MEETING

HEALTH & WELL-BEING BOARD

DATE AND TIME

THURSDAY 26TH JULY, 2012

AT 9.00 AM

VENUE

HENDON TOWN HALL, THE BURROUGHS, NW4 4BG

TO: MEMBERS OF HEALTH & WELL-BEING BOARD (Quorum 3)

Councillor Helena Hart (Chairman)	Cabinet Member for Public Health
Councillor Andrew Harper	Cabinet Member for Education, Children & Families
Councillor Sachin Rajput	Cabinet Member for Adults
Dr Charlotte Benjamin	Clinical Commissioning Group Lead, South Locality Cluster
Dr Andrew Burnett	Joint Director for Public Health, LBB/ NHS NCL
Gillian Jordan	Barnet LINK representative
Ceri Jacob	Acting Borough Director NHS Barnet/ Associate Director, Joint Commissioning, LBB/NCL
Kate Kennally	Director of Adult Social Care and Health, LBB
David Riddle	NHS Barnet, Vice-Chair
Dr Clare Stephens	Clinical Commissioning Group Lead, North Locality Cluster
Dr Sue Sumners	Clinical Commissioning Group Chair and Lead, West Locality Cluster

You are requested to attend the above meeting for which an agenda is attached.

Aysen Giritli – Head of Governance

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Media Relations contact: Sue Cocker 020 8359 7039

CORPORATE GOVERNANCE DIRECTORATE

ORDER OF BUSINESS

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1.	Minutes of the Previous Meeting	1 - 6
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3.	Any Items the Chairman decides are urgent	
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9.	Integrated Commissioning Plan	To Follow
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10.	Draft Integrated Prevention Plan	To Follow
	Report of the Head of Engagement and LINK Manager,. Community Barnet	

11.	Local Involvement Network (LINK) Annual Report	To Follow
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Decisions of the Health & Well-Being Board

31 May 2012

Board Members:-

AGENDA ITEM 1

Cllr Helena Hart (Chairman)

Cllr Andrew Harper	David Riddle	Ceri Jacob
Cllr Sachin Rajput	Dr Clare Stephens	
Cllr Gillian Jordan	Dr Sue Sumners	

1. MINUTES OF THE PREVIOUS MEETING (Agenda Item 1):

The minutes of the meeting held on the 22nd March 2012 were agreed as a correct record.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies for absence were received from:

- Dr Charlotte Benjamin
- Dr Andrew Burnett (Cynthia Folarin substituting)
- Robert McCulloch Graham (Jay Mercer substituting)
- Kate Kennally (Dawn Wakeling substituting)

3. ANY ITEMS THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 3):

The Chairman took the opportunity to place on record the Board's thanks and appreciation to Robert McCulloch Graham, Director of Children's Service, for all his sterling work in improving the lives of young people in the Borough and his contribution to the establishment of the Health and Well-Being Board. She wished him every success on his secondment to the Department for Communities and Local Government's Troubled Families Programme.

The Chairman noted that Kate Kennally would be taking on Robert's role as Director of Children's Service which presented an opportunity for the linking together of the work of both Adults' and Childrens' services.

4. DECLARATION OF MEMBERS' PERSONAL AND PREJUDICIAL INTERESTS (Agenda Item 4):

None.

5. HEALTH AND WELL-BEING BOARD - GOVERNANCE AND DEVELOPMENT 2012/13 (Agenda Item 5):

Dawn Wakeling, the Deputy Director of Adult Social Care and Health presented a report asking the Board to review its Terms of Reference, working arrangements and membership for 2012/13.

The Chairman noted the importance of ensuring that the key message of the King's Fund report on Health and Well-Being Boards was adopted with the Board providing strong and credible leadership along with partners on issues of health and well-being, and not becoming a "talking shop".

Action - The Chairman requested that the membership of the Board as set out in appendix A be edited to reflect the Director of Adult Social Care and Health taking on the role of Director of Children's Service.

The Board members noted the importance of partnership and integration with Cllr Harper, the Cabinet Member for Education, Children and Families citing the example of Special Educational Needs (SEN) as an area where the Board needed to think about how integration would work.

David Riddle, the Vice-Chair of NHS North Central London, suggested that the Board should consider how it engaged with Acute Providers as dialogue would be required with providers to deliver effective integration.

The Board acknowledged that its Terms of Reference should be reviewed in twelve months time to reflect the changing environment in which the Board operates.

RESOLVED that –

- **the Board approve the Terms of Reference as set out in Appendix A of the report**
- **the draft Action Plan as set out in Appendix B of the report be implemented with the Board to review progress at future meetings**

6. ANNUAL REPORT OF DIRECTOR OF PUBLIC HEALTH (Agenda Item 6):

Cynthia Folarin, the Assistant Director of Public Health, presented the Annual Report of the Director of Public Health. The focus of the report was based upon prevention in the areas of tobacco consumption, obesity and overweight and the improvement of the home learning environment for children living in poverty and the consequences of these issues for health inequalities and poor educational achievement.

The Chairman welcomed the report being entirely consistent with the objectives of the Health and Well-Being Strategy.

In response to the issues relating to educational attainment Cllr Harper noted that upon visiting schools in the Borough he had witnessed a high level of aspiration among the children of families recently arrived in the Country and suggested that it was important that these aspirational values were encouraged among all Barnet's children and parents.

The Chairman suggested that there should be a more explicit reference to addressing the Childhood Obesity within the report.

Dr Stephens, CCG Lead, North Locality Cluster, commented upon the possibility of considering town planning as an opportunity for influencing the location of fast food outlets in communities and on the need for dialogue with schools to ensure they were best contributing to the health agenda.

David Riddle, Vice-Chair NHS North Central London, commented that references to Bariatric Surgery were not consistent with NCL commissioning policy practice. He also noted that the report could be clearer in what actions it was promoting health partners to undertake. He noted that in terms of childhood obesity and fast food outlets it was possible to map the locations of such outlets to areas of high obesity to see if there were any correlations. However, the Board would need to be mindful of the limited resources available and to be smart in the use of funds.

The Board discussed possible routes for reaching out to residents in relation to influencing their eating behaviour, observing that potential options included work with schools and food retail outlets.

Ceri Jacob advised the Board that potential proposals would be brought back to the Board via the Prevention Plan that sat within the Health and Well-Being Strategy and that a draft Action Plan would be presented at the next meeting.

RESOLVED that:-

The Board notes the report.

7. HEALTH & WELL BEING IMPLEMENTATION GROUP ACTION PLAN (Agenda Item 7):

Cynthia Folarin, the Assistant Director of Public Health, presented the Health and Well-Being Implementation Group Action Plan, the purpose of which was to keep the Board up-to-date with actions being taken to enable the delivery of the Board's intentions.

RESOLVED that:-

The Board note the Action Plan as set out in Appendix A of the report.

8. NORTH CENTRAL LONDON PRIMARY CARE STRATEGY (Agenda Item 8):

Dr. Sue Sumners, Clinical Commissioning Group Chair and Lead, West Locality Cluster, presented a report on the key themes of the North Central London Primary Care Strategy. She invited the Board to comment on the ways in which they could support the implementation of the Strategy in Barnet.

The Chairman of the Board highlighted the need to ensure that the needs of Barnet residents were not overlooked in the Strategy, noting that, contrary to popular perception, Barnet faced serious Public Health challenges, particularly in light of the shortfall Public Health funding allocation for the Borough.

David Riddle drew attention to the favourable funding allocation towards Barnet and Enfield based on numbers of patients to GP practices. Mr Riddle stated it was important to note that the strategy presented a £10 million funding allocation over three years for Barnet that would not have been otherwise available.

Ceri Jacob highlighted the link to the integration of IT, in particular the replacement of the SWIFT system, which would present the opportunity for closer working between health partners.

RESOLVED that:-

The Board note the report.

9. BARNET CLINICAL COMMISSIONING GROUP - UPDATE (Agenda Item 9):

Dr Sumners presented a report updating the Board on progress in the development of local clinical commissioning arrangements. She reported that the CCG expected to appoint senior post holders in June and also outlined the Authorisation Process for the CCG which would include seeking the views of the Health and Well-Being Board. The Board welcomed progress to date and the opportunity to be involved.

RESOLVED that:-

The Board note the report and the progress and development of the CCG.

10. HEALTH AND SOCIAL CARE INTEGRATION STRATEGIC OUTLINE BUSINESS CASE AND INVESTMENT PRIORITIES (Agenda Item 10):

Dawn Wakeling presented a report that set out the Health and Social Care Integration Strategic Outline Business Case (SOC) for formal endorsement. The report included a summary of the outputs from the workshop of 22 March for which the Boards comment and agreement was sought.

The Board was asked to endorse the Health and Social care Integration SOC, comment on the proposed vision for integration; agree the shared governance structure and integration initiatives; and endorse the initial commitment of £1 million by London Borough of Barnet to fund the delivery of a Local Health and Social Care Integration Work Programme.

David Riddle raised a concern in relation to wording of paragraph 12.4, specifically the reference to the Health and Well-Being Board as the *design authority* questioning whether this presented the Board as an executive and seeking clarification on how this would impact on the autonomy of NHS providers. Mr Riddle also queried paragraph 11.4 stating he was reluctant to agree something that signed up providers without their involvement as he felt that they needed to have a clear understanding of the Board's intentions.

Ceri Jacob suggested that the points raised by Mr Riddle could be discussed at the forthcoming summit with health and care service providers.

RESOLVED that:-

Subject to the points raised by Mr Riddle being addressed, the Board:

1. **Endorses the Strategic Outline Case for the integration of health and social care.**

2. **Agrees the proposed shared governance and delivery structure for implementing joint health and social care integration projects.**

3. **Endorses the proposed health and social care integration programme and investment priorities.**

4

11. MINUTES OF FINANCIAL PLANNING SUB-GROUP (Agenda Item 11):

Dawn Wakeling presented the Minutes of the Financial Planning Subgroup drawing the Board's attention to the following issues:

- In terms of the Public Health Baseline Allocation, work by Public Health colleagues has identified a potential £724,000 shortfall in the budget to deliver the Local Authority's statutory Public Health responsibilities. Agreement had been sought from the Subgroup for proposed adjustments to submissions to the Dept. of Health by NCL and for representations by the Cabinet Member for Public Health.

- The need to attain sign-off on the Equipment Section 75 Agreement

ACTION:- In terms of the requirement to have a CCG Board member represented on the Health and Well-Being Financial Planning Subgroup Dawn Wakeling would liaise with Dr Sumners.

RESOLVED that:-

The Board notes the minutes of the Financial Planning Subgroup

12. FORWARD WORK PROGRAMME (Agenda Item 12):

Andrew Nathan presented the Board's Forward Work Programme for 2012/13.

The Cabinet Member for Education, Children and Families, Cllr Harper, informed the Board of the government green paper on Special Educational Needs (SEN) and Disability, *Support and Aspiration: A New Approach to Special Educational Needs and Disability* and the imminent Children and Families Bill which he stated would have significant implications for the Council of which the Health and Well-Being Board would need to be aware.

Action:- An item on the potential changes to SEN be added to the work programme for October, as a workshop item. This would also encompass the item on transitions identified in the work programme.

It was agreed that the strategic review of leisure was a suitable topic for the July workshop, so that the Board could share ideas and thoughts and shape the outcome of the review.

Andrew Nathan informed the Board that there were currently 15 items scheduled on the agenda for the July meeting of the Board and that some revisions may be necessary.

Dr Sumners advise the Board that there was a clash between scheduled Board meetings during December and meetings of the CCG.

Action:- Andrew Nathan to liaise with Dr Sumners regarding the future scheduling of meetings.

RESOLVED that:-

The Board note the Forward Work Programme

The meeting finished at 10.48 am

6

AGENDA ITEM 5

Meeting	Health and Well-Being Board
Date	26 July 2012
Subject	**Health Services in North Central London (NCL) – Quality and Safety**
Report of	Vice Chair NHS Barnet
Summary of item and decision being sought	To update the board on assessments of Quality and Safety in health services in Barnet and North Central London

Officer Contributors	David Riddle, Chair of Quality and Safety Committee
Reason for Report	Regular update from the Quality and Safety Committee of NCL for the Health and Well-being Board
Partnership flexibility being exercised	N/A
Wards Affected	N/A

Contact for further information: David Riddle, Vice Chair, NHS Barnet
david.riddle@nclondon.nhs.uk

1. RECOMMENDATION

1.1 That the Health and Well-Being Board receives and notes the attached report:

- **Quality and Safety Committee – Chairs Report**

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

2.1 The Health and Well-Being Board previously received a verbal report on the NCL Quality and Safety Committee meeting on 22 September 2011, 19 January 2012 and asked to be updated regularly

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

4.1 A key aspect of NCL's approach to Quality and Safety is to address inequalities.

5. RISK MANAGEMENT

5.1 Quality and Safety programmes are designed to mitigate risk and specific risks are addressed in more detail in the attached reports.

6. LEGAL POWERS AND IMPLICATIONS

6.1 The Health and Social Care Act 2008 established the Care Quality Commission (CQC) which is responsible for the registration, review and inspection of health and social care services in England. The CQC began operating on 1 April 2009 as the independent regulator of health and adult social care services in England including those provided by the NHS, local authorities, private companies or voluntary organisations. It also protects the interests of people detained under the Mental Health Act. It replaced three earlier commissions: the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission.

6.2 The CQC is responsible for ensuring that essential standards of quality and safety are being met where care is provided, from hospitals to private care homes. It has a wide range of enforcement powers to take action on behalf of people who use services if services are unacceptably poor.

6.3 All partners need to ensure that the standards for quality and safety in the provision of health and social care services are adhered to in order to avoid enforcement action by the CQC.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

7.1 None specifically within the purview of the Board. Individual implications for NCL are addressed within the attached report.

7.2 Any financial implications will be managed within the Health budgets.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 NCL Quality and Safety committee has a programme of engagement with patients and the public, and works in liaison with the LiNKs across the five boroughs.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 In the NHS the primary responsibility for quality and safety rests with providers, and NCL as commissioner holds them to account and works with them to secure improvement.

10. DETAILS

10.1 As set out in appendix A.

11 BACKGROUND PAPERS

11.1 None.

Legal – HP
CFO – JH

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North Central London

MEETING:	Meeting of the Joint Boards of NHS North Central London
DATE:	Friday, 20 July 2012
TITLE:	Quality and Safety Committee – Chairs Report
LEAD DIRECTOR:	Alison Pointu, Director of Quality and Safety
AUTHOR:	David Riddle, Chair of Quality and Safety Committee
CONTACT DETAILS:	David.riddle@nclondon.nhs.uk

SUMMARY:

The oversight and assurance functions for Quality and Safety for NHS North Central London are discharged on behalf of the Joint Boards by the Quality and Safety Committee. This paper provides an account of the work of the committee and an assurance opinion.

The information included is derived from papers presented to the NHS North Central London Quality and Safety Committee on 5 July 2012. It builds on the areas of progress since the previous committee in May 2012 and highlights concerns and further recommendations.

SUPPORTING PAPERS:

This paper draws upon the content of the papers presented to the Quality and Safety Committee that are listed in section 2 of the report below. Copies of any of those reports can be supplied to Board Members on request to the committee secretary.

RECOMMENDED ACTION:

The Joint Boards are asked to:

- **NOTE** the content of the report.

LINKS TO NHS NORTH CENTRAL LONDON STRATEGY

This section should summarise the report's explicit links to the organisation's Joint Strategic Needs Assessment and/or the Case for Change.

For example, authors could demonstrate how the report links to the Cluster's aim to move care into the primary and community settings, or reference a specific health need such as prevalence of CVD.

GOVERNANCE:

Voting: *Please indicate which Board(s) has voting rights on this matter (if applicable)*

Barnet ☐	Camden ☐	Enfield ☐	Haringey ☐	Islington ☐
Paula Kahn David Riddle Caroline Rivett Bernadette Conroy John Carrier Robert Sumerling Caroline Taylor Ann Johnson Andrew Burnett Philippa Curran Alison Pointu	Paula Kahn John Carrier Caroline Rivett Robert Sumerling Karen Trew Deborah Fowler Caroline Taylor Ann Johnson Quentin Sandifer Marek Koperski Joanne Wickens	Paula Kahn Karen Trew Caroline Rivett Deborah Fowler Cathy Herman Sue Baker Caroline Taylor Ann Johnson Shahed Ahmad Mohammed Abedi PEC Nurse (vacant)	Paula Kahn Cathy Herman Caroline Rivett Sue Baker Anne Weyman Sorrel Brookes Caroline Taylor Ann Johnson Jeanelle De Gruchy Mayur Gor Karen Baggaley	Paula Kahn Anne Weyman Caroline Rivett Sorrel Brookes David Riddle Bernadette Conroy Caroline Taylor Ann Johnson Sarah Price S. Gillian Greenhough Jennie Hurley

Objective(s) / Plans supported by this paper: NHS North Central London has set as one of its principal objectives. To ensure we commission services which are safe and of increasing quality for the people we serve.

The Strategic Objectives underpinning that are:
1. To review all commissioned services against key safety criteria and agree action plans to address any shortfalls
2. To establish quality markers for all commissioned services and agree improvement trajectories
3. To secure improvements in patient experience

Patient & Public Involvement (PPI): Service users were engaged and contributed to the development of the Quality & Safety strategic plan. The Chair and Director of Quality and Safety meet with representatives of LINKs ahead of each Quality and Safety Committee, which provides an opportunity for discussion on agenda items, and to share experiences/concerns reported to them by patients, or through their visits to commissioned services. The Quality and Safety Committee also incorporates an hour to hear patient experiences of health services. The patient stories on 5 July focussed on carers and their experience of care homes in NHS North Central London.

Equality Impact Analysis: NA

Risks: There are no risks associated with this paper

Resource Implications: There are no resource implications associated with this paper.

Audit Trail: This paper has not been received by any other committee but is a summary of papers reviewed at the NHS North Central London Quality and Safety Committee on 5 July 2012. It will be shared with Clinical Commissioning Groups for each borough.

Next Steps: This bi-monthly chair's report is produced after each Quality and Safety Committee and presented to the NHS North Central London Joint Boards and also to the Clinical Commissioning Groups for North Central London.

1. Assurance Summary

1.1 The focus of the committee and the Quality and Safety Directorate is turning to transition, subject to the overriding commitment to dealing effectively with patient safety issues.

1.2 Under transition, the Committee is encouraged that all Clinical Commissioning Groups (CCGs) now have plans to address their quality responsibilities from April 2013, albeit at different stages of readiness. The Committee will invite the Quality Lead from each CCG to meet the committee for a discussion on progress at the next meeting. In the general context of transition the Chair reported that the LiNKs representatives had expressed their worries that the structures set up by NHS North Central London to see the big picture across the cluster, and the support for LiNKs working together on quality, might be at risk under the new landscape.

1.3 Islington LiNK have carried out a substantial survey of patient views on the quality of services known as “1000 Voices” which had been well received by Islington CCG and Council. This is a good example of how well organised volunteers in LiNKs can make a real contribution to the development of improved services. The themes emerging from the survey were consistent with the themes seen in PALs and Complaints work, but here there was a specific borough focus.

1.4 Under patient safety, the Committee has noted how the NHS North Central London team, with partners, is actively responding to concerns about quality at North Middlesex University Hospital NHS Trust, Moorfields Eye Hospital NHS Foundation Trust and in care homes in Barnet and Enfield. These concerns will be kept under review by the committee. There is an opportunity to promote learning across the cluster from some innovative work being done by clinicians in Enfield to improve quality in care homes

1.5 Arrangements for monitoring of quality and safety performance by community services providers are still a concern, particularly for Camden, where there is as yet little evidence by way of assurance. The Committee has invited senior representatives from the Provider, Central and North West London NHS Foundation Trust (CNWL), to attend the next meeting in September, with representatives from the CCG and the NHS North Central London Contracts Directorate with a view to resolving this long standing concern.

1.6 A short and focused review of the Dementia care pathway in Barnet and Enfield has shown significant scope for improvement, and the need for leadership and co-ordinated effort to develop an effective pathway. Some of the features of services observed in this short review were echoed and reinforced by presentations by Carers during our Patient Voices session before the committee. There is considerable challenge, and urgency, for commissioners and providers in North Central London in the pursuit of improved services over the next few years.

1.7 The Committee endorsed a request from CCGs for an early report on performance of the 2011/12 Commissioning for Quality and Innovation Schemes (CQUINs) and early planning for 2013/14 CQUINs in close dialogue with CCGs.

2. Introduction

On 5 July 2012, the following agenda items were discussed at the Quality and Safety Committee for discussion/approval:

- Executive Report on Quality and Safety
- High Level Review of Mental Health Services
- Acute, community and mental health quality assurance dashboard
- Quality and Safety Risk Register
- Walk the pathway report: Dementia pathway
- Serious Incidents update report
- Individual treatment requests update
- Research Governance Annual Report
- Primary care update (verbal)
- Legacy, Handover and Closure Project Initiation Document for Quality and Safety
- Serious Incident Overview Panel minutes April 2012

The following sections provide an overview of the key areas from each paper that were discussed and the actions agreed.

3. Executive report on Quality and Safety

3.1 Equality and Diversity

A number of initiatives have taken place in relation to Equality and Diversity:

- NHS North Central London took part in the NHS Equality and Human Rights week in May 2012.
- The Equality and Diversity section of the intranet has been enhanced to incorporate more information on the NHS Equality Delivery System and a staff quiz.
- Work is under way to address the results of the staff survey, with a particular focus on discrimination. The Committee endorsed this work, since 9% of staff reported that they had experienced discrimination in the workplace. It was confirmed that equality and diversity is a key component of Clinical Commissioning Group authorisation process and will therefore remain a key priority in future arrangements.
- Progress has been made towards implementation of the three equality objectives for 2012/13:
    - Training, review and audit of the implementation of Equality Impact Assessments is underway
    - Improving access to healthcare for people with learning disabilities, including the use of Commissioning for Quality and Innovation (CQUIN) for vulnerable adults.
    - Improving the data collated on staff to identify patterns of discrimination

3.2 Patient Advice and Liaison Service (PALs) and Complaints

Healthwatch England will be established as a statutory committee of the Care Quality Commission in April 2013 and will take on the signposting and information role currently provided by PCT PALs. The Committee expressed concern relating to the key risks associated with the transition to future arrangements for PALS/Complaints and asked that the five Local Authorities be asked to provide regular updates on progress with the development of Health Watch. The Chair advised the committee that the LiNKs had expressed concerns about the capacity of local Healthwatch organisations to deal with this work. The risks were identified as:

- Patents may not know where to access advice

- Healthwatch organisations may not be operational by April 2013

3.3 Emergency/Maternity Care Audit
There will be a review of national standards across five service areas in acute Trusts; emergency departments, critical care, fractured neck of femur pathway, maternity services and paediatric emergency services during July. This will include a self assessment and a site visit. The committee will review results and implementation of identified actions.

3.4 North Middlesex University Hospital Trust
Following examination of relatively poor results in National Inpatient and National Staff Surveys, work has commenced in conjunction with the Trust on the quality of care at North Middlesex NHS Trust. The Committee will continue to monitor this process.

3.5 Nursing Homes in Barnet, Enfield and Haringey
Following alerts regarding the quality of care provided in some nursing homes, the Quality Team has met with the Care Quality Commission, local borough representatives and local provider services to share knowledge. A working group is being established to identify actions that can be taken through a partnership approach. The Quality Team are also involved in the review of the specification for Funded Nursing Care. The Committee welcomed this positive approach.

3.6 Moorfields Eye Hospital NHS Foundation Trust
The Clinical Quality Review Group with Moorfields has raised some concerns that are currently being investigated in more depth. These are:

- There have been three intra ocular lens insertion errors (Never Events); an independent review is being undertaken.
- Glaucoma patients lost to follow up; Moorfields are currently reviewing and have been asked to provide urgent assurance to NHS North Central London.

3.7 Imperial College Healthcare NHS Trust
During a process of improving data quality and completeness by Imperial College Healthcare NHS Trust in March 2012, it was noted that cancer patients on an urgent two week wait pathway had been inappropriately excluded from the cancer priority treatment list (PTL), which included some North Central London residents. The Trust has sought the support of General Practitioners (GPs) in confirming the status of these patients to ensure no patient is still waiting for treatment and an expert panel has been convened with cluster representation. To date, no harm has been identified and all general practices in North Central London have contacted patients involved.

3.7 East Midlands Quality Observatory (EMQO) Acute Trust Dashboard
The EMQO aims to support the delivery of safe and effective services with high levels of patient satisfaction. Areas of exception for NHS London were highlighted to the Committee. The Committee noted that on the whole the five acute Trusts in North Central London compare well when benchmarked with health services across England, particularly in relation to mortality rates under the preventing people from dying prematurely domain. It was however noted that the Royal Free Hospital NHS Foundation Trust performed below average for Emergency Care measures; these are being closely monitored by the performance and contracting teams. The Acute Trusts have not yet had the opportunity to comment on the EMQO and it is possible that their feedback will provide assurance on the areas highlighted. The Clinical Quality Review Groups will pursue all of the variances with relevant Trusts.

3.8 Development of quality assurance within Clinical Commissioning Groups (CCGs)
An update from each borough of NHS North Central London was reviewed by the Committee. This showed that each of the CCGs was making arrangements to meet their responsibilities for quality, with some more advanced than others. It was agreed that a meeting would be arranged as part of the next Quality and Safety Committee to discuss ongoing progress with the quality lead for each CCG. The Committee considered that the NHS North Central London Joint Boards can take assurance that at this stage active progress is being made. This is also a key dimension of the Quality Transition Plan.

4. High Level Review for Mental Health Services and Learning Disabilities
4.1 The review was undertaken to provide assurance on the quality and safety of Mental Health and Learning Disability services. The Committee noted that the draft report had not yet been reviewed by the Trusts. Members also acknowledged the challenge of gathering reliable data for the purposes of effective comparison. Issues flagged in the draft report included:

- Workforce concerns at Camden and Islington Mental Health Foundation Trust (CIFT)
- Improvement needed on Care Programme Approach (CPA) reviews undertaken within one year at Barnet, Enfield and Haringey Mental Health Trust (BEH)
- Communication between Mental Health Trusts and General Practitioners.
- High Cost placements; NHS North Central London to work with BEH to bring these individuals into stepped down local services.
- Longer median length of stays at BEHMHT
- Low percentage of people with learning disabilities who have received an annual health check in Enfield, Camden and Islington

4.2 The committee asked that the report be enhanced to include data re ethnicity and equality, subject to it being available from the Trusts.

4.3 Bearing in mind that actions to address recommendations from the review will require sustained action beyond the life of the Cluster, the committee expected well defined recommendations for action with clear identification of the agency to lead on action.

4.4 A final draft, including incorporation of Trust comments, will be reviewed by the Quality and Safety Committee in September, before presenting to the NHS North Central London Joint Boards.

5. Quality Assurance Dashboard
5.1 The Organisational Health Intelligence (OHI) tool was not available from NHS London at the time of reporting. This report was therefore collated using data from a number of sources including NHS North Central London Board Performance Report, NHS London patient safety dashboard and local knowledge derived from Clinical Quality Review Meetings with each provider.

5.2 The Committee was troubled by the weak performance across North Central London on take up of bowel cancer screening. It was noted that the test is not comfortable for patients to self administer and this is probably the major factor which affects rates of uptake. New marketing approaches will be developed with a view to getting better take up. On the plus side, there has been improved early diagnosis due to the bowel cancer campaign.

5.3 The committee continues to seek assurance on quality reporting of services provided by the four trusts delivering community health services. At this stage, there is still no clear

evidence that the Central North West London NHS Trust (CNWL) (Camden services) are meeting NHS North Central London requirements. However, it was noted that Clinical Quality Review meetings with the Trust have now been established and the Trust has indicated its commitment to work with NHS North Central London and Camden CCG to demonstrate good quality management. The Committee asked that a CNWL representative be invited to the next Quality and Safety Committee, as well as representatives from Camden CCG and NHS North Central London Contracts Directorate, to report on quality monitoring in Camden services.

5.4 Performance against Health Care Associated Infections (HCAI) was noted by the Committee; Royal National Orthopaedic Hospital and Barnet and Chase Farm Hospital are both rated red against *Clostridium difficile* targets and are both taking part in the HCAI Peer review Process during July 2012, which will be monitored through the Clinical Quality Review Groups.

6. Quality and Safety Directorate Risk Register

6.1 The Committee was advised that the risk related to quality and safety in care homes had been increased following the alerts noted in section 3.5 of this report.

7. Patient Experience: Walk the Pathway report

7.1 A qualitative review of the dementia pathway, provided by Barnet, Enfield and Haringey Mental Health Trust at The Oaks, Barnet and Chase Farm Hospitals NHS Trust on Capetown Ward and Enfield Community Services at the Magnolia Rehabilitation Unit, was undertaken in March 2012. The review team included an NHS North Central London Non Executive Director and representatives of patients and voluntary organisations. The review found significant opportunity for closer working with care homes, multi-disciplinary training and use of skilled specialist staff along the pathway. Overall the team found some areas for improvement, good examples of innovation and best practice, with considerable scope for services to share expertise, improve integration and develop a more effective dementia pathway.

7.2 The committee was encouraged that all Trusts involved are committed to achieving this aim. It was noted that clinical input from commissioners would enhance this process and it was agreed that NHS North Central London would need to lead the process, in engagement with the Clinical Cabinet.

8. Serious Incident Update

8.1 The committee noted that there continues to be steady progress made on the closure of serious incidents and acknowledged that this work will aim to close all legacy serious incidents prior to April 2013 as requested by NHS London.

8.2 The Serious Incident Policy has now been adapted for independent contractors. The Local Medical Committee (LMC) has raised some issues relating to contractual arrangements for reporting incidents, which are currently being reviewed by the Primary Care Team. An update on progress will be provided to the Committee at the next meeting.

8.3 There have been a total of five Never Events occurring in North Central London since April 2012; three of these relating to retained swabs within maternity services. Implementation of remedial action plans will be reviewed at the Clinical Quality Review Meetings with the Trusts and also monitored by the maternity network.

Location	Never Event Category
Whittington Health	Retained foreign object – retained swab, maternity
North Middlesex	Retained foreign object – guide plate
	Retained foreign object – vaginal pack, maternity
University College Hospital	Wrong implant/prosthesis – wrong knee implant
Barnet and Chase Farm Hospital	Retained Foreign Object - retained swab, maternity

8.4 The Quality Directorate and the Maternity Network consider that there may be a system issue with blood spot screening at Barnet and Chase Farm Hospitals NHS Trust; the investigation of two serious incidents is being closely monitored by the Maternity Network and the NHS North Central London Public Health Lead.

8.5 The Committee asked for assurance in relation to processes to investigate six data breaches between 1 April 2012 and 13 June 2012. These are all being investigated and reviewed for themes to ensure data handling is improved. The Committee asked that the Audit Committee be alerted to this issue.

9. Individual Funding Requests update

9.1 The Committee received the update on the processes for dealing with individual funding requests (IFRs) with North Central London.

9.2 A total of 98 cases are currently open, the majority of which are currently with providers for additional information to support decision making.

9.3 It was noted that there continue to be a high number of requests from General Practitioners, in particular from Enfield, and also from the Royal Free Hospitals Foundation Trust. The Committee asked for further work to be done by way of analysis of the reasons for these patterns.

9.4 The committee reiterated the request made at the May meeting for additional information on the timeliness of decisions in the form of analysis of all cases decided in 2011/12 to show the length of time between the application and the decision, The IFR Team in the Contracts Directorate agreed that the review of timelines for 2011/12 would be completed by the end of July. The Chair will circulate that to members. It was reported that a system is now in place to enable the progress of cases to be reported regularly in future without resource intensive manual data extraction.

10. Research Governance Annual Report

10.1 A summary of the process used to approve research that takes place in North Central London and a list of the studies approved and rejected during 2011/12 was noted by the committee. Only two requests have been rejected; one on the basis of lack of staff to facilitate data collection and the other due to significant excess treatment costs.

10.2 The Committee asked for assurance around how we learn from the findings of the research and was advised that this is the responsibility of the Research Ethics Committee.

10.3 The Committee asked for clarification about future arrangements for Research Governance. North Central London Research Network (NoCLoR) will be asked to provide feedback on how this process will work beyond March 2013. This is included in the Quality and Safety Transition Plan.

11. Primary Care Update

11.1 The Committee received a verbal update on Primary Care quality monitoring; including ongoing performance management processes. No concerns were raised.

12. Legacy, Handover and Closure Project Initiation Document

12.1 Legacy, Handover and Closure is a priority programme for sending organisations e.g. Primary Care Trusts, which is being led by Victoria Grimsell, Programme Manager and a programme lead for each work stream.

12.2 The draft plan, which has been shared with NHS London, was reviewed by the Committee. The Committee noted that attention needs to be given to the sharing of legacy data and future ownership of systems such as Datix.

12.3 The CCG representatives advised that the CCGs would need considerable support with training and handover, which is a key component of the transition plan. This will be incorporated into CCG Board development days.

12.4 The Committee were advised that one of two Quality Leads for Transition have been appointed and recruitment is under way for the second post to support the transition work.

13. Minutes of the Serious Incident Overview Panel

13.1 The Minutes were noted by the Quality and Safety Committee as assurance of the process for the review of serious incidents in NHS North Central London.

14. Conclusion

The Quality and Safety Committee will continue to maintain an oversight of the quality and safety of all commissioned services in North Central London and report areas of concern and implementation of actions to the NHS North Central London Joint Boards and Clinical Commissioning Groups. The Committee will also continue to oversee the plans for Quality and Safety during the transition period to ensure that safety continues to be given a high priority.

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Meeting	Health and Well-Being Board
Date	26th July 2012
Subject	**Barnet Multi-Agency Safeguarding Adults Board Annual Report 2011-12**
Report of	Director Adult Social Care and Health
Summary of item and decision being sought	This report documents the work of the Safeguarding Adults Board 2011-12. It provides background to the multi-agency responsibility for safeguarding with the council as lead agency, progress on the work undertaken and challenges for the future.

Officer Contributors	Sue Smith, Safeguarding Adults Manager
Reason for Report	To note and approve the annual report of the Safeguarding Adults Board.
Partnership flexibility being exercised	None specifically arising from this report however, a Section 75 partnership agreement exists with the Mental Health Trust who have a role in managing the safeguarding procedures for Barnet residents who have mental health problems.
Wards Affected	All

Contact for further information Sue Smith – Safeguarding Adults Manager 020 8359 6105

1. RECOMMENDATION

1.1 That the Health and Wellbeing Board consider and comment on the Multi-Agency Safeguarding Adults Annual Report 2011-12 as set out in Appendix A.

1.2 That the Health and Wellbeing Board endorse the Adult Safeguarding Board's work to ensure a robust multi-agency approach to safeguarding Barnet residents with involvement from the Council, NHS Barnet, NHS Health Trusts, the Police and Voluntary Sector

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

2.1 N/A

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)

3.1 The Corporate Plan 2012/13 contains the following strategic objectives relevant to the Health and Wellbeing Board: To continue to safeguard vulnerable children and Adults from avoidable harm at a time of reduced resources.

3.2 Four Performance Targets have been set to meet this strategic aim:

- 100% of Adult Protection Plans to be developed for those who need them with people identified responsible for delivery
- 100% of Adult Protection Plans reviewed by Team Manager within timescales set at the case conference.
- % of safeguarding adult cases where service users who are able and willing, report that they feel safer
- % of safeguarding adult cases where service users who are able and willing, report that they have been included in decision making.

