries and Safeguarding Committee. Prior to the establishment of these committees, the Health and Well-Being Board received both the Local Safeguarding Children Board (LSCB) and Local Safeguarding Adults Board (LSAB) annual safeguarding reports for review and discussion. Under the Committee system arrangements, the Adults' and Children's Committees will receive the relevant annual safeguarding report and ensure that progress is made against them over the course of the year. However, the Health and Well-Being Board has a unique oversight and critical friend role to uphold to ensure that the safeguarding agenda is progressed and protected in Barnet, and will also continue to receive copies of the annual reports for discussion.
- 1.3 To support the Health and Well-Being Board to deliver on its terms of reference, and to ensure that the safeguarding arrangements in place in

Barnet are as effective as possible, a joint working protocol between Barnet's Health and Wellbeing Board, LSCB and LSAB has been established. This protocol sets out the expectations of the relationships and working arrangements between these Boards, and covers the distinct roles and responsibilities of the Boards, the interrelationships between them in terms of safeguarding, and the mechanisms through which effective co-ordination between the Boards can be ensured. The draft protocol is attached to this report at Appendix 1, for the Board's review and approval.

- 1.4 The Health Overview and Scrutiny Committee have primary responsibility for assessing and scrutinising the quality of health and social care services through its review of annual quality accounts. Again, however, the Health and Well-Being Board needs to ensure it keep abreast of issues relating to the quality of health and social care services if it is to fulfil its objectives, and if it is to ensure that the health and social care needs of Barnet's population are met through the services provided in the Borough.
- 1.5 The first section of this report seeks to provide the Health and Well-being Board with assurance about progress being made to ensure children and adults in Barnet are kept safe, making reference to the annual reports of the LSCB and LSAB, and the second section reflects on quality improvements among providers of NHS healthcare in the Borough.

1.6 **Safeguarding in Barnet**

It is important that Barnet has the most effective arrangements in place to ensure children and adults are kept safe from harm. The joint protocol mentioned above is one key mechanism through which effective safeguarding arrangements can be assured. There have been other major developments across adults and children's safeguarding agendas in Barnet that have also supported effective safeguarding practice. From April 2013 to March 2014, a priority for the Barnet Multi-Agency Safeguarding Board was to align itself with the Local Children's Safeguarding Board to ensure that cross cutting issues within both Boards were being addressed appropriately. Throughout 2014 to 2015 the Boards will continue to work together in order to enhance the safeguarding provision offered within Barnet. To help achieve this both Safeguarding Boards, have the same Independent Chair. The refreshed approach to safeguarding is demonstrated below (excerpt from the final draft of the LSCB annual report):



1.7 Children's Safeguarding (highlights from the final draft of the LSCB annual report)

1.7.1 In relation to children's safeguarding in Barnet, the Board should note the following trends:

- Barnet's infant mortality rate at 3.5 per 1,000 live births is lower than in London or England.
- Barnet's NEET population at 3.5% of the 16-18 population in 2012 was the lowest compared to its statistical neighbours, and much lower than the London average, which was 4.7%
- The number of Looked After Children in Barnet is continuing to decline
- The number of children accused of crime is continuing to fall though there is an increase of serious violent offences in the Burnt Oak area
- The number of Child Protection Plans is stable (after a decade of increase)

1.7.2 The Health and Well-Being Board should also note the following activities undertaken by the Council and the Children's Safeguarding Board to improve safeguarding practice in Barnet:

- The Multi Agency Safeguarding Hub went live in Barnet in August 2013, bringing together a variety of agencies into an integrated multi-agency team, where they share intelligence on vulnerable children and families. Together they decide on the appropriate level of intervention, making use of their shared expertise and information. The hub is firewalled, keeping MASH activity confidential and separate from operational activity, providing a confidential recording system. This process allows research on repeat referrals and analysis of emerging need.
- The Children's social care team has introduced a new Single Assessment to ensure consistency of approach to cases that are allocated and a high quality assessment for each family.
- The team have also established and jointly facilitated with the police the Multi Agency Sexual Exploitation (MASE) meetings which has greatly improved information sharing and risk assessment of children at risk of sexual exploitation.

- Partnership working with Adult Mental Health has improved due to regular meetings between managers across CSC, Early intervention, CAMHS and Adult Mental health to discuss joint working and learn from case examples. A conference for all staff took place in January 2014 to promote understanding of safeguarding children living with parents with mental ill-health.
- An inspection of the Youth Offending Service in June 2014 reported that our “well performing” service was making progress on addressing peer violence and exploitation
- The Early Intervention and Community Safety teams jointly established a pilot programme called ‘Keeping Young People Safe’ (KYPS) in Burnt Oak and surrounding areas with focused work using youth work and case workers working alongside police, housing, health and local community groups aimed at reducing youth violence, and giving support to children exiting gangs and affected by sexual exploitation.
- The local authority’s Early Intervention and Prevention Service has developed its strategy based on a needs analysis and service analysis using local data. This strategy outlines a remodelled early help offer.
- 1447 participants across the multi-agency partnership accessed a variety of safeguarding training courses in 2013/14.
- We are about to launch a big campaign to attract more foster carers to care for our children and young people in care and to keep them local in Barnet. Foster carers are an enormously valuable resource and high quality stable foster placements can dramatically alter the course of a child’s life and their ability to reach their potential.
- Barnet has not initiated any serious case reviews (SCR) or SCIE reviews in the last year but the SCR subgroup has given serious consideration to one particular case that raised serious issues about the care of young people in an acute in patient mental health facility for young people. A number of health reviews into this case have been undertaken and the BSCB will continue to seek assurance about the care standards and safety at this unit.
- A number of Barnet residents have been affected by a historic sexual abuse investigation into Swaylands school (now closed). Swaylands School was a residential school in Kent that looked after children and young people with learning needs and behavioural and emotional difficulties. Barnet Council placed a number of children there who are now adults and are among the victims of the alleged abuse. This information is in the public domain and three men have been charged with more than 50 offences and the trial is now scheduled to take place in March next year.

1.7.3 Preparing for Ofsted is currently an important focus for both Barnet Council and the LSCB and is providing a useful structure to aid our journey towards achieving outstanding services and this being reflected in positive future inspections. We have received excellent engagement in the Ofsted preparation agenda and ask that this continues from our key partners. Positive inspections are so valuable in terms of recognising our good work, raising our profile and increasing public confidence in us and in helping us to attract and retain the best possible workforce.

1.7.4 The Children's Safeguarding Board (LSCB) Business Plan for 2014-16 outlines the priorities for the Board in the years ahead and has been developed from consultation with partners; feedback from our staff and service users, and consideration of national policy developments. The key objectives outlined in the Business Plan are:

- **Domestic Abuse and its impact on children:** Children exposed to domestic abuse are likely to experience significantly worse life outcomes than other children.
- **Child Neglect:** Neglect remains the single most common reason for child protection registration, both locally and nationally. We aim to conduct some in depth analysis to help to inform our future work in this area to make sure that we identify and work with neglect as early as possible in order to prevent issues escalating. We will use our analysis to inform future resourcing across agencies to make sure that we provide effective and targeted support to families. Long term neglect has profound impacts on short and long term health and wellbeing and it is critical that we minimise these harms at an early stage. Much research has taken place nationally in recent years to identify the most successful ways of working with neglect and we will be ensuring that our workplan on neglect is informed by this work and research.
- **Child Sexual Exploitation:** Child sexual exploitation (CSE) is a particularly significant issue for all areas including Barnet. A lot of work is taking place underneath this priority and we are pleased to report two key achievements in this area. We have established the MASE (multi agency sexual exploitation) meetings which have a number of key functions including establishing the nature and extent of CSE in Barnet; planning support and interventions for victims; disrupting perpetrators and locations/hot spots and disseminating learning and CSE intelligence throughout the children's workforce. The LSCB has also appointed a very experienced CSE coordinator who will work both strategically and operationally across all agencies to improve our response to CSE. This is a challenging area of work and we have learned through our MASE meetings that we have a significant CSE problem in Barnet affecting some of our young people and that this includes CSE linked to gang activity. It is vital that each agency retains this as a high priority when it comes to resourcing and that we continue to tackle the problem together. CSE has profoundly negative impacts on the health and wellbeing and life chances of victims who are likely to suffer long term consequences. It is imperative that we tackle this problem at an early stage whenever possible and include early intervention and preventative work in our portfolio of services. Research shows that intensive and consistent work from skilled and committed practitioners is the most successful intervention for victims and that this work is needed to be long term for some victims. It is also vital that we work together to ensure sufficient focus and progress on disruption and prosecution as well as on supporting victims and their families.
- **E Safety:** We recognise that E safety is a growing area for safeguarding services and recognised this by making it a priority for the LSCB. E safety includes the key issues of online grooming, online bullying and self harm/suicide websites, all of which can have significant impacts on the

health and achievements of young people affected. We are in the early stages of understanding the extent of E safety issues in Barnet but a recent survey of young people completed by Youth Shield highlighted that this is one of the biggest concerns for many of them. We will be starting a programme of work to educate and support young people, professionals and families in minimising the harm of these issues and young people will be central to helping us to deliver this agenda. Youth Shield have also delivered training to 900 young people on how to maintain safe peer relationships and the LSCB is continuing to support them in their valuable work.

1.8 Adults Safeguarding (highlights from the LSAB annual report)

1.8.1 In relation to adults safeguarding in Barnet, the Board should note the following trends:

- Throughout 2013-14 a total of 565 safeguarding alerts were received which is an 8% decrease on 2012-13. This is the first drop in alerts received in seven years. The decline in alerts mirrors a reduction in people receiving support from social services within the Borough as more people are being signposted to more universal support.
- In 2013/14 there has been a rise in the proportion of service users within Barnet who believe that services have helped them to feel safe and secure. However, Barnet's results are still lower than the comparator average (this is based on a number of statistical comparisons and measures that have been put place nationally by the Chartered Institute of Public Finance and Accountancy). This relates to all services and not just safeguarding investigations. Adults and Communities have developed a new Quality Assurance Framework which as part of its work programme, addresses results from the National User and Carer Survey.
- There continues to be an increase in the number of alerts received involving neglect and this is now the most common form of abuse reported. For females 62% of such alerts involve pressure ulcers whilst for males pressure ulcers were recorded in only 11% of cases. 17% of all safeguarding alerts received throughout 2013-14 were reports of pressure ulcers this is a 28% rise in numbers from 2012/13.
- Of the 565 alerts received 72% were investigated compared to 69% last year. Therefore although the number of alerts is slightly lower than last year, the number investigated remained very similar. This would suggest that there is an improved understanding of what safeguarding is and how we can help support people who are affected.

1.8.2 The Health and Well-Being Board should also note the following activities undertaken by the Adults Safeguarding Board to improve safeguarding practice in Barnet:

- In March 2013 the Safeguarding Adults Service User Forum were involved in the Safeguarding Adults Peer Review and following this they were asked to share their work nationally, so that other local authorities could learn from this model of engagement.

- Each of the Council's health partners now has an established internal Safeguarding Group to ensure that patients receiving health services are treated with dignity and respect, that the most vulnerable patients receive the care they need, and that if things are not done correctly that it is taken seriously, investigated thoroughly and work done to ensure it does not occur again. The Safeguarding Board requires each health partner to report on their plans and the progress that they have made on a scheduled basis.
- The Safeguarding Adults Training Programme for 2013-14 was delivered to 527 staff across the health and social care workforce. The core training included awareness sessions, policy and procedure training and Safeguarding Adults Investigations
- The Board planned a number of events to raise awareness of what constitutes abuse throughout the year including World Elder Abuse Awareness week held June 2013, and Safeguarding Month in November 2013.
- Throughout 2013-14 the Integrated Quality in Care Home Team has worked with 35 care homes to develop and implement individual improvement plans, which illustrated a willingness to cooperate with the local authority but also emphasised the need for constant vigilance in this area
- The Police have improved their response to domestic abuse through a 'be a victims voice' approach training which is provided to all front line staff.
- A review of 17 safeguarding service users, who were interviewed about their experiences, had given the Safeguarding Board useful information about the current safeguarding services provided in Barnet.

1.8.3 The Adults Safeguarding Business Plan for 2014-16 outlines the priorities for the Board in the year ahead and has been developed from consultation with service users, carers and partners; feedback from the service user forum, and consideration of national policy developments. The key objectives outlined in the Business Plan are:

- Improve the standards of care to support the dignity and quality of life of vulnerable people in receipt of health and social care, including **effective management of pressure sores**
- Improve **access to justice** for vulnerable adults (through criminal, civil and restorative justice)
- Increase understanding of what may **constitute as abuse**
- Improve the **understanding of service providers** of the Mental Capacity Act and Deprivation of Liberty Safeguards
- **Adopt the making safeguarding personal framework** and ensure implementation of lessons learned from any serious case reviews or domestic homicide review.

1.8.4 The means whereby these priorities will be tracked is through the governance structure set out above.

1.9 Quality of healthcare services in Barnet: Summary of Quality Accounts

1.9.1 Quality Accounts are annual reports about the quality of services by NHS healthcare providers. They are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.

1.9.2 Health Overview and Scrutiny Committees are given the opportunity to comment on a provider's Quality Account before it is published (by 30th June each year) as it is recognised that these Committees have an existing role in the scrutiny of local health services, including the on-going operation of and planning of services. Barnet's Health Overview and Scrutiny Committee (HOSC) reviewed the 2014 draft Quality Accounts in May 2014, and made statements for inclusion in each final Quality Account submitted by 30th June this year. A summary of the comments made by the HOSC on each quality account is presented below:

| NHS healthcare provider | Key achievements noted by HOSC (NB please see Appendix 3 for full detail) | Key improvement areas noted by HOSC | Key actions for future Quality Accounts |
|---|--|--|--|
| Royal Free London NHS Foundation Trust | <p>The Trust provides high quality care</p> <p>The Trust met all of their targets, except the target on C.Difficile</p> <p>The Trust is undertaking innovative work to support patients with diabetes and dementia</p> <p>There were zero attributable cases of MRSA at the Trust during 2013/14, and the methods used to achieve the zero rate are being passed on to other Trusts as examples of best practice.</p> <p>The percentage of staff employed by or under contract to the Trust who would recommend the trust as a provider to their family or</p> | <p>The rate per 100,000 bed days of cases of <i>C.Difficile</i> infection among patients aged two and over had risen from 19.3 in 2011/12 to 30.5 in 2012/13, compared to the National Average Performance 2012/ 2013 of 16.3. NB The Trust has seen an improvement of those results over the last six months</p> <p>The Independent Auditor of the Quality Account reported that a significant proportion of staff felt bullied, under stress or discriminated against.</p> <p>Patient safety incidents between October 2011 – March 2012 and October 2012 – March 2013 had increased from 451 to 2,528. The Trust advised the data was inaccurate.</p> | <p>The Trust was asked to include a section on complaints in future Quality Accounts</p> |

| | | | |
|---|--|--|--|
| | friends increased from 72.6% in 2012 to 76.2% in 2013 | | |
| Barnet, Enfield and Haringey Mental Health NHS Trust | <p>The Trust had worked to strengthen communication with GPs through the GP Advice Line and the Primary Care Academy</p> <p>The CQC had revisited The Oaks Ward on 10 April and the Trust is now compliant. The CQC enforcement notice has been lifted regarding inappropriate use of seclusion rooms</p> | Communication with GPs as a whole still needs improvement | The HOSC was dissatisfied with the process for reviewing the Trust's quality account and had wanted a more complete version of the report available at the meeting |
| North London Hospice | <p>Continuing improvements to the quality of care provided</p> <p>Examples of best practice undertaken in end of life care following the removal of the Liverpool Care Pathway</p> <p>Action taken by the Hospice in seeking ideas for social activities</p> <p>Variety of dementia training is being offered, including an offer to train staff of external care homes and district nurses.</p> | <p>The Audit Steering Group Chair highlighted the need to increase competence and the quality of audits</p> <p>Increase in closed bed days in 2013/14 due to plumbing problems, deep cleaning requirements in rooms which patients with MRSA had been cared for, staff sickness and maternity cover.</p> | |
| Central London Community Healthcare NHS Trust | <p>Aspiration to become a foundation trust in early 2016</p> <p>A complaints report had been included in the quality account</p> | <p>The followings milestones had not been achieved:</p> <ul style="list-style-type: none"> • <i>Reduction in paperwork for front line staff (by 1/3)</i> • <i>Audit of recruitment processes, and staff</i> | |

| | | | |
|--|---|--|--|
| | | <p><i>survey to show high levels of understanding and commitment to Trust values</i></p> <ul style="list-style-type: none"> <i>Audit of dementia, mental health and learning disability and care of vulnerable adults policy</i> <p>Some services at CLCH were unable to identify risks</p> <p>There was no proof of dentistry provision in Barnet being provided</p> | |
| Barnet and Chase Farm Hospitals NHS Trust | <p>Improvement has been made in Accident and Emergency waiting times</p> <p>Following an upgrade of the telephone and call centre technology, Patient Services were handling 80% of calls within 30 seconds</p> <p>Additional staff resources had been made available to deal with complaints</p> | <p>56.1% of formal complaints were acknowledged within the first three days</p> | |

1.10 Update on progress to address quality concerns at the Barnet, Enfield and Haringey Mental Health Trust

1.10.1 In March 2014, the Health and Well-Being Board referred on-going scrutiny of the quality of services provided at the Barnet, Enfield and Haringey Mental Health Trust to the Health Overview and Scrutiny Committee (HOSC). In July 2014, the HOSC received an update from the Trust, and agreed to review progress again at the HOSC meeting in October 2014. The Health and Well-Being Board are asked to review Appendix 7 for the most recent update from the Trust about how it is addressing ongoing quality concerns.

2. REASONS FOR RECOMMENDATIONS

2.1 The recommendations contained in this report seek to ensure that the Health and Well-Being Board is able to both keep abreast of the main developments in the quality and safety agendas in Barnet; and is also able to take a

proactive approach to leading further improvements if it is not satisfied with the progress reported.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 No appropriate alternative options available.

4. POST DECISION IMPLEMENTATION

- 4.1 The direct improvement actions outlined in this report will be taken forward by the Health and Well-Being Board, Adults and Children's Safeguarding Boards, the Health Overview and Scrutiny Committee, and individual providers of NHS healthcare.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The Corporate Plan 2013-16 outlines the Council's commitment to safeguarding which underpins everything we do and aims to protect the most vulnerable people, both children and adults, from avoidable harm or abuse. For example, the priority area: "To promote family and community well-being and encourage engaged, cohesive and safe communities". The Council's aim is to work with partners such as the police, the NHS and with residents to ensure that Barnet remains a place where people want to live and where people feel safe.
- 5.1.2 The Health and Well-Being Strategy 2012-15 identifies two aims: Keeping well, Keeping Independent. The safeguarding agenda links directly with the four main themes in the Strategy: Preparing for a healthy life; Wellbeing in the community; How we live; and Care when needed. In particular 'Care when needed' identifies plans for developing support for older people, improving support for residents in care homes and improving support for carers.
- 5.1.3 The Barnet Children and Young People's Plan (CYPP) focuses in on safeguarding and says 'we must keep safeguarding at the forefront of all we do. We will constantly keep the safeguarding of children in our thinking and working practices. We have a duty of care to all our residents, especially the vulnerable, to keep them safe'. The Plan specifies that Children and young people should be safe in their homes, schools and around the Borough, with an ability to develop healthy relationships with others. The children's partnership will work together to protect children from harm to ensure their safety and welfare, in particular through the work of the Barnet Safeguarding Children Board. The Children's Partnership has recognised a need to further develop its quality assurance to help keep our children and young people safe. The CYPP also aims to target personalised support for those children most at risk of not achieving their potential, helping to reduce inequalities. There is a commitment to providing effective early intervention for children and young people as evidence shows that intervening early significantly improves outcomes.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT,

Property, Sustainability)

- 5.2.1 There are no resource implications arising from the recommendations of this report.
- 5.2.2 The current annual budget of the Barnet Safeguarding Children Board (BSCB) is £155,390, which includes the contributions made by partner agencies, of which the Local Authority contribution is £98,000. Most of the budget covers staffing requirements including the Independent Chairs of the BSCB and the Serious Case Review Panel.
- 5.2.3 The current annual budget for the Safeguarding Adults Board is £176,111 most of which covers three specialist safeguarding posts and the post of independent Chair and training for the health and social care workforce. Securing contributions from partner agencies towards Board costs will be reviewed this year.
- 5.2.4 Safeguarding training is currently provided by Adults and Communities and the provision is covered within Adults and Communities budgets.

5.3 Legal and Constitutional References

- 5.3.1 The Council's Constitution sets out the Terms of Reference for the Health and Well-Being Board. The responsibilities include partnership working across health and social care agencies to ensure that resources are directed to meet the needs of Barnet's population.
- 5.3.2 **Children:** The Primary functions of Local Safeguarding Children Boards (LSCBs) are set out in S14(1) of the Children Act 2004. These are "to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority by which it is established and; to ensure the effectiveness of what is done by each such person or body for those purposes".
- 5.3.3 The detailed functions are set out in LSCBs Regulations 2006/90 (The Regulations). Regulation 5 states that the functions of LSCBs in relation to its objective (as defined in section 14(1) of the Act 1) are:
- Developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority.
 - Communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so.
 - Monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve.

- Participating in the planning of services for children in the area of the authority.
- Undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

5.3.4 Parts 3, 4 and 5 of the Children Act 1989 (CA 1989) together with statutory guidance place various statutory duties upon local authorities including the general duty to safeguard and promote the welfare of all children within their area who are in need. In cases where children are found to be at risk of significant harm as defined in the CA 1989, the Local Authority has a clear legal duty to take steps to protect them by invoking the powers contained in Part 4 of the CA 1989.

5.3.5 The Children Act 2004 (CA 2004) provides the legislative framework for integrated planning, commissioning and delivery of children's services and for lines of accountability through the appointment of directors of all Children's Services. It created a statutory framework for local co-operation between local authorities, key partner agencies (health, police, schools, housing, early years, youth justice, probation etc) and other relevant bodies including the voluntary and community sector, in order to improve the well-being of children in the area. This provided for the framework for Children's Trusts within which agencies have been able to integrate commissioning and delivery of children's services with arrangements for pooled budgets. Barnet has chosen to keep a Children's Trust Board and to publish a Children and Young People Plan each year. The Act also imposes a duty on the relevant agencies to carry out their functions having regard to the need to safeguard and promote the welfare of children and to guidance provided by the Secretary of State. The duty continues to apply where services are contracted out. In addition, sections 18 and 19 of the CA 2004 impose a duty on the children's services authority to appoint a director of children's services (DCS) and a Lead Member for Children's Services (LMCS) respectively for the purposes of the functions conferred on or exercisable by the Local Authority as prescribed by statute.

5.3.6 The CA 2004 also requires Local Authorities to establish LSCBs for their area and it has been a requirement for Local Authorities to have a Board since 2006. The LSCB replaced the former non statutory Area Child Protection Committees. The intention of Parliament was for the LSCB to have a wider remit than ACPCs and to be more pro-active. The Apprenticeships, Skills, Children and Learning Act 2009 subsequently introduced a requirement for the LSCB to produce and publish an annual report on the effectiveness of safeguarding in the local area.

5.3.7 Statutory guidance Working Together to Safeguard Children (2013) was revised following the Munro Review and sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the Children Act 1989 and the Children's Act 2004.

5.3.8 **Adults:** Adult safeguarding is led by the Local Authority, based on the 'No Secrets' Guidance 2000 issued by the Department of Health under Section 7

of the Local Authorities Social Services Act 1970.

- 5.3.9 The Care Act (2014) puts Safeguarding Adults Boards on a statutory footing with the Council, Clinical Commissioning Groups and Police as core members. The Council, having consulted the aforementioned bodies, will be able to appoint other persons as it considers appropriate. Councils will remain the lead agency for safeguarding. The Boards will be required to publish an annual strategic plan detailing its Strategy for achieving its objectives and what each member is to do to implement that Strategy. In preparing such a Strategy, there is a requirement to consult the local Healthwatch Barnet group and involve the local community. The Board will also be required to publish an annual report setting out what it has done in the previous year to implement its Strategy and objectives. Barnet Council has published an annual report of the BSAB for some time.
- 5.3.10 **Quality of health services:** Health and Social Care Act 2012, Section 12 – introduces section 2B to the NHS Act 2006 which imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area.
- 5.3.11 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.
- 5.3.12 NHS bodies and certain other bodies who provide health services to the NHS are required by legislation to publish Quality Accounts drafts of which must be submitted to the Health Overview and Scrutiny Committee for comment in accordance with section 9 of the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 as amended.
- 5.3.13 The Terms of Reference of the Scrutiny Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution). The Health Overview and Scrutiny Committee has within its terms of reference responsibility:
- i) To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.
 - ii) To make reports and recommendations to the Executive and/or other relevant authorities on health issues which affect or may affect the borough and its residents
 - iii) To invite executive officers and other relevant personnel of the Barnet Primary Care Trust, Barnet Clinical Commissioning Group, Barnet Health and Wellbeing Board and/or other health bodies to attend meetings of the Overview and Scrutiny Committee as appropriate.

5.4 Risk Management

5.4.1 A failure to keep children and 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 the lead agency. As such, both Members and senior officers carry a level of accountability for safeguarding practice in Barnet. Governance structures are in place to ensure that other lead stakeholders, including the NHS and the Police, are represented to ensure that practice across the partnership meets safeguarding requirements.

5.4.2 There are a number of strategic Boards with oversight of safeguarding. Links between these Boards have been strengthened in recent years to support joined-up working. The Health and Well-Being Board has had a strong focus on quality and safety issues to help ensure that the right leadership arrangements are in place to keep patients safe in the new NHS system. Furthermore, a single Overview and Scrutiny Committee helps provide Councillors with greater oversight of safeguarding issues across the Council. There remain on-going challenges to ensure that learning related to safeguarding is effectively coordinated and disseminated across service areas and partner agencies.

5.5 Equalities and Diversity

5.5.1 Equality and diversity issues are a mandatory consideration in decision making in the council pursuant to s149 of the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to these equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.5.2 All public sector organisations and their partners are required under s149 of the Equality Act 2010 to have due regard to the need to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

5.5.3 The protected characteristics are:

- a) age;*
- b) disability;*
- c) gender reassignment;*
- d) pregnancy and maternity;*
- e) race;*
- f) religion or belief;*

- g) *sex;*
- h) *sexual orientation.*

5.5.4 Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.5.5 Barnet is the second largest borough by population in London with a total of 375,197 inhabitants of whom 94,940 are children and young people. This is the second largest childhood population of any London Borough and has been steadily growing over the last decade. The population is set to grow further as Barnet has experienced an increase in its live birth rate over the past two years that is greater than the London and UK averages. The increase in the child population will place additional demands on health, social care and education.

5.5.6 56% of the adults referred to adult safeguarding services were over the age of 65. 60% of these older adults were aged 85 or over. This largely reflects the age profile of Barnet service users receiving a care package. 40% of older people referred have dementia. The proportion to alerts involving white residents is very similar to last year and is representative of the adult social care client base. The number of Asian/Asian British adults remain lower than would be anticipated, particularly those aged 65+. The number of alerts involving Black/Black British residents was lower than might be expected last year, however this year the number of alerts has returned to levels seen in 2011-12. Based on general Adult Social Care figures, the number of alerts for Black/Black British adults is slightly higher than might be expected, although the difference is inflated due to the small numbers involved. The number of alerts involving any other ethnic group is lower than in previous years. This may be explained at least in part by an increase in cases where ethnicity was not recorded.

5.6 Consultation and Engagement

5.6.1 No consultation arising from this report.

5.6.2 The Barnet Safeguarding Children's Board and its subgroups are made up of the key agencies that provide safeguarding to children in the borough. Professionals at both strategic and operational levels are embracing the notion that safeguarding children is a shared responsibility rather than one confined to children's social care.

5.6.3 A well-established Safeguarding Adults Service User Forum (SASUF) meets quarterly and consists of representatives of the 55+ forum, Barnet African Caribbean Association, Barnet Older Asian Association, Barnet Voice for Mental Health and other interested older people, people with learning disabilities, physical disabilities and sensory impairment. 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.

- 5.6.4 The adult safeguarding annual report has been developed with the full participation of the Multi-Agency Board. The Board has good representation at a senior level from all stakeholders in NHS, CCG, Police, Fire Brigade, Barnet Homes, and Barnet Carers Network and with Safeguarding Children's Board and Community Safety and the Care Quality Commission. Each partner has submitted an annual safeguarding statement on their achievements in the past year. The annual report will be submitted to each partners' executive Board.

6. BACKGROUND PAPERS

- 6.1 Barnet multi-agency safeguarding adults board annual report 2013/14:
<http://barnet.moderngov.co.uk/documents/s16739/Barnet%20Multi-Agency%20Safeguarding%20Adults%20Board%20Annual%20Report%20201314%20-%20Cover%20Report.pdf>
- 6.2 Barnet Multi-Agency Safeguarding Adults Board Annual Report 2012-13 and Safeguarding Strategy 2013-15:
<http://barnet.moderngov.co.uk/documents/s11690/Barnet%20Multi-Agency%20Safeguarding%20Adults%20Board%20Annual%20Report%202012-13%20and%20Safeguarding%20Strategy%202013-1.pdf>
- 6.3 Barnet Children's Safeguarding Board Annual Report 2013:
<http://barnet.moderngov.co.uk/documents/s11736/Barnet%20Childrens%20Safeguarding%20Report%202013.pdf>
- 6.4 Winterbourne View Concordat – Local Progress Update:
<http://barnet.moderngov.co.uk/documents/s13813/Winterbourne%20View%20Concordat%20Local%20Progress%20Update.pdf>
- 6.5 Barnet, Enfield and Haringey Mental Health Trust: implementation of the CQC action plan/ implementation of the BEH CCG's mental health commissioning strategy:
<http://barnet.moderngov.co.uk/documents/s13784/Barnet%20Enfield%20and%20Haringey%20Mental%20Health%20Trust-%20implementation%20of%20the%20CQC%20action%20plan%20implementation.pdf>
- 6.6 Quality and Safety at Barnet, Enfield and Haringey Mental Health Trust:
<http://barnet.moderngov.co.uk/documents/s12653/Quality%20and%20Safety%20at%20Barnet%20Enfield%20and%20Haringey%20Mental%20Health%20Trust.pdf>
- 6.7 Francis Inquiry Update:
<http://barnet.moderngov.co.uk/documents/s12626/Francis%20Inquiry%20Update.pdf>

| Clearance | Officer initials |
|------------------|-------------------------|
| Legal | |
| Finance | |
| Governance | |

This page is intentionally left blank

Draft Joint Working Protocol between Barnet's Health and Wellbeing Board, Local Safeguarding Children Board and Local Safeguarding Adults Board – July 2014

1. Introduction

There are three statutory boards in Barnet with distinct but complimentary responsibilities for safeguarding Barnet's population- the Health and Well-Being Board, the Local Safeguarding Children Board (LSCB) and the Local Safeguarding Adults Board (SAB). This protocol sets out the expectations of the relationships and working arrangements between these Boards.

It covers the distinct roles and responsibilities of the Boards, the interrelationships between them in terms of safeguarding, and the mechanisms through which effective co-ordination between the Boards can be ensured.

2. Background

Health and Well-Being Boards (HWBB) were established in accordance with section 102 of the Health and Social Care Act 2012. They are a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Health and well-being boards are a key part of broader plans to modernise the NHS to ensure stronger democratic legitimacy and involvement; strengthen working relationships between health and social care; and encourage the development of more integrated commissioning of services.

The Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB) as well as prescribing membership. This Board's key statutory functions are to co-ordinate what is done by each partner or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in Barnet and to ensure the effectiveness of what is done. The Board and its sub-groups are compliant with statutory guidance, 'Working Together to Safeguard Children'¹; the latest version came into effect from April 2013.

Adult safeguarding is led by the Local Authority, based on the 'No Secrets' Guidance 2000² issued by the Department of Health under Section 7 of the Local Authorities Social Services Act 1970. The Care Act (2014) puts Safeguarding Adults Boards on a statutory footing with the Council, Clinical Commissioning Groups and Police as core members. The role of these Boards is to develop shared strategies for safeguarding and report to their local communities on their progress.

3. Roles and responsibilities of Barnet's Health and Well-Being Board

Barnet's Health and Wellbeing Board is a statutory committee of the Council. It has agreed terms of reference which outline its key responsibilities, functions and membership. The full terms of reference are available here: <http://barnet.moderngov.co.uk/documents/s16653/15aResponsibilityforFunctionsAnnexA.doc.pdf>. The main responsibilities of the Health and Well-Being Board are set out below:

- (1) To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.
- (2) To agree a Health and Well-Being Strategy for Barnet taking into account the findings of the JSNA and performance manage its implementation to ensure that improved outcomes are being delivered.

¹ <http://www.education.gov.uk/aboutdfe/statutory/g00213160/working-together-to-safeguardchildren>

² <https://www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care>

(3) To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.

(4) To consider all relevant commissioning strategies from the CCG and the NHS Commissioning Board and its regional structures to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration.

(5) To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.

(6) To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.

(7) To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health.

(8) Receive the Annual Report of the Director of Public Health and commission and oversee further work that will improve public health outcomes.

(9) Specific responsibilities for:

- Overseeing public health
- Developing further health and social care integration.

4. Roles and responsibilities of Barnet's Local Safeguarding Children Board (LSCB)

Section 14 of the Children Act 2004 sets out the objectives of LSCBs, which are:

- a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area;
- b) to ensure the effectiveness of what is done by each such person or body for those purposes

The functions of the LSCB prescribed in the Local Safeguarding Children Boards Regulations 2006 are as follows:

- **developing policies and procedures** for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:
 - action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
 - training of persons who work with children or in services affecting the safety and welfare of children;
 - recruitment and supervision of persons who work with children;
 - investigation of allegations concerning persons who work with children;
 - safety and welfare of children who are privately fostered;
 - co-operation with neighbouring children's services authorities and their Board partners.
- **communicating** to persons and bodies in the area the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done, and encouraging them to do so;
- **monitoring and evaluating** the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children, and advising them on ways to improve;
- **participating in the planning** of services for children in the area of the authority;

- **undertaking reviews of serious cases** and advising the authority and the Board partners on lessons to be learned;
- **collecting and analysing information about deaths of children** normally resident in the area of the authority with a view to identifying any case giving rise to the need for a serious case review, any matters of concern affecting the safety and welfare of children in the area of the authority, and any wider public health or safety concerns arising from a particular death or from a pattern of deaths in the area.

The Children Act 2004 (CA 2004) provides the legislative framework for integrated planning, commissioning and delivery of children's services and for lines of accountability through the appointment of directors of all Children's Services. It created a statutory framework for local co-operation between local authorities, key partner agencies (health, police, schools, housing, early years, youth justice, probation) and other relevant bodies including the voluntary and community sector, in order to improve the well-being of children in the area.

The LSCB is required at least once in each 12 month period to prepare and publish a report on the effectiveness of safeguarding and promoting the welfare of children in its local area. The report must relate to the preceding financial year and will fit with planning, commissioning and budget cycles.

The full terms of reference for Barnet's LSCB are embedded below:



5. Roles and responsibilities of Barnet's Safeguarding Adults Boards (SAB)

The Care Act (2014), which requires local authorities to set up a Safeguarding Adults Board (SAB) in their area, states that SABs must:

- include the local authority, the NHS and the police, who should meet regularly to discuss and act upon local safeguarding issues;
- develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations;
- publish this safeguarding plan and report to the public annually on its progress, so that different organisations can make sure they are working together in the best way.

The Safeguarding Adults Board (SAB) works in partnership to ensure that adults at risk in Barnet are protected and empowered against abuse, exploitation and neglect. The Board aims to raise awareness that abuse happens in the community and that some people may be at greater risk than others due to their age, disability or long-term illness. The Board strives to:

- Prevent abuse and neglect wherever it happens, in the community or in institutions.
- Promote the interests of vulnerable adults to enhance and enable their general wellbeing and safety.
- Ensure that operational services respond effectively and consistently to instances of abuse.

The objectives of the Safeguarding Adults Board in Barnet are as follows:

- Ensure that there is a shared understanding of safeguarding across all agencies.

