MEETING

ADULTS AND SAFEGUARDING COMMITTEE

DATE AND TIME

THURSDAY 31ST JULY, 2014

AT 7.00 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, NW4 4BG

TO: MEMBERS OF ADULTS AND SAFEGUARDING COMMITTEE (Quorum 3)

Chairman: Councillor Sachin Rajput
Vice Chairman: Councillor Tom Davey

Councillors

	Pauline Coakley Webb	Reema Patel
Barry Rawlings	Helena Hart	Reuben Thompstone
Philip Cohen	David Longstaff	

Substitute Members

Anthony Finn	Brian Gordon	Daniel Thomas
Anne Hutton	Ammar Naqvi	Jim Tierney

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

Andrew Nathan – Head of Governance

Governance Services contact: Anita Vukomanovic 020 8359 7034
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Media Relations contact: Sue Cocker 020 8359 7039

ASSURANCE GROUP

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	MINUTES	
2.	ABSENCE OF MEMBERS	
3.	DECLARATIONS OF MEMBERS DISCLOSABLE PECUNIARY INTERESTS AND NON-PECUNIARY INTERESTS	
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10.	RESPONSE TO CONSULTATION ON THE CARE ACT GUIDANCE	To Follow
11.	COMMITTEE FORWARD WORK PROGRAMME	101 - 110
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AGENDA ITEM 5

Adults & Safeguarding Committee

31 July 2014

Title	**Member's Item –** Mental Health Charter
Report of	Head of Governance
Wards	All
Status	Public
Enclosures	None
Officer Contact Details	Anita Vukomanovic, Governance Service Officer Email: anita.vukomanovic@barnet.gov.uk Tel: 020 8359 7034

Summary

The report informs the Adults & Safeguarding Committee of a Member's Item and requests instructions from the Committee.

Recommendations

1. That the Adults and Safeguarding Committee's instructions in relation to this Member's item are requested.

1. WHY THIS REPORT IS NEEDED

1.1 Councillor Barry Rawlings has requested that a Member's Item be considered on the following matter:

1.2 To ask that the committee establish a working group to develop a more coherent approach to mental health services including tackling the issue of discharging people with mental health issues into bed and breakfasts, the lack of community facilities and support in terms of assured housing and employment opportunities. The working group should take evidence from health partners, police, DWP, housing providers and voluntary organisations.

2. REASONS FOR RECOMMENDATIONS

2.1 No recommendations have been made. The Adults & Safeguarding Committee are therefore requested to give consideration and provide instruction.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Post decision implementation will depend on the decision taken by the Committee.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 As and when issues raised through a Member's Item are progressed, they will need to be evaluated against the Corporate Plan and other relevant policies.

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

5.2.1 None in the context of this report.

5.3 Legal and Constitutional References

5.3.1 The Council's Constitution Meeting Procedure Rules (section 6) illustrates that a Member, including appointed substitute Members of a Committee may have one item only on an agenda that he/she serves. Members items must be within the term of reference of the decision making body which will consider the item.

5.3.2 There are no legal references in the context of this report.

5.4 **Risk Management**

5.4.1 None in the context of this report.

5.5 **Equalities and Diversity**

5.5.1 Member's Items allow Members of a Committee to bring a wide range of issues to the attention of a Committee in accordance with the Council's Constitution. All of these issues must be considered for their equalities and diversity implications.

5.6 **Consultation and Engagement**

5.6.1 None in the context of this report.

6. BACKGROUND PAPERS

6.1 Email to Governance Officer, dated 8 July 2014.

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AGENDA ITEM 7

Adults and Safeguarding Committee

31 July 2014

Title	**Business Planning**
Report of	Strategic Director for Communities
Wards	All
Status	Public
Enclosures	None
Officer Contact Details	Karen Ahmed, Later Life Lead Commissioner, 020 8359 5186, karen.ahmed@barnet.gov.uk James Mass, Family & Community Well-being Lead Commissioner, 020 8359 4610, james.mass@barnet.gov.uk

Summary

The Adults and Safeguarding Committee has agreed to develop a five-year Commissioning Plan and savings proposals by December 2014. This report seeks to support the Committee as it begins to address this task, setting out suggested outcomes for the Commissioning Plan and identifying the major challenges for which this Committee will need to make commissioning decisions over the coming five years.

Recommendations

1. **That the Adults and Safeguarding Committee note this report and consider the outcomes and challenges outlined below and provide a steer to inform the development of the Commissioning Plan.**

1. WHY THIS REPORT IS NEEDED

1.1 On 2 July 2014 the Adult and Safeguarding Committee noted the savings target allocated by the Policy and Resources Committee on 10 June 2010 and agreed to complete a Commissioning Plan and savings proposals by December 2014. This report seeks to support the Committee as it begins to address this task, setting out suggested outcomes for the Commissioning Plan and identifying the major challenges for which this Committee will need to make commissioning decisions over the coming five years.

1.2 Delivering sustainable adult social care services is an on-going challenge for all local authorities given the context of increasing demographic pressures and continuing fiscal austerity. The new Care Act received Royal Assent in May 2014 and introduces a host of new requirements which, in the context of financial constraints, necessitate a transformation in the way that social care services are delivered.

Vision and Outcomes

1.3 There are a number of sources that can help inform the commissioning priorities of the Committee. Local sources such as the Corporate Plan, the Outline Business Case for Integrated Care for Frail Elderly People, the Carers Strategy and the Health and Well Being Strategy have all identified aspirations for our residents and have, alongside national policy documents, informed the vision described below and the identification of key priorities and outcomes.

1.4 Our vision is that all adults will be given the opportunity to live well, age well and stay well. This means that all adults will feel safe and be safe in their environment. Financial constraints should not hinder the delivery of good outcomes for all. There will be a strong sense of community that supports personal growth and independence and an overall focus on early intervention and prevention with a reshaped specialist care offer for those that need it..

1.5 Our overall vision, therefore, could be summarised as to:

- Achieve more, with less.
- Move away from 'professionalised' models of care towards more community, home-based, peer-led models of support.
- Reinforce relationships and community connections.
- Rebalance the model: orientate professionals towards prevention and early intervention for both carers and users; integrate community and peer groups into specialist care.
- Help providers, users and carers to be better at long-term planning, managing and supporting demand rather than rationing supply.
- Focus on the quality of relationships (between users and those who support them) and depth of our knowledge about users' needs and assets.

Priority	Key Outcomes
Safeguarding	Working age adults and older people are supported to live safely through strategies which maximise independence and minimise risk. Where people acquire vulnerabilities as they age, every effort is made to enable older people to remain in familiar surroundings, being cared for safely by people who know and love them.
Planning for Life	Working age adults and older people live a healthy, full and active life and their contribution to society is valued and respected. Working age adults and older people live in homes that meet their needs and are well connected socially. Older people have sufficient finances to meet the full range of their needs and are able to access advice to make sure they spend wisely.
Early Intervention and Prevention	Older people have timely access to diagnosis and are provided with the tools which enable them to manage their condition and continue to live a full life. Working age adults and older people know what is available to increase and maintain their well-being and independence and can obtain it when they need to. Working age adults and older people are well-connected to their communities and engage in activities that they are interested in, and which keep them well

Person centred Integrated support	Working age adults and older people are able to access help when needed for as long as they need it. Working age adults and older people are supported to get back on their feet when they have a crisis and to identify ways of preventing further crises. Person centred support plans inform the delivery of support in the most appropriate place (usually someone's home or community) that best meets people's needs in the most cost-effective way possible. Working age adults and older people have timely access to health and social care support that maintains independence and avoids of hospital admission or admission to residential care. Working age adults and older people who have health or social care needs can still expect to live an independent life and have relationships based on reciprocity.
Carers	Carers are supported to continue caring for as long as they wish. Carers are valued as expert partners in supporting working age adults and older people to live independent lives. Families provide support to other families, sharing their experience of using certain services and what they have learnt from the process. Carers are supported to achieve their ambitions whilst continuing to care.

Challenges

1.6 There are a range of strategic challenges that need to be addressed in the Commissioning Plan to ensure that older people and working age adults with mental health needs, learning disabilities or physical disabilities are provided with the best possible support from the Council over the remainder of the decade, and beyond. Key challenges are posed by the need to work more closely with health colleagues to provide more integrated services and to implement the changes required by the Care Act. The Adults and Safeguarding Committee will be required to take decisions on approaches to address each of these challenges. The largest of these are summarised below:

Planning for Life

1.7 Planning for life initiatives help older people prepare for later on in their lives. The key challenge is that this is something that people often do not want to think about. Not only do people not plan ahead financially, but they also find it very difficult to think about how they might manage some of the frailties and conditions associated with older age. This means that older people often contact services in a crisis, unaware that they might need to pay towards the cost of care,[1] and sometimes this can be at a point where their choices are limited.

1.8 Planning for life will enable older people to be better prepared to meet the challenges ahead and it will mean that the Council, and its partners, can focus on meeting demand rather than rationing supply.

1.9 The areas in which planning can have a beneficial effect include employment, voluntary work, social and leisure activities, finance, housing, health checks, lifestyle checks and keeping fit and well.

1.10 The Council has currently invested £450,000 into Later Life Planning over 3 years. The service began in April 2014.

1.11 Despite the intuitive benefits of planning ahead for older people, there is a limited evidence base because of the time lapse and the difficulty in proving causality. The Committee will need to consider what level of investment the Council should make in helping all residents plan for their future or whether continuing a targeted segmented approach might be more beneficial.

Early intervention & prevention

1.12 Early intervention and prevention activities provide cost-effective ways of keeping older people well, independent and safe throughout their lives. By investing more in early intervention and prevention, people can have better lives and the Council and our health partners can save money on providing more intensive services. A new duty to provide services which promote well-being and prevent, delay or reduce the need for care will come into force in April 2015 for all social care client groups, alongside other new duties under the Care Act.

1.13 Central to this priority is the willingness of local residents to develop personal and community resilience and new models of support which build on residents' assets and relationships. There is already a significant amount of activity in this area, with neighbours helping each other and high levels of volunteering in the borough. However, this will require strengthening in order

[1] Ipsos MORI's poll of Londoners in 2013, carried out on behalf of London Councils, shows that nearly three in five Londoners incorrectly believe they won't have to pay anything towards the costs of their old-age care. Fifty-eight per cent believe that should they need to use care and support services in the future these will be free.

to meet the challenges of the future as the Council begins to consider how to focus services on the most vulnerable residents. The Council will have a key role to play in enabling individuals and communities to take on more responsibility for well-being.

1.14 One of the key challenges for the Council shared with Barnet CCG - it is that of moving funding from existing service delivery, in particular residential and hospital based services to invest in enhanced prevention which keeps people well and independent. The Better Care Fund and the development of a 5 tier model to improve services for frail older people will help to support this. An analysis of the allocation of spend across early intervention and prevention, intensive support services and residential and nursing care in 2013 identified that only 2.78% of the total combined health and social care budget was allocated to early intervention and prevention related services. .