3.3 The Health and Wellbeing 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.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

4.1 Safeguarding of adults services are available to all vulnerable residents residing in the London Borough of Barnet.

4.2 In 2011/12 safeguarding cases were broadly in line with the ethnic profile of Adult Social Care & Health service users. In the past year there has been an increase in safeguarding cases involving BME groups. Figures confirm that referrals involving people from 'any other ethnic group' are high compared to the general population; this is a marked development on last year when this group where significantly lower than the general population.

4.3 The Safeguarding Adults Board is further developing plans to ensure that barriers to accessing safeguarding services are addressed. A Faith and Communities Group reports to both safeguarding children's and adults boards and aims to raise awareness

across diverse communities and understand better the barriers and solutions to improved protection across these communities. Information about abuse and where to report it are available in different versions including an easy read version and British Sign Language.

5. RISK MANAGEMENT

5.1 A failure to keep adults at risk of abuse safe from avoidable harm represents not only a significant risk to residents but also to the reputation of the Council. Although safeguarding must be the concern of all agencies working with vulnerable adults, the Local Authority is lead agency. As such both members and senior officers carry a level of accountability for safeguarding practice in Barnet. The governance structure in place needs to ensure that other lead stakeholders can ensure that practice in their agencies is of the required standard.

5.2 The Safeguarding Adults Board has prioritised training and audit. Performance systems are being strengthened through Board sub groups. A training strategy is agreed and competency based training commissioned for staff in safeguarding roles. It is essential that staff have the appropriate skills to investigate safeguarding alerts and have systems in place to deliver safeguarding procedures.

6. LEGAL POWERS AND IMPLICATIONS

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

6.2 The Mental Capacity Act 2005 Deprivation of Liberty Safeguards implemented in April 2009 supports the identification of residents in care homes and patients in hospitals who are being deprived of their liberty as a result of poor care practice, neglect or abuse. Barnet safeguarding adults procedures can be invoked to investigate such situations and plans can be put in place to protect people affected.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

7.1 Current safeguarding services are provided from available resources. There has been a steady increase of referrals over the last few years. There was a further 9 % increase in the number of referrals during 2011-12, which was contained within the budget allocated. Many authorities including in London are experiencing a continuous increase in numbers of alerts. In 2012-13 £100,000 has been committed of section 256 money from health to support joint working between health and social care to increase social work capacity to ensure a timely response to increasing safeguarding demand.

7.2 Safeguarding Adults Board costs, including those of the independent chair were met by Adult Social Care and Health during 2011-12. For this new financial year most Health Trusts have contributed towards the Board budget for the first time. However we are yet to secure agreement to a contribution from Central London Community Healthcare and from the Royal Free NHS Trust, if these contributions are not secured it could lead to a budgetary pressure within Adult Social Care Health. Serious case reviews are funded on a case by case basis.

8. COMMUNICATION AND ENGAGEMENT WITH USERS, STAKEHOLDERS AND PROVIDERS

8.1 The 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, 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 and work planned for 2011/12 which can be found in the appendix to the annual report. The annual report will be submitted to each partners' executive Board.

8.2 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. The forum has also contributed to the report. (Pages 5-7)

8.3 The report has been written this year in style which is more accessible to members of the public and will be published on the Safeguarding Adults Board web page. www.barnet.gov.uk/safeguarding-adults-board

10. Background

10.1 The Safeguarding Adults Board meets four times a year and reports annually on its work. The report outlines membership of the Board, work of the Safeguarding Adults Service User Forum, national and local developments, work plan progress and analysis of safeguarding alerts received during 2011-12, and priorities for 2012-13. The report also provides a statement of progress by each partner organisation and areas for development in the coming year. The Board governance arrangements are set out to ensure that the board report on its work to the Safeguarding Overview and Scrutiny Committee, Cabinet and Council, and due to the important inter-agency arrangements and the role of health it is noted by the Health and Wellbeing Board as well as each partners executive Board.

10.2 The Safeguarding Adults Board has further strengthened its membership to include representation from the London Ambulance Service and a GP representative.

10.3 In October Barnet adopted the Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse. Local arrangements for reporting and responding to abuse will remain the same however a London wide approach will provide greater consistency and improved joint working across London, particularly for those Trust who cover more than one London Borough. All documentation, protocols and training have been revised in the light of this development.

10.4 Each health partner has established agency safeguarding boards to drive developments of internal systems and safeguarding practice and monitoring uptake of training. A statement from each Health Trust outlining their progress and future work planned can be found in the appendix of the annual report. In the light of CQC inspection findings on dignity and nutrition published in May 2011 each NHS partner has been required to report progress to the SAB through 2011-12. The Royal Free NHS Trust failed this inspection and was required to report on its improvement plans to both the Safeguarding Board and the Service User Forum which was monitored for progress.

10.5 The Board have a role in supporting and monitoring the use of the Mental Capacity Act in safeguarding work including the use of Independent Mental Capacity Advocates (IMCA's). Monitoring reports have identified there is a need for further training and implementation across health trusts and for general practitioners. There were 9 referrals to the IMCA service in relation to decisions about serious medical treatment during 2011/12. The GP training programme also found that GPs are consistently unfamiliar with the requirements of the Mental Capacity Act. The new GP representative on the Board has agreed to lead on actions to improve this during 2012-13.

10.6 61 cases were reported where allegations of neglect resulted in the development of a grade 3 or 4 pressure ulcer. This follows a NHS London directive that all health trusts must report such matters into safeguarding procedures. This has presented challenges for teams with regard to capacity, and in accessing an investigating officer with the relevant knowledge and skills. Work is underway to develop a protocol to assess such referrals so that only those pressure ulcers which are avoidable are referred into safeguarding procedures.

10.7 The action plan following the serious case review into the death of Jesse Moores has been completed. A learning event was held in September for staff from the Learning Disability Service and care providers across the Borough. Actions are now needed to test arrangements work effectively. A new serious case review will be commissioned next year following the death of a Barnet resident who refused services.

10.8 Following the screening of the Panorama programme Winterbourne View, the Safeguarding Adults Board requested a report on the numbers of people with learning disabilities placed in private hospitals and the arrangements for ensuring these placements are suitable, safe and provide a high quality of care.

10.9 1299 staff across the health and social care workforce attended core training including awareness sessions, policy and procedures and investigators training. A further 9418 staff were trained by NHS Health Trusts across the different sites. 234 staff from GP practices received awareness training. Two sessions for members and four sessions for carers were delivered throughout the year. 50 training sessions were provided onsite i.e. care home settings. This meant whole teams could receive the training together and focus on improving practice tailored to a particular need. I.e. risk assessment.

10.10 A total of 540 alerts were received in 2011-12. This represents a further 9% increase on last year. Older people are by far the largest client group referred accounting for 49% of all alerts. There was a small increase in the numbers of cases involving adults with learning disabilities and adults with physical or sensory impairments, and a small decrease in the numbers of people with mental health problems. A total of 142 adults referred were recorded as having dementia. This is an increase from 95 last year. There was a significant increase in neglect reported. Allegations relating to paid carers have increased. Half of the allegations investigated were substantiated or partly substantiated. Where abuse was unsubstantiated, the majority involved older people, with a particular focus on alleged abuse by paid carers.

10.11 Members of the Safeguarding Adults Board attended an annual planning event in January 2011 to review progress, and revise the SAB work plan. Objectives for the coming year include:

- Capture the views of adults at risk who have experienced safeguarding services
- Work to improve engagement and skill building of GPs in safeguarding adults

- Develop a pressure ulcer prevention plan across the partnership and agree multi-agency responsibilities for investigating those which are an indicator of neglect
- Monitor partnership progress on implementation of dignity strategies
- Strengthen links with drug and alcohol services and mental health to ensure people have access to safeguarding services
- Promote awareness, reporting and investigation of disability hate crime
- Review and update safeguarding adults training strategy
- Monitor implementation of the Mental Capacity Act across the partnership
- Increase stakeholder and public awareness through a range of media
- ASCH to report on quality assurance framework for providers of commissioned care.
- Act on the recommendations of the domestic homicide review to ensure lessons are learnt.
- Review a case where there was a death of a Barnet resident to find out if there any lessons to be learnt about the way the partnership work together to safeguard people who refuse care.

11 BACKGROUND PAPERS

11.1 None

Finance: JH/MC
Legal: MB

Barnet Safeguarding Adults Board 2011-12

Annual Report

This report outlines the work achieved by Barnet's multi-agency Safeguarding Adults Board during 2011-12

Contents:

Barnet Multi-Agency Safeguarding Adults Board

Annual Report
2011 – 2012

1 Introduction

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, Professor Hilary Brown. The Safeguarding Board has to report on its work to Council members via the Safeguarding Overview and Scrutiny Committee and the Health and Well-being Board in the Council. In addition the annual report will go to each members executive Board, the Safer Community Board and to each care group partnership board for information. It will be made available to the public on our website at www.barnet.gov.uk/safeguarding-adults-board

This annual report tells you:

- Who we are
- What work we have done in the last year
- What the statistics tell us about abuse in the Borough
- What work we plan to do in the coming year.

2 Who we are

The Safeguarding Adult Board membership includes people from:

- London Borough of Barnet
  (Adult Social Care & Health, Children's Safeguarding, and Community Safety)
- NHS North Central London
- Barnet, Haringey and Enfield Mental Health Trust
- Barnet and Chase Farm NHS Trust
- The Royal Free NHS Trust
- Central London Community Health Care
- The Metropolitan Police

- The Care Quality Commission
- Barnet Homes
- The London Fire Brigade
- The London Ambulance Service
- GP representative
- Barnet Carers Network
- Voice Ability (Independent Mental Capacity Advocate Service)

3 Safeguarding Adults Service User Forum

Our Safeguarding Adults Service User Forum continues to ensure that the voice of service users remain central to our safeguarding work. The forum meets quarterly, and consists of representatives of the 55+ forum, Barnet Older Peoples Assembly, Barnet African Caribbean Association, Barnet Older Asian Association, Barnet Voice for Mental Health, Barnet People's Choice, and other interested older people, people with learning disabilities, physical disabilities and sensory impairment. This year they have developed their own mission statement.

3.1 Mission Statement

"**Our mission is to play a significant part in the community by raising awareness amongst the public, and training those who live and work with vulnerable adults; to protect and help them, and establish good practice throughout our community**

Helping vulnerable adults is the central feature of Barnet's Safeguarding Adults Forum. Vulnerability takes many forms and can be experienced at any age, so the "safeguarding" policies and ideas have to develop in many ways. That's what our Barnet Forum aims to do.

- It means creating awareness about abuse of vulnerable adults.
- It means creating methods of communication and information wider than among those directly affected.
- It means helping to give confidence to vulnerable adults to deal, or to be a crucial part in dealing with, these problems.
- It means helping them to become as much a part of mainstream life as possible.
- It means helping to establish good practice amongst those who provide health and social care.

- It means seeking to work collaboratively with the various agencies and networks of our local community.
- In total, it means working to create a better thought culture about dignity, equality and human rights.

Playing a significant part in this community endeavour is our aim and mission.

Each forum receives a progress report from the Board and a presentation from one of the agency partners. Members of the forum are encouraged to challenge and scrutinise agency plans for safeguarding adults who use their service. For example this year the Royal Free Hospital was required to report on the findings of an inspection conducted by the Care Quality Commission and to report on how they planned to make improvements in treating their patients with dignity. They also reviewed what information is available to members of the public on recognising and reporting abuse. Following the screening of the Panorama programme on Winterbourne View they requested a report from the Learning Disability Service on how they are keeping people safe. They have also received presentations about advocacy in care homes, and about financial abuse. They have received statistical information on referrals and outcomes.

3.2 What the Forum has done in 2011/12:

- We know about the work of the Safeguarding Adults Board, and through presentations we have had an opportunity to question, challenge and influence the work of the Board.
- We have developed a mission statement
- We know about financial abuse and how to protect our finances, and some of us have arranged for presentations on this subject within the organisation we represent.
- We have helped develop accessible information about what happens after abuse is reported so more people are better informed.
- The Royal Free Hospital told us about their inspection and what they are doing to ensure their patients are treated with dignity and respect

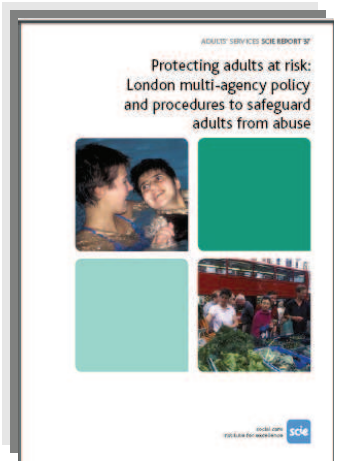
Alan, Ann, Yuki and Carl

"The Safeguarding User Forum is good because it is important to:

- receive information
- stop bullying and harassment and help others
- learn how to be safe and independent."

- We know that pressure ulcers are a sign of neglect
- We know how advocacy is working in care homes for older people
- We know more about hate crime, and some of our organisations continue to be third party reporting sites to make it easier for people to report
- We have received a report from the learning disability service on their work to safeguard people following winterbourne view.
- We have provided advice on the development of interview questions to find out what people who have been abused think of safeguarding services
- We have provided advice on the development of information about staying safe.

4 Safeguarding Across London



Up until last year each local area had developed their own policy and procedures to safeguarding adults at risk. Across London we recognised the value in coming together to develop pan London arrangements for safeguarding, as many agencies such as the Police, Health Trusts, and other services work across different Boroughs. Therefore Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse was developed and endorsed by the Police, Health and Adult Social Services depts. It was introduced in Barnet in October 2011. Although arrangements for reporting and responding to abuse will remain the same, a London wide approach will provide greater consistency and improved joint working.

Briefing sessions on the new policy were delivered to update staff, partnership boards, provider and community forums. Each agency has amended their internal procedures in line with this new Policy. You can see the document at www.barnet.gov.uk/safeguarding-adults Further practice guidance for staff is due to be published later this year.

5 Safeguarding In Health

5.1 All our NHS partners have established an internal Safeguarding Group to ensure patients in hospital and those receiving health services are treated with dignity and respect, that the most vulnerable patients receive the care they need, and that if things go wrong this is taken seriously, investigated thoroughly, and work done to prevent it happening again. The department of health issued some guidance last year to assist Health managers with this work. A statement from each Health Trust outlining their progress and work planned for the future can be found in the appendix of the annual report. **The Safeguarding Adults Board requires each Health partner to report on their plans and the progress they have made on a scheduled basis.**

5.2 All NHS partners have programmes in place to ensure that patients are treated with **dignity and respect.** The Care Quality Commission inspected each of the hospitals to find out how they were treating patients and checked if they were getting nutritious food. They found that a number of hospitals including the Royal Free Hospital were not doing enough in this area. As a result each of our NHS partners were required to report to the Board on the work they are doing and what patients think of the service. The Royal Free Hospital reported to both the Board and the service user forum on the findings of their inspection and their action plan for

improvements. The Care Quality Commission has since checked if these plans are working and were very pleased with the progress.

5.3 In order to safeguard the most vulnerable patients from abuse and neglect NHS London has directed all local health trusts to report all **pressure ulcers of grade 3 and 4 into the safeguarding adult procedures** as they can be a sign of neglect. Central London Community Healthcare NHS Trust has ensured there is a high priority given to the rapid identification and treatment of pressure ulcers. A specialist nurse in this area (A Tissue Viability Nurse) has worked closely with other nursing staff both on wards and in the community to ensure they have the necessary knowledge and skills to provide the best treatment. Those teams with the highest incidence have been targeted. They have also introduced a monthly reporting system, and developed information for patients seen by a community nurse. They have set a target to reduce grade 3 and 4 pressure ulcers by 50% in 2012-13.

5.4 All the NHS Trusts have extensive training programmes for staff and details of this can be found in section 7.

5.5 Barnet General and the Royal Free Hospital each have an Acute Liaison Nurse for people with learning disabilities. Their job is to ensure that people with learning disabilities can access services within the hospital, and that staff on wards can make reasonable adjustments to make sure their health needs are met. The nurse also supports individual patients who might be anxious about coming into hospital.

5.6 Barnet General Hospital has also reported on the work they are doing to help people with dementia in hospital, like the introduction of the 'green cup scheme' to help prevent people how have dementia becoming dehydrated.

5.7 The London Ambulance Service made 368 referrals to Adult Social Care for Barnet residents, who they were concerned about requiring an assessment

5.8 Each Health Trust has systems in place to check they are safeguarding patients properly. At the Mental Health Trust and the Royal Free, this includes checking case files and records. All Trusts regularly ask patients about their experiences of using Health services. The Royal Free invited an external person to look at their work, they found that staff had good awareness of abuse and made some recommendations about improving training. NHS North Central London hold regular meetings with hospital Trusts to talk about the quality of patient care including how well they are safeguarding patients.

6 Working to improve services

When Adult Social Care purchases a service from an agency such as a care home, we ensure that a contract is in place to spell out the requirements and quality of the care to be provided. A 'safeguarding adults' specification is included in these contracts including residential and nursing care, supported living and home and community support. For example contracts state that providers will:-

- Ensure staff have been checked as suitable to work with vulnerable adults
- Train and supervise their staff to set standards
- Work to local safeguarding policies and procedures
- Have a whistleblowing policy

Quality monitoring procedures are in place to check compliance with the contract through scheduled visits. This provides an opportunity for us to find out how services are doing, and to address issues early to prevent them from escalating. Where things do go wrong we work closely with the Care Quality Commission to seek improvements and ensure those people that use services are safe.

A Provider Forum has been established to help people who provide services, like care home managers to come together to share good practice, learn about new developments and ensure service users receive the best possible care.

6.1 Barnet has a 123 care homes in the borough, as part of our drive to improve quality we have commissioned the **My Home Life Project**. This is the second year of the project which is a UK wide programme, promoting quality of life for older people in care homes, and for those visiting and working with them. It is led by Age UK, City University and the Joseph Rowntree Foundation. The project uses best practice and creates support for practitioners and provides accessible tools and information resources for care home mangers and staff and commissioners. It highlights the specific practices, behaviour and attitudes which impact on quality of life in care homes.

What care home mangers said about the My Home Life Programme?

"Everything is down to the manager – your finger must be on the pulse and you have to lead by example"

"It has been empowering" "the things I am doing differently are time management, leadership for the trained nurses, and approaching relatives differently"

6.2 The television programme Panorama showed the horrific treatment of people with learning disabilities in a private hospital called **Winterbourne View**. As a result the Board requested a report on the numbers of people with learning disabilities who are in a private hospital and the arrangements for ensuring these placements are suitable, safe and provide a high quality of care. This will continue to be monitored by the Board in 2012/13. A learning event on Winterbourne View was delivered to staff in the Learning Disability Service, and staff working in commissioning and contract monitoring as part of Safeguarding Month.

6.3 The London Fire Brigade carried out 2681 free home fire safety visits to Barnet residents in 2011-12 many of whom are vulnerable people.

7 Making sure all staff know how to safeguard adults

7.1 The Safeguarding Adults Board plans a range of training and learning activities for staff across the workforce to ensure they know how to safeguard adults. This year the Board **Revised** all training in line with the new publication; *Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse* and the new **national safeguarding adults competency framework.**

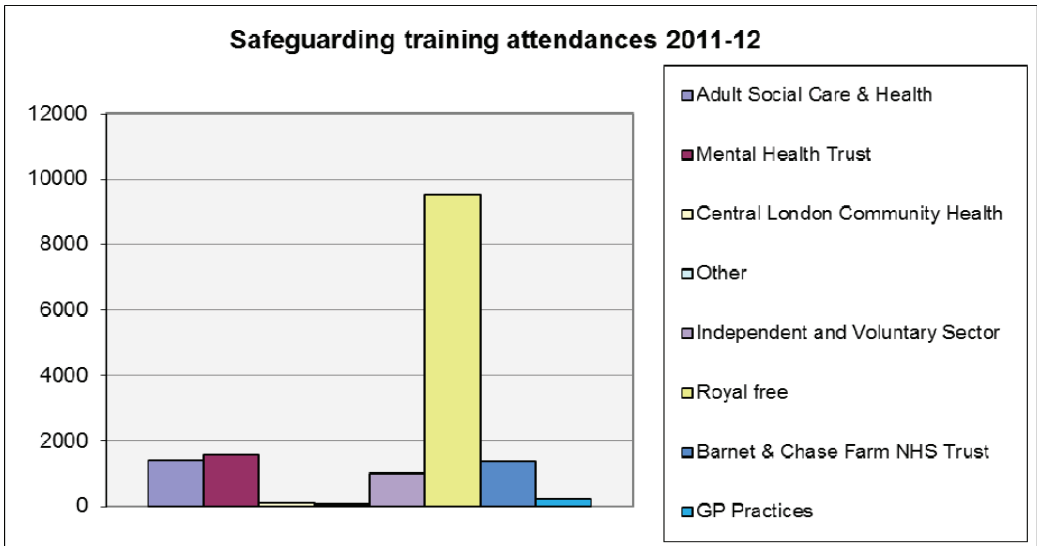
7.2 The training programme for 2011-2012 was delivered to Barnet Council staff including Adult Social Care & Health, Barnet, Enfield and Haringey Mental Health Trust, CLCH, and the private, voluntary and independent sector organisations in Barnet. We also trained Council Members. The core training included awareness sessions, policy and procedure training, and

Safeguarding Adults Investigations. **The total number of health and social care staff who attended these sessions is 1299.**

7.3 In addition the following training was provided at the different hospital sites in 2011/12

- The Royal Free NHS Trust delivered Safeguarding Adult training at level 1 to 6489 staff and level 2 to 3012 staff (safeguarding awareness) and a further 32 were trained to level 3.
- Barnet and Chase Farm NHS Trust delivered safeguarding raising awareness sessions to 1385 clinical and non-clinical staff across the two sites.
- Barnet staff working for Central London Community Health Services trained 80 staff as part of a raising awareness programme.
- Barnet, Haringey & Enfield Mental Health Trust have trained 1761 staff across the Trust.
- 234 staff from GP practices were trained.

7.4 The chart below shows attendees from each of the agencies.



7.5 50 training sessions were delivered to staff working in care homes and home care services, **on-site at their premises.** This meant that whole teams could receive the training together, and focus on improving practice in their particular setting. This type of training is very popular.

What managers said about the training in care homes:

'It was very good and very educational. I learnt things I thought I knew but didn't'

Excellent - very well delivered, very clearly structured, informative and interesting. Thank you very much!"

7.6 An Investigations Training programme was delivered to 15 managers of care homes and other services to improve the quality of investigations in these settings.

7.7 Safeguarding practice forums are run quarterly to supplement the formal training programme. One aimed at social workers and other front line practitioners, the second is a forum for senior social workers and managers. Both aim to **enhance good practice**, update on practice developments and provide support to these staff so they can become safeguarding champions in their teams.

7.8 Four training sessions were given to carers on financial abuse and protecting finances

This is what carers said about the training:

"found the session very informative" ."this excellent session should be made available to more people"

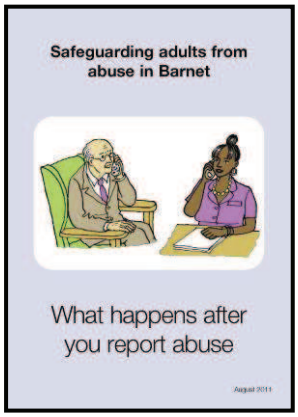
"it was good because it made us aware of the services and back up available"

8 Letting people know what safeguarding is

The Safeguarding Adults Board has set up a communications group. They work to increase public awareness of all types of abuse and raise the profile of safeguarding amongst health and social care providers and professionals.

What have we achieved this year?

Raising public awareness:



- We worked with the Safeguarding User Forum to develop a new accessible booklet about what happens after you report abuse
- We took part in the national World Elder Abuse Awareness Week during June 2011. We focused our activities on raising awareness of financial abuse with different community groups and voluntary organisations in Barnet
- We made sure that all new booklets, like the Barnet Care Directory, included safeguarding information
- We are producing fact sheets for people who receive Direct Payments on how to safely recruit a PA
- We published local newsletter articles about safeguarding to coincide with the local launch of PAN London Safeguarding Adults Policy and Procedures in October 2011
- We developed a safeguarding information page for social care providers on Barnet Online
- We have created a poster to raise awareness of whistle blowing procedures for staff within social care organisations for distribution to all social care services.

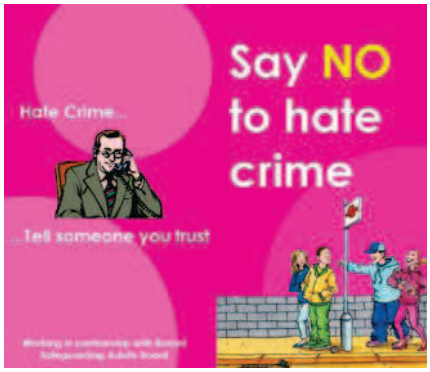
9 Community Safety

9.1 The Community Safety Partnership Board recently undertook a review of local arrangements to prevent and respond to hate crime in the Borough.

Disability related hate crime is often under reported, so a large conference on **Disability Hate Crime** was run to raise awareness amongst adults with learning disabilities. The event, organised by Barnet Voluntary Sector Organisations, the Police, & Adult Social Care & Health, was attended by 108 people.

The day was introduced by the Mayor. It was led by Barnet Mencap who, through the use of actors (including some with learning disabilities), presented real life scenarios to explore the realities of disability hate crime, which were discussed in subsequent workshops. You can see a video of the performance "What is Hate Crime?" by Biscuit Company here: www.youtube.com/watch?v=i7X89eGYO1s

Donna
"The day was powerful, emotive and real for me. A strong message is needed to help people understand how important it is to know how to deal with hate crime. It is empowering to know what to do, if a situation arises"



Everyone at the conference was given this information card to put in their travel card. It gives information about what is hate crime and where to report it. This includes all the places you can go which are accessible to older and disabled people. These are called third party reporting sites.

9.2 A domestic homicide review was conducted following the death of a Barnet resident. A number of recommendations will be made as a result of this review, and the Safeguarding Adults Board will need to review these recommendations for any action to be taken by partner agencies.

10 Faith and Culture Group

The Faith and Culture Group aims to promote partnership with minority ethnic, faith and culture groups with the broader aim of raising awareness of safeguarding responsibilities and encouraging good practice in working with children and vulnerable adults. The group reports to both children and adults safeguarding boards. The group's work has focused on **building links** with communities, in order to understand why it is difficult for some community groups to report abuse, and what support they need. The group also carried out a survey on staff to find out what they know about Barnet's diverse communities and what help they need to work better with all adults.

11 Mental Capacity Act and Deprivation of Liberty Safeguards

11.1 Mental Capacity Act

The Mental Capacity Act 2005 for England and Wales supports and protects people who may be unable to make some decisions. Every day we make decisions about lots of things in our lives. The ability to make these decisions is called mental capacity.
People may have difficulties making decisions some or all of the time. This could be because they have:

- a learning disability
- dementia
- a mental health problem
- a brain injury

The Mental Capacity Act covers major decisions about someone's property and financial affairs, health and welfare and where they live. It also covers everyday decisions about personal care (such as what the person eats), when the person can't make those decisions for themselves.
This means if you are unable to make some decisions, the Mental Capacity Act says:

- you should have as much help as possible to make your own decisions
- people should assess if you can make a particular decision
- even if you cannot make a complicated decision for yourself, this does not mean that you cannot make more straightforward decisions
- even if someone has to make a decision on your behalf you must still be involved in this as much as possible
- anyone making a decision on your behalf must do so in your best interests

An **Independent Mental Capacity Advocate** is someone appointed to support a person who lacks capacity and has no one to speak for them. Independent Mental Capacity Advocates only become involved when certain decisions need to be made involving a change of a person's accommodation where it is provided by the NHS or local authority or about serious medical treatment. They can also be involved where there are safeguarding concerns whether or not family, friends or others are involved. The Independent Mental Capacity

Advocates (IMCA) Service is represented on the SAB and provides quarterly reports on its work.

Source of Referral to IMCA	Number
Local Authority	67
Health Authority	21
Total number of referrals	88

Of these referrals the majority were concerned with decisions relating to accommodation. The numbers relating to safeguarding (6) and serious medical treatment (9) remain low.

The Safeguarding Adults Board has recognised the need to raise awareness of the Mental Capacity Act by health organisations and practitioners. There appears to be a particular lack of knowledge amongst community health staff and GPs.

In response the Board planned a multi-agency conference to raise awareness of the Mental Capacity Act: "Whose decision is this?" 162 people attended two half day session facilitated by AFTA Thought who, through the use of actors and training facilitators, presented real life interactive scenarios to explore the **practical application of the Mental Capacity Act** amongst health and social care staff across the workforce.

What staff said about the Mental Capacity Act Training?

Brilliant – brought the Mental Capacity Act and DoLS to life!'

'This is the best training ever. It is very innovative'

There has been an increase in applications to the Court of Protection from the Local Authority in relation to tenancy agreements. This is related to the general move from residential care to supported living for people with learning difficulties.

11.2 Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act (2005). They aim to protect people in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards have been put in place to make sure that a care home or hospital only restricts someone's liberty safely and correctly, and that this is done when there is no other way to take care of that person safely. The safeguards apply to vulnerable people aged 18 or over in hospitals and care homes who are unable to make decisions for themselves but who may need treatment or care to keep them safe and who are not detained under the Mental Health Act. Dols came into force on 1 April 2009. They are designed to

ensure that a person's loss of liberty is lawful, and that they get the special protection they need.

Barnet continued to receive a relatively high number of requests for DoLS assessments throughout 2011/12. The Local Authority received a total of 43 requests, which is the second highest in London. The table below shows the outcome of these requests.

	2099-10	2010-11	2011-12
Number of requests for authorisation	80	21	43
Number of authorisations granted	23	11	24
Number with conditions attached	15	10	18
Number of authorisations failed	54	8	20

Barnet PCT received a total of 21 requests, which represents a significant increase and is the highest in London. In 2013 the duties of the PCTs for receiving Dols requests will pass to the Local Authorities. Given the high numbers of referrals, this may well have an impact upon capacity to respond and work is currently being undertaken to prepare for this change.

CQC have recently published their 2nd annual report on the use of DoLS in care homes and hospitals which can be accessed via http://www.cqc.org.uk/dols. Overall, CQC found that not everyone knew enough about DoLS and there were differences in different parts of the country. This is broadly what we found in Barnet, so more work is needed to ensure all staff know about DoLs.

12 Learning from experience

Last year the Safeguarding Adults Boards in Barnet and Enfield worked together to learn lessons from a case where a young man with learning disabilities died in a care home. An independent person looked at what went wrong and made recommendations of how to improve things to prevent such a tragedy happening again. The Safeguarding Board made sure all these recommendations were acted on by the different agencies. This year the Board planned an event for staff to make sure everyone could learn from what went wrong. The event, held in September, was attended by 160 professionals and care home managers. In the morning, staff who commission and monitor services came together with health and social work professionals from the Learning Disability Service to focus on planning improvements. In the afternoon, managers who run services for people with learning disabilities from the two Boroughs met to learn about the safer recruitment of staff, risk assessment and working in partnership. The day was hosted by the Director of ASCH and Prof Hilary Brown.

What staff said about the learning event:

"Excellent learning event and very moving"

"A good informative event"

"Very interesting and helpful"

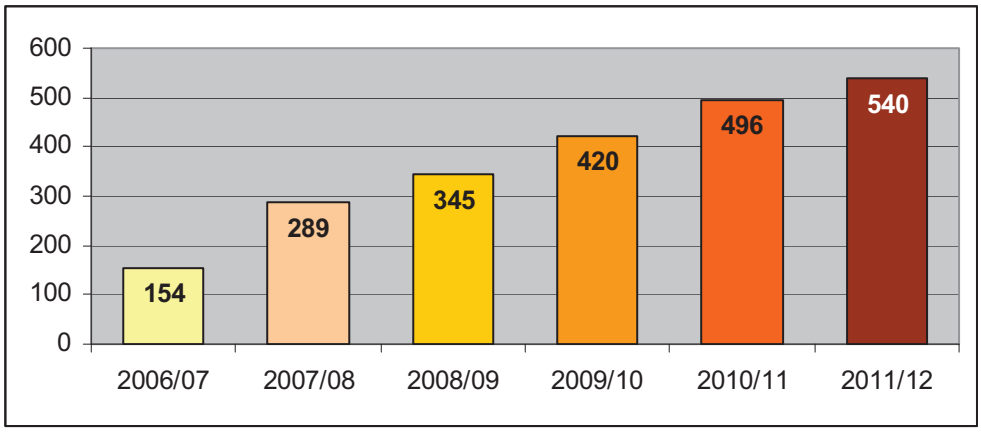
12.1 When there is a fire death involving a vulnerable adult the Safeguarding Board will find out more information to see if more can be done to keep others safe from fire in the future.

13 What the statistics tell us

We collect information about our work, so we know how well we are safeguarding people. This information helps the Safeguarding Adults Board decide what their next steps should be.

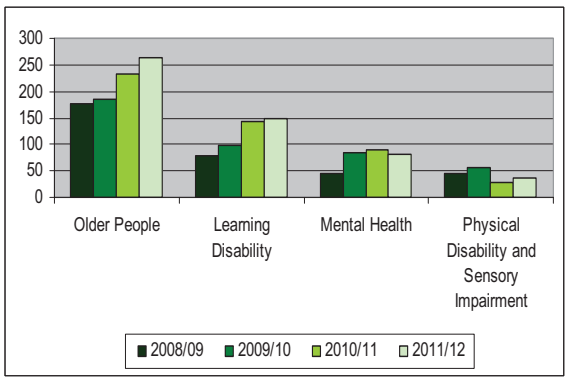
We received a total of 540 alerts in 2011/12. Every year we have seen an increase in alerts as more people know about abuse and where to report it.

The table below compares the numbers of alerts per year since 07/08.



13.1 Who is at risk

As in previous years, most alerts we receive concern the abuse of older people. The table below shows the breakdown of all our safeguarding alerts by the adult at risk's primary need. There has been an increase in the numbers of older people, adults with learning disabilities and physical disabilities referred during 2011, and a small decrease in the numbers of alerts involving adults with mental health problems.



Primary Client Group	2008/09	2009/10	2010/11	2011/12
Older People	51%	44%	47%	49%
Learning Disability	23%	23%	29%	28%
Mental Health	13%	20%	18%	16%
Physical Disability & Sensory Impair.	13%	13%	5.5%	7%
Substance Misuse	-	-	0.5%	-

A total of 142 adults referred were recorded as having dementia, this is an increase from 95 last year. 43% of all alleged abuse affecting people with dementia was caused by care home staff.

13.2 Age

Over half of the adults referred in 2011/12 were over the age of 65, and nearly a quarter aged 85 or over. This largely reflects the age profile of Barnet service users receiving a care package, although safeguarding cases involve higher proportions of younger adults, particularly those aged between 30-44, and a lower proportion of older adults, particularly those over the age of 85.