- Establish agreed strategies, policies and plans which underpin partnership working in order to increase our individual and joint capacity
- Oversee and ensure the implementation of the safeguarding adult's policy and procedures across all partner agencies in line with legislation, national policy and best practice.
- Develop and implement a one to three year work plan that addresses areas for further development. The annual work plan is to be monitored and updated at the quarterly meeting.
- Direct and monitor the work of the Board's subgroups.
- Produce an annual report, reporting achievements, statistics and work plan for following year.
- Encourage sound inter-agency relationships and support effective partnership working to achieve good outcomes for vulnerable people.
- Develop a strong and evolving network of stakeholders, including vulnerable adults, their carers and advocates.

The full terms of reference for Barnet's SAB are currently being updated and an updated version will be appended to this protocol.

6. Inter-relationships

The Health and Well-being Board and each of the Safeguarding Boards are independent Boards of equal standing. Effective joint working arrangements will ensure that the three Boards are able to challenge and collaborate with one enough to ensure that Barnet has the most effective approach to and outcomes from safeguarding as possible. The Boards will need to work together to ensure the following activities take place, all of which will serve to protect children and adults at risk, and will also support effective delivery of the Joint Health and Well-Being Strategy:

| Area of joint working | Role of the HWBB | Role of the Safeguarding Boards |
|---|--|--|
| Joint Strategic Needs Assessment (JSNA) | The HWBB will ensure that the JSNA takes account of children's safeguarding issues, including the priorities set out in the Business Plans of both safeguarding boards NB. the aggregated findings from all child deaths collated by the LSCB Child Death Overview Panel should inform local strategic planning | The Boards will receive and consider relevant data quarterly and be involved and consulted in relation to the development and maintenance of the JSNA. The outcomes of the JSNA should feed into safeguarding boards' planning |
| Joint Health and Well-being Strategy (JHWS) | The HWBB will ensure the JHWS reflects safeguarding issues raised by the safeguarding boards, and that the safeguarding boards are updated on progress made in the implementation of the JHWS (annually) | The safeguarding boards will support development of safeguarding objectives for inclusion in the refresh of the JHWS, support evaluation of the impact of the JHWS on safeguarding outcomes and of safeguarding on wider determinants of health outcomes (such as domestic abuse), and ensure that safeguarding business plans align with and support implementation of the JHWS |
| Children and Young People's Plan | The HWBB will oversee implementation of the health and well-being elements of the | The safeguarding boards will support development of safeguarding objectives for inclusion in the refresh of the CYPP, |

| | | |
|------------------------|--|--|
| (CYPP) | CYPP, and will scrutinise the safeguarding arrangements in place for children and young people based on the activities of the LSCB business plan and the implementation of the CYPP | support evaluation of the impact of the CYPP on safeguarding outcomes and of safeguarding on wider determinants of health outcomes (such as domestic abuse), and ensure that safeguarding business plans align with and support implementation of the CYPP |
| Service commissioning | The HWBB will work with other strategic Boards to develop effective commissioning in line with safeguarding practices | The Safeguarding Boards will provide constructive challenge to the HWBB to ensure that services are commissioned in line with safeguarding practices, key findings and or emerging issues. |
| Safeguarding reporting | The HWBB should provide scrutiny and challenge on the annual safeguarding reports and request additional updates on progress against business plans where additional scrutiny would be helpful in pursuit of effective safeguarding practice | The safeguarding boards should present annual performance on plans to the HWBB, (and additional updates when required), to provide the opportunity for reciprocal scrutiny and challenge and to enable Boards to feed any improvement/development needs into the planning process for future years' strategies |

7. Arrangements to secure co-ordination between the Boards

In order to realise these opportunities, it is proposed that the following arrangements would be put in place to ensure effective co-ordination and coherence in the work of the three Boards.

- Between April and July each year, the Safeguarding Boards will share their proposed business plans with the Health and Well-Being Board for challenge.
- Between July and November each year, the Independent Chair of the two Safeguarding Boards would present to the Health and Well-Being Board their annual reports outlining performance against business plan objectives in the previous financial year, and business plans for the coming year. This would provide the opportunity for the Health and Well-Being Board to challenge the performance of the Boards, to draw across data to be included in the JSNA and to reflect on key issues that may need to be incorporated in any refresh of the JHWS.
- Between November and March each year, the Health and Well-Being Board will present to the Safeguarding Boards the review of the JHWS, an update on the JSNA with the proposed priorities and objectives to enable the safeguarding boards to scrutinise and challenge performance of the Health and Well-Being Board.

8. Membership of the LSCB, SAB and Health and Well-Being Board

Many organisations will be members of more than one of the three Boards. However, representation will not necessarily be by the same person. In order to ensure good communication and co-ordinated development, some individual members of the LSCB and SAB will also be members of the Health and Well-Being Board. These include:

- The Director of Children's Services attends the LSCB and Health and Well-Being Board as representative of children and young people services and also due to their overall responsibility for ensuring the efficient and effective operation of children and young people partnership working
- The Director of Adult Services attends the SAB and Health and Well-Being Board as representative of adult services and also due to their overall responsibility for ensuring the efficient and effective operation of adult partnership working

- The Independent Chair of the LSCB and SAB will receive regular minutes of meetings and pertinent papers from the Health and Well-Being Board. They are responsible for attending relevant Health and Well-Being Board meetings to report on key safeguarding issues, and to present the SAB/ LSCB Annual Reports. They will also be responsible for challenging the Health and Well-Being Board on issues of safeguarding, as set out in Working Together to Safeguard Children 2013.

Other individual members of the three Boards will take part in working groups across the boards as required and will ensure safeguarding is securely embedded in all developments, as well as other priority issues such as commissioning and early help as appropriate.

DRAFT

Barnet Safeguarding Adults Board



Annual Report 2013-14



Barnet Clinical Commissioning Group  **Barnet and Chase Farm Hospitals**  **Royal Free London**  **Barnet, Enfield and Haringey**  **Central London Community Healthcare** 



Foreword from the Independent Chair of Barnet Safeguarding Adults Board

I am delighted to present my first report as Chair of the Barnet Safeguarding Adults Board (BSAB). I must pass thanks to Hilary Brown, my predecessor, who is a hard act to follow.

I have spent the first few months of my time in post meeting staff in the safeguarding teams across Barnet and have been impressed with their dedication and determination to support adults at risk in Barnet. With reductions to local resources and an ageing population Barnet will need all the excellent staff it has to meet the challenges that lie ahead.

We have to be mindful of some of the recent tragic cases of poor practice and governance such as Winterbourne View and Mid Staffs that resonate in the press. Our need to be vigilant and to have excellent processes in place to reduce the likelihood of such a case happening here are what makes the BSAB's role so important. We seek to cooperate and hold each other to account in how we deliver safeguarding services in Barnet.

One of the roles of the Board is to ensure that organisations, which are in contact with adults at risk have a more joined-up and coordinated approach in dealing with safeguarding cases. Having a forum such as the BSAB enables us to address and discuss new and innovative ways to do this and, as a result, deliver better outcomes for our residents.

Previously, the Board has considered aligning the BSAB with the Children's Safeguarding Board so that a wealth of knowledge and expertise can be shared across both services. For example, where there are overlapping concerns as in the case of domestic violence, mental health and substance misuse these can be shared through one forum. As the Chair of both the Children's and Adults Safeguarding Boards my role over the next year is to promote closer working, which we believe will enhance the safeguarding provision within Barnet.

In the past year the Board has had good attendance and cooperation from all the agencies involved in safeguarding, and this bodes well for April 2015 when the BSAB becomes a statutory body with a number of legally enforceable duties.

We have continued to be inspired and challenged by the Safeguarding User Forum, we have given a lot of time and discussion to the challenging issue of the prevalence of pressure sores in health, home and social care settings and we have developed new and better ways of understanding how to deal with vulnerable victims of fraud offences.

Recent legal judgments on the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and care providers' duties have begun to have an impact on our services. These cases have placed large burdens on care providers to conduct mental capacity assessments and ensure that appropriate safeguards are in place. In order to

address this issue, we have set up a programme around increasing the understanding of the Mental Capacity Act amongst care providers in our business plan for 2014/16.

We are concerned that in Barnet even the most serious cases of neglect of the vulnerable are not reaching court in the numbers we might expect, thus another of our priorities for the 2014/16 business plan is to improve the way we operate to ensure that the vulnerable get access to justice. Access to justice and understanding how to work within the MCA and how to reduce the impact, pain and suffering caused by pressure sores all require us to work together in an effective way.

To deliver joined up solutions requires a good understanding of multi-agency data, and this remains a challenge for us. Different agency IT systems, performance reports and a lack of available analytical capacity are hurdles that I would like to see the Board overcome in the next two years. If we do we will be able to harness the passion and compassion of our staff in a more effective way to ensure that we become as excellent as we aspire to be.

Chris Miller

Independent Chair of Barnet Safeguarding Adults Board

Contents

| | |
|---|----|
| 1. Who we are | 5 |
| 2. What we have achieved in 2013-14 | 6 |
| 3. How do we know that what we are doing is working? | 13 |
| 4. What the statistics tell us about safeguarding in the borough? | 14 |
| 5. Safeguarding stories | 19 |
| 6. What we plan to do in the coming year | 20 |
| Useful contacts | 21 |

Barnet Multi-Agency Safeguarding Adults Board

Annual Report 2013 – 2014

1. Who we are

Barnet's Safeguarding Adults Board was established in July 2001. It is made up of senior officers from the different public services who work with vulnerable adults in Barnet. The Board has four main aims:-

- To promote the welfare of vulnerable adults and to develop good practice in health and social care services.
- To raise awareness of abuse wherever it should occur and encourage people to report it if it happens.
- To ensure that agencies will work effectively together to ensure abuse is investigated and that people are helped to keep safe.
- To learn lessons where people have not been adequately protected.

The Board meets four times a year and is chaired by an independent person, Chris Miller. The Safeguarding Adults Board has to report on its work to the Council via the Adults and Safeguarding Committee and the Health and Wellbeing Board. In addition each agency represented on the Board will present the report to their agency executive Board.

This report will also be given to the Safer Communities Board and to each care group partnership board such as the Learning Disabilities Partnership Board for information. It will also be made available to the public on our website at www.barnet.gov.uk/safeguarding-adults-board.

The Safeguarding Adult Board membership includes people from:

- London Borough of Barnet
(Adults and Communities, Children's Safeguarding, and Community Safety)
- NHS Barnet Clinical Commissioning Group
- Barnet, Haringey and Enfield Mental Health NHS Trust
- Barnet and Chase Farm NHS Trust (From July 2014 Barnet Hospital and Chase Farm Hospital became part of the Royal Free London NHS Foundation Trust.
- The Royal Free London NHS Foundation Trust
- Central London Community Health Care NHS Trust
- The Metropolitan Police
- The Care Quality Commission
- The Barnet Group
- The London Fire Brigade
- The London Ambulance Service
- Healthwatch Barnet
- Barnet Carers Network
- Voice Ability (Independent Mental Capacity Advocate Service)

1.1 Safeguarding Adults Service User Forum

Our Safeguarding Adults Service User Forum ensures that the voice of service users remain central to our safeguarding work.

The forum meets quarterly, and is made up of representatives from the Barnet Seniors' Assembly, Barnet African Caribbean Association, Barnet Older Asian Association, Barnet Voice for Mental Health, Barnet People's Choice, and other interested older people and people with learning disabilities, physical disabilities and sensory impairments.

2. What we have achieved in 2013/14

We have achieved a lot in the last year and have split our achievements into the themes below.

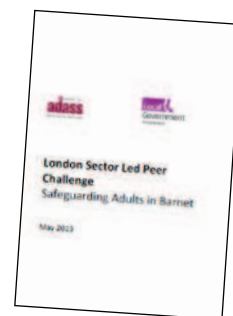
2.1 The work of the Safeguarding Adults User Forum 13-14:

The work of the Safeguarding Adults User Forum in their own words:

- We took part in the Safeguarding Adults Peer Review in March 2013. Following this, we shared our work nationally so that other local authorities could set up similar forums



- We helped design the Safeguarding Adults Board Logo
- We were involved in the interview and appointment of the new Independent Chair of the Safeguarding Adults Board
- We met with the new Independent Chair told him what we think about safeguarding in Barnet



- We have learnt about the 'Integrated Quality in Care Homes Team' and how they are working with care home managers to improve the quality of services. We were also able to tell them what we think of Barnet Care Homes
- Some of us met with the Chief Executive of the Council so we could give our views on what care is like in Barnet
- We met with the Communication Team to talk about what needs to be done to increase awareness of abuse amongst members of the public
- We have met with Barnet Health Watch to tell them what we think of local health and social care services.



2.2 Supporting Family Carers



Carers have an essential role in supporting family and friends to remain living safely in the community.

Over the last year we have made the following progress in safeguarding and supporting family carers:

- Barnet Carers Centre working with the carers hub (made up of six members); Age UK Barnet, Alzheimer's Society, Barnet Mencap, Jewish Care, Caring4Carers and Friends in Need, has supported carers and raised awareness of safeguarding processes.
- The Carers Forum which is run by carers for carers and represents the voice of carers supported the Carers Safeguarding Conference held in November 2013. It raised awareness of carers as reporters of abuse, potential victims and also potential perpetrators. Managing challenging behaviour training was run for carers during the day.
- Family carers were invited to attend workshops on the Mental Capacity Act (MCA). These workshops were well attended by family carers and focused on the MCA and its implications, and included training about reporting safeguarding concerns.



- The Carers' Needs Assessment process and procedures were reviewed and all staff were given training on the revised processes. The 'Carers Offer' was developed, this is a document which sets out all the local support available to carers such as support from social care, support available in the community and mainstream support. A copy can be found online at www.barnet.gov.uk/carers.
- The Carers Strategy Action Plan was updated for 2014/15. The implementation of this plan will be overseen by The Carers Strategy Partnership Board. A copy can be found online at www.barnet.gov.uk/carers.
- Carers have been and are taking part in the 'Enter and View' visits carried out by Healthwatch Barnet to observe and assess whether services are safe.
- The Young Carers Joint Working Protocols was developed in partnership with Children's Services to ensure that young carer are identified and supported. A number of events have been held during the year to raise awareness of the protocols to professionals across the Council and voluntary sector.

2.3 Safeguarding in Health services

All our health providers and commissioners have robust reporting frameworks with responsible senior officers who lead on safeguarding. They all report to the Barnet Adults Safeguarding Board regularly.

Here is a selection of the achievements and progress made by those involved in the delivery of health services in Barnet in the past year.

- Barnet, Enfield and Haringey Mental Health Trust (BEH-MHT) carried out an internal audit to ensure the Pan-London Safeguarding Procedures were followed.
- BEH-MHT developed a domestic violence and abuse protocol. A domestic violence factsheet and flowchart was also developed to help staff with the process.
- BEH-MHT carried out inspections in all inpatient units and community teams to ensure they meet the CQC standards for safeguarding.
- Barnet and Chase Farm NHS Trust recently set up a new team of Midwives (The Acacia Team) to provide additional midwifery support to women at risk of abuse. Since its launch in early 2014, they have provided care for many women, including women with learning disabilities and mental health problems.
- NHS Barnet Clinical Commissioning Group (CCG) are responsible for ensuring that all Barnet health organisations have effective arrangements in place to safeguard adults at risk of abuse or neglect. They produced a range of documents available for GPs such as flyers to display in waiting rooms on domestic violence and abuse and leaflets to give their patients who are at risk of domestic abuse.
- The Royal Free London NHS Foundation Trust (RFH) has doubled the number of clinics where domestic abuse screening takes place as part of a routine appointment.
- RFH provided interpreters for 44 different languages and recently recruited a designated liaison nurse for people with learning disabilities.
- The RFH increased the use of an Independent Mental Capacity Advocate Service (IMCA) to 42 referrals compared with 16 last year for individuals who lack capacity.
- All staff employed by CLCH received safeguarding adult training appropriate to their role and this is monitored on a monthly basis to ensure a minimum of 80% compliance. This includes 'Prevent' training which is a national programme CLCH has been delivering to clinical staff and targeted services since April 2012. From April 2014 'Prevent' has been incorporated as part of mandatory training.
- CLCH have launched the Safeguarding Adult Champions – this is an initiative to empower frontline practitioners delivering services to develop their knowledge, skills and competencies in the field of safeguarding adults.

2.4 Training for Social Workers and partners

The Safeguarding Adults Training Programme for 2013-14 was delivered to Barnet Council staff including Adult Social Services, CLCH, Barnet, Enfield & Haringey Mental Health Trust and private, voluntary and independent sector organisations. The core training included awareness sessions, policy & procedure training and Safeguarding Adults Investigations.

A total of 527 staff members across health and social care services attended these sessions

| | |
|---|----------------------------------|
| Safeguarding Adults Raising awareness | 36 LBB staff, 147 external staff |
| Financial Abuse | 22 LBB staff, 19 external staff |
| Investigators training | 22 LBB staff, 45 external staff |
| Safeguarding law update | 68 LBB staff |
| Safeguarding express training | 48 LBB staff, 4 external staff |
| SA Policy & Procedures | 26 LBB staff, 71 external staff |
| SA recording | 10 LBB staff |
| Managing and Chairing Safeguarding investigations | 9 LBB staff |

2.5 Safeguarding Month

Every November the Safeguarding Adults and Children's Boards and Community Safety Partnership come together to plan a number of events to raise awareness of safeguarding issues. Events in 2013 included:

- Safeguarding awareness Raising
- Mental Capacity Act
- Domestic Violence
- Workshop for family carers
- Conference for care homes staff on preventing harm.

The month was a success with good attendance at training sessions by staff at the Council.

2.6 Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) aims to protect people in care homes and hospitals from being inappropriately deprived of their liberty. Sometimes there are good reasons to deprive someone of their liberty, however the care home or hospital must ask for authorisation before they can do so. DoLS are designed to ensure that a person's loss of liberty is lawful. These safeguards apply to adults who are unable make decisions for themselves, but who may need treatment or care to keep them safe.

In March 2014, the Supreme Court made a judgement which widened the number of people that this applies to, so that more people who lack capacity are protected under the legislation.

At the time of writing this report the local authority has received 52 requests for authorisation since the Supreme Court Judgement, compared (April-June 2014) to 30 requests in total 2012-13.

2.7 Letting people know what safeguarding is

Raising public awareness of what abuse is and how to report it remains a high priority for the Safeguarding Adults Board. In 2013 - 14:

- We attended a number of events throughout the year and issued copies of the "Say No to Abuse" booklet to different service user groups. Events included Barnet Seniors' Assembly, Multicultural Day, Falls Awareness and Dementia Awareness Days.
- We took part in National World Elder Abuse Awareness Week during June 2013. We focused our activities on raising awareness of door step crime with different community groups and voluntary organisations in Barnet. This included a presentation, useful factsheets, posters for display and a quiz on staying safe at home.
- We made sure that all publications include safeguarding information, such as the Barnet First magazine and Local Account of Adult Social Care, which was published in April 2014.
- We put an advert to raise awareness of the different forms of abuse and how to report it on the public TV screens at Barnet Hospital A&E department.
- Barnet Mencap have been running a number a workshops for people with learning disabilities on Hate Crime and how to get to get help.
- We promoted the work of the Fire Brigade's around free fire safety visits for vulnerable people via social media, newsletters, the Council's website and Partnership Boards.
- We teamed up with a local charity to deliver a project using the safer community alert system (designed originally to help communities protect themselves against crime) to raise safeguarding awareness amongst the general public.



2.8 Improving fire safety



The London Fire Brigade (LFB) carried out **2619** free home fire safety visits to Barnet residents in 2013-14, many of whom are vulnerable people.

LFB were also able to reduce the number of dwelling fires to **232** in a year and have started working with Neighbourhood Watch schemes and the Metropolitan Police Safer Neighbourhood Teams to identify people at risk so LFB can work with them to reduce the risk of a home fire.

2.10 Community Safety

The Community Safety Partnership has continued to focus on burglary including supporting repeat victims and providing information and advice to local residents around distraction burglary. This has included the Police and Council working together on the Winter Burglary Campaign and the Safer Homes Project which involves visiting individuals who may be vulnerable to burglary, assessing the safety of their home and providing them with free locks and security measures.

A multi-agency Burglary Reduction Group has been established where partners are considering the trends and targeting interventions.

To help prevent hate crime Barnet Mencap have been working with people with learning disabilities to ensure they know how they can stay safe, and what to do if they are a victim of a crime.

2.11 Safeguarding in the Police

To combat fraud offences including distraction burglar targeting vulnerable people, the Police have been working with local agencies and businesses in Barnet. They have introduced body worn cameras to capture initial evidence and support cases where the victim maybe too frightened to support a prosecution.

The Police have also recruited a trained psychiatric nurse to assist in situations where people with mental health problems are arrested.

Training for police officers has been developed to include further training for detectives in the community safety unit on domestic violence and safeguarding adults. A new training programme has been developed for staff on mental health.

2.12 The Integrated Quality in Care Homes Team (IQICH)

There are 105 care registered care homes in Barnet which provide 2800 beds for a range of older people and younger people with disabilities.

The role of the IQICH Team is to support care home managers to improve the quality of care they provide. The work is done through promoting the principles of integrated working, prevention and the sharing of best practice. This work may result from a referral, a poor inspection report or a request for support from the care home manager. Where there are safeguarding concerns about the quality of care being provided in a home, the IQICH team is part of our response to improving services.

Below is a case study of where the IQICH team worked with a care home following an allegation of neglect.

A safeguarding alert was raised because there were concerns that some people in a care home were given medication without their knowledge. Some people had dementia and refused to take their medication, but they were unable to realise how important it was to their health. The staff in the care home had talked with the GP, and with family and they together decided that the best thing was to hide the medication in food so that people still took what they needed. Whilst they tried to make the right decision, they did not make a good record of how or why they made this decision.

The IQICH and Safeguarding team worked with the care home and the GP to improve their practice. The Mental Capacity Act is an important law which protects people who are unable to make their own decisions. This law says that you should not treat people as incapable of making decisions unless all practicable steps have been tried to help them. With careful explanation some people were able to understand the importance of taking the medication. For others, it was right to take decisions for people without capacity in their best interests, however good assessments were needed to evidence this.

In the past year, the IQICH team has worked with 35 care homes to develop and implement individual improvement plans. Best Practice is shared through quarterly Practice Forums and Action Learning Sets. Areas covered to date include: working with relatives; the Mental Capacity Act; and the CQC inspections process.

In addition, a number of specialist workshops have been held for care home managers and staff on pressure ulcers; prevention and care; end of life care and reducing vulnerability.

3. How do we know what we are doing is working?

There are many ways in which the Safeguarding Adults Board can get feedback on how well safeguarding services are performing in the borough.

3.1 Finding out the views of people who had experience safeguarding services

This year we interviewed 17 people who had experienced safeguarding services to find out what they thought. The Board wanted to know if people felt listened to and if they felt safer as a result of the help they had received.

Although the number of people interviewed was small the Board learnt a lot from what people said. We learnt that people did feel listened to and that they generally felt safer following our support.

The table below reports the findings of the interviews:

| Question Asked | Number of People who responded positively |
|--|---|
| Did you feel you were listened to and could say what you wanted to happen? | 16 |
| Did you feel safe from continuing harm/abuse? | 16 |

One person said they did not feel listened to, in a situation with complex issues and where the mental capacity act applied. One person reported that they did not feel safe from continuing harm and abuse. In this case we found that feeling safe is also dependent on other factors like mental health.

4. What the statistics tell us about Safeguarding in the borough

4.1 Who lives in Barnet?

Barnet has a population of approximately 364,500 residents, of which 278,900 are over the age of 18 and 50,700 are over the age of 65. The number of adults is projected to increase by 16,100 over the next 6 years, with those over the age of 65 increasing by 5,200.

Barnet has a diverse population, from both a cultural and economic perspective. Black, Asian and minority ethnic groups account for over a third of residents in the area. The area encompasses a wide variety of religious communities including a high proportion of people from Christian, Jewish and Muslim faiths.

Whilst 73% of working age residents are in employment, there are above average levels of deprivation, with the variance between the most and the least deprived areas being significantly higher than that of the national average.

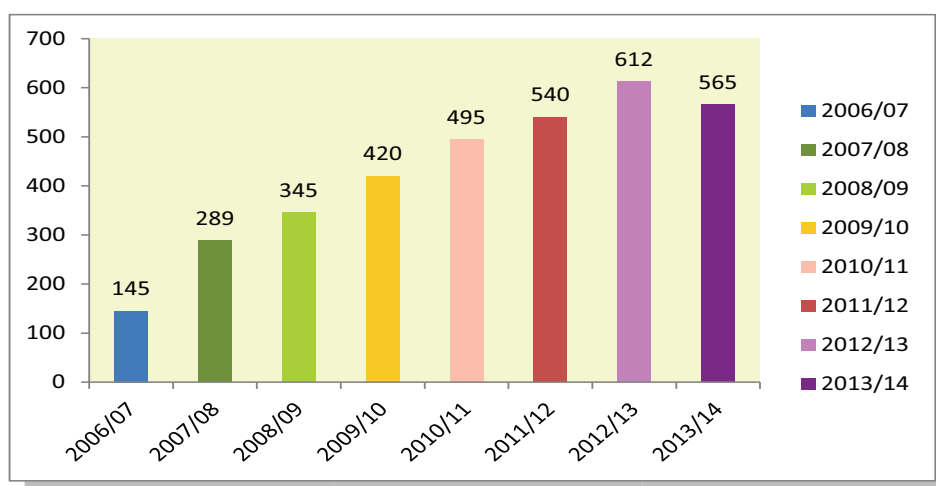
12,335 Barnet residents were in receipt of Disability Living Allowance. Adult social services provided support packages to 7,440 individuals.

Our safeguarding services are available for all vulnerable adults where abuse is suspected or reported.



4.2 How many safeguarding alerts did we receive?

We received a total of 565 alerts in 2013/14. This is an 8% decrease on the previous year. This is the first drop in alerts received in 7 years.



However the number investigated under our safeguarding procedures remained very similar to last year. This would suggest that there is an improved understanding of what safeguarding is and how we can help people who are affected.

The number of alerts raised by members of the public remains relatively low at 8%, and the Safeguarding Adults Board plan to do more work in 2014-15 to raise wider awareness.

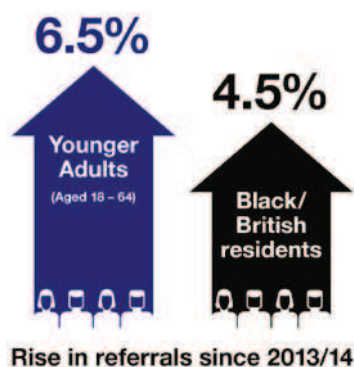
The table below shows the breakdown of all our safeguarding alerts by the adult at risk's primary need. As in previous years, most alerts we receive concern the abuse of older people.

| Primary Client Group | 2011/12 | 2012/13 | 2013/14 |
|-------------------------------|---------|---------|---------|
| Older People | 49% | 63% | 56% |
| Learning Disability | 28% | 12% | 20% |
| Mental Health | 16% | 16% | 15% |
| Physical Disability & Sensory | 7% | 8% | 9% |

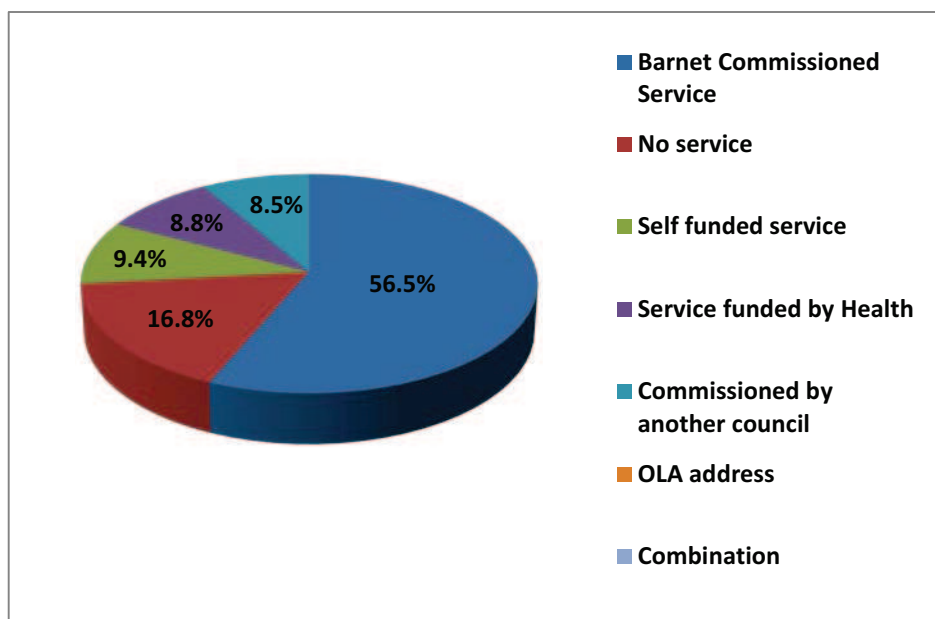
40% of the older people referred have dementia. Last year there was a dip in the numbers of alerts concerning adults with learning disabilities. However, this year they were the second highest group referred, which reflects patterns seen over previous years.

As in previous years, alerts in 2013/14 most commonly involved white females in the older person's client category. The proportion of younger adults (aged 18-64) referred has risen by 6.5% since 2012/13. Cases involving Black/Black British residents have also risen to 4.5%.

Client care funding

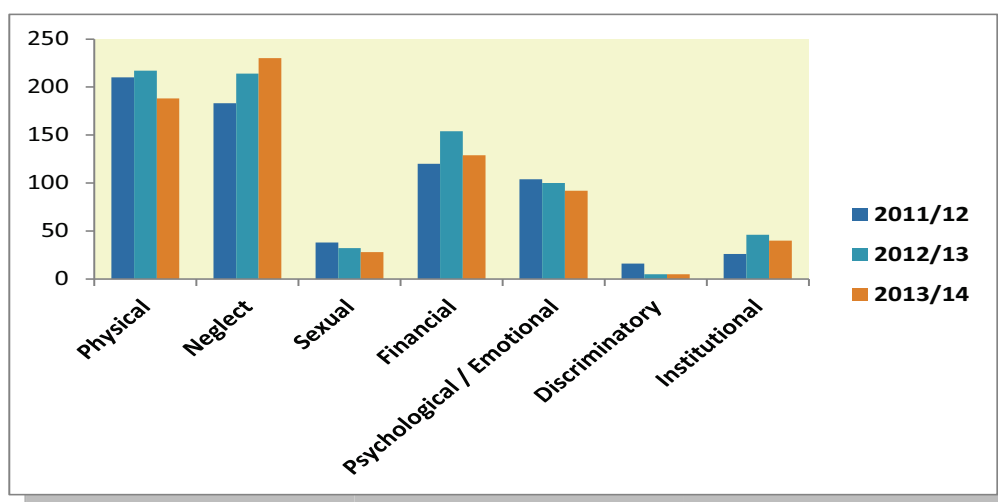


There has been little change in 2013/14, with the proportion of alerts for people who fund their own care remaining just under 10% of the total number. Most of the people we hear about are those people who receive care funded by Barnet Adult Social Care. The chart below gives a breakdown of any care funded for people who are referred for safeguarding.



Types of abuse

Over the past few years, there have been an increasing number of alerts involving neglect and this is now the most common form of abuse. For females, 62% of such alerts involved pressure ulcers, whilst for males pressure ulcers were recorded in only 11% of cases.



Combinations of abuse, where more than one type of abuse is included in a single referral, is significantly higher amongst females, with 64% more instances than reported for males.

Amongst adults with mental health problems, there were a high proportion of alerts involving combinations of abuse, as well as financial and physical abuse individually. Adults with learning disabilities were at most risk of neglect and physical abuse. Those with a physical or sensory impairment most commonly reported physical or financial abuse.

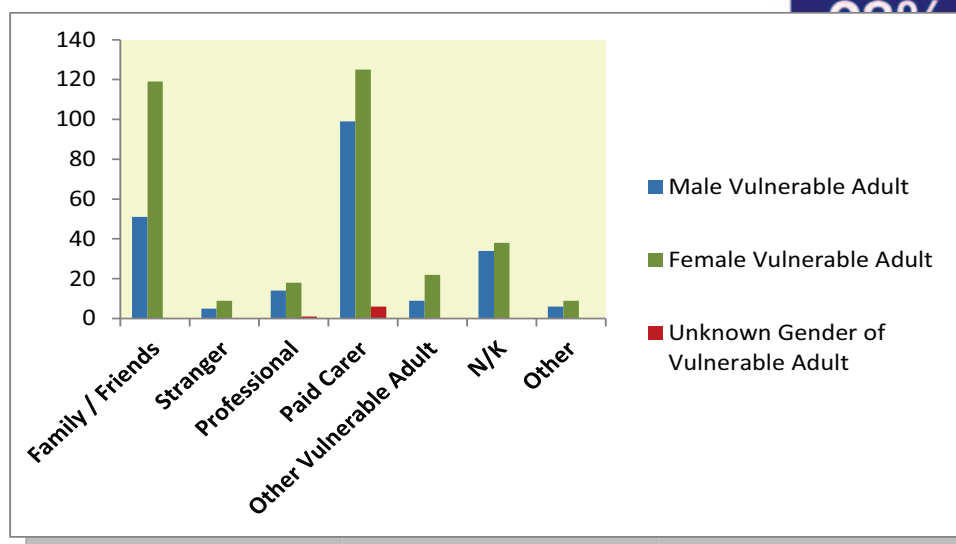
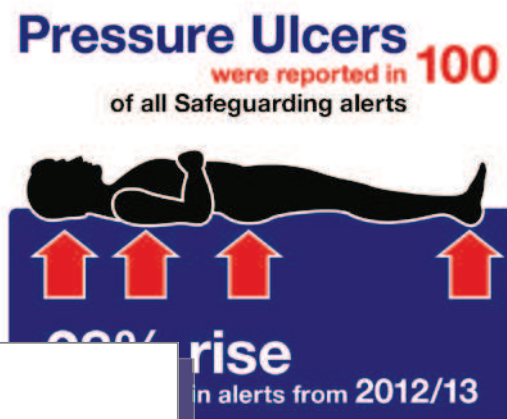
Physical abuse and neglect were the most common forms of abuse reported by people who fund their own care, and this was most likely to take place in a care home setting.

Pressure ulcers

Pressure ulcers were reported in 100 of all safeguarding alerts, a 28% increase from 2012/13. For each of these cases the primary form of abuse was neglect or as part of a combination of abuse. The Safeguarding Adults Board plans to do more work to reduce the number of pressure ulcers in 2014-15.

The person who caused the harm

2013/14 saw a fall in the number of alerts involving paid carers; this is the first fall in three years. However, as a proportion of total alerts received, the levels remain the same as last year. In most safeguarding concerns reported, a paid carer was the alleged abuser.



In a 170 cases a relative or friend was the person who caused the alleged harm. Of these alerts, 104 involved a partner, parent or offspring (an 11% reduction on the previous year) and 60 were reported to have involved the main family carer (a 66% rise on 2012/13).

Alerts leading to investigation

Of the
565 alerts received
406 (72%)
were **investigated**
compared to 424 cases
(69%) last year.



We have been working hard to raise awareness of abuse, and we want people to tell us if they are concerned that someone is at risk. Not all alerts will turn out to be abusive situations they could indicate a need for services or other help.

Of the 565 alerts received, 406 (72%) were investigated compared to 424 cases (69%) last year. We often work in partnership with others such as the Police or the Care Quality Commission to find out what happened and how to prevent harm happening again.

Safeguarding Outcomes

For every case investigated, we decide if the abuse happened (substantiated), part happened (partly substantiated), did not happen (not substantiated). In some cases it is not possible to establish what has occurred leading to an outcome of not determined.

369 cases have now been completed and an outcome determined. 42% were fully or partially substantiated which is a 4% decrease on last year. 44% of cases involving paid care staff were either fully or partially substantiated. At the time of writing this report, 37 cases remain open and a case outcome is not yet determined.