1.15 Examples of such services across the health and social care economy include falls prevention, dementia early intervention services, assistive technology, adaptations to homes, information and advice, activities to keep older people connected and engaged such as the Older Peoples' Neighbourhood Services. Over £3.4m were invested in these services by the Council in 2013-2014.

1.16 The key triggers for people requiring adult social care are poor health, inappropriate housing, carer breakdown (addressed later) and social isolation. Areas for potential further investment include ensuring people live in a home which meets their needs through increased advice and adaptations, giving good advice to people who may wish to consider lifestyle changes including retiring abroad , providing easy access to information about what activities are available, increasing telecare and funding self-management.

1.17 The Committee will need to determine the level of resource invested in early intervention and prevention and how best to target this resource. Work is on-going on a full-business case to inform decisions. This will be reported to Committee in October 2014.

0-25 model

1.18 The Commissioning Plan will need to consider how the work done during adolescence and young adult life can help to significantly improve outcomes into adulthood for people with disabilities. Many parents feel exhausted having to chase diagnosis and a label to qualify for support and relationships with the state are often strained. Many interventions are concentrated around assessments or crisis support, and less so in long-term planning. These circumstances can lead to rising frustration and anxiety about the future, fostering closer dependence on state services to maintain high levels of specialised support for their children, and creating isolation and difference rather than inclusion.

1.19 The Council has identified that it could work more effectively with adolescents with learning disabilities, their families and wider support networks to better enable growth and so reduce the on-going financial impact for the Council's adults social care budget. This will require effective working with families across adult and children's social care, education and health.

1.20 There are a range of opportunities for change including:

- **Empowering families and building their understanding**
  By providing families with training they can better understand their role in the planning process and what support they can expect from statutory services. This process equips families with the confidence to speak up about what they want to their child to achieve, and believe that they are qualified to participate alongside professionals in designing and buying in the support that will enable that.

- **Peer support**
  Families can provide support to other families, sharing their experience of using certain services and what they have learnt from the process. They can offer reassurance and share their insights on how to achieve the most with personal budgets.
  Partnering young people with learning disabilities with non-disabled peers to provide support and companionship in normal service settings helps to foster confidence and inclusion into wider friendship circles and promote confidence to lead a more independent life in the future.

- **Technology**
  New applications of technology can provide opportunities for families and service providers to work collaboratively. Apps and websites can enable young people and families to construct plans and share information in a way that suits them.
  The content can be updated regularly and can help celebrate successes and new achievements that can be shared across different settings. It tackles the inertia related with daunting long forms and irregular assessments.

- **Sharing assets**
  Assessments can focus on what a young person cannot do instead of celebrating their assets. By providing the relevant support for young people to do something they enjoy and make it accessible for other young people with disabilities to benefit from too fosters their confidence and builds the skills to participate in their wider community.

- **New models of support**
  Creating an approach that best joins up the work of education, social care and health.

1.21 There is a legislative driver for change as the Children and Families Act has required the local authority to prepare for a range of changes including the development of single health, education & care plans, expanded use of personal budgets, a clearly articulated and published local offer, and a strengthened focus on 0 – 25 year olds.

Person centred integrated care

1.22 The London Borough of Barnet and Barnet CCG are committed to developing an integrated care approach which places people and their carers at the heart of a joined up health and social care system that is built around their individual needs, delivers the best outcomes and provides the best value for public money.

1.23 The services that currently fall within this priority are subject to significant change as part of the drive to integrate services for frail older people and those with long term conditions, and to shift the focus of the service to prevention (see para 1.14) in line with the requirements of the Better Care Fund. In 2013, just over 35% of the combined health and social care budget for frail older people was spent in this area, with the majority being spent on hospital and residential services. Just under £18m of this spend was from Adult Social Care. These services include social work support, home support, enablement, therapies, intensive support and rapid response.

1.24 The principles that underpin this priority are that

- There is no wrong door – people will be able to get quick easy access to the care that they need
- People only tell their story once – care is co-ordinated and joined up by professionals
- Care is provided by professionals at the most appropriate place
- People are kept informed

1.25 In order to deliver this, the national expectation is that Councils and CCGs will work closely together to deliver change at scale and pace. The focus locally is on learning from the lessons of existing services, early pilots and developing shared access criteria, shared care records, a range of specialist and integrated multi-disciplinary teams and expanding services such as enablement which can respond quickly and flexibly to people and increase independence.

1.26 A significant proportion of this priority will be funded through the Better Care Fund – this is a ringfenced budget and is tied into evidencing delivering the integration at scale and pace. The challenge will be to do this whilst also

meeting growing demand for services within the context of reducing budgets across both organisations.

1.27 The Committee will need to be assured that the full business case which will be presented in October will meet this priority and agree the level of budget to be allocated.

Mental health

1.28 Adult mental health services across the NHS and social care are under considerable pressure. As the number of acute in-patient beds decreases, the pressure on social care budgets for adult mental health services now represents the fastest area of demand-led spend. There is a risk that social work is operating in the context of the containment model, with the social work task reduced to a care management role and securing placements to meet housing and support needs.

1.29 With social care services integrated into secondary care mental health services, specialist assistance and advice is not always readily available in the community for low level issues. This risks assistance only being provided following a crisis situation. There are opportunities to redefine the role of mental health social workers to focus on more protective factors located outside of a medical model and to provide independent challenge and review of support proposals for people with mental health needs.

1.30 Adults with a severe and enduring mental illness face considerable social exclusion. This is evidenced through high rates of worklessness, social isolation, poorer physical health and insecure housing arrangements all of which create demand on other elements of the state for support. Health and social care services have over time created dependency through not having the capacity or focus to work with the natural support systems and the capabilities that people through being part of their local community can bring to resolve their own problems and make their own sustainable support arrangements.

1.31 In some instances individuals are being placed in residential settings because of a lack of local supply of alternatives. There is scope to consider the development of a wide range of accommodation options, including home ownership schemes, with a varying spectrum of support to meet the differing needs of the adult mental health population.

1.32 Mental health and substance misuse continues to be a key risk factor in respect of child development. The separation of adult mental health social work from children's social work can result in support and interventions not sufficiently joined up around a family. This can result in missed opportunities to put in place effective and sustainable safeguards to enable a child to thrive and remain with their family.

1.33 Councils need to ensure that there is an Approved Mental Health Professional workforce to discharge responsibilities under the Mental Health Act. However this needs to be a multi-disciplinary workforce, not reliant solely on social workers whose role needs to be broader and focused on social inclusion and recovery.

Working age adults with learning disabilities

1.34 Adults with learning disabilities make up 10% of those receiving a funded package of care from adult social care in Barnet but account for over 40% of care spend. Significant progress has been made over recent years in providing increasingly personalised packages of support and managing the increased demand from adults with very complex conditions living much longer lives.

1.35 The challenge the Committee faces in developing the Commissioning Strategy is to continue to find better, more community based approaches that enable people with learning disabilities to meet their needs at a lower cost. There are a number of ways in which this could be achieved, including:

- Supporting individuals in residential settings to move into supported living.
- Identifying more cost effective support packages for older people with learning disabilities
- Developing a more creative support planning process for individuals living in the community, focusing on long term plans and meeting service users' needs at a lower cost. This could include a more effective use of technology.
- Increasing employment for people with learning disabilities.
- Changing the market, including the potential increase of personal assistants (at a lower cost than current service users)
- Supporting families to thrive with individuals with learning disabilities remaining in the family home for longer.

Carers

1.36 The Care Act 2014 enhances the right of carers to access support to enable carers to both continue caring and to realise their personal ambitions. These objectives support the Council's commitment to increasing carer sustainability through developing a programme of targeted support which better equips carers to meet the challenges of those they care for.

1.37 The Commissioning Plan will need to consider what will significantly improve outcomes for carers and those they care for and what else could be done to achieve this. The Council has identified that it could work more effectively with carers, this could reduce the need for adult social care in some cases.

Workforce

1.38 As we begin to implement change the workforce will need to be reshaped and develop a different skill set. Key drivers for this will be the need to link more with community based resources to support and promote early intervention, prevention and independence at all stages in someone's care pathway; and the need to develop shared skill sets across health and social care.

1.39 The Commissioning Plan will need to include the need for a changed workforce both in terms of Council staff and tis will also need to inform commissioning strategies.

Safeguarding

1.40 During this period of significant change and financial austerity, the Committee will need to ensure that the savings agreed as part of the business planning process will protect sufficient resources to meet the Council's thresholds for quality and safety.

1.41 A sensible risk management approach needs to be employed when looking at developing community resources which balance the need to keep vulnerable adults safe with the desire to build ordinary lives and relationships.

2. REASONS FOR RECOMMENDATIONS

2.1 This report is the first step in the process of agreeing a Commissioning Plan and a set of business planning proposals. Further work needs to be done by the working groups and Council officers to inform the corporate business planning process and the report to Policy and Resources Committee on 2 December 2014.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 N/A

4. POST DECISION IMPLEMENTATION

4.1 Officers will work up opportunities for each of the areas set out in this paper, with the given steer of the Committee, and bring an update to the next Adults and Safeguarding Committee on 2 October 2014.

5. IMPLICATIONS OF DECISION

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

5.1.1 In addition to continued austerity, demographic change and the resulting pressure on services poses a significant challenge to the Council. The organisation is facing significant budget reductions at the same time as the population is increasing, particularly in the young and very old population cohorts. Given that nearly two thirds of the Council's budget is spent on Adult Social Care and Children's Services, this poses a particular challenge as these services are predominantly 'demand led'. On 2 July 2014 the Adults and Safeguarding Committee noted the savings target of £12.6m allocated to the Committee by Policy and Resources Committee.

5.1.2 A further pressure that is unique for adult services is the Care Act 2014. The Care Act brings with it a significant number of new duties which will have a significant financial impact on social care locally. It is likely that there will be additional costs in the following areas:

- Providing more carers assessments
- Providing more carers services
- Providing more assessments for those funding their own care
- Arranging support for those funding their own care

Whilst the Universal Deferred Payment scheme is likely to be cost neutral, it will involve some of the local authority's capital being tied up in secured loans. There will also be a loss of income as a result of the cap on the costs that people will have to pay for care.

The preliminary financial impact assessment carries a significant number of caveats and assumptions. This analysis focuses on increased demand for assessment, care and support costs, the impact of other financial aspects will be presented to the Committee in October.

5.1.3 Further information will be presented to Adults and Safeguarding Committee in October 2014 on the financial impact of the Care Act.

5.2 Legal and Constitutional References

5.2.1 All proposals emerging from the business planning process be considered in terms of the Council's legal powers and obligations (including, specifically, the public sector equality duty under the Equality Act 2010) and, where appropriate, mechanisms put into place to ensure compliance with legal obligations and duties and to mitigate any other legal risks as far as possible.

5.2.2 Most of the new provisions of the Care Act will come into force in April 2015 and draft Regulations which will provide more detail on procedures are currently being consulted on. The Act introduces several new duties some of

which are referred to in the body of the report

5.2.3 Constitution, Responsibility for Functions, Annex A sets out the terms of reference of the Adults and Safeguarding Committee.