	18-44	45-64	65-74	75-84	85+	N/A
Safeguarding cases, 2011/12	143	103	65	97	126	6
	27%	19%	12%	18%	24%	
Care packages, 2011/12	*18%*	*17%*	*11%*	*22%*	*33%*	

13.3 Gender

42% of all cases concerned men, compared to only 33% last year. This increase has occurred across all age groups, but in particular amongst those aged under 65. Compared to women, men are more likely to be abused by paid carers, and less likely by family and friends. Where they are abused by family friends this is more likely to be a friend or neighbour. (13.5% compared to 5% of women)

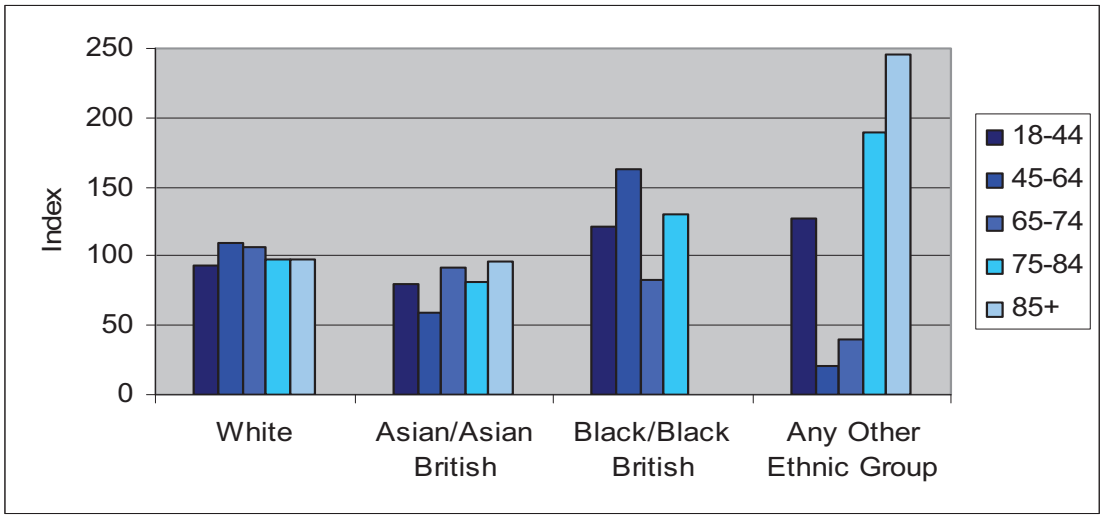
13.4 Ethnicity

Ethnicity was recorded for 523 of 534 vulnerable adults. Of these 523 adults, 73% were from a White ethnic background, 9.4 % were from an Asian background, 9.4% from a Black background, and the remaining 7.6% were from other ethnic groups, including Chinese and Middle Eastern groupings.

Despite the numbers increasing from last year, the proportion of alerts involving white adults dropped significantly from 80% to 73 %. The number of cases involving Black/Black British adults has increased by more than 50% and the number of cases involving adults from Chinese and any other ethnic group more than doubled.

Ethnic grouping	2008/09	2009/10	2010/11	2011/12
White	282	313	379	385
Asian / Asian British	21	34	46	49
Black / Black British	17	29	32	49
Any Other Ethnic Group	23	24	18	40
Ethnicity not known	2	20	21	11

The chart below shows how the 2011/12 case list compares to the 2012 population estimates for Barnet: an index of 100 means that the case list is perfectly representative within that age group; a lower index means that there are fewer safeguarding cases from that ethnic group than we would expect; and a high index means there are higher than expected cases from that particular ethnic group.



The figures show that cases involving White adults make up roughly the proportion that we would expect; there are fewer cases involving Asian adults, and there are generally more cases than we would expect involving Black adults (particularly younger adults) and adults from other ethnic groups (in this case those aged 75+).

13.5 Funding Arrangements

In 2011/12, there were 55 safeguarding cases involving people who fund their own care and 77 cases involving adults who were receiving no services. Unsurprisingly, abuse by friends and family featured heavily in those cases where no service was being provided; and in services that were self-funded, a slightly higher proportion involved abuse by a paid carer compared to instances where a Barnet-commissioned service was being provided.

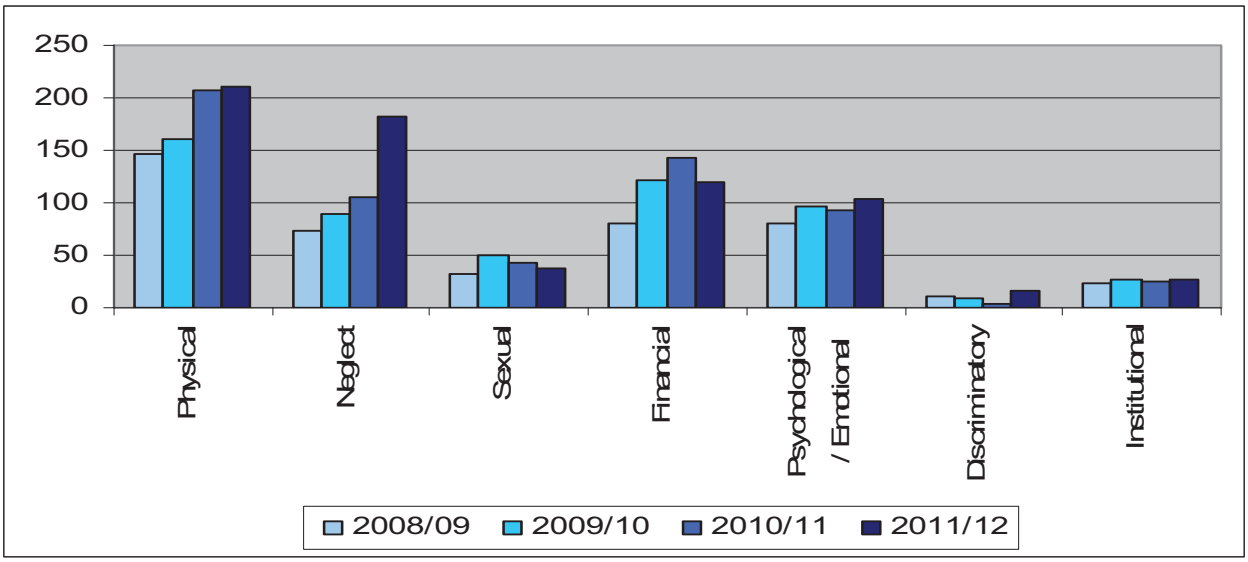
	Number of referrals	% involving friend or relative	% involving paid carer
A Barnet-commissioned service	313	24%	41%
A service funded by health	43	40%	30%
A self-funded service	55	35%	45%
Service commissioned by another council	46	7%	67%
No service	77	73%	4%
Combination of funding authorities	5	20%	40%
Missing data	1	100%	0%

All but one of the 55 people who fund their own care was an older person, with half of the alleged abuse occurring in a care home setting. Of those receiving no service, 56% were older people and a further 29% were adults with mental health needs. In nearly two thirds of the 77 cases involving people receiving no service the person who caused the alleged harm was a friend or relative in the adult's own home.

Only 29 adults involved in safeguarding alerts in 20111/12 were recorded as having a personal budget, although it is unknown whether this is delivered via a direct payment or via a managed budget.

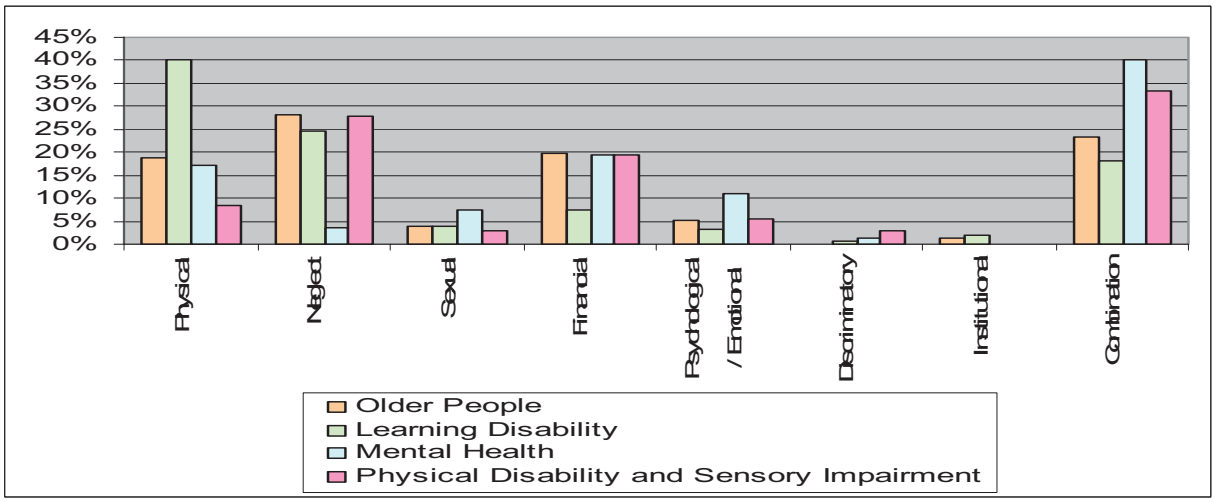
13.6 Type of abuse

This year has seen a slight increase in the number of alerts concerning physical abuse, institutional abuse and psychological abuse, and the numbers of alerts concerning sexual and financial have dropped slightly. However there has been a significant increase in the numbers of alerts involving neglect, with numbers increasing by over 70%. This includes allegations where neglect was reported along-side other types of abuse.



When comparing the relationship between the needs of the adult at risk and the type of abuse the following patterns emerge:-

- Older people are more at risk of neglect (37%) & financial abuse (26%).
- Adults with learning disabilities are more at risk of physical abuse (49%) and neglect (30%)
- Adults with mental health problems are more at risk of financial abuse (32%) and physical abuse (28%),
- Adults with physical disabilities are more at risk of neglect (44%) and financial abuse (28%)

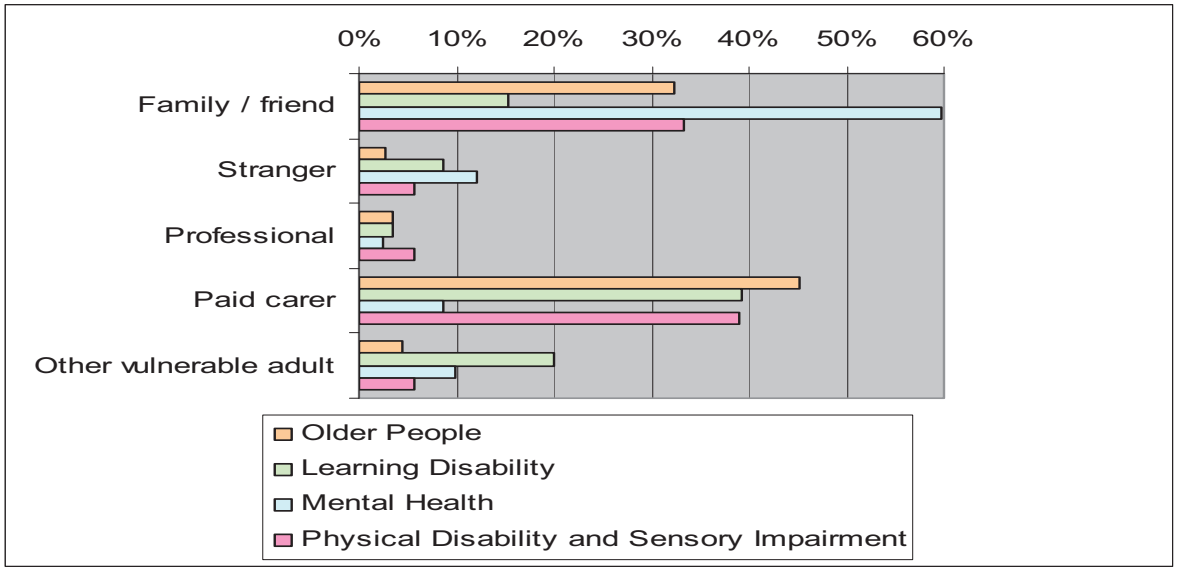


13.7 Person who caused the harm

2011/12 saw similar patterns to previous years when identifying the person who caused the harm. Paid carers were the largest group reported (37%), followed by friend/relative (32%)

Person who caused the harm	2008/09	2009/10	2010/11	2011/12
Friend / Relative	39%	41%	37%	32%
Paid Carer	47%	32%	30%	37%
Other vulnerable adult	8%	7%	8%	10%
Stranger	5%	6%	3%	6%
Professional	1%	2%	3%	3%
Not Known	-	5%	17%	9%
Other	-	7%	2%	3%

The chart below compares the different client groups by their relationship to the person who caused the harm. Adults with mental health problems are more likely to report abuse by family and friends, where as adults with learning disabilities more commonly report allegations relating to other vulnerable adults.



13.8 Paid Carers

2011/12 saw a large increase in the numbers and proportion of alleged abuse by paid carers. As shown in the table below, the number of cases increased for all providers except self-directed staff, and there was a significant leap in the number of cases involving nursing care homes. Around half of the alleged abuse by paid carers involved neglect, with higher numbers in care home settings.

	2010/11	2011/12
Residential care	53	63
Nursing care	37	62
Domiciliary care	29	35
Day care	6	14
Self-directed staff	2	0
Other	20	27
Total paid carers	**147**	**201**

These 201 alerts encompass a long list of different care providers. Most providers appear only once, however, there are 27 providers who feature more than three alerts within the year.

Grade 3-4 pressure ulcers were reported as a possible indicator of neglect in 61 cases (11%) 38 of these occurred in a care home setting, mainly nursing care. In 5 nursing homes this issue was reported more than three times within the year. The remaining 15 were acquired in the vulnerable adult's own home, where care was received by a paid carer, friend or relative.

13.9 Friends and Family

In 2011/12 there were 173 alerts where a relative or friend was alleged responsible for the harm. The profile of people who cause the harm was similar to last year, with harm by friends and neighbours, partners and sons and daughters accounting for 79% of alerts.

	2010/11	2011/12
Partner	48	44
Parent	15	12
Friend / neighbour	53	47
Son / daughter	42	46
Other relative	21	24
Volunteer	3	0

The person who caused the harm was reported to be the main carer in only 39 of these 173 cases

13.10 Alerts leading to investigation

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 be about a need for services or other help. Of the 540 cases alerted **448 (83%) were investigated**. In the other 92 cases (17 %) we carried out an assessment of need, or referred onto another more appropriate agency to help. For those cases which did progress, we responded quickly within the national standards. In 48 cases it was decided with was no initial action taken beyond discussion with relevant agencies, with over three quarters of these cases involving older people.

13.11 Safeguarding Outcomes

For every case investigated we decide if we think the abuse happened (substantiated), or where there was more than one type abuse reported and we think that part happened (partly substantiated) did not happen (not substantiated) or it is not possible to say (not determined).

382 cases have now been completed and an outcome determined. The table below reports the outcomes of these cases and compares them to the outcomes of cases reported in

2010/11. At the time of writing this report 66 cases remain open and case outcome is not yet determined.

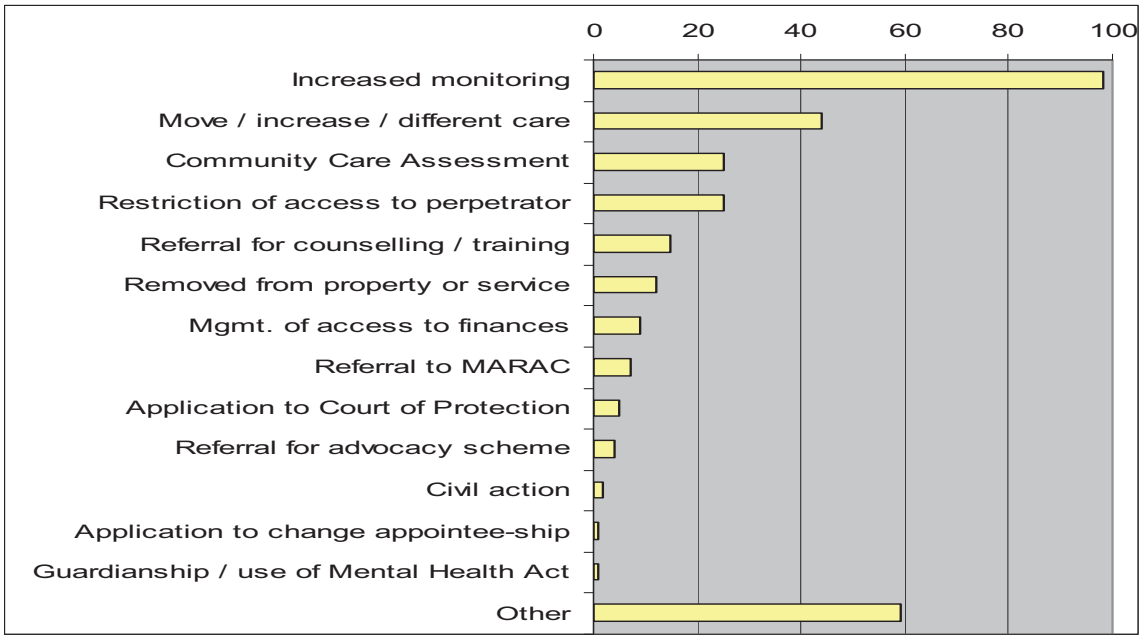
	Number of Cases 2010/11	Percentage of Cases 2010/11	Number of Cases 2011/12	Percentage of Cases 2011/12
Abuse substantiated	129	36%	148	39%
Abuse partly substantiated	48	13%	40	10%
Abuse not substantiated	98	27%	102	27%
Not determined / Inconclusive	88	24%	92	24%

Of the 102 cases which were not substantiated, 59% involved older people and 24% adults with learning disabilities. The majority of unsubstantiated cases were allegations against paid carers particularly staff who worked in a care home setting.

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

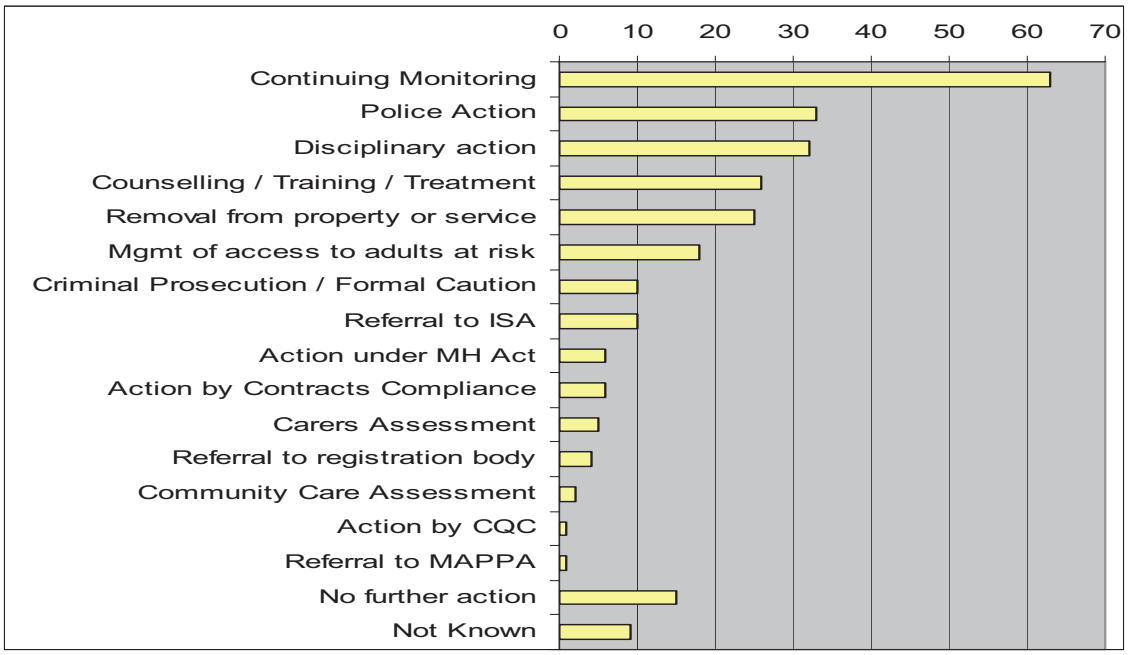
13.12 Action taken to help the adult at risk

In all safeguarding investigations we try to help the adult at risk stay safe from harm. The chart below shows what help we gave people where abuse took place. In most cases we increased monitoring of the situation. This means we might visit the adult more often or ask those involved in the person care to regularly let us know how they are. We also put in place different things to help adults at risk stay safe in the future.



13.13 Action taken in relation to the person who caused the harm

The chart below shows what action was taken in relation to the person who caused the harm. In most cases monitoring was also the most likely action taken, although police action, disciplinary action, counselling, training or treatment and removal from property or service were also common responses. Only in a small number of cases no further action was taken.



14 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.

Mr Lawrence has had three previous fires in his accommodation. He is a heavy drinker, a heavy smoker and has is unable to walk very far due to a disability. He is at high risk of having further fires.

Staff at Barnet Homes and the London Fire Brigade worked closely together to provide him with fire retardant bedding, a new bed and sofa and fitted a domestic sprinkler system to help keep him safe. This is the first domestic sprinkler system to be fitted in Barnet. Mr Lawrence is very grateful for their work to keep him safe.

Mr James, a man with mental health problems, told his Care Co-ordinator that a woman had been asking him to give her money and he had been giving the money to her. He stated that he was unable to say 'no' to her and thinks he might have handed over up to £1000. He was unable to confirm the exact amount he had given.

The Care Co-ordinator made a safeguarding referral, and made arrangements to ensure Mr James' money was safe while an investigation took place. It was found, on viewing bank statements that, during a two month period, a significant amount of money was withdrawn from Mr James' post office account. It was also found that at present Mr James needed much more help to manage his money.

In this case the police were unable to investigate further because they were unable to get enough information. However a meeting was held to plan for Mr James' protection. He agreed to more help to manage his finances. Since these plans have been put in place Mr James reports that the woman has not approached him to ask for money, and that he feels more able to say 'no'.

Adult Social Services received a telephone call to say that the care in a care home was not good enough, that residents were treated badly and that staff were not properly checked or trained.

The Social Work Manager spoke to the inspector from the Care Quality Commission and Barnet's Contracts Manager and together they did an unannounced visit to the home. They checked all the homes records, and spoke to residents and staff and other people who visit the home, like relatives and district nurses. They also watched the staff at work.

They found that the home was doing some things well, but that there were lots of things that needed to be much better. The home manager was told that her records in the home needed to improve to make sure they captured resident's needs, that her staff needed some specialist training and supervision and that the food needed to improve. The manager was told to do these things within a certain time, and the Social Work Manager went back to check these things were done.

The home is now doing well. The manager has worked hard to listen to the views of residents and relatives in the home so that everyone is happy with the care. She has also introduced an advocate to the home so residents and relatives can speak to an independent person if they wish.

15 Next Steps

The next steps for the Safeguarding Adults Board are:

- Find out the views of adults at risk who have experienced safeguarding services to test whether we have helped to make them safer
- Ensure people have access to information and advice about protecting themselves, and what to do if they are being harmed or abused.
- Ensure GP's know how to report abuse and their role in safeguarding adults procedures
- Ensure people with mental health problems who use drugs or alcohol have access to safeguarding services
- Ensure everyone knows how to report disability hate crime, and that once it is report it is investigated
- Ensure there is training to make sure everyone knows how to safeguard adults at risk
- Make sure all staff knows about the Mental Capacity Act and the use of Independent Mental Capacity Advocates role in safeguarding work.
- Work to prevent people getting pressure ulcers and investigate what happened when they are a sign of neglect.
- Ensure all partners have plans to check that people who use services are treated with dignity and respect.
- Ensure partners who commissions services for vulnerable adults have plans to check that the quality of care good.
- Review a case where there was a death of a Barnet resident to find out if there are any lessons to be learnt about the way the partnership work together to safeguard vulnerable people who refuse care.
- Act on the recommendations of the domestic homicide review to ensure lessons are learnt.

Appendix 1: Annual Statements 2012

Organisation: Barnet Borough Police

Internal arrangements for governance regarding safeguarding adults at risk

- The Metropolitan Police Service (MPS) has a specific policy and standard operating procedure for Safeguarding Adults; awareness of which is delivered, through training, to all operational staff.
- Barnet Police has a Detective Chief Inspector lead for Public Protection matters which incorporates Safeguarding, along with a dedicated Detective Sergeant for Safeguarding Adults.
- Existence of a Police Community Safety Unit (CSU) which is dedicated to the investigation of all hate, domestic violence and adult safeguarding crime.
- All CSU staff undertake a specific two-week course to be able to understand and effectively investigate the above crimes
- Representation on the Adult Safeguarding Board through attendance of a senior police leader (minimum Detective Superintendent level)
- Daily Management meetings, chaired by a member of the Senior Leadership Team, where risk and harm for all crime is assessed and appropriate resources allocated.

Work undertaken and achievements in 2011/2012

- The Borough has achieved excellent detection rates for all hate crimes (homophobic, racial and domestic), exceeding all the targets set for this performance year.
- Provided resources to the tri-borough Mental Health Assessment Team (Haringey, Barnet & Enfield), supporting problem solving activity and interventions with communities.
- Created a streamlined referral process via a safeguarding mailbox, to prevent loss of information and to ensure early intervention on high risks cases.
- We have also supported the multi-agency homicide review processes, designed to capture learning and improve our ability to prevent serious crimes of violence.
- Developed plans with partners on the creation of a Multi-Agency Safeguarding Hub (MASH) to ensure a more dynamic and holistic approach to safeguarding victims.

Work Planned for 2012/2013

- An MPS wide review has been completed and it is now intended to implement a new local policing model, with the aim of improving performance, public satisfaction, and enhancing capability, particularly in respect to crimes of violence and risk.
- Implementation of MASH to ensure timely risk assessment and action in relation to vulnerable children and adults across the partnership.
- Continuing to provide information, support and resources into the development of an intervention project, which intends to concentrate partnership resources on those families with the most complex needs across all agencies.
- Working with partners to implement a co-located Integrated Offender Management Unit, allowing a more joined up and speedy response to offender's risks and needs.

Mark Strugnell
Detective Superintendent, Head of Crime Investigation

Organisation: Barnet Enfield and Haringey Mental Health Trust and Enfield Community Services

Internal arrangements for governance regarding Safeguarding adults:

- The Trust has a Board Lead for Safeguarding Adults, the Director of Nursing, Quality and Safety.
- The Trust has an Assistant Director for Safeguarding Adults who is the corporate lead for safeguarding adults in the Trust
- As part of the governance structure in Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) and Enfield Community Services (ECS) the Safeguarding Adult Committee continues to meet on a bi-monthly basis. This meeting affords for the discussion and follow up on actions from both internal and external issues regarding safeguarding adults
- A safeguarding annual report continues to be developed on a yearly basis for presentation at the Trust Board. This year's annual report will be presented to the Board in May 2012.
- The Assistant Director for Safeguarding Adults continues to represent the Trust at the three Safeguarding Adults Boards.

Work undertaken/planned and achievements/progress in 2011/2012:

- During 2011/12 there was a continued drive to ensure that people who use services in BEHMHT are safeguarded from abuse and any reported abuse was dealt with as per the Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse" (Pan-London Procedures).
- A service user booklet has been developed which give service users written information about abuse and how to report abuse. The booklet was distributed to all wards and teams.
- A Trust self-assessment was carried out by the AD for Safeguarding Adults using the Safeguarding Adult Assurance Framework for Healthcare Services. This allowed for a benchmark against the given standards in the Framework. The actions from the assessment have been taken forward by the AD Safeguarding adults.
- A balanced scorecard have been developed which will be used to report of safeguarding activity to the Trust Board. It is planned that a report will be presented three times per year
- Bespoke Safeguarding Adult Training has been delivered by the AD Safeguarding Adults to staff within the wards in the Dementia and Cognitive impairment Service Line. This training was undertaken as part of the actions and learning lessons from a Safeguarding investigation.
- A safeguarding adult audit tool has been developed and is now on Meridian. The tool will enable Team Managers to audit one safeguarding case per month.
- The Trust Level 1 training slides has been updated to include the changes as set out in the pan London procedures
- Following a Fire Death Review in Barnet the Fire Brigade have developed a referral form to be used by partner agencies. This form is to allow partner agencies to make referrals for home safety checks for those service users who are a known fire risk due to being a smoker or other fire risk factors. The referral form has been circulated to all Team Managers.

- The Trust has been carrying out compliance inspections against the criteria in Outcome 7 (safeguarding) of the CQC's new regulatory framework on all inpatient units and Community Teams.
- Case File Audits have been carried out as part of a quality assurance measure
- 1761 staff attended level 1 safeguarding adult training during 2011/12.This training is offered as part of the mandatory training day.

Work planned for 2012/2013:

- The Trust will incorporate the following elements into its SOVA programme for 2012/13:
- Ensure that a planned programme of Bespoke Safeguarding Adult training is undertaken and delivered to Managers and staff in the Forensic service.
- Ensure that training in Domestic violence is delivered to staff in BEHMHT to raise awareness and gain further understanding of the referral process.
- As part of a quality measure Team Managers to audit 1 case file per month on Meridian. By doing this Managers will get instant results of the audit.
- Maintenance of the Trust wide Safeguarding Adult Database
- Review of the Trust self-assessment using the Safeguarding Adult Assurance Framework for Healthcare Services.
- To get regular reports from the Datix Manager to enable for the tracking of incidences on Datix that has been reported as a safeguarding case.
- Further develop closer working with the Serious Incident and Complaints Manager to ensure the continued integration of the three processes at the time an incident happens.
- A planned programme of compliance inspections against the criteria in Outcome 7 of the CQC regulatory Framework to be carried out by the Practice Standards Leads.
- As part of the implementation the Bournemouth Competency Tool to ensure that the Trust has a system that gives consistency in the use of the tool.
- Continue to deliver level 1 safeguarding adult training as part of the mandatory training day.

Veronica Flood
Assistant Director Safeguarding Adults

Organisation: Carers' Support Organisations Network

Internal arrangements for governance regarding safeguarding adults at risk

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

Work undertaken and achievements in 2011/2012

- The main aim of the work undertaken in 2011-12 has been to raise awareness of safeguarding issues for staff and volunteers in carers' support organisations. The launch of the pan-London guidelines, Protecting Adults at Risk, has been an opportunity to highlight the changes in policy and practice. It has meant we could re-visit the importance of safeguarding. We have been able to stress the role staff and volunteers can play in identifying and investigating abuse and the crucial role carers' support organisations have in preventing abuse.
- There have been presentations on the pan-London guidelines at the Learning Disability and Mental Health Networks and at the Carers' Partnership Board, where safeguarding is now a standing item on the agenda.
- Safeguarding increasingly has a high profile for family carers themselves. The Winterbourne scandal in May encouraged discussion at the Parents Action Group and helped prompt a report and presentation at the SAB about placements for people with learning disabilities. Family carers attended an Awareness session in November, which was very successful, and more are planned by the Carers' Centre for the coming year. Carers also contributed to the consultation on the Care Quality Commission Judgement Framework.

Work Planned for 2012/2013

We have not been able to achieve all of the goals set for 2011-12. The work plan for the coming year needs to build on the successful initiatives and to address the gaps.

1. From May 2012 the new carers' support contract will have been awarded and this will have a significant impact on the way carers are provided with advice, information, practical and emotional support and short breaks. Carers support should be more focused and better co-ordinated but funding will be reduced. We hope to see an increase in carers' assessments and clearer recording of carers' support needs. Information on safeguarding – and any gaps – should be available and better targeted.

2. Carers continue to have concerns about the quality of care in residential homes and supported living projects. Work is underway to involve carers in the work of LINKs and in their Enter and View programme. More needs to be done to publicise the role and

responsibility of the CQC and how it links with bodies such as the Local Government Ombudsman, or whistle-blowers.

3. Carers and the organisations that support them still need to know more about the Mental Capacity Act.

4. There is a need for better analysis of the monitoring data, so that we have a clearer picture of the role of family carers in safeguarding. This could be as 'people who abuse', in raising alerts, or where there is inter-personal abuse between family carers and the person they care for, and the links with domestic violence.

5. More work will be done this year to raise awareness of Hate Crime against disabled people. We need to involve carers' organisations and statutory bodies in this and to include a focus on tackling hate crime where people live with carers at home.

6. The Carers' Forum will be re-launched. This should help to strengthen the links between carers and the staff in voluntary and statutory organisations who support them.

Ray Booth
Chief Executive, Barnet Mencap

Organisation: London Fire Brigade

Internal arrangements for governance regarding safeguarding adults at risk

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

Work undertaken and achievements in 2011/2012

- LFB has started a new partnership arrangement with Barnet's Domestic Violence Sanctuary Scheme. The partnership ensures that a Home Fire Safety Visit is carried out to all women on the scheme. The LFB will also provide an arson-proof letter box when deemed necessary.
- LFB has also embarked on new partnerships with Barnet Civil Service Retired Members and the Barnet Elderly Asian Group. These partnerships provide LFB with referrals for Home Fire Safety Visits for vulnerable members of the community.
- LFB within Barnet have established a more robust system to identify premises in the borough that have had more than one fire in the home over the past two years. If premises are identified, LFB staff ensures that a Home Fire Safety Visit has been provided and that all appropriate measures have been considered to prevent further fires occurring. This includes liaison with other agencies including Barnet Social Services.
- LFB have successfully persuaded Barnet Homes to provide a domestic sprinkler system for an individual known to be at high risk from having further fires. (He has had 3 previous fires, is a heavy smoker, heavy drinker and has severe mobility issues). This is the first domestic sprinkler system to be installed in a private or rented home within Barnet (as far as we know).

Work Planned for 2012/2013

- Continued working with the Adult Safeguarding Board, seizing opportunities to make vulnerable people safer.
- Continued working with all identified partners, improving links when necessary to make vulnerable people safer.
- LFB will carry out over 2500 Home Fire Safety Visits within Barnet during 2012/13; the vast majority of these will be to vulnerable people or within areas that we have identified as being at higher risk of fire.
- LFB will introduce a Functional Working model across its stations in North West London. Under this model the Borough Commander and 1 Station Manager will work solely on Community Safety and partnership work within Barnet. This enhancement has the potential to see an improved service including the introduction of a more robust quality assurance process.

Tom George
Borough Commander, Barnet

Organisation: Barnet Homes

Internal arrangements for governance regarding Safeguarding adults

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

Work undertaken and achievements in 2011/2012

- Board Training was carried out and a paper to update Board on Safeguarding activities was presented at the June Board Meeting
- Communicated the Pan London Safeguarding Procedures from September 2011
- We set up a Barnet Homes Safeguarding Internal working group to ensure that staff champion safeguarding issues within their areas of work and improve our working relationship with Social Services by inviting them to meeting and Barnet Homes staff attending their meeting.
- We commissioned in-house training for staff who may have missed previous year's training on Safeguarding
- We focussed on financial abuse as a theme in response to cases that were reported
- We have continued to seek feedback from the working group to understand priorities that require focusing on and any improvements in raising safeguarding awareness
- CM - safeguarding item has been created on CM to log any safeguarding actions (referrals/calls) for monitoring purposes

Work planned for 2012/2013

- We will carry out regular articles in the staff newsletter (quarterly) to ensure people understand that safeguarding is everyone's responsibility
- We will continue to work loosely working with Social Services – Service Manager attending Barnet Homes meeting and Barnet Homes attending Social Services meetings and urgent allocation meetings
- We will design Referral form to social services for tenants needing support that does not involve safeguarding
- We will establish connections with Mental Health Services
- We will participate in World Elder Abuse Awareness Day 15 June 2012 (Suggestion for sheltered housing schemes to organise activity/discussions around "keeping safe at home" and invite police fire service with help from our Health and Safety Department
- We will carry out a Lunch & Learn presentation in November 2012

Gladys Mhone
Head of Human Resources

Organisation: Royal Free Hampstead NHS Trust

Internal arrangements for governance regarding Safeguarding adults

- The Trusts Adult Safeguarding Policy was updated to bring it in line with the Pan London Multi Agency Adult Safeguarding Policy.
- In line with the requirements for regulation by the Care Quality Commission the trust has developed and ratified a Gifts Policy
- The Trusts internal Safeguarding Adults Board continues to oversee all adult safeguarding issues related to the Trust
- There has been no change in staff members of the Adult Safeguarding Team
- In external audit of safeguarding was carried out by KPMG last year. They highlighted areas of good practice such as good self assessment processes, highly knowledgeable experts and good staff awareness. They also made 3 recommendations: -
    1. Update training to support staff in their roles when talking to patients about safeguarding issues
    2. Training to include information on gaining feedback from alerts
    3. Completion of mandatory training should be part of performance objectives with clear consequences for none completion.
- All the recommendations have been implemented.
- The Trust attained Foundation status in March 2012 and as such will in the future receive additional scrutiny from MONITOR (the regulator for Foundation Trust) in addition to the regulation by CQC

Internal arrangements for training regarding Safeguarding adults

- The new training programme incorporating adult protection, child protection and the Mental Capacity Act (MCA) level 2 that was launched last year has been evaluated with very positive results.
- In September 2011 the level 2 programme was updated as a result of the evaluation.
- Level 1 training continues to run at staff induction but in addition to this in February 2012 all staff at RFH received update information for adult safeguarding in a leaflet that accompanied their payslip
- In a bid to open up alternative opportunities to staff to attend training level 2 sessions have been run out of normal working hours in the evenings and on weekends.
- Level 3 safeguarding workshops for senior staff continue to be delivered by Middlesex University, with input from clinical experts.