The table below compares the outcomes of cases across the last three years.

| Conclusion | 2011/12 | | 2012/13 | | 2013/14 | |
|----------------------------|-----------------|------------|-----------------|------------|-----------------|------------|
| | Number of Cases | % of Cases | Number of Cases | % of Cases | Number of Cases | % of Cases |
| Abuse substantiated | 148 | 39% | 148 | 39% | 120 | 33% |
| Abuse partly substantiated | 40 | 10% | 25 | 7% | 33 | 9% |
| Abuse not substantiated | 102 | 27% | 120 | 32% | 134 | 36% |
| Not determined | 92 | 24% | 82 | 22% | 82 | 22% |

Action taken to help the adult at risk

In all safeguarding investigations we try to help the adult at risk stay safe from harm. In most cases to ensure this happened, we increased monitoring of the adult at risk and changed the frequency, type or location of their care. We also took action against the person who caused the harm. This might include removal from a service, further training or disciplinary action if they were a paid carer.

5. Safeguarding Stories

Below are three real stories about Barnet residents who use services. We have changed all the details that might identify these people, but the stories are true.

Story 1:

Mr Okunu is a young man with learning disabilities, who lives in a care home. Mr Okunu lives as independently as he can with the support he receives from the staff .

His sister visited him recently and noticed that he had a cut on his upper lip. She reported it to the home manager and to a social worker, who was visiting the home at the time. The care home manager thought that perhaps Mr Okonu had bitten his lip but agreed to investigate this issue with the care home staff and report it to the Care Quality Commision.

It was hard to find out exactly what happened because Mr Okonu was unable to tell anyone how he got his injury. The care home manager, Mr Okonu, the social wokrer , and his family all met to agree how to ensure Mr Okonu's safety. This included the care home improving the way they keep records of any injuries and that Mr Oknous care plan is kept up-to-date, and his family kept informed.

Story 2:

Mrs O'Malley is an elderly woman who lives with her husband. She has Parkinson's disease, and memory loss. She is unable to walk, and requires all of her care needs to be provided in bed. This is provided by a care agency who visits four times a day. The agency helps with all of her personal care, enabling her to wash and dress and provide support at meal times.

Mrs O'Malley's husband wrote to social services raising safeguarding concerns about the care agency. He stated that the agency had missed several visits, the carers were sometimes rough and that this had led to bruising. A Social Worker and the agency manager investigated this. Mrs O'Malley and her family decided that they wanted to stay with the same care agency but wanted more put in place to ensure Mrs O'Malley received the right sort of care.

A meeting was held with all parties and a new care plan written up, ensuring that carers involved had the required level of expertise to support Mrs O'Malley. Since the meeting, care has been going well and Mr and Mrs O'Malley are happy that the agency has followed the new care plan.

Story 3:

Mr Green is an older man with dementia who lives in his own home with his daughter, who provides his care. He was admitted to hospital following a fall as a result of this, he had a cut on his forehead and a hip fracture. While he was on the ward, a staff nurse saw his daughter 'hit' her father on his leg and witnessed her shouting at him.

The hospital staff made a safeguarding alert because they were concerned about physical and psychological abuse. A Social Worker spoke to Mr Green to find out his wishes. An advocate was appointed to support Mr Green to communicate. Mr Green agreed for the social worker to talk to his daughter.

His daughter explained that she had been very stressed and was finding it more difficult to care for her father as his needs had increased. Social services and health colleagues worked together with Mr Green, his daughter and the advocate, to ensure that additional support was provided at home. His daughter received a carer's assessment and services to support her in her caring role. This protection plan meant that both Mr Green and his daughter were protected and that she was able to continue to care for her father as they both wished.

6. What we plan to do in the coming year

The Safeguarding Adults Board has set the following four strategic priorities for 2014/16:

- Improve the standards of care to support the dignity and quality of life of vulnerable people in receipt of health and social care, including effective management of pressure sores.
- Improve the understanding of service providers of the Mental Capacity Act and Deprivation of Liberty Safeguards
- Improve access to justice for vulnerable adults
- Increase the understanding among the public of what may constitute abuse.

Details of how we plan to deliver these priorities can be found in the SAB Business Plan for 2014/16.

Useful Contact's

Questions about this report

If you have any questions about this report, please contact Sue Smith, Barnet Safeguarding Adults Lead

Tel: 020 8359 6015

Email: sue.smith@barnet.gov.uk

Safeguarding training

If you would like to access safeguarding training for organisations in Barnet, please contact the Barnet Adults and Communities Workforce Development Team.

Tel: 020 8359 6398

Email: asc.training@barnet.gov.uk

Safeguarding alerts

To raise any safeguarding concerns, contact Social Care Direct:

Tel: 020 8359 5000

Email: socialcaredirect@barnet.gov.uk

Safeguarding Adults Board Business Plan 2014-16

| Objectives | Performance Outcome | Lead | Time scales | Action/s | Progress |
|--|--|----------------|-------------|---|----------|
| 1 Improve the standards of care to support the dignity and quality of life of vulnerable people in receipt of health and social care, including effective management of pressure ulcers | 1.1 To establish a 'base-line' of avoidable incidents of pressure ulcers | BJ | June 14 | Analysis of Pressure Ulcer Report presented to the SAB in March 2014 in order to understand the current demographics and prevalence of pressure ulcers within The London Borough of Barnet. | Complete |
| | | KB/JP | June 14 | Data collected by CLCH of Grade II, III and IV pressure ulcers and where they developed to be forward to CCG for analysis. | Complete |
| | | JP | June 14 | Analysis of co-morbidities' data collected. | Complete |
| | | JP | Dec 14 | Review in relation to CCG risk stratification tool to identify vulnerable patients as part of the integrated care initiative at the CCG. | |
| | | JP | Dec 14 | Investigate methods used in other CCGs and joint working to undertake this. | |
| | 1.2 Improve safety and quality of life by improving pressure ulcer prevention and management across health and social care providers | JP | Oct 14 | Implement agreed protocols across all providers. | |
| | | All Health | Jan 15 | The Board should receive assurance that all Health Trust are following the 'Stop the pressure' steps guidance. | |
| | | Training Group | Jan 15 | Consider how training can be made available to residential care homes. | |
| | 1.3 Where avoidable pressure ulcers are identified as a | JP | Dec 14 | Develop a shared investigation protocol which includes clinical expertise and implement. | |

| | | | | | | |
|--|-----|--|------------|----------|--|---|
| | | | | | | |
| | | possible sign of neglect, these are investigated and protection plans are implemented | | | | |
| | 1.4 | The board is assured in regards to dignity safety and safeguarding, in the NHS, and that the implications arising from the Francis and Saville Reports etc. are being appropriately addressed. | All Health | April 15 | | The Health Providers should report to the board in relation to staffing and how they are addressing complaints and whistleblowing incidents. The Board should be assured by each Health Provider organisation in relation to training awareness and good practice guidance for staff in relation to pressure ulcers and other common issues related to neglect e.g. dehydration. |
| | | | All Health | Jan 15 | | |
| | | | VS | Jan 15 | | Health providers to provide assurance to the Safeguarding Adults User Forum on this objective. |
| | | | All Health | April 15 | | Explore how the Safeguarding Adults Board can get assurance from the Quality & Risk Committee about the performance of Health providers. |
| | | | All Board | April 15 | | Board members to engage with the CCG and participate in Ward walks. |

| | | | | | | |
|----------|-----|---|-------------------|----------|---|----------|
| | 1.5 | Improve the communication between hospitals and care homes to ensure the needs of vulnerable patients are identified and met. | IQICH | Jan 15 | Set up a short term working group of Barnet Safeguarding Board Members to establish a "message in a bottle" or Patient Passport' making use of evidence from existing sites e.g. Leicestershire. | |
| 2 | 2.1 | Improve access to justice for vulnerable adults | All board members | April 15 | The board should receive assurance from all partner organisations that individuals in their care can access information and advice on reporting a crime. | |
| | | | Police | April 15 | Police to review operation of third party reporting sites and provide support to those require assistance. | |
| | | | All Board Members | April 15 | The board should receive assurance from all partner organisations that all workers across the partnership are empowered to access the criminal justice system, ensuring referrals are timely and forensic evidence preserved. | |
| | | | Police | April 15 | Explore the potential to develop a response protocol, including the use of restorative justice mechanisms as an alternative to court proceedings. | |
| | 2.2 | Agree an approach for the use of IT systems (CCTV) as a | CM | July 14 | A discussion paper to be presented to the Safeguarding Adults Board on 30 th July to elicit views, and determine direction and | Complete |

| | | | | | | | |
|-----|---|---|----------|---|----------|-----------------|--|
| | | prevention measure to increase standards of wellbeing and quality provision of care as a pilot project in care homes with liaison with CQC. | | | | future actions. | |
| 2.3 | Audit of Merlin alerts to ensure there is an effective information sharing and response through the safeguarding system. | Police, CMT, SS | Oct 14 | Report to Safeguarding Adults Board in October 2014. | | | |
| 2.4 | Measure any increase in reporting and repeat referrals with detection rates and positive outcomes where there are no criminal charges made. | Police | July 14 | The police to report to the safeguarding board the number of reports, repeat referrals, investigations and prosecutions of rogue trading, disability hate crime and distraction burglary and section 44 offences involving 'vulnerable adults'. | Complete | | |
| | | Police | April 15 | Police to provide assurance to multi-agency workforce development in this area. | | | |
| | | Training Group | April 15 | To review safeguarding investigations training to ensure that this is multi agency and addresses the needs of the adult at risk through a multi-agency approach. I.e. ABE training and access to intermediaries. | | | |
| | | KV | Jan 15 | Renew links with trading standards and environmental health on broader aspects of safeguarding adults such as rogue traders. | | | |
| | | CST / CS strategy | July 15 | Further work on recognition and reporting of disability hate crime including the support of | | | |

| | | | | | | | |
|----------|--|-----|---|----|----------|--|--|
| | | | | | | accessible third party reporting sites. | |
| 3 | Increase understanding of what may constitute as abuse | 3.1 | To increase the number of alerts from members of the public to Social Care Direct. | NS | Dec 14 | See Communications Plan 2014/15 for full details. Provide appropriate messaging for Barnet Borough Watch Alert comms for 800 Neighbourhood Watch coordinators to disseminate. Increase availability of Say No to Abuse (SNTA) safeguarding booklet via more community channels (e.g. service providers, Barnet CCG) Produce and distribute new SNTA A5 flyer and A4/A3 poster to more channels for public display Collate and share case studies for service provider newsletters and Barnet First magazine (doordrop to 35,000 households) Increase outreach to elderly people, e.g. via issuing flyers with home meals service, leaflets at Dementia Cafes, Neighbourhood Services. | |
| | | 3.2 | To increase the level of awareness of the different forms of abuse and where to report abuse amongst vulnerable elderly people through targeted distribution of safeguarding materials. | NS | Dec 14 | | |
| | | 3.3 | To increase availability and accessibility of information and advice about adult safeguarding and reporting through outreach. | NS | Dec 2014 | Seek more opportunities for face to face outreach to the public via community engagement activity such as participation in mass community engagements organised by the police and other community events. | |

| | | | | | | |
|--|-----|---|----------------|-----------|---|--------------------------|
| | 3.4 | To provide appropriate feedback to alerters. | All Board / NS | July 2015 | Communications Team to provide a letter which can be used to advise a person who raised an alert that action has been taken. | |
| | 3.5 | To increase traffic to safeguarding and SAB information on Barnet Online. | NS | Mar 15 | Refresh and brand safeguarding content on Barnet Online; request link to this content from all service provider websites. Produce and promote SAB annual report 2013-14, with key messaging Engage staff in safeguarding work – via BAU and Safeguarding Month. | Complete Complete |

| | | | | | | | |
|---|---|-----|---|---|--------------------------------------|--|--|
| 4 | Improve the understanding of service providers of the Mental Capacity Act and Deprivation of Liberty Safeguards | 4.1 | Health and Social Care Staff have access to information, training and support to forward their knowledge and practice of the Mental Capacity Act in their work. | NS | Oct 14 | Review and publicise materials available to health and social care staff, and family carers to raise awareness and aid implementation of the MCA across all agencies. | |
| | | | | Training Group | April 15 | Refresh our learning and development approach to the workforce on MCA & DoLS, including, formal training, practice forums, supervision. | |
| | | | | SS | Oct 14 | Develop a MCA assessment tool for social care providers to promote best practice in the implementation of the MCA. | |
| | | | | SS | Oct 14 | Plan and deliver a day conference for health and social care providers on MCA and DoLS with the aim of giving information about recent changes following the supreme court judgement, and launching the assessment tool. | |
| | | 4.2 | For community nursing staff to have an understanding of the MCA in their work with patients who refuse to comply with the care that they are offered. | All Health | April 15 | Refresh the NHS learning and development approach for Health staff so they are aware of their responsibilities under MCA in these practice situations. This must include assessment, record keeping in both MCA and Risk Assessment pathway. | |
| | | 4.3 | The Safeguarding Adults Board receives assurance that partner agencies are compliant with the Mental Capacity Act (MCA) and the Deprivation of Liberty | CD & HW All Board All Board | Oct 14 Oct 14 April 14 | Develop an MCA & DoLS audit tool, which can be used by partners to review their compliance with the legislation. Consider how MCA & DoLS can be built into existing partner case file auditing systems. Each partner organisations to review compliance with MCA and DoLS and report | |

| | | | | | | | |
|---|---|--------------------|---|--|--|--|----------|
| | | Safeguards (DoLs). | AS Police MCA Task / Finish | Oct 14 April 15 Nov 14 | progress to the Safeguarding Adults Board The Board to receive and act on reports on the use of IMCA activity. The Board to receive a report from the Police on the number of section 44 offences investigated during the year. Plan and deliver an MCA Challenge Day for social care and health providers where they can receive information and get feedback on their MCA compliance. | | |
| 5 | To ensure that the Voice of the adult at risk stay central to our partnership work. | 5.1 | Adopt the making safeguarding personal framework. | CM Training Group SS SS | Oct 14 Oct 14 July 14 & July 15 Oct 15 | To agree a SAB policy statement on the voice of the adult at risk and the outcomes they seek as the primary driver of our approach to safeguarding. Refresh the training programme, and recording templates in line with this policy statement. Continue to capture the views of people who have experienced safeguarding services and report findings back to the safeguarding adults board for information and action. Consider further developing the user experience interviews to ensure that a wider group of peoples’ views can be heard such as people who lack capacity, carers, care providers etc. | Complete |
| 6 | Ensure implementation of lessons learned from any serious case reviews or | | | TBC | TBC | Develop a procedure for the identification and referral of adult serious case reviews to be considered by the new joint serious case review group. Monitor the delivery of recommendations from | |

| | | | | | | |
|---------------------------|--|--|----|--------|--|--|
| domestic homicide review. | | | KV | Oct 15 | findings from the Stephan and Kara Report taking account of wider implications. Receive assurance from the CCG that IRIS is being rolled out and effectively implemented in GP practices. | |
|---------------------------|--|--|----|--------|--|--|

| Key | |
|-----------------------|-----|
| Chris Miller | CM |
| Jackie Parker | JP |
| Barbara Jacobson | BJ |
| Sue Smith | SS |
| Kiran Vagarwal | KV |
| Neha Shah | NS |
| Vivienne Stimpson | VS |
| Christine Dyson | CD |
| Heather Wilson | HW |
| Liz Royale | LR |
| Community Safety Team | CMS |

This page is intentionally left blank



Barnet Safeguarding Children Board

Annual Report 2013-2014



Contents

Foreward by the Independent Chair

| | |
|--|----|
| 1. Introduction and Executive Summary | 6 |
| 2. Local Demographic Context | 7 |
| 3. Co-ordinating Local Work to Safeguard and Promote the Welfare of Children | 8 |
| 4. Progress against Priorities and Key Achievements 2013-14 | 14 |
| 5. Activity of Sub Groups | 30 |
| 6. Working with the Voluntary and Private Sector | 46 |
| 7. Safeguarding Vulnerable Children and Young People | 47 |
| 8. Managing Allegations against Professionals | 49 |
| 9. Budget | 51 |
| 10. Review of the Effectiveness of the Board | 52 |
| 11. Board Priorities for 2014-2016 | 55 |
| Appendix 1: Board Members | 58 |

Foreward by the Independent Chair

It is a great pleasure to present my first report as chair of the Barnet Safeguarding Children Board (BSCB). On behalf of the BSCB partners I want to express our gratitude to three loyal members of BSCB, all of whom have moved on to new ventures: Tim Beach the outgoing chair and his colleagues, Helen Elliott and Fiona Fernandes. I took up the role of independent chair in December 2013 and since then I have spent a hectic few months getting to know the staff that across the statutory and voluntary sector do so much to ensure the health, wellbeing and safety of Barnet's children and young people. I am glad to say that I have found Barnet's children's workforce to be motivated, determined and skilled at what they do. This report gives an account of what the safeguarding partners have achieved in 2013-14 and also looks forward to 2014-16.

In 2012-13 the BSCB had five key priorities:

- Quality assurance, challenge and scrutiny
- Risk assessment, information sharing and partnership work
- Young people at risk through peer violence and exploitation
- Early intervention
- Learning and development

We can report significant progress for each of these priorities both individually and collectively. Throughout this report you will see further evidence and information that relates to the Board's achievements in these areas. We have also redesigned and streamlined our structure and governance arrangements to improve the way we do business and hold each other to account. We have opened the Multi-Agency Safeguarding Hub where partners work together to share information and assess risks to children. I have been appointed as chair to both the BSCB and the Barnet Safeguarding Adults Board (BSAB) to ensure that links are made between these two crucial areas of safeguarding. We have decided to restructure the way these two boards operate and we have also revised the terms of reference and the purpose of our subgroups. Our restructure reflects the need to improve the way we join up services and develop partnerships.

We have taken positive steps to tackle sexual exploitation of children and now there is a dynamic cross agency meeting with robust oversight of cases where sexual exploitation of children has been identified as a risk.

Early intervention can be the key to solving long-term and complex problems and our strategy is further developed and beginning to make impact. Our numbers of children in need and on child protection plans are lower than they were two years ago and the number of children in care carries on falling. The family nurse partnership continues to deliver excellent results for teenage girls who are pregnant for the first time.

We have worked hard at developing new ways of quality assuring our learning and development to ensure that it is effective, has impact and is aligned to key priorities.

The detailed outcomes are set out in part 5 of this report.

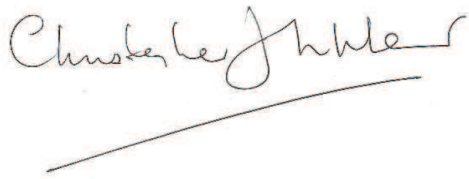
Looking forward, many challenges lie ahead. I first undertook a role on a safeguarding board as a senior police representative six years ago. Since then safeguarding has been more or less continuously in the spotlight as one difficult case seems to follow another. The role of safeguarding boards has become more complex and demanding, possibly because of media scrutiny and government overview. We are now less of a partnership sounding board and much more a strategic body, required to improve practice through organisational co-operation and a mature understanding of what partnership performance data tells us.

This enhanced role which is now the subject of specific inspection by Ofsted offers exciting opportunities and stiff challenges in equal measure. Safeguarding boards now need to show that their combined efforts actually make a real difference to children's lives and to that end Board members are required to be challenging and curious about the role that their partners play in safeguarding and promoting the welfare of children. And so they should. However, that places heavy burdens on partner agencies. It requires them to demonstrate the ability to operate flexibly in deploying resources, to change course, and to have an intelligent understanding of their own data and that of their partners.

I believe that this final point presents Barnet with its greatest challenge. Our many and varied IT systems, individual agency performance data requirements and the on-going budgetary restraints and organisational changes across partners can all militate against getting an insightful and shared understanding of what we can do to make a real difference. Over the next year, we will need to maximise progress with our priorities by ensuring that we analyse our data properly and use this to intelligently inform our work and priorities. The members of the BSCB can only perform their role of holding each other to account if all are sighted on the bigger partnership picture that welcomes challenge and innovation.

Our new Business Plan for 2014-16 comprises 4 clear priorities, Child Sexual Exploitation, E-Safety, Neglect and Domestic Abuse. These all require a co-ordinated multi-agency partnership approach to ensure the early help is secured at the right time in order to secure the best outcomes for the most vulnerable in our society. The strategic approach we have adopted in our Business Plan is to set objectives across the spectrum for prevention of abuse, early identification of abuse, provision of the right intervention and support and disruption and prosecution of perpetrators where appropriate.

Our ambition in adopting this approach is to improve performance in these 4 priority areas across the multi-agency partnership and secure better outcomes for children and families in Barnet. The work of the partnership will include but not be limited to reviewing existing policies and procedures, monitoring and evaluating the effectiveness of existing practices to identify areas for improvement, establishing baselines, analysing local and national data to set smart targets and communicating and raising awareness. We have chosen these 4 priorities because our partnership believes they are the most important issues facing children and young people in Barnet at the moment.

A handwritten signature in black ink, appearing to read 'Chris Miller', with a long horizontal line drawn underneath it.

Chris Miller

July 2014

1. Introduction and Executive Summary

Barnet Safeguarding Children Board (BSCB) is a partnership of a range of organisations that are committed to promoting the safeguarding and welfare of local children and young families in Barnet. We co-ordinate our activities, learn and improve practice so that Barnet's children have the best chances of thriving.

BSCB's key functions are to:

- Co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in Barnet; and
- Ensure the effectiveness of what is done by each person or body for those purposes.

This Annual Report provides:

- An outline of the main activities and achievements of the BSCB partnership and its sub-groups during 2013-14 through its co-ordinated approach.
- An assessment of the effectiveness of safeguarding activities in Barnet.
- Ambitions for future service developments and identification of key priorities.

All BSCB partners have reflected on and provided contributions on:

- How their organisation has improved the effectiveness of their practice in the past 12 months in relation to safeguarding and promoting the welfare of children;
- What they have learned from any reviews undertaken and how that learning has been embedded in day to day practice; and
- Future challenges and steps in train to improve practice.

The emphasis of the work undertaken by the Board and partners continues to move towards effective early intervention and prevention, focusing on promoting the child's wellbeing.

The Board is strongly committed to future strengthening its relationship with other strategic partners, including the Children's Trust Board and the Health and Wellbeing Board.

This report will be presented to the local authority's Chief Executive, Leader of the Council, the Children's Trust Board, the Children, Education, Libraries and Safeguarding Committee,

the Health and Wellbeing Board, the Safer Communities Partnership Board, the Police Borough Commander and other partnership Boards as appropriate.

Any comments about this report can be made to the independent chair or business manager at barnetscb@barnet.gov.uk.

2. Local Demographic Context

2.1 Population: Barnet is the second largest borough by population in London with a total of 375,197 inhabitants of whom 94,940 are children and young people. This is the second largest childhood population of any London Borough and has been steadily growing over the last decade. Almost ¼ of the Barnet population is under 19 years of age. The population is set to grow further as Barnet has experienced an increase in its live birth rate over the past two years that is greater than the London and UK averages. By 2025, the number of children and young people is estimated to grow by 18%. The increase in the child population will place additional demands on health, social care and education.

2.2 Diversity: Barnet's children are a diverse population and getting more so. The ethnicity of children and young people varies by ward. At ages 15-19, 46% of children are from black and minority ethnic (BME) backgrounds but the proportion of BME children steadily increases as the children get younger and for those aged 0-5 it is 54%.

2.3 SEN: In the School Census carried out in January 2013, a total of 59,969 pupils were on Barnet's school rolls. Of these, 6,590 are receiving School Action Support, 3,445 are receiving School Action Plus support and 1,630 have SEN Statements. This makes a total of 11,665 children receiving School Action Support, School Action Plus or with a SEN Statement, just under 20% of the total number of children on the school roll. An additional 285 children in Barnet have a SEN statement and attend schools outside of the borough. The highest numbers of children on the school rolls with SEN are concentrated within the Burnt Oak, Colindale and Underhill wards.

2.4 Disability: Of the 4,860 children on Barnet's maintained school rolls (excluding nursery schools) who have a statement of SEN or are in receipt of School Action Plus support, the main presenting needs are:

- speech, language and communication needs (898 children),

- behaviour, emotional and social difficulties (634 children), and
- autistic spectrum disorders (500 children).

2.5 Deprivation: Barnet is a relatively affluent borough with pockets of deprivation, as measured by the Index of Multiple Deprivation. Barnet has 210 'Lower-layer Super Output Areas' (small areas with about 1700 residents - LSOAs) about which the Government keeps and publishes data for the purposes of decisions on spending and resource allocation. Of these, 30 LSOAs fall within the 30% most deprived areas nationally. These are predominantly located in the west of the borough and no Barnet LSOAs are within the 10% most deprived nationally.

2.6 NEET: not in education, employment or training : Barnet's NEET population at 3.5% of the 16-18 population in 2012 was the lowest compared to its statistical neighbours, and much lower than the London average, which was 4.7%.

2.7 Children's Health and life expectancy: The early health of children is a vital component in their ultimate life chances and, therefore, BSCB examines data that reveals what is happening in the early lives of Barnet's children. The Joint Strategic Needs Assessment 2013-14 notes the concern about the rise of childhood obesity and of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. The health consequences of childhood obesity include increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying. The life expectancy for boys living in Barnet is 80.8, while for girls it is 84.2.

2.8 Infant Mortality, Maternal Smoking and Breastfeeding: Barnet's infant mortality rate at 3.5 per 1,000 live births is lower than in London or England. The percentage of mothers smoking at the point of delivery in Barnet reduced notably between 2007 and 2012 from 14.4% to 5.9%, and now Barnet is in line with the rest of London, which is much better than the rest of the UK. The proportion of Barnet's babies that are breast-fed is high at 80%. This is 10% higher than the UK average and represents a significant increase on the Barnet figure of 2008 which stood at 45%.

2.9 Teen Conception rates: Barnet's rates of teenage pregnancy have been 40% below the national average for the past 15 years and continue to be so; our local rates are now 12 per 10,000 females under 18 compared to a national figure of 27.9 per 10,000.

3. Co-ordinating local work to safeguard and promote the welfare of children

3.1 Barnet Safeguarding Children Board Structure

BSCB is now closely linked with Barnet Safeguarding Adults Board (BSAB). They operate as separate boards but have a series of shared sub-groups tasked with delivering the core business of the Boards. The broad structure is set out in Figure 1, although it is important to note that there is significant activity and co-ordinated effort in the form of evolving task groups, workshops and other partnership meetings that are not captured in this chart (for example MASE, E-Safety Task Group). We have endeavoured to secure membership of partners at the right level at the main board as well as all of the sub groups, task groups and workshops. We have woven into the activity of all groups core principles, namely, securing the voice of the child, sharing information intelligently and effectively and continuously learning and improving.

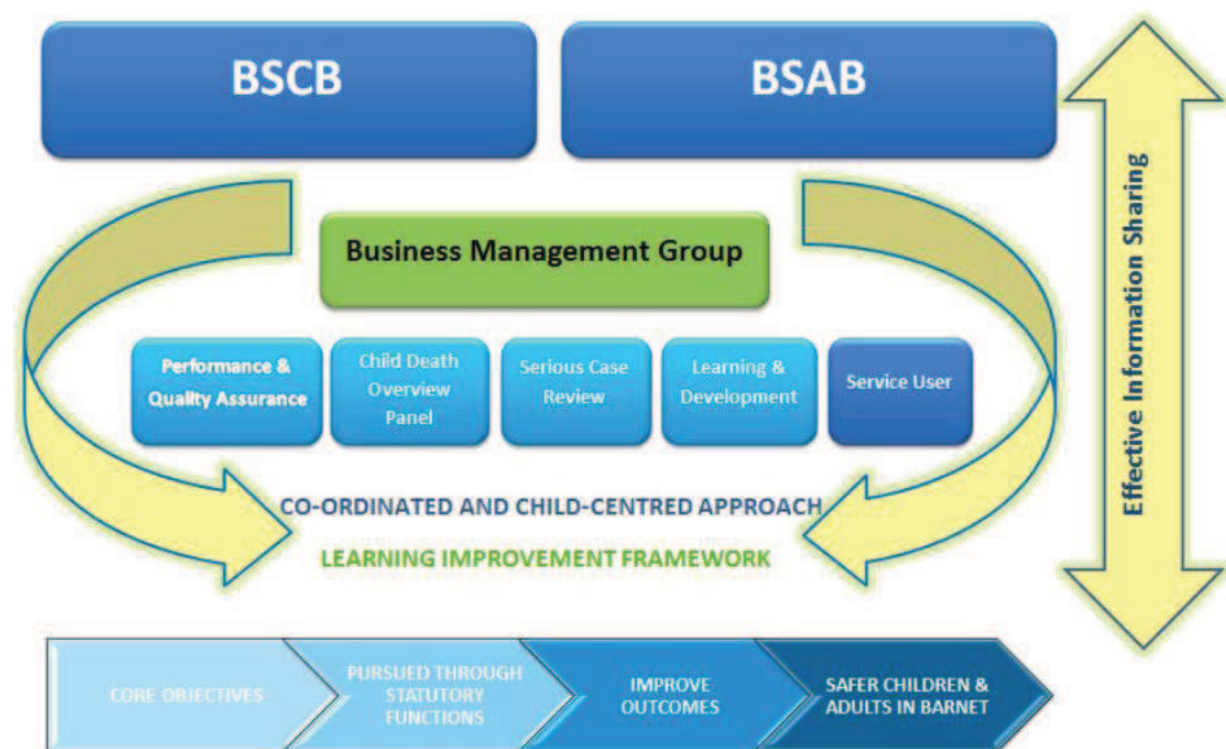


Figure 1: BSCB Structure

Full details of the functions of the board and its sub-groups as well as the links with other boards and accountability are set out in the BSCB Terms of Reference. A very brief summary of the sub-groups is set out below.

The Business Management Group (BMG) is made up of a small number of senior officers from the main board and its job is to ensure that the strategy laid down by the boards is being delivered by partners. It also agrees and monitors spend.

The Performance and Quality Assurance sub-group (PQA) scrutinises partner data and ensures that the BMG and the main boards are sighted on any performance issues and emerging trends. It also oversees audit and review.

The Child Death Overview Panel scrutinises all deaths of children normally resident in Barnet, with a view to establishing whether a death was preventable. The aggregated findings from all child deaths inform local strategic planning, including the local Joint Strategic Needs Assessment. The overall principle of the child death review process is to learn lessons and reduce the incidences of preventable child deaths in the future.

The Serious Case Review sub-group assesses cases to determine whether the criteria for a serious case review (SCR) are met and makes a recommendation to the BSCB chair on whether or not a SCR should be undertaken. It oversees reviews of complex cases which could provide learning for Board partners, monitors and drives progress of action plans from reviews or learning events. It also liaises with the learning and development sub-group to ensure learning is disseminated, embedded and the impact of learning is evaluated and highlights learning from National or other reviews or thematic audits.

The Learning and Development sub-group oversees and ensures the effectiveness of single and multi-agency safeguarding learning and development. This seeks to ensure that our workforce is properly equipped, that we learn from experience and improve our services. All groups are driven by the learning and improvement framework to ensure we continuously learn from experience and improve services and performance as a result.

The **child's voice** is secured in all activities of the Board and sub-groups through representatives from a number of forums including Youth Shield, Barnet Youth Board, the Bobby Panel and the Role Model Army. This ensures that that we have a child-centred approach to everything the Board does. Youth Shield representatives attend the main board meetings and have informed and influenced the priorities and action plans for the year ahead.

Child Sexual Exploitation and Missing Children

The Task Group in 2013 culminated in the establishment of a specialist **multi-agency sexual exploitation group** (MASE) which meets every month and 'Missing Protocols' which were

developed with regard to children missing from home, children missing from care and children missing from education. The BSCB has appointed an experienced CSE Co-ordinator to drive forward the CSE Strategy and MASE, which is both operational and strategic. At the time of writing we are in the process of establishing a strategic sub-group which will have oversight of CSE and missing children. It is proposed that the sub-group will report quarterly to the main board.

MASE's key functions are to maintain robust oversight of cases where child sexual exploitation (CSE) has been identified as a risk, gain a better understanding of the prevalence of CSE in Barnet and to continue to develop expertise in dealing with this problem. The CSE Strategy sets out key information such as the early warning signs, referral pathways, the role of partners in combatting CSE, the intervention and range of support for victims and disruption strategies. MASE reports bi-annually to BSCB on the prevalence of CSE in Barnet, trends and hot spots and the effectiveness and impact of strategies on prevention, early identification, intervention and support for victims, disruption activity and prosecution of perpetrators.

Effective strategies are in place to monitor and help children and young people who go **missing** from home, care or education. 2014 will see the start of regular meetings to ensure that the three strands of missing (home, care, education) are joined up and have a direct line into the MASE group as we are aware that a proportion of missing young people are also at risk of sexual exploitation.

The Service User sub-group reports to BSAB as its membership comprises users of adult services. The child's voice is secured via the mechanisms cited above.

In addition, task groups (for example, those set up in 2013 for E-Safety, missing and CSE) will be established as appropriate to draw on specialist expertise and complete clearly defined projects.

3.2 Governance and accountability

Membership and Attendance: Co-operation and co-ordination of effort are fundamental to a good Safeguarding Children Board. In Barnet, all partners realise the importance of participating and engaging in the business of the Board. To that end we continue to work at ensuring we achieve a high level of attendance in the wide variety of meetings through which we transact our business. Partner attendance at main board and business management group is shown in Figure 2 below. We have made significant progress with securing representation at the right level and attendance and engagement is good. To

ensure we sustain this improvement in 2014-15 we will continue to monitor representation is at the right level as well as attendance.

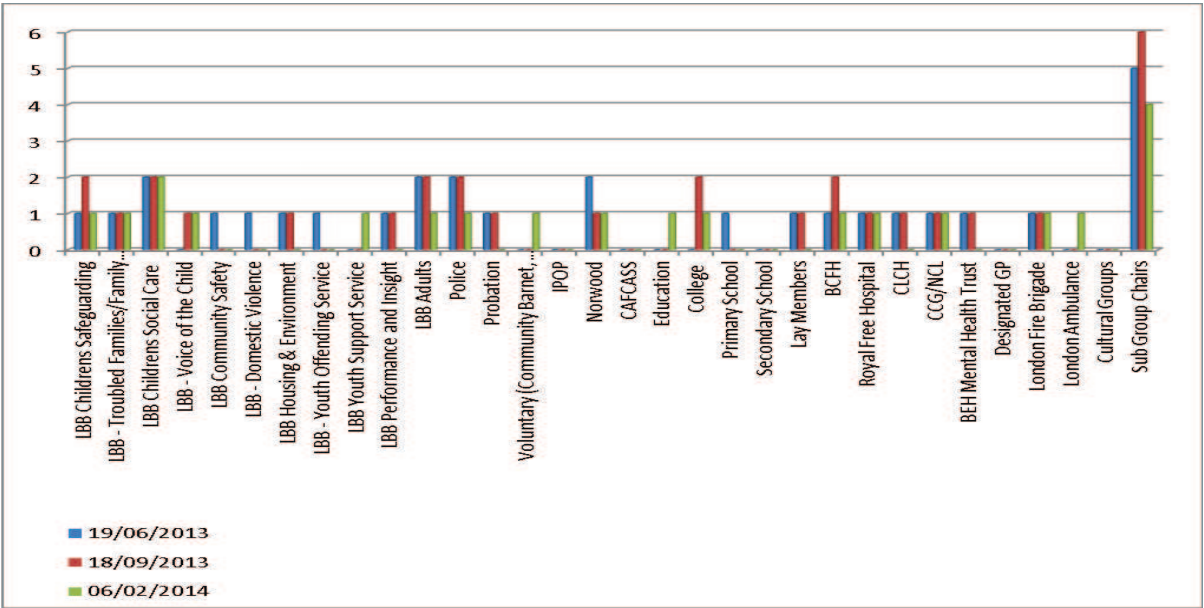


Figure 2: Attendance at Board meetings

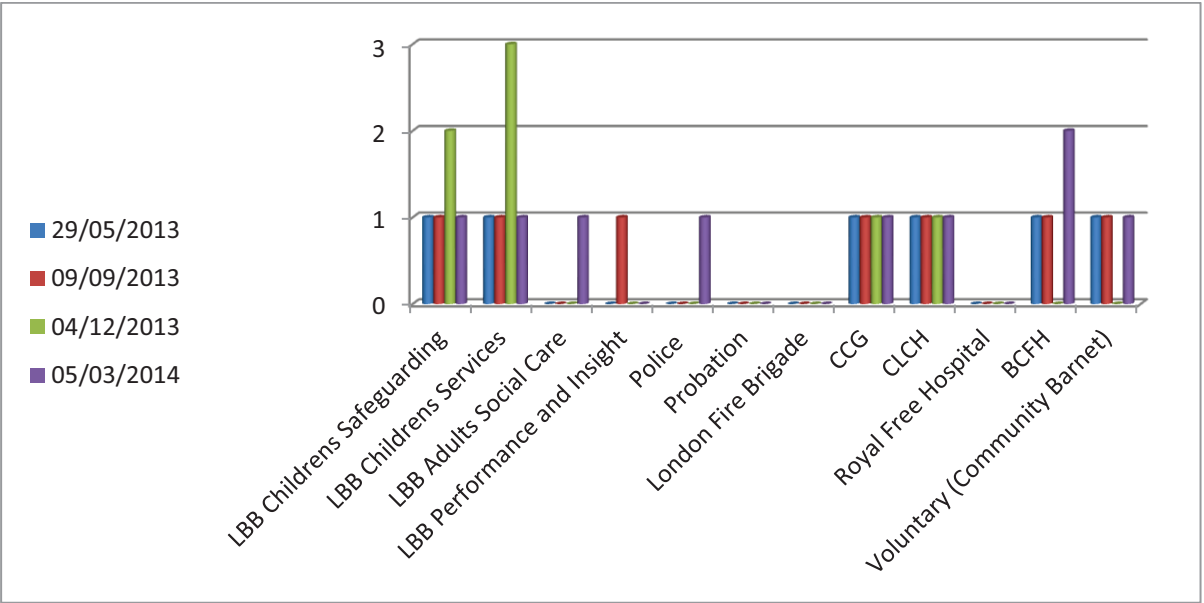


Figure 3: Attendance at Executive Board / Business Management Group

A Development Day was held on 18 December 2013 in place of the Board meeting and a subsequent half day convened on 29 January 2014 to examine the existing structure and design and inform the new structure and terms of reference of the board and sub-groups.