5.3 Risk Management

5.3.1 The Council has taken steps to improve its risk management processes by integrating the management of financial and other risks facing the organisation. Risk management information is reported quarterly to the Board and to Committees and is reflected, as appropriate, throughout the annual business planning process.

5.4 Equalities and Diversity

5.4.1 Equality and diversity issues are a mandatory consideration in the decision-making of the Council. The public sector equality duty is set out in s149 of the Equality Act 2010. This requires all decision makers including elected Members to satisfy themselves that equality considerations are integrated into day to day business and that all proposals emerging from the finance and business planning process have properly taken into consideration what impact, if any, there is on any protected group and what mitigating factors can be put in train. Due regard must be given to: the need to—

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

5.4.2

5.4.3 The projected increase in the borough's population and changes in the demographic profile will be key factors that need to be considered when determining both the corporate strategy and service responses. Both of these need to also reflect the aspirations and contributions of current residents

5.4.4 Similarly, all human resources implications will be managed in accordance with the Council's Managing Organisational Change policy that supports the Council's Human Resources Strategy and meets statutory equalities duties and current employment legislation.

5.5 Consultation and Engagement

5.5.1 As proposals are developed in response to the challenges raised in this paper, an appropriate consultation and engagement plan will be developed and implemented. The work will be informed by the extensive consultation work that has been carried out already as part of the Priorities and Spending Review process.

5.5.2 Over the last twelve months the council has been reviewing its priorities and spending. To help inform the council's future long term spending plans the council commissioned the Office for Public Management (OPM), an independent research organisation, to run a comprehensive series of residents engagement activities to understand their priorities for the local area and look at how residents and organisations can support services going forward.

5.5.3 The engagement followed two phases:

Phase 1:

5.5.4 A series of resident workshops, service user and businesses focus groups last autumn.

5.5.5 The findings[2] provide a rich evidence base of residents' priorities, what residents value most, their ideas for generating income, and how local people can work together. As a result the council has been able to identify broad themes[3] based on residents' views and involvement which will be used to help focus the council's future long term spending plans.

Phase 2:

5.5.6 Between March and June 2014 OPM ran an online call for evidence to hear views of organisations, businesses and individual residents on the future of Barnet, how the council can ensure that public services best meet the needs of the borough, how the council can change and how organisations and individuals can play a part in meeting Barnet's challenges during this time. OPM has analysed the responses to the call for evidence on the council's behalf. This report presents the findings.

5.5.7 Evidence was sought on two main topic areas:

- Ideas on the future of public services in Barnet, and how organisations and individuals can play a role in providing some of these services.
- Ideas on how the council could be more entrepreneurial and generate more income.

5.5.8 A summary of the findings can be found in Appendix A and the full report is available at http://engage.barnet.gov.uk/consultation-team/call-for-evidence/consult_view

[2] http://engage.barnet.gov.uk/consultation-team/call-for-evidence/user_uploads/phase-1--barnet-challenge-opm-summary-report.pdf

[3] http://engage.barnet.gov.uk/consultation-team/call-for-evidence/user_uploads/key-themes-identified-from-the-first-phase-of-consultation.pdf

6. BACKGROUND PAPERS

6.1 Adults and Safeguarding Committee, 2 July 2014:
Item 5: Adults and Safeguarding Committee Business Planning
Item 6: Implementation of the Care Act 2014

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AGENDA ITEM 8

Adults and Safeguarding Committee
31st July 2014

Title	Barnet Multi-Agency Safeguarding Adults Board Annual Report 2013/14
Report of	Dawn Wakeling, Director Adults & Communities
Wards	All
Status	Public
Enclosures	Appendix A – Barnet Safeguarding Adults Board Annual Report 2013-14 Appendix B – Safeguarding Adults Board Business Plan 2014-16
Officer Contact Details	Sarah Perrin, Interim Customer Care Service Manager e-mail: sarah.perrin@barnet.gov.uk Tel: 0208-359-3487 Sue Smith, Safeguarding Adults Service Manager e-mail: sue.smith@barnet.gov.uk Tel: 0208-359 6105

Summary

The Safeguarding Adults Board is a multi-agency group that meets four times a year and reports annually on its work. The Board was established to ensure there is a multi-agency approach to safeguarding adults at risk of abuse within Barnet.

The Board's governance arrangements ensure that the Board reports on its work to the Council through the Adults and Safeguarding Committee and due to the important multi-agency arrangements and the role of health, it is noted by the Health and Well-being Board as well as each partners executive Board. Following the passing of the Care Act in April 2014 the Barnet Safeguarding Adults Board will become a statutory body with a number of legally enforceable duties from April 2015.

The Barnet Safeguarding Adults Report has been written in an accessible format for members of the public. The report documents the work of the Safeguarding Adults Board in 2013-14. It outlines membership of the Board, work of the Safeguarding Adults User Forum, work plan progress and analysis of safeguarding alerts received during 2013-14 and priorities for 2014-16.

Recommendations
1. **That the Committee note the information contained within the Draft Barnet Multi-Agency Safeguarding Adults Board Annual Report 2013-14 which is due to be approved by the Multi- Agency Safeguarding Adults Board on 30th July 2014.**
2. **That the Committee agree to make recommendations to ensuring a robust multi-agency approach to safeguarding Barnet residents with involvement from the Council, NHS Barnet Health Trusts, the Police and the Voluntary Sector.**
3. **That the Committee note the contents of the Draft Safeguarding Adults Board Business Plan 2014-16 due to be approved by the Multi-Agency Safeguarding Adults Board on 30th July 2014.**

1. WHY THIS REPORT IS NEEDED

1.1 The Adults and Safeguarding Committee should note that the Barnet Multi-Agency Safeguarding Adults Board Annual Report 2013-14 and the Safeguarding Adults Board Business Plan 2014-16 has been submitted in draft form, as these documents will be subject to approval by the Multi-Agency Safeguarding Adults Board on 30 July 2014. Any comments by the Board will be communicated to the Committee on 31 July.

1.2 The Barnet Safeguarding Adults Report provides details about Safeguarding work carried out within Adults and Communities from 1st April 2013 to 31st March 2014. The report outlines membership of the Board, work of the Safeguarding Adults Service User Forum, work plan progress and analysis of safeguarding alerts received during 2013-14. A new independent Chair person, Chris Miller was appointed in October 2013.

1.3 The Safeguarding Adults Board has to report on its work to the Council via the Adults and Safeguarding Committee and the Health and Wellbeing Board. Additionally, each agency represented on the Board will present the report to their agency executive Board.

1.4 The work of the Safeguarding Adults Service User Forum continues to ensure that the voice of service users remains central to our safeguarding work. The Safeguarding Adults Service User Forum meets quarterly. In March 2013 the Forum were involved in the Safeguarding Adults Peer Review and following this they were asked to share their work nationally, so that other local authorities could learn from this model of engagement.

1.5 From April 2013 to March 2014 a priority for the Barnet Multi-Agency Safeguarding Board was to align itself with the Local Children's Safeguarding Board to ensure that cross cutting issues within both Boards were being addressed appropriately. Throughout 2014 to 2015 the Boards will continue to work together in order to enhance the safeguarding provision offered within

Barnet. To help achieve this both Safeguarding Boards, have the same Independent Chair.

1.6 The Barnet Multi-Agency Safeguarding Board has worked to support family carers across the partnership including working with the Barnet Carers Centre to support carers and raise awareness of safeguarding processes. The Carers Forum actively worked to raise awareness of carers as reporters of abuse, potential victims and also potential perpetrators. Additionally, the Carers Strategy Action Plan has been updated for 2014/15 and the Carers Strategy Partnership Board will oversee the implementation of the new action plan.

1.7 The Young Carers Joint Working Protocols have also been developed in partnership with Children's Services to ensure that young carers are identified and supported. A number of events have been held during the year to raise awareness of the protocols to professionals across the Council and voluntary sector.

1.8 Local health services have continued throughout 2013-14 to improve the quality and safety of local services. Each of the Council's health partners has an established internal Safeguarding Group to ensure that patients receiving health services are treated with dignity and respect, that the most vulnerable patients receive the care they need, and that if things are not done correctly that it is taken seriously, investigated thoroughly and work done to ensure it does not occur again. The Board requires each health partner to report on their plans and the progress that they have made on a scheduled basis.

1.9 Barnet and Enfield Mental Health Trust developed a Safeguarding Adults E-Learning Programme for staff to refresh their knowledge of law and procedures around safeguarding. Additionally, a domestic violence and abuse protocol was jointly developed with colleagues leading on Safeguarding Children. The Board also worked with the trust to carry out Inspections in all inpatient units and community teams to ensure that we meet the CQC standards for safeguarding.

1.10 Barnet and Chase Farm Hospital offered training to staff which included safeguarding information and brought in an external trainer to help and support staff with issues concerning dementia, mental capacity and the Deprivation of Liberty Safeguards.

1.11 The Royal Free London NHS Foundation Trust has doubled the number of clinics where domestic abuse screening occurs as part of a routine appointment. Additionally, the Royal Free Hospital has increased the numbers of referrals to the Independent Mental Capacity Advocate (IMCA) service to 42 in 2013-14 from 16 in 2012-13. This ensures that more people who lack capacity to make decisions about their care and support are safeguarded.

1.12 The Barnet Clinical Commissioning Group (CCG) is responsible for ensuring that all Health organisations have effective arrangements in place to safeguard adults at risk of abuse. Following the findings of the Francis Report the CCG have been committed to implementing the recommendations of the

report in Barnet. The CCG have strengthened domestic abuse training and enhanced this area of training within Adult Safeguarding training by using previous case studies and learning that has been gathered from Domestic Homicide Reviews. The CCG have updated their staff intranet portal to include a range of documents available for GPs to access regarding safeguarding risks.

1.13 The London Borough of Barnet has one of the largest numbers of care homes in Greater London. There are 105 registered care homes registered by the Care Quality Commission and these homes provide 2800 beds for a range of older people and younger people with disabilities. As part of the council's commitment to improve quality for service users Adults and Communities have established the Integrated Quality in Care Homes Team to work closely with these homes and provide them with advice and support in developing their practice and increasing standards of care to prevent abuse. The Team is comprised of a Team Leader and four quality advisors whose backgrounds are CQC inspector, tissue viability nurse, mental health social work and, a registered care home manger. Throughout 2013-14 the Integrated Quality in Care Home Team has worked with 35 care homes to develop and implement individual improvement plans. The Team hold Best Practice Quarterly Forums and Action Learning Sets for homes to attend and have to date covered issues from working with relatives, the Mental Capacity Act and the CQC inspection process. The Integrated Quality in Care Homes Team have also held a number of specialist workshops covering topics including pressure ulcers, prevention and care, dementia and meaningful activities, reducing vulnerability and end of life care.