Work undertaken and achievements in 2010/2011

- The number of referrals from the Royal Free Trust to the Camden Independent Mental Capacity Act Advocate (IMCA) service has continued to grow and in the last year 50% more referrals were made than in the previous year
- A successful bid for funding was made during the year with an award of £5,700 being made by Camden Adult and Social Care Services for the Trust to provide MCA training to staff.
- A total of thirteen Deprivation of Liberty requests have been made since April 2011. However due to a change in direction taken at the Court of Protection during this period namely with the Cheshire West case but also with other similar cases less

issues in health care are being deemed a deprivation of liberty hence it is anticipated that fewer DOLS applications will be required in the coming year.

- A 149 adult safeguarding cases were formally referred to adult social services across the UK during the last year, a 50% increase from last year.
- An audit of all clinical incidents was completed in February 2011 to review the compliance with processes of escalation to adult safeguarding. The audit found that all cases with an adult protection element had been escalated appropriately.

Work planned for 2011/2012

- Continued efforts to increase training uptake and raise awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards will be ongoing, including offering out of hours training options to staff.
- The Organisational Development and Learning Department are investigating the option of to supplement the trainng options by the provision of an e-learning package for level 2 training.
- The Trust's internal Adult Safeguarding Board is working with public health colleagues to develop 2 new policies regarding domestic abuse. One will be about Trust staff who could either be suffering domestic abuse or perpetrating domestic abuse and the other policy will relate to responding to patients who are subject to domestic abuse.

Linda Davies
Safeguarding Adults Operational Lead

Organisation: Barnet and Chase Farm Hospitals NHS Trust

Internal arrangements for governance regarding Safeguarding adults:

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

Internal arrangements for training regarding Safeguarding adults:

- There is a session on induction for all staff.
- Additional training has been provided by an external trainer.
- The Trust is promoting e-learning for all statutory and mandatory training and has e-learning packages on Safeguarding, Mental Capacity Act, Deprivation of Liberty Standards and Dementia
- 1067 staff attended safeguarding training in 2011/12 (February 2012)
- Medical Staff have an e-learning package as part of induction and 271 medical staff have completed the e-learning package
- The Trust solicitor provides training on the mental capacity act.
- Additional training has been provided on the Deprivation of Liberty Standards
- Training has been provided on caring for patients with dementia in an acute setting as part of the Trusts Dementia strategy.
- Additional training on dementia has been provided as part of the launch of the Butterfly Scheme
- SOLACE has provided training on Domestic Violence for the Trust.

Work undertaken/planned and achievements/progress in 2011/2012:

- The Trust has revised its Safeguarding Adults at Risk Guidelines following the publication of the Pan London Protecting Adults at Risk Policy. The Guidance includes a flow chart for alerting and investigating abuse
- As part of safeguarding awareness week and Nurses day the Trust had information stalls on both sites.
- The "We Care" campaign has introduced the Quality of Interaction Observational Tool (QUIS) to improve the quality of interaction and communication between staff and patients.
- QUIS audits are undertaken monthly and staff is using this tool to reflect on how they care and to agree actions as a team to continue to improve care and communication. The results of the QUIS audits are reported on as part of performance review

- The Trust is making environmental changes within the ward areas to improve the facilities for patients with dementia this includes the use of symbols and colours to identify key areas within the wards
- The Trust continues its ongoing commitment to reducing the inequalities experienced by people with learning disabilities when accessing health care environments.
- Training in Learning Disability awareness is provided in a number of formal and informal sessions
- The Acute Liaison Nurse has provided training to specific wards and departments and has supported the Day Surgery Unit to identify reasonable adjustments they can make to their pathways
- Visits to the hospital for people with learning disabilities are ongoing and there have been a number of tours of the diagnostic imaging (x-ray) department, surgical wards, day surgery and theatres. The ALN also provides support for individual clients who have outpatient's appointments or planned admission. This may include tours of the departments, meeting the staff, looking at the equipment and advance planning for the reasonable adjustments that may be required.
- The Acute Liaison Nurse for patients with a learning disability undertakes sessions on recognizing the needs of people with a learning disability as part of the student nurse induction.
- The Trust has re-vamped its Safeguarding pages on the intranet and has a combined safeguarding page for children and adults with signposts to relevant sections.
- The Trust implemented the dementia pathway and as part of its dementia strategy. As part of this a range of information and advice sheets are available to patients, staff and their relatives.
- The Trust has implemented 'green cup' scheme for patients with dementia to prevent dehydration.
- Distraction boxes have been implemented for patients with dementia
- The Trust has implemented a 'carers badge' scheme.

Work planned for 2012/2013:

- As part of Nurses Day the Trust intends to hold safeguarding awareness stalls.
- The Trust is planning further environmental changes as part of its dementia strategy, and extending the use of colour and symbols to identify specific areas
- The Trust intends to continue hosting 'Demystifying Hospital' visits for patients with learning disabilities'.
- The Trust has commissioned further training on caring for patients with dementia in an acute setting
- The Learning Disability Liaison Nurse will continue to work with the communications department to develop patient information leaflets in an accessible form.
- The ALN is also looking at ways our cancer services and preadmission clinics can be improved to take into consideration the unique needs of some of our patients with learning disabilities
- The Trusts Patient and Relatives Group will launch their carers strategy during nurses week.

Teresa McHugh
Deputy Director of Nursing

Organisation: Community Safety, London Borough of Barnet

Work undertaken and achievements in 2011/2012

2011/12 was a year of transition within Community Safety which has seen the responsibility for drugs and alcohol transfer to Adult Social Services as part of the development of the Public Health Agenda and also the transfer of Domestic Violence to Children's Service to build upon the approach of early intervention and prevention. In addition to the successful transfer of responsibilities the following was achieved in 2011/12:

- A revised governance process for anti-social behaviour (ASB) case management was implemented where cases are now referred to a multi agency fortnightly intelligence meeting hosted by the Police. This included ensuring referral pathways are clearly signposted to all relevant agencies and departments. In addition a standard risk assessment process for ASB cases was agreed and implemented with partners which includes a clear focus on safeguarding and vulnerability criteria.
- Priority Intervention Officers received safeguarding training in February 2012
- Co-ordination with an Adults safeguarding event led by MENCAP in February 2012 with a particular focus on Hate Crime
- Hate Crime third party reporting sites refreshed
- Delivery of an underage sales programme

Work Planned for 2012/2013

- Focus on repeat victims of ASB and development of a multi agency ASB risk assessment conference
- Focus on identifying repeat perpetrators of ASB and integration with early intervention and prevention pathways
- Work with Registered Social Landlords to develop information sharing and standardise the risk assessment process for ASB
- Delivery of Safeguarding training to newly formed Integrated Offender Management (IOM) Team
- Development of a joint safeguarding protocol between Adults and IOM
- Annual review of third party reporting sites
- Development of a co-ordinated Community Safety communication plan
- Implementation of Hate Crime action plan
- Delivery of an underage sales programme

Paul Lamb
Community Protection Group Manager

Organisation: Central London Community Healthcare NHS Trust - Barnet

Introduction

- Central London Community Healthcare NHS Trust(CLCH) -Barnet –continued to meet regularly over the course of the past year with representatives from all the Operational services in Barnet

- In December 2011, CLCH appointed Liz Royle as Head of Safeguarding for Children and Adults in the organisation. Liz has joined the CLCH-Barnet Safeguarding Board.

Work undertaken and achievements in 2011//2012

- **Raising Awareness Event:** On April 6th 2011, CLCH-Barnet held a further Safeguarding Raising Awareness Day following on from the success of the event the year before. The event followed the same format as before with a three hour session in the morning, followed by a similar session in the afternoon. Annie Zlotnick, a free lance Facilitator and Linda Davies, the Safeguarding Lead Nurse at the Royal Free Hospital were the two speakers, each providing a different focus on identifying and responding to allegations of abuse in different settings. Over 70 staff from CLCH-Barnet attended the sessions, and the feedback from the evaluation forms was extremely positive.
- **Training in Mental Capacity Act:** CLCH has begun a programme of training in the Mental Capacity Act. A pilot training session took place on March 22nd, involving Liz Gale, the Mental Capacity Act Lead Practitioner for the London Borough of Kensington and Chelsea and Olly Bamford, a Community Matron from Inner London. It is planned to roll out a programme of training for all front line staff. This is particularly important as Community Staff are continually being faced with issues regarding patient concordance and need to assess whether the service user is able to make a decision regarding a refusal to accept treatment or follow the advice of a District Nurse.
- **CQC Compliance Inspections:** In the course of the past six months, the wards at Finchley Memorial Hospital and at Edgware Community Hospital, and the two Walk-In Centres have had unannounced inspections from the CQC. The Inspector focused on 5 Outcomes, including Outcome 7, (service users should be protected from abuse and staff should respect their human rights). In the course of the inspections of the wards and the Walk-In Centres, the Inspector found all the services were compliant.
- **Pressure Ulcers;** CLCH -Barnet has continued to attach a very high priority to the rapid identification and treatment of pressure ulcers. A target was set for the reduction of grade 3 and 4 pressure ulcers acquired in the Community setting of 50% as part of a CQUIN agreed with Commissioners. The Tissue Viability Nurse has worked closely with District Nursing Teams and with Nursing Staff on the wards to ensure they have the necessary knowledge and skills to provide effective treatment to patients with pressure ulcers. Over the past 6 months a CLCH Pressure Ulcer Working Group has been putting more formal systems in place for nursing services in the community and bedded areas across the organisation. This includes a monthly reporting system in compliance with NICE guidance, formal CLCH care plans for the management of pressure ulcers, specific training designed to meet the needs of clinicians, identified targeted TV support for teams that demonstrate a higher number grade3/4 pressure

ulcers, tissue viability link nurses across the CLCH localities, pressure care information leaflets for all patients seen by community nursing

- A robust system of reporting and monitoring of pressure ulcer grading and incidence has been implemented to continually monitor the efficacy of treatment. Community staff are very conscious of the safeguarding element of high grade pressure ulcers and actively assess for safeguarding during each assessment and care planning
- Training in Adult Safeguarding is mandatory for all CLCH staff and a one hour training session is held each month for new and existing staff who has not previously attended a training session. Discussions are in progress to coordinate the mandatory safeguarding training with the training dept in the headquarters of CLCH in Victoria

Work planned for 2012/2013
In the next year, the Barnet part of CLCH will focus on a number of key objectives:

1. Continue the roll-out of Mental Capacity Training for all font line staff, including District Nurses, staff working in the Walk-In Centres, and staff working on the wards and in Out-Patient settings.

2. Organize a programme of training in domestic violence for front line staff, particularly those working in Walk-in-Centres and District Nursing. We have liaised with the Local Authority and with their assistance have identified a suitable trainer.

3. In conjunction with colleagues in CLCH IN the inner London boroughs, and with other NHS organizations, work to ensure that the Datix incident recording system is able to record whether any reported incident should also be raised as a safeguarding alert. This will be an important step in helping to raise the number of safeguarding alerts and will enable us to identify those areas in the different services in Barnet where there has been an under-reporting of safeguarding alerts.

4. Ensure that all our front line staff, including District Nurses and staff working on the wards, have the necessary knowledge and skills for the identification and appropriate treatment of pressure ulcers. CLCH in Barnet has agreed on a further CQUIN for 2012-2013 with Commissioners from NCL in connection with the identification and treatment of grade 3 and grade 4 pressure ulcers, so this work will have a continued very high priority.

5. Arrange for an audit to be carried out in respect of Dignity in Care on the wards in the new Finchley Memorial Hospital and in Edgware Community Hospital in the course of 2012-2013 with the results of the audit being reported to CLCH's Executive Board and to the Barnet Multi-Agency Safeguarding Board.

Ann Mount
Assistant Director of Operations

Andrew Wilkes
Divisional Manager, Urgent Care

Organisation: Barnet Safeguarding Children Board

Work Undertaken and Achievements 2011-12

The Barnet Safeguarding Children Board (BSCB) has its statutory basis in The Children Act 2004 which requires Local Authorities to establish Local Safeguarding Children Boards (LSCB) for their area.

The LSCB is the key statutory mechanism for agreeing how organisations will co-operate to safeguard and promote the welfare of children and for ensuring that partners are working together effectively. The importance of links with adult safeguarding is identified in the national guidance Working Together to Safeguard and Promote the welfare of Children (2010). Many children may live in families together with a vulnerable adult and close working links on the ground are essential to promote a holistic family approach. There are also cross cutting themes in relation to safeguarding vulnerable groups and working across services to ensure an integrated approach.

The following examples demonstrate particular areas of activity that have been undertaken in collaboration with SAB

- BSCB continues to be represented at SAB and the Safeguarding Adults Manager attends the BSCB to promote links at a strategic level. The Independent Chairs of respective Boards also meet on a regular basis to ensure collaborative approaches are maintained

- Safeguarding month in Nov 2011 provided an opportunity for further collaboration in relation to awareness raising events across the council and partner agencies. A diverse range of activities included a fire safety presentation from colleagues in the Fire Service which highlighted their valuable contribution to safeguarding children and vulnerable adults. Safeguarding Express training sessions were also delivered as well as events to raise awareness of domestic violence and procedures to protect victims.

- Further sessions in safeguarding adults and children were delivered to Elected Members as part of their development programme. Training was also provided to managers and board members of Barnet Homes and the safeguarding updates for GP's included procedures for adult as well as children's safeguarding.

- Faith and Cultural work undertaken as part of a London Safeguarding Children Board Project was extended in Barnet to include input from colleagues working with vulnerable adults who participated in the focus groups and on line questionnaire. This provided a wealth of information regarding the views of both communities and practitioners regarding safeguarding and perceptions of barriers in reporting concerns or accessing advice and support. Pan London Guidance has recently been developed as part of the project and will be a focus of activity during the forthcoming year

- A cross cutting 'cross generational' sub group has engaged in work to map areas of transition between adults and children's services. Information Sharing Guidance was

recirculated and a protocol to guide operational work between the Barnet Enfield and Haringey Mental Health Trust and 3 Children's Services was formally launched in September 2011.

- Barnet Safeguarding Children Board has piloted a SCIE case review in relation to a young child whose mother was murdered by her partner. A Domestic Violence Homicide Review also ran in parallel. Joint learning events are planned to disseminate learning from these reviews which have identified similar themes across both adults and children's partnerships.

Work Planned for 2012-13

- The Munro review into child protection will drive work to strengthen the accountability and quality assurance function of the BSCB which will include oversight of the effectiveness of the Troubled Families initiative which provides a co-ordinated service to families experiencing multiple problems.

- The existing Cross Generational Group will be refreshed with new Chair arrangements and revised Terms of Reference. Priorities identified include transition arrangements and continuing support for young adults who are identified as vulnerable but who may be below the threshold for services.

- BSCB will also support initiatives to establish improved information sharing at the front door via a Multi Agency Safeguarding Hub in order to better safeguard both children and adults.

Helen Elliott
BSCB Development Manager

Organisation: NHS NCL Barnet

Internal arrangements for governance regarding safeguarding adults at risk

- NHS NCL Barnet reduced it's workforce by 50% in 2010/11 in line with national guidance. The five PCTs of North Central London (NCL) now work under a single management structure with responsibilities divided between the central NCL team and the borough teams.
- This process has led to a complete change in lead adult safeguarding managers at a borough level.
- The NHS NCL Director of Nursing and Quality provides strategic oversight and direction for adult safeguarding in NCL. At a borough level Borough Directors are responsible for adult safeguarding and discharge this responsibility through the Associate Director of Joint Commissioning and the Joint Commissioner for Older Adults and PSI.
- The Professional Executive Committee (PEC) is the responsible committee for adult safeguarding. A lead GP has been identified.

Work undertaken and achievements in 2011/2012

- NHS NCL Barnet participated in a Domestic Homicide Review in 2011/12. This identified some uncertainty in relation to data sharing between the NHS and investigation Panel. This uncertainty was resolved following legal advice.
- Adult safeguarding training to GPs continues to be delivered in tandem with children's safeguarding training. Training is delivered on a borough wide basis and within individual practices where they choose to join with other local practices for training. In 2011/12 training was delivered to 234 people within GP practices.
- NHS NCL holds regular quality meetings with local acute Trusts as part of the contract monitoring process. Safeguarding is included on the agenda of these meetings on a rolling basis. In addition the NCL Quality Team provides regular (6 monthly) reports to the NCL Joint Boards.
- A risk assessment of adult safeguarding in NHS NCL Barnet has recently been carried out by the Joint Commissioner for Older Adults and PSI and will be reviewed by the PEC in April 2012.
- Deprivation of Liberty requests have increased significantly in 2011/12. In part this is a result of the Winterbourne expose. Acute trusts were written to at the beginning of the year to remind them of their contractual responsibilities in relation to DOL.

Work Planned for 2012/2013

- NHS NCL Barnet will cease to exist as an entity in April 2013 when Clinical Commissioning Groups (CCG) will assume many of the responsibilities of PCTs. This will include safeguarding. Preparation of the CCG for this responsibility is a key priority for 2012/13.
- A CCG lead will be identified to support handover from the PEC during 2012/13. The CCG will also set up shadow quality and safeguarding meeting/committee structures during 2012/13 to ensure handover is seamless in April 2013.
- Training for GPs will continue. The risk assessment has identified a need to commit more resource to this process and this will be considered by the PEC in April 2012.

- The risk assessment has also identified a gap in capacity for assessment of significant events relating to pressure sores. This is currently being reviewed with our community nursing provider and again will be considered by the PEC in April.
- NHS NCL Barnet will seek to strengthen monitoring, review and reporting of adult safeguarding trends through 2012/13.
- Further work to raise awareness of DOL is required during 2012/13.
- The work plan for 2012/13 will be finalised following the PEC meeting in April.

Ceri Jacob
Joint Associate Director of Joint Commissioning

Organisation: London Ambulance Service

Introduction

The London Ambulance Service continues to strive to improve its safeguarding practice, which has resulted in a continual increase in referrals and requests for information and contributions to safeguarding investigations. The Trust's safeguarding structure is designed to support and embed best practice by collaborating with professional colleagues to ensure staff are familiar with national guidance. Further information about policy and processes can be found at www.londonambulance.nhs.uk.

Incidents

	Referrals made to social services	Feedback received from social services about referrals made	Requests for information	
2011/12	368	4	3	requests to review information
			7	general enquiries
TOTAL	**368**	**4**	**10**	

During 2011/12 the Trust made 9,963 referrals pan London; local authorities fed back on 111 referrals and the Trust received 302 approaches to assist with multi-agency work to safeguard adults.

Internal arrangements

- The Director of Health Promotion and Quality has responsibility for Safeguarding.
- The Trust continues to operate a safeguarding committee that reports into the Clinical Quality and Safety Executive Committee and is supported by separate Mental Health and Learning Disability committees.
- The Trust continues to cooperate and work with partners to improve practice and share learning as members of the London Safeguarding Adults Network, the Metropolitan Police Service Safeguarding Adults Group and hosting the National Ambulance Safeguarding Group.

Achievements in 2011/12

- Appointment of a lead mental health practitioner.
- Completion of the Safeguarding Adults Audit Framework which led to the development and ongoing monitoring of the Trusts safeguarding adults action plan.
- Clinical staff participated in an annual core skills refresher course; this covers several safeguarding elements including sexual abuse perpetrated against adults with a learning disability; domestic violence and homeless people.

Priorities for 2012/13

- Appointment of a Named Professional for Safeguarding Adults.
- Adoption and cascade of the pan London safeguarding adults at risk policy and guidance into the Trust's Safeguarding Adults Policy.
- Implementation of a telephone based referral system.
- Establishing a pilot to provide consistent, timely responses to support high risk victims of domestic violence via the Multi Agency Risk Assessment Conference.

- Review and update the safeguarding information on the website to enable the public to recognise and report abuse, and enable professionals to understand the Trusts processes.
- Introduction of the Operational Workplace Review to include observation of crew's ability to put safeguarding training into practice in a clinical setting.

Ruth Williams
Community Involvement Officer

Appendix 2: National and Regional Developments

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

1. **Domestic Homicide Reviews**
   Statutory guidance was issued by the Home Office under Section 9(3) of the Domestic Violence, Crime and Victims Act (2004) to support Domestic homicide reviews. It introduced a duty upon local partners such as the police, local authority, probation service, health service and voluntary sector to establish a review in the event of a domestic homicide. These should be conducted to ensure lessons are learned when person has been killed as a result of domestic violence.

2. **ADSS Safeguarding Adults: Advice Note**
   In April 2011 the Association of Directors of Adults Social Services (ADASS) published a new advice note to support Directors of Adult Social Services in their leadership role regarding adult safeguarding. The framework has been developed by ADASS National Safeguarding Adults Policy Network. It makes the following recommendations for consideration by Directors of Adult Social Care Services:

   1. Develop or review the safeguarding strategy of the Board, embedding an outcomes focus throughout, and ensuring that procedures are sufficiently sensitive to respond to people's choices.
   2. Provide Annual report of the effectiveness of the Safeguarding Adult Board to all partner organisations and the public to assess the delivery of outcomes.
   3. Review risk enabling and risk management policies and practice to ensure that safeguarding and personalisation are addressed and people can weigh up the risks and benefits of their options.
   4. Develop a portfolio of responses to safeguarding situations that support positive outcomes.
   5. Review the Workforce Strategy to ensure it supports the workforce to be competent in safeguarding adults
   6. Share with partners locally and regionally, to support partner organisations and agencies to ensure that their own leadership of the safeguarding agenda is effective.
   7. Share with partner bodies at a national level, e.g. NHS Confederation and ACPO, to develop a partnership approach to safeguarding adults (ADASS to lead)

3. **ADASS Carers and Safeguarding Adults – Working Together to Improve Outcomes**.
   Following the new principles set out within the vision for Adult Social Care, and the refreshed national strategy for carers 'Recognised Valued and Supported' ADASS published a report setting out seven key messages in relation to carers abusing those in their care and carers being abused by those that they care for. The key messages include: Leadership; Partnership; Empowerment; Prevention; Recognition & Reporting; Protection &Proportionality; Learning & Accountability.

4. **Law Commission publishes Adult Social Care in May 2011** which reviews adult social care law in England and Wales and contains recommendations for reform. The Government committed to consider the conclusions of the report, with a view to introducing legislation in the second session of this Parliament. The report recommends a three level structure containing new statute, regulations and a code of practice. In relation to safeguarding adults it recommends to "safeguard adults wherever practicable from

abuse and neglect; and to "use the least restrictive solution where it is necessary to interfere with the individual's rights and freedom of action wherever that is practicable".

5. **Statement of Government Policy on Adult Safeguarding** issued in May 2011
   This includes a statement of principles for use by Local Authority Social Services and housing, health, the Police and other agencies for both developing and assessing the effectiveness of their local safeguarding arrangements. It also introduces specific safeguarding outcome principles, which we are encouraged to use to develop our strategic action plan. They are :-

   Empowerment - Presumption of person led decisions and informed consent.

   Protection - Support and representation for those in greatest need.

   Prevention - It is better to take action before harm occurs.

   Proportionality – Proportionate and least intrusive response appropriate to the risk presented.

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

   Accountability - Accountability and transparency in delivering safeguarding

6. **SCIE Report 41: Prevention in Adult Safeguarding May 2011**
   This report shares findings from research, policy and practice on prevention in adult safeguarding and presents a wide range of approaches that can help prevent abuse. Its key message is that effective prevention in safeguarding needs to be broadly defined and should include all social care user groups and service configurations. It does not mean being over-protective or risk-averse.

7. **London Fire Brigade, Policy Number 736 Safeguarding Adults at Risk Policy**
   This new policy Safeguarding Adults at Risk was developed to set out the internal procedures to follow when receiving referrals from staff. It provides advice to all staff on how to report a safeguarding concern involving an adult at risk. The policy aligns with the London multi-agency policy and procedures to safeguard adults from abuse and also describes the role of the Borough Commanders in the Safeguarding Adults Partnership Board within the London boroughs. Borough Commanders, as members of safeguarding adult's boards, are instructed, as ideally placed, to develop links with agencies responsible for safeguarding adults at risk.

8. **The Equality and Human Rights Commission: Hidden in Plain Sight: Inquiry into disability-related harassment**
   Report into disability harassment and its impact. Those serious cases which come to court and receive media attention are just tip of the iceberg. Disabled people often do not report harassment for a number of reasons. There is a systemic failure by public authorities to recognise the extent and impact and abuse of disabled people, take action to prevent it happening in the first place and intervene effectively when it does. There are key safeguarding sections in the report.

9. **The Care Quality Commission: The State of Health Care & Adult Social Care in England**
   An overview of key themes in care in 2010/11 This includes the early findings alongside national statistics and NHS patient surveys provide a picture of quality and safety, and findings from CQC reviews of compliance with outcome 7 on safeguarding.

10. **The Governance of adult safeguarding: findings from research into Safeguarding Adult Boards SCIE**
    This report was commissioned by the Department of Health. The report looks at how the boards have been structured, their membership and their strategic goals, vision and purpose.

11. **Self-Neglect and adult Safeguarding: Findings from Research SCIE**
    This report comprised of a scoping study on the concept of self-neglect as defined in the literature and interpreted in adult safeguarding practice. The report draws on a systematic review of the literature, workshops with senior managers and practitioners in specialist safeguarding roles, a focus group with adult social care practitioners and interviews with key informants.

12. **SCIE: The governance of adult safeguarding: findings from research into Safeguarding Adults Boards**
    The Department of Health (DH) commissioned this research which took place between December 2009 and May 2010. It draws on evidence from literature and from the practice of Safeguarding Adults Boards, and explores the governance arrangements for safeguarding adults in England.

13. **SCIE: Safeguarding adults at risk of harm: A legal guide for practitioners by Michael Mandelstam**
    This guide outlines the legal basis for the safeguarding of vulnerable adults at risk of harm in England. It is intended to give practitioners useful legal pointers but every case is different and should be taken on its own merits.

14. **The NHS Information Centre: Abuse of Vulnerable Adults in England 2010-11 Experimental Statistics Provisional Report**
    This report contains provisional information on alerts and referrals to adult social care safeguarding teams derived from the Abuse of Vulnerable Adults (AVA) data collection for the period 2010-11. It presents a variety of information on aspects of the safeguarding process, including type of alleged abuse, source of referral, location of alleged abuse, relationship between alleged victim and perpetrator and outcomes. Final data for 2010-11 is expected to be published in early March 2012.

15. **The Equality and Human Rights Commission: Close to Home: An Enquiry into Older People and Human Rights in Home Care**
    The Commission's inquiry into the home care system in England reveals disturbing evidence that the poor treatment of many older people is breaching their human rights and too many are struggling to voice their concerns about their care or be listened to about what kind of support they want.

16. **SCIE: Assessment Financial Crimes Against Vulnerable Adults**
    This assessment, commissioned by the Association of Chief Police Officers (ACPO) Economic Crime Portfolio, has been produced to highlight the current and potential future threats to vulnerable adults in relation to economic crime. It covers the wide spectrum of financial abuse and exploitation against vulnerable people by family members, care workers and unscrupulous individuals within our society

17. **Alzheimer's Society: Short Changed: Protecting People from Dementia from Financial Abuse**
    This report gathers new evidence about the issues that people with dementia and carers

face when managing their money. It also explores what they consider to be financial abuse. The report makes recommendations for helping people with dementia and carers to manage their money as well as possible, for as long as possible, while minimising the risks of financial abuse.

18. **Home Office: Missing Children and Adults A Cross Government Strategy** This strategy, which focuses primarily on vulnerable people who go missing within England and Wales, provides a framework for local areas to put in place their own arrangements. It seeks to ensure we do all we can to prevent people going missing in the first place, that we also reduce the harm to vulnerable children and adults when they do go missing, that we focus on those most at risk, and ensure that families are supported.

Appendix 3: Safeguarding Monitoring Report

London Borough of Barnet Adult Social Care and Health

Safeguarding Adult Referrals Monitoring Report

Annual Report
1st April 2011 – 31st March 2012

Sue Smith, Safeguarding Adults Manager
Tel: 020 8359 6105

E-mail: sue.smith@barnet.gov.uk

- Information in this report was supplied by Social Work Teams and CMHT in Barnet

- The data is drawn from the Safeguarding Adult Monitoring Forms, completed after receiving an alert of abuse.

- The data relates to incidents with a 'date of alert' received between **1st April 2011 – 31st March 2012**

- Adults at risk can have a 'learning disability', 'physical disability', 'sensory impairment', 'mentally ill', an 'older person', or any combination of these.

- Between **1st April 2011 – 31st March 2012** there were a total of **540** alerts received.

Analysis of Safeguarding Adults Referrals to Barnet Social Work Teams during the period from 1st April 11 ~ 31st March 12.

Total number of alerts during the period was: **540**

Total alerts by quarter

I	01 April 2011 - 31 June 2011	**130**
II	01 July 2011 - 31 Sep 2011	**142**
III	01 Oct 2011 - 31 Dec 2011	**138**
IV	01 Jan 2012 - 31 March 2012	**130**
Total in 2011-12		**540**
Total in 2010-11		495
Total in 2009-10		420

1) Referrer's relationship to the adult at risk

The table below indicates the source of the alerts and their relationship to the adult at risk

	Total Alerts	Total alerts in 2010-11	Total alerts in 2009-10
Self Referral	**19**	23	20
Anonymous	**7**	1	1
Other service user	**2**	0	0
Family / Friends	**55**	53	58
Paid Carer	**189**	164	127
Agency	**268**	254	214
Total Alerts	**540**	495	420

Referrers relationship to the adult at risk by quarter

Quarter	Self Referral	Anonymous	Other service user	Family / Friends	Paid Carer	Agency	Total Alerts
I	**0**	**0**	**1**	**10**	**59**	**60**	**130**
II	**4**	**5**	**1**	**8**	**48**	**76**	**142**
III	**4**	**2**	**0**	**19**	**52**	**61**	**138**
IV	**11**	**0**	**0**	**18**	**30**	**71**	**130**
Total	**19**	**7**	**2**	**55**	**189**	**268**	**540**

1a) Alerts from 'Agency'

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

	Total Alerts	Total alerts in 2010-11	Total alerts in 2009-10
Social Worker	**25**	34	42
Other Local Authority (OLA)	**22**	16	7
Central London Community Healthcare (CLCH)	**31**	20	22
Education / Workplace	**1**	0	0
CQC	**5**	4	2
Police	**13**	13	9
London Ambulance Service (LAS)	**8**	8	7
Advocacy Service	**2**	2	2
Mental Health Staff	**65**	69	46
Housing	**7**	10	15
NHS staff	**75**	50	42
Other agency	**14**	28	20
Total	**268**	254	214

Alerts from 'Agency' by quarter

Quarter	Social Worker	OLA	CLCH	Education / Workplace	CQC	Police	LAS	Advocacy Service	MHT	Housing	NHS staff	Other agency	Total
I	6	7	5	0	0	2	2	0	17	1	19	1	60
II	8	4	10	0	2	5	2	0	19	2	17	7	76
III	4	6	6	0	2	0	2	1	17	1	21	1	61
IV	7	5	10	1	1	6	2	1	12	3	18	5	71
Total	25	22	31	1	5	13	8	2	65	7	75	14	268

***NHS staff refers to: 35** x RFH, **27** x BGH, **3** x NPH, **2** x Continuing Care Team, **2** x Harperbury Hospital, **2** x Whittington Hospital, **1** x UCLH, **1** x North West Hospital, **1** x Chase Farm Hospital, **1** x Guy's and St. Thomas's Hospital,*

1b) Alerts from 'Paid Carer'

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

	Total	Total alerts in 2010-11	Total alerts in 2009-10
Care Home	80	55	43
Care home with Nursing	25	25	17
Domiciliary Care	18	22	33
Day Service	16	22	0
Selfdirected Care Staff	0	0	13
Other Paid Carer	50	40	21
Total	189	164	127

Alerts from 'Paid Carer' by quarter

Quarter	Care Home	Care home with Nursing	Domiciliary Care	Day Service	Selfdirected care staff	Other paid carer	Total
I	24	6	8	9	0	12	59
II	25	5	3	2	0	13	48
III	23	7	3	3	0	16	52
IV	8	7	4	2	0	9	30
Total	80	25	18	16	0	50	189

2) Breakdown of primary client group

	Total Alerts	Total alerts in 2010-11	Total alerts in 2009-10
Learning Disabilities**	150	143	95
Physical Disabilities	34	23	40
HIV	1	1	0
Older People*	263	232	166
Sensory Impairment	2	3	1
Mental Health***	82	91	83
Substance Misuse	0	2	0
Combination	8	0	35
Total Alerts	540	495	420

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

***1** older adult case was referred to PCMHT

***1** adult with physical disability was referred to PCMHT

****3** cases of adults with a learning disability were referred to BGH and**2** cases were referred to Right to Control social work team.