The objective was to improve and ensure the effectiveness of the Board, align children safeguarding with adult safeguarding, refine the structure and membership to make it more effective and efficient, reduce the need to attend multiple meetings by having fewer and shorter meetings where appropriate, introduce the new independent chair to all partners and facilitate good discussion to secure ownership of how the board will progress going forward.

The Executive Board ceased to function at the end of the relevant financial period in 2014. Following the restructure of the Board and sub-groups, the Business Management Group (BMG) was established. The BMG serves both safeguarding boards for children and adults and held its first meeting in March 2014.

To strengthen membership, we have reviewed the structure and composition of the Board and its subgroups and reviewed and updated the terms of reference. Our new structure launched in 2013-14 fosters closer links between BSCB and BSAB. There is much cross over activity between the two boards as children's welfare is often compromised by adults who should be caring for them but are in fact themselves very vulnerable. We believe that our restructure will enhance our chances of making a difference and deliver lasting improvements.

We also now have two lay members for the Board who bring the public voice into our discussions. As representatives of the local community, they also ensure that what we do is subject to independent lay challenge, can offer alternative perspectives, share experience and discuss good practice. We have strengthened education members and in 2014-15 will secure attendance of Head Teachers for special, primary and secondary schools at a range of board and sub-group meetings. We have secured attendance from CAFCASS at 2014-15 board meetings and voluntary sector representation at a range of meetings, including the main board. We have seen a significant improvement in attendance by our named GP and designated doctor who are enthusiastic, engaged and provide informed insight at the main board and sub-groups.

Business planning: As well as revising our structure another priority for 2013-14 was to develop a Business Plan that identified the key safeguarding priorities for all partner agencies. Through this we will deliver improvements to children's safety and wellbeing.

We held facilitated workshops to inform and develop objectives for the 4 priorities. The BSCB priorities for 2014-2016 are the 4 most important safeguarding issues it perceives concerning children in Barnet. The Business Plan for 2014-16 sets out these priorities, smart

objectives and will evolve as the year progresses in response to emerging trends, analysis and local and national policy and statutory requirements.

Communication strategy: Sharing learning from the work of the Board. We are keen to ensure that what we do and what we decide is known to the wider children's workforce and so following each Board meeting we publish the minutes on the BSCB website and circulate a newsletter to all partners and schools which provides for the quick dissemination of key information. Our learning and improvement framework will ensure that as a partnership we continuously learn and improve to secure better performance, services and outcomes for children and families in Barnet.

4. Progress on priorities and key achievements in 2013-14

In our 2012-2014 Work Programme the Board identified the following 5 priorities:

- Quality assurance, challenge and scrutiny
- Risk assessment, information sharing and partnership work
- Young people at risk through peer violence and exploitation
- Early intervention
- Learning and development

BSCB partners have all contributed to this report in relation to the above priorities on how their organisation has improved the effectiveness of their practice in the past 12 months in relation to safeguarding and promoting the welfare of children in Barnet, what they have learned and how that learning has been embedded and what they perceive as future challenges. Full partner responses are available upon request and we have highlighted below their key achievements and outcomes against the objectives set in the work programme for the reporting period. Each priority is addressed in turn:

Quality assurance, challenge and scrutiny

What we said:

We would further develop scrutiny of BSCB in monitoring and evaluating the effectiveness of safeguarding activity across the partnership so that children and young people in Barnet are safe from abuse, neglect, violence and sexual exploitation.

What we did:

Through the activity of the board and sub-groups we provided challenge, had informed discussions and held each other to account. The PQA kept oversight of audit activity, whilst the SCR sub-group and CDOP retained oversight of complex cases and child death reviews to ascertain what we could do differently and how we can improve our performance. Below we have set out how partners contributed to developing the scrutiny of the BSCB in monitoring and evaluating the effectiveness of safeguarding activity and improved practice as a result. Individually and collectively, we have secured improvement in processes that have a direct positive impact on children and families in Barnet.

Local Authority, Children's Social Care: We have made quality assurance central to our work. We have a quality assurance team based in our safeguarding division and have completed a large number (over 800) of case file audits as well as a number of in depth themed audits aligned to the board priorities or highlighted by the board or its subgroups. We include all our services in quality assurance including early intervention services and we have commenced an in depth evaluation of the M A S H to assess impact and identify areas for improvement. Having trained and involved team managers in qualitative self-auditing and having re-designed the file audit form, we now have a more comprehensive quality assurance framework. Our new audit programme includes consulting the family as part of nearly every audit that is completed. Our quality assurance programme includes all staff from Director to all practitioners.

We have improved the quality of assessments. The Single Assessment form was designed taking into account learning from other authorities who had already implemented the process and also the views of front line practitioners, with a focus on hearing the child's voice and analysing their experience of their world rather than just gathering information.

We also have more robust management oversight of assessments. Although the Single Assessment process can take up to 45 days, we have implemented a 10 day management oversight requirement to improve assessment planning and avoid drift.

Local Authority, Youth Offending Team (YOT): The HMIP Inspection regime has been redesigned and the YOT was inspected in June 2014. The HMIP found that there had been a significant improvement in performance in all aspects of the work of the YOT since the previous inspection in September 2011 and was 'confident that Barnet has a well performing YOT'. There is a significant focus on the experience of service users of agency involvement and outcomes for young people and we have developed a more targeted 'needs led approach' to specifically address aspects of safeguarding within the delivery of

our programmes. Governance has been strengthened and clear links established between the YOT and the BSCB which will continue to secure effective monitoring and evaluation.

Barnet Clinical Commissioning Group (CCG): The CCG Safeguarding team continues to seek assurance from all local health providers regarding their compliance with Children's Safeguarding Outcomes agreed within the North Central London framework. The team holds a bi-monthly Safeguarding Children Advisory Group (SCHAG) which is attended by safeguarding leads for all directly commissioned health services for children across Barnet. There is also representation from some independent services for children who are commissioned by NHS England and by the ambulance service. The group has both an assurance and a supportive function for these professionals.

The Designated safeguarding Professionals and CCG Quality team have worked with the Royal Free team to ensure that the acquisition of Barnet and Chase Farm hospital does not impact on the safeguarding needs of the local child population.

In addition, the Care Quality Commission (CQC) are in the process of carrying out reviews nationally of how health services keep children safe and contribute to promoting the health and wellbeing of looked after children and care leavers. This review process began nationwide on 30 September 2013 and will run until April 2015. The reviews focus on:

- Evaluating the quality and impact of local health arrangements for safeguarding children.
- Improving healthcare for children who are looked after.
- They will check whether healthcare organisations are working in accordance with their responsibilities under Section 11 of the Children Act. This includes the statutory guidance, Working Together to Safeguard Children 2013.

The Director of Quality and Safety Barnet CCG resourced an independent consultant to audit health provider input to CQC planning. It is anticipated that this review will be further developed in Autumn 2014 with a cross health audit of a child's journey.

Barnet and Enfield Mental Health Trust (BEHMT): Every fortnight we meet with social care to discuss complex cases involving child and adolescent mental health problems, to ensure proper progress. Further information with regard to this development is set out below on page 25.

Metropolitan Police: We have improved our response to Domestic Abuse through a 'Be the Victim's Voice' approach and delivering training to all front line staff. Body worn cameras have been introduced to capture initial evidence and support cases where the victim's (including children) maybe too frightened to support a prosecution.

CommUNITY Barnet: CommUNITY Barnet has a close working link with Safe Network (see below on page 21) which has strengthened challenge and contributions to audits. We have also been workstream leads on a couple of Serious Case Review Learning Events disseminating learning and good practice to the wider sector and we have secured funding for a pilot to improve parenting skills for adults whose children are assessed to be at risk.

Royal Free Hospital: We continue a rolling audit of management of children in the emergency department. This is the highest risk area for failing to identify both children who may be at risk of harm and also adults who present a risk to children.

Central London Community Healthcare NHS Trust (CLCH): School nursing and community nursing have IT friendly tablets to give children the opportunity to give feedback on our services.

Barnet and Chase Farm Hospital (BCFH) Acacia project: This project has enabled us to identify vulnerable women early in pregnancy to ensure specific and appropriate support to facilitate better outcomes for unborn and infants.

London Fire Brigade: Both safeguarding polices (Adults at Risk and Safeguarding Children) are currently under review by the central community safety development team. Work is underway to update data transfer methods and compile a centrally held safeguarding referral database which will identify safeguarding trends pan London and those who have been previously referred.

Risk Assessment, Information Sharing and Partnership Work

What we said:

We would seek to develop tools and protocols to promote improved information sharing, risk assessment and partnership working, including support for development of MASH.

What we did:

By maintaining a strong commitment to the continuous improvement and challenge through oversight we have supported and improved frontline safeguarding practice. Partners' involvement in the development of MASH has contributed greatly to improving

these three key issues. The Partnership's understanding of thresholds is guided by the multi-agency Threshold Policy which outlines levels of need. Embedding thresholds is supported by the work of the Multi-agency Safeguarding Hub (MASH), the Multi-agency Support Team (MAST) and the Multi-agency Groups (MAGs). MASH went live in Barnet in August 2013, bringing together a variety of agencies into an integrated multi-agency team, where they share intelligence on vulnerable children and families. Together they decide on the appropriate level of intervention, making use of their shared expertise. The hub is firewalled, keeping MASH activity confidential and separate from operational activity, providing a confidential recording system. This process allows research on repeat referrals and analysis of emerging need. Agencies that make up the MASH are the Police, the local authority's Children's Social Care Service, Family Support and Early Intervention Service, Education, Health, Probation, Housing, Adult Mental Health, SOLACE and the Westminster drug project.

The Local Authority, Children's Social Care (CSC): We have made significant progress in these areas including being one of the key MASH partners. We have introduced the new Single Assessment to ensure consistency of approach to cases that are allocated and a high quality assessment for each family. We have delivered specialist assessment and analysis training to the majority of social care staff and managers. Going forward we will evaluate the impact of the new assessment and training to continuously improve our learning and processes.

We have also established and jointly facilitated with the police the Multi Agency Sexual Exploitation (M A S E) meetings which has greatly improved information sharing and risk assessment of children at risk of sexual exploitation.

We have also strengthened our representation at M A R A C by ensuring that Children's Social Care are represented at each meeting with detailed research to aid planning and risk assessment.

Our key achievements include:

- a) MASH which is now fully operational with a clear business process and Information Sharing Agreement in place.
- b) Partnership work with Adult Mental Health: Regular meetings take place between managers across CSC, Early intervention, CAMHS and Adult Mental health to discuss joint working and learn from case examples. A conference for all staff took place in

January 2014 to promote understanding of safeguarding children living with parents with mental ill-health.

- c) Partnership work with Welfare Reform Task Force: The early identification of families affected by welfare reform and the sharing of key information has assisted in preventing homelessness and safeguarding children.
- d) Risk Management Panel: This continues to take place fortnightly and offers social care practitioners a space to share concerns with senior managers and to be both challenged and supported in managing risk.

The Local Authority, Education and Skills: The team has fully supported and co-operated with MASH enquiries by providing information on education, identifying schools, parents and their contact details, gathering information from schools, alerting MASH of any issues identified on education data systems or by schools and contributing to MASH meetings. Our protocols for children missing from education and children missing from school are well embedded and the fortnightly pupil placement panel and the weekly excluded pupils' placement panel are well attended to facilitate effective and speedy risk assessments and decision-making. We work effectively with schools, the police, children's social care teams (including looked after children, family focus) and the pupil referral unit to ensure each partner properly understands their role and responsibility with regard to children missing from school and with regard to children who are moving schools, children who are moving areas and are not allocated a school place or children notified to us by the Home Office. Upon receiving a report from a school we conduct immediate home visits and work with the police to secure a 'safe and well visit'.

Metropolitan Police: We have widened the remit of the Safer Schools Police Officers so that all secondary schools are now covered by a nominated officer who will be present at the school on at least one day a week (tier system created based on risk to decide how many days a week an officer is present). The positive impact of this has been very evident, for example by their very useful intelligence gathering and direct work with victims of sexual exploitation discussed at the MASE meetings.

Barnet Clinical Commissioning Group (CCG): NHS England is now responsible for the commissioning of Primary Care Services, however, in light of the high level of importance the CCG places on the Safeguarding of vulnerable children and adults Barnet CCG have continued to provide safeguarding children training for Barnet General Practices. This training plan has been discussed at the Clinical Quality Review Committee and a decision has been made that due to the possible risk to children and young people within Barnet of a

Primary Care practitioner failing to identify risk to a child that the CCG would continue to support training by the CCG safeguarding team.

Local Authority statistics show improved General Practitioner engagement in the Child Protection Case Conference process. The numbers of General Practitioners providing reports for case conference has improved. This follows a large scale piece of work by the Barnet CCG Safeguarding Team in conjunction with social care and Local Authority Safeguarding Administration Managers. Invitations to Child Protection case conferences are now being sent directly by secure email to General Practitioners. This is in response to the fact that previous issues raised pertained to late receipt of invitations.

The Barnet CCG Safeguarding Team has worked both regionally and locally to ensure guidance for registration of children at General Practice surgeries acknowledges the need to be assured that they are protected and possible vulnerabilities recognised.

The Barnet CCG Safeguarding Team has worked with staff within the Barnet Multi-agency Safeguarding Hub to improve its communication with the General Practice population and to raise awareness across the General Practice population regarding requirements for timely information sharing with the Hub.

The Barnet CCG Safeguarding Team has worked to raise the profile of the need to recognise signs and possible evidence of a child having experienced or being at risk of experiencing Female Genital Mutilation. Work is on-going regionally and nationally regarding health response to this issue.

Barnet and Chase Farm Hospital (BCFH): Development and improvements in Accident and Emergency Department and Urgent Care Centre and exclusive multidisciplinary psycho-social meetings. These developments have improved communication and information sharing to safeguarding children.

Central London Community Healthcare NHS Trust (CLCH): Working with our partners CLCH achieves high level of compliance in regard to participation in multi-agency forums and meetings. We secured 100% compliance at MARAC, MAPPA and MASE. Attendance at initial and review case conferences was 89%.

Probation: In the past 12 months London Probation Trust has had a dedicated probation officer assigned to the Multi Agency Safeguarding Hub (MASH). They attend the hub on a once weekly basis and are the single point of contact for all enquiries at any other time

during the week. Due to the multi-agency nature of this role the probation officer has been able to work alongside other professionals in identifying and planning safeguarding actions and strategies on live cases and cases of concern.

Royal Free Hospital: We have made amendments to the self-referral process for women into maternity services to ensure that we get correspondence from the GP which includes any safeguarding concerns.

Youth Offending Service: Monthly multi-agency High Risk and Deter & Serious Youth Violence Panel meetings, at which Social Care is represented, address the needs of young people known to the YOS who are assessed as presenting a high risk of vulnerability. There is representation at a senior level from YOS at the MASE meetings to ensure that links between serious youth violence and sexual exploitation are identified and dealt with at the earliest opportunity through a co-ordinated approach.

CommUNITY Barnet: We played an active role in establishing the Multi-Agency Sexual Exploitation Network to increase the voluntary, community and charity sector's knowledge and awareness about sexual exploitation and also to share information they may have about the victims, perpetrators and locations of CSE. We have close working links with the national Safe Network (a partnership venture between Children England and the NSPCC) to promote shared safeguarding standards across the sector and we have entered into an agreement to be their ambassadors within the borough. This activity and up skilling of the sector will consolidate a coherent practice across the sector thereby enabling it to contribute more effectively to Section 11 Audits.

Youth and Community: We have improved effectiveness as part of the working group with the new MASH team creating access to daily contact with the youth team. We regularly attend the MASE meetings as many of the young people discussed are known to youth services or may be referred to them post MASE discussion.

Barnet, Enfield, Haringey Mental Health Trust (BEHMHT): Information is now collected and logged routinely on Rio from all adult mental health patients as to whether they care for children to inform risk assessments. Our lead psychiatrist and clinical social worker also provide 3 weekly consultations to social workers in the children's social care duty and assessment and children in need teams on complex cases to provide professional input at an early stage as to whether CAMHS should be engaged or whether the case should be referred to the specialist safeguarding clinic. This early information sharing and partnership

working has resulted in securing early help and better outcomes for children and families in Barnet.

Young People at risk through peer violence and exploitation

What we said:

We would focus on peer to peer violence including gangs, sexual exploitation, anti-bullying and e-safety.

What we did:

One of the board's objectives was to embed a local protocol for sexual exploitation and build capacity of multi-agency staff to engage in prevention. We have continued to address the increasingly high profile risk relating to child sexual exploitation and young runaways. A Sexual Exploitation task group drove this forward in 2013 and reported to the Board in January 2014. One of the key outcomes was the launch of MASE (the multi-agency sexual exploitation group) to understand the prevalence of CSE in Barnet and maintain robust oversight both strategically and operationally. At the time of writing this report, MASE has met on 6 occasions. MASE analyses emerging trends with regard to victims, runaways, perpetrators, links to gangs, hot spots as well as impact and effectiveness of interventions. It will report to the BSCB on the prevalence of CSE in Barnet, trends, effectiveness of strategies in place on prevention, early identification, intervention and support for victims, disruption activity and prosecution of perpetrators. The board now has a CSE strategy which is being finalised at the time of writing and will be driven forward by a CSE co-ordinator working across all partner agencies at a strategic and operational level. The CSE co-ordinator is funded by the board as part of a pilot scheme.

In addition, the local authority is participating in a local area audit and working closely with the MsUnderstood Partnership which will further inform the development of CSE, a continuing board priority for 2014-16. MsUnderstood is a partnership between University of Bedfordshire, Imkaan, and the Girls against Gangs project with the aim of addressing young people's experiences of gender inequality. The project will deliver a 3 year programme of work on peer-on-peer abuse: teenage relationship violence, peer-on-peer exploitation, and serious youth violence. In addition to developing local responses to peer-on-peer abuse, the findings of this work will be used to inform the 'MsUnderstood participation programme: engaging young women and young men to influence the policy and services that affect their lives' and National Government policy on violence against women and girls, child protection and safeguarding, and youth justice. The Home Office and the Youth Justice Board sit on the MsUnderstood Expert Advisory Panel.

The Task Group developed an Action Plan for E-safety and put steps in train to drive this multi-agency project forward. E-Safety is a board priority for 2014-16 and work has commenced to build on the foundations in place and deliver the objectives set in close liaison with the Barnet Partnership School Improvement Team, primary and secondary schools, Youth Shield and the voice of the child co-ordinator.

Local Authority, Children's Social Care: We have been key in setting up the MASE meetings and attending the monthly youth violence meetings. Work has begun with our early intervention services to develop a specialist response to young people exiting gangs and being involved in serious youth violence and sexual exploitation. We are determined to better help these young people by offering intensive services at an earlier stage and to do that we need workers skilled and specialist in these areas. We have agreed spot purchasing of specialist services to help young people who are very heavily involved in peer-to-peer violence and exploitation. We have delivered training to equip our staff to better deal with these issues.

We have ensured that serious youth violence and exploitation have had the strategic attention required to commission the right services to meet the growing needs through establishing the Youth Crime Prevention Strategic Partnership Board, chaired by the Assistant Director for Early Intervention and Prevention, and involving a wide range of local partners in the development of an action plan and key indicators to measure our success in reducing youth violence and gangs.

Local Authority, Youth Offending Service (YOS): Having made peer violence and exploitation key priorities, an inspection in June 2014 reported that our "well performing" service was making progress on these issues. The service was said to have made significant improvement since its last inspection in 2011, with some key strengths identified as: strategic leadership on gangs, supportive partnership work to protect the public from risk of serious harm; management of vulnerability issues; young people's involvement in their assessment and plans; and enforcement of court orders. The monthly multi-agency High Risk and Deter & Serious Youth Violence Panel meetings has informed the "keeping young people safe" (KYPs) project, which facilitates proper risk assessment and strategies regarding some of the most vulnerable young people known to the YOS. In order to reduce the number of young people identified in the gang matrix, we developed a joined up and co-ordinated approach to serious youth violence, including a joint Local Authority action plan and increase intervention input from Police and the Targeted Youth Service.

Local Authority, Youth and Community: Informed by problem profiling from the monthly multi-agency High Risk and Deter & Serious Youth Violence Panel meetings, we established

a pilot programme called ‘Keeping Young People Safe’ (KYPS) in Burnt Oak and surrounding areas with focused work using youth work and case workers working alongside police, housing, health and local community groups aimed at reducing youth violence, and reducing the risk for children exiting gangs and affected by sexual exploitation in one geographical area. One of the workers will be solely dedicated to CSE.

Police: We have introduced processes, along with a specific Met-wide unit to investigate cases of Child Sexual Exploitation (CSE) and provided training on recognising and responding to the signs of CSE, to all front line staff. Together with the local authority we established the Multi-Agency Sexual Exploitation monthly meeting to provide the best possible joined up response to those at risk. Together with our partners, we implemented a Gangs Strategy and an operational group and developed a Gangs ‘call-in’ programme for prevention and introduced gangs workers into key hotspot areas in the borough.

Barnet and Chase Farm Hospital: Development of links with the regional Chronic Sexual Abuse clinic at University College Hospitals Foundation Trust. This has improved services and training and outcomes for children.

Central London Community Healthcare NHS Trust (CLCH): ‘Prevent’ is part of CLCH mandatory training that is delivered to all staff. Prevent referral pathways and additional information is found on the CLCH intranet HUB Safeguarding Team pages.

Early intervention

What we said:

We would promote and evaluate a model of early help for children and families which reduces demand and cost. We tasked the Executive Management Group (as it was then) to undertake a review of Family Focus and IFF (as it was known then) with a view to reducing numbers of children at the higher tiers of intervention (including children in care) and better targeting of interventions. Working Together 2013 sets out the importance of early help for children and BSCB must have greater oversight in monitoring and evaluating the impact and effectiveness of early help provision.

What we did:

Developing the “Early Help” Agenda: We all know that early identification and the offer of the right support can prevent needs from escalating and can reduce longer term problems developing. Through Barnet’s successful partnership, we have a range of early help and early intervention services including the thirteen Children’s Centres, the delivery of the

Family Nurse Partnership (FNP) which offers intensive support to every first time teenage mother in the Borough, the Safer Families project which intervenes in families where domestic abuse and conflict is a feature of their lives, but who do not reach the threshold for social care, intensive key worker interventions and collaborations with other agencies using a 'whole family' approach.

Local Authority, Children's Social Care: MASH was launched in August 2013 which was a significant achievement for all partners. It has strengthened information sharing between partners, and therefore, properly equips the front door to provide a better assessment, apply thresholds consistently and embed a better understanding of thresholds. This has led to cases being referred to appropriate services more efficiently, for example, being signposted to early intervention services at the right time. A comprehensive evaluation of M A S H in its first 12 months is underway to ensure we understand the impact and identify areas of good practice as well as areas for improvement. The report will be presented to BSCB for further challenge.

The local authority's **Early Intervention and Prevention Service**, aligned to the Board's priority developed its early intervention and prevention strategy based on a needs analysis and service analysis using local data. This will underpin a remodelled early help offer. The strategy identified 3 guiding principles for how good early intervention should be done and 8 key themes around the problems most likely to drive poor outcomes for children and families in Barnet. We developed an analytical framework to measure success of the strategy in terms of performance around the Common Assessment Framework (CAF). We have modelled tangible cash savings and cost avoidance linked to early intervention work. Work as part of the transformation programme is seeking to redesign our early help offer in line with this evidence, with full implementation in the next financial year 2015-16. In particular, we are working on a redesign of the family support service (Intensive Family Focus), a recommendation of the BSCB last year. We have also carried out an extensive Early Years Review, which will lead to a new model for children's centres and health visitors in particular, with the aim of improving early identification and support for the most vulnerable families to reduce demand for longer term, more costly interventions later on.

Local Authority, Youth Offending Service (YOS): There is a greater focus on more creative ways of working with and engaging young people and families and a Home Visits policy was re-launched; this ensures that young people are regularly visited in their homes, in the presence of a parent/guardian to facilitate an improved assessment of living arrangements and family circumstances.

Local Authority, Youth and Community: The library service has been running a fresh round of staff training for new recruits. The intention is for all staff working for the service to have attended one half-day session.

Barnet and Enfield Mental Health Trust (BEHMHT): We have a number of initiatives by working in partnership with the local authority that have successfully diverted children and families from the higher tiers of intervention. The 3 weekly consultations with the local authority duty and assessment and children in need teams will identify complex cases to be referred to our specialist safeguarding clinic. The key outcome from this specialist safeguarding clinic is that we have successfully worked with a number of families by devising highly individualised programmes to improve their parenting skills, secure early help and prevent escalation. Another example of working in partnership, sharing information and securing early help is the protocol we have in place in line with pan London procedures with regard to children referred to A&E who have self-harmed, overdosed or have suicidal ideation. These highly vulnerable children are admitted to hospital, referred to CAMHS and the local authority and a joint assessment involving a CAMHS clinician and clinical social worker is undertaken without delay to evaluate risk and inform speedy, sound decision making with regard to next steps and lead agency. The clinician social worker from CAMHS also provides advice and guidance to all CAMHS clinicians (including family therapists, child psychiatrists, child psychologists, art therapist) with regard to any safeguarding issues and referrals to MASH in order to secure early intervention and prevent drift in cases.

Barnet Clinical Commissioning Group (CCG): By working closely with local GP practices and ensuring guidance is accessible, children are protected and vulnerabilities recognised at an early stage. Communication with GPs has improved information sharing with MASH to inform proper risk assessment and decision-making. We are now striving to achieve a coherent and co-ordinated response to Female Genital Mutilation and securing early help at the earliest opportunity.

Police: We have trained all Police Community Support Officers to be able give presentations at primary schools in relation to child safety issues.

Barnet and Chase Farm Hospital: The Acacia project identifies vulnerable women early in pregnancy and secures specific and appropriate support to facilitate better outcomes for unborn and infants.

Central London Community Healthcare NHS Trust (CLCH): The Family Nurse Partnership (FNP) is a service CLCH delivers in Barnet. FNP is a service of intensive visiting by a nurse

which is targeted to young pregnant women (20 years and under) and continues until the child is 2 years. The service is evidence-based and results in positive outcome for these young mothers and their children: increased uptake of immunisations, registration with GP and health services, increased rate of breast feeding, reduction in child accidents, improved maternal mental health and self-esteem and better outcomes in terms of children meeting their developmental milestones.

Royal Free Hospital: We have evidenced an increase in Domestic Violence screening throughout parts of the Trust. The appointment of an IDSPA (Independent Domestic and Sexual Violence Advisor) from Camden Safety Net has strengthened the support for both patients and staff.

CommUNITY Barnet: We have close working links with the national Safe Network (a partnership venture between Children England and the NSPCC) to promote shared safeguarding standards across the sector and we have entered into an agreement to be their ambassadors within the borough. This activity and up skilling of the sector will consolidate a coherent practice across the sector thereby enabling it to contribute more effectively to Section 11 Audits.

Learning and Development

What we said:

We would strengthen the BSCB role in promoting learning and development across the partnership.

What we did:

The Learning and Development sub-group led on this objective and was tasked with ensuring there is appropriate safeguarding training and development provided across the partnership, mapping provision and developing a quality assurance framework for assessing the impact of training delivered. The Learning and Development sub-group has ensured that the workforce across the partnership has access to quality learning and development opportunities that will enhance their practice and enable them to properly discharge their safeguarding responsibilities. The board maintains a local learning and improvement framework which is shared across the partnership working with children and families.

Local Authority, Children's Social Care: We provided a comprehensive programme of learning and development in 2013-14. In total, 1447 participants across the multi-agency partnership accessed a variety of safeguarding training courses in this period. The highest

take up came from Education with 398 participants (28%) followed by the statutory sector with 305 participants (21%). Participants from the private sector total 273 (19%) and those from voluntary sector total 205 (14%). BSCB in partnership with the Child Protection Company has secured 12,000 licenses for a varied range of on-line safeguarding courses across the partnership.

As a lead in the learning and development sub-group we introduced a comprehensive mechanism for quality assuring all safeguarding courses in Barnet to inform the validity and rationalisation of safeguarding courses in the workforce development programme.

Going forward all new and existing courses will be regularly quality assured to ensure that they are fit for purpose. Our training is aligned to the multi-agency priorities in the BSCB Business Plan 2014-2016 as well as emerging national and local issues such as FGM in order to continue to raise awareness across Barnet.

In addition, **Children's Social Care** has embedded the following:

ADAM (Assessment of disorganised attachment and maltreatment): A significant number of practitioners across CSC and the Early Intervention and Prevention Service have been trained to use tools to assess disorganised attachment. This includes direct work with children and interviewing techniques with parents. An ADAM Practitioners group meets regularly (normally monthly) to share experiences and encourage use of the tools. The tools provide a means to assess attachment and the positive impact is that there is now a clearer focus on direct work with children and securing their voice in case planning.

ASYE (assessed and supported year in employment): All newly qualified social workers who join CSC are now participating in a robustly assessed first year in practice, with provision of mandatory training and off-line mentoring. We have strengthened our assessment tools and social workers at the completion of the AYSE will have demonstrated compliance and development against 9 key social work competences.

Local Authority, Education & Skills: We confirm that Child Protection Training for Schools (Level 1) has been delivered as follows:

- Whole school staff trained in 11 settings this academic year (2 in the private sector)
- 2 in house school staff trained to deliver CP Training Level 1
- Updating presentation to reflect changes

- Communicating the MASH process to schools
- Ensure staff are aware and can utilise their child protection and safeguarding procedures
- Sharing of knowledge of different types of abuse and signs and symptoms of abuse to raise awareness

Local Authority, Youth Offending Service: The Barnet Restorative Justice Co-ordinator is working towards developing the service Barnet offers to victims and in expanding the use of Restorative Justice between young people and their victims. We are aiming to contact 100% of victims and engage at least 20% in restorative justice interventions.

Police: We trained more staff who have then gone on to undertake mentoring of year 11 students at 2 schools, provided training on recognising and responding to the signs of CSE to all front line staff and trained all Police Community Support Officers to be able give presentations at primary schools in relation to child safety issues.

Barnet Clinical Commissioning Group (CCG): Training for Primary Care Practitioners has been adapted in response to local and national reviews to include medical responses to issues of neglect and raising awareness of the risk to vulnerable young people of online chat rooms and social media and also research evidence of risk to children and young people of domestic violence both from adults and from young person to young person. Going forward we will inform and be informed by the work of the board on these priority areas and continue to learn and improve our knowledge and practice to safeguard children.

Barnet and Enfield Mental Health Trust (BEHMHT): Risk and Safeguarding information recorded systematically for all new patients and updated regularly. Youth and Community Casework reviews have led to clear identification of 'gaps' within the borough provision for further preventative programme delivery. We reviewed data protection policies and practice and implemented changes to day-to-day practice.

CommUNITY Barnet: One of our key pieces of learning over the past 12 months has been the importance of cascading findings and recommendations from Serious Case Reviews to the voluntary and community sector and more importantly to build their confidence and capability when they are presented with children or families with challenging behaviour. In a recent review involving a family and the local church, both parties welcomed CommUNITY Barnet's involvement in the process but more importantly, said that they had felt empowered and had more confidence during the process as a result.

Royal Free Hospital: Learning from a Serious Incident in 2012 has changed the practice in the Emergency Department and the weekly meeting and enthusiastic engagement from the multi-disciplinary team has embedded and carried forward significant service improvement.

Probation: There has been a large increase in home visits undertaken on cases currently known to probation. This has been to the great benefit of probation officers and being able to get a deeper understanding of service users' lives, this is especially important if a service user has a child who is known to social services. Probation officers will often arrange joint visits with social workers which is excellent for joint working and discussing any concerns.

Central London Community Healthcare NHS Trust (CLCH): Deceptive compliance – staff have been alerted to the issue of deceptive compliance and how this can lead to drift in cases. We have improved our practice through formal training sessions and in safeguarding supervision.

5. Monitoring the effectiveness of local work to safeguard and promoted the welfare of children:

Activity of Sub-groups

The work of the board is driven forward by the Business Management Group and largely delivered by its sub-groups and task groups. The key achievements of these groups are set out below:

5.1 The Executive Group (now known as the Business Management Group)

This Group focused on the following areas:

- CSE: It highlighted CSE in Gangs and Groups in May 2013 and identified that although training was being delivered more needed to be done. It proposed that the Metropolitan Police chair the Missing and Sexual Exploitation Task Group, that we learn from other London Boroughs piloting new strategies and utilise police analysts as in other areas to gather and analyse intelligence. The Task Group then drove forward the CSE strategy which is being finalised at the time of writing.

- Learning from National SCRs and local SCIE Reviews: Learning is routinely shared and has informed the work of the BSCB and learning and development. The group kept robust oversight, drove forward the Action Plans and held partners to account. A key outcome is improved attendance of children at child protection case conferences and securing the child's voice in case planning and service provision. Other recommendations include clarification on how feedback is given to referrers and a set of workshops led by a forensic psychologist on personality disorders and disguised compliance.
- Budget: Close monitoring resulted in funds being carried forward to 2014-15 as a result of provision having been made for serious case reviews, which was not required. Significant contributions of £35,000 and £32,000 respectively were made to Youth Shield to fund specific safeguarding projects and to the local authority's workforce development team to commission safeguarding training for Board partners.
- Audit activity: The s11 audits were completed in 2013. In particular, the methodology for schools was developed in order to secure a representative sample (to include special, primary, secondary and Ofsted assessed 'good' as well as 'requiring improvement').
- Datasets: The group's oversight led to analysis of numbers of health visitors in Barnet, GP attendance at child protection case conferences and submission of GP reports at conferences. This resulted in an improvement in GP engagement, in particular, by securing a new designated doctor for the board and a large scale piece of work by the Barnet CCG Safeguarding Children's Team in conjunction with children's social care and the local authority safeguarding administrators.