1.14 The Safeguarding Adults Training Programme for 2013-14 was delivered to 527 staff across the health and social care workforce. The core training included awareness sessions, policy and procedure training and Safeguarding Adults Investigations. An additional significant number of staff were trained by NHS Health Trusts across the different sites in line with local targets.

1.15 The Board has continued its work throughout 2013-14 to increase public awareness of what abuse is and how it can be reported. Raising Awareness amongst members of the public continues to be a high priority for the Boards work in 2014-15. The Board planned a number of events to raise awareness throughout the year including World Elder Abuse Awareness week held June 2013, and Safeguarding Month in November 13. Events focused on topics such as the Mental Capacity Act, domestic violence, support for family carers and a conference for care home staff on preventing harm. Safeguarding information has been contained in a number of publications available to the public such as the Barnet First magazine and the Local Account of adult social care.

1.16 The Police have improved their response to domestic abuse through a 'be a victims voice' approach training which is provided to all front line staff.

1.17 People who had experienced safeguarding services were interviewed to find out what they thought. The Board wanted to know if people felt listened to and if they felt safer as a result of the help they had received. 16 of the 17 people

interviewed said that they did feel listened to and could say what they wanted to happen. 16 out of the 17 people interviewed said they felt safe from continuing harm or abuse; however, this is sometimes dependent on other factors like mental health.

1.18 The Adult Social Care User Survey is led by the Department of Health and shows that in 2013/14 there has been a rise in the proportion of service users within Barnet who believe that services have helped them to feel safe and secure. However, Barnet's results are still lower than the comparator average (this is based on a number of statistical comparisons and measures that have been put place nationally by the Chartered Institute of Public Finance and Accountancy). This relates to all services and not just safeguarding investigations. Adults and Communities have developed a new Quality Assurance Framework which as part of its work programme, addresses results from the National User and Carer Survey

1.19 Throughout 2013-14 a total of 565 alerts were received which is an 8% decrease on 2012-13. This is the first drop in alerts received in seven years. The decline in alerts mirrors a reduction in people receiving support from social services within the Borough as more people are being signposted to more universal support.

1.20 As seen in previous years there continues to be an increase in the number of alerts received involving neglect and this is now the most common form of abuse reported. For females 62% of such alerts involve pressure ulcers whilst for males pressure ulcers were recorded in only 11% of cases. 17% of all safeguarding alerts received throughout 2013-14 were reports of pressure ulcers this is a 28% rise in numbers from 2012/13. A priority for the Safeguarding Adults Board throughout 2014/15 is to work with agencies to reduce the number of pressure ulcers.

1.21 Of the 565 alerts received 72% were investigated compared to 69% last year. Therefore although the number of alerts is slightly lower than last year, the number investigated remained very similar. This would suggest that there is an improved understanding of what safeguarding is and how we can help support people who are affected.

1.22 The summary achievements of the Barnet Safeguarding Adults Board are set out in the attached annual report. The Business Plan for 2014-15 outlines the priorities for the Board in the year ahead and has been developed from consultation with service users, carers and partners; feedback from the service user forum, and consideration of national policy developments.

1.23 The key objectives outlined in the Business Plan are: improve the standards of care to support the dignity and quality of life of vulnerable people in receipt of health and social care, including effective management of pressure sores. improve access to justice for vulnerable adults (through criminal, civil and restorative justice), increase understanding of what may constitute as abuse, improve the understanding of service providers of the Mental Capacity Act and Deprivation of Liberty Safeguards, adopt the making safeguarding

personal framework and ensure implementation of lessons learned from any serious case reviews or domestic homicide review.

2. REASONS FOR RECOMMENDATIONS

2.1 The Adults and Communities Delivery Unit has carried out an analysis of the Safeguarding work carried out from 1st April 2013 to 31st March 2014 in order to measure the effectiveness of the work that is carried out in regards to Safeguarding and to ensure that lessons are learnt by the organisation.

2.2 The Safeguarding Adults Board Business Plan 2014-15 outlines the priorities which are being addressed by the Barnet Multi-Agency Safeguarding Board for 2014-15.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 No appropriate alternative options available.

4. POST DECISION IMPLEMENTATION

4.1 The Barnet Safeguarding Adults Board Annual Report is a public document which can be accessed through the Council website.

4.2 The report includes a number of lessons learned which are actions aimed at improving the provision of Safeguarding and work that is being carried out. These actions will be implemented and monitored through the work of the Barnet Safeguarding Adults Board.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Corporate Plan 2013-16 outlines the Council's commitment to safeguarding which underpins everything we do and aims to protect the most vulnerable people, both children and adults, from avoidable harm or abuse. For example the priority area: "To promote family and community well-being and encourage engaged, cohesive and safe communities". The Council's aim is to work with partners such as the police, the NHS and with residents to ensure that Barnet remains a place where people want to live and where people feel safe.

5.1.2 One of the strategic objectives of the Corporate Plan 2013-16 is to: "Support families and individuals that need it- promoting independence, learning and well-being". Legislation from the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) serve to support this corporate objective and one of the Barnet Safeguarding Adults Boards Objectives as outlined in the Safeguarding Adults Board Business Plan 2014-15 is "improve the understanding of service providers of the Mental Capacity Act and Deprivation of Liberty Safeguards".

5.1.3 The Health and Wellbeing Strategy has two overarching aims "keeping well"

and “keeping independent” and the council’s commitment to ensuring that we safeguard and protect the most vulnerable people within the Borough from avoidable harm or abuse supports the strategy and its success within the London Borough of Barnet.

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

5.2.1 There are no significant resource implications arising from the recommendations of this report.

5.2.2 The demographic funding pressure of an ageing population and the likely requirement for additional resources in Adult Social Services has been recognised in the Council Medium Term Financial Strategy. As a result of this £800,000 demographic pressure funding has been allocated to the Adults and Communities budget for 2014/15 and 2015/16.

5.2.3 Safeguarding training is currently provided by Adults and Communities and the provision is covered within Adults and Communities budgets.

5.2.4 The current annual budget for the Safeguarding Adults Board is £176,111 most of which covers three specialist safeguarding posts and the post of independent Chair and training for the health and social care workforce. Securing contributions from partners agencies towards Board costs will be reviewed this year.

5.3 **Legal and Constitutional References**

5.3.1 Adult Safeguarding is led by the local authority, based on the ‘No Secrets’ Guidance 2000 issued by the Department of Health under section 7 of the Local Authorities Social Services Act 1970.

5.3.2 In May 2014, the Care Bill received Royal Assent and became the Care Act 2014. One of the elements of the Act is that from April 2015 the Barnet Safeguarding Adults Board will become a statutory body with a number of legally enforceable duties.

5.3.3 The scope and terms of reference of the Adults and Safeguarding Committee is contained within Annex A Responsibility for Functions of the Constitution. The terms of reference state:-

- Specific responsibilities include:
  To be responsible for those powers, duties and functions of the Council in relation to Adults and Communities including the following specific functions:
  - Promoting the best possible Adult Social Care services.

- Work with partners on the Health and Well-being Board to ensure that social care interventions are effectively and seamlessly joined up with public health and healthcare and promote the health and Well-being Strategy and its associated sub strategies.

- To ensure that the Council's safeguarding responsibilities are taken into account.

5.4 Risk Management

5.4.1 A failure to keep adults at risk of abuse safe from avoidable harm represents not only a significant risk to residents but also to the reputation of the Council. Although safeguarding must be the concern of all agencies working with vulnerable adults, the Local Authority is lead agency. As such, both members and senior officers carry a level of accountability for safeguarding practice in Barnet. Governance structures are in place to ensure that other lead stakeholders, including the NHS and the police, are represented to ensure that practice across the partnership meets safeguarding requirements.

5.5 Equalities and Diversity

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

5.5.2 56% of the adults referred were over the age of 65. 60% of these older adults were aged 85 or over. This largely reflects the age profile of Barnet service users receiving a care package. 40% of older people referred have dementia.

Table 1: Primary Client Group Referred

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

5.5.3 The proportion to alerts involving white residents is very similar to last year and is representative of the adult social care client base. The number of Asian/Asian British adults remain lower than would be anticipated, particularly those aged 65+. The number of alerts involving Black/Black British residents was lower than might be expected last year, however this year the number of alerts has returned to levels seen in 2011-12. Based on general Adult Social Care figures, the number of alerts for Black/Black British adults is slightly higher than might be expected, although the difference is inflated due to the small numbers involved

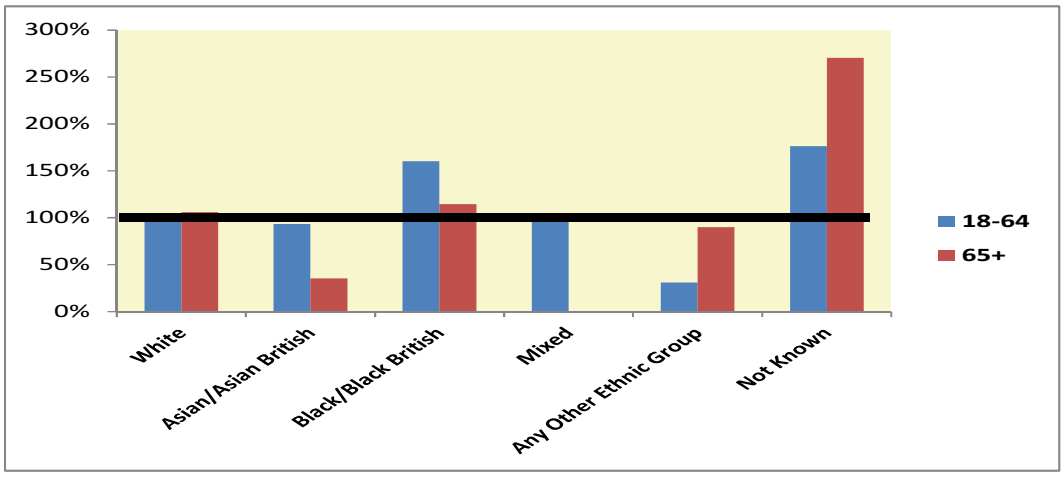
The number of alerts involving any other ethnic group is lower than in previous years. This may be explained at least in part by an increase in cases where ethnicity was not recorded.

Table 2: Ethnicity adults at risk referred

Ethnic Grouping	2010/11	2011/12	2012/13	2013/14
White	379	385	481	423
Asian/ Asian British	46	49	38	39
Black / Black British	32	49	28	51
Any Other Ethnic Group	18	40	40	19
Ethnicity not know	21	11	25	33

5.5.4 The table below depicts how representative the 2013/14 ethnic profile is compared to the overall adult social care client-base. An index was created. An index of 100 means that the case list is perfectly representative of that age group. An index that is lower than 100 means that there are fewer safeguarding cases from that ethnic group than expected. An index that is higher than 100 means that there are greater than expected cases from that particular ethnic group.

Table 3: How representative the ethnic profile of alerts is in relation to all service users.



5.5.5 As seen in previous years, there were more referrals concerning women. However the number of allegations of neglect is very similar for both men and women.