*** **1** mental health case was referred to CT North

Of the 540 alerts received, 142 people have dementia

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

Team	Total	Physical	Neglect	Sexual	Financial	Psychological	Discriminatory	Institutional	Combinations	Total
Learning Disabilities	**141**	**57**	**37**	**5**	**11**	**3**	**1**	**3**	**24**	**141**
Transitions Team	**4**	**1**	**0**	**1**	**0**	**1**	**0**	**0**	**1**	**4**
Older Adults:										
Social Care Direct	**35**	**12**	**7**	**0**	**11**	**3**	**0**	**0**	**2**	**35**
Short Term Enablement & Planning Team	**11**	**1**	**2**	**1**	**5**	**0**	**0**	**0**	**2**	**11**
Complex Planning & Ongoing Support North	**40**	**4**	**12**	**0**	**11**	**1**	**0**	**0**	**12**	**40**
Complex Planning & Ongoing Support West	**44**	**6**	**11**	**3**	**9**	**2**	**1**	**2**	**10**	**44**
Complex Planning & Ongoing Support South	**61**	**16**	**23**	**0**	**12**	**2**	**0**	**0**	**8**	**61**
Review and Reassessment Team	**4**	**0**	**2**	**0**	**0**	**0**	**0**	**0**	**2**	**4**
Right to Control	**3**	**2**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**3**
Hospitals:										
Barnet	**36**	**4**	**13**	**1**	**1**	**3**	**0**	**0**	**14**	**36**
Edgware	**2**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**2**
Northwick Park	**1**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**1**
Finchley Memorial	**4**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**3**	**4**
ICS	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**1**
Royal Free	**42**	**4**	**15**	**1**	**3**	**2**	**0**	**1**	**16**	**42**
Mental Health:										
CSRT East	**4**	**0**	**0**	**0**	**1**	**1**	**0**	**0**	**2**	**4**
CSRT West	**22**	**5**	**1**	**1**	**5**	**2**	**0**	**0**	**8**	**22**
Community Rehabilitation Team	**16**	**2**	**2**	**0**	**6**	**2**	**0**	**0**	**4**	**16**
Primary Care Mental Health Team	**10**	**0**	**0**	**1**	**0**	**2**	**0**	**0**	**7**	**10**
Cognitive Impairment - East	**18**	**5**	**0**	**3**	**5**	**3**	**0**	**0**	**2**	**18**
Cognitive Impairment - West	**6**	**0**	**0**	**1**	**1**	**2**	**0**	**0**	**2**	**6**
Crisis and Emergency	**8**	**2**	**0**	**3**	**0**	**0**	**0**	**0**	**3**	**8**
Barnet Drug & Alcohol Service	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**1**
Complex Care Team	**15**	**3**	**0**	**0**	**2**	**3**	**0**	**0**	**7**	**15**
Early Intervention Service	**6**	**1**	**0**	**1**	**1**	**0**	**1**	**0**	**2**	**6**
IAPT	**5**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**4**	**5**
Other	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
TOTAL	**540**	**127**	**126**	**23**	**86**	**32**	**3**	**6**	**137**	**540**

3a) Number of alerts to each team by quarter

Team	I	II	III	IV	Total
Learning Disabilities	42	47	39	13	**141**
Transitions Team	0	1	1	2	**4**
Older Adults:					
Social Care Direct	4	4	9	18	**35**
Short Term Enablement & Planning Team	3	4	2	2	**11**
Complex Planning & Ongoing Support North	6	14	7	13	**40**
Complex Planning & Ongoing Support West	11	8	10	15	**44**
Complex Planning & Ongoing Support South	17	11	16	17	**61**
Review and Reassessment Team	1	3	0	0	**4**
Right to Control	0	1	1	1	**3**
Hospitals:					
Barnet	8	8	9	11	**36**
Edgware	0	1	0	1	**2**
Northwick Park	0	0	0	1	**1**
Finchley Memorial	0	2	1	1	**4**
ICS	0	1	0	0	**1**
Royal Free	16	9	12	5	**42**
Mental Health:					
CSRT East	0	2	2	0	**4**
CSRT West	5	4	6	7	**22**
Community Rehabilitation Team	3	5	4	4	**16**
Primary Care Mental Health Team	1	4	4	1	**10**
Cognitive Impairment - East	4	2	4	8	**18**
Cognitive Impairment - West	2	1	2	1	**6**
Crisis and Emergency	4	0	1	3	**8**
Barnet Drug & Alcohol Service	0	0	1	0	**1**
Complex Care Team	3	5	3	4	**15**
Early Intervention Service	0	5	1	0	**6**
IAPT	0	0	3	2	**5**
Other	0	0	0	0	**0**
TOTAL	**130**	**142**	**138**	**130**	**540**

4) Type of abuse

	Total	Total alerts in 2010-11	Total alerts in 2009-10
Physical	**127**	138	92
Neglect	**126**	73	57
Sexual	**23**	29	42
Financial	**86**	109	79
Psychological / Emotional	**32**	34	36
Discriminatory	**3**	0	1
Institutional	**6**	4	5
Combination*	**137**	108	108
Total Alerts	**540**	495	420

61 cases were reported, where **neglect, physical and institutional** type of abuse resulted into pressure sore development grade 3-4.

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

Physical	Neglect	Sexual	Financial	Psychological / Emotional	Discriminatory	Institutional	**Total**
x	x						20
x		x					7
x			x				4
x				x			34
x				x	x		2
x						x	3
x			x	x			2
x	x			x			4
x	x					x	1
x	x				x		1
x	x		x				1
x	x		x		x		1
x					x		2
x		x	x	x			1
			x	x			12
	x		x				8
	x		x	x			2
	x			x			3
	x			x	x		1
	x			x		x	2
	x				x		1
	x					x	12
		x		x			3
		x	x				3
		x				x	1
				x		x	1
				x	x		5
							137

4a) Type of abuse by primary client group

	LD	PD	HIV	Older People	SI	Mental Health	Subs. Misuse	Combination*	**Total**
Physical	**60**	**2**	**0**	**49**	**1**	**14**	**0**	**1**	**127**
Neglect	**37**	**10**	**1**	**74**	**0**	**3**	**0**	**1**	**126**
Sexual	**6**	**1**	**0**	**10**	**0**	**6**	**0**	**0**	**23**
Financial	**11**	**7**	**0**	**52**	**0**	**16**	**0**	**0**	**86**
Psychological / Emotional	**4**	**3**	**0**	**14**	**0**	**9**	**0**	**2**	**32**
Discriminatory	**1**	**1**	**0**	**0**	**0**	**1**	**0**	**0**	**3**
Institutional	**3**	**0**	**0**	**3**	**0**	**0**	**0**	**0**	**6**
Combination	**28**	**10**	**0**	**61**	**1**	**33**	**0**	**4**	**137**
Total Alerts	**150**	**34**	**1**	**263**	**2**	**82**	**0**	**8**	**540**

*See 2) for explanation of combination of Client Group

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

	Friends/ Family	Stranger	Professional	Paid Carer	Other adult at risk	Not known	Other	**Total**
Physical	**38**	**4**	**1**	**36**	**33**	**14**	**1**	**127**
Neglect	**14**	**1**	**6**	**97**	**0**	**7**	**1**	**126**
Sexual	**3**	**3**	**1**	**1**	**13**	**1**	**1**	**23**
Financial	**34**	**10**	**2**	**15**	**3**	**14**	**8**	**86**
Psychological / Emotional	**20**	**1**	**1**	**6**	**1**	**1**	**2**	**32**
Discriminatory	**1**	**1**	**0**	**0**	**0**	**1**	**0**	**3**
Institutional	**0**	**0**	**0**	**6**	**0**	**0**	**0**	**6**
Combination	**63**	**13**	**7**	**40**	**3**	**8**	**3**	**137**
Total Alerts	**173**	**33**	**18**	**201**	**53**	**46**	**16**	**540**

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

	Male	Female	Not known	Missing Data	**Total**
Physical	**58**	**69**	**0**	**0**	**127**
Neglect	**56**	**70**	**0**	**0**	**126**
Sexual	**5**	**18**	**0**	**0**	**23**
Financial	**39**	**47**	**0**	**0**	**86**
Psychological / Emotional	**10**	**21**	**1**	**0**	**32**
Discriminatory	**2**	**1**	**0**	**0**	**3**
Institutional	**3**	**2**	**1**	**0**	**6**
Combination*	**49**	**84**	**4**	**0**	**137**
Total Alerts	**222**	**312**	**6**	**0**	**540**

**See 4) for explanation of combination of abuse*

5) Locations where alleged abuse took place

	Total	Total alerts in 2010-11	Total alerts in 2009-10
Own home	**200**	182	194
Home of the person who caused the alleged harm	**10**	20	3
Care Home - permanent	**95**	85	57
Care Home - temporary	**15**	11	20
Care Home with Nursing - permanent	**67**	46	43
Care Home with Nursing - temporary	**2**	1	0
Day Centre / Service	**13**	7	8
Community Hospital	**1**	3	1
Acute Hospital	**11**	6	11
Mental Health Inpatient Setting	**8**	4	3
Supported accommodation	**38**	33	23
Other Health Setting	**0**	0	1
Public Place	**26**	20	30
Education / Workplace	**1**	0	0
Other	**10**	16	23
N/K	**26**	37	3
Combination	**17**	24	0
Total Alerts	**540**	495	420

6) How did the alleged abuse come to light?

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

	Total	Total alerts in 2010-11	Total alerts in 2009-10
Disclosure	**240**	238	205
Witnessed	**75**	65	57
Physical signs	**92**	70	38
Suspicion	**12**	40	43
Combination of above	**69**	48	55
Other	**52**	34	22
Total Alerts	**540**	495	420

7) Information about the person who caused the harm

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

	Total	Total alerts in 2010-11	Total alerts in 2009-10
Family / Friends	**173**	182	173
Stranger	**33**	16	24
Professional	**18**	14	9
Paid Carer	**201**	147	133
Other Service User	**53**	42	28
N/K	**46**	82	43
Other	**16**	12	10
Total Alerts	**540**	495	420

*8) Ethnic origin of the adult at risk**

	Total	Total alerts in 2010-11	Total alerts in 2009-10
Asian/Asian British Bangladeshi	**5**	1	1
Asian/Asian British Indian	**32**	33	27
Asian/Asian British Other	**7**	8	6
Asian/Asian British Pakistani	**2**	3	0
Black/Black British African	**22**	16	14
Black/Black British Caribbean	**15**	12	8
Black/Black British Other	**6**	3	7
Chinese	**7**	0	0
White British	**308**	300	245
White Irish	**16**	14	17
White Other	**61**	64	51
N/A	**6**	1	2
Not stated	**11**	19	18
Mixed Other	**0**	5	0
Mixed White / Asian	**3**	1	0
Mixed White / Black	**6**	1	0
Any Other Ethnic Group	**33**	14	24
Total	**540**	495	420

**Ethnic Origin was defined via swift code*

*8a) Faith of the adult at risk**

	Total	Total alerts in 2010-11	Total alerts in 2009-10
Buddhist	**4**	4	1
Christian	**233**	216	184
Hindu	**20**	22	18
Jewish	**96**	93	60
Muslim	**33**	17	17
Sikh	**2**	2	1
No religion	**44**	28	56
Not stated	**98**	111	77
Other	**10**	2	6
Total	**540**	495	420

**Religion was defined via swift code*

9) Information about the funding authority

	Total Alerts
Funded by LBB	313
Funded by Health	43
Self funded	55
Another Council**	46
No service	77
Combination*	5
Missing information	1
Total Alerts	**540**

** **Combinations referrs to:** **3** x join funding of LBB and Health, **1** x join funding of LBB and self-funding, **1** x join funding of LBB, self-funding and Health*

*** **Other council refers to: 16** x Camden, **1** x Waltham Forest, **1** x Hounslow, **8** x Brent, **1** x Ealing, **1** x Gateshed, **1** x Harrow, **4** x Haringey, **3** x Westminster, **1** x Enfield, **2** x Essex, **1** x Hackney, **2** x Scottish Social Services, **2** x Kensington & Chelsea, **2** x Bedfordshire,*

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

	Total		Total alerts in 2010-11		Total alerts in 2009-10	
	Adult at risk	Person who caused the harm	Adult at risk	Person who caused the harm	Adult at risk	Person who caused the harm
Male	**222**	**215**	163	178	162	160
Female	**312**	**114**	331	118	255	112
Not known	**N/A**	**191**	N/A	174	N/A	54
More than 1 person*	**6**	**20**	1	25	3	94
Total Alerts	**540**	**540**	495	495	420	420

** In 6 cases the alert relates to more than one adult at risk*

11) Alleged person who caused the harm by primary client group

	Friends& Family	Stranger	Professionals	Paid Carer	Other service user	Not known	Other	Total
Learning Disabilities	**23**	**13**	**5**	**59**	**30**	**18**	**2**	**150**
Physical Disabilities	**11**	**2**	**2**	**13**	**2**	**4**	**0**	**34**
HIV	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**1**
Older People	**85**	**7**	**9**	**119**	**12**	**21**	**10**	**263**
Sensory Impairment	**1**	**0**	**0**	**1**	**0**	**0**	**0**	**2**
Mental Health	**49**	**10**	**2**	**7**	**8**	**3**	**3**	**82**
Drug & Alcohol Misuse	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Combination	**4**	**1**	**0**	**1**	**1**	**0**	**1**	**8**
Total Alerts	**173**	**33**	**18**	**201**	**53**	**46**	**16**	**540**

12) Summary of action agreed

*Of the **540** cases referred for this year:*

*Of the **448** cases that proceeded to strategy meeting:*

***448** proceeded to strategy meeting*
***92** cases had an alternative outcome.*

***382** forms were completed*
***66** were still ongoing.*

	Total
Arrange Strategy meeting	**448**
Alternative Outcome	**92**
Total Alerts	**540**

Allocate Case & Community Care Assessment & I.P.P.* & Other action	**1**
Allocate Case & Community Care Assessment & Other action & N.F.A.**	**1**
Allocate case & Other action	**6**
Care Plan Approach & Other action	**1**
Disciplinary action & Other action	**2**
Interim protection plan & Other action	**1**
Other action & N.F.A.	**25**
Refer to other agency & Other action & N.F.A.	**7**
N.F.A.	**48**
Total Alerts - Alternative Outcome	**92**

*I.P.P. - Interim Protection Plan
**N.F.A. - No Further Action

The speed of response:

~ The average number of days between receiving the alert to the day of the strategy meeting is **4.**
~ In **270** cases a strategy meeting was held within four days.
~ In **84** cases a strategy meeting was held between 4 and 10 days
~ In **27** cases a strategy meeting was held 10 days after receiving the alert or longer.
~ In **1** case - date of strategy meeting is unknown

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

	Strategy Meeting	Case Conference
Police	**64**	**20**
Adult Social Services	**306**	**152**
Other Local authorities	**70**	**25**
CQC	**77**	**38**
Barnet Community Service	**35**	**20**
MHT	**89**	**40**
GP	**12**	**2**
RFH	**25**	**15**
BGH	**18**	**7**
ECH	**4**	**0**
FMH	**2**	**0**
Other NHS	**19**	**3**
Domiciliary Care	**44**	**26**
Care Home	**125**	**77**
Other provider	**46**	**20**
Adult at risk	**N/A**	**40**
Family	**N/A**	**48**
IMCA	**N/A**	**2**
Advocate	**N/A**	**8**
Other agency	**66**	**29**

14) Case Conclusion: On the balance of probabilities

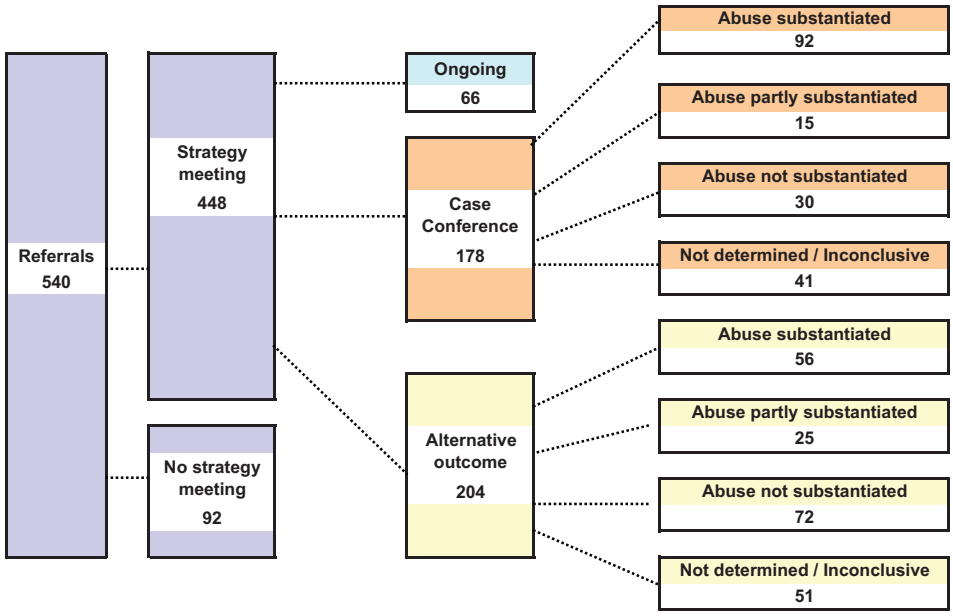
	Total	Total in 2010-11	Total in 2009-10
Abuse Substantiated	**148**	150	93
Abuse Not Substantiated	**102**	113	134
Abuse Partly Substantiated	**40**	59	57
Not Determined / Inconclusive	**92**	104	101
Still Ongoing	**66**	3	0
Alternative Outcome*	**92**	66	35
Total Alerts	**540**	495	420

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

15) Quarterly Comparison of Case Conclusion

Quarter	Substantiated	Not substantiated	Partly substantiated	Not determined / Inconclusive	Still ongoing	Alternative outcomes	Total completed
I	39	26	16	25	1	23	**106**
II	52	28	10	25	6	21	**115**
III	37	28	5	24	17	27	**94**
IV	20	20	9	18	42	21	**67**
Total	**148**	**102**	**40**	**92**	**66**	**92**	**382**

16) Outcome flowchart



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

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

Action taken / Service offered (accepted)	**Abuse substantiated**	*Abuse Not Substantiated*	*Abuse Partly Substantiated*	*Not Determined / Inconclusive*
Removed from Property or Service	10	4	2	6
Community Care Assessment	18	9	7	13
Civil Action	1	0	0	0
Application to Court of Protection	5	0	0	2
Application to change appointeeship	1	0	0	1
Referal for Advocacy scheme	2	1	2	3
Referral for Counseling / Training	11	0	3	5
Move / increase / different care	32	3	12	17
Management of access to finances	6	2	3	7
Guardianship / Use of Mental Health Act	0	0	1	1
Review of Self-Directed Support (IB)	0	1	0	1
Restriction / Management of access to person who caused the harm	19	3	6	8
Referral to MARAC	5	1	1	1
Increased Monitoring	77	41	20	40
No further action	22	43	5	21
Other	43	22	16	20
Total	**252**	**130**	**78**	**146**

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

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

Action taken / Service offered (accepted)	*Abuse Substantiated*	*Abuse Not Substantiated*	*Abuse Partly Substantiated*	*Not Determined / Inconclusive*
Removal from property or service	22	2	2	0
Action under the Mental Health Act	2	0	4	1
Community Care Assessment	2	0	0	1
Carers Assessment	3	1	2	4
Management of access to adult at risk	15	3	3	9
Criminal Prosecution / Formal Caution	8	0	1	0
Police Action	29	0	3	4
Disciplinary Action	31	2	1	2
Referral to ISA	9	0	1	0
Action by CQC	1	0	0	1
Action by Contracts Compliance	5	2	1	2
Referral to Court Mandated Treatment	0	0	0	0
Referral to registration body	4	0	0	0
Counselling / Training / Treatment	23	7	3	4
Continuing monitoring	52	14	11	20
Referral to MAPPA	0	0	1	0
Exoneration	0	5	0	1
No further action	6	50	9	31
Not known	7	9	2	5
Other	0	0	0	0
Total	**219**	**95**	**44**	**85**

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Meeting	Health and Well-Being Board
Date	26 July 2012
Subject	**Barnet Safeguarding Children Board**
Report of	Acting Director of Children's Service
Summary of item and decision being sought	This draft report provides an overview of the effectiveness of safeguarding arrangements in Barnet including an assessment of the performance of the Local Authority and partners in delivering outcomes for children. It reviews progress during the last year and identifies challenges and priorities for the year ahead.

Officer Contributors	Tim Beach - Independent Chair, Safeguarding Children Board Helen Elliott - Safeguarding Children Board Development Manager
Reason for Report	The report (as set out in appendix A) is being prepared in accordance with the statutory requirements of the Apprenticeships, Skills and Learning Act 2009 for LSCBs to provide an annual report on the effectiveness of safeguarding in the local area.
Partnership flexibility being exercised	None specifically arising from this report.
Wards Affected All	All

Contact for further information: Helen Elliott, Safeguarding Division, Children's Service Tel: 020 8359 4540

1. RECOMMENDATION

1.1 To note the content of the report and comment on progress and key priorities in relation to safeguarding responsibilities

1.2 That the Annual Report of the BSCB continues to be submitted to the Health and Well-Being Board

1.3 That safeguarding across the council and partners continues to be strengthened through the full engagement of all providers of health services, including through the Health and Wellbeing Board

1.4 That dialogue is established with the Clinical Commissioning Group to ensure safeguarding is reflected in commissioned services and embedded in the new arrangements

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

2.1 N/A

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)

3.1 Safeguarding is a key priority across the council and partners and is reflected in strategic partnership goals, including the Corporate Plan 2012-13, the Health and Wellbeing Strategy, Sustainable Community Strategy and Commissioning Strategy.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

4.1 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.

4.2 The BSCB, in exercising its scrutiny function, has regard for equality considerations in reviewing partnership data

5. RISK MANAGEMENT

5.1 A failure to keep children safe represents not only a significant risk to residents but also to the reputation of the Council and it's partners. Failure to keep children safe is identified as a key risk in the Children's Service, and is also embedded within the Community Safety Team risk register. Although safeguarding must be the concern of all agencies working with children and vulnerable adults, the local authority is the lead agency for safeguarding children and vulnerable adults. 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 health and the police, are represented to ensure that practice across the partnership meets safeguarding requirements.

5.2 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. Furthermore, a single Overview and Scrutiny Committee on Safeguarding has been introduced to help to provide Councillors with greater oversight of safeguarding issues across the Council. There remain ongoing challenges to ensure that learning related to safeguarding is effectively coordinated and disseminated across service areas and partner agencies and that safeguarding remains a priority in the changing landscape of public services and local restructuring.

5.3 The Secretary of State for Education has the power to intervene if he considers that local the authority is failing in its safeguarding duties toward children. This is considered to be a low risk in Barnet. The recent Ofsted and CQC inspection of safeguarding and looked after children judged safeguarding services and outcomes for looked after children as good overall in Barnet. Nevertheless, a risk remains should insufficient regard be paid to the council's statutory responsibilities relating to safeguarding

6. LEGAL POWERS AND IMPLICATIONS

6.1 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. When care proceedings are issued the Court may make a care order (committing the child to the care of the local authority) or a supervision order (putting the child under the supervision of a social worker).

6.2 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. Section 11 of the CA 2004 imposes a statutory duty on Children's Services as well as other agencies specified in the Act (including amongst various others the NHS, the police authority, the youth offending team) 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. The CA 2004 also requires Local Authorities to establish Local Safeguarding Children Boards for their area and it has been a requirement for local authorities to have a board since 2006.

6.3 The Apprenticeships, Skills, Children and Learning Act 2009 introduced a requirement for Local Safeguarding Children Boards (LSCBs) to produce and publish an annual report on the effectiveness of safeguarding in the local area

6.4 S.10 CA 2004 places a duty on Local Authorities and other specific agencies to co-operate and improve the well being of children. Barnet has chosen to keep a Children's Trust Board and to publish a Children and Young People Plan each year in support of this duty.

6.5 Statutory guidance Working Together to Safeguard Children (2010) 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 CA 2004. The Consultation Draft (Working Together 2012) was issued in June 2012 and the deadline for responses is early September 2012. In the meantime, the 2010 guidance

remains in force. This has a strong focus on the LSCB role in learning and improvement including the review of serious cases based on systems methodology.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

7.1 There are no additional resource implications arising from the recommendations of this report.

7.2 The increasing demographic pressures on Children's Services has been recognised as a pressure over the next three years, with £750,000 allocated. In 2011/12, the Children's Service also invested £1m in early intervention and prevention services, providing earlier support to reduce the number of children and families experiencing complex problems. Pressures across the partnership will continue to be actively monitored

7.3 Please refer to the report, as set out in appendix A, for details of the current annual budget of the Barnet Safeguarding Children Board (BSCB) currently £98,000, most of which covers the staffing requirements including the Independent Chairs of the BSCB and the Serious Case Review Panel. This budget includes the contributions made by partner agencies which have agreed to maintain the current level of contribution over the year ahead.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 Please see report for details of the BSCB work with young people through the Youth Shield and other initiatives including Strengthening Families to ensure the voice of the child and family is reflected in practice.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 The engagement with providers and their contribution to the work of the BSCB is set out in Appendix A.

10. DETAILS

10.1 A set out in appendix A.

11 BACKGROUND PAPERS

11.1 None.

Legal – HP
CFO – JH

APPENDIX A

Barnet Safeguarding Children Board Draft Annual Report

2011-12

'Making Safeguarding Everybody's Business'

Contents

Foreword by Independent Chair

Welcome to the Annual Report of the Barnet Safeguarding Children Board.

On a personal level it has been a privilege to be the Independent Chair of the Barnet Safeguarding Children Board (BSCB) and to work with the representatives of the agencies that make up the BSCB. Probably the thing that I have been proudest of in the last year has been the achievements of the young people making up Youth Shield and the contribution they have made to the Board and also to the actual delivery of Safeguarding services in Barnet. That work is reflected in more detail within the Report and has been subject to London wide and national recognition.

The intention of the report is to outline the progress that has been made in the last year against the priorities that the Board set for itself, to identify work that needs to be carried out to improve safeguarding in Barnet and to assess the performance of the Local Authority and partners in delivering safeguarding outcomes for children young people and their families in Barnet. The most obvious point of reference for that assessment is the Ofsted inspection that was carried out in January of this year. Whilst the overall assessment of Ofsted was “good”, for both safeguarding and Looked After Children, it was a concern that the quality of provision was judged to be “adequate”. That means that although children in Barnet are safe there is work required by the partnership to improve the outcomes for children and families. An agreed Action Plan will be monitored by the BSCB and senior managers with the Local Authority.

Prior to the inspection, work had already been carried out through multi agency audit and case review which identified some of the issues that the Ofsted inspection reflected upon, and work was already underway to improve the quality of the provision across agencies particularly through the continued development of multi agency working and joined up risk assessment. This work is a matter of priority both for the Board and all the partner agencies and is outlined in greater detail through the report and on the BSCB Work Plan which is accessible on the BSCB website.

For this Annual Report each of the main agencies and partners to the Board has been asked to identify their own internal governance structures for safeguarding, their achievements over the last year in terms of impact for children and young people and their plans to further improve it over the next year. The Board felt it important that agencies highlighted their own individual contribution to overall safeguarding in Barnet so that it is possible for the wider public and the Board to make a judgement about the quality and quantity of the work being carried, out and more importantly how this translates into improving the lives of children and young people in Barnet.

The Annual Report records a good deal of impressive work, jointly and individually, with three specific pieces of work being recognised as outstanding at the Annual London Safeguarding awards in December 2011.

There are frequent references in the Annual Report to the Review of Child Protection that Professor Eileen Munro was asked to carry out by the Government and which she reported on in late 2011, providing a number of recommendations. The Government supported the vast majority of the recommendations and the BSCB regards the implementation of her recommendations as a focus for its work in the next year. The full report and recommendations can be found on the Department for Education website.

Challenges Facing the BSCB

- Despite efforts to protect children's services across the partnership, the threat of diminishing resources available to member agencies to safeguard children and young people remains. This has been logged as a risk and will continue to be actively monitored by the Board.
- It is likely in the current climate that senior staff across the partnership will be given substantial extra responsibilities which could impact on their capacity to fulfil BSCB responsibilities and deliver safeguarding services.
- The community and voluntary sector has experienced a significant impact from the changes to allocation of grants and funding to grassroots services.
- The provision and take up of multi-agency training, has been inconsistent across partner agencies which reflects a London and national trend.
- Ensuring that the lessons learned from local case reviews and case file audits become embedded in local practice and improve the quality of the provision of services to children.
- Ensuring that the views of children and young people are taken into account in service planning and provision including setting priorities for staying safe.
- The absence of BSCB's skilled Administrator, due to maternity leave, has not been fully backfilled and this will continue to be an issue throughout the forthcoming year.

Tim Beach
Independent Chair

Context:

Definition of Safeguarding: Safeguarding and Promoting the welfare of children is defined within the Working Together 2010 Guidance as

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care

And undertaking that role so as to enable children to have optimum life chances and enter adulthood successfully

The Children Act 2004 requires Local Authorities to establish Local Safeguarding Children Boards (LSCB) for their area as the key statutory mechanism for agreeing how organisations will co-operate to safeguard and promote the welfare of children. The LSCB develops local arrangements for safeguarding children and ensures that partners are working effectively together to achieve objectives

This report is prepared in line with the statutory requirements outlined in Working Together to Safeguard Children 2010. This will be subject to amendment as a recommendation of the Munro review, that requires the report to be submitted to the Chief Executive and Leader of the Council, the local Police and Crime Commissioner (once appointed), and the Chair of the health and wellbeing board. The report will be submitted to the Children's Trust Board (CTB) and will be published as a public document.

The report forms part of the LSCB scrutiny function that should provide challenge to the work of The Children's Trust in driving improvement.

The report should provide an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of children, set against a comprehensive analysis of the local area safeguarding context. It should recognise achievements and the progress that has been made in the local authority area as well as providing a realistic assessment of the challenges that remain' (Working Together 3.34)

The document has been structured to a template which is recommended for national use. The intention is to both reflect progress made but also capture the priorities and areas which will need to be subject to additional focus over the coming year in accordance with the Munro Review and shaped by the recent Ofsted Inspection

This report will cover the extent to which the functions of the LSCB as set out in "Working Together 2010 "are being effectively discharged. The scope of the LSCB continues to be very broad and encompasses broader prevention as well as early intervention and child protection services: Within this framework, children at risk of harm will be a priority for consideration. The report will therefore include:

- The priorities of the Board: Why these areas have been identified as particular priorities and progress in relation to the priorities.
- Governance and Accountability of the Board: Effectiveness of the board and its sub groups.
- Monitoring & Evaluation/Quality Assurance Activity.
- Future challenges.

Summary of outcomes for the BSCB

Key activity and achievements of the Board itself over the last year include the following which will be outlined in more detail in the body of the report.

Ofsted Inspection: Barnet had a full inspection of its services in relation to safeguarding and looked after children in Jan 2012 and was judged to be good in all areas with the exception of quality of provision for safeguarding and looked after children services which were adequate. An action plan is in train to address areas identified as a priority for improvement. The following extracts signify the positive evaluation of safeguarding by the Inspectorate.

'Safeguarding outcomes are good for children and young people in Barnet. The vast majority of children and young people seen during the inspection reported that they felt safe' Ofsted Inspection Jan 2012

'*The BSCB continues to be developed to ensure an effective structure is in place which promotes ownership, accountability and challenge. A wide ranging membership ensures all agencies and services are represented including the adult services safeguarding board representative' Ofsted Inspection 2012*

- A focused audit for partner agencies to review compliance with the safeguarding duties contained in Section11 of the Children Act 2004.

- Completion of a multi-agency case review using the Social Care Institute for Excellence (SCIE) model, which has identified important learning for all partners. This means that BSCB will be well placed to deliver the new Government requirement to use systems methodology for future review.

- Strengthened governance and accountability through the repositioning of the Executive Group which has oversight of policy, strategy and performance in respect of safeguarding children. The Executive is also responsible for establishing the BSCB budget and agreeing agency contributions which will be reviewed annually.

- Work with faith and cultural groups to increase safeguarding awareness in partnership with CommUNITY Barnet which was recognised by a London Safeguarding Children Board Award. This contributed to the development of new resources to support practitioners and communities.

- Enhanced arrangements for quality assurance through the Performance and Quality sub group which is developing a more robust outcomes framework in line with Munro.

- Involving children and young people through 'Youth Shield' whose members undertook a survey of over 400 young people in Barnet which highlighted their issues and concerns.

- Child Sexual Exploitation input to research and supporting development of operational structure so that young people can be safeguarded.

- Learning and development events including a conference focused on sexual abuse that included internationally acclaimed speakers

- Maintaining a focus on Safeguarding in challenging financial climates and organisational change. The LSCB has managed to maintain funding from contributing partners at 2009/10 levels.

- Closer engagement with schools to identify and respond to safeguarding and welfare issues.

- Increased focus and development of multi agency arrangements on high risk missing children.

APPENDIX A

Summary of Key Outcomes across the partnership

- A Triage model of the Youth Offending Service in partnership with Barnet Police and Targeted Youth Support has successfully reduced the number of First Time Entrants to the Criminal Justice System by 9%.
- The YOS has supported 71% of young people to be engaged in full time Education, Training or Employment by the end of their Court Orders.
- Youth Shield have researched and compiled 'Barnet Young People's Safeguarding Consultation 2011' which has enabled young people's views to feed into the priorities of the BSCB.
- Youth Shield have developed Creating Healthy Teenage Relationships: a project for young people to become peer trainers and deliver sessions in schools and youth settings to 14 year olds.
- Barnet's Youth Service has delivered Positive Activities (to 2647 young people) to targeted areas and groups of vulnerable young people during school holidays and evenings and work programmes for NEET young people.
- Protocol between Children's Services and Adult Mental Health developed, launched and being monitored.
- Interface meetings up and running to improve collaboration between services for high risk mental health cases.
- A robust process is in place for managing allegations in Barnet in order to reduce and manage risk of harm to children. The Local Authority Designated Officer role is well established and the resources committed to it are ensuring the safeguarding focus, in protecting children from high risk perpetrators as well as driving up the general practice in relation to safe working.
- Criminal investigations and a conviction in relation to a perpetrator of sexual abuse has contributed to the protection of further potential victims.
- An historic allegation of abuse has resulted in prosecution of a perpetrator for serious sexual offences.
- 3 cases of concern have led to a management case review with associated action plans to improve safeguarding processes.
- Safeguarding training has been delivered to over 1000 multi-agency staff in the last year as well as briefing events and a seminar at the BSCB conference in 2011.
- Continued funding to support Child Death Overview Panel process has been agreed.
- The substantial backlog of cases has been significantly reduced.

- An updated protocol and risk assessment tool for children missing from care has been developed, which was successfully piloted in our residential units and by Barnet MISPER. This is now being rolled out across the wider workforce.
- A process for high risk missing children cases to be referred to the Safeguarding Division and for the strategy meetings to be chaired independently by the Senior Safeguarding Officer (SSO) has been implemented.
- Work has also been undertaken to improve the quality of the data on missing children.
- Barnet has pledged support for the current campaign 'Cutting Children free from Sexual Exploitation'.
- Raised awareness of Child Sexual Exploitation across the partnership.
- Cohort of multi-agency staff trained to use resources in prevention work with young people at risk of CSE.
- Direct preventative work with young people at 2 secondary schools, a pupil referral unit and a residential setting.
- Direct one to one work over a 6-12 month period with 9 young people identified as being at high risk of sexual exploitation.
- Positive changes in young people's awareness of sexual exploitation and ability to keep themselves safe.
- In one case, a vulnerable young woman was able to reduce risky behaviour and live safely at home after a period of family conflict. She has been able to successfully complete GCSE's at school and is now studying a further education course at college.
- 182 CRB checks for faith and cultural groups.
- 21 + sign ups for on-line child protection training through faith groups.
- Child Protection courses delivered to 50 staff and volunteers from a Mosque.
- High level of attendance at multi-agency safeguarding courses run in Barnet.
- Support provided to a minority ethnic family at a strategy meeting.
- Successful collaboration in response to a safeguarding incident and investigation involving a faith community, Police and Children's Social Care Monthly safeguarding advice surgeries, 4 of which have been hosted by faith and cultural groups.
- Network of safeguarding leads established across the supplementary schools network.