5.2 Performance and quality assurance group

Performance management and quality assurance framework

Dataset: trends

A dataset collated by children's social care was analysed by PQA at each meeting to scrutinise and maintain robust oversight of performance to inform reports to the Executive Meeting and the main board on the partnership's ability to challenge and drill down into the 'story behind the data.' The dataset *included* but was not limited to contacts and referrals through the 'front door' (subsequently MASH), safeguarding and child protection (including

an oversight of child protection case conferences), 'looked after children', children leaving care, core assessments completed within 35 days, s47 enquiries initiated and numbers proceeding to child protection case conference, referrals to CAMHS and the number of CAMHS assessments, GPs invited to and their attendance / submission of reports at child protection case conferences and social care case allocation.

This analysis resulted in reviewing our processes to secure better attendance of children at child protection case conferences and how statutory visits were recorded on the Children's Social Care case management system (ICS). We also reviewed the threshold document and maintained oversight for commissioning single, multi-agency and thematic audits or deep dives (for example, children who became subject to a child protection plan for a second or subsequent time or children who remained on a child protection plan for longer than 2 years).

This dataset provided great insight on the local authority's performance, however, the sub-group's analysis and evaluation going forward requires all partners to provide datasets aligned to the board's priorities in order to be better placed to advise the board on impact of strategies, quality of performance and areas for improvement. The revised datasets are aligned to the new Business Plan 2014-16 priorities: Neglect, Child Sexual Exploitation, Domestic Abuse and E-Safety.

Audit activity

In the latter part of 2013 the Performance and Quality Assurance sub-group of the BSCB commissioned a multi-agency review using the SCIE methodology on a case that involved a number of children who had been exposed to long term neglect and domestic abuse from adult family members and friends. The multi-agency action plan was monitored by the SCR sub group and held to account by the board. The learning from this case led to practice changes including, how we can improve on existing practices to secure the child's voice, share information, apply thresholds and undertake reflective supervision. We also delivered interactive learning events based around this case and other local case reviews. Our business plan for 2014-16 directly reflects what we need to do to improve. In particular, in our new business plan we have tasks to improve our processes concerning information sharing, dealing with thresholds for neglect and managing families where domestic abuse is committed by women and peers as well as men.

Our rolling programme of multi-agency training events delivered by our partners will ensure that learning from local audits and reviews is captured and disseminated to partners, that areas for improvement in practice are identified and changes are applied and embedded to

improve performance and that the impact of learning is evaluated. The events to date have been well attended by multi-agency partners and feedback has been very positive.

S11 Audits

In 2012 the board agreed that section 11 audits will be conducted biennially and for consistency the revised format developed by the London Safeguarding Children Board would be used. 20 agencies completed the audit and the methodology and overview report was presented to the Performance and Quality Assurance sub-group which will hold each agency to account on completing outstanding actions.

The audit was based on the 8 requirements as follows:

- Senior management commitment to the importance of safeguarding and promoting children's welfare
- Clear statement of the agency's responsibilities towards children, available for all staff
- Clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children
- Service development that takes account of the need to safeguard and promote welfare and is informed, where appropriate by the views of children and families
- Staff training on safeguarding and promoting the welfare of children for all staff working with or (depending on the agency's primary functions) in contact with children and families
- Safe recruitment procedures in place
- Effective inter-agency working to safeguard and promote the welfare of children
- Effective information sharing

Outcomes

In general, the returns were of a better quality than in previous years and there was a high degree of compliance with all 8 requirements. Where standards were partially met, actions have been identified to improve effectiveness. These are set out in the overall review report and partners will be held to account at the Performance and Quality sub group and partner challenges sessions in 2014. The auditing process was itself audited by the Local Authority's Internal Audit team as satisfactory and steps are in train to complete the recommendations to improve this going forward.

All schools were not included in the initial s11 audit, however, it was agreed that the forward plan will prioritise a school focused self-audit that would provide a snapshot of safeguarding compliance in schools. An audit was sent to a dip sample of 12 schools, of which 5 completed the audit.

As referred to on page 16 above, the CQC will review whether healthcare organisations are working in accordance with their responsibilities under s11 as well as compliance with Working Together 2013.

The next phase must incorporate audit of contracted services and voluntary and independent sector organisations.

In addition, a multi-agency child's journey audit was commissioned by PQA and partners will be held to account on outstanding actions in the challenge sessions to be held in 2014-15.

Inspections

The HMI Inspectorate of Probation (HMIP) undertook an inspection of the local authority **Youth Service** in July 2014. Inspectors examined cases that were live for the relevant period of this annual report (April 2013 to March 2104). The inspection found that an initial assessment of vulnerability and safeguarding was well done in 16 of the 20 sample cases inspected and that there were suitable plans to manage safeguarding and vulnerability in 18 out of the 20 cases inspected. The report finds that there is consistent evidence of good multi-agency practice working with children's social care including joint planning meetings undertaken as required. All case managers were aware of local policies and procedures as well as the rights of looked after children.

5.3 Learning and Development sub-group

The Learning and Development sub-group oversees and ensures the delivery and effectiveness of safeguarding training and development. Like all sub-groups, it reports quarterly to BSCB, which provides further challenge and scrutiny. BSCB's learning and improvement framework seeks to further strengthen and support this learning culture across all agencies in Barnet who work with children and young people. The group liaises with the SCR and PQA sub-groups to ensure that the programme reflects emerging national such as FGM and honour-based violence as well as local issues raised by members such as safeguarding for people who are non-verbal. It also ensures that a variety of methods are used to disseminate learning from single, multi-agency, systemic or themed audits and

there is continuous learning in order to genuinely improve services and equip our workforce to improve children's outcomes.

For 2013-14 the subgroup's key priorities were:

- To seek assurance that good quality training is accessible across partner agencies and identify gaps and emerging areas of need;
- To consider how we assure the quality of training delivered and impact on practice;
- To collaborate with pan London training initiatives and promote use of available resources, for example, the faith and cultural toolkit;
- To respond to BSCB priorities, including dissemination of learning from case reviews.

As well as driving forward the above training, the Learning and Development sub-group is a key driver in raising awareness, promotional activities, organising speakers and events such as the Board's annual Safeguarding month each November.

Assurance and impact

The subgroup devised a template for quality assuring training events, quality assured a number of courses and devised an impact assessment questionnaire to establish to the effectiveness and impact of training. The quality assurance exercise has found the six courses it has reviewed to be of a good standard. The group also evaluated the impact of the personality disorder training and how this should be updated going forward. The learning and development team produce high quality analysis of all individual training courses as well as a full analytical overview report.

Resources

Following initial negotiations in July 2013, the group has secured e-learning with the Child Protection company with access to 12,000 on line courses which cover core safeguarding training and information. This training is available to all staff in the partnership's workforce for children as well as schools who can then make it available to parents.

We have also recently agreed unlimited licences for child sexual exploitation online training which will be available to all partner agencies in 2014-15. Available across the children's work force these on line courses present significant potential to improve our training opportunities. Take up of these courses has started slowly but is accelerating as awareness of them increases. Work is being undertaken to build in online training as part of staff inductions.

We will continue to collaborate with pan London training initiatives to ensure that our approach to learning and development is in line with national standards, new policies and emerging issues.

Partner attendance at multi-agency training

An extensive range of safeguarding training is delivered by a range of projects and services. The scope and variety of the training we offer can be seen at www.barnetscb.org/downloads/download/20/training. It is designed to reflect our priorities as well as to deliver core skills training for professionals working with children and young people.

The range and depth of multi-agency safeguarding training is captured in the spreadsheet on pages 37-38 and attendance by partners demonstrated in Figure 3 on page 39. 21 different courses as well as an online child protection courses are available to our partners and a total of 74 courses were delivered in this reporting period. The 2 courses that secured the highest attendance are the Introduction to Safeguarding and the Legal Framework for Safeguarding. The online safeguarding training also secured a good multi-agency response.

It is important to note, that in addition to the training offered on a multi-agency basis, individual agencies conduct safeguarding training as part of their profession's specific induction and development. In recognition of this, the BSCB works with single agency trainers when designing the BSCB training program to ensure the training schedule compliments rather than replicates training provided in the Borough. In 2014-15 we will develop a single mechanism that captures all multi-agency safeguarding training delivered individually and collectively.

Future priorities: In 2014-15 BSCB will undertake quality assurance testing of this single agency training to ensure that all the children's workforce are well equipped to do their work. Training will be aligned to the board's multi-agency priorities.

| COURSE TITLE | No of courses | Adults | CAM HS | Education | Higher Education | Hospital/ Provider | Housing | Mental Health | Health (CLCH) | Police | Probation | Private | Statutory | Voluntary | Youth Sector | Total |
|---|---------------|--------|--------|-----------|------------------|--------------------|---------|---------------|---------------|--------|-----------|---------|-----------|-----------|--------------|-------|
| Child Protection and Parental Mental Health | 1 | | | 3 | | | | | 6 | | | | 3 | | | 12 |
| Child Protection and Neglect | 2 | | | 7 | | | | | 5 | | | 5 | 17 | 2 | | 36 |
| Domestic Violence (Level 1: basic) | 4 | | | 6 | | | 15 | | 6 | | 1 | 2 | 15 | 17 | 1 | 63 |
| Domestic Violence Risk Identification Tool Briefing | 2 | | | 12 | 1 | | | | 1 | | | | 13 | 3 | | 30 |
| Domestic Violence (Level 2:in depth) | 4 | 1 | 8 | 12 | | 1 | 6 | 2 | 8 | | | 2 | 17 | 11 | | 68 |
| Equalities and Diversity in Practice | 2 | | | 1 | | | | | 2 | | | 4 | 10 | 2 | | 19 |
| Identifying and Responding to Young People at risk of Sexual Exploitation | 2 | | | 2 | | | | 1 | 4 | 2 | 2 | | 15 | 3 | 2 | 31 |
| Learning from Serious Case Reviews | 1 | | 1 | 4 | | | | | 1 | | | 1 | 7 | 3 | | 17 |
| Managing Allegations against Staff | 6 | | | 28 | 2 | 4 | | 2 | | | | 34 | 28 | 3 | | 101 |
| MARAC | 7 | 3 | | 6 | 1 | 24 | 5 | 1 | 9 | | | 2 | 10 | 9 | | 70 |
| Safeguarding: Introduction | 12 | | | 72 | | 3 | | | 8 | | | 70 | 38 | 71 | 4 | 266 |
| Safeguarding Children with Disabilities | 2 | | | 2 | | | | | 3 | | | 2 | 13 | 10 | | 30 |
| Safeguarding Children affected by Gang Activity and/or Serious Youth Violence | 2 | | | 2 | | | 1 | 1 | 1 | | | 1 | 25 | 3 | 1 | 35 |
| Safeguarding and CP for professionals with designated responsibilities | 5 | | | 87 | 1 | | | | 2 | | | 25 | | 3 | | 118 |
| Safeguarding: Legal Framework for Practice | 12 | | 2 | 66 | | 7 | | 5 | 65 | | | 34 | 28 | 34 | 2 | 243 |
| Safer Recruitment (Transport only) | 1 | | | | | | | | | | | 14 | | | | 14 |
| Safer Recruitment Workshop | 2 | | | 15 | | 4 | | | | | | 2 | 6 | 8 | | 35 |
| Sharing Information to Safeguard Children | 3 | | | 6 | | | | | 2 | | | 6 | 19 | 4 | 1 | 38 |

| COURSE TITLE | No of courses | Adults | CAM HS | Education | Higher Education | Hospital/ Provider | Housing | Mental Health | Health (CLCH) | Police | Probation | Private | Statutory | Voluntary | Youth Sector | Total |
|--|---------------|----------|-----------|------------|------------------|--------------------|-----------|---------------|---------------|----------|-----------|------------|------------|------------|--------------|-------------|
| Speech, Language and Communication Needs (0-5yrs) | 1 | | | 5 | | | 1 | | | | | 5 | 5 | 2 | | 18 |
| Supervising Child Protection and Avoiding Dangerous Practice | 1 | | | 5 | | | | | | | | 2 | 1 | 4 | | 12 |
| Working with Young People at risk of Sexual Exploitation | 2 | | | 3 | | | | 3 | 4 | | | | 20 | 4 | 4 | 38 |
| On-line Child Protection | unlimited | | | 54 | | 2 | | | 9 | | | 52 | 15 | 9 | | 141 |
| TOTAL | 74 | 4 | 11 | 398 | 5 | 45 | 28 | 15 | 136 | 2 | 3 | 263 | 305 | 205 | 15 | 1509 |

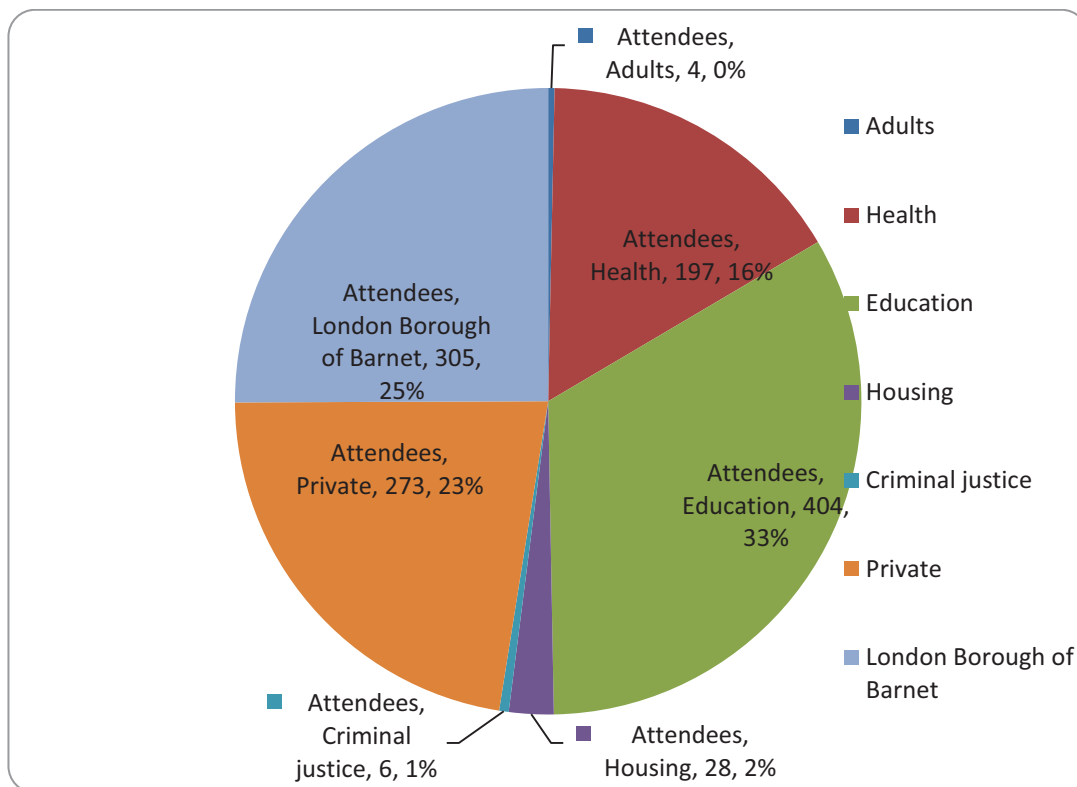


Figure 3: Attendance at L&D events

5.4 Serious Case review sub-group

During the reporting year, the group met on 4 occasions. It considered whether a SCR should be initiated in a complex case, drove forward 2 SCIE Learning Reviews commissioned by the group, considered and developed the scope and timelines for a further SCIE Review subject to legal advice and pending court proceedings, reviewed draft reports to be presented to the main board and developed and drove forward action plans. It considered recommendations following evaluation of the impact of the personality disorder training. The workshops and consultations were well received and the board will continue to monitor and evaluate the impact of the same on day-to-day practice.

The group arranged SCIE Foundation Training in June 2013, which was well received by attendees. SCIE learning events were discussed and multi-agency learning events were subsequently delivered in 2014 to disseminate the learning from the 2 SCIE reviews. Going forward it was agreed that the range of systems models, including root cause analysis should be considered. The key findings from the SCIE reviews were:

- hearing the voice of teenagers
- role of supervision
- relationship between the statutory and voluntary agencies
- communicating the role of supervision in the voluntary sector
- the involvement of the disabled children's team
- hearing the voice of children from outside agencies
- use of the escalation process
- construction of relevant child protection / children in need plans for older children
- convening and reviewing children in need meetings
- drafting and use of chronologies

The group drove forward these actions to ensure processes were reviewed and amended appropriately and learning disseminated. The threshold document was reviewed and presented to the board and training on drafting chronologies rolled out. It also led discussions and held subsequent briefings on key messages from Working Together 2013 and discussed the role of the National SCR Panel.

The group also liaised with other SCR sub-groups with regard to cases in Hertfordshire, Newham and Enfield with regard to child deaths in their area and potential learning for Barnet. A Health IMR in respect of one case has been tracked to ensure we capture and disseminate relevant learning in Barnet.

5.5 Child Death Overview Panel (CDOP)

BSCB has procedures in place to ensure there is a co-ordinated response by the local authority, partners and other relevant persons whenever a child normally resident in Barnet dies

Findings from all child deaths are aggregated to inform local strategic planning, including the local Joint Strategic Needs Assessment, on how best to safeguard and promote the welfare of children.

In cases of sudden or unexpected deaths we have a rapid response by a group of key professionals from across all the agencies whose job it is to deal with immediate issues, care for the family and undertake early investigation and review the circumstances of the death. In the vast majority of such cases there is a coroner's inquest. Between April 2013 and March 2014 CDOP was notified of 21 deaths of children who were resident in Barnet of which 4 were sudden unexpected deaths.

In the same period, the Panel reviewed 16 cases (6 male and 10 female) to determine whether the deaths were preventable. Of the 16 cases reviewed, one case could not be categorised as the family resided abroad and the death occurred whilst they were visiting family in Barnet. 12 of the cases reviewed were categorised as not preventable. In 3 cases, the panel concluded that there were grounds to believe that if only some people had known more, behaved differently or been better advised those deaths may not have happened. A set of learning points and recommendations including training in disease management and updated guidance, clear pathways and escalation process were provided by the panel to the relevant paediatric team and Trust Medical Director.

The number of cases reviewed was a significant reduction on the previous year's figure of 28. Most noticeable was the fact that of the 16 deaths, 13 of the children were aged one year or less.

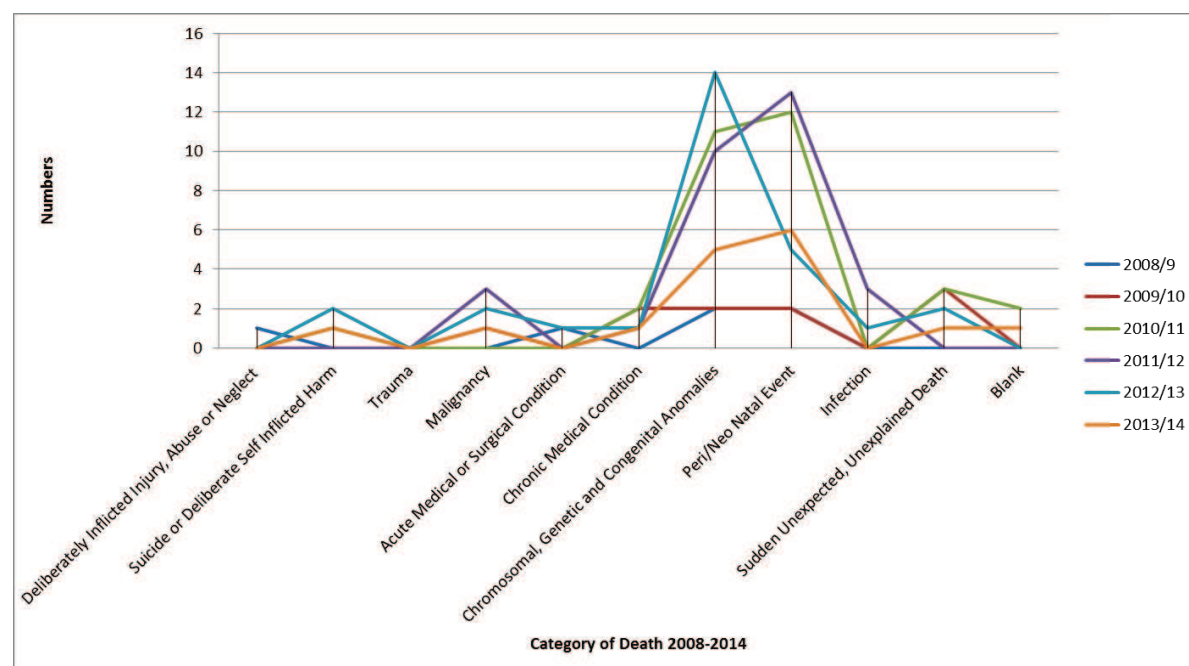


Figure 4: Numbers and Categories of child deaths in the last 6 years

Figure 4 provides the overview of numbers and categories of deaths since data has been collated by the BSCB. Over the years the pattern has remained constant. There is a notable increase in chromosomal, genetic and congenital anomalies and peri/neo natal events between 2010-11 and 2012-13 which declined again in 2013-14.

CDOP completes a statutory return annually to the Department for Education. It includes all completed child death cases which have been signed-off by CDOP, on-going CDOP reviews, all serious case reviews associated with completed CDOP reviews and notifications of deaths of children normally resident in Barnet, but who died in another LSCB area. Further analysis of the number and categories of deaths in Barnet will be considered within the context of local and national developments. An ongoing concern, which we appreciate is also a national issue, is the inability to secure the attendance of the coroner at our meetings. We will strive to secure engagement in 2014-15.

5.6 Missing and Sexual Exploitation Task Group

The Task Group brought together professionals to advise on and drive forward the strategy on missing and sexual exploitation. It had a number of outcomes:

- development of Missing Protocol for children 'missing from care' and children 'missing from home'
- close liaison with colleagues in education with regard to the 'missing from education' protocol
- Risk Assessment Matrix pilot for making referrals and for CAF cases linked to sexual exploitation and gang violence and child protection cases
- Developing a summary document of the Warning signs, raising awareness of publications such as "If only someone had listened" Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups and the accompanying flowchart.
- Liaising with the Learning and Development sub-group with regard to training for the children's workforce
- Discussion and review of the MAP meetings

The Task Group culminated in the establishment of **MASE** (multi-agency sexual exploitation panel) which had its first meeting in January 2014 and at the time of writing has held 6 meetings. The Terms of Reference include:

- considering all referrals for children and young people generally up to the age of 18 or up to the age of 25 if the referral involves a care leaver or a child in transition in which case representation from the Adults' service will be considered,
- taking a proactive multi-agency co-ordinated approach to tackle child sexual exploitation (CSE) by focusing on prevention, early identification, intervention and support for victims, disrupting activity and prosecuting perpetrators,

- establishing a baseline and maintaining robust oversight of the prevalence of CSE in Barnet, activity patterns and effectiveness of interventions by tracking, monitoring and reviewing cases referred to MASE
- exploring and resolving cross border-issues, close liaison with CSC with regard to looked after and or missing children,
- sharing best practice, analysing data and intelligence to identify trends and inform disruption strategies.

The first MASE biannual report will report on the emerging big picture in Barnet based on intelligence and practice in the panel's first 6 months.

5.7 E-Safety Task Group

Recognising that the internet plays an integral part in our children's lives, the group was formed to establish a baseline and raise awareness of live e-safety issues and the importance of keeping a pace with rapidly changing technology. It produced a draft action plan and secured commitment from agencies and professionals. Foster carers had similarly raised learning and development issues and had requested training in order to properly safeguard and protect children online. The Group liaised with the local authority's workforce development team with regard to the safer Carer Policy and how to engage more disparate groups including respite carers for children with disabilities. The E-Safety checklist for schools was updated with guidance notes and an article placed in the school circular.

Importantly, the BSCB website was updated with useful information on e-safety for both children and young people and parents, carers and professionals. As well as providing useful information it signposts readers to helpful links including but not limited to CEOPS (Child Exploitation and Online Protection Centre) : <http://www.thinkuknow.co.uk/>, <http://ceop.police.uk/>, and other informative sites for children and parents, carers and professionals such as Childline: <http://www.childline.org.uk/Explore/OnlineSafety/Pages/OnlineSafety.aspx>, and Parents Protect: http://www.parentsprotect.co.uk/internet_safety.htm.

Work commenced with the Barnet Partnership for School Improvement (BPSI) with regard to training for all primary and secondary schools in Barnet including the varied methods for example travelling workshops, peer-to-peer support / cyber mentoring, school ambassadors and theatre groups. BPSI has an extensive training programme on offer for all schools which covers e-safety extensively.

The Board has selected E-Safety as a priority and a detailed action plan in the Business Plan 2014-16 has been developed in consultation with colleagues from the Task Group. By working closely with BPSI, the board will co-ordinate efforts to improve the effectiveness of safeguarding in this area.

5.8 Involving Children and Young People in the Work of BSCB

The Child's Voice is central to our work and learning within the BSCB and is now a standing item on all of our agendas. We aspire to foster a culture where the Child's Voice is central to all safeguarding practice in Barnet. During 2013-14, BSCB has undertaken and supported a number of projects with children and young people to gain an understanding of their experiences of Barnet's services and their concerns regarding the safeguarding issues that affect them. We have a number of ways in which children and young people in Barnet make their views known.

Barnet Youth Board : Barnet Youth Board is made up of representatives aged 13-19 (up to 25 for young people with disabilities) from Barnet's schools as well as community and faith groups / clubs. Its purpose is to be the voice of young people in Barnet, to have a say in and influence decisions and local policies that affect young people, to promote and celebrate the achievements of Barnet Youth Board and young people and to support the work of Barnet Members of UK Youth Parliament and influence national policy. This year they have worked with the Role Model Army and the Local Authority Children's Service Complaints Officer to redesign our complaints handling system. All local authority workers now have 'business cards' which they can give to children and young people with their details and those of the Complaints Team.

The Role Model Army www.rolmodelarmy.org.uk

Role Model Army (RMA) is the name given to the Children in Care Council. It is a team of children and young people from different backgrounds advocating for, providing support to and representing the views of young people in and leaving care aged 14 - 21 years old. The Junior RMA comprises of children in care aged 8 to 13 who specifically advocate for, provide support to and represent the views of 8-13 year olds.

The RMA and Junior RMA:

- provides young people aged under 21 in and leaving care the opportunity to have a say on decisions that affect them;
- seeks to ensure the care Barnet young people receive is the best possible;
- represents the views of children and young people in the care system;

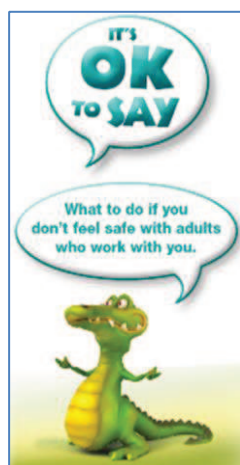
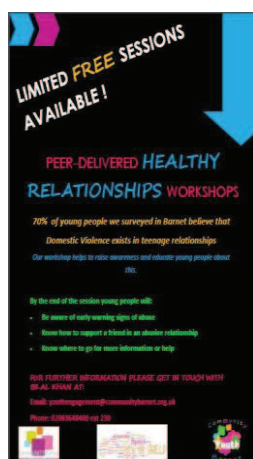
- provides on-going support to children and young people involved with the group to contribute to the community through volunteering, and
- empowers children and young people in care to reach their full potential.

The Bobby Panel

This is a participation panel for children aged 8-13 years old. There are members from different schools and clubs across the borough of Barnet and they provide a voice for children and young people. They meet every school holiday, and are consulted on improving services for young people. Members are also encouraged to develop and work on their own projects within their schools and clubs utilising the skills they develop as a panel in the holidays.

Youth Shield

Youth Shield is Barnet's very well-regarded Youth Safeguarding Panel that has won an award at the London Safeguarding Children Board and was commended for its work at the full council meeting. It plays an active role on the BSCB, enhances the effectiveness of the main board, sub-groups and task groups and provides challenge to the main board to 'up its game' across a wide variety of issues. Its members attend BSCB meetings and introduce the child's voice right into the heart of the Board's business. They also run a number of peer-to-peer surveys to inform decision-making on wider strategies, peer-to-peer training and peer led workshops that offer help and advice where non-peers can have little impact. E-safety, healthy relationships, domestic violence and relations with the police are areas where Youth Shield has shown leadership. Their active involvement in safeguarding has strengthened the platform for children and young people in Barnet.



In March 2014, Youth Shield oversaw a survey of Barnet's young people and their feelings of safety when online. Over 4,400 people responded and while only 12% felt unsafe, 30% of respondents wanted better information and were interested in attending an online safety event. BSCB has responded to these issues by adopting e-safety as one of our priorities for 2014-16.

Figure 5: Peer delivered "Healthy Relationships" Workshop and Complaints Handling Leaflets designed By Barnet's Young People

5.9 Faith and Cultural Group

The group was chaired by the Borough Commander and worked with a range of groups including CommUNITY Barnet, faith groups such as Britsom, the Boys Clubhouse and the London Chinese School to raise safeguarding awareness. The group made links with the Jewish and Somalian communities and compiled a directory of ethnic, faith and religious organisations in Barnet. Barnet is a diverse borough and in 2014-16 this directory will be utilised to communicate and raise awareness of safeguarding issues, particularly Female Genital Mutilation (FGM), CSE and e-safety. The sub-group was discontinued following the board's re-design of all its sub-groups at the development days on 18 December 2013 and 29 January 2014. The rationale was that that faith and culture will be woven into the work of all sub-groups as opposed to having a stand-alone sub-group. This work will be led by CommUNITY Barnet representatives attending the board and sub-groups as appropriate.

6. Engaging the wider community in safeguarding: work with the Voluntary and Private sector

Voluntary organisations and private sector providers play an important role in delivering services to children and young people in Barnet. They need to have in place the same arrangements to reflect the importance of safeguarding and promoting the welfare of children as the public sector. This includes a clear line of accountability for the commissioning and or provision of services, a senior lead at board level on safeguarding, a culture of listening, information sharing arrangements, a designated safeguarding lead, safe recruitment practices, proper supervision and training of staff and clear policies in line with the local authority's LADO for dealing with allegations against people who work with children.

CommUNITY Barnet and its dedicated Children's team supports, promotes and co-ordinates an effective voluntary and community sector in the Borough and offers a range of information, advice, training and consultancy services that meets local requirements.

Harnessing voluntary and community engagement and influencing and informing policy, practice and priority areas, the work of CommUNITY Barnet is recognised as a valuable partner and contributor of BSCB. As well as attending the workshops that have informed the business plan for 2014-2016, the members are committed to safeguarding and have regularly attended the main board meetings as well as the Performance and Quality

Assurance sub-group, Learning and Development sub-group, and MASE (multi-agency sexual exploitation panel). Where the voluntary and community sector or faith groups have had involvement with a case as a service provider they will also be involved in any proposed review commissioned by the Serious Case Review sub-group to ensure lessons are learned and cascaded.

7. Safeguarding vulnerable children and young people: focus on priority groups / activity

Children in Need and Children in Care

In 2013-14, the Performance and Quality Assurance Sub-Group (PQA) received a dashboard from Children's Social Care with key data with regard to children in need and children in need. This included the following:

- Contact to Referral
- Initial Assessment
- Core Assessment
- S47 Enquiries
- Number of Children not made the Subject of a CP Plan
- Children becoming the Subject of a CP Plan for a Second/Subsequent Time
- Number of Children the Subject of a CP Plan for 2 years or More
- Missing from Care
- Number of Child Deaths
- LSCB Training Courses
- Serious Knife Crime
- Number of Allegations Against Multi Agency Staff referred to LADO
- Number of Care Proceedings

The PQA analysed this data to identify emerging trends and dive deeper as appropriate, for example, the group identified a case where the children had been subject to a child protection plan for more than 2 years and commissioned an audit. The findings triggered changes in practice to improve performance, which are being driven forward in the Neglect Action Plan in the board's Business Plan 2014-16.

In February 2014, the Board agreed the updated version of the CAF Threshold document to reflect the changes made at the front door, i.e. the launch of MASH. The board requested bi-annual updates on MASH and scrutiny of MASH data to ensure its effectiveness. An evaluation report on progress in MASH in the first year is due to be presented to the board in the latter part of 2014.

Missing Children

Missing children are discussed at the PQA quarterly and key changes reported to the board. The work of the Task Group on Missing and Sexual Exploitation is set out on page 42 above. The board discussed the Association of Chief Police Officers (ACPO) report in June 2013, which had a new definition of a missing person, distinguishing 'missing' from 'absent'. The BSCB Missing From Care Protocol and Risk Assessment Tools written in conjunction with Barnet Misper (Missing Persons Unit Barnet Police Jigsaw Team) were reviewed by the Task Group. The protocols will be further developed in 2014-15 and reported to the board to ensure there is a joined up strategic approach with regard to missing children, child sexual exploitation and gangs. From the operational groups in practice (MASE and KYPS) we have seen that there is a clear link between vulnerable children who have been missing, who are at risk of sexual exploitation or have been sexually exploited and on occasion affiliation with gang members.

Child Sexual Exploitation

The work of the Task Group on CSE led to the establishment of MASE to maintain robust oversight of CSE cases, risk assess cases to secure the right intervention and support and gain a better understanding of the prevalence of CSE in Barnet. The board has identified CSE as a key priority, has a detailed action plan and has agreed to fund the appointment of a multi-agency CSE co-ordinator on a pilot basis. Briefings will take place in 2014 to raise awareness across the multi-agency partnership and ensure all partners have on their radar the warning signs and the capacity to act proactively. Our strategic approach endeavours to secure prevention, early identification, the right intervention and support for victims and disruption and prosecution of perpetrators. CSE has been covered in the body of the report in sections 3, 4 and 5 of this report.

Private Fostering

One of the functions of the BSCB is to develop policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including the safety and welfare of children who are privately fostered. A private fostering arrangement is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer, for 28 days or more. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity).

In Barnet, we are aware that this is an emerging issue. The numbers of privately fostered children registered with children's social care is monitored at the PQA and comparative figures were obtained for London councils. Some investigative work has commenced with regard to best practice which will be driven forward in 2014-15.

We have raised awareness by promotional flyers at the annual safeguarding month, ensured that all new Head Teachers are briefed and given information leaflets on private fostering. With some schools, progress has been made and notifications have been received including one Independent school, where good links have been established with the bursar and children's social care. The fostering team has met with some schools and raised awareness, particularly with regard to the arrangements for new international students.

The local authority's children's social care teams have posted scenarios in supervision rooms to raise awareness and understanding of private fostering arrangements.

In 2013-14 we were received 49 notifications of new private fostering arrangements. In 41 of those cases the local authority undertook statutory visits and we learned that 15 were continuing arrangements in place before 1 April 2013, 36 new arrangements were put in place during the year, and 23 arrangements were ended during the year. As at 31 March 2014 there were 28 children under private fostering arrangements.

The challenge ahead is effective co-ordination and resource to raise awareness particularly with schools that are now Academies. In 2014-15, we will continue to raise awareness, target schools, GPs and primary care to ensure they are aware of private fostering arrangements and the requirement to notify children's social care. We will work with faith and cultural groups to ensure messages are disseminated to Barnet communities.

8. Managing Allegations against Professionals

BSCB retains an oversight of the processes and systems that employers use to deal with allegations and is keen to ensure that the LADO system in Barnet is effective in protecting children and being fair to staff. All allegations involving staff, who work with children in Barnet, whether paid or volunteers, are referred to the LADO. The LADO's role is not to deal directly with those who have made the allegation or those who are the subject of the allegations but to help employers record, investigate and deal with complaints concerning their staff's behaviour or actions with or towards children and young people.

The standards which employers should apply and on which the LADO provides advice are contained in *Working Together to Safeguard Children* (2013). It also provides a process to remove those unsuitable people from working with children.

The LADO makes a full report to BSCB each year where discussion and in depth analysis of the data takes place. This year has seen another significant increase in referrals for the second year in a row. In due course, we will want to work out whether these increased numbers represent better reporting or more worrying behaviour on behalf of our staff.

The seriousness of the referrals varies from the most significant involving criminal behaviour to others which may be due to poor training, incomplete understanding or some other factor that is best dealt with by management action. Very few of the matters referred to the LADO are deemed to be of the most serious kind. Those that are shown as substantiated in the figure below are cases where, following a full enquiry, the employees were found to be in such serious breach of their duties that they were no longer safe to work with children.