5.6 Consultation and Engagement

5.6.1 The report will assist us in identifying any improvements that need to be made to our Service or, to policy and procedure. This will be done in full consultation with relevant groups before any changes are recommended and implemented.

6. BACKGROUND PAPERS

6.1 Barnet Multi-Agency Safeguarding Adults Board Annual Report 2012-13.

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Barnet Safeguarding Adults Board

Annual Report 2013-14

Foreword from the Independent Chair of

Barnet Safeguarding Adults Board

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

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

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

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

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

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

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

Recent legal judgments on the Mental Capacity Act (MCA) , Deprivation of Liberty Safeguards (DoLS) and care providers' duties have begun to have an impact on our services. These cases have placed large burdens on care providers to conduct mental capacity assessments and ensure that appropriate safeguards are in place. In order to address this issue, we have set up a programme around increasing the understanding of the Mental Capacity Act amongst care providers in our business plan for 2014/16.

We are concerned that in Barnet even the most serious cases of neglect of the vulnerable are not reaching court in the numbers we might expect, thus another of our priorities for the 2014/16 business plan is to improve the way we operate to ensure that the vulnerable get access to justice.

Access to justice and understanding how to work within the MCA and how to reduce the impact, pain and suffering caused by pressure sores all require us to work together in an effective way.

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

Chris Miller

Independent Chair of Barnet Safeguarding Adults Board

Contents

Barnet Multi-Agency Safeguarding Adults Board

Annual Report 2013 – 2014

1. Who we are

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

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

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

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

The Safeguarding Adult Board membership includes people from:

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

1.1 Safeguarding Adults Service User Forum

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

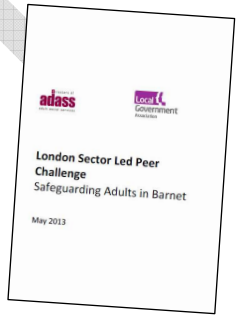
The forum meets quarterly, and is made up of representatives from the Barnet Seniors' Assembly, Barnet African Caribbean Association, Barnet Older Asian Association, Barnet Voice for Mental Health, Barnet People's Choice, and other interested older people and people with learning disabilities, physical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

2. What we have achieved in 2013/14

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

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

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



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

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

healthwatch Barnet

2.2 Supporting Family Carers

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

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

- Barnet Carers Centre working with the carers hub (made up of six members);Age UK Barnet, Alzheimer's Society, Barnet Mencap, Jewish Care, Caring4Carers and Friends in Need, has supported carers and raised awareness of safeguarding processes.

- The Carers Forum which is run by carers for carers and represents the voice of carers supported the Carers Safeguarding Conference held in November 2013. It raised awareness of carers as reporters of abuse, potential victims and also potential perpetrators. Managing challenging behaviour training was run for carers during the day.

- Family carers were invited to attend workshops on the Mental Capacity Act (MCA). These workshops were well attended by family carers and focused on the MCA and its implications, and included training about reporting safeguarding concerns.

- The Carers' Needs Assessment process and procedures were reviewed and all staff were given training on the revised processes. The 'Carers Offer' was developed, this is a document which sets out all the local support available to carers such as support from social care, support available in the community and mainstream support. A copy can be found online at www.barnet.gov.uk/carers.

- The Carers Strategy Action Plan was updated for 2014/15. The implementation of this plan will be overseen by The Carers Strategy Partnership Board. A copy can be found online at www.barnet.gov.uk/carers.

- Carers have been and are taking part in the 'Enter and View' visits carried out by Healthwatch Barnet to observe and assess whether services are safe.

- The Young Carers Joint Working Protocols was developed in partnership with Children's Services to ensure that young carer are identified and supported. A number of events have been held during the year to raise awareness of the protocols to professionals across the Council and voluntary sector.

2.3 Safeguarding in Health services

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

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

- Barnet, Enfield and Haringey Mental Health Trust (BEH-MHT) carried out an internal audit to ensure the Pan-London Safeguarding Procedures were followed.
- BEH-MHT developed a domestic violence and abuse protocol. A domestic violence factsheet and flowchart was also developed to help staff with the process.
- BEH-MHT carried out inspections in all inpatient units and community teams to ensure they meet the CQC standards for safeguarding.
- Barnet and Chase Farm NHS Trust recently set up a new team of Midwives (The Acacia Team) to provide additional midwifery support to women at risk of abuse. Since its launch in early 2014, they have provided care for many women, including women with learning disabilities and mental health problems.
- NHS Barnet Clinical Commissioning Group (CCG) are responsible for ensuring that all Barnet health organisations have effective arrangements in place to safeguard adults at risk of abuse or neglect. The produced a range of documents available for GPs such as flyers to display in waiting rooms on domestic violence and abuse and leaflets to give their patients who are at risk of domestic abuse.
- The Royal Free London NHS Foundation Trust (RFH) has doubled the number of clinics where domestic abuse screening takes place as part of a routine appointment.
- RFH provided interpreters for 44 different languages and recently recruited a designated liaison nurse for people with learning disabilities.
- The RFH increased the use of an Independent Mental Capacity Advocate Service (IMCA) to 42 referrals compared with 16 last year for individuals who lack capacity.

2.4 Training for Social Workers and partners

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

included awareness sessions, policy & procedure training and Safeguarding Adults Investigations.

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

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

2.5 Safeguarding Month

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

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

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

2.6 Deprivation of Liberty Safeguards

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

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

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

2.7 Letting people know what safeguarding is

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

- We attended a number of events throughout the year and issued copies of the" Say No to Abuse" booklet to different service user groups. Events included Barnet Seniors' Assembly, Multicultural Day, Falls Awareness and Dementia Awareness Days.

- We took part in National World Elder Abuse Awareness Week during June 2013. We focused our activities on raising awareness of door step crime with different community groups and voluntary organisations in Barnet. This included a presentation, useful factsheets, posters for display and a quiz on staying safe at home.

- We made sure that all publications include safeguarding information, such as the Barnet First magazine and Local Account of Adult Social Care, which was published in April 2014.

- We put an advert to raise awareness of the different forms of abuse and how to report it on the public TV screens at Barnet Hospital A&E department.

- Barnet Mencap have been running a number a workshops for people with learning disabilties on Hate Crime and how to get to get help.

- We promoted the work of the Fire Brigade's around free fire safety visits for vulnerable people via social media, newsletters, the Council's website and Partnership Boards.

- We teamed up with a local charity to deliver a project using the safer community alert system (designed originally to help communities protect themselves against crime) to raise safeguarding awareness amongst the general public.

2.8 Improving fire safety

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

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

2.10 Community Safety

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

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

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

2.11 Safeguarding in the Police

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

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

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

2.12 The Integrated Quality in Care Homes Team (IQICH)

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

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

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

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

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

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

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

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

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

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

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

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

The table below reports the findings of the interviews:

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

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

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

4.1 Who lives in Barnet?

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

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

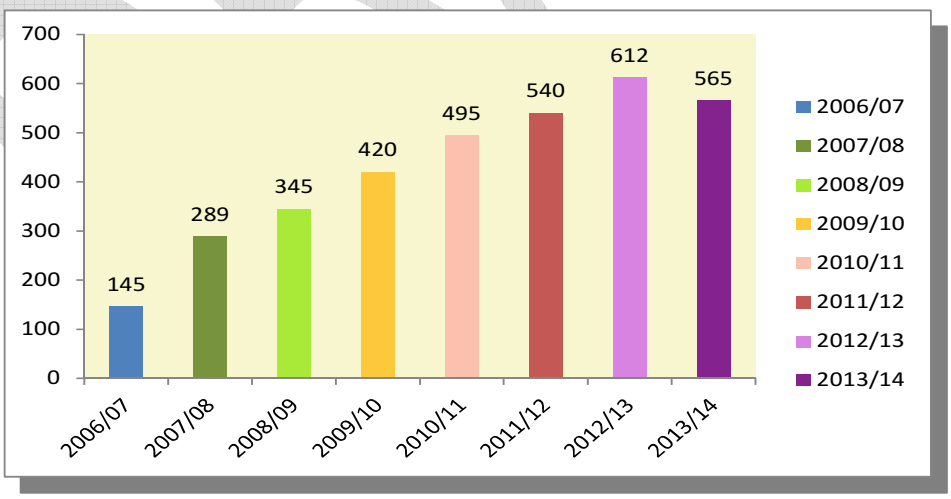
Whilst 73% of working age residents are in employment, there are above average levels of deprivation, with the variance between the most and the least deprived areas being significantly higher than that of the national average.

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

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

4.2 How many safeguarding alerts did we receive?

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



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

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

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

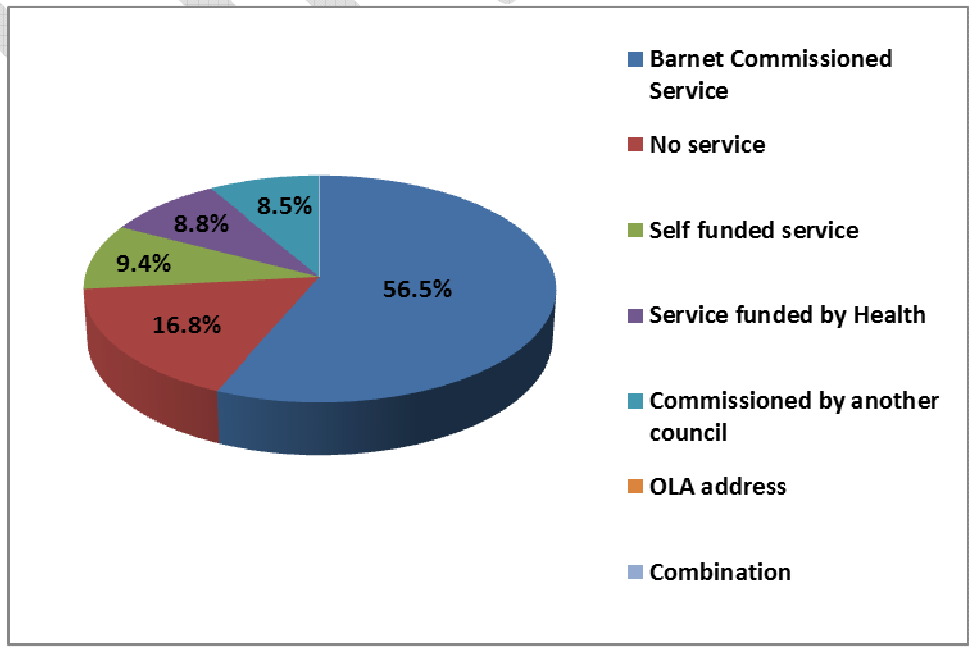
Primary Client Group	2011/12	2012/13	2013/14
Older People	49%	63%	56%
Learning Disability	28%	12%	20%
Mental Health	16%	16%	15%
Physical Disability & Sensory	7%	8%	9%

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

As in previous years, alerts in 2013/14 most commonly involved white females in the older person's client category. T proportion of younger adults (aged 18-64) referred has risen by 6% since 2012/13. Cases involving Black/Black British residents have also risen to 4.5%.