- 26 facilitators from various ethnic and cultural groups recruited and trained to deliver parenting programmes.
- Fostering champions from supplementary schools.
- An early intervention project to support families (with children aged 0-11yrs) affected by domestic abuse.
- A multi-agency initiative, involving 3 DV workers within the Multi-Agency Support Team, Relate NW, Home-Start Barnet, Children's Centres and Health Visitors, as well as a range of community focused and domestic violence agencies.
- Solace Women's Aid are now contracted providers of advocacy and support services for survivors as well as refuge spaces and services for perpetrators.
- Review of the communication strategy and direct involvement of young people in that process.
- Improved awareness of the work of the BSCB including contribution to safeguarding month.
- Newsletter regularly circulated to front line staff.
- Website developed with a distinct branding and information tailored to the needs of different audiences.
- Participation by young people in developing accessible information.

Governance and Accountability Arrangements

'Leadership and management of safeguarding services in Barnet are good. Governance arrangements within the Children's Trust, the BSCB and the wider council and partners have developed well and are secure' Ofsted Inspection Jan 2012

The Board has an Independent Chair who formally reports to both the Council's portfolio holder for children and the First Class Education and Overview and Scrutiny Committee. The Independent Chair is also a member of the Children's Trust Board where the work of the Board is tabled, including the annual report outlining the work of the BSCB. This ensures appropriate challenge where necessary.

The Lead member for Children's Services is a participant observer of the BSCB in accordance with the directive in Working Together 2010 and the Director of Children's Services a member of both the Executive and BSCB.

The Board has continued to evolve structure and governance arrangements to ensure a sharper focus on scrutiny and monitoring. There is currently a two part structure with an Executive that meets in advance of the full Board meeting. Executive Members are responsible for policy, strategy and performance in respect of safeguarding children. They are also responsible for establishing the BSCB budget and agreeing agency contributions which are reviewed annually.

The role of the Executive is to be further strengthened through a revised schedule of meetings to assure greater oversight of the BSCB agenda and maximise ownership of partnership working improvements.

The BSCB has established a large membership to include a wide range of partners, including Community (Lay) members and Youth Shield.

Attendance is actively monitored with gaps followed up and this is likely to be a continued challenge given the demands on partner agencies time and resources and overlapping structures that require some partners to service more than one LSCB.

The Board works to an agreed constitution and work plan and a number of sub groups are responsible for carrying out elements of the work programme and reporting back on progress at each Board meeting. This structure is also supported by a number of task and finish groups that are mandated to carry out specific pieces of work. Details of all of these groups are contained in Appendix 4.

BSCB Sub Groups: There are currently 4 sub groups in addition to the Standing Serious Case Review (SCR) Panel and the Child Death Overview Panel (CDOP). These are as follows:

Performance and Quality Assurance Sub Group: This is chaired by the BSCB Independent Chair, with a remit to look at performance across partner agencies, utilising existing performance data and monitoring, as well as carrying out specific pieces of audit work. The group actively monitors multi-agency performance data as part of an agreed London dataset. This enables identification of trends and areas of risk that can be addressed and feed in to improvement planning.
The group also includes reporting from partners on own agency quality assurance processes, for example, the Mental Health Trust, Quality Dashboard Account and the Probation service system have recently been considered.
Work is currently in progress to introduce a revised quality assurance framework that has a more explicit focus on outcomes data, including the voice of service users and children and young people. This will give a picture of how measured activity has made a difference to the lives of children and families.

Training and Development Sub Group: The LSCB is responsible for the strategic overview of safeguarding training both by single agencies (to their own staff) and interagency training. The Training and Development sub group discharges this function in collaboration with the Children's Workforce Development Team to ensure that both single and multi-agency training is delivered to a consistently high standard and that a process exists for evaluating its effectiveness.

Professional Advisory Sub Group: The Professional Advisory Group (PAG) includes members with direct operational knowledge and its function will be to ensure that all policy and procedure is both appropriate and operable. It also oversees the work of a number of Task and Finish Groups which have a remit to develop policy or examine specific issues and report back to the PAG, and through that the LSCB, for example, in relation to sexual exploitation.

Cross-Generational Sub Group: This group operates as a cross service group responsible to both adults and children's safeguarding boards. The aim is to ensure that services collaborate as far as possible in promoting the safety and welfare of children and a holistic approach to working with families.

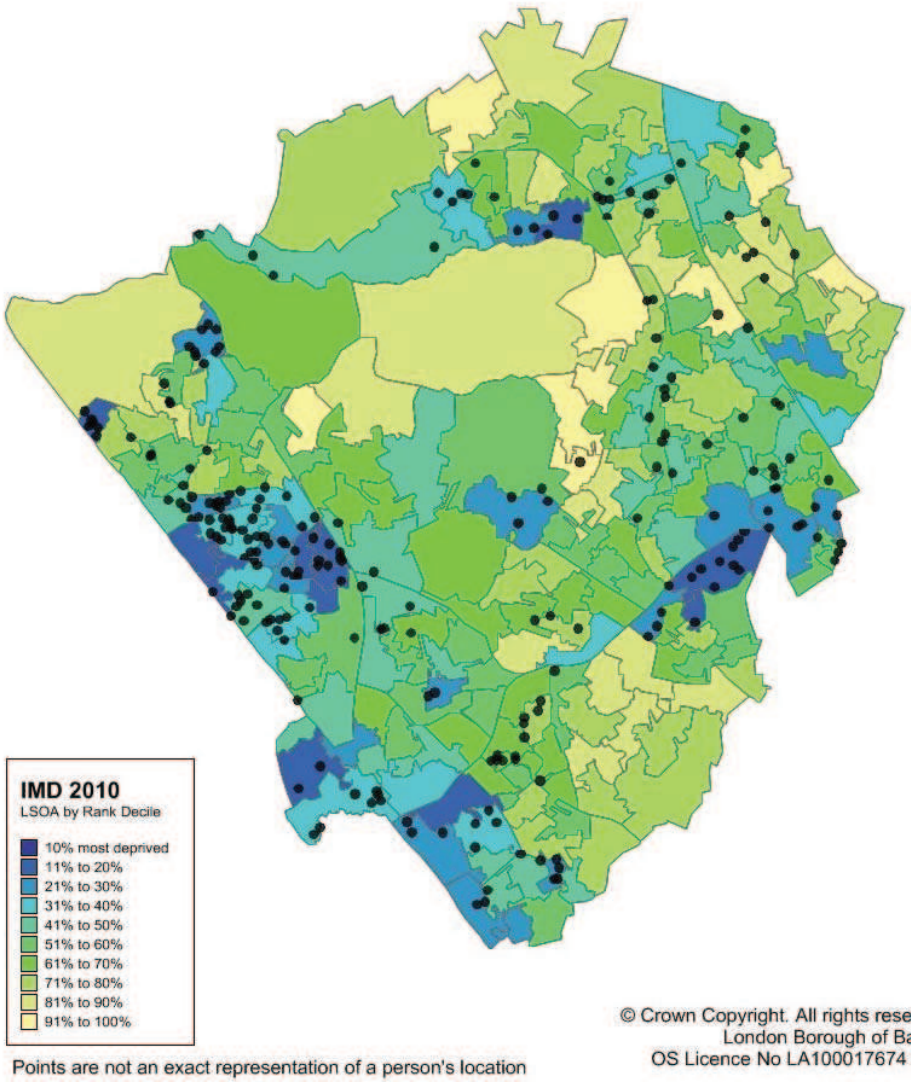
Child Death Overview Panel: This is responsible for the specific functions relating to child death as outlined in Working Together 2010. Its purpose is to review all child deaths and identify any matters of concern in relation to any child death in Barnet.

Standing Serious Case Review Sub Group: The Standing Serious Case Review Sub-Group links to the Child Death Overview processes when a child has died or been seriously harmed and abuse or neglect is believed to be a factor. Independent Chair arrangements further enhance the capacity to exercise scrutiny and challenge. The serious case review sub-group has a wider remit in supporting learning from reviews and has carried out a SCIE case review as part of a London pilot. This has identified learning and improvements in practice for a range of multi agency staff.

Monitoring and Evaluation

Distribution of Child Protection plans in Barnet

Challenge for regeneration areas: how can they be designed to support vulnerable children?



Children's Social Care in 2011/12

300 Children in Care

259 children Subject of a Child Protection Plan

1,379 Children in Need

3,414 referrals to Children's Social Care (2011/12)

83,565 children aged 0-18 in

- Approximately 2.3% of Barnet's children are Children in Need, subject of a Child Protection Plan or are Children in care at any one time.

- Almost £27m is spent on these children each year.

It should be noted that there is a significant correlation between areas of higher social deprivation in Barnet and children Subject to Child Protection Plans. Both the Board and the Children's Services are aware of this and will keep this under active review over the following year to ensure that there is a sustained focus on the quality of service. Every attempt will be made across the Partnership to reduce the potential impact of budget cuts on the delivery of Children's Services and to monitor if that trend continues.

The Effectiveness of Safeguarding in Barnet:

Making an informed judgement as to the quality of work to safeguard children and generating consistent activity to make improvements where they are needed is probably the most significant task facing an LSCB. The summary of outcomes outlined above is intended to reflect some of the work that has gone on in the last year in Barnet that we judge to have had a real outcome in safeguarding children and families in Barnet. The key outcomes are provided with some narrative throughout the report.

Much of the work is concerned with activity or output. It is not always easy to identify the outcome, or result of the actions we take but our aim is always to try and maintain a focus on actions that make a difference to a child or young person. Sometimes this will involve making informed judgements about likely impact, for example, the effectiveness of training in helping professionals take action if they are concerned about a child

The task of forming a judgement is helped to a great degree by the inspection process. A full inspection of safeguarding and looked after children's services in 2012 in Barnet, gives a picture of organisational health and provides a focus for improvement. Overall the audit work that the Board and partners carried out together with case reviews and the Section 11 process, reflected many of the issues that were identified in the Ofsted report; that there is a great deal of good

work across agencies, children in Barnet are safe but there are improvements to the delivery of services that can and need to be made.
The Ofsted report is available on the London Borough of Barnet website.

The data and narrative below reflect the quality of safeguarding provision and helped to inform the content of the annual report and the overall view taken by Ofsted, which the Local Borough of Barnet and BSCB fully accepted.

> *"LSCBs play an extremely valuable role and will remain uniquely positioned within the local accountability architecture to monitor how professionals and services are working together to safeguard and promote the welfare of children. They are also well placed to identify emerging problems through learning from practice and to oversee efforts to improve services in response".(Munro Chapter 4)*

The Munro review identifies the LSCB as having a crucial role as the vehicle for scrutiny of safeguarding activity across the partnership. The Performance and Quality Assurance Sub-Group leads on this work and has responsibility for monitoring and evaluation through an agreed multi-agency programme of audit and review. Chair arrangements provide an opportunity for independence and challenge which has enabled the group to develop a strong basis with improved attendance and representation over the last year.

A review of partners Quality Assurance frameworks over the last year has provided assurance of robust processes within single agencies as well as across the partnership.

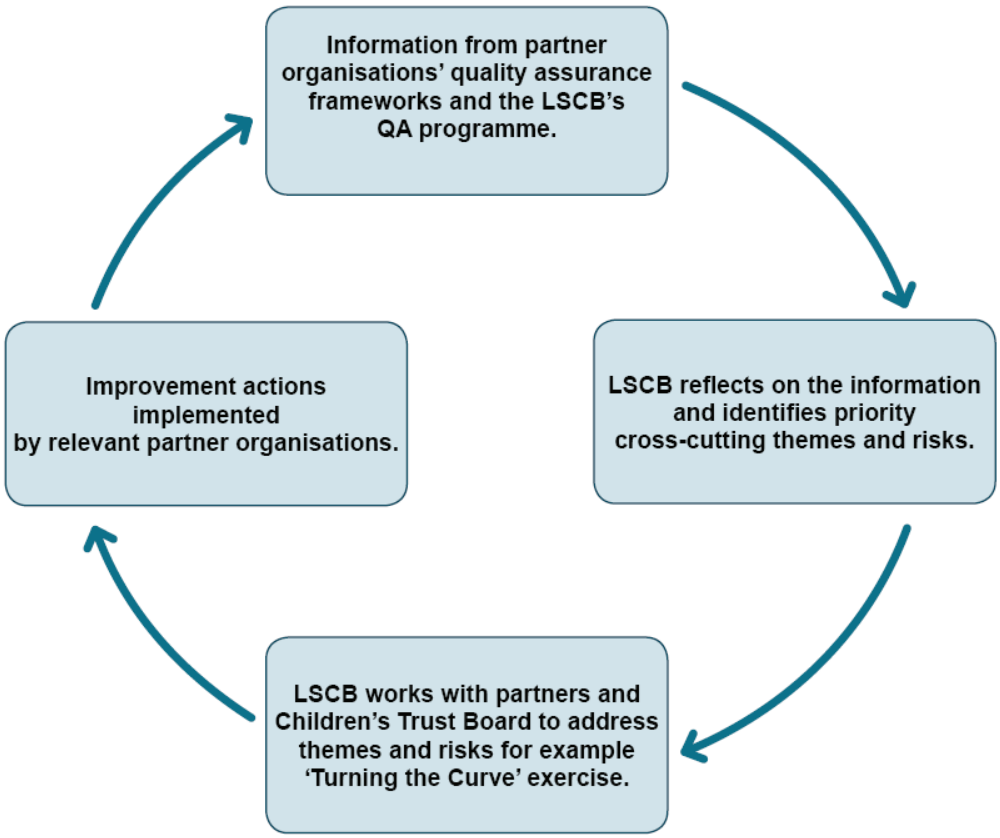
Within the Children's Service, the Safeguarding Division has a pivotal role in the scrutiny function and has set out a "vision of continuous improvement", within the divisional plan for the forthcoming year which has been developed in line with Munro principles.

Barnet has continued to participate in the Pan London Safeguarding dataset in conjunction with the London Board which has enabled scrutiny of partnership data across the range of outcomes for children. Interrogation of the dataset has highlighted several areas of note, such as increasing referral rates to children's service, which have been appropriately flagged as an area of risk and subject to ongoing monitoring. It has also been apparent that there are some gaps in the information that is readily available in some areas, including drugs and health data

The Safeguarding dataset discussions will need significant work at local and pan London level if the national and local performance indicators recommended by the Munro Review are to be adopted. This work has been accepted by the Board and Sub Group as part of their contribution to the Munro Action Plan being managed through Children's Services and as one of the four priority areas for the Board. This work includes the development of feedback from service users and the workforce and will therefore assist in identifying the outcomes for children and families.

The sub group agreed that an area for development, as identified in the recent Ofsted inspection, is to implement a more coherent outcomes based framework that supplements quantitative data with qualitative data on outcomes for children and families.
The Sub-Group will therefore be adapting the London Safeguarding Children Board Quality Assurance Framework for local use so that we have a comprehensive means of assessing how well we safeguard children in Barnet,

based on key priority areas. This is based on recognised good practice. A diagrammatic representation of the process is shown below.



Audit Activity:

A number of audits have been undertaken in the last year including the following:

- Disabled Children Team. This was conducted following concern in relation to the low numbers of children who had a disability who were subject to a child protection plan. It was felt that the service needed to take a closer look at this issue to assure itself that disabled children were adequately safeguarded in Barnet. The audit and management review conducted in accordance with Munro principles have identified a number of areas for improvement both in practice and process which are being acted upon,. The team is now represented on the Board to provide opportunities for dialogue and interface and a further review will be carried out to assess impact of the review.

- Children subject to Child Protection (CP) plans (see below)

- An in depth multi-agency review of 6 Child Protection Plan Cases. The information gleaned has identified learning opportunities on a number of levels for all areas of the service, including the issue of parental co-operation and challenges in working with disguised compliance.

The audit programme for the year ahead will be informed by the Munro Report, the SCIE review and the findings of the Inspectorate. A further Section 11 audit will also be conducted in late 2012 based on a revised London template.

There is an intention to explore the potential for peer audit with a neighbouring borough and repositioning the role of the Professional Advisory Group to assist in learning from front line operational feedback across agencies.

The Child In Need (CIN) Audit in 2010, together with the findings of the SCIE review identified a number of areas for further thematic review including the following

- Identification of the Professional network involved with a child
- CIN Plans and compliance with revised format, including clear identification of risk variables and contingency planning
- Outcomes of CIN or CP plans
- Recording Practice
- Supervision and Management Practice

Children Subject to CP Plans:

An in depth audit was conducted in Nov 2011 to explore the sustained increase in numbers of children subject to CP plans, the underlying causation and the implications for practice. It was concluded that multiple factors are contributing to this trend, including demographic pressures and change within the court process. Although the audit reflected a national trend in increasing referral and planning around neglect issues, thresholds were being applied appropriately. Numbers stabilised at the end of the year.

Ongoing monitoring by the BSCB is needed to examine how the service responds to the continued rise in referral rates and children subject to CP Plans to ensure that the impact on practice is minimised. Barnet's recently constituted protection panel, created as a response, is proving to be an invaluable forum to provide direct scrutiny of case decisions as well as identifying trends and patterns to be followed up at management level.

Routine audits are undertaken on an ongoing basis on children subject to CP plans for 2 years or more and those 're-registered'. This is to prevent 'drift' in those cases which can sometimes occur as a result of turnover of staff.

The safeguarding division has recently piloted the 'Strengthening Families' approach to the conference process which has been found to be an effective way of engaging families in bringing about improved safety for children.

This has been very positively evaluated and will now be adopted for use in all conferences using a revised report template.

The London Borough of Barnet Cabinet receives annually an overall Safeguarding Report which covers both Adults and Children's Services. This document reflects the general picture of Safeguarding within Barnet across the Partnership. That report was received at Cabinet on the 17th July 2012.

Agency Updates for 2011-2012

Rather then simply give an overview of the work of BSCB, we have asked our members to provide some concrete examples of how they have made a difference to keeping children safe in Barnet. What follows includes a summary of governance arrangements, key achievements and work planned for the forthcoming year from the partners making up the Board.

Organisation: Children's Social Care

Internal arrangements for governance regarding safeguarding children at risk:

- In accordance with legislation and statutory guidance, local authorities have a duty to safeguard and promote the welfare of children in need living in their area.
- As part of ensuring effective partnership working, the local authority has a responsibility to ensure that arrangements are in place to promote cooperation with partners and others, as appropriate working with children in the local area.
- Children's social care carries out these duties working with other services and agencies both internal and external council.
- Children's Social Care works within the framework set out by the Barnet Safeguarding Children Board and adheres to the required policy and procedure, for example, the London Safeguarding Board procedures.
- The Chief Executive is the Chief paid Officer of Barnet Council. The Director of Children's Service (DCS) reports directly to the Chief Executive. The Assistant Director, Children's Social Care with day-to-day management of the Children's Social Care, reports directly to the DCS.
- The Council's organisation structure is available on the council website and shows the relationship between Children's Social Care and other services across the council. For more information on the functions within Children's Social Care, please see either the Children and Young People Plan or Barnet's Children's Service Plan both available through the internet.
- All social worker undertaking statutory functions in Children's Social Care hold a recognised qualification and are currently registered through General Social Care Council as required. From 31 July 2012, the registering body will be the Health Professions Council. All GSCC registered social workers will retain their registration.
- Social workers undertake regular training to maintain their registration.
- Children's Social Care is represented at the BSCB, Children's Trust Board, Health and Well Being Board, Domestic Abuse Strategic Board and other strategic groups relevant to promoting the welfare of children and young people.
- Safeguarding and promoting the welfare of children and young people is a strategic priority for the council. The performance of Children's Social Care is central to achieving the Council's objectives. Please see the Council's Corporate Plan.
- Within the Council, the Assistant Director Children's Social Care attends Statutory Officers Group chaired by the Chief Executive and attended by other senior members of the Council to discuss matters regarding the safeguarding of children and young people. The Assistant Director is also a member of the Children's Service Senior Leadership team and other relevant teams within Children's Services.
- The AD CSC works with staff across Children's Social Care to continually improve outcomes for children and young people.
- The Governance of Children's Social Care is inspected by Ofsted as are many of its functions such as its fostering service, adoption service and children's homes.

Key outcomes and achievements for 2011/12.

- Ofsted (and the Care Quality Commission) undertook an inspection of Barnet's safeguarding and looked after children services in Jan 2012 and published their report on 24 Feb 2012. The outcome of the inspection was that the

overall effectiveness and capacity for improvement was good.

- Barnet Council and partners were judged as good in 20 of 22 criteria areas inspected. Barnet was judged as 'adequate' for the quality of provision of both safeguarding and looked after children. An action plan for improvement with a focus on this area is in place.
- The Ofsted inspection found that of the number of children and young people that took part in their survey, that "the vast majority of children and young people seen during the inspection reported that they felt safe" (Barnet Ofsted Inspection report, 2012)
- Overseen the a significant safe reduction in the number of children subject to child protection plans from a peak of 289 in Nov 2011 a year end figure at March 2012 of 259.
- Participation in an Ofsted survey to look at best practice in supporting social workers.
- The Lead Member has signed us up to the Barnardo's Cutting Them Free campaign which supports our work with young people at high risk of sexual exploitation including the delivery of workshops at our residential units.
- Formation of a liaison group with mental health services to focus on interface and development issues.

Work Planned for 2012/12

- Development and establish a Multi Agency Safeguarding Hub
- Continue to improve the interface between early intervention services and children's social care to ensure the early help is efficient and effective.
- Undertake significant service changes through the implementation of Munro using the Family Justice Review and the Adoption Action Plan as key drivers for change.
- Under the umbrella of Munro, Children's Social care will lead the development of a new single assessment replace the current initial and core assessments.
- Reduce the time it takes of children in need to have their cases heard through the family courts.
- Contribute to research undertaken by Action for Children and the University of Stirling into develop a tool for practitioners to use in cases of neglect.
- Introduce a model of assessment for use across Children's Social Care to improve the quality of assessment and professional confidence of social workers.

Ann Graham
Assistant Director of Children's Service
Barnet Children's Service

Organisation: Barnet Borough Police

Internal arrangements for governance regarding safeguarding children at risk:

- The Metropolitan Police Service (MPS) has a specific policy and standard operating procedure for Safeguarding Children; awareness of which is delivered, through training, to all operational staff.

- Barnet Police has a Detective Chief Inspector lead for Public Protection matters which incorporates Safeguarding, along with a dedicated Detective Sergeant for Safeguarding Children.

- Existence of a Police Community Safety Unit (CSU) which is dedicated to the investigation of all hate, domestic violence and ensuring that matters relating to safeguarding children are referred to appropriate bodies e.g. Child Abuse Investigation Command.

- All CSU staff undertake a specific two-week course to be able to understand and effectively investigate the above crimes.

- Representation on the Children's Safeguarding Board through attendance of a senior police leader (minimum Detective Superintendent level).

- Daily Management meetings, chaired by a member of the Senior Leadership Team, where risk and harm for all crime is assessed and appropriate resources allocated. All matters involving children at risk/victims/perpetrators of crime are listed and reviewed at the daily meeting.

Key outcomes and achievements in 2011/2012:

- Provided resources to the tri-borough Mental Health Assessment Team (Haringey, Barnet & Enfield), supporting problem solving activity and interventions with communities.
- Created a streamlined referral process via a safeguarding mailbox, to prevent loss of information and to ensure early intervention on high risks cases.
- We have supported the multi-agency homicide review processes, designed to capture learning and improve our ability to prevent serious crimes of violence.
- Developed plans with partners on the creation of a Multi-Agency Safeguarding Hub (MASH) to ensure a more dynamic and holistic approach to safeguarding victims.
- Embarked on two mentoring programmes with Barnet Education Business partnership and Friern Barnet school Blue Skies project.
- Continued to support Youth Shield.
- Fully supported and part of the project team for the Family Intervention project.
- Developed the joint working processes of CAF social workers based at Barnet police station.
- Undertaken Junior Citizens scheme for year 6 pupils approaching transition.

Work Planned for 2012/2013:

- An MPS wide review has been completed and it is now intended to implement a new local policing model, with the aim of improving performance, public satisfaction, and enhancing capability, particularly in respect to crimes of violence and risk.
- Implementation of MASH to ensure timely risk assessment and action in relation to vulnerable children and adults across the partnership.
- Continuing to provide information, support and resources into the development of an intervention project, which intends to concentrate partnership resources on those families with the most complex needs across all agencies.
- Working with partners to implement a co-located Integrated Offender Management Unit, allowing a more joined up and speedy response to offender's risks and needs.
- Continue with a strong safer schools team concentrating on support and identification of threat, harm and risk. Running a 2012 Junior Citizens scheme.
- Undertake further mentoring programmes with Friern Barnet school.

Mark Strugnell
Detective Superintendent, Head of Crime Investigation
Metropolitan Police Service (Barnet Borough)

Organisation: Barnet Youth Offending Service

Internal arrangements for governance regarding safeguarding children at risk:

- The Youth Offending Service have a statutory responsibility to have regard for the welfare of children and young people in the Criminal Justice System; Safeguarding is therefore threaded through all areas of practice.
- Barnet YOS forms part of the Children's Service organisational structure. All YOS staff are required to update their Safeguarding training on a regular basis which they access through the Barnet internal multi-agency Safeguarding programme.
- There are two registered, qualified Social Workers on the YOS staff team, one of whom is an Operational Team Manager holding delegated responsibility as the Safeguarding lead, a designated Nurse, a Clinical Psychologist and access to Drugs Counsellors and Psychiatrists through Barnet Young People's Drug and Alcohol Service.
- The Youth Justice Board assessment framework requires the Youth Offending Service to undertake assessments of vulnerability for all young people who receive YOS service. Vulnerability Management Plans are drawn up to identify how needs will be addressed. These assessments and plans are regularly reviewed.
- A key performance indicator for the YOS is to reduce the number of children and young people remanded or sentenced to custody, with resources dedicated to creating robust bail support programmes and community sentences.
- The YOS maintain representation on the Children's Safeguarding Board and relevant sub-groups, the Children's Leadership Team and Safer Communities Partnership Board.
- Monthly multi-agency High Risk and Deter 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. Vulnerability Management Plans are discussed and agreed with appropriate resources allocated.
- Assessments of victims of crime are conducted by the YOS Restorative Justice Co-ordinator. Where victims are under the age of 17, the Victims Code of Conduct requires that they are supported through assessments by an appropriate adult. These victims are then supported and encouraged to engage with restorative interventions designed to repair the harm that has been caused by their offender.

APPENDIX A

Key Outcomes and achievements in 2011/2012:

- An HMIP Core Case Inspection was carried out in September 2011. This commended the YOS on the frequency of vulnerability screenings being carried out, our communication and swift transfer of information with the secure estate, our partnership working to promote the welfare of young people and effective management oversight of vulnerability concerns of young people in custody. Any concerns identified have been addressed in an agreed action plan (see work planned for 2012/13).
- The number of custodial sentences imposed in the last year has remained constant and in line with the national picture.
- Through the development of a Triage model in partnership with Barnet Police and Targeted Youth Support, we have successfully reduced the number of First Time Entrants to the Criminal Justice System by 9%.
- We have supported 71% of young people to be engaged in full time Education, Training or Employment by the end of their Court Orders.
- The last year has seen the development of the Troubled Families agenda in Barnet and the YOS work closely with the Troubled Families division to address and promote the welfare of children and young people through a systemic approach.
- YOS practitioners continue to contribute to Child Protection Plans through attendance at relevant Local Authority meetings.
- YOS practitioners continue to work in close partnership with Social Care, Young People's Drug and Alcohol Service, CAMHS and Housing to ensure that targeted work is completed to safeguard young people and this work forms part of their Court Orders.
- Restorative Justice interventions with young victims of crime is a newly developed area of practice, the RJ co-ordinator has overseen successful RJ conferences resulting in verbal and written apologies to victims.

Work Planned for 2012/2013:

- In line with the Children's Service Plan, the YOS will invest in early intervention to reduce the number of children and families experiencing complex problems through improved joint working with the Police and Targeted Youth Support to further develop our Triage model and continue to reduce the number of first time entrants.
- Through our continued strong relationship with Court services and increased community based provision we aim to reduce the number of children and young people entering into the secure estate.
- As part of our HMIP Improvement Plan, we aim to provide better evidence of actions planned to safeguard children and young people by including measures to manage vulnerability in initial assessments and plans.
- In order to ensure timeliness and quality of assessments and plans, YOS managers will review our quality assurance process.
- As part of support offered through the High Risk and Deter Panel, YOS Police Officers will undertake home visits for young people leaving custody, or who are deemed to be high risk of vulnerability or harm to others. Closer liaison and information sharing needs will be developed with Parenting workers, the intensive family focus team and social care managers to ensure that existing home visiting provision is captured in YOS case recording and contributing to assessments.
- Work is currently underway with the Youth Justice Board and sector-led improvement initiatives to review the current assessment and intervention planning process and streamlining of forms to support YOS practitioners to spend more time delivering effective interventions targeting risk.

- We will continue to develop our service to Victims of crime in Barnet through Restorative Justice and expansion of our Reparation provisions.
- Working with partners to implement a co-located Integrated Offender Management Unit, allowing a more joined up and speedy response to offender's risks and needs.

Meeta Mahtani
Operational Team Manager
Barnet Youth Offending Service

Organisation: North Central London (NCL) Health, Barnet

Internal arrangements for governance regarding safeguarding children:

Since April 2012 NHS Barnet has sat within North Central London health commissioning cluster. NHS Barnet commission community health services from Central London Community Healthcare. Acute services from Barnet Hospital and Royal Free Hospital and Mental health services from Barnet, Enfield and Haringey Mental health Trust. Barnet are also lead commissioners for Royal National Orthopaedic Hospital Stanmore. By April 2013 responsibility for children's safeguarding will be handed over to the Clinical Commissioning Groups under new health strategic arrangements. The role of the NHS commissioning board in monitoring the safeguarding aspect of Clinical Commissioning Groups will be made clearer within the forthcoming months.

NHS Barnet governance seeks assurance from it's providers that they have arrangements in place to safeguard children under Section 11 Children Act 2004. The Care Quality Commission also requires each health provider organisation to provide assurance in a number of domains for children. An Ofsted/ Care Quality Commission review of children's safeguarding and arrangements for children in care carried out in January 2012 confirmed that the arrangements in place within Barnet's health agencies were "good".

Internally NHS Barnet host a Safeguarding Children's Advisory group which is attended by all it's NHS providers and includes the ambulance service, General Practice Out of Ours Services and some independent providers within the borough. The group has both a governance and professional advisory and support element and reports directly to the Professional Executive Committee, which in turn reports to both the Clinical Commissioning Group and the Barnet Safeguarding Children Board.

Key Outcomes and Achievements in 2011/2012:

In 2011/ 2012 health organisations in Barnet continued their role in ensuring that Barnet children were safeguarded both internally by ensuring that their arrangements were in line with CQC recommendations and also externally with their work with the Local Safeguarding Board.

Health services are represented and contribute to the multi-agency safeguarding agenda in Barnet and as discussed were inspected along with their local authority colleagues by Ofsted/ Care Quality Commission in January 2012.
Each health organisation provides a programme of safeguarding children training for their staff in addition to the multi-agency programme delivered by the local authority.

Bespoke training is provided for Independent health contractors .This training also has support from colleagues in the Metropolitan police and Barnet Social care as required.

Health agencies were actively involved in the Social Care Institute of Excellence pilot carried out in 2011. Health were represented in both the Review team and the case team and are in the process of ensuring that themes learned are disseminated to all staff.

In 2011 following a press enquiry concerning the arrangements for safeguarding children in Walk in Centres in London, NHS London undertook a policy and practice audit for all Walk in Centre sites. The aim of the audit was to seek assurance that arrangements were in place to identify and refer children who may be at risk of harm to the appropriate agency and to ensure that NHS Walk in Centres were properly connected to the wider child protection community. The resulting rating for Barnet Walk in Centre departments identified a very positive result regarding their ability to ensure children are safeguarded.

Lists of children subject to child protection plans are now received by acute providers of healthcare and Barnet Walk in Centres electronically. Staff within these units have worked with London Borough of Barnet Safeguarding teams to make adaptations to their internal systems where necessary to ensure that these vulnerable children are identified.

Ensuring that staff are aware of the impact of domestic violence has on children living within the home is high profile within health organisations across Barnet. A member of the Safeguarding team within Central London Community Hub represents health organisations at the Multi-Agency Risk Assessment conference in Barnet and feeds back relevant information to health staff following this meeting.

In 2011/2012 Designated professionals at North Central London to include Barnet staff have now developed a safeguarding monitoring system for all health providers within the sector i.e. Barnet, Enfield, Haringey, Camden and Islington. Health providers will be expected to complete a monitoring matrix on a quarterly basis to NCL London Performance and Quality team who it is anticipated will then provide this information to NHS Barnet. The Designated Nurse Safeguarding children will use this feedback to inform Barnet Safeguarding Children's Board Performance and Quality sub-group and to the Professional Executive Committee NHS Barnet.

Work Planned for 2012/2013:

- Link with Clinical Commissioning consortium to ensure safeguarding children's agenda is embedded in new arrangements.
- Continue to support multi-agency safeguarding strategy and agenda.
- Meet Ofsted/ CQC action plan targets.
- Further develop internal safeguarding training across health providers to ensure learning from SCIE review is widely disseminated.
- Monitor provider assurance reporting and highlight any risks to children within the borough.
- Continue to work with cluster Designated professionals to develop the strategic work programme for safeguarding children across NCL.
- Develop the roles of named safeguarding professionals within provider organisations.

Siobhan McGovern
Designated Nurse for Safeguarding
NCL Barnet

NHS
North Central London

Organisation: Barnet, Enfield and Haringey Mental Health Trust

The Trust is a large NHS provider of integrated mental health and community health services. In Barnet this includes adult, child and adolescent mental health services and the Barnet Drugs Advisory Service.

The Director of Nursing Quality and Safety is the Trust's Executive lead for Safeguarding. There is an Assistant Director of Safeguarding Children and a matrix of Named Nurses and Doctors and a safeguarding children coordinator in each team to help provide support and supervision to over 3000 staff.

Key Outcomes and Achievements in 2011/2012:

There is a strong commitment to provide a wide range of preventative and responsive safeguarding children services throughout the trust. the evidence from quality assurance activity indicates that this is being both achieved and evidenced across trust services. there has been a continued increase in the amount of safeguarding activity at a strategic, quality assurance and individual case level over the last two years.

Key Outcomes
The Trust has further developed its comprehensive safeguarding quality assurance system. This provides quarterly feed back on our regular auditing of involvement in child protection work including meeting attendance, referrals and supervision.
Involvement in the development and publication of the multi-agency protocol "Safeguarding Children where there are concerns of Parental Mental Health" in October 2011.
Formation of a joint quarterly meeting with children's Services Social Care in each borough to encourage building of relationships and discuss arising interagency safeguarding issues at an early stage.
Mental Health staff have been involved with 363 safeguarding children cases during 2012-13.
Levels of attendance at level one and two safeguarding children mandatory training is 84% (above the 80% standard).
The Trust has contributed to six statutory multi-agency case reviews.
In November 2011, the Care Quality Commission completed a review of compliance for the Essential Standard of Quality and Safety Outcome 7. It judged community and in patient mental health services at Edgware Community Hospital, St Ann's Hospital and Chase Farm Hospital as compliant. Further unannounced inspections have found compliance with this standard across the Trust.
96.4% of staff and volunteers have the appropriate Criminal Records Bureau Check and this has been updated at least three yearly in line with good practice guidance.

Work Planned for 2012/2013:

The Trust aims for 2012-13 support its commitment to safeguarding children and includes:

- Promoting patients' overall health and wellbeing.
- Strengthening partnerships with other organisations, to improve services further.
- Continued development of staff – with new staff development opportunities and new ways of working.

The Trust's safeguarding children and young people priorities include:

The development of practice in responding effectively to Domestic Abuse, including the further development of the Trust protocol and training to support all Trust staff working with adults and children who experience domestic abuse.