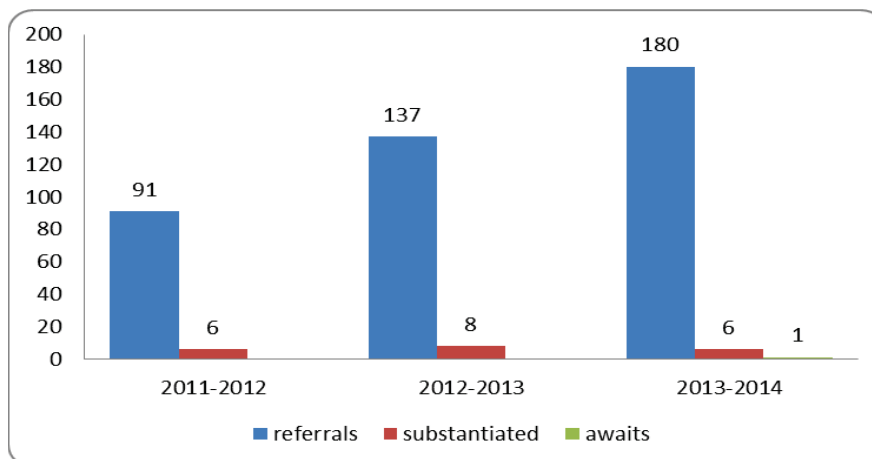


Figure 6: LADO referrals and most serious outcomes from April 2013 to March 2014

9. Budget

Partners are committed to providing reliable resources (including finance) to enable the board to be strong and effective. As we know, partners are required to share the financial responsibility for the board in such a way that a disproportionate burden does not fall on a small number of partner agencies.

Money has been carried forward mainly due to Barnet not having carried out any serious case reviews for five years. The budget for 2014-15 has made provision should any SCRs be commissioned for this period.

An on-going challenge for all partners is constrained finances, the changing demographics in Barnet and consequential impact on the planning, commissioning and delivery of services.

Funding has been sustained at existing levels and funds carried forward from previous years have been utilised to secure a CSE Co-ordinator that will work across the partnership at both a strategic and operational level in line with our priorities.

In 2014-15 we will need to review partner contributions to ensure that we can deliver the objectives we have set in our business plan.

| Barnet Children's Safeguarding Board Finance Report from 1/4/2013 - 31/3/2014 | | | |
|---|-----------|---------|----------|
| | £ | £ | Variance |
| Balance B/Fwd 2012/13 | (67,888) | | |
| Income / Contributions | | | |
| London Borough of Barnet | (98,000) | | |
| London Safeguarding Children Board / Metropolitan Police | (5,000) | | |
| Probation | (2,000) | | |
| Barnet Clinical Commissioning Group | (12,500) | | |
| Chase Farm NHS Trust | (12,500) | | |
| Barnet Enfield Haringey Mental Health Trust | (12,500) | | |
| Royal Free Hospital Trust | (12,500) | | |
| CAFCASS | (550) | | |
| | (223,438) | | |
| Commitments 2013/14 | | | |
| Staffing Costs | | | |
| 1.6 FTE Administrators + Independent Chair | | 52,540 | |
| Development Officer / Safeguarding Manager | | 29,184 | |
| | | 81,724 | |
| Other Expenses | | | |
| Catering | | 3,963 | |
| Miscellaneous (printing, travel, mobiles, etc) | | 2,826 | |
| Consultant fees | | 19,253 | |
| Recruitment/advertising expenses | | 2,586 | |
| Internal recharges | | 1,460 | |
| Youth Shield | | 35,000 | |
| Training | | 9,898 | |
| | | 74,986 | |
| Totals | (223,438) | 156,710 | (66,728) |

10. Review of the effectiveness of the BSCB

Throughout 2013-14, the BSCB has made significant progress and influenced and informed changes to practice across the partnership. The achievements and outcomes are highlighted in Section 4 from pages 14 to 29 inclusive. A key challenge was the capacity and resource to continue to secure safeguarding as a top priority across the partnership at a time of public sector cuts, budgetary restraints and organisational and transformation projects. Notwithstanding this, partners have remained committed to safeguarding as evidenced in this report.

To ensure the effectiveness of the board a log of all actions is kept up to date and reviewed at every board and sub-group meeting. All partners are held to account for actions in minutes and on the action log at every meeting. We have strengthened our membership, attendance and engagement in our new revised structure and we will strive to maintain this in delivering the challenging objectives we have set for ourselves in the 2014-16 Business Plan. Strong partner challenge will be required in monitoring and evaluating the effectiveness of our business both individually and collectively in order to safeguard and promote the welfare of children. We will do this through challenge at meetings as well in the s11 audit and child's journey audit challenge sessions in 2014 to ensure that all partners have made good progress on identified actions and areas for improvement. One of the keys to making this happening is for all partners to contribute to a composite dataset to provide a more meaningful multi-agency bigger picture. The PQA will drive this forward in 2014.

Children are safeguarded and protected by good plans. The robust quality assurance framework in place will ensure continuous improvement and in particular ensure the voice of the child informs service planning and is central to decision-making.

CDOP is compliant with Working Together 2013 and operates well. It no longer has a backlog of cases to be reviewed, however, engagement from the coroner's office remains a challenge which we will endeavor to improve. We have learned from the SCIE reviews undertaken and in 2014 we will evaluate the impact of that learning to ensure that as a multi-agency partnership we continue to learn and improve. Partners understand the criteria for initiating a SCR and there is strong evidence of challenging discussions between partners at the SCR sub-group meetings with regard to a complex case. Where the criteria are not met for a SCR, partners understand the importance of undertaking another learning review or audit to ensure that multi-agency learning is captured and then disseminated and embedded. Just as important is the requirement to evaluate the impact of that learning. Our learning and improvement framework shared with partners will continue to drive improvements to safeguard and promote the welfare of children.

Our new membership including the addition of Head Teachers and our second lay member will add value in 2014-16. Education will be key to the E-safety priority in particular and going forward we will strengthen this partner's role via the local authority and schools. Despite the significant health transformation, representation and engagement with the BSCB has been excellent. As evidenced in the body of the report they have established clear accountabilities for safeguarding.

Significant progress has been made with the development and launch of MASH in August 2013 and this year we are undertaking a rigorous evaluation of the process to ensure that we continuously learn and improve information sharing, risk assessment and partnership work.

Another major achievement is the co-ordinated effort by all partners to develop and launch MASE in January 2014. The CSE Strategy is in its final stages at the time of writing this report and a CSE Co-ordinator funded by the board has been secured as part of a pilot scheme. As with MASH we will ensure the effectiveness of the co-ordinated efforts with a self-evaluation and first report to the Board later this year. A strong steer will be required from the police in providing an intelligent picture of the prevalence of CSE in Barnet, trends with regard to hot spots, victims and perpetrators and drive forward disruption strategies and prosecutions as we gain a better understanding in 2014. We will also align this work to peer violence, the projects underway with regard to gangs and e-safety. A strategic group with oversight of CSE and missing will strengthen this further. Both MASH and MASE reflect the legacy of strong commitment from board partners.

We will soon have an Early Intervention Strategy which will be presented to the BSCB at its next meeting. This is the culmination of co-ordinated efforts and conversations that took place at the board in 2012-13. Securing early help is reflected in the board's strategic approach. For the 4 priorities in our Business Plan 2014-16, namely E-Safety, Domestic Abuse, Neglect and Child Sexual Exploitation, we have woven into the 4 action plans 'prevention, identification and intervention and support' to focus continuing attention on early help and prevent escalation to higher tiers of intervention.

Excellent participation from Youth Shield and the voice of the child co-ordinator ensure that children remain at the centre of all board activity. Youth shield have undertaken some very challenging and informative pieces of work such as Healthwatch, healthy relationship workshops and the recent survey on how safe children and young people feel. In 2014 the board will respond to this recent survey and particular input and decisive action will be required by the police. The voice of the child has been woven into agendas for all meetings going forward.

There has been good communication and awareness raising with regard to child sexual exploitation and quality assurance in particular. The annual Safeguarding month to promote 'safeguarding is everyone's business' is a continuing success to raise awareness across the partnership and wider council and convey important messages. Going forward

we have set specific objectives in the business plan 2014-16 for raising awareness of domestic abuse and the impact it has on children, ensuring threshold are properly understood and applied with regard to neglect, provide information to teachers, parents, community organisations, youth clubs etc to help them understand CSE risks and recognise the early warning signs and raise awareness and understanding of e-safety amongst children and young persons, parents, carers and staff across the multi-agency partnership, raise the profile of professional standards and develop a coherent approach to e-safety policies and accreditation.

There are good channels of communication between the respective Children's Trust Board, the Health and Wellbeing Board and the Community Safety Partnership Board with reports and memberships. The single independent chair will also ensure safeguarding for both BSCB and BSAB is aligned. Delivery of the 2014-16 Business Plan will require strong links and reporting between the boards and sub-groups to ensure we are properly aligned and we are as effective as we can be. Our strong connections and reporting lines will inform the planning of services for children in Barnet.

The development day in December 2013 provided an opportunity to reflect on the existing structure and consider what was working well, areas for improvement and priorities for the forthcoming years. A further development session will need to be convened in 2014 to ensure that good progress is being made and consider what further changes should be made to make our board more effective. The board is supported by a very small, dedicated team and resources to the team may need to be reviewed and aligned to the new board structure. The website was launched in 2013, the board has its own logo and multi-agency identity. We have successfully achieved to an extent paperless working by sending agendas and documents electronically. In our strive to become more efficient the board aspires to provide agendas and supporting documents on the website in 2014-15.

The board will focus on 4 priorities in 2014-16 and we are confident that strong leaders in the multi-agency partnership and their strong commitment to the board will strengthen our partnership further.

11. BSCB Priorities for 2014-2016

E-safety

Our children and young people's relationships with each other and the wider world are more and more conducted on line. The internet is a public space much like our streets and parks. Just as we want children and young people to be safe when out in public so we want

them to be safe online. This presents adults with some problems. They know generally less about the internet than children and so cannot pass on useful information about how to stay safe. Nor are they there to keep a protective eye on them. The result is that some children do not operate safely and experience some very unpleasant consequences. Our brilliant Barnet Youth Shield has identified this as one of the most important issues for them.

E-safety includes the key issues of online grooming, online bullying and self-harm/suicide websites, all of which can have significant impacts on the health and achievements of young people affected. We are in the early stages of understanding the extent of E safety issues in Barnet but the recent survey of young people completed by Youth Shield highlighting this as one of the biggest concerns for many of them is a good start. We will be commencing a programme of work to educate and support young people, professionals and families in minimising the harm of these issues and young people will be central to helping us to deliver this agenda. Youth Shield have also delivered training to 900 young people on how to maintain safe peer relationships and the BSCB is continuing to support them in their valuable work.

Domestic Abuse

Children exposed to domestic abuse are likely to experience significantly worse life outcomes than other children. Their IQ is measurably lower at the age of eight. When they become adults they take more drugs, have more alcohol problems and have worse health than the general population. 42% of convicted men in British prisons experience domestic abuse in their homes when growing up. There are many other indicators to suggest that children living in homes where there is regular abuse between family members need the concerted efforts of local agencies to safeguard them from harm. Over half of all referrals to children's social care in Barnet involve domestic abuse.

Neglect

Children, particularly infants, develop brain function mainly in response to early life experiences. For the majority of children, securely attached to a loving parent, whose needs are met by their carers, they develop into rounded and happy people. But those children, whose needs are not met by their parents, will suffer varying degrees of harm. Neglect is the main reason that leads to a child in Barnet being placed on a child protection plan. This is a difficult problem to solve because the parents are themselves often very needy and may themselves have experienced a neglectful childhood themselves. BSCB wishes to tackle this to ensure that childhood neglect is identified promptly, assessed rigorously and given effective intervention by all relevant agencies.

Child Sexual Exploitation (CSE)

The prevalence of this as a problem nationwide increasingly emerged in recent years with some very high profile cases. Whilst recognising that CSE may not be as prevalent in Barnet than in other areas our research has shown us that there are very vulnerable children (one of course is too many) in danger of being exploited for sex by diverse groups of adults or young people both within and outside the borough. Like our other priorities this is difficult. We are determined to identify and confront the problem and to find more and better ways of protecting these in danger children, who in some cases we have actually taken into our care.

Appendix 1: Board Members

| NAME | POSITION | ORGANISATION |
|---------------------------------|--|--------------------------|
| Chris Miller (CH) | Independent Chair | Independent Chair |
| Local Authority | | |
| Kate Kennally | Director of Children's Service | London Borough of Barnet |
| Nicola Francis | Family Services Director | London Borough of Barnet |
| Jo Pymont | Assistant Director, Children's Service | London Borough of Barnet |
| Jo Moses | Head of Safeguarding and Quality Assurance (Chair SCR & PQA) | London Borough of Barnet |
| Dawn Wakeling | Director Adult Social Services | London Borough of Barnet |
| Karen Jackson | Deputy Director Adult Social Care | London Borough of Barnet |
| Duncan Tessier | Early Intervention and Prevention Assistant Director | London Borough of Barnet |
| Ian Harrison | Education and Skills Director | London Borough of Barnet |
| Delphine Garr | Workforce Development & Learning Manager (Current Chair L&D) | London Borough of Barnet |
| Alison Dawes | Head of Education Partnerships and Commercial Services | London Borough of Barnet |
| Manju Likhman | DV Co-ordinator | London Borough of Barnet |
| Zainab Bundu | Voice of the Child Co-ordinator | London Borough of Barnet |
| Lead member for Children | | |
| Cllr Reuben Thompstone | Lead Member | Elected Member |
| Police | | |
| Adrian Usher | Borough Commander | Metropolitan Police |
| Steve Wallace | Detective Superintendent | Metropolitan Police |
| John Foulkes | Detective Chief Inspector | Metropolitan Police |
| Probation | | |
| Sam Denman | Assistant Chief Officer (Brent, Barnet and Enfield) | National Probation Trust |

| | | |
|--|--|--|
| Marcia Whyte | Assistant Chief Officer (Brent and Barnet) | Community Rehabilitation Company |
| Youth Offending Team | | |
| Flo Armstrong | Head of Youth and Community | London Borough of Barnet |
| NHS Commissioning Board & Clinical Commissioning Groups | | |
| Paul de Keyser | Designated Doctor for Children's Safeguarding (Barnet Borough) | Royal Free London NHS Foundation Trust |
| Vivienne Stimpson | Director Quality and Governance | Barnet Clinical Commissioning Group |
| Siobhan McGovern | Designated Nurse, Safeguarding | Barnet Clinical Commissioning Group |
| Laura Fabunmi | Assistant Director, Health Improvement (Chair CDOP) | Public Health |
| NHS Trusts and Foundation Trusts | | |
| Vacant Post | Director of Nursing (Barnet and Chase Farm) | Royal Free London NHS Foundation Trust |
| Deborah Sanders | Interim Director of Nursing (Royal Free Hospital) | Royal Free London NHS Foundation Trust |
| Mental Health Trusts | | |
| Mary Sexton | Assistant Director, Safeguarding Children | Barnet Enfield and Haringey Mental Health Trust |
| Community Health | | |
| Louise Ashley | Executive Director of Nursing and Quality Governance | Central London Community Health |
| Liz Royle | Head of Safeguarding | Central London Community Health |
| Coroner's Court | | |
| Lawrie Roach | Coroner | North London Coroners Court |
| London Ambulance Service | | |
| Ruth Williams | Community Involvement Officer | London Ambulance Service |
| Voluntary Sector | | |
| Janet Matthewson | Head of Children's and Young People's Services | CommUNITY Barnet |
| Vacant Post | Youth Engagement Officer | CommUNITY Barnet |
| Barry Rawlings | Safeguarding Adviser | CommUNITY Barnet |
| Angela Duce | Director of Operations | Norwood |

| | | |
|--|--|--------------------------------|
| Sarah Le-May | Family Support Services Manager | Norwood |
| Cecile Kluitse | Family and Children Services Manager | Women's Solace Aid |
| Vacant Post | Director | Fairplay Barnet |
| Education | | |
| Toni Beck | Director of Quality and Learner Experience | Barnet and Southgate College |
| Jo Kelly | Head Teacher | The Pavillion Secondary School |
| Samson Olusanya | Head Teacher | Christ College, Finchley |
| Sara Keen | Head Teacher | Bet Shvidler Primary School |
| Rep for Academies, Free Schools, Independent Schools | | |
| Lay Members | | |
| Naomi Burgess | Lay Member | Lay Member |
| Nigel Norrie | Lay Member | Lay Member |
| CAFCASS | | |
| Phyllis Dyer | Service Manager | CAFCASS |
| London Fire Brigade | | |
| Steve Leader | Borough Commander | London Fire Brigade |
| Housing | | |
| Julie Riley | Director of Care and Support | Barnet Group |
| Business Managers | | |
| Hema Parmar | Business Manager | London Borough of Barnet |
| Administrator | | |
| Polly Walsh | Safeguarding Children Board Administrator | London Borough of Barnet |



Barnet Safeguarding Children Board

Business Plan

2014-2016



Contents

| | | |
|----|---|--------|
| 1. | Introduction | 3 |
| 2. | Vision, Mission & Ambitions | 3 |
| 3. | Our Strategic Priorities | 5 |
| 4. | Child Sexual Exploitation | 10 |
| 5. | Neglect | 13 |
| 6. | Domestic Abuse | 15 |
| 7. | E-Safety | 17 |
| 8. | How we will evidence improvement in performance | 20 |
| 9. | Budget, Risk Management and Responding to Change | 21 |
| | Appendix 1 – How we identified our Priorities | 22 |
| | Appendix 2 – BSCB Budget 2014-2015 | 24 |

Introduction

- 1.1 Barnet's Safeguarding Children's Board (BSCB) is a partnership of local organisations (both statutory and voluntary) whose work brings them into regular contact with children and young people. When those who work for these organisations deal with children and young people or their families what they do can have a significant impact on whether children and young people are kept safe and thrive.
- 1.2 The Business Plan sets out the BSCB's responsibilities on overseeing the local safeguarding arrangements in line with the Barnet CAF Threshold document, the BSCB Learning and Improvement Framework, the Children and Young People Plan and Health and Wellbeing Board agenda. The plan will be monitored by the BSCB Business Management Group which will ensure the plan remains current and relevant, delivering local and national priorities and responding to emerging local needs.

Vision, Mission & Ambition

2. **Our Vision** is to make Barnet a place where all children and young people thrive, receive protection and feel safe.
3. **Our Mission** is to:
 - Secure sustained improvement in multi-agency safeguarding performance and practice.
 - Improve the way that safeguarding partners share information, resources and expertise in our day to day business of safeguarding children and young people.
 - Be relentlessly self-critical in understanding from our data what works and what needs to change and improve.

4. **Our Ambition** is to ensure the Board is and continues to be:

- an inspirational, confident and influential partnership that delivers our vision and prioritises effectively;
- focused on children, young people and their families;
- informed by a coherent understanding of our local community and place, valuing diversity and emerging communities;
- sighted on our strategic, operational management and frontline delivery;
- a lead in promoting a learning culture that looks to the future;
- a partnership that improves the quality of life of children, ensures our children and young people have equal access to opportunities and empowers them by actively involving them in the decisions affecting their lives.

The Board will provide strong, forward thinking, outcome focused, visible leadership ensuring the effective implementation of the Business Plan to deliver continuous improvements in the care and protection of our children and young people.



Figure 1: Our vision for an Effective Board

Barnet Safeguarding Children Board
Business Plan 2014-2016
June 2014

Our Strategic Priorities

The Business Plan sets out 4 *new priorities* which the Board will focus on over the next two years. The Board will also continue to ensure *continuing priorities* identified as core business for the BSCB will continue to be delivered.

New Priorities:



For each of the 4 new priorities we have adopted a consistent strategic approach with regard to improvement in performance as follows:

- Prevent
- Identify
- Support
- Intervene
- Enforce (Disrupt and Prosecute)

With regard to these 4 criteria we have set out the:

- Objectives
- Underpinning Activities
- How we will evidence improvement in performance (relevant datasets), and
- Board leads

Core Business Priorities:

The Board's business as usual is set out in an action plan on pages 7-9.

The Board will:

- Ensure there is effective co-ordinated safeguarding practice and provision across the child's journey from universal services, early help and child protection to secure the best outcomes for children and families.
- Deliver and improve the quality assurance and challenge role of the BSCB through the Learning and Improvement Framework and Quality Assurance schedule including Section 11 audits¹, multi-agency audits and overseeing practice via the BSCB dataset analysed quarterly by the Performance and Quality Assurance sub-group.
- Improve how we capture the engagement of children and young people and frontline practitioners.
- Maintain an interagency focus on key vulnerable safeguarding risk groups including missing children (from care, home or education), private fostering and gangs.
- Continue to support and embed a multi-agency understanding of thresholds and support information sharing.

¹ Children Act 2004, Section 11 imposes a duty on specified agencies to make arrangements to ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children.

Core Business Action Plan

| Priorities | Measures 2014/15 | Outcomes particularly in relation to the impact anticipated on service effectiveness and outcomes for children and young people |
|--|---|---|
| <p>To ensure there is effective co-ordinated safeguarding practice, provision and outcomes across the child's journey from universal, through early help, child protection and children in care provision.</p> <p>To continue to support and embed a multi-agency understanding of thresholds and support information sharing.</p> | <p>Develop and embed multi-agency tools for recognising and recording need and managing risk e.g. use of the threshold, a neglect toolkit and the inter-agency risk assessment tool.</p> <p>Update and improve the thresholds procedure to make it accessible, portable and useful to all professionals working with children.</p> <p>BSCB training supports the implementation of toolkits and practitioners ability to manage risk at all levels of intervention. Promotion BSCB safeguarding training and learning events.</p> <p>Check the understanding of thresholds and use of multi-agency tools through single and multi- agency audits and the LSCB dataset.</p> <p>Scrutinise and check the development of the MASH. Annual report of the effectiveness of the MASH and understanding / application of thresholds at the front door.</p> <p>Oversight of the development of the Barnet Integrated children's pathway.</p> <p>Monitor the BSCB escalation and professional dispute process.</p> | <p><i>Appropriate referrals between agencies with the right level of detail using language that all colleagues understand.</i></p> <p><i>Need is effectively assessed, decisions are based on evidence, risk is considered and planned for.</i></p> <p><i>Robust interagency support when cases are more complex demonstrated through consistent engagement in planning and good co-ordination of care.</i></p> |
| <p>Deliver and improve the quality assurance and challenge role of the LSCB through the Learning and Improvement Framework and QA schedule.</p> | <p>BSCB QA framework to be driven and delivered by the BSCB QA Sub-group.</p> <p>A programme of 4 thematic multi-agency audits completed per annum. Audit methodology must promote learning and encompass the perspective of the child and family as well as the perspective of the practitioner.</p> | <p>Quality assure practice through four joint audits of case files of key areas of safeguarding concern to involve practitioners and identify lessons to be learned.</p> |

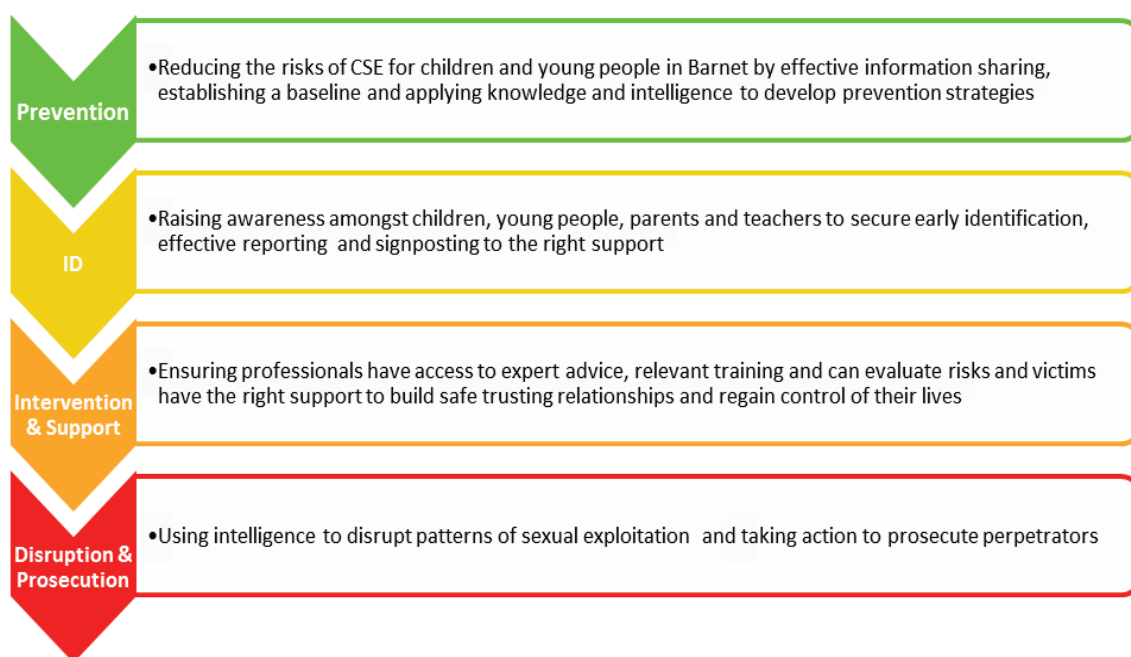
Barnet Safeguarding Children Board
Business Plan 2014-2016
June 2014

| | | |
|---|--|---|
| | <p>An LSCB dataset with supports understanding of the child's journey, from early intervention to permanency. Particular focus to support an understanding of vulnerable risk groups.</p> <p>Dissemination of learning from audits and SCR's via a communication and training plan. Audits to measure the impact of learning.</p> <p>Ensure learning from BSCB is shared and inform the wider partnership work-streams and arrangements, i.e BSCB's relationship with Health and Well-Being Board the Community Safety Partnership and Safeguarding Adults Board).</p> <p>Develop and report on a log of evidence of BSCB challenge and its impact on service quality and safeguarding outcomes.</p> <p>Design and agree a new dataset of key safeguarding indicators to include the CYPB measures.</p> <p>Improve the reporting of single agency safeguarding audits from all agencies into the BSCB. Includes an audit map charting all audit activity in safeguarding within all single agencies.</p> <p>Include feedback from children and families where possible in audit work.</p> <p>Carry out section 11 audits within the key agencies and the voluntary and faith community. Introduce a S11 safeguarding questionnaire for practitioners. Develop the Board member agencies' section 11 peer review of safeguarding returns.</p> | <p><i>A clear threshold of criteria, an understanding of the referral mechanisms across all agencies, a clear threshold of criteria, an agreed range of potential reviews and methodologies.</i></p> <p><i>Clear relationships with other partnerships such as the Health and Well-Being Board, Community Safety Partnership and Safeguarding Adults Board and recognition of the BSCB scrutiny and challenge role.</i></p> <p><i>Good performance management of key safeguarding performance indicators.</i></p> |
| <p>To improve how we capture the engagement of children and young people and frontline practitioners.</p> | <p>Map current established consultation and engagement initiatives and groups in Barnet. BSCB to feed in and link with established groups to drive specific work, including CiC, Disabled Children, the E-Safety agenda and CSE.</p> <p>Develop BSCB Quality Assurance Framework to enable the views of children and young people and their families to be incorporated in to audit work and case review work.</p> | <p><i>Feedback from children, young people are carers is encouraged.</i></p> <p><i>Views are used to inform discussions and planning wherever possible.</i></p> <p><i>Children's experiences of the</i></p> |

| | | |
|--|---|--|
| | <p>Involve young people in the BSCB website development.</p> <p>Quality Assurance Framework which ensures that practitioner's feedback is integral to the work of the Board and reflected in the actions that it takes.</p> <p>Good links with the Council transformation project and social care principle social worker.</p> <p>Communications strategy which includes 'at a glance' findings from quality assurance work, newsletters to all practitioners, e-bulletins to educational professionals.</p> | <p>safeguarding system are known and influence how we work together.</p> <p>Practitioners know about the BSCB, understand its remit and regularly hear key messages from quality assurance work (case review and audits).</p> |
| <p>Maintain an interagency focus on key vulnerable safeguarding risk groups including missing children (from care / home / education), private fostering, CiC and gangs etc.</p> | <p>Ensure that all strategic groups report to the BSCB and Board members are given the opportunity to challenge.</p> <ul style="list-style-type: none"> - MASE biannual report and update of the CSE Action Plan. - Annual report from Corporate Parenting Panel - Placement Strategy. - Education Strategy. - Biannual report from the private fostering service. - Biannual report from KIP / gangs. - Report missing (home / care / education) every 3 months. <p>Quality assurance work e.g. case file audits which review these areas of work, identify learning and feedback to practitioners.</p> <p>Quantitative data which reports on progress made – indicators on these risk groups will form part of the BSCB data set.</p> <p>Ensure that BSCB key safeguarding indicators pick up on these risk groups.</p> | <p>Strategic efforts co-ordinated to safeguard these groups e.g. at partnership level and inter-agency level.</p> <ul style="list-style-type: none"> - Professionals with improved knowledge and shared strategies for working with these young people. - Young people feel that practitioners understand their needs, talk to one another, listen to them and act in their best interest. |

Child Sexual Exploitation (CSE)

The BSCB is committed to safeguarding and protecting children from sexual exploitation. A range of recent reports², wide national media coverage and recent convictions in Oxfordshire, Derby and Rochdale highlight that this form of child abuse is often hidden from sight and preys on the most vulnerable in our society. Children and young people exploited are subject to significant risks to their physical, emotional and psychological wellbeing. We seek to combat CSE by the strategic approach below:



Through our multi-agency partnership we will secure a better understanding of the prevalence of child sexual exploitation in Barnet, take a proactive, co-ordinated child-centred approach to identify and protect those at risk and secure better outcomes for children and families impacted by child sexual exploitation.

The Multi Agency Sexual Exploitation Panel will lead on delivering the strategy and will report to BSCB bi-annually on the prevalence of CSE in Barnet, trends or hot spots that have been identified, prevention strategies and impact and effectiveness of the same.

² <http://www.childrenscommissioner.gov.uk/info/csegg1> "If only someone had listened" Office of Children's Commissioner Inquiry into CSE in Gangs and Groups November 2013;
'How councils are raising awareness of child sexual exploitation' LGA 2013
Pan London CSE Operating Protocol 2014

Child Sexual Exploitation Action Plan

| Strategic Approach | What we will do | How we will do it | Responsible Leads (TFG Members) | Evidence of improvement in performance / Expected outcomes | Timescale | R A G |
|--------------------|---|--|--|--|---|-------------|
| Prevent | Understand the nature and extent of the local issues in relation to children at risk of sexual exploitation. Includes a clear understanding of the relationship of CSE with other safeguarding risks i.e. child trafficking, missing from care, home and education and gangs. | Analyse M A S E intelligence to better understand the prevalence of CSE in Barnet, identify local hot spots, known perpetrators, gang associations etc. | Jo Moses & Kaye Wise | M A S E baseline and trajectory, improved understanding amongst Board partners | 1 st report to BSCB Oct 2014; 2 nd report to BSCB Dec 2014 | |
| | Reduce the risks of CSE for children and young people in Barnet | Develop inter and intra agency policies on processes which support effective identification, assessment and intervention for children at risk of CSE. Develop and oversee local prevention strategies aligned to local profile, Barnet's Early Intervention Strategy and Keeping Young People Safe Project (KYPS). | MASE : Hema Parmar Jo Moses | CSE Strategy published on website Prevention strategies will begin to take shape Jul-Dec 2014; Impact will be evident in 2015 | July 2014 July-Dec 2014 Jan-Dec 2015 | |
| | | Listen to the voice of the victim to: (1)ensure plans are child centred and (2)inform prevention strategies | MASE: Jo Moses Zainab Bundu Mari Martin (YOS) | Victim focused plans and prevention strategies ; CSE Co-ordinator in post to lead on CSE strategy. | July to Dec 2014 | |
| | | Reduce episodes of children going missing | MASE and LA Social Care (Jo Moses & Carolyn Greenaway) | LA - Number of children missing from care for more than 48 hours at any point over the previous 12 months (rolling 12 months) | July 2014 to July 2015 | |
| | | Help children and young people to understand the dangers of exploitation, make safe choices, reduce association with risky peers / adults and known perpetrators. Align actions to Youth Board project reporting to Gangs Strategy Group in Nov 2014. | MASE, Zainab Bundu (Youth Board) & Youth Shield | Impact will be raised awareness amongst CYP | July 2014 to July 2015 | |
| | | Provide information to teachers, parents, community organisations, youth clubs etc to help them understand the risks, recognise the early warning signs that a child may be sexually exploited or at risk of sexual exploitation and report / escalate up. | MASE to co-ordinate with Youth Shield, BPSJ, Vol Sec | Publication of information on BSCB Website, Information Cards in circulation, better awareness, increase in reporting. | July 2014 to July 2015 | |
| | | Define and promote "healthy relationships", what is acceptable / unacceptable and how to access support. Scope training requirements for partners. | MASE, CSE Co-ordinator and Youth Shield | Publication of information on BSCB Website, Information Resource in circulation | July 2014 to Dec 2014 | |
| | | Secondary schools to procure training on securing and giving consent. | MASE HT representative | All schools to have procured training for Years x to x | Sep 2014 to April 2015 | |

Child Sexual Exploitation Action Plan

| Strategic Approach | What we will do | How we will do it | Responsible Leads (TFG Members) | Evidence of improvement in performance / Expected outcomes | Timescale | RAG |
|---------------------------------------|---|---|---|---|------------------------|-----|
| Identify | Assist children and young people to recognise abusive and or exploitative behaviour. | Ensure children and young people are aware of their rights and those of others via the preventative strategies above. | MASE, CSE Co-ordinator and Youth Shield | Publication of information on BSCB Website, Information Resource in circulation | July 2014 to July 2015 | |
| | | Raise awareness amongst children, young people, parents & teachers through school curriculum to help them identify signs of vulnerability, how to report it and how to get help. | MASE, CSE Co-ordinator, HT Representative on MASE | Publication of information on BSCB Website and School Circular; Raised awareness, increase in reporting CSE | Sep 2014 to April 2015 | |
| Intervene & Support | Formulate a credible action plan for every CSE case identified that supports the victim | Audit of sample cases to identify where improvements can be made to front line practice & provision of support services to the victim; | Jo Moses and CSE Co-ordinator | Audit report to PQA | Sep to Dec 2014 | |
| | | Ensure professionals have access to expert advice, relevant training to understand and identify CSE, evaluate risks, and build resilience in the victim and help break the cycle. | Jo Moses and CSE Co-ordinator | Portfolio of spectrum of support services published on BSCB website to signpost professionals; increase in victims securing the right support | Sep to Dec 2014 | |
| | | Empower victims to build trusting safe relationships and regain control of their lives. | MASE & CSE Co-ordinator | Reduction in repeat referrals | Sep 2014 to April 2015 | |
| | | Secure a CSE Co-ordinator to lead on M A S E and provide therapeutic support to the victim. | Jo Moses and Hema Parmar | Finalise Options Paper Advise and Recruit | Jul to Sep 2014 | |
| Enforce: Disrupt and Prosecute | Increase the number of arrests, charges, convictions and orders secured pursuant to the Sexual Offences Act 2003 and the Anti-Social Behaviour, Crime and Policing Act 2014 | Effective information sharing and ensuring that key professionals are aware of the range of criminal and civil sanctions available to disrupt and prosecute perpetrators; utilise specialist police resources to escalate up. | MASE : Kaye Wise | Schedule of sanctions shared with MASE, raised awareness, increase in arrests, charges and convictions. | July 2014 to July 2015 | |
| | | Ensure professionals involved are equipped with the right skills to gather intelligence and write accurate, evidence-based, balanced statements etc | MASE : Kaye Wise | Clearly articulated evidence based statements | July 2014 to July 2015 | |
| | | Ensure victims are supported through the Court process | MASE : Kaye Wise | Increase in convictions. | July 2014 to July 2015 | |

Neglect

According to the recent NFfER publication³, neglect is the primary reason or contributory factor for child protection plans or registrations in over 50% of all cases nationally and the official figures are thought to underestimate the true scale of the problem. In Barnet, neglect is the most prevalent category for registrations since 2004 and at the time of writing this Business Plan, neglect remains the most prevalent category. Prior to this, emotional harm was the most prevalent category in Barnet.