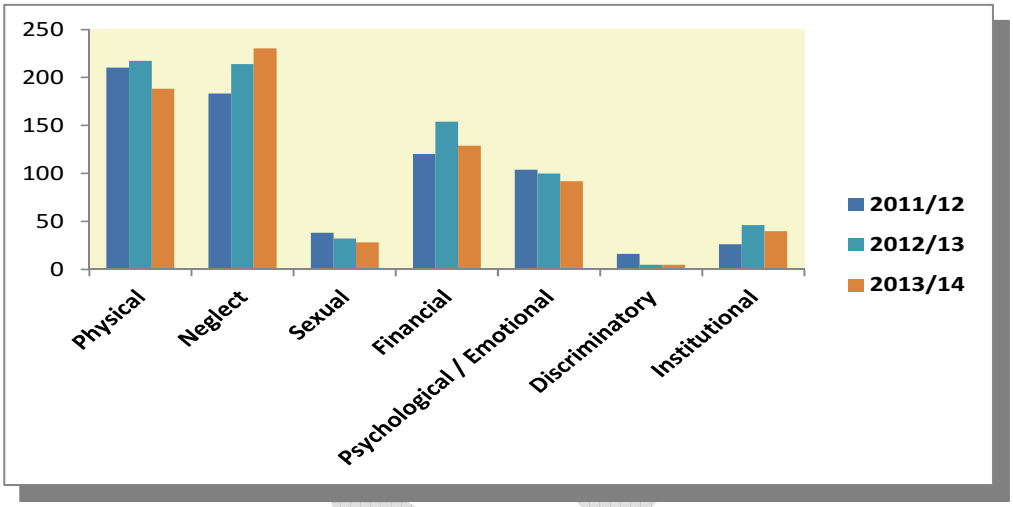
Client care funding

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



Types of abuse

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



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

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

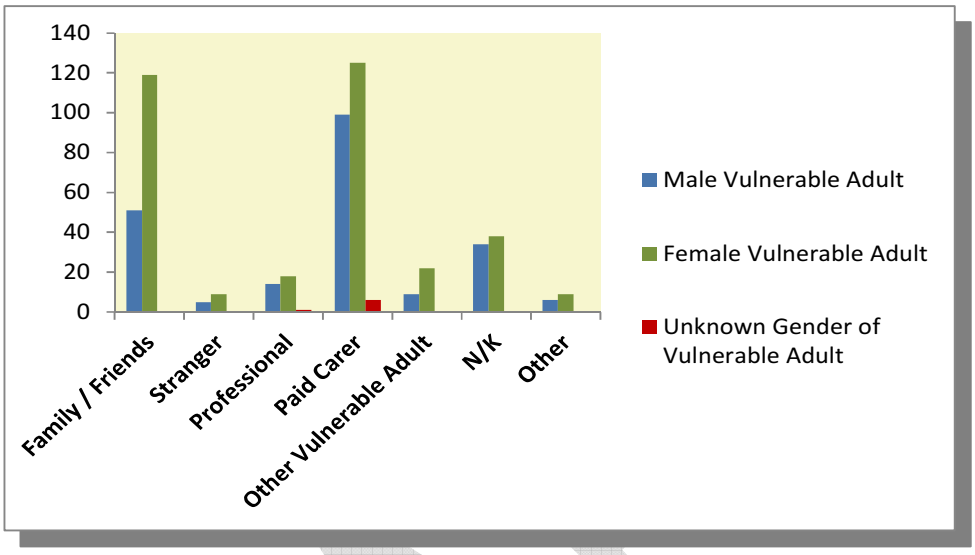
Physical abuse and neglect were the most common forms of abuse reported by people who fund their own care, and this was most likely to take place in a care home setting.

Pressure ulcers

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

The person who caused the harm

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



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

Alerts leading to investigation

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

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

Safeguarding Outcomes

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

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

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

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

Action taken to help the adult at risk

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

5. Safeguarding Stories

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

Story 1:

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

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

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

Story 2:

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

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

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

Story 3:

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

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

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

6. What we plan to do in the coming year

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

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

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

London Borough of Barnet Adults and Communities

Safeguarding Adult Referrals Monitoring Report

Annual Report
1st April 2013 – 31st March 2014

Sue Smith, Safeguarding Adults Service Manager
Tel: 020 8359 6102

Email: sue.smith@barnet.gov.uk

- Information in this report was supplied by Social Work Teams and Mental Health Teams 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 2013 – 31st March 2014**

- 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 2013 – 31st March 2014** there were a total of **565** alerts received.

Analysis of Safeguarding Adults Referrals to Barnet Social Work Teams during the period from 1st April 13 ~ 31st March 14.

Total number of alerts during the period was: **565**

Total alerts by quarter

I	01 April 2013 - 31 June 2013	**130**
II	01 July 2013 - 31 Sep 2013	**139**
III	01 Oct 2013 - 31 Dec 2013	**139**
IV	01 Jan 2014 - 31 March 2014	**157**
Total in 2013-14		**565**
Total in 2012-13		612
Total in 2011-12		540
Total in 2010-11		495

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 2012-13	Total alerts in 2011-12
Self Referral	**34**	24	19
Anonymous	**1**	2	7
Other service user	**6**	2	2
Family / Friends	**45**	48	55
Paid Carer	**173**	202	189
Agency	**305**	332	268
Other	**1**	2	0
Total Alerts	**565**	612	540

Referrers relationship to the adult at risk by quarter

Quarter	Self Referral	Anonymous	Other service user	Family / Friends	Paid Carer	Agency	Other	Total Alerts
I	**8**	**0**	**4**	**6**	**55**	**56**	**1**	**130**
II	**5**	**0**	**1**	**16**	**39**	**78**	**0**	**139**
III	**8**	**0**	**1**	**10**	**35**	**85**	**0**	**139**
IV	**13**	**1**	**0**	**13**	**44**	**86**	**0**	**157**
Total	**34**	**1**	**6**	**45**	**173**	**305**	**1**	**565**

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 2012-13	Total alerts in 2011-12
Social Worker	**16**	29	25
Other Local Authority (OLA)	**20**	22	22
Central London Community Healthcare (CLCH)	**73**	51	31
Education / Workplace	**7**	3	1
CQC	**3**	5	5
Police	**14**	15	13
London Ambulance Service (LAS)	**5**	20	8
Housing	**7**	3	7
Advocacy Service	**3**	71	2
Mental Health Staff	**42**	6	65
NHS staff	**94**	81	75
Other agency	**21**	26	14
Other	**1**	2	0
Total	**305**	332	268

Alerts from 'Agency' by quarter

Quarter	Social Worker	OLA	CLCH	Education / Workplace	CQC	Police	LAS	Housing	Advocacy Service	MHT	NHS staff	Other agency	Total
I	4	3	16	1	0	2	1	1	0	8	17	3	56
II	2	8	12	0	1	2	1	3	2	15	28	4	78
III	5	4	20	6	1	3	1	1	0	11	28	5	85
IV	5	5	25	0	1	7	2	2	1	8	21	9	86
Total	16	20	73	7	3	14	5	7	3	42	94	21	305

NHS staff refers to : **26 x BGH, **61** x RFH, **1** x UCLH, **1** x Northwick Park Hospital, **1** x Whittington Hospital, **1** x Islington ICT, **1** x St. Charles Hospital, **1** x Chase Farm Hospital, **1** x St. Pancras Hospital,*

1b) Alerts from 'Paid Carer'

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

	Total	Total alerts in 2012-13	Total alerts in 2011-12
Care Home	45	52	80
Care home with Nursing	41	52	25
Domiciliary Care	27	41	18
Day Service	12	10	16
Selfdirected Care Staff	0	3	0
Other Paid Carer	48	44	50
Total	173	202	189

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	13	8	9	5	0	20	55
II	11	11	6	1	0	10	39
III	6	8	6	3	0	12	35
IV	15	14	6	3	0	6	44
Total	45	41	27	12	0	48	173

2) Breakdown of primary client group

	Total Alerts	%	Total alerts in 2012-13	Total alerts in 2011-12
Learning Disabilities**	115	20%	73	150
Physical Disabilities	43	8%	52	34
HIV	1	0%	1	1
Older People*	318	56%	384	263
Sensory Impairment	2	0%	1	2
Mental Health***	84	15%	100	82
Substance Misuse	2	0%	1	0
Combination	0	0%	0	8
Total Alerts	565	100%	612	540

***OP:** 13x Dementia & Cognitive Impairment

****LD**: 3x Social Care Direct

***** MH**: 1x Transitions Team

Of the 565 alerts received, 128 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	**99**	**19**	**38**	**11**	**14**	**4**	**0**	**1**	**12**	**99**
Transitions Team	**14**	**3**	**3**	**1**	**2**	**1**	**0**	**0**	**4**	**14**
Older Adults:										
Social Care Direct	**117**	**18**	**38**	**0**	**26**	**5**	**0**	**1**	**29**	**117**
Short Term Enablement & Planning Team	**8**	**0**	**2**	**0**	**3**	**0**	**0**	**0**	**3**	**8**
Complex Planning & Ongoing Support North	**38**	**9**	**10**	**2**	**9**	**1**	**0**	**0**	**7**	**38**
Complex Planning & Ongoing Support West	**44**	**7**	**15**	**2**	**5**	**6**	**0**	**2**	**7**	**44**
Complex Planning & Ongoing Support South	**31**	**7**	**12**	**0**	**6**	**1**	**0**	**0**	**5**	**31**
Review and Reassessment Team	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**1**
Hospitals:										
Barnet	**42**	**11**	**13**	**0**	**6**	**3**	**0**	**0**	**9**	**42**
Edgware	**1**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**1**
Northwick Park	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Finchley Memorial	**4**	**0**	**1**	**0**	**0**	**1**	**0**	**0**	**2**	**4**
ICS	**5**	**1**	**1**	**1**	**2**	**0**	**0**	**0**	**0**	**5**
Royal Free	**65**	**23**	**29**	**1**	**1**	**4**	**0**	**0**	**7**	**65**
Mental Health:										
CSRT East	**7**	**0**	**0**	**0**	**3**	**1**	**0**	**0**	**3**	**7**
CSRT West	**18**	**3**	**2**	**1**	**2**	**2**	**0**	**0**	**8**	**18**
Community Rehabilitation Team	**17**	**4**	**2**	**0**	**3**	**2**	**0**	**0**	**6**	**17**
Barnet Triage	**11**	**1**	**1**	**0**	**2**	**1**	**0**	**0**	**6**	**11**
Dementia & Cognitive Impairment	**13**	**5**	**3**	**0**	**3**	**0**	**0**	**0**	**2**	**13**
Crisis and Emergency - Home Treatment tean	**12**	**2**	**0**	**1**	**5**	**0**	**0**	**0**	**4**	**12**
Crisis and Emergency - Acute Care Service	**8**	**0**	**0**	**2**	**0**	**3**	**0**	**0**	**3**	**8**
Barnet Drug & Alcohol Service	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Complex Care Team	**4**	**1**	**0**	**0**	**0**	**1**	**0**	**0**	**2**	**4**
Early Intervention Service	**6**	**1**	**0**	**0**	**4**	**0**	**0**	**0**	**1**	**6**
Other	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
TOTAL	**565**	**115**	**171**	**22**	**96**	**36**	**0**	**5**	**120**	**565**