Achieve at least 80% of eligible staff having attended appropriate level three safeguarding children training by reviewing the training strategy, increasing the provision of in-house training and recording of attendance at Local Safeguarding Children Board Training.

Integrating the views of children and young people into our service development plans for 2013-14 by engaging with young carer networks.

The development of a child protection leaflet for children and young people.

Further develop our audit methodology for supervision to capture the wide breadth of this throughout the Trust.

Ensuring that there is adequate specialist safeguarding resource within the Trust.

The Trust's safeguarding children work plan will guide the achievement of these priorities and is outlined in the Trust's Safeguarding Children and Young People Annual Report.

Deborah Perriment
Assistant Director – Safeguarding Children
BEH Mental Health Team

Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

Organisation: Lay Advisers Report

Since our appointment in 2009, we have attended not only the main Barnet Safeguarding Children Board's meetings but also some of its sub-committees and a training/planning day. We have sat on the multi faith forum and the communications committee, which looks at how the public awareness of safeguarding can be increased. We are looking forward to being able to participate in the E-Safety sub-committee when it starts up again.

We have gained a real insight into the workings of the Board and its constituent agencies and the huge efforts taken to ensure effective cross agency collaboration. All members of the Board have been very welcoming and ready to listen to any issues that we wish to raise.

One of the most interesting meetings was when members of Barnet Youth Shield gave a presentation on the results of a survey that they had carried out amongst the young people of Barnet. The survey covered issues such as relationships, peer pressures and safety. It painted an invaluable picture of the issues facing youth today and will be one which I am sure all members of the Board will find very informative and essential in their work.

We are sorry to have had to say good-bye to one of our group of three who unfortunately needed to leave. We will miss her depth of experience and knowledge and would like to thank her for her contributions.

We look forward to the coming year and the opportunities to utilise our experience gained now that we have become more familiar with our roles.

Naomi Burgess and Maxine Seltzer
Lay Members to the Board

Organisation: Youth Shield

Youth Shield members have a standing invitation to the BSCB and report back regularly on their activity. At other times the Chair and Board Manager attend meetings with the young people.

The Barnet Safeguarding Children Board (BSCB) is committed to ensuring that the views and experiences of children and young people play a key part in driving the agenda of the Board. Much work has been done in laying the groundwork to enable young people in Barnet to play an active role in the work of the BSCB. In order to support this process, the BSCB commissioned CommUNITY Barnet to consult with children and young people on the safeguarding agenda. Over the course of this project, the views of 400 children and young people were gathered

Key Outcomes and Achievements 2011/2012:

- Researched and compiled 'Barnet Young People's Safeguarding Consultation 2011'.
- Ran a workshop about adults engaging with young people at the London Safeguarding Conference.
- Worked with London Safeguarding to judge other categories of the London Safeguarding Children Awards.

- Won a Highly Commended award for Emerging Good Practice in the London Safeguarding Children Awards. Our work was recognised as an example of promising practice at the recent London Safeguarding Board Safeguarding Awards.

- Attended a Stop the Traffik Roadshow and fed back to the group about the Barnet Roadshow.

- Shortlisted to the last 3 of 400 organisations in the Team London Awards on 1 March 2012.

- Developed Creating Healthy Teenage Relationships: a project for young people to become peer trainers and deliver sessions in schools and youth settings to 14 year olds.

Creating Healthy Teenage Relationships: Become a Young Trainer
12th April 2012
Rainbow Centre, Barnet
Attendance: 13 young people aged between 15-23

Attendees: Youth Shield Members and opened it up to other young people including young mothers and children in care.

We did a survey for young people in Barnet (Barnet Young People's Safeguarding Consultation 2011). 60% said they do not receive enough relationships education in schools. 15.8% said they had been grabbed, pushed or shoved by a boy or girl they were going out with and 69.5% thought that domestic violence exists in teenage relationships. 16-24 year olds are most likely to experience abuse from someone they know and every week 2 women are being killed by a partner or ex partner here in the UK.

We worked with Tender, an organisation which uses drama and education to actively prevent domestic abuse and sexual violence .Together, we developed the training for Youth Shield and 2 trainers from Tender came along to deliver it. The first part of the training course taught the participants about relationship abuse amongst young people using drama and media to raise awareness.

In the afternoon, the group developed its own training session using techniques learnt in the morning but also including their own ideas and experiences.

The session we created as a group will be the basis of what will be taught to other young people in schools and clubs around Barnet in the coming year.
Each participant received a certificate and will continue to work with Youth Shield to practise the session they developed before it is delivered.

Comments from Youth Shield Members:
How have you found the experience of being part of the board?

"It's been a good opportunity and opened up other doors and it's good to know that the work we have done has been recognized and awarded."

"It is interesting to find out how the Safeguarding Children Board works and what the issues are."

"Youth Shield is fun and I like the work that we do"

About the Healthy Relationships workshop:

"It was interesting and you learn things that are really going on for real people. You learn things that you can use in everyday life and you can use the information to help someone. "
"It can help you build healthier relationships and get you out of your normal life"

"I learnt lots of new skills and I really like the training and want to keep doing more"

"I found out about different types of violence, warning signs, helping my friends, how to get out of relationships that are unhealthy and who to go to for help."

Youth Shield
Youth Members of the Board

Organisation: Barnet Youth Support Service

Internal arrangements for governance regarding safeguarding children at risk:

- Youth Support Service deliver/operate all safeguarding processes within the Children's Service guidance and policy
- All Youth Support Service staff are recruited with an enhanced CRB and undergo a Warner Interview
- Members of the Management Team are represented on the Children's Safeguarding Board, Professional Advisory Sub Group, Raising Educational Achievements (REA) for Looked After Children, Inclusion and Tracking Transition group and the Pupil Placement Panel
- All staff are required to attend Safeguarding training within 3 months of being employed and are responsible for updating their training at required periods
- Quarterly Health & Safety meetings include Safeguarding with details of accidents and incidents

- Divisional Manager attends special review child protection case conferences as required

Key Outcomes and achievements in 2011/2012:

- Supporting delivery of the Junior Citizens Scheme – attendance at workshops and funding
- Contribute to the CAF Practitioners forum and CAF steering Group
- Delivery of Positive Activities (to 2647 young people) to targeted areas and groups of vulnerable young people during school holidays and evenings and work programmes for NEET young people
- Development of counselling provision at 2 drop-in sites
- Delivered Evolve training to all staff for risk assessment inputting
- Implementation of Court Assessment meetings in relation to attendance
- Delivery of targeted work on a casework basis
- Targeted Youth Support early intervention multi-agency approach
- Meetings held with Practitioners working with young people in Barnet from the statutory, voluntary and private sectors. The meetings during 2011-12 included focus on Safeguarding, Safer Places for young people and gangs. Each meeting was attended by between 70 to 90 Practitioners with additional communications going out to over 700 Practitioners
- Further development of the Barnet Youth Board which is the youth council for the Borough of Barnet. It represents 13-19 year old young people across Barnet secondary schools, colleges and many community groups. It aims to give young people a voice and allow them to take their views to decision makers. As well as schools (including PRU's), there are members representing children in care, young carers, faith groups, Youthshield, BLAB (Barnet Libraries advisory board) and disabled young people.

Work Planned for 2012/2013:

- Continued targeted delivery of Positive Activities to targeted areas and groups of vulnerable young people during school holidays and evenings and work programmes for NEET young people
- Training to all providers in Child Protection awareness
- Training to all providers in risk assessments
- Participation in the Junior Citizens 2012
- Targeted 'gangs' work through courses e.g. boxing, mechanics
- Alternative education provision for non-attendees and young people at risk of exclusion
- Regular meetings with Practitioners which will include updates/information on safeguarding developments
- Continued delivery of targeted work on a casework basis

Karen Ali
Operational Manager (West/Central)
Youth Support Service

Organisation: CommUNITY Barnet representing Children's Voluntary Sector

Internal arrangements for governance regarding safeguarding children at risk:

- CommUNITY Barnet is an umbrella organisation representing a numerous and varied voluntary and community sector in Barnet. It provides the vital link between those working with children and young people and the strategic and operational groups in Barnet.
- We are represented on the BSCB and all its sub-groups, as well as related groups such as the Domestic Violence Forum, and both the CAF steering and practitioners group.
- These representatives report back via the Children, Young People and Families Network as well as via a regular e bulletin and newsletter. These methods are also used to inform members of safeguarding training, changes in legislation, encourage participation in Safeguarding Month and to link to other relevant site.
- We provide guidance and support in writing and reviewing safeguarding policies and procedures, including dealing with allegations against staff and safer recruitment.
- Community Barnet children's workers have regular meetings to ensure safeguarding is an integral part of everybody's work as is participation, support for supplementary schools, etc.

Key outcomes and achievements in 2011/2012:

- London Safeguarding Children Board AGM – co-presented workshop and Community Barnet won a highly commended award for our work with faith & cultural groups.
- Checked 112 CRB forms for voluntary sector groups.
- Excellent attendance record for multi-agency meetings.
- Involvement in planning Safeguarding Month and run 3 events.
- 197 attendees at safeguarding training and workshops provided by CommUNITY Barnet.
- Recruited and supported Safeguarding leads in Supplementary Schools.
- Created the Barnet Safeguarding website.
- Have provided advice and third party reporting on safeguarding incidents.

Work planned for 2012/13

- Enhance the website and make it the prime source of safeguarding advice and information for the voluntary and community sector.
- Hold regular liaison meetings with representatives who sit on various Safeguarding & Children's Services committees, working groups, etc to ensure a consistent approach and to benefit from each other's knowledge,
- Extend safeguarding leads to cover all Supplementary schools and ensure all are offered SafeNetwork training.
- Support the work of the Local Authority Designated Officer in ensuring groups recognise their responsibilities in dealing with allegations against staff and volunteers.
- Support a greater role for the Faith & Culture group in implementing new LSCB guidance.
- To work with more faith and cultural based groups on safeguarding issues such as FGM and spirit possession.

Barry Rawlings
Safeguarding Advisor
CommUNITY Barnet

Organisation: London Fire Brigade

Internal arrangements for governance regarding safeguarding children:

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

Key Outcomes and achievements in 2011/2012:

- LFB has started a new partnership arrangement with Barnet's Domestic Violence Sanctuary Scheme. The partnership ensures that a Home Fire Safety Visit is carried out to all women on the scheme. The LFB will also provide an arson-proof letter box when deemed necessary.
- LFB within Barnet have established a more robust system to identify premises in the borough that have had more than one fire in the home over the past two years. If premises are identified, LFB staff ensure that a Home Fire Safety Visit has been provided and that all appropriate measures have been considered to prevent further fires occurring. This includes liaison with other agencies including Barnet Social Services.
- LFB have successfully persuaded Barnet Homes to provide a domestic sprinkler system for an individual known to be at high risk from having further fires. (He has had 3 previous fires, is a heavy smoker, heavy drinker and has severe mobility issues). This is the first domestic sprinkler system to be installed in a private or rented home within Barnet (as far as we know).

Work Planned for 2012/2013:

- Continued working with the Children's Safeguarding Board, seizing opportunities to make vulnerable people safer.
- Continued working with all identified partners, improving links when necessary to make vulnerable people safer.
- We will continue to promote the LFB's Juvenile Firesetters Intervention Scheme to partners.
- We will continue working with YOS, promoting the LFB's Local Intervention Fire Education programme.
- We will again be an active partner at Barnet's 4 week Junior Citizen event.
- We will continue to work with various youth groups, engaging with children to promote fire safety.
- We will have an Open Day at Finchley Fire Station on 22nd July 2012, the day will primarily be for promoting fire safety to young people.
- LFB will carry out over 2500 Home Fire Safety Visits within Barnet during 2012/13, the vast majority of these will be to vulnerable people or within areas that we have identified as being at higher risk of fire.
- LFB will introduce a Functional Working model across it's stations in North West London. Under this model the Borough Commander and 1 Station Manager will work solely on Community Safety and partnership work within Barnet. This enhancement has the potential to see an improved service including the introduction of a more robust quality assurance process.

Tom George
Borough Commander
Barnet

Organisation: London Ambulance Service

Contribution to Barnet Safeguarding Annual Report 2011/12

Introduction

The London Ambulance Service continues to strive to improve its safeguarding practice, which has resulted in a continual increase in referrals and requests for information and contributions to safeguarding investigations. The Trust's safeguarding structure is designed to support and embed best practice by collaborating with professional colleagues to ensure staff are familiar with national guidance. Further information about policy and processes can be found at www.londonambulance.nhs.uk.

Incidents

	Referrals made to social services	Feedback received from social services about referrals made	Requests for information	
2011/12	368	4	3	requests to review information
			7	general enquiries
TOTAL	**368**	**4**	**10**	

During 2011/12 the Trust made 9,963 referrals pan London; local authorities fed back on 111 referrals and the Trust received 302 approaches to assist with multi-agency work to safeguard adults.

Internal arrangements

- The Director of Health Promotion and Quality has responsibility for Safeguarding.
- The Trust continues to operate a safeguarding committee that reports into the Clinical Quality and Safety Executive Committee and is supported by separate Mental Health and Learning Disability committees.
- The Trust continues to cooperate and work with partners to improve practice and share learning as members of the London Safeguarding Adults Network, the Metropolitan Police Service Safeguarding Adults Group and hosting the National Ambulance Safeguarding Group.

Achievements in 2011/12

- Appointment of a lead mental health practitioner.
- Completion of the Safeguarding Adults Audit Framework which led to the development and ongoing monitoring of the Trusts safeguarding adults action plan.
- Clinical staff participated in an annual core skills refresher course; this covers several safeguarding elements including sexual abuse perpetrated against adults with a learning disability; domestic violence and homeless people.

Priorities for 2012/13

- Appointment of a Named Professional for Safeguarding Adults.
- Adoption and cascade of the pan London safeguarding adults at risk policy and guidance into the Trust's Safeguarding Adults Policy.
- Implementation of a telephone based referral system.

- Establishing a pilot to provide consistent, timely responses to support high risk victims of domestic violence via the Multi Agency Risk Assessment Conference.
- Review and update the safeguarding information on the website to enable the public to recognise and report abuse, and enable professionals to understand the Trusts processes.
- Introduction of the Operational Workplace Review to include observation of crew's ability to put safeguarding training into practice in a clinical setting.

Steve Lennox
Clinical Director
London Ambulance Service

London Ambulance Service NHS
NHS Trust

Serious Case Reviews

The Standing Serious Case Review Group is chaired by an Independent Consultant Sally Trench and has a remit to promote wider learning from review.

The panel has been responsible for ensuring action plans have been completed in respect of previous SCRs and these will continue to be monitored as required via the Performance and Quality Assurance sub-group.

Barnet has not been involved in a Serious Case Review during the last year. However, a key area of activity during 2011/12 has been the pilot of the SCIE model for learning from case reviews as part of a Pan London Project. This is based on a systems approach which explores the underlying conditions that affect professional decision making in the journey of a case.

The Munro review has advocated a systems approach and although the current arrangements are in a transition period pending revised guidance, it is likely that this methodology will be one of a number of agreed approaches so Barnet will be well placed in readiness for the new system.

The case selected was also the subject of a Domestic Homicide Review and both reviews have generated powerful learning which has particularly highlighted the challenges and impact of working with personality disorder for the professional network.

The BSCB is now actively implementing the findings of the review which have been collated into a composite thematic response from all the agencies involved.

A series of learning events will be delivered in collaboration with colleagues from the Domestic Homicide Review team culminating in a large scale conference later in the year focused on working with Personality Disorder

The SCR subgroup also recently commissioned an independent review into the case of a vulnerable young woman with a young child who appeared to have fallen under the radar of services.

The resultant action plan emphasises the importance of psycho social history and is focused on the outcome of ensuring vulnerable young adults (pregnant or with

children) receive appropriate assessment, support and intervention focused on the needs of parent and child.
The group expects to discuss in detail the third case of a teen-ager (second female) who has died by hanging. This will happen at the next meeting, when we will have an overview of all the Health reports produced for the health SUI review process.

The case raises issues about communication with private health providers and about their standards, as well as about support for a school where such an incident has occurred.

Measuring our Performance and Progress in Other Policy Areas

In the BSCB Annual Report from 20010/11, we identified the following priorities:

What we said	What we did
Embed robust Quality Assurance arrangements. We said we wanted to increase ownership of safeguarding audit and review across the partnership.	We have a strong basis to move forward as we have secured engagement of all key partners in our Performance and Quality Sub-group which is a well functioning group. Audit activity during the last year has included health and other partners and work is in progress to agree an outcome based framework in line with Munro. Partners have played an active role in bringing their own QA processes to the scrutiny of the group. The S11 audit will be conducted in the near future based on an agreed London wide tool.
Private Fostering. We said we will continue its work to raise awareness about private fostering and provide training to staff across a wide range of agencies.	We have continued to keep this under active review and have given prominence to this issue at workshops, training and other events, including meetings with designated safeguarding leads in education and GP training. The number of privately fostered children registered has increased from 16 in 2010/11 to 28 at end of April 2012 but this will continue to be an area for ongoing scrutiny.
Implement and Review the SCIE Pilot. We said we would complete a SCIE review as part of a Pan London project.	We completed the review within the timescales and have engaged all the relevant partner agencies in responding to the findings with identified actions to improve multi-agency practice. We are running a programme of learning events to disseminate the learning and are developing new initiatives to support front

	line staff in working with adults with personality disorder. We will also be collaborating with SCIE and the Tavistock clinic to promote learning from review and critical evaluation of outcomes.
Communication. We said we wanted to broadcast the work of the BSCB more widely and to become interactive with the citizens of Barnet in order to ascertain what is important to them in safeguarding children.	We have worked with CommUNITY Barnet and Youth Shield to develop material for a new website that will be more accessible and interactive. We have also developed a directory of resources via the Professional Advisory Group so that staff across all sectors can access information, guidance and up to date procedures in a single place.
Future Planning. We said we wanted to ensure that the CTB and BSCB are in a position to assess and mitigate as far as possible the impact of the current financial climate on partner agencies.	We have kept this under review and have asked partners to identify associated safeguarding risks
Strengthen governance of safeguarding We said we wanted to continue to embed the new structure and Governance arrangements for the BSCB embracing the changes that might arise following the Munro review.	During 2011, we have reviewed our structure and identified the need for an enhanced role of the Executive which has been put into place through a revised schedule of meetings and business planning.
Maintain agency contributions to support an agreed budget. We said we hoped to maintain partner contributions in a review of the budget.	We have secured renewed commitment of partners to sustain the current level of funding thereby enabling the delivery of the work plan.
Stronger Strategic Approach to Domestic Violence. We said we wanted to ensure the needs of children affected by DV are given priority through a coherent framework of service delivery supported by robust governance arrangements.	A Strategic steering group has been created which is jointly chaired by the Director of Children's Services and the Police Borough Commander, which ensures joined up delivery of services including the development of a Multi Agency Safeguarding Hub (MASH)

Progress in Other Areas of Safeguarding:

The policy areas and priorities for BSCB have largely been reflected in the work of the Sub Groups and Task and Finish groups operating throughout the year as outlined below.

Managing Allegations Against Adults working with Children:

Barnet has a dedicated investigations officer for investigating all allegations made against adults in the children's workforce. The work is overseen by the LADO (Local Authority Designated Officer) and sits within the Safeguarding Division of the Children's Service.

The number of allegations referred to the Division has increased significantly and regularly over the past few years, from around 50 a year in 2007 to 96 in year ending March 2011 and 131 between April 2011 to March 2012. That increase is regarded as a positive indicator.

The majority of referrals continue to come from school settings although referrals are also received across the children's workforce including the private and voluntary sector.

The primary aim of referrals to the LADO is to ensure children are adequately protected, and having some independent and expert overview of referral information assists with this, in terms of directing concerns along the right pathway as well as picking up wider safeguarding issues and themes.

The data below provides a summary of referral activity and outcomes for 2010-11.

Total number of allegations referred to the Local Authority Designated Officer (LADO) from 1 April 2010 to 31 March 2011:

Total:	**96**

Number of referrals by agency:

Agency:	Number:
Social Care	**34**
Health	**5**
Education	**40**
Foster Carers	
Connexions	
Police	**3**
YOT	
Probation	
CAFCASS	
Secure Estate	
NSPCC	**1**
Voluntary Youth Organisations	
Faith Groups	
Armed Forces	
Immigration/Asylum Services	
Other	**13**
Total (should equal question 1)	**96**

Number of concluded referrals that resulted in:

No further action after initial consideration	**31**
Being unfounded	**16**
Being unsubstantiated	**23**
Being malicious	**1**
Substantiated	**23**
Suspension	**17**
Dismissal	**2**
Resignation	**1**
Cessation of use	
Section 47 investigation	**2**
Criminal investigation	**5**

Caution	
Conviction	**1**
Acquittal	
Referral to DCSF	
Inclusion on barred/restricted employment list	
Referral to regulatory body	**8**

Key Outcomes:

- A robust process is in place for managing allegations in Barnet in order to reduce and manage risk of harm to children. The LADO role is well established and the resources committed to it are ensuring real value is added to the safeguarding agenda in protecting children from high risk perpetrators as well as driving up the general practice in relation to safe working.

- Criminal investigations and a conviction in relation to a perpetrator of sexual abuse has contributed to the protection of further potential victims.

- A historic allegation of abuse has resulted in prosecution of a perpetrator for serious sexual offences.

- 3 cases of concern have led to a management case review with associated action plans to improve safeguarding processes.

- Training has been delivered to over 200 multi-agency staff in the last 2 years as well as briefing events and a seminar at the BSCB conference in 2011.

Priority for 2012-13:

The priority over the forthcoming year is to ensure the role is understood across all services and settings and that young people and vulnerable groups are assisting in raising issues via better information about the process.

Work is planned with members of Youth Shield to produce an information leaflet. In addition feeding back learning from for example recent case reviews in relation to safe recruitment will raise standards in this area.

Child Death Overview Panel:

Of the 29 cases reviewed during the period 1st April 2011 to March 31st 2012, nine were female and 23 were male and were aged in the range of 0 day to 15 years, with 76% of deaths occurring prior to the age of one. Ethnically, there was a prevalence of “white other” cases. However 10 cases were recorded as blank or unknown. Golders Green and Burnt Oak wards had the highest number of cases. Six of the child deaths were categorised as potentially preventable with the remainder noted as not preventable. Currently there are seven outstanding cases with 12 to be discussed at June CDOP meeting and seven ready to be discussed at the September meeting.

Category of deaths reviewed 2011-12:

Level/ Category		Total Number	Male	Female	Preventability
Level 1	Chromosomal, genetic and	7	5	2	Not preventable

	congenital anomalies				
	Chromosomal, genetic and congenital anomalies	3	2	1	Potentially preventable
	Sudden unexpected/ unexplained death	0	0	0	Not preventable
	Perinatal/neonatal event	8	3	5	Not preventable
Total		**18**	**10**	**8**	

Key Outcomes:

- Continued funding to support CDOP process has been agreed.
- Substantial backlog of cases has been significantly reduced.

Missing Children:

Work in relation to Missing Children is driven through a task and finish group reporting to the PAG with membership comprising of frontline practitioners with specialism in the identified areas. The group includes members of staff across the Children's Service and members from the Met MISPER Unit (Jigsaw). Last year the group reviewed the procedures and guidance in respect to children missing from care, including the local Barnet protocol. It was concluded we needed a new Barnet protocol and risk assessment tools that provided better assistance to those who had to deal with the immediacy of a child going missing, to assess the risks and to guide appropriate decision making.

Key Outcomes:

- Members of the task group contributed to producing an updated protocol and risk assessment tool which was successfully piloted in our residential units and by Barnet MISPER. This is now being rolled out across the wider workforce alongside testing through ICS.

- The group has set up and implemented a process for high risk cases to be referred to Safeguarding and for the strategy meetings to be chaired independently by the Senior Safeguarding Officer (SSO).

- Work has also been undertaken to improve the quality of the data.

Priority for 2012-13:

The priority over the next financial year will be to extend protocols, practice and data collection in relation to children missing from home and ensure alignment with initiatives in relation to other vulnerable groups of young people, for example, those who are subject to sexual exploitation.

Sexual Exploitation:

This continues to be a high priority in Barnet and nationally .A full evaluation of the Barnardos project work undertaken in 2010-11 was conducted in May 2011 which included a review of the outcomes for each young person.

Key Outcomes:

- Barnet has pledged support for the current campaign ' Cutting Children free from Sexual Exploitation'.
- Raised awareness of CSE across the partnership.
- Cohort of multi-agency staff trained to use resources in prevention work with young people.
- Direct preventative work with young people at 2 secondary schools, a pupil referral unit and a residential setting.
- Direct one to one work over a 6-12 month period with 9 young people identified as being at high risk of sexual exploitation.
- Feedback from team manager's and allocated social workers conveyed positive changes in young people's awareness of sexual exploitation and ability to keep themselves safe.
- In one case, a vulnerable young woman was able to reduce risky behaviour and live safely at home after a period of family conflict. She has been able to successfully complete GCSE's at school and is now studying a further education course at college.

Priorities for Future Work:

- Build the capacity of professionals to identify and support young people at risk of sexual exploitation, using the existing multi-agency framework.
- It is intended that there should be targeted action to set up such a group to coordinate intelligence, action and support services in relation to vulnerable groups of young people. There is currently discussion at the Safeguarding Board Professional Advisory Group regarding setting up a vulnerable person's group.
- Explore opportunities for cross borough work with Enfield and Haringey
- Develop initiatives to promote awareness for parents through the Stop it Now and Parents Protect education programme which we are piloting through one of our Children's Centres.

Safeguarding Across Faith and Cultural Groups:

The Faith and Cultural task group aims to establish and promote dialogue with a range of faith and other community groups that represent Barnet's diverse population.

A key area of activity during the past year has been Barnet's involvement in a Pan London project focused on safeguarding children from Black and Minority ethnic, faith and cultural groups. This was led by CommUNITY Barnet in collaboration with the Board. This included 'safeguarding surgeries' delivered at community venues in order to provide advice and support to the sector in relation to safeguarding matters. Relationships were also built with the Supplementary Schools in Barnet and a network of safeguarding leads has been established.

Our work was recognised as an example of promising practice at the recent London Safeguarding Board Safeguarding Awards.

As part of the project a number of focus groups and surveys were completed by practitioners and communities in Barnet to inform the development of practice guidance.

This was also adapted and expanded to include safeguarding adults and inform the work of colleagues in adult services.

Outputs of the project were as follows:

- Practice Guidance in relation to safeguarding children and families across different cultures and faiths, to accompany the London Child Protection Procedures.
- A Training toolkit to support implementation of the guidance.
- LSCB Engagement Strategy to assist in developing sound, effective and sustainable partnership working with local groups, communities and third sector agencies.

Key Outcomes in Barnet:

- 182 CRB checks for faith and cultural groups
- 21 + sign ups for on-line child protection training
- Child Protection courses delivered to 50 staff and volunteers from a Mosque
- A high level of attendance at multi-agency safeguarding courses run in Barnet
- Support provided to a minority ethnic family at a strategy meeting
- Successful collaboration in response to a safeguarding incident and investigation involving a faith community, Police and Children's Social Care
- Monthly safeguarding advice surgeries, 4 of which have been hosted by faith and cultural groups
- Network of safeguarding leads established across the supplementary schools network
- 26 facilitators from various ethnic and cultural groups recruited and trained to deliver parenting programmes
- Fostering champions from supplementary schools

Priorities for 2012-13:

- Launch and promote the Practice Guidance.
- Refresh and expand membership of the group.
- Further develop partnership work to convey key safeguarding messages via universal services.

- Build capacity and confidence in safeguarding across faith and cultural groups and to explore a model of using safeguarding champions in the different communities.

Domestic Violence:

Domestic Violence continues to be a concern for many children and families in Barnet and a high proportion of families known to Children's Services are affected by domestic abuse at some level.

A range of early intervention services are provided to families through the Safer Families Project which was initially run as a pilot and following rigorous evaluation became embedded as part of the Early Intervention and Prevention Division.

The work was recognised as an example of promising practice at the recent London Safeguarding Board Safeguarding Awards.

Key Outcomes:

- An early intervention project to support families (with children aged 0-11yrs) affected by domestic abuse.
- Run from 2 'specialist hub' Children's Centres – The Hyde (with the Hyde School) and Newstead with links to other CCs.
- It is a multi-agency initiative, involving 3 DV workers within the Multi-Agency Support Team, Relate NW, Home-Start Barnet, Children's Centres and Health Visitors, as well as a range of community focused and domestic violence agencies.
- The Project offers a range of services including specialist parenting programme with a crèche, stay and play sessions, family/couple/individual counselling.
- It provides signposting to other services and outreach.
- Solace Women's Aid are now contracted providers of advocacy and support services for survivors as well as refuge spaces and services for perpetrators.

Priorities for 2012-13:

- Focus on domestic abuse in the context of young people's relationships.
- Ensure MASH arrangements extend to DV issues

Training Sub-Group:

The Training Sub Group is responsible for the strategic overview and quality assurance of safeguarding training, both by single agencies (to their own staff) and interagency training (where staff from several agencies train together).

The work of the group is driven by a multi-agency training strategy that has been updated to reflect Working Together 2010 and the Inter Collegiate Framework for health partners.

As well as working in collaboration with the Barnet workforce development group, there is an active link with the London Safeguarding Board to promote a consistent approach.

Barnet has an excellent training programme and offers a wide range of courses that are generally well attended and positively evaluated across the partnership.

There has been active involvement in supporting the delivery of single agency training to a wide range of staff including GPs, health service clinicians, schools, faith and community groups, caretakers, and others.

Partner agencies have played a very active role in contributing to some of this training and in particular colleagues from the Police Child Abuse Investigation Team and Children's Social Care have made a significant contribution to GP training that has been very well received.

Training is planned for Police Community Support Officers in response to an identified gap.

Safeguarding sessions have also been provided for elected members as part of their development programme.

There will inevitably continue to be some pressures on resources and the possibility of cross service and cross borough collaboration in commissioning training should be explored as a way of maximising access to training.

Training Data:

The following table shows the number of courses and attendance broken down by agency, together with the %age that were quality assured. It should be noted that this refers to the workforce development rolling programme and does not include specific or bespoke training. Take up of the on line programme by agency has also been included and identified gaps are being acted upon in planning training delivery. It should also be noted that some of our partners work across boroughs and may therefore access training in neighbouring authorities.

APPENDIX A

Description	10/11 outturn	11/12 outturn	Qtr 1 11/12	Qtr 2 11/12	Qtr 3 11/12	Qtr 4 11/12
Number of LSCB safeguarding children training courses provided in the past year	68	56	11	11	12	22
Agency attendance total						
Local Authority	351	259	58	52	69	80
Police	0	1	1	0	0	0
Health	61	154	19	33	26	76
Mental Health	26	38	14	1	10	13
Voluntary	171	190	83	32	35	40
Private	250	181	52	21	23	85
Education	352	274	50	48	74	102
Probation	0	0	0	0	0	0
Service Users	0	0	0	0	0	0
Other	0	0	0	0	0	0
Online Safeguarding Introduction Training Agency total						
Local Authority		6	4	2	0	0
Police		0	0	0	0	0
Health		0	0	0	0	0
Mental Health		0	0	0	0	0
Voluntary		86	55	19	5	7
Private		71	30	20	8	13
Education		25	1	22	2	0
Probation		0	0	0	0	0
Service Users		0	0	0	0	0
Other		0	0	0	0	0
% of courses that were quality assured/evaluated/ audited	100%	100%	100%	100%	100%	100%

Other Large Scale Learning Events:

- A safeguarding conference for schools and education staff took place in July 2011.
- An event to launch the Barnet, Enfield and Haringey Mental Health Trust and Children's Services Protocol was held in Sept 2011 attended by over 100 colleagues.
- The BSCB Annual Conference took place in Nov 2011 with the theme of sexual abuse, including speakers of international renown, Joe Sullivan and Donald Findlater. This was attended by approximately 100 delegates and work is planned going forward to engage in prevention work with parents through the Stop It Now and Parents Protect agenda.

Priorities for 2012-13:

- Review quality assurance framework.
- Ensure learning events reflect messages from review.

Cross Generational Work:

The Cross generational sub-group was established as a cross cutting group that reports to both the Safeguarding Children Board and the Safeguarding Adults Board. The aim is to address issues that arise from working across the interface of adults and children's services. This links to messages from serious case reviews nationally and local concerns to promote improved collaboration across services

During the last year, work was undertaken in relation to dissemination of the national cross government information sharing guidance supported by regular training.

The development of protocols between the Children's Service and Barnet, Enfield and Haringey Mental Health Trust culminated in a successful launch event in Sept 2011. Implementation of this protocol is being supported through a system of operational interface groups that enable complex cases or issues to be considered by social care and mental health service managers with a view to promoting collaboration in practice and resolving areas of professional difference.

Key Outcomes:

- Protocol between Children's Services and Adult Mental Health developed and launched.
- Interface meetings up and running to improve collaboration between services.

Priorities for 2012-13:

- Group to be refreshed and for a revised Terms of Reference to be developed to take into account new and emerging cross cutting areas of practice such as family focus and troubled families.

Communications Strategy

This year the BSCB has focussed on continuing to spread the message that Safeguarding is Everyone's Business, with opportunities provided through Safeguarding Month.

There has been a review of the communications strategy in the light of feedback from colleagues and young people about the difficulty of accessing information. Work has taken place in partnership with CommUNITY Barnet to develop content for the website and this will now be connected as a 'satellite' to the new Barnet on line. This will include sections for professionals, young people and the community. The professionals section will include a directory of resources to support practice on the ground. It is envisaged that there will also be a discrete section for Board members where information about board business, including details of meeting dates and minutes can be accessed.

Youth Shield will actively contribute to the website to promote young people's access to information and ensure their views are reflected.

Key Outcomes:

- Review of the communication strategy.
- Improved awareness of the work of the BSCB including contribution to safeguarding month.
- Newsletter regularly circulated to front line staff.
- Website developed with a distinct branding and information tailored to the needs of different audiences.
- Participation by young people in developing accessible information.

Safeguarding Month

'Safeguarding is Everybody's Business':

November 2011 saw a repeat of the successful initiative safeguarding month at Barnet Council and, as part of this, a range of events took place to emphasise the message that safeguarding is everybody's responsibility. Safeguarding month has been a good opportunity to raise awareness about safeguarding and the challenge now is to keep up the momentum, building on best practice and ensuring that safeguarding issues are integrated into everyone's day to day work.

Key Outcomes:

- An informative presentation from the Fire Brigade about fire safety and their contribution to safeguarding vulnerable people, through fire safety checks in the home as well as preventive work with young people at risk of fire setting.

- Wide range of events including express training sessions on how to spot and report a safeguarding concern to events about sexual exploitation of young people, Female Genital Mutilation, cyber bullying and domestic violence.

Looking to the Future

BSCB Priorities for 2012/13:

Quality Assurance, Challenge and Scrutiny. To further develop scrutiny of BSCB in monitoring and evaluating the effectiveness of safeguarding activity across the partnership so that children & young people in Barnet are safe from abuse neglect, violence and sexual exploitation.

Risk Assessment, Information Sharing and Partnership Work. Seek to develop Tools/Protocols to promote improved information sharing , risk assessment and partnership working, including support for development of **MASH.**

Young People at risk through peer violence and exploitation. To focus on peer to peer violence including Gangs/Sexual exploitation/ Anti Bullying/e safety.

Early Intervention. Promoting and evaluating a model of early help for children and families which reduces demand and cost (Munro review).