In addition, the Ofsted thematic report published in March 2014⁴ found that one third of long term cases examined were characterised by drift and delay, resulting in failure to protect children from continued neglect and poor planning in respect of their needs and future care. The report also concluded that there was a significant variance in the quality of assessments, planning and management of risk for neglected children and that securing engagement from parents remains a real challenge for professionals. Clear strategies are required to tackle both non-compliance and disguised compliance.

The two publications by Ofsted and the NFfER as well as Barnet Council's Early Intervention Strategy have informed this Business Plan for the next 2 years. It is well established that *earlier identification* of children suffering neglect and the offer of the right support upon identifying neglect, can prevent needs from escalating and can reduce longer term problems developing. This appears to be a common theme in research papers, data and recent Serious Case Reviews (SCRs). In the tragic Daniel Pelka and Hamza Khan SCRs⁵ dealing with the neglect early on when it was first suspected and an empowered professional network could perhaps have prevented, or at least identified, the physical abuse and other contributory factors that ultimately resulted in the deaths of those 2 little boys. The "wait and see" approach waiting for a 'trigger' incident was evident in both SCRs as well as a range of other multi-agency failures.

³ 'We should have been helped from day one': a unique perspective from children, families and practitioners, National Foundation for Educational Research 2014

⁴ In the child's time: professional responses to neglect, March 2014, Ofsted

⁵ Both published in 2013

The learning from Barnet's SCIE Reviews⁶ have informed the Action Plan and will seek to ensure that partners apply best practice and adopt an approach which is impact and outcome focused to secure better outcomes for children at risk, in need and on plans.

As a multi-agency partnership we will undertake a robust gap analysis by completing the range of actions on page 15 to properly understand the quality of assessments and interventions, impact and identify how we can continuously improve. We seek to ensure there is a good understanding of thresholds and that these are properly applied by all partners. Neglect has been referred to as a 'grey area' and we know that neglect is not an exact science, however, we will seek to ensure that neglect is clearly defined, partners share information and work together to identify neglect as early as possible and respond appropriately to needs and risks by exploring and promoting the right services to families and providing challenge and escalating up as appropriate to avoid drift and delay.

⁶ SCIE Review JC October 2013; SCIE Review Family G 2013
Barnet Safeguarding Children Board
Business Plan 2014-2016
June 2014

Neglect Action Plan

| Strategic Approach | What we will do | How we will do it | Responsible Leads (TFG Members) | Evidence of improvement in performance / Expected outcomes | Timescale | RAG |
|--------------------|--|---|---------------------------------|---|-----------------|-----|
| Prevent | (1) Ensure thresholds for intervention are properly understood and operate effectively and (2) areas for improvement are identified and actioned. | <ul style="list-style-type: none"> Monitor and evaluate the effectiveness of the Thresholds Policy and Procedure document by analysing MASH contacts and referrals, evaluating the impact of early help provision, ensure we have a common multi-agency approach across the partnership in line with the Early Intervention Strategy. Sample File audits to undertake qualitative analysis of thresholds. | Task Group to be established | Qualitative analysis should evidence a consistent approach in understanding and application across partners; Outcome will be consistent strategic approach to prevention, identification and securing the right intervention at the right juncture. | Jul to Dec 2014 | |
| Identify | Improve understanding of the prevalence of neglect, improve identification of and responses to neglect. | <ul style="list-style-type: none"> Mapping neglect by age, geography, deprivation, schools and children's centres Mapping contacts and referrals in MASH by agency (to understand which agencies are referring and which agencies are not) Ensure acknowledgements are sent to all referrers confirming the next step and enclosing the link to the escalation policy Multi-agency audit with a focus on cases where children are subject to repeat registrations (for neglect) and on long-term plans Ensure that practitioners and their managers have access to high-quality specialist training on the recognition and management of parental non-compliance and disguised compliance as well as any issues identified in the file audits. Ensure that the training provided for front-line practitioners and managers enables access to contemporary research and best practice in working with neglect Ensure that all agencies, including adult mental health services; drug and alcohol services; police and social work services working with families where there is domestic abuse; and services for adults with learning difficulties, work effectively together to assess and agree plans for children who experience neglect Ensure that all staff are aware of their duty to escalate concerns when they consider that a child is not appropriately protected and/or is suffering from neglect, and that all agencies have appropriate escalation policies and procedures, including a procedure for challenging the decisions of children's social care services where cases are not accepted for assessment or child protection investigation. | Task Group to be established | Early identification, increase in referrals for neglect, analysis of MASH evaluation report. | Jul to Dec 2014 | |

Neglect Action Plan contd

| Strategic Approach | What we will do | How we will do it | Responsible Leads (TFG Members) | Evidence of improvement in performance / Expected outcomes | Timescale | RAG |
|--|--|--|---|---|-----------------------|-----|
| Intervene & Support | Improve the quality of the child's journey, strive for consistent high quality assessments, smart objective setting, effective timescales and relentless follow up | <ul style="list-style-type: none"> Multi-agency audit of sample CIN (neglect) cases Multi-agency audit of cases where children have been subject to multiple child protection plans Sample Audit of IFF cases for cases stepped down Review of 'Special' Child Protection Conference mechanism where the chair is expected to consider issues of drift & delay Sample Audit of Child Protection Plans with a special focus on Child Protection Plans in excess of 18 months to seek evidence of application of approach to practice in relation to neglect. Evaluate tools that were reviewed and amended in response to the Family G SCIE Review Action Plan 2013 | Jo Moses | Establish a baseline, identify areas for improvement, draft action plan and implement; expected outcome will be increased confidence in workforce in producing better quality assessments which focus on outcomes for children and secure their views and experiences, identify what parents need to change, how progress will be measured, and demonstrate a proper understanding and application of a range of innovative high quality interventions. | April to July 2014 | |
| | | | | | July to Sep 2014 | |
| | | | | | July to Sep 2014 | |
| | | | | | July to Sep 2014 | |
| | | Evaluate Graded Care Profiles or an equivalent tool and consider whether to recommend rolling it out across all multi-agency partners. This will provide multi-agency rigour and challenge to the rule of optimism. | Jo Moses | Assessment of progress is results driven, secures the views & experiences of CYP, measures success against outcomes for the child not parents' intentions, behaviours & actions | July to Sep 2014 | |
| | | Convening earlier Legal Planning Meetings to (1) evaluate change, (2) provide challenge and rigour where outcomes for children are not sufficiently improving against set timescales, (3) secure a robust and timely plan for neglect cases. | Jo Pymont (Carolyn Greenaway / Erica Ferrari) | Qualitative analysis will evidence improvement in the child's journey, smarter objectives and plans and effective follow up securing more timely outcomes for children. | Jul 2014 to July 2015 | |
| Enforce (disrupt and prosecute) | Increase the number of arrests, charges and convictions for Neglect | Task and finish group to scope range of possibilities and develop operating processes. | Police : DI John Cannon | Establish a baseline, increase in arrests, increase in charges and convictions. | Jul 2014 to July 2015 | |

Domestic Abuse

We know that children exposed to violence will suffer a range of severe and lasting detrimental effects.

The new Home Office definition of domestic abuse and violence was implemented on 31 March 2013. The definition was extended to include 16 and 17 year olds to encourage them to come forward and seek the right help and support services:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial and emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

*Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."**

**This definition includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.*

By working closely with the Domestic Violence and Violence Against Women and Girls sub group (DV & VAWG) of the Community Safety Partnership Board we will strengthen the safeguarding link and ensure the Action Plan on page 17 is aligned to the Safety Communities Strategy. BSCB will focus on raising awareness to identify and recognise that domestic violence, intervene and secure the right help and support for victims and pursue the right enforcement paths. BSCB will hold partners to account on their effectiveness in ensuring that safeguarding and promoting the welfare of children is integral to their core business. A greater focus on DV will inextricably link to a greater focus on parental substance misuse and parental mental health.

| Domestic Abuse Action Plan | | | | | | |
|--|---|---|---------------------------------|--|-----------------------|-----|
| Strategic Approach | What we will do | How we will do it | Responsible Leads (TFG Members) | Evidence of improvement in performance / Expected outcomes | Timescale | RAG |
| Prevent | Raise awareness of domestic abuse and the impact it has on children | Develop a youth created / designed resource help-card on domestic abuse, that has details of local services for both victims and perpetrators; Scope possibility of smart phone App for teenagers. | Bilal Khan, Youth Shield | Production of help card / information resource; | Oct 2014 | |
| | | Undertake analysis of MARAC cases, in particular at what stage safeguarding alerts were raised, if not why not, numbers of cases | DV & VAWG | Publication of information on BSCB website. | Oct 2014 | |
| | | | | Establish a baseline and trajectory to inform Community Safety Strategy | Oct 2014 | |
| Identify | Increase the quality and quantity of referrals from GPs and other Health Providers | Targeted training and support programme for providers | DV & VAWG | Delivery of training & identified increase in quality and quantity of referrals | Dec 2014 | |
| | Secure best practice in information sharing, e.g. MERLINS | Establish current use and circulation of MERLINS, extend as appropriate for example to health visitors and schools | MASH? | Establish a baseline to properly understand Partners' use of MERLINS, repeat referrals, action as appropriate | Sep 2014 | |
| | Explore the proof of concept that domestic abusers (whose risk are unknown) will provide useful further information to help manage risk concerning children when invited to undertake a polygraph test. | Barnet Police working with the Forensic Psychiatry Department at Newcastle University (the government's academic advisors in polygraphing sexual offenders) | DV & VAWG Simon Corkhill | Increase in information provided by domestic abusers to facilitate better risk management | July 2014 to Dec 2014 | |
| Intervene & Support | Increase the number of referrals to the domestic violence perpetrator programmes for men with dependent children (working with Probation and Children's Service) | Audit of CPP cases, mapping of police arrest information and breakdown of IDAP and DVIP attendance and outcomes | DV & VAWG | Increase in successful completion of courses for perpetrators with children. | Jul 2014 to Jul 2015 | |
| | Develop proposal for identifying support for victims (13-18 year olds) via CAADA (Co-ordinated Action Against Domestic Abuse); Secure the right support for victims aged 13-18 years. | Undertake gap analysis of current provision, quality assure provision and develop services as appropriate for children. | DV & VAWG Bilal Khan | DV & VAWG to produce a set of recommendations to develop the right provision | Oct 2014 | |
| | | | | Portfolio of support services published on BSCB website to signpost professionals. | Dec 2014 | |
| | | | | Secure young person's advocate & secure views and experiences of CYP | Dec 2014 | |
| | | | | Increase in victims securing the right support, evidence feedback from CYP. | Jul 14 to Jul 2015 | |
| | Increase the number of referrals for 11-18 year olds to the YUVA (young person's perpetrator programmes) which will include child to parent violence and teenage domestic violence cases | Audit of CPP cases, mapping of police arrest information and breakdown of IDAP and DVIP attendance and outcomes? CHECK | DV & VAWG | Increase in successful completion of young person's perpetrator programmes | Jul 2014 to Jul 2015 | |
| Enforce (disrupt & prosecute) | Increase the use of the full range of prosecution, detection, civil injunction and non-molestation orders in police cases that involve domestic abuse, where there are children in the family. | Task and finish group to scope range of possibilities and develop operating processes | DV & VAWG | Tracking of use of case disposal, measurement of repeat incidents and link between completion of course and desistance | Jul 2014 to Jul 2015 | |

E-Safety

The statutory duty to safeguard and promote the welfare of children extends to the digital online world. Children's access to technology has grown phenomenally and now permeates into every aspect of their lives from an increasingly young age at home, school and in the public domain (libraries, youth clubs etc). In addition, the range of online services is no longer restricted to accessing the internet from a fixed location, it extends to mobile phones, games consoles, and other devices readily accessible any time of day. The digital world offers vast opportunities to learn, create and communicate, however, it also comes with inherent risks which children, parents and carers do not yet fully understand or appreciate. It is critical, therefore, that E-Safety is on the radar of all Board partners and that actions are in train to mitigate the inherent risks children may be exposed to when online.

These risks include but are not limited to exposure to inappropriate *content* which may upset them, embarrass them, or which could lead to them being involved in a crime or anti-social behaviour, *contact* with perpetrators (individuals and organised gangs and groups) who use the internet, social media and mobile technology to identify and target victims from a range of backgrounds to groom children with the aim of sexually exploiting them, e-bullying, *access* to self-harm websites and self-publishing. There is a vast amount of accessible data which causes concern:

11% of 9-16 year olds have encountered sexual images on the internet in the past 12 months *and*

13% of UK 9-16 year olds say they have been bothered or upset by something online in the past year⁷

29% of UK children aged 9-16 years old said they had contact online with someone they have not met face to face *and*

4% of UK 9-16 year olds have gone to an offline meeting with someone they first met online.⁸

⁷ Collated from government reports and research : NSPCC : March 2014

⁸ Haddon, L; Livingstone, S; EU Kids Online Network (2012) EU Kids Online: national perspectives: London: The London School of Economics & Political Science; Figs taken from a pan-European 2010 survey of children aged 9-16, which included responses from 1,032 children in the UK
[Barnet Safeguarding Children Board](#)
[Business Plan 2014-2016](#)
[June 2014](#)

28% of children aged 11-16 with a profile on a social networking site have experienced something upsetting on it in the last year and of the children and young people who were upset, 11% were dealing with upsetting experiences on a daily basis. The most reported issue experienced on social networking sites was trolling, experienced by 37% of children who had been upset. Trolling which includes cyber-bullying is another phenomenon that has swept across websites in recent years and involves online forums, Facebook pages, and newspaper comment columns bombarded with offensive messages, insults, provocations or threats. Victims of trolling have experienced severe ferocity and claim the personal nature of the abuse verges on hate speech. In its most severe form it is a criminal offence punishable by imprisonment.

Other issues experienced by children who had been upset included:

- pressure to look or act a certain way (14%),
- cyber stalking (12%),
- aggressive and violent language (18%),
- encouragement to hurt themselves (3%),
- receiving unwanted sexual messages (12%),
- requests to send or respond to a sexual message (8%)⁹.

BSCB tasked a sub-group on E-Safety in July 2013 to develop the first iteration of the E-Safety Action Plan which is the foundation for this updated revised plan on page 19 below. The sub-group identified a number of actions to strengthen support and guidance for all partners and build on good national online practice and internet services established by UK Safer Internet Centre, London Grid for Learning (LGfL), South West London Grid for Learning (SWGfL), Child Exploitation and Online Protection Centre (CEOP), as well as other agencies and collaborate as appropriate with other LSCBs. The key objectives are to raise awareness for staff, parents, carers, children and young people through appropriate communications, education, information and training and to provide advice and support via the BSCB website to all agencies in developing policy, procedures and practice that incorporate e-safeguarding.

⁹ Lilley, C.; Ball, R. and Vernon, H. (2014) The experiences of 11-16 year olds on social networking sites (PDF, 1.24MB). London: NSPCC.
[Barnet Safeguarding Children Board](#)
[Business Plan 2014-2016](#)
[June 2014](#)

E-Safety Action Plan

| Strategic Approach | What we will do | How we will do it | Responsible Lead (TFG Members) | Evidence of improvement in performance / Expected outcomes | Timescale | R A G |
|---|---|--|-------------------------------------|--|----------------------|-------|
| Prevent | Re-establish E-Safety group to lead on delivery of action plan, consider having a SPOC. Establish baseline of e-safety issues relating to CYP in Barnet to inform action plan | Use 360 degree safe LSCB review tool; Collate data from: <ul style="list-style-type: none"> Schools :policies, incidents by type & severity; Police :recorded incidents, whether internet played prominent part; Social Care: recorded cases where internet is of significant concern; Youth Shield: number of CYP reporting incidents | Hema Parmar / BPSI | Annual review; E-Safety group first meeting by end July 2014; Extensive dataset to facilitate analysis by age group, prevalence of e-safety issues to inform action plan. | July to Aug 2014 | |
| | Ensure schools, agencies (inc vol groups) and carers (i.e. FCs) are aware of their e-safety requirements | Review e-safety template policies, draft and circulate checklist of e-safety actions, produce guidance for | Lead contact for each partner | All schools to have e-safety policies in place; checklists on BSCB website. | Sep to Dec 2014 | |
| | Raise awareness and understanding of E-safety issues amongst parents, carers and staff across all partners. | Update HTs on new Ofsted requirements for e-safety, publicise CEOP training and school-based training | BPSI & BSCB Head Teacher (HTs) Reps | Increased number of school staff better informed on e-safety | Sep 2014 | |
| | Raise awareness and understanding of E-safety issues amongst CYP. | Invite feedback from Youth Shield & Youth Board on ways to raise awareness & build resilience on personal safety for CYP; survey of school children(?) | Bilal Khan / Zainab Bundu | Better understanding of CYP issues in Barnet | July – Aug 2014 | |
| | Ensure all schools are aware of e-safety policy resources | Signpost LGfL and SWGfL template policies on BSCB website. | HP / BPSI / HTs | All schools to have access to updated e-safety policy templates | Sep 2014 | |
| | Develop coherent approach to e-safety policies & accreditation | Plan and deliver a BSCB multi-agency e-safeguarding conference in early 2015 (week of Safer Internet Day 2015); Design an E-safety training package for education workers | BPSI | Conference will flag latest e-safety issues across range of stakeholders | Feb 2015 | |
| | Improve the safety of children's access to the internet | Signpost Safer Internet Centre on BSCB website, publish guidance, gather information on internet filtering (all partners to have filtering policies); publicise in Newsletter | HP | Greater awareness of web filtering, overview of partners' security arrangements, all schools to have filters in place. | Sep – Dec 2014 | |
| Identify | Raise profile of professional standards | Ensure all partners have signed Acceptable Use of Internet Agreements (AUAs) from staff | Lead contact for each partner | Confirmation from each agency that AUAs have been signed and recorded. | Sep 2014 | |
| | Ensure that expectations for recording & reporting e-safety incidents are clear | Develop simple multi-agency template for recording e-safety incidents; publish guidance on BSCB website. | All | Clear accessible guidance on recording and reporting e-safety incidents | Sep 2014 | |
| Intervene & Support | E safety packs for children, parents and carers | Playground parent champions Teacher training | HT Reps | Parent Champions to have been secured; raised awareness amongst parents | Sep – Dec 2014 | |
| | Provide peer support to victims | Establish a group of young e-safety ambassadors / cyber mentors (from secondary phase) to provide peer support for 11-18s and supportive training for primary pupils | HT reps / Youth Shield | Number of e-safety ambassadors in secondary schools, number of primary pupils receiving support from secondary ambassadors; CYP are better able to protect themselves via peer support | Oct 2014 | |
| Enforce: (disrupt and prosecute) | Increase arrests, prosecutions and convictions for e safety related crime. | Task and finish group to scope range of possibilities and develop operating processes | Police rep and E-Safety sub-group | Proper understanding of range of offences; increase in arrests, prosecutions and convictions. | Jul 2014 to Jul 2105 | |

How we will evidence improvement in performance

9.1 The BSCB and the Performance and Quality Assurance sub-group to properly analyse and evaluate performance of each partner and provide challenge in order to help partners to:

- Measure the impact of BSCB's activity on outcomes for children,
- Undertake quantitative and qualitative evaluation of practice and interventions,
- Utilise and apply National research as a benchmark in order to drive improvements in performance,
- Identify areas for improvement going forward to secure better outcomes for children and families in Barnet.

This approach will enable BSCB to properly measure performance for each partner and drive forward improvement in performance.

9.2 Key to this will be working with Youth Shield to ensure we have a child-centred approach and good information sharing and exchange of relevant data between all partners as set out in the Terms of Reference.

9.3 In addition, BSCB will undertake and evaluate s11 audits and complete multi-agency themed audits to identify good practice, weaknesses, and areas for improvement to ensure the Board and sub-groups are making a difference and focusing the limited resource on what really matters. The Performance and Quality Assurance sub-group will commission 4 multi-agency themed audits for each 12 month period and will make recommendations as appropriate to the Business Management Group.

10 Budget and Resources

The Budget Summary for 2013/14 is attached in Appendix 2. The summary sets out projected spend for the next financial year and partner contributions. Any projected overspends or underspends will be managed by the Business Management Group at its quarterly meetings.

11 How we will manage risk

BSCB will receive progress at each quarterly meeting on the Action Plans to identify and manage risks to delivery of its core business. Any identified issues that place core business delivery at risk will be escalated up to senior level by the relevant agency, organisation or service.

12 How we will respond to change

We are aware from our experience that new challenges can arise at any time with regard to safeguarding children. To enable us to adapt and respond appropriately to any pressing new challenges either locally or nationally as well as respond to changes in the performance of our partners' performances or their staff, the Business Management Group will keep the Business Plan under review at its quarterly meetings to ensure BSCB is properly allocating its energy and resource to what really matters in Barnet. The Business Management Group will seek to ensure that change and improvement are consistently and effectively implemented and reviewed for their impact. Ultimately, our collective goal is to ensure that such changes impact positively on the children, young people and families that we serve.

Appendix 1: How we identified our Priorities

6.1 We researched National and local issues and identified 6 areas where BSCB can secure improvement in multi-agency performance. We proposed a number of measurable objectives, the underpinning activity that would secure delivery against those objectives and the performance and quality framework that will drive and inform the same. The 6 areas we identified were :

- Missing children
- Child sexual exploitation
- Serious Youth Violence
- E-Safety
- Neglect
- Domestic Violence

6.2 We then consulted all key partner agencies in February 2014 on what the top 3 Priorities were for their organisation. We wanted to ensure that there were logical, evidence based reasons for selecting the Priorities that BSCB will focus on in the Business Plan for the next 2 years. We believe that children and families in Barnet have a right to expect that interventions and services that are provided within the “safeguarding” parameters are supported by evidence and that they do actually make a difference. Importantly, this will inform strategic planning, commissioning and development of safeguarding services and arrangements as well as the day to day practice of individual professionals.

6.3 23 of the 30 Members of BSCB consulted responded to the survey. Figure 2 below captures the results of the survey. The numbers are admittedly nominal, however in order of importance for respondents:

- **Child Sexual Exploitation** was in the Top 3 for 15 respondents;
- **Neglect** was in the Top 3 for 14 respondents;

- **Domestic Violence and Serious Youth Violence** was in the Top 3 for 12 respondents;
- **E-Safety** was in the Top 3 for 9 respondents;
- **Missing Children** was in the Top 3 for 7 respondents.

6.4 In addition, respondents provided excellent commentary and we have undertaken qualitative analysis of the same to ensure these are captured in this Business Plan going forward.

Barnet Children Safeguarding Board 2014-2016 SurveyMonkey Priorities

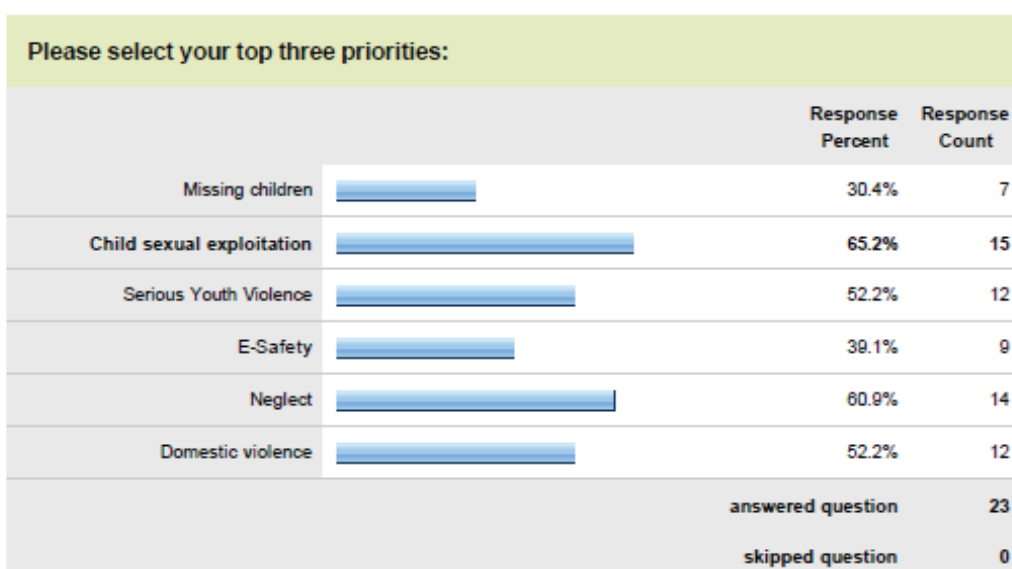


Figure 2 : Survey Monkey Results

Appendix 2: BSCB Budget 2014-2015

| Barnet Children's Safeguarding Board Finance Report 2014-15 | | | | |
|--|-----------------|----------------|---------------|---|
| | £ | £ | Variance | |
| Balance B/Fwd 2013/14 | -59,170 | | | |
| | | | | |
| Income / Contributions | | | | |
| London Borough of Barnet | -98,000 | | | |
| Metropolitan Police (London SCB) | -5,000 | | | |
| Probation | -2,000 | | | |
| Barnet CCG | -12,500 | | | |
| Central London Community Healthcare (CLCH) | -12,500 | | | |
| Barnet Enfield Haringey Mental Health Trust | -12,500 | | | |
| Royal Free Hospital Trust (inc Barnet & Chase Farm Hospital) | -25,000 | | | |
| CAFCASS | -550 | | | |
| | -227,220 | | | |
| | | | | |
| Commitments 2014/15 | | | | |
| | | | | |
| Staffing Costs | | | | |
| 0.6 FTE Administrator | | 20,520 | | PW |
| Independent Chair | | 20,000 | | CM (60% BSCB share only) |
| Development Officer / Safeguarding Manager | | 96,600 | | Agency |
| CSE Co-ordinator (pilot) | | 30,000 | | £400/day, 3 days/week from Sep 14 |
| | | 167,120 | | |
| | | | | |
| Other Expenses | | | | |
| Catering | | 1,000 | | |
| Miscellaneous (printing, travel, mobiles, etc) | | 3,000 | | |
| Recruitment/advertising expenses | | 2,000 | | |
| Youth Shield | | 10,000 | | To be agreed |
| Learning & Development Team (Barnet Children's Service) | | 32,000 | | Commissioned to co-ordinate M-U safeguarding training |
| SCIE/SC Reviews | | 10,000 | | |
| | | 58,000 | | |
| | | | | |
| Totals | -227,220 | 225,120 | -2,100 | |
| | | | | |

Decisions of the Health Overview and Scrutiny Committee

12 May 2014

Members Present:-

Councillor Alison Cornelius (Chairman)
Councillor Graham Old (Vice Chairman)

| | |
|--------------------------|--------------------------|
| Councillor Maureen Braun | Councillor Bridget Perry |
| Councillor Geof Cooke | Councillor Kate Salinger |
| Councillor Arjun Mittra | Councillor Brian Schama |

Also in attendance

Councillor Helen Hart – Cabinet Member for Public Health

Apologies for Absence

| | |
|---------------------------|--------------------------|
| Councillor Barry Rawlings | Councillor Julie Johnson |
|---------------------------|--------------------------|

1. MINUTES (Agenda Item 1):

RESOLVED that the minutes of 12 March be agreed as a correct record.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies for absence were received from Councillor Julie Johnson and Councillor Barry Rawlings.

3. DECLARATION OF MEMBERS' INTERESTS (Agenda Item 3):

| Member | Subject | Interest declared |
|-----------------------------|---|--|
| Councillor Alison Cornelius | Agenda Item 7 (Barnet, Enfield and Haringey Clinical Strategy Update) and Item 8 (NHS Quality Accounts – Mid Year Update) | Non-pecuniary interest by nature of being on the chaplaincy team at Barnet |

4. PUBLIC QUESTION TIME (IF ANY) (Agenda Item 4):

There were none.

5. MEMBERS' ITEMS (IF ANY) (Agenda Item 5):

There were none.

6. MINUTES OF THE NORTH CENTRAL SECTOR LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (Agenda Item 6):

RESOLVED that the Committee note the minutes of the North Central London Joint Health Overview and Scrutiny Committee held on 28 March 2014.

7. NHS QUALITY ACCOUNTS 2013/14 (Agenda Item 7):

The Committee scrutinised the Royal Free London NHS Foundation Trust Quality Account and wished to put on record the following comments:

- The Committee noted the high quality of care provided by the Royal Free London NHS Foundation Trust.
- The Committee welcomed the fact that the Royal Free London NHS Foundation Trust had met all of their targets, except the target on C. Difficile.
- The Committee welcomed the action that the Trust was taking in relation to working with partners to increase dementia awareness, and welcomed the fact that the Trust had a dementia lead.
- The Committee welcomed the actions being taken to improve quality in relation to dementia as a result of the National Clinical Auditor in 2013/14.
- The Committee noted that approximately a quarter of inpatients at the Royal Free London NHS Foundation Trust have diabetes, and welcomed the innovative work that the Trust is undertaking in relation to care of patients with diabetes.
- The Committee welcomed that there were zero attributable cases of MRSA at the Royal Free London NHS Foundation Trust during 2013/14, and are pleased to note that the various methods used to achieve the zero rate are being passed on to other Trusts as examples of best practice.
- The Committee welcomed that the percentage of staff employed by or under contract to the trust who would recommend the trust as a provider to their family or friends had increased from 72.6% in 2012 to 76.2% in 2013.
- The Committee noted that the Performance Indicator for the percentage of patients readmitted to the trust within 28 days of discharge for patients aged (i) 0 to 15 and (ii) 16 or over used old data, and requested that the final version of the Quality Account be updated with any available data from years 2012/13 onwards where possible.
- The Committee noted that other NHS Trusts tend to include references to complaints, and whilst noting that the Royal Free London NHS Foundation Trust would be limited by the regulator, advised that they would welcome a section on complaints in the Quality Accounts.

However, the Committee wished to express concern in relation to the following:

- The Committee noted that the rate per 100,000 bed days of cases of *C. Difficile* infection that have occurred among patients aged two and over had risen from 19.3 in 2011/12 to 30.5 in 2012/13, compared to the National Average Performance 2012/2013 of 16.3. The Committee were told that the Royal Free London NHS Foundation Trust had seen an improvement of those results over the last six months.

The Committee note the Independent auditor's limited assurance report to the Council of Governors of the Royal Free London NHS Foundation Trust on the

annual quality report and expressed concern over the reporting that a significant proportion of the staff themselves felt bullied, under stress or discriminated against.

- That the number and rate of patient safety incidents that occurred during the reporting period October 2011 – March 2012 and October 2012 – March 2013 had increased from 451 to 2,528. The Committee noted that the data submitted between October 2011 and March 2012 was incomplete due to technical issues with exporting data, and that the Trust had taken actions to improve its reporting rate.

Barnet, Enfield and Haringey Mental Health NHS Trust Quality Account 2013/14

The Committee scrutinised the Barnet, Enfield and Haringey Mental Health NHS Trust Quality Account and wished to put on record the following comments:

- The Committee noted that although the Trust had worked to strengthen communication with GPs through the GP Advice Line and the Primary Care Academy, communication with GPs as a whole was still needing improvement.
- The Committee noted that the “Carer Strategy” will be launched after 2nd June 2014.
- The Committee noted the survey undertaken by the Trust in relation to GPs’ satisfaction with communication and commented that it would be helpful to see the satisfaction statistics broken down by Borough.

However, the Committee wished to express concern in relation to the following:

- The Committee had expected to receive a more complete version of the report. The Committee noted that in advance of the Health Overview and Scrutiny Committee meeting, the London Borough of Barnet had been informed that updates made to the issued draft were not substantial enough to require the re-issuing of the draft provided for publication. The Committee expressed concern that when the report was presented at the meeting, the changes appeared to be much more substantial than had been initially implied. The Committee noted that if they had been aware of the magnitude of the changes, then the Committee would have wanted to have had the latest version of the document published and circulated in advance of the meeting. The Committee also wished to express their dissatisfaction that, on the evening, they were not made aware of the changes that had been made to the document.
- The Committee expressed concern that the priority for 2013-2014, “Safety - Improve communication with GPs” had not been met, and were further concerned to note that this priority would not be taken forward for 2014-2015.
- The Committee was told that the CQC had revisited The Oaks Ward on 10 April and that the Trust was now compliant. The Committee were informed that the enforcement notice had been lifted regarding the seclusion rooms.

North London Hospice Quality Account 2013/14

The Committee scrutinised the North London Hospice Quality Account 2013/14 and wished to put on record the following comments:

- The Committee welcomed the continuing improvements to the quality of care provided by the North London Hospice.
- The Committee noted the removal of the Liverpool Care Pathway and welcomed the examples of best practice undertaken by the North London Practice in end of life care following the Pathway's removal.
- The Committee welcomed the fact that the Hospice had invested in a day services Clinical Nurse.
- The Committee welcomed the action taken by the Hospice in seeking ideas for social activities and were pleased to note that activities such as musical performances in open spaces, reading and playing cards with people took place.
- The Committee welcomed the dementia facilities provided by the hospice.
- The Committee welcomed the refurbishment of bedrooms and inpatient units to improve dementia care.
- The Committee commented that the statistic for falls per occupied bed days per 1000 in 2013-14 was 13.2, compared to the national benchmark of 6.5 falls per 1000 bed days. The Committee noted that this national benchmark included hospitals and commented, that by the nature of being a hospice, a higher falls rate would be expected because of the frailty of its patients.
- The Committee welcomed the Clinical Effectiveness Project One: Dementia Care. The Committee welcomed the variety of dementia training that the Hospice would be undertaking, particularly, offering to train staff of external care homes and district nurses.
- The Committee noted that in 2012/13, the Hospice began working within a local five hospice consortium to benchmark performance. The Committee were pleased to note that the Hospice would be working with a group of 99 hospices in order to conduct benchmarking and were pleased to note that this data could be available in next year's Quality Account.
- The Committee welcome the 0-0 rate of avoidable pressure sores reported in April 2013 – March 2014.
- The Committee asked to be informed of the attendance figures of Barnet patients attending the day centre when it was located at the North Finchley site, compared to the current figures of Barnet patients attending the day centre at new Enfield site.

However, the Committee wished to express concern in relation to the following:

- The Committee noted that the Audit Steering Group Chair had highlighted the need to increase competence and the quality of audits.
- The Committee noted that there had been an increase in closed bed days in 2013/14 due to plumbing problems, deep cleaning requirements in rooms which patients with MRSA had been cared for, staff sickness and maternity cover.

Central London Community Healthcare NHS Trust

The Committee Scrutinised the Central London Community Healthcare NHS Trust Quality Account 2013/14 and wished to put on record the following comments:

- The Committee welcomed the fact that the addition on the annual complaints report.

However, the Committee wished to express concern in relation to the following:

- The Committee expressed concern that the milestone, “Reduction in paperwork for front line staff (by a third), creating time to care by introducing electronic / digital solutions to reduce paperwork” had not been achieved
- The Committee expressed concern that the milestone, “Audit of recruitment processes to demonstrate values questions asked and staff survey to show high levels of understanding and commitment to Trust values” target had not been achieved.
- The Committee expressed concern that the outstanding milestone of “Audit of dementia, mental health and learning disability and care of vulnerable adults policy” had not been achieved.
- The Committee noted that the Risk Management Strategy showed that 90% of services are using their risk registers and that service improvements can be clearly demonstrated. The Committee expressed concern that some services were unable to identify risks.
- The Committee expressed concern that there was no proof of dentistry provision in Barnet being provided by the Trust.

Barnet and Chase Farm Hospitals NHS Trust:

The Committee scrutinised the Barnet and Chase Farm Hospitals NHS Trust 2013/14 Quality Accounts and wished to put on record the following comments:

- The Committee welcomed the very recent improvement that the Trust had made in Accident and Emergency waiting times.
- The Committee welcomed the fact that following an upgrade of the telephone and call centre technology, Patient Services were handling 80% of calls within 30 seconds.
- The Committee welcomed the fact that additional staff resources had been made available to deal with complaints
- The Committee noted that it was a legal requirement of the Trust to have a “Limited Assurance” report.
- The Committee welcomed the “Home for Lunch” initiative.
- The Committee welcomed the use of the “Forget-me-Not” scheme to assist patients with dementia.
- The Committee welcomed Priority Two for 2014/15, which is to reduce the “Did Not Attend” rate. The Committee questioned what further actions were being taken to reduce the rate of cancellations and were told that the Trust was using text reminders, reminder phone calls and were working to improve communication skills so that patients felt more able to inform the Trust that they would not be attending an appointment. The Committee requested that this be expanded upon within the Quality Accounts.