3a) Number of alerts to each team by quarter

Team	I	II	III	IV	Total
Learning Disabilities	40	17	23	19	**99**
Transitions Team	2	2	8	2	**14**
Older Adults:					
Social Care Direct	11	29	26	51	**117**
Short Term Enablement & Planning Team	8	0	0	0	**8**
Complex Planning & Ongoing Support North	9	9	9	11	**38**
Complex Planning & Ongoing Support West	2	15	13	14	**44**
Complex Planning & Ongoing Support South	8	8	9	6	**31**
Review and Reassessment Team	1	0	0	0	**1**
Right to Control	0	0	0	0	**0**
Hospitals:					
Barnet	10	15	8	9	**42**
Edgware	1	0	0	0	**1**
Northwick Park	0	0	0	0	**0**
Finchley Memorial	0	1	0	3	**4**
ICS	1	1	2	1	**5**
Royal Free	13	20	19	13	**65**
Mental Health:					
CSRT East	1	1	3	2	**7**
CSRT West	5	6	1	6	**18**
Community Rehabilitation Team	5	5	2	5	**17**
Barnet Triage	2	1	3	5	**11**
Dementia & Cognitive Impairment	3	1	4	5	**13**
Crisis and Emergency HTT	5	4	3	0	**12**
Crisis and Emergency ACS	1	3	2	2	**8**
Barnet Drug & Alcohol Service	0	0	0	0	**0**
Complex Care Team	0	1	2	1	**4**
Early Intervention Service	2	0	2	2	**6**
Other	0	0	0	0	**0**
TOTAL	**130**	**139**	**139**	**157**	**565**

4) Type of abuse

	Total	Total alerts in 2012-13	Total alerts in 2011-12
Physical	**115**	139	127
Neglect	**171**	148	126
Sexual	**22**	19	23
Financial	**96**	121	86
Psychological / Emotional	**36**	35	32
Discriminatory	**0**	1	3
Institutional	**5**	11	6
Combination*	**120**	138	137
Total Alerts	**565**	612	540

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

2 cases were reported which constitutes a hate crime.

36 case was reported which constitute domestic violence.

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

Physical	Neglect	Sexual	Financial	Psychological / Emotional	Discriminatory	Institutional	**Total**
x	x						**18**
x				x			**25**
x			x				**4**
x	x			x			**1**
x						x	**7**
x	x					x	**6**
x			x	x			**3**
x	x		x	x		x	**1**
x	x		x	x			**1**
x	x		x				**2**
x				x	x		**1**
x	x				x	x	**1**
x		x					**1**
x		x		x			**2**
	x			x		x	**1**
	x		x				**5**
	x			x			**4**
	x		x	x		x	**1**
	x					x	**17**
	x	x	x				**1**
		x		x			**2**
			x	x			**12**
			x		x		**1**
			x			x	**1**
			x	x	x		**1**
				x	x		**1**
							120

4a) Type of abuse by primary client group

	LD	PD	HIV	Older People	SI	Mental Health	Subs. Misuse	**Total**
Physical	**21**	**8**	**0**	**71**	**1**	**13**	**1**	**115**
Neglect	**41**	**15**	**0**	**110**	**0**	**5**	**0**	**171**
Sexual	**12**	**3**	**0**	**2**	**1**	**4**	**0**	**22**
Financial	**17**	**4**	**0**	**55**	**0**	**19**	**1**	**96**
Psychological / Emotional	**6**	**3**	**0**	**17**	**0**	**10**	**0**	**36**
Discriminatory	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Institutional	**1**	**1**	**0**	**3**	**0**	**0**	**0**	**5**
Combination	**17**	**9**	**1**	**60**	**0**	**33**	**0**	**120**
Total Alerts	**115**	**43**	**1**	**318**	**2**	**84**	**2**	**565**

*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	**33**	**0**	**11**	**39**	**19**	**12**	**1**	**115**
Neglect	**22**	**0**	**14**	**105**	**0**	**29**	**1**	**171**
Sexual	**6**	**4**	**1**	**5**	**2**	**2**	**2**	**22**
Financial	**37**	**9**	**1**	**20**	**3**	**17**	**9**	**96**
Psychological / Emotional	**19**	**1**	**1**	**11**	**3**	**1**	**0**	**36**
Discriminatory	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Institutional	**0**	**0**	**0**	**5**	**0**	**0**	**0**	**5**
Combination	**53**	**0**	**5**	**45**	**4**	**11**	**2**	**120**
Total Alerts	**170**	**14**	**33**	**230**	**31**	**72**	**15**	**565**

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

	Male	Female	Not known	Total
Physical	38	77	0	115
Neglect	81	87	3	171
Sexual	6	16	0	22
Financial	43	53	0	96
Psychological / Emotional	16	20	0	36
Discriminatory	0	0	0	0
Institutional	3	2	0	5
Combination*	31	85	4	120
Total Alerts	**218**	**340**	**7**	**565**

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

5) Locations where alleged abuse took place

	Total	Total alerts in 2012-13	Total alerts in 2011-12
Own home	201	230	200
Home of the person who caused the alleged harm	17	14	10
Care Home - permanent	76	93	95
Care Home - temporary	13	4	15
Care Home with Nursing - permanent	74	99	67
Care Home with Nursing - temporary	4	6	2
Day Centre / Service	9	5	13
Community Hospital	9	1	1
Acute Hospital	35	29	11
Mental Health Inpatient Setting	7	6	8
Supported accommodation	49	48	38
Other Health Setting	4	1	0
Public Place	17	23	26
Education / Workplace	3	2	1
Other	18	10	10
N/K	28	37	26
Combination	1	4	17
Total Alerts	**565**	612	540

Acute Hospitals: **18**x BGH, **16**x RFH, **1**x St. Pancras Hospital,

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 2012-13	Total alerts in 2011-12
Disclosure	215	274	240
Witnessed	100	98	75
Physical signs	123	103	92
Suspicion	0	0	12
Combination of above	71	72	69
Other	56	65	52
Total Alerts	**565**	612	540

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 2012-13	Total alerts in 2011-12
Family / Friends	170	186	173
Stranger	14	22	33
Professional	33	29	18
Paid Carer	230	245	201
Other Service User	31	42	53
N/K	72	75	46
Other	15	13	16
Total Alerts	**565**	612	540

8) Ethnic origin of the adult at risk*

	Total	Total alerts in 2012-13	Total alerts in 2011-12
Asian/Asian British Bangladeshi	**4**	3	5
Asian/Asian British Indian	**23**	22	32
Asian/Asian British Other	**7**	9	7
Asian/Asian British Pakistani	**2**	4	2
Black/Black British African	**32**	12	22
Black/Black British Caribbean	**13**	6	15
Black/Black British Other	**6**	10	6
Chinese	**3**	6	7
White British	**321**	374	308
White Irish	**21**	24	16
White Other	**81**	83	61
N/A	**6**	5	6
Not stated	**27**	20	11
Mixed Other	**3**	2	0
Mixed White / Asian	**0**	2	3
Mixed White / Black	**3**	5	6
Any Other Ethnic Group	**13**	25	33
Total	**565**	612	540

**Ethnic Origin was defined via swift code*

8a) Faith of the adult at risk*

	Total	Total alerts in 2012-13	Total alerts in 2011-12
Buddhist	**1**	1	4
Christian	**258**	278	233
Hindu	**16**	17	20
Jewish	**103**	112	96
Muslim	**23**	33	33
Sikh	**0**	0	2
No religion	**56**	51	44
Not stated	**95**	113	98
Other	**13**	7	10
Total	**565**	612	540

**Religion was defined via swift code*

9) Information about the funding authority

	Total Alerts
Funded by London Borough of Barnet	319
Funded by Health	50
Self funded	53
Another Council**	**48**
No service	95
Combination*	0
Missing information	0
Total Alerts	**565**

*Out of **319** people funded by LBB, **165** had a personal budget.*

***** Other council refers to:** **13**x Camden, **1**x Walsall, **3**x Brent, **1**x Devon, **1**x Ealing, **4**x Haringey, **1**x Westminster, **5**x Enfield, **1**x Hackney, **1**x Lambeth, **1**x Lewisham, **7**x Islington, **4**x Herts, **1**x Merton, **3**x Harrow, **1**x Newham*

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

	Total		Total alerts in 2012-13		Total alerts in 2011-12	
	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	**218**	**166**	223	180	222	215
Female	**340**	**128**	384	162	312	114
Not known	**7**	**255**	5	260	N/A	191
More than 1 person*	**N/A**	**16**	N/A	10	6	20
Total Alerts	**565**	**565**	612	612	540	540

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	29	4	5	56	9	9	3	115
Physical Disabilities	15	0	4	12	1	11	0	43
HIV	1	0	0	0	0	0	0	1
Older People	73	7	21	152	12	48	5	318
Sensory Impairment	1	0	0	1	0	0	0	2
Mental Health	51	2	3	9	9	3	7	84
Drug & Alcohol Misuse	0	1	0	0	0	1	0	2
Total Alerts	170	14	33	230	31	72	15	565

12) Summary of action agreed

*Of the **565** cases referred for this year:* ***406*** *proceeded to strategy meeting*
159 *cases had an alternative outcome.*

*Of the **406** cases that proceeded to strategy meeting:* ***369*** *forms were completed*
37 *were still ongoing.*

	Total
Arrange Strategy meeting	406
Alternative Outcome	159
Total Alerts	565

Arrange C.P.A. Meeting	1
Community Care Assessment & Interim Protection Plan	7
Community Care Assessment & Refer to other agency & Other action	4
Disciplinary action	1
Interim protection plan & Other action	6
Mental Capacity Assessment & Other actions	2
Refer to other agency & Other action	7
Refer to other agency & MCA & Other action	2
Other action	43
N.F.A.	86
Total Alerts - Alternative Outcome	159

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

Quarter	No of all alerts received	No of alert that progressed to safeguarding investigation	conversion rate %
Apr-Jun 13	130	90	69
Jul-Sep 13	139	106	76
Oct-Dec 13	139	90	65
Jan-Mar 14	157	120	76

The speed of response:
~ The average number of days between receiving the alert to the day of the strategy meeting is **5**
~ In **249** cases a strategy meeting was held within four days.
~ In **67** cases a strategy meeting was held between 4 and 10 days
~ In **53** cases a strategy meeting was held 10 days after receiving the alert or longer.