Learning and Development To strengthen the BSCB role in promoting learning and development across the partnership.

Conclusion

This Report is intended to reflect the current state of safeguarding activity across Barnet, highlighting the level of work undertaken, outcomes and those areas which

need additional focus. It is clear that a great deal of extremely positive work is either underway or has been completed, but there are some areas outlined above in which the BSCB in conjunction with the Children's Trust Board, can continue to refine its own processes and structures, and thereby contribute to improving the delivery of safeguarding across all the agencies.

Over the past year there has been significant development of the work of the Board but there continue to be some issues around attendance at some of the Sub Group meetings in particular, and the Board will need to continue to monitor this in order to maintain the progress and momentum of the work being carried out.

Throughout the report, key outcomes have been identified to evidence progress and this does reflect a great deal of effective work has been carried out that will improve outcomes for children and families in Barnet.

The impact of budgetary restraints over the next few years will need to be closely monitored by individual partners, the CTB and the Board as a whole, in terms of the potential to undermine capacity to safeguard children and young people in Barnet. Some of that impact can be ameliorated through joint planning, commissioning and co-location to deliver appropriate services. This fits with the wider strategic plans outlined above and the stated intention of the Local Authority and partners to continue to develop joined up services for children and families such as "Family Focus" and "One Barnet".

An outcome of the recent review of the budget is the renewed commitment of partners to sustain the current level of funding thereby enabling the delivery of the work plan and sustain the role of the BSCB.

In summary lots done and a lot more to do.

Authors:

Tim Beach: Independent Chair: tim.beach@barnet.gov.uk
Helen Elliott: Development Manager: helen.elliott@barnet.gov.uk
Partner Contributions as identified

May 2012

Appendix 1: Indicators for Safeguarding Childrens Board

	Outturns 11/12
Number of initial assessments completed in the year	**↓3082 Provisional**
Number of core assessments completed in the year	**↑792 Provisional**
Number of section 47 enquiries initiated during the year	**↓501 Provisional**
Number of children subject to an initial child protection conference during the year	**↑289 Provisional**
Number of children subject to a child protection plan at 31 March	**↑259 Provisional**
Number of children who became subject to a child protection plan during the year	**↑254 Provisional**
Of those children becoming subject to a child protection plan during the year, the number who had a previous child protection plan (at any time)	**↓35 (13.78%) Provisional**
Number of children with a child protection plan ceasing during the year	**↑207 Provisional**
Of the child protection plans ceasing during the year, the number of children whose child protection plan had lasted for 2 years or more	**↑30 Provisional**
Of the child protection plans which should have been reviewed during the year, the percentage reviewed on time	**↔100% Provisional**

	Outturns 10/11
Number of initial assessments completed in the year	**↑3089**
Number of core assessments completed in the year	**↓647**
Number of section 47 enquiries initiated during the year	**↑556**
Number of children subject to an initial child protection conference during the year	**↑243**
Number of children subject to a child protection plan at 31 March	**↑212**
Number of children who became subject to a child protection plan during the year	**↓207**
Of those children becoming subject to a child protection plan during the year, the number who had a previous child protection plan (at any time)	**↑37 (17.87%)**
Number of children with a child protection plan ceasing during the year	**↑198**

Of the child protection plans ceasing during the year, the number of children whose child protection plan had lasted for 2 years or more	↑14
Of the child protection plans which should have been reviewed during the year, the percentage reviewed on time	↔100%

	Outturns 09/10
Number of initial assessments completed in the year	2871
Number of core assessments completed in the year	705
Number of section 47 enquiries initiated during the year	487
Number of children subject to an initial child protection conference during the year	217
Number of children subject to a child protection plan at 31 March	201
Number of children who became subject to a child protection plan during the year	241
Of those children becoming subject to a child protection plan during the year, the number who had a previous child protection plan (at any time)	28 (11.6%)
Number of children with a child protection plan ceasing during the year	187
Of the child protection plans ceasing during the year, the number of children whose child protection plan had lasted for 2 years or more	0
Of the child protection plans which should have been reviewed during the year, the percentage reviewed on time	100%

	Outturns 08/09
Number of initial assessments completed in the year	2610
Number of core assessments completed in the year	757
Number of section 47 enquiries initiated during the year	397
Number of children subject to an initial child protection conference during the year	196
Number of children subject to a child protection plan at 31 March	151
Number of children who became subject to a child protection plan during the year	185
Of those children becoming subject to a child protection plan during the year, the number who had a previous child protection plan (at any time)	17 (9.2%)
Number of children with a child protection plan ceasing during the year	189

Of the child protection plans ceasing during the year, the number of children whose child protection plan had lasted for 2 years or more	**7 (3.7%)**
Of the child protection plans which should have been reviewed during the year, the percentage reviewed on time	**100%**

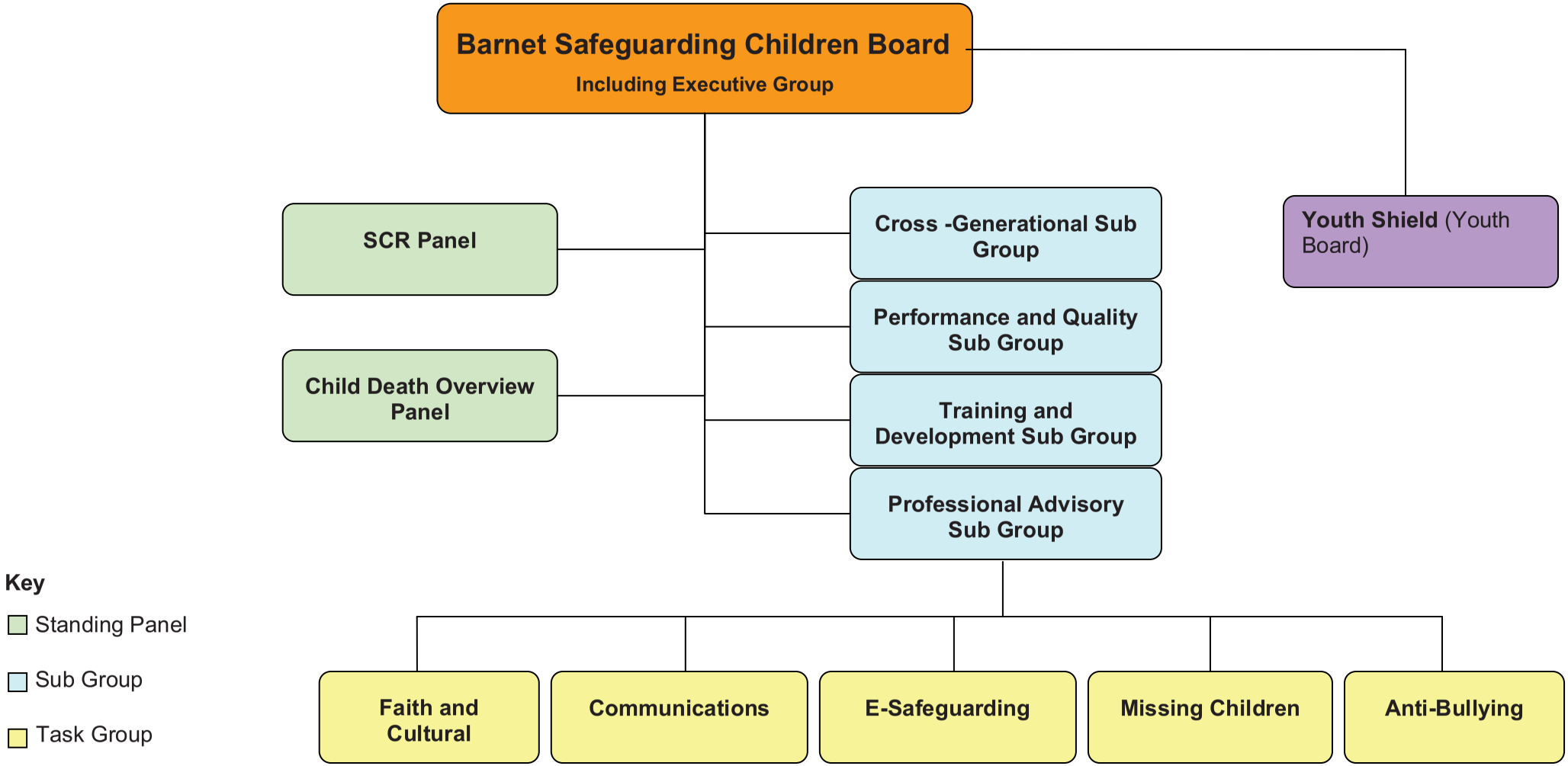
Appendix 2: Governance Arrangements

Subject to Current Review

Appendix 3: Barnet Safeguarding Children Board Sub Groups

Chair's Name	Group	Email	Reporting Schedule
Tim Beach	Performance and Quality Sub-Group	tim.beach@barnet.gov.uk	Quarterly
Bridget Griffin	Professional Advisory Group	bridget.griffin@barnet.gov.uk	Quarterly
Helen Elliott	Training and Development Sub Group	helen.elliott@barnet.gov.uk	Quarterly
Cynthia Folarin	Child Death Overview Panel	cynthia.folarin@nclondon.nhs.uk	Quarterly
Ann Graham	Cross -generational Sub-group	ann.graham@barnet.gov.uk	Quarterly
Sally Trench	Serious Case Review Panel	swtrench@btinternet.com	Quarterly

Appendix 4: Barnet Safeguarding Children Board Structure Chart



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Meeting	Health and Well-Being Board
Date	26 July 2012
Subject	**Minutes of Financial Planning Subgroup**
Report of	Director of Adult Social Care and Health
Summary of item	This report is a standing item which presents the minutes of the Financial Planning Subgroup and updates the Board on the joint planning of health and social care funding in accordance with the Council's Medium Term Financial Strategy (MTFS) and the NHS Quality Improvement and Productivity Plan (QIPP).

Officer Contributors	Ahmet Koray, Head of Finance, Barnet, NHS NCL
Reason for Report	To note the minutes of the Financial Planning Group.
Partnership flexibility being exercised	The report encompasses partnership flexibilities such as those under Sections 75 and 256 of the NHS Act 2006.
Wards Affected	All
Appendices	Appendix One – Minutes of the Financial Planning Group – 2nd July 2012

Contact for further information: Kate Kennally, Director of Adult Social Care and Health 020 8359 4808

1. RECOMMENDATION

1.1 To note the minutes of the Financial Planning Group of 2 of July 2012 as set out in appendix 1.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

2.1 Cabinet, 14 February 2011– agreed partnership working for health in Barnet that proposed to delegate responsibility for the social care allocation through the NHS to the shadow HWBB via a section 256 agreement.

2.2 Cabinet Resources Committee, 2 March 2011 – approved criteria for the allocation of funds within the section 256 agreement and agreed high level spending areas to be overseen by the HWBB

2.3 Health and Well Being Board, 26th May 2011 – item 5 approved the establishment of the Financial Planning Group as a subgroup of the HWBB.

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)

3.1 The Medium Term Financial Strategy (MTFS) of the Council and the NHS Quality Innovation, Productivity and Prevention Plan (QIPP) for Barnet are aligned to the achievement of the Sustainable Community Strategy objective of 'Healthy and Independent Living.', and will be aligned to the Health and Well-Being Strategy that is in development. Underpinning the achievement of these strategies is the requirement to shift resources to the community with statutory services working alongside people to take greater responsibility for their own and their families' health.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

4.1 The MTFS and QIPP have both been subject to equality impact assessments considered by Cabinet and NHS Barnet Board respectively.

5. RISK MANAGEMENT

5.1 There is a risk that without aligned financial strategies across health and social care of financial and service improvements not being realised or costs being shunted across the health and social care boundary. The financial planning group has identified this as a key priority risk to mitigate through work to align timescales and leadership of improvement plans which affect both health and social care through the HWBB.

6. LEGAL POWERS AND IMPLICATIONS

6.1 Section 256 of the National Health Service Act 2006 enables Primary Care Trusts to make payments to social services authorities towards expenditure incurred or to be incurred by local authorities in connection with social services functions or any local authority function that affects the health of people in the area.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

7.1 All of the section 256 and enablement schemes have been reviewed and the Council as part of the financial year end earmarked reserves will be established to cover the costs of the section 256 programmes which have a clear programme of work or an agreed

business case. The final outturn position was reported at the July meeting of the Health and Well-Being Financial Planning Group and the establishment of an earmarked reserve within the Council for health and social care integration of £2.474m to fund the section 256 and enablement schemes during 2012/13.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 None specifically arising from the last Health and Well-Being Board, other than to note that the deployment of the earmarked reserves and the development of commissioning priorities will take account of the feedback from the public consultation on the Barnet Health and Well-being Strategy which ends on the 20th July 2012.

9 DETAILS

9.1 The Barnet Health and Well-Being Board on the 26th May 2011 agreed to establish a Financial Planning Group to co-ordinate financial planning and resource deployment across health and social care in Barnet. The financial planning group meets bi-monthly and is required to report back to the Health and Well-Being Board.

9.2 Minutes of the meeting of the Group held on 2nd of July 2012 are attached at Appendix 1.

10. BACKGROUND PAPERS

10.1 None

Legal – HP
CFO – MC

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APPENDIX 1.

Minutes from the Health and Wellbeing Board – Financial Planning Group

2nd July 2012
East Room, Ground, Building 4, NLBP
16.00 -17:00

Present: Kate Kennally, Director of Adult Social Care and Health, LBB
Kerry Anne-Smith, Head of Finance, Children and Adults, LBB
Ceri Jacob, Associate Director for Joint Commisssioning, LBB / NCL
Ahmet Koray, Finance Lead, NCL Barnet
Dawn Wakeling, Deputy Director, Adult Social Care and Health

Apologies: John Hooton, Assistant Director, Strategic Finance, LBB
Alison Blair, Borough Director, NCL Barnet

	ITEM	ACTION	BY WHEN
	Minutes from last meeting The minutes of the 23rd of April 2012 were agreed as forming an accurate record.		
1.	Matters Arising from minutes of last meeting. It was noted that • No representative from the CCG Board had yet been identified and that Ceri Jacob would follow this up in advance of July HWBB. • Robert McCulloch Graham was now on secondment to DCLG and that Kate Kennally was the Interim Director of Children's Services • That Alison Blair has been appointed the Chief Operating Officer for Islington CCG and that Ceri Jacob would be acting Borough Director for 3 months pending recruitment process for Chief Operating Officer for Barnet CCG being completed.	CJ	26th July 2012
	NHS Barnet Outturn 2011/12 and Commissioning Plans for 2012/13		
2.	Ahmet Koray outlined the NHS Barnet outturn position and progress on delivering QIPP savings based on the finance and performance report considered by Barnet CCG on the 3rd of May 2012. The HWBB financial planning group noted the progress that had been made to address the deficit in NHS services and that there		

	is an ambitious QIPP plan of £37m for 2012/13 representing 6% of total spend for the NHS Barnet.		
	The group identified the following QIPP plans as having direct significance to the work of the HWBB and integrated working.		
	Mental Health High Cost Placements – particularly linked to repatriation of patients on OATs. Group identified the need to look at models for community based forensic services going forward. Noted that this is being led on by Temmy Fasegha, Joint Commissioner.	Watching Brief for HWBB Finance Group	
	Frail Elderly Pathway and Continuing Care – draft business plan has been developed for frail eldery work setting out savings for phase 1 and expected savings for phase 2. This was noted by the group and will form the basis for detailed review at next HWBB financial planning group. The NCL business case for continuing care was noted by the group but it was agreed that further work is needed to bring together the procurement activity and ensure that there is a strong joint approach to the market place. This is an area for exploring the development of a pooled budget going forward.	CJ / DW CJ to consider	13/08/12 Short update to next mtg
	The group noted the considerable savings linked to acute contracting and progress being made to secure agreement to contracts with RFH and BCF.		
	With regards to community health services, the CLCH contract is being rebased, although there have been challenges in relation to data quality upon which to do this. Performance against three key pathway developments is being closely monitored.		
	Council Outturn and Development of MTFS		
	Kerry-Anne Smith prepared a report setting out the outturn for Children and Adults social care, the planned savings within the MTFS and data and performance trends in relation to section 256 monies and activity levels.		
3.	The group noted that the Cabinet will be asked to agree the process for the development of the savings proposals for 2015/16 on the 17th of July 2012 and additional savings for 2014/15 which for adults and children's amounts to an additional savings target of £17m on top of the existing MTFS. Detailed proposals will need to developed by the 20th of August for consideration and challenge within the Council and by elected members. The details of the savings proposals in relation to partnership working with the NHS will be considered at the next HWBB financial planning group	KAS / DW / KK	13/08/12

The financial planning group identified that the outturn for Adult Social Care had been supported by section 256 monies however significant amount of the section 256 monies (£2.474m) has been rolled forward in a specific reserve for investment into integrated working which improves outcomes and saves money.

Work programme for Health and Wellbeing Financial Planning Group

CJ — By end of April 2012

13th August 2012
SUBSTANTIVE ITEMS

- Frail Elderly Business Case and savings allocation
- PWC outcomes on demential and stroke and QIPP / MTFS priorities
- Actions arising from Health and Social Care Integration Summit

INFORMATION AND MONITORING ITEMS

- Financial report on deployment of section 256 and enablement funds.

4.

- Verbal update on continuing healthcare
- MTFS initial priorities
- CCG updates

22nd October 2012
SUBSTANTIVE ITEM

- Children's Commissioning Priorities for Health and Social Care linked to HWBB Strategy
- Implications of SEN reforms

INFORMATION AND MONITORING ITEM

- Financial report on deployment of section 256 and enablement funds.

Any Other Business

5. Next Meeting: 13th of August 2012, 10am to 11.30am, ASCH Conference Room, Building 4, NLBP

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Meeting	Health and Well-Being Board
Date	26 July 2012
Subject	**Commissioning of Barnet Healthwatch**
Report of	Director of Adult Social Care and Health
Summary of item and decision being sought	The Government's health reforms have created a new body, Healthwatch, as the representative voice of patients and users of health and care services. Local Healthwatches will take forward the work of Local Involvement Networks (LINKS) but also have additional functions. Each local authority is responsible for commissioning a local Healthwatch by 1 April 2013, and Healthwatch will have statutory representation on the Health and Well-being Board. A draft specification has been developed and the views of the Board are sought prior to commencing a procurement process.

Officer Contributors	Andrew Nathan - Strategic Policy Adviser
Reason for Report	The effectiveness of the Board's strategies and programmes rests on effective user and patient engagement, and relevant feedback that shapes service delivery that meets the needs of users. It is therefore appropriate for the Board to review a draft specification which will maximise the chances of Healthwatch exercising effective leadership to make this happen.
Partnership flexibility being exercised	None specifically
Wards Affected	All

Contact for further information; Andrew Nathan, Strategic Policy Adviser, 020 8359 7029

1. RECOMMENDATION

1.1 That the Health and Well-being Board note progress and agree the next steps for commissioning local Healthwatch.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

2.1 Cabinet Resources Committee, 22 July 2008 (decision item 14 award of contract for Local Involvement Network host)

2.2 Delegated Powers report No 1168, LINK hosting services- acceptance of tender, 1 Oct 2010

2.3 Delegated Powers report No 1292- LINK hosting services- extension of contract, 4 April 2011

2.4 Cabinet Resources Committee, 4 April 2012- decision item 9- LINK hosting services, extension of contract

2.5 Cabinet Resources Committee, 20 June 2012, Contract Procurement Plan 2012/13

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)

3.1 As the primary vehicle for capturing and promoting the views of local people, an effective HealthWatch is intrinsic the approaches set out in the draft Health and Well-Being Strategy to enable individuals and families to take action through timely information, advice, education and then reference to supportive services and groups; and through developing greater local community capacity to achieve change.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

4.1 The LINK assisted with community consultation and inputting community views to the last JSNA. An effective Healthwatch will build on this process to help identify specific community needs that are not being met.

4.2 The specification places an emphasis on the need to effectively engage a variety of users and patients, including those whose concerns may not be effectively being represented at the moment. Those bidding will be assessed against their proposals for redressing these gaps and their track record in this field.

4.3 The specification will require tenderers to demonstrate that they have effective equalities policies and can comply with the public sector equality duty in the 2010 Equality Act.

5. RISK MANAGEMENT

5.1 There is a risk that Healthwatch, as with previous forms of patient and public engagement, will not deliver its objectives effectively and represent poor value for money. This risk will be mitigated through a tightly written specification which makes clear the outcomes expected of a successful Healthwatch, together with regular contract monitoring and open and transparent governance arrangements.

5.2 There is a risk that the market for provision of Healthwatch services is insufficiently developed for a procurement exercise to encourage proper competition and drive added value. This has been mitigated through inviting a wide variety of organisations, both local and operating elsewhere, to a market day to informally discuss the specification and the opportunities for innovative service delivery.

6. LEGAL POWERS AND IMPLICATIONS

6.1 Section 182 to 184 of the Health and Social Care Act 2012 governs the establishment of Healthwatch, its functions and the commissioning responsibility of local authorities to commission. Regulations will be issued and are currently the subject of consultation

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

7.1 Healthwatch will be funded through the following methods:

- Existing funding for LINKS is now wrapped up within the non-ring fenced formula grant from the Department for Health. In Barnet's case, budgetary provision has been made for £100,000- representing the cost of the current Link host contract
- Transfer of the funding for the element of services previously provided through Primary Care Trust Patient Advice and Liaison Services. The DH have given Barnet an indicative allocation of £68,571 but the final allocation will not be known until the autumn after the procurement process will have commenced.
- £18,742 will be available to Barnet from a national pot of £3.2 million for Healthwatch start up costs, which can be used to offset the cost of the market day, staff time in the procurement process and other costs.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 The Government has emphasised that while the final decision on the form of local Healthwatch is for local authorities, the decision should be made in consultation with local community stakeholders and the existing LINK, underlining the principles of good commissioning based on active engagement to understand local need.

8.2 The Barnet LINK host and Chair have therefore been kept apprised of thinking and their Steering Group has had the opportunity to comment on the attached draft specification. It is hoped that the LINK, with the support of the Council, will hold engagement events over the next few months to raise awareness of healthwatch and encourage the community (including current LINK members) to become involved.

8.3 A 'market day' is planned to give potential providers information and seek innovative ideas on how the specification might be delivered. Key local agencies are being invited.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 None at this stage.

10. DETAILS

10.1 The Government, in its Health White Paper, announced proposals for a new statutory body, Healthwatch, to act as the new consumer champion for both health and social care There would be a national body, Healthwatch England which would be part of the Care Quality Commission, while local authorities would be responsible for commissioning a Healthwatch in their area, intended to give citizens and communities a stronger voice to

influence and challenge how health and social care services are provided within their locality. Following the passage of the Health and Social Care Act 2012, a local Healthwatch must be procured by 1 April 2013.

10.2 The key role of a local Healthwatch is to:

- ensure that the views and feedback from people who use services, carers and members of the public are integral to local commissioning (as LINK currently, but embedded further into the system e.g. through having a seat on the Health and Well-Being Board);
- provide advocacy and support to people and help them to make choices about services In particular, those who lack the means or capacity to make choices; for example, helping them choose which GP to register with;
- help people to make complaints;
- provide intelligence for Healthwatch England about the quality of providers

10.3 Healthwatches would succeed Local Involvement networks (LINKS) and would continue their functions of allowing people to have their say on health and care services including powers for Enter and View visits. However, they would also take on a wider role in information signposting and helping people to be aware of their choices over health and care services- in doing so they would take on functions from the Patient Advice and Liaison Service (PALS) previously provided by Primary Care Trusts. Originally they were to also take on NHS Complaints Advocacy: however this will now be commissioned as a separate contract, albeit that HealthWatch will play a key role as a gateway through which people use this service.

10.4 They will be a corporate body, who will be able to employ their own staff, and be subject to public sector duties such as the Equality Act 2010. While they are supposed to continue the LINk legacy of recruiting volunteers, their structure will be more formal than merely a network of people. Councils must publish an Annual Report as to the value for money of the local health watch (in addition to any annual reports that Healthwatches themselves must publish).

10.5 The importance the Government attaches to Healthwatch is demonstrated by the fact that they will be statutory members of the Health and Well-Being Board, as one of the three key partners with the Council and the NHS. The LINK has been represented on Barnet's Board as a precursor to this and from 1 April 2013 Healthwatch will be represented.

10.6 The Government has deliberately avoided the previous approach of issuing very prescriptive guidance. Although some work has been done by pathfinders, and by the NHS London/Local Government Association Joint Improvement Partnership, there has been a paucity of guidance. The attached specification has therefore been drawn up to be a very Barnet specific statement of the local context, the outcomes we wish to see Healthwatch achieve, and the groups it should work with to minimise duplication and ensure best collective use of resources.

10.7 This approach has also been extended to the contracting process with Government advising that it is up to local authorities to commission and fund local healthwatch, that there is no automatic requirement to use the EU tender process, that each case should be considered on its merits, and that this may include grant in aid to an identified organisation. Officer advice is that a full market exercise is appropriate in Barnet, given the need to secure best value for money; that the LINK host contract has already been extended twice without further market testing; and that the new service is more than just

a continuation of the LINK, but takes on additional functions. The Health and Well Being Board are requested to confirm this is the appropriate approach.

10.8 Formal authority to procure this contract has been provided by Cabinet Resources Committee on 20 June 2012. However it has been brought to this meeting to give the Health and Well Being Board the opportunity to review and sign off the principles of a service specification that is consistent with the Health and Well Being Strategy and the Board's approach to patient and public engagement.

10.9 A draft specification has been circulated to interested parties in the LINK, NHS and Council and is being further refined. The summary of the approach is attached at Appendix 'A'. The views of the Board are requested on any additional areas that need to be covered.

11 BACKGROUND PAPERS

11.1 Allocation Options for distribution of additional funding to local authorities for: Local Healthwatch, NHS Complaints Advocacy- Department of Health August 2011

11.2 Healthwatch transition Plan – DH March 2011

11.3 Local Healthwatch- a strong voice for people- March 2012, DH

11.4 Letter from David Behan, Director General for Social Care Health and Partnerships, DH, to local authorities- 2 March 2012

Legal – MB
CFO – JH

APPENDIX A

SUMMARY OF SERVICE SPECIFICATION- OUTCOMES SOUGHT

Aims of contract

- Healthwatch is the eyes and ears in the community and provide constructive feedback and criticism to help provide better services
- Healthwatch acts on complaints and concerns over quality and unsatisfactory patient/ user experience
- Healthwatch works with all the groups and networks representing and supporting users of services to champion user voice and coordinate co-production

Service delivery

- User engagement and delivery of products
  - Gathering feedback, views, research, information and experiences
  - Supplementing with evidence from Enter and View visits
  - Delivering outputs and products that improve services against an annual plan for engagement- developed with input from residents, communities, Health Overview and Scrutiny, Health and Wellbeing board and commissioners.
- Information, advice and signposting
  - Quality information, advice and signposting provision on a range of health and social care subjects
  - Accessible services
  - Requires significant infrastructure and best value is likely to be found from partnering with an established provider
- User controlled service delivery
  - Credible provision that users/ customers trust
  - Demonstrable user control of service

Service delivery requires a diverse range of inputs, and consortia or lead provider bids would be welcomed.

Key principles

- Use of web based communication and engagement platforms to free up resources for face to face interactions for those who need them most
- There are a number of existing channels for user and carer involvement, which Healthwatch should use where possible and avoid duplication of activities or structures. New structures should only be created following identification of gaps in existing structures. Reducing bureaucratic structures to a minimum will free up resources for engagement activities with a broader range of people- many of whom do not wish to attend meetings on an ongoing basis.
- Some people find formal structures of engagement off putting and it is necessary to find a range of forms of engagement
- Healthwatch should be representative of Barnet's diverse communities
- Use of volunteers will supplement paid staff inputs and bring in the expertise and experience of Barnet residents

Healthwatch models

- A number of models could exist for Healthwatch including;
  - membership- sign up required
  - User Led Organisation principles- with a board made up on users of services
  - limited membership below board roles with engagement predominantly through existing channels and structures maintained only where gaps are identified

Difference between Healthwatch and LINks

- The key differences between LINkS and Healthwatch are;
  - Healthwatch can employ staff
  - Healthwatch must be legal entity
  - Healthwatch must provide either directly or through a sub-contract information, advice and signposting provision

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Meeting	Health and Well-Being Board
Date	26 July 2012
Subject	**Forward Work Programme**
Report of	Director of Adult Social Care and Health
Summary of item and decision being sought	To present an updated work programme of items for the Health and Well Being Board for 2012/13

Officer Contributors	Andrew Nathan- Chief Executive's Service
Reason for Report	To allow the Board to schedule a programme of agenda items that will fulfil its remit
Partnership flexibility being exercised	The items contained in the work programme will individually take forward partnership flexibilities including the powers Health and Well-Being Boards will assume under the Health and Social Care Act 2012.
Wards affected	All
Contact for further information	Andrew Nathan 020 8359 7029

1. RECOMMENDATION

1.1 To note and comment on the draft forward work programme attached at Appendix 'A'.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

2.1 Shadow Health and Well Being Board – 26 May 2011- agenda item 9

2.2 Shadow Health and Well-Being Board- 19 January 2012- agenda item 11

2.3 Shadow Health and Well-Being Board- 22 March 2012- agenda item 2

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; JOINT HWB STRATEGY; COMMISSIONING STRATEGIES)

3.1 The Work Plan has been designed to cover both the statutory responsibilities of Health and Well-Being Boards and key projects that have been identified as priorities by the Board at its various meetings and development sessions.

3.2 Approval and performance management of the Health and Well-Being Strategy has been included within the work plan and, when adopted, the Strategy will be the most significant determinant of future work programmes.

4. NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

4.1 None specifically arising from this report- but all items listed will demonstrate how the needs analysis contained in the Joint Strategic Needs Assessment (JSNA) has influenced the options chosen, including differential outcomes between different communities.

5. RISK MANAGEMENT

5.1 A forward work programme reduces the risks that the Health and Well-Being Board acts as a talking shop for the rubber stamping of decisions made elsewhere, or does not focus on priorities. It ensures that all decisions formally within the Board's statutory duties, Terms of Reference and other key issues relating to local health and care services are considered.

6. LEGAL POWERS AND IMPLICATIONS

6.1 The forward work programme has been devised to incorporate the legal responsibilities contained in the Health and Social Care Act 2012. The HWBB has been operating in shadow form in readiness for the proposed legislative changes.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

7.1 None specifically arising from the report. The programme is co-ordinated and monitored by the Chief Executive's Service as part of their support to the Board.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 The programme has been devised through consultation with Council and NHS managers, but the Barnet LINk through their membership of the Board have the opportunity to refer matters or suggest agenda items. The same will be true of the Healthwatch representative.

8.2 In addition, the Chairman of the HWBB met with the Co-Chairs of the Partnership Board which report into the HWBB on the 9th of February 2012. This provided an opportunity to discuss the forward plan of the HWBB.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 None at this stage, although feedback from providers should guide the choice of future agenda items.

10. DETAILS

10.1 At its meeting on 22 March 2012, the Board considered a forward work programme for the whole of 2012/13, with items reflecting the Board's future statutory responsibilities; key strategies and projects currently in progress; and the precedents set during the HWBB's first year in operation.

10.2 It was also agreed that future meetings should be divided into two parts, the first, as now, a public meeting which considers formal written reports for information and decision; and the second informal workshop style sessions between Board members which would take place on the conclusion of the formal meeting and not by themselves take any executive decisions. The work plan therefore marks with a 'B' items to be handled as formal business, and with a 'W' those which are discussion items to be handled through informal workshops at this stage.

10.3 An updated work programme is attached at Appendix 'A' for the Board's comments.

10.4 There is a key role for the LINk representative in pressing for the forward plan to take into account issues of community concern, as well as any specific LINk reports or requests for information.

11 BACKGROUND PAPERS

None

APPENDIX A
CURRENT SCHEDULE OF HEALTH AND WELL BEING BOARD BUSINESS 2012/13 (agreed at 22/3/12 HWBB and revised)

item	4th October 2012	29 November 2012	31 January 2013	4 April 2013	Notes
STANDING OR GOVERNANCE ITEMS					
Financial Planning Group minutes	B	B	B	B	
HWB Implementation Group- minutes	B	B	B	B	
Governance arrangements, ie review Terms Ref Membership etc				B	4/4/13 will approve conversion from shadow to full statutory status
Development of HWBB				W	

	4 Oct 12	29 November 2012	31 January 2013	4 Apr 13	Notes
JSNA, HWBS AND RELATED STRATEGIES					
Joint Strategic Needs Assessment- update/review/refresh	W				Not sure what requirement is to refresh. Might benefit from a more discursive workshop format.
Government changes to Special Educational Needs (to include Integrated Transitions Plan)	W				Suitable for workshop to examine whole system and how we contribute This might also be linked with the Integrated Commissioning Plan
PERFORMANCE MANAGEMENT					
Report against HWBS targets		B?		B?	
In depth report on one issue in DPH's Annual Report	B	B	B	B	

NEW PRIMARY CARE COMMISSIONING ARRANGEMENTS					
Clinical Commissioning Group- update on organisational progress	B			B	
Clinical Commissioning Group- sign off of commissioning plans etc for 13/14			B		
Commissioning Support Organisation- update on proposals	B				

	4 Oct 12	**29 Nov 12**	**31 Jan 13**	**4 Apr 13**	**Notes**
PUBLIC HEALTH/ DETERMINANTS/ PREVENTION MATTERS					
Leisure Services- Strategic Review	W/B ?	W/B ?			
Annual Report of Director of Public Health				B	
Cancer prevention work plan	B				Already considered in draft- needs sign off
Other Children's issues					
H and SC- contribution to economic well being		W ?			A possible idea, as high priority for council and partners in next year- how can the health and care system make its own maximum contribution to ensure people well enough and supported enough to retain or gain employment? The prevention plan will set out much of this but could benefit from a discussion of its own.

WORK WITH VOLUNTARY AND COMMUNITY SECTOR/ REPORTS OF PARTNERSHIP BOARDS					
Chair's meeting with Partnership Board chairs- minutes	B			B	
Discussion on how to work with and develop the voluntary sector (following the recent financial reductions)		W?			

	4 Oct 12	**29 Nov 12**	**31 Jan 13**	**4 Apr 13**	**Notes**
SAFEGUARDING/QUALITY AND SAFETY ISSUES					
Safeguarding Adults Board- Annual Report					
Safeguarding Children Board- Annual Report					
Quality and Safety Matters in NCL			B		To be provided 6 monthly
Whole system working to reduce pressure ulcers	B				(identified in quality and safety discussion at Jan HWBB)- might be workshop format depending on complexity of issue/which providers need to be involved? Deferred from July to October
USER AND CARER ENGAGEMENT					
Local HealthWatch- spec and tender process			B		Feb 13- will be report of new contractor how service planned to be delivered
LINK- Annual Report				B	12/13 reports as part of LINK/LHW handover
Carers Support Commissioning	B				Identified in corporate Plan

HEALTH AND CARE INTEGRATION					
HSC Integration Scoping project	B	B	B	B	Workshop was held Mar 2012. 26 July report needs to include response to referral from Business Management OSC
HSC Integration- specific projects that result					
Ageing Well		B			
New or amended Section 75 agreements					As identified through the Financial Planning Group
System Risk Assessment- MTFS and QIPP		B			
Allocation of Section 256 funds		B ?	B ?		Will we still be getting these on an annual basis?

HWBB will exercise statutory functions from 4 April 2013 meeting.

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