However, the Committee wished to express concern in relation to the following:

- The Committee noted that 56.1% of formal complaints were acknowledged within the first three days and suggested it would be helpful for patients to be given an estimated response time within the acknowledgement.
- The data from the last three months in the “Monthly Cardiac Arrest Run Chart” was not included. The Committee requested that this be inserted if the data is available before publishing the Quality Accounts.

At the request of the Chairman, the Committee noted the following update from Jonathan Gregory, the Foundation Trust Project Manager from Central London Community Healthcare, on their Foundation Trust application which had been circulated in advance of the meeting:

“Central London Community Healthcare (CLCH), London’s largest standalone community NHS trust, is applying to become a foundation trust. Last year our application slowed down. We agreed to suspend our original timeline while we awaited details of the newly-introduced inspection regime by the Care Quality Commission (CQC). All aspirant foundation trusts are now required to undergo an inspection before they can submit their application to Monitor, the foundation trust regulator. This affects all NHS trusts in the foundation trust pipeline. It is likely that the CQC inspection at CLCH will take place in early 2015.

Currently, the Trust’s foundation trust programme is focussed on developing further the Integrated Business Plan (IBP), which is the organisation’s five year plan.

We anticipate that, if successful, CLCH will become a foundation trust in early 2016.”

At the request of the Chairman, the Committee noted the following update from Prof Stephen Powis, Medical Director at the Royal Free Hospital NHS Foundation Trust:

- That the Trust was ending its second year as a Foundation Trusts;
- That all targets had been met except C. Difficile.

At the request of the Chairman, the Committee noted the following update from Ian Mitchell, the Medical Director at Barnet and Chase Farm Hospitals NHS Trust on their status of becoming a Foundation Trust. Mr Mitchell advised the Committee that the Trust was working towards the acquisition by the Royal Free London NHS Foundation Trust, and noted that the decision would be subject to the sign off of the Council of Governors. The Committee noted that work was underway in order to ensure good governance within the proposed new structure.

RESOLVED that:-

- 1) That the above mentioned comments by the Committee be noted by the North London Hospice and individual Trusts and incorporated into the final versions of their Quality Accounts for 2012/13.**
- 2) The Committee note the updates in relation to the Foundation Trust Status of both Central London Community Healthcare (CLCH) and Barnet and Chase Farm Hospitals NHS Trust.**

8. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME (Agenda Item 8):

The Committee considered the Forward Work Programme as set out in the report.

The Chairman invited Julie Pal, the Chief Executive of Community Barnet, and Selina Rodrigues, the Head of HealthWatch Barnet, to the table. The Chairman noted that the Committee had requested that, following a recent CQC Report, HealthWatch Barnet

Enter and View team undertake “Enter and View” visits to two establishments: The Oaks and Silver Birches. The Chairman advised that these visits would be reported to a future meeting of the Committee.

Ms. Rodrigues advised the Committee that HealthWatch Barnet were liaising with HealthWatch in both Enfield and Barnet about the possibility of a joint visit. The Chairman requested that the Committee’s thanks be passed on to the “Enter and View” team.

The Chairman advised that the following items would be placed on the Forward Work Programme for the following municipal year:

- A report on care following the removal of the Liverpool Care Pathway
- A report on maternity at Barnet and Chase Farm hospitals.

RESOLVED that the Committee note the Forward Work Programme and request that arrangements are made for the above items to be added to the Forward Work Programme for the forthcoming municipal year.

9. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 9):

The Chairman invited the Cabinet Member for Public Health, Councillor Helena Hart to the table.

The Committee noted that the Cabinet Member for Public Health had signed the Disabled Children’s Charter.

The Cabinet Member for Public Health provided comment on the Quality Accounts considered at the meeting as follows:

Royal Free London NHS Foundation Trust:

The Cabinet Member for Public Health advised that issues in relation to staffing would be progressed through a new system of Governance.

Central London Community Healthcare:

The Cabinet Member for Public Health added her concern to that of the Committee’s at the lack of references to Barnet within the Central London Community Healthcare Quality Account.

Barnet Enfield and Haringey Mental Health Trust:

The Cabinet Member for Public Health advised that she had received an e-mail from the Chief Executive of the Barnet, Enfield and Haringey Mental Health Trust dated 7th May 2014 which stated that their performance against the CQC’s standards had improved significantly over the last few months and that the number of non-compliance areas issues had reduced from 11 to 6.

The Cabinet Member for Public Health advised that there would be an official launch for the outdoor gyms programme following the local elections.

RESOLVED that:-

- 1. The Committee note the Forward Work Programme;**
- 2. The Committee note the update from the Cabinet Member for Public Health.**

The Chairman expressed her thanks to the Committee for their help and support in all that had been achieved in the past few years, particularly in contributing to the following:-

- The implementation of Alzheimer's / Dementia training and signage at Barnet and Chase Farm Hospitals
- 202 new car parking spaces at Barnet Hospital

The Chairman advised the Committee that she wished to put on record her and the Committee's thanks to Councillor Schama for his contributions to the Health Overview and Scrutiny Committee over several years and particularly noted that his Mayor's Charity Appeal raised nearly £50,000 to help towards Alzheimer's / Dementia projects at Barnet and Chase Farm Hospitals.

The Vice Chairman moved that the Committee put on record their thanks to the Chairman for her Committee work over the last year.

The Chairman advised the Committee that she wished to put on record hers and the Committee's thanks to Councillor Schama for his contributions to the Health Overview and Scrutiny Committee over several years and particularly noted that his Mayor's Charity Appeal raised nearly £50,000 to help towards Alzheimer's / Dementia projects at Barnet and Chase Farm Hospitals.

The Vice Chairman moved that the Committee put on record their thanks to the Chairman for her Committee work over the last year.

The meeting finished at 10.00 pm

Update on recent CQC inspections

1. Introduction

This paper provides an update on the progress made in relation to the Care Quality Commission (CQC) regulatory visits and judgements in respect of Barnet, Enfield and Haringey Mental Health Trust.

2. Inappropriate Use of Seclusion Rooms

The CQC visited Haringey Assessment Ward, St Ann's Hospital on 19 June 2013 and raised concerns regarding the use of seclusion rooms for non seclusion purposes. Their report was published in August 2013 and the Trust was judged to be non compliant with Outcome 4: care and welfare of people who access services. An action plan was developed and implemented. This was submitted to CQC on 10 September 2013.

The CQC revisited the unit in November 2013 and found that during times of high demand for admissions the use of seclusion rooms for non seclusion purposes was still happening. The CEO, Director of Nursing, Medical Director and Chief Operating Officer met with the CQC on 10 December 2013 and were advised that the CQC were judging the Trust as non compliant with Outcome 4.

The Trust was subsequently issued with an enforcement notice on 13 December 2013.

The Trust ceased use of seclusion rooms for non seclusion purposes on 10 December 2013. An action plan was implemented to address demand and capacity issues and the Trust maintained full compliance in that no seclusion room has been used for non seclusion purposes since 10 December 2013.

The CQC revisited the Trust on 11 April 2014 and the Enforcement Notice was rescinded (see attached report).

3. Dementia and Cognitive Impairment Service Line

On the 25 & 26 September 2013 the CQC visited the older adults mental health wards at Chase Farm Hospital and judged the Trust to be non compliant in the areas of Outcome 4 (Care and Welfare), Outcome 10 (Safety and suitability of premises), Outcome 16 (Assessing and monitoring quality of services) and Outcome 21 (Records). An action plan was put in place and submitted to the CQC. In April 2014 the Trust advised the CQC we were fully compliant and the CQC were invited to re-inspect. The Trust is awaiting a further re-inspection of the services by the CQC.

4. Crisis and Emergency Service Line

The most recent CQC visit was to the Trust's mental health home treatment teams during April 2014. The CQC noted a number of improvements in areas that they had commented on previously, however, they did raise concerns about aspects of

practice in medicines management. As a result, the CQC issued an Enforcement Notice in respect of medicines management.

The Trust had until 30 May to demonstrate that we had addressed the issues raised by the CQC. The Trust has taken immediate action in these areas and has a full action plan in place. This has been shared with CCG Quality Leads and is being regularly monitored by the Trust Board.

The CQC revisited the CRHT teams on 9 & 10 June 2014 and found the teams to be fully compliant with Outcome 9 and 14. Therefore, the Enforcement Notice in respect of Outcome 9 has been rescinded.

In summary over the last 9 months the Trust has demonstrated improved compliance which is a reflection in moving from a position of 11 non compliance to 4 at the time of this meeting and those 4 await CQC re-inspection which is outside of the Trust's control.

We have maintained significant improvement across the DCI service line and further work to embed and ensure lasting change from a quality improvement focus perspective is ongoing.

Mary Sexton
Executive Director of Nursing, Quality and Governance

17 June 2014

AGENDA ITEM 12

| | |
|--------------------------------|--|
| | Health and Well-Being Board 18 September 2014 |
| Title | Early Intervention and Prevention Strategy |
| Report of | Strategic Director for Communities |
| Wards | All |
| Status | Public |
| Enclosures | Appendix 1 – Early Intervention and Prevention Strategy |
| Officer Contact Details | Duncan Tessier, Duncan.Tessier@Barnet.gov.uk 020 8359 4504 |

Summary

Early Intervention and Prevention is about tackling problems experienced by children and families as early as possible to improve outcomes, and to lower costs.

The purpose of this strategy (which sits alongside a number of other strategies) is to provide a framework to organise our early help services, to monitor their success, and to drive improvement. The strategy was commissioned by the Children's Trust Board and has been formulated through consultation with staff and partners.

Recommendations

1. That the Health and Well-Being Board comments on the Early Intervention and Prevention Strategy, prior to approval by the Barnet Children's Safeguarding Board.

1. WHY THIS REPORT IS NEEDED

- 1.1 Early Intervention and Prevention is about:

- identifying the needs of children, young people and their families at an early stage;
 - providing timely and targeted support to prevent the difficulties that they can experience from arising or escalating.
- 1.2 In addition Working Together to Safeguard Children (March 2013) sets out requirements for local authorities to ensure a framework is in place to:
- identify children and families who would benefit from early help
 - provide targeted early help services to improve the outcomes of a child
- 1.3 The Ofsted Single Inspection Framework assesses the overall effectiveness of services and arrangements for children, including early help.

2. REASONS FOR RECOMMENDATIONS

- 2.1 We know that effective Early Intervention and Prevention can:
- improve outcomes for children and families; and
 - significantly reduce costly support at a later stage
- 2.2 This strategy provides a framework for the Council and partners to ensure that early help services are:
- effectively co-ordinated and targeted across the Partnership;
 - success monitored;
 - Subject to the process of continuous improvement

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 N/A

4. POST DECISION IMPLEMENTATION

- 4.1 In line with the changes to the Children's Trust Board being agreed in July 2014, the HWBB is also asked to oversee this strategy.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 Early intervention is a key theme of the Children and Young People's Plan and the Health and Well-being Strategy.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 The adoption of the strategy has no direct resource implications but should guide the future use of resources of partners.

5.3 Legal and Constitutional References

- 5.3.1 The Council has statutory duties in respect of safeguarding children and providing support for children in need, wherever possible in placement with their families through the Children Act 1989 and the Children Act 2004.

- 5.3.2 The Council's Constitution sets out the Terms of Reference for the Health and Well-Being Board. The responsibilities include agree a Health and Well-Being Strategy for Barnet taking into account the findings of the JSNA, and performance managing its implementation to ensure that improved outcomes are being delivered. The Terms of Reference also sets out responsibilities of the Board to work with partners across health and social care agencies to ensure that resources are directed to meet the needs of Barnet's population.

5.4 Risk Management

- 5.4.1 Risks are actively managed through the current service and partnership boards.

5.5 Equalities and Diversity

- 5.5.1 Equality and Diversity issues are a mandatory consideration in decision-making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

- 5.5.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

- 5.5.3 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.6 Consultation and Engagement

- 5.6.1 The strategy has been produced following engagement with staff, providers, schools, and children and families.

6. BACKGROUND PAPERS

- 6.1 None

This page is intentionally left blank

London Borough of Barnet Early Intervention and Prevention Strategy

August 2014



Barnet Safeguarding Children Board

Barnet Children's Trust Board

1. EXECUTIVE SUMMARY

- Early Intervention and Prevention is about tackling problems experienced by children and families as early as possible to improve outcomes, and to lower costs.
- The purpose of this strategy (which sits alongside a number of other strategies) is to provide a framework to organise our early help services, to monitor their success, and to drive improvement. The strategy was commissioned by the Children's Trust Board and has been formulated through consultation with staff and partners.
- The approach proposed is that early help services should be organised according to three guiding principles: **i) Intervene as early as possible; ii) Take a whole family approach; and iii) use evidence based monitoring systems.**
- The strategy defines four broad levels of need that children and families can fit into, ranging from level 1 (low level need- suitable for universal services), up to Level 4 – acute needs (requiring social care intervention). The overall intention of the strategy is to **treat problems at the earliest level of need possible; and to seek to shift families down the tiers of need through successful interventions.**
- In order to organise our Early Help services around the specific issues facing Barnet families, we have conducted a needs analysis using local data. This analysis identifies 8 'themes' or problems which are most likely to drive poor outcomes for Barnet families: **Domestic violence; alcohol and/or drug misuse; mental health; parenting and neglect; unemployment; involvement with police; missing from school; and child sexual exploitation.** We found that the 'toxic trio' of DV, alcohol/drugs and mental health were the most prevalent causes of poor outcomes.
- The Barnet Early Help Offer- i.e. the set of services which delivers our early intervention strategy- is formed of the following key parts: **1) A Front door/triaging service-** which assesses and signposts cases to early help services; **2) A core set of council early help services:** including Children's Centres; the Intensive Family Focus Team and Youth Services; and **3) a set of commissioned services**, where the council procures early help services from third parties – for example Child and Adolescent Mental Health Services; **4) Services provided by partners:** such as services provided by the voluntary sector which are not commissioned by the Council. We will review the above offer to ensure it is line with the 8 themes identified in our needs analysis.
- We will measure the success of the Early Intervention Strategy through two key indicators: increasing our number of high quality early help (CAF) assessments, and increasing the percentage of these plans which are successfully delivered (see overleaf).

In terms of Governance, the Early Intervention and Prevention strategy will be overseen by the Children's Trust Board and the Barnet Safeguarding Children Board, with updates to other Boards as appropriate (Health and Wellbeing Board, Community Safety Partnership).

Our strategy boils down to driving up the number of high quality early help assessments (CAFs), and ensuring that the highest possible percentage of these assessments are successful. If we do this, we will be delivering on the three key principles underpinning our strategy:

| Key deliverable | Link to key principles | How will doing this deliver the strategy? |
|--|---------------------------------------|--|
| Increase number of CAFs | Intervene as early as possible | We will be intervening as early as possible CAF assessment is early intervention in action |
| | Take a whole family approach | We will be taking a whole family, multi-agency approach because this is built into the CAF process |
| Increase per centage of successful assessments | Use evidence based monitoring systems | We will be using targeted interventions based on evidence of the needs of families in Barnet |
| | | We will be using interventions based on effective monitoring of what delivers positive outcomes |

We are working with partners to develop meaningful targets for the levels of increases we aim to achieve against these two key indicators.

2. DEFINITIONS, RATIONALE AND CONTEXT

What is Early Intervention and Prevention?

Early Intervention and Prevention is about:

- identifying the needs of children, young people and their families at an early stage;
- providing timely and targeted support to prevent the difficulties that they can experience from arising or escalating.¹

We know that effective Early Intervention and Prevention can:

- improve outcomes for children and families; and
- significantly reduce costly support at a later stage

What is the Early Help Offer?

The 'Early Help Offer' is the set of services which deliver an Early Intervention and Prevention approach.

Why do we need an Early Intervention and Prevention Strategy in Barnet?

This strategy provides a framework for the Council and partners to ensure that early help services are:

- effectively co-ordinated and targeted across the Partnership;
- success monitored;
- Subject to the process of continuous improvement

In addition *Working Together to Safeguard Children* (March 2013) sets out requirements for local authorities to ensure a framework is in place to:

- identify children and families who would benefit from early help
- provide targeted early help services to improve the outcomes of a child

The Ofsted Single Inspection Framework assesses the overall effectiveness of services and arrangements for children, including early help.

How can we work effectively with our partners?

Within the Council we have mapped our Early Intervention and Prevention provision; identified the key drivers of cost and poor outcomes, and proposed a set of principles for 'good Early Intervention and Prevention'.

¹ 'Prevention' is the work of building capacity such that problems do not arise in the first place, whereas 'Early Intervention' involves responding to a problem before it escalates.

Through the Children's Trust Board we have asked our partners to:

- Commit to creating a shared plan for Early Intervention and Prevention
- As a first step, partners to provide staff resource to map out the Early Intervention and Prevention provision within their agency, and the key dependencies between services.

We are working with Health, Education, the Police, and the Voluntary and Community Sector to agree their contributions to this strategy.

Connection with Central Government – Troubled Families programme

Barnet has been selected as an early starter for phase II of the national programme. We will be seeking to underpin the early intervention strategy with the Troubled Families approach.

The strategic context

Nationally, there is growing consensus about the value and importance of early intervention. Graham Allen's reports have argued that Early Intervention and Prevention can break the intergenerational cycles of dysfunction, and has the potential to significantly reduce later costs to the taxpayer as well as non-financial costs to society as a whole². The NAO report on Early Action argues that a concerted shift away from reactive spending towards early action can result in better outcomes and greater value for money³. These views are echoed by the Troubled Families Programme and the Early Intervention Foundation⁴

Barnet's own empirical research on cost avoidance supports the national literature. Our study of 109 family support cases suggests that early intervention in these cases saved the public sector approximately £1.1m⁵

The local context

In the local context, this early intervention strategy sits alongside a broader set of strategy documents, as set out in the diagram below.

² "Early Intervention – the next steps" in January 2011 Graham Allen
Early Intervention: Smart Investments, Massive Savings' was published in July 2011

³ <http://www.nao.org.uk/wp-content/uploads/2013/03/Early-Action-full-report.pdf>

⁴ <http://www.earlyinterventionfoundation.org.uk/>

⁵ *Assessing the cost savings of Early Intervention on Troubled Families*. This short paper is referenced in the Evidence Base document.

Health and Wellbeing Board

Barnet Children's Trust Board

Barnet Safeguarding Children Board

Safer Communities Partnership Board

Children and Young People's Plan

DV

Neglect

CSE

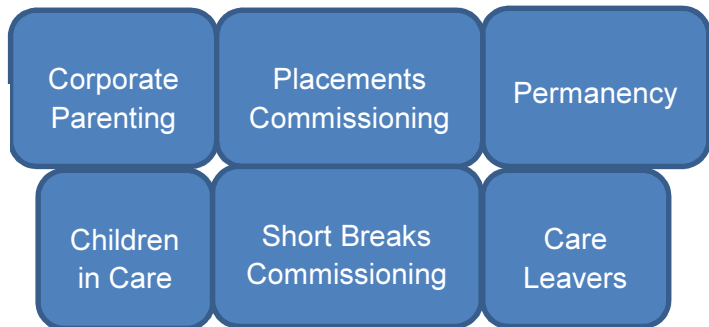
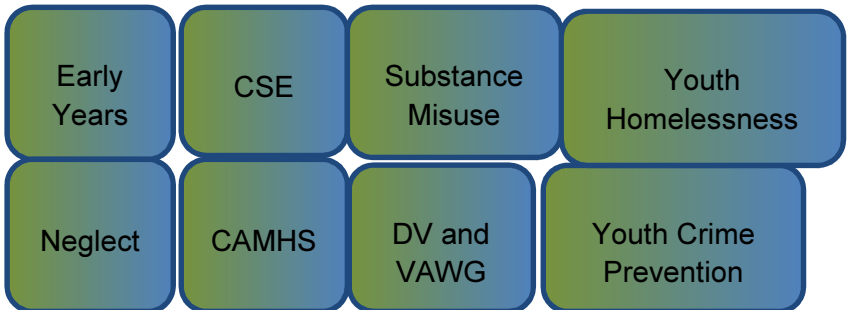
E-Safety

Early Intervention and Prevention Strategy

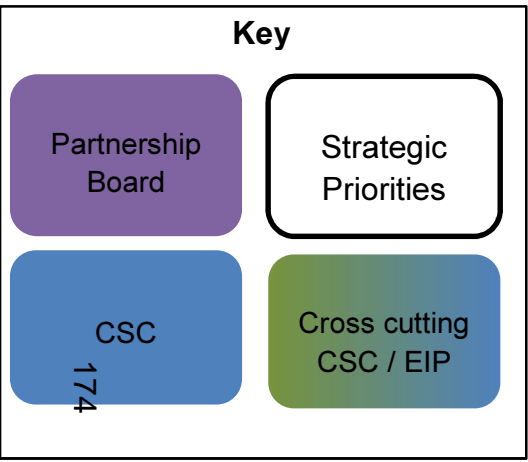
Meeting Needs of Families Early Before they Escalate

Children's Social Care Strategy

Keeping Children and Young People Safe and achieving the best outcomes for them



2 tiers here does not indicate subsidiarity



Children and Young People's Plan:

Barnet's Children and Young People's Plan 2013 to 2016 explains what the organisations represented on Barnet's Children's Trust Board will do to support children, young people and their families to lead happy and successful lives. One of the plan's cross-cutting priorities is Early Intervention and Prevention.

Barnet Safeguarding Children Board's priorities:

Neglect, Domestic violence, E-safety and Child sexual exploitation

Domestic Violence (DV) and Violence against Women and Girls (VAWG) Strategy:

One of the four objectives of the borough's recently refreshed DV and VAWG Strategy 2013-2016 is

Prevention: changing attitudes and preventing violence, awareness raising campaigns, safeguarding and educating children and young people, early identification and training.

Youth Crime Prevention Strategy:

Sets the partnership approach responding to serious youth violence and gangs in Barnet.

Early Years Review:

Focusing on bringing Barnet's Children's Centres together into a centrally managed locality structure to make more efficient and effective use of our resources and integrating health visiting to make better use of the service's universal reach and ability to identify the most vulnerable families.

CAMHS Review-

A review of Barnet's Children and Adolescent Mental Health Services is being carried out to inform the re-commissioning of the service, ensuring that it is best meeting the needs of Barnet's children, young people and families.

3. OUR PRINCIPLES AND APPROACH TO EARLY INTERVENTION

We have developed three principles that underpin our approach (for evidence base behind these see *Early Intervention and Prevention: Evidence Base and Services Analysis*). The principles are:

1. **Intervene as early as possible** – in the life of a child and the life of a problem
2. **Take a whole family approach:**
 - By considering and potentially intervening across the family unit (rather than just a child or a parent)
 - Different agencies working seamlessly together with a family

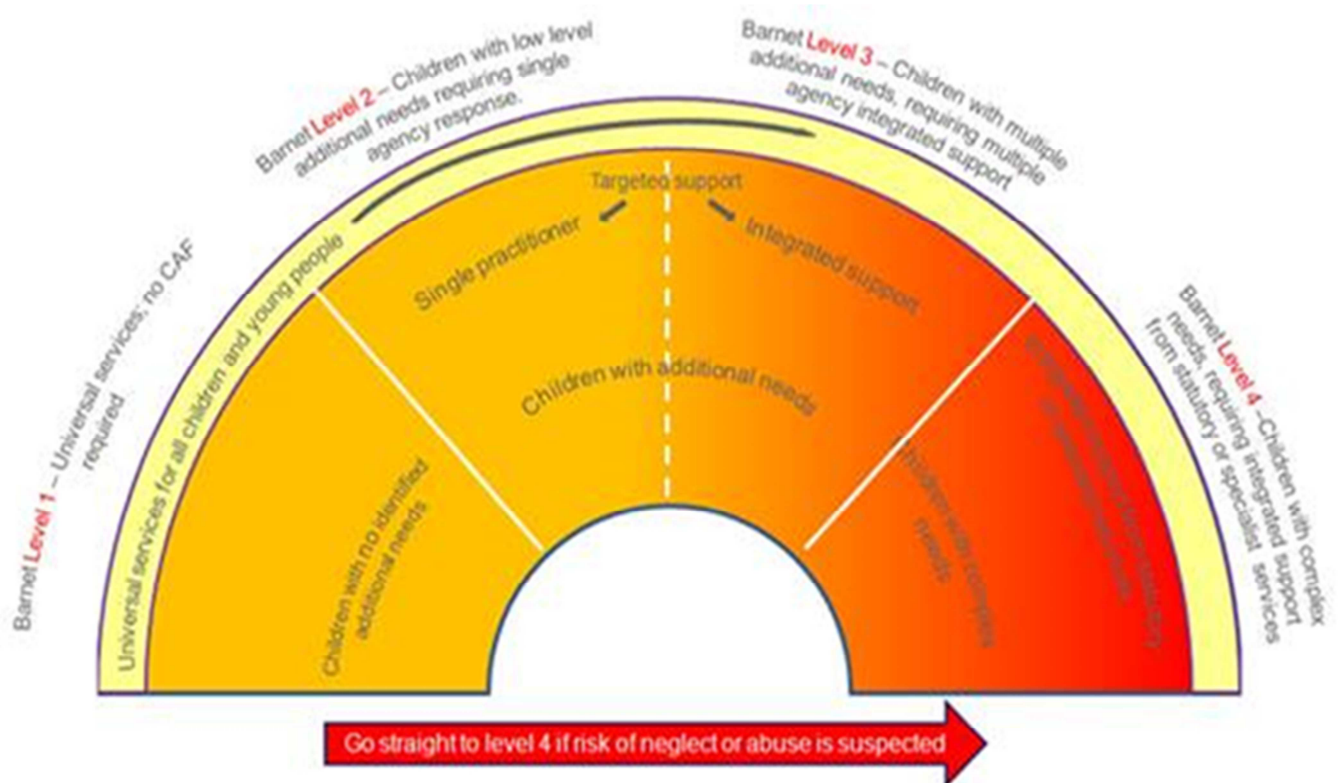
- Addressing multiple issues simultaneously
- Ensuring the voice of the child is heard

3. Using evidence-based interventions and monitoring them effectively

4. Levels of Need

Children and families can be seen as fitting into 4 categories of need:

| Level of need | Definition of this type of Need | Which services do we use to address this need | Approximate number of open cases in Barnet (2014) | Approximate cost |
|----------------|--|---|--|------------------|
| Level 1 | No identified additional needs. Response services are universal services | <ul style="list-style-type: none"> - Children's Centres - Health Visitors - Libraries - Schools | 111 CAFs; 18932 registered users 15 CAFs 126896 adult users 13167 CYP users | £7.6m |
| Level 2 | Child's needs are not clear, not known or not being met. This is the threshold for beginning a Common Assessment. Response services are universal support services and/or targeted services | <ul style="list-style-type: none"> - Children's Centre Outreach - Schools - Targeted Youth Support | c700 held by children's centres, Schools and targeted youth services | £4.7m |
| Level 3 | Complex needs likely to require longer term intervention from statutory and/or specialist services. High level additional unmet needs - this will usually require a targeted integrated response, which will usually include a specialist service. | <ul style="list-style-type: none"> - Safer Families - Intensive Family Focus - Youth Offending Service - Children in Need | 144 200 103 809 | £15.5m |
| Level 4 | Acute needs, requiring statutory intensive support. This in particular includes the threshold for child protection which will require Children's Social Care Intervention | <ul style="list-style-type: none"> - Children in Care - Specialist Placements | 326 Looked After Children | £21.8m |



In line with the principle of intervening as early as possible, our aim is to:

- a) prevent families moving up the tiers of need, by seeking to capture needs at the lowest level
- b) For children and families who are in the higher tiers, our aim is to move them down the tiers of intervention- building their capacity, and lowering the costs of intervention.

Needs analysis: What drives need in Barnet?

In order to design our early help services effectively we need to understand the needs of children and families in Barnet. Detailed analysis of Barnet data can be found in the *Early Intervention and Prevention Evidence Base and Services Analysis*. This analysis shows that, in Barnet, the following eight themes are driving escalation of need, poor outcomes and financial pressures for the Council and its partners:

1. Families affected by **domestic violence**
2. Those affected by **alcohol and/or drug misuse** issues, or living with a parent or carer with these issues
3. Children, young people or adults with **mental health** issues
4. Families where the **ability to parent** is limited which in some cases can lead to **neglect**

5. Families experiencing long term **unemployment**
6. Those involved with the **police or the criminal justice system**
7. Children who are regularly **missing school** or children who are **not school ready**
8. Those at risk of **child sexual exploitation**

5. THE EARLY HELP OFFER: EARLY INTERVENTION IN PRACTICE

Given the above needs, the key services that make up the Early Help Offer are divided into 4 categories:

Triage

- Triage of cases is provided by **The Multi Agency Safeguarding Hub (MASH)** – this ensures the need of the family is identified.
- **The Multi Agency Support Team (MAST)** oversees the implementation of the early help system, using the 'Common Assessment Framework'. A protocol between Family Support and Early Intervention, and Children's Social Care (http://www.barnet.gov.uk/WorkingWithChildrenInBarnet/homepage/172/sharing_a_case_with_childrens_social_care) outlines the working practices for moving cases up/down and across the service. The CAF and Social Care Thresholds Guidance (January 2014) describes how the thresholds are applied to the referrals received. A copy of this document is available online (<http://www.barnet.gov.uk/WorkingWithChildrenInBarnet/downloads/file/737/>).

In house services

- **Intensive Family Focus (IFF)** works intensively with families with multiple needs;
- **Children's Centres-** provide a variety of advice and support for parents and carers. Their services are available to support families with children under 5 (from pregnancy to when the child goes into reception class at primary school).
- **Childcare:** the Early Years Vulnerable Families Offer entitles all children aged three and four to 15 hours per week of Free Early Education (FEE). Some two year olds are eligible to access up to 15 hours per week for FEE. The Early Years Vulnerable Children funding provides vulnerable children aged 6 months to five years with a funded place within a childcare setting.
- **The Youth and Community Service-** provides positive activities and targeted youth workers

- **The Safer Families project**- is an early intervention project which aims to identify children and families where domestic abuse and conflict is a feature of family life but, does not reach the threshold for social care intervention.

Commissioned Services

- CAMHS, IAPT
- Substance misuse programmes,
- Parenting programmes
- DV services (refuge, advocacy and support, perpetrator services, etc)
- CSE caseworker
- Peer-to-peer mentoring

Partners

Schools

Schools play an active role in Early Intervention and Prevention, working with children and young people on a daily basis to identify problems early and to intervene in order to improve both learning and wellbeing outcomes for the child.

Health

Health professionals including GPs, health visitors, midwives, sexual health and mental health practitioners are in a good position to identify issues which families or individuals may not be disclosing, especially in the Violence Against Women and Girls arena (domestic abuse; FGM; honour based violence, sexual exploitation).

Housing

Housing providers can be well placed to identify difficulties with anti-social behaviour, and even challenges like domestic violence. Sharing information and data when they spot families who are experiencing difficulties, playing a central role in coordinated assessments, and 'team around the family' responses, or even being the lead agency in these arrangements, can help ensure that families' housing and far wider needs are addressed promptly and effectively.

Police

We work in partnership with the police to intervene early with young people to reduce the involvement of children and young people in crime and anti-social behaviour and reduce the number of young people at risk of gang activity.

Voluntary and community sector

Voluntary and community organisations such as the voluntary youth sector often work with young people from positions of trust and can play an important role in identifying issues that individuals may not be disclosing to other partners. Increasing the contribution of the local VCS to the overall performance of services for children and families in Barnet is a priority.

A directory highlighting the main early intervention and prevention services provided across Barnet is included in Annex A.

6. MEASURING SUCCESS

How will we know if our Early Intervention and Prevention Strategy is effective?

Effective measurement is a core principle of our approach. It will be premised on the following:

- The CAF as the key assessment tool across early help services
- Moving towards the same measurement of progress across early help services (currently there are a number of different measures being used across the service)
- Regular review, and challenge of data starting with practitioners up to senior managers.

To measure success, we will assess whether our three key principles are being implemented in practice- so:

- Are we intervening as early as possible?
- Are we taking a multiagency approach, and is our partnership work effective, and are we responding to feedback from children and families?
- And most crucially, are we meeting needs when we intervene, and having positive impact on lives?

We have developed a dashboard which captures the above questions. The key components are:

1. CAF initiation
2. CAF progress

| Category | Indicator | Rationale for selection | Target |
|--------------------|---|---|----------|
| Initiation of CAFs | Schools (particularly those with more deprived populations) involved in team around the setting | Are we intervening before CAF stage if possible? / are our deprived school represented? | Increase |
| | New CAF assessments | - More is better- but what is the right | Increase |

| | | | |
|---------------------------------|--|--|----------------------|
| | completed by Council teams and non-council teams | number of CAFs? - Are key partners pulling their weight (Health Visitors, Children's Centres, VCS)? | |
| | Routes of referral to the CAF team ("stepped down" from CSC vs straight to Early Intervention) | - What is the balance of our early interventions between stopping problems before they arise and de-escalating problems which have been to social care? - What's a good ratio? (ours is c. 50:50) | Monitor |
| | Prevalence of presenting risk factors (based on primary reason for CAF initiation) | Monitoring needs keeps services responsive (e.g. in Barnet serious youth violence) – our 8 themes come from monitoring needs | Monitor |
| Progress of CAFs once initiated | Total open CAF caseload (Tier 1 / Tier 2 / average duration) | Are our open CAFs on track? (total 900 CAFs; duration c 1yr) (expect to see more lower than higher tier, lower open times) | Decrease |
| | CAF episodes closed (Family needs met / referred to CSC / other) | Study of 2 year cohort of CAFs: 50% meeting needs; 20% to social care; 30% ? – how can we convert these into needs met? | Increase (needs met) |

To further measure the effectiveness of our strategy we will develop indicators relating to the prevalence of the 8 key issues identified above, on an annual basis. We would expect a successful strategy to see progress against each of these themes (e.g. by seeing declining rates of mental health problems, prevalence of DV)

Finally, to assess the extent to which our strategy is fully embedded, and the strength of partnership, we will on an annual basis measure ourselves against the Early Intervention and Prevention Maturity Matrix. This matrix outlines the characteristics of organisations at different stages in the maturity of their Early Intervention and Prevention provision, ranging from 'Basic Level' through to 'Maturity'. The criteria are:

- **Planning** – Money mostly spent where there is evidence it can be used effectively.
- **Delivering** – Consistent approach to assessing and working with families across multiple agencies.
- **Evaluating** – All services are being monitored and their success measured.
- Everyone works to the same goals.
- **Leading** – A partnership actively owns the EI Plan.
- It is clear who is in charge of delivering which bits of the plan.
- Everyone talks about EI with the same understanding.
- **Family focus** – Children and families are often involved in deciding how services are designed and run.

7. ROLES AND RESPONSIBILITIES

Governance Arrangements

The strategy will be overseen by: Barnet's Children's Trust Board, Chaired by the Lead Member for Children's Services, and by the Barnet Safeguarding Children Board. In line with the changes to the Children's Trust Board being agreed in July 2014, the HWBB is also asked to oversee this strategy.

The operational governance of the strategy will be overseen by:

The Multi-Agency Group

The MAG brings together managers from all key partner agencies working with children and families in Barnet to ensure that early interventions using the Common Assessment Framework (CAF) are working effectively. The MAG is aimed at Tier 2-3 early intervention for children and young people with additional needs, below the threshold of Children's Social Care. The core role of the MAG is to 'unblock' CAFs which have become 'stuck' in the system. The MAG also identifies and logs emerging and unmet need arising from CAF case discussion and communicates this back to the relevant lead for commissioning.

The CAF Steering Group

The CAF Steering Group key role is to quality assure CAFs from across the service, and consider training needs for the Children's workforce in relation to the CAF. The CAF steering group is also responsible for ensuring that the voice of the child is heard.

Across Family Services, Heads of Service will report to the **Senior Management Team** on progress against actions and targets in their respective areas bi-annually in accordance with the Business Management Framework for Family Services.