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

	Strategy Meeting
Police	58
Adult Social Services	269
Other Local authorities	46
CQC	48
Barnet Community Service	21
MHT	75
GP	20
RFH	26
BGH	20
ECH	1
FMH	1
Other NHS	8
Domiciliary Care	33
Care Home	83
Other provider	38
Adult at risk	N/A
Family	N/A
IMCA	N/A
Advocate	N/A
Other agency	38

14) Case Conclusion: On the balance of probabilities

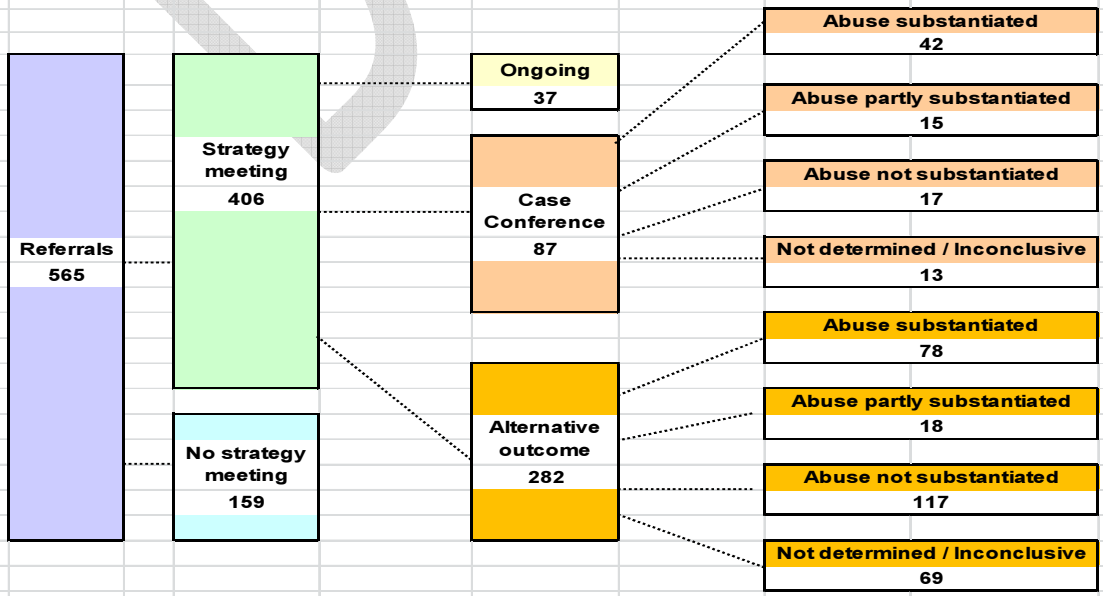
	Total
Abuse Substantiated	120
Abuse Not Substantiated	134
Abuse Partly Substantiated	33
Not Determined / Inconclusive	82
Still Ongoing	37
Alternative Outcome*	159
Total Alerts	565

**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	26	28	7	21	8	40	82
II	36	33	11	24	2	33	104
III	22	32	7	20	9	49	81
IV	36	41	8	17	18	37	102
Total	120	134	33	82	37	159	369

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	6	5	2	4
Community Care Assessment	22	18	5	14
Civil Action	0	0	0	0
Application to Court of Protection	2	1	1	0
Application to change appointeeship	0	0	0	0
Referal for Advocacy scheme	2	0	0	4
Referral for Counseling / Training	4	3	3	1
Move / increase / different care	31	16	7	14
Management of access to finances	7	6	1	6
Guardianship / Use of Mental Health Act	1	0	1	0
Review of Self-Directed Support (IB	1	2	1	2
Restriction / Management of access to person who caused the harm	18	4	5	3
Referral to MARAC	3	0	0	0
Increased Monitoring	67	30	16	22
No further action	15	76	6	27
Other	13	16	4	18
Total	**192**	**177**	**52**	**115**

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	28	3	4	3
Action under the Mental Health Act	2	0	1	0
Community Care Assessment	9	4	1	2
Carers Assessment	1	3	2	2
Management of access to adult at risk	12	7	2	7
Criminal Prosecution / Formal Caution	6	0	0	0
Police Action	18	3	4	6
Disciplinary Action	24	4	5	3
Referral to ISA	1	0	1	0
Action by CQC	11	0	3	3
Action by Contracts Compliance	8	0	1	2
Referral to Court Mandated Treatment	0	0	0	0
Referral to registration body	2	0	0	0
Counselling / Training / Treatment	21	6	6	1
Continuing monitoring	31	13	10	12
Referral to MAPPA	0	0	0	0
Exoneration	0	2	0	1
No further action	19	95	8	48
Not known	3	3	0	3
Other	0	0	0	0
Total	**196**	**143**	**48**	**93**

Useful contacts

Questions about this report

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

Tel: 020 8359 6015

Email: sue.smith@barnet.gov.uk

Safeguarding training

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

Tel: 020 8359 6398

Email: asc.training@barnet.gov.uk

Safeguarding alerts

To raise any safeguarding concerns, contact Social Care Direct:

Tel: 020 8359 5000

Email: socialcaredirect@barnet.gov.uk

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Safeguarding Adults Board Business Plan 2014-16

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

				Group			
		1.3	Where avoidable pressure ulcers are identified as a possible sign of neglect, these are investigated and protection plans are implemented	JP	Dec 14	Develop a shared investigation protocol which includes clinical expertise and implement.	
		1.4	The board is assured in regards to dignity safety and safeguarding, in the NHS, and that the implications arising from the Francis and Saville Reports etc. are being appropriately addressed.	All Health	April 15	The Health Providers should report to the board in relation to staffing and how they are addressing complaints and whistleblowing incidents.	
				All Health	Jan 15	The Board should be assured by each Health Provider organisation in relation to training awareness and good practice guidance for staff in relation to pressure sores and other common issues related to neglect e.g. dehydration.	
				VS	Jan 15	Health providers to provide assurance to the Safeguarding Adults User Forum on this objective.	
				All Health	April 15	Explore how the Safeguarding Adults Board can get assurance from the Quality & Risk Committee about the performance of Health providers.	
				All Board	April 15	Board members to engage with the CCG and participate in Ward walks.	

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

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

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

						Services	
		3.3	To increase availability and accessibility of information and advice about adult safeguarding and reporting through outreach.	NS	Dec 2014	Seek more opportunities for face to face outreach to the public via community engagement activity such as participation in mass community engagements organised by the police and other community events.	
		3.4	To provide appropriate feedback to alerters.	All Board / NS	July 2015	Communications Team to provide a letter which can be used to advise a person who raised an alert that action has being taken.	
		3.5	To increase traffic to safeguarding and SAB information on Barnet Online.	NS	Mar 15	Refresh and brand safeguarding content on Barnet Online; request link to this content from all service provider websites. Produce and promote SAB annual report 2013-14, with key messaging Engage staff in safeguarding work – via BAU and Safeguarding Month.	

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

			(MCA) and the Deprivation of Liberty Safeguards (DoLs).	All Board AS Police MCA Task / Finish	April 14 Oct 14 April 15 Nov 14	Each partner organisations to review compliance with MCA and DoLS and report progress to the Safeguarding Adults Board The Board to receive and act on reports on the use of IMCA activity. The Board to receive a report from the Police on the number of section 44 offences investigated during the year. Plan and deliver an MCA Challenge Day for social care and health providers where they can receive information and get feedback on their MCA compliance.	
5	To ensure that the Voice of the adult at risk stay central to our partnership work.	5.1	Adopt the making safeguarding personal framework.	CM Training Group SS SS	Oct 14 Oct 14 July 14 & July 15 Oct 15	To agree a SAB policy statement on the voice of the adult at risk and the outcomes they seek as the primary driver of our approach to safeguarding. Refresh the training programme, and recording templates in line with this policy statement. Continue to capture the views of people who have experienced safeguarding services and report findings back to the safeguarding adults board for information and action. Consider further developing the user experience interviews to ensure that a wider group of peoples' views can be heard such as	

						people who lack capacity, carers, care providers etc.	
6	Ensure implementation of lessons learned from any serious case reviews or domestic homicide review.			TBC KV VS	TBC Oct 15 TBC	Develop a procedure for the identification and referral of adult serious case reviews to be considered by the new joint serious case review group. Monitor the delivery of recommendations from findings from the Stephan and Kara Report taking account of wider implications. Receive assurance from the CCG that IRIS is being rolled out and effectively implemented in GP practices.	

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

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AGENDA ITEM 9

Adults and Safeguarding Committee
31 July 2014

Title	**Adults and Communities Annual Complaints Report**
Report of	Dawn Wakeling – Director of Adults and Communities
Wards	ALL
Status	Public
Enclosures	Appendix 1 – Adults and Communities Annual Complaints Report 2013/2014
Officer Contact Details	Nasreen Panchoo Nasreen.panchoo@barnet.gov.uk 0208 358 4299

Summary

An annual complaints report is a statutory requirement for Adults Social Care. The statutory report provides details about complaints and compliments received. It also provides analysis of those complaints and what issues have been identified through the collation of the data. It provides some insight as to why the complaints have been received and how to improve services moving forward.

The key points to note from the report are that:

- The number of complaints received in 2013-2014 continues to be in line with the numbers received in previous recent years.
- As well as providing a meaningful response to all complainants the outcomes of investigations are used to inform improvement actions, as part of the Adults and Communities Quality Assurance Framework.
- The number of compliments received is equivalent to the number of complaints received.

Recommendations

1. That the Committee note the information contained within the Adults and Communities Annual Complaints Report 2013 – 2014 (the Complaints Report) and the arrangements for the Report's publication and post-decision implementation identified in paragraph 4 below.

1. WHY THIS REPORT IS NEEDED

1.1 The Complaints Report provides valuable information about the quality of the work of Adults and Communities and the improvement actions taken in response to feedback. It informs the Quality Assurance Work Programme which monitors all actions relating to the quality and improvement of Adults and Communities.

2. REASONS FOR RECOMMENDATIONS

2.1 The publication of the Complaints Report and the post-decision implementation noted in paragraph 4 will enable Adults and Communities to continue to learn from complaints in order to continually improve the satisfaction of people who use Adult Social Care services.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 It is a statutory requirement to publish the Complaints Report.

4. POST DECISION IMPLEMENTATION

4.1 The Adults and Communities Annual Complaints Report 2013-2014 is a public document which will be made available through the Council website.

4.2 The Complaints Report includes a number of "learning points", which are actions for improvement. These actions will be implemented and monitored through the Adults and Communities Quality Assurance Framework:

- In response to the relatively high proportion of complaints regarding communication, Adults and Communities will:
    - commission training to develop staff communication skills, as part of the Adults and Communities Workforce and Organisational Development Programme
    - revise the Adults and Communities case file audit tool to ensure that auditors' scrutiny of case records identifies communication issues, so that appropriate remedial action can be taken.

- During 2013-2014 there was a particularly high rate of complaints and other concerns about external service providers, many of which related to two particular Homecare providers who were failing. Of these, one subsequently made improvements and one has had their contract terminated. Homecare provision has been a continued concern over recent years, accounting for the majority of complaints about external providers. One of the actions that Adults and Communities has taken in response to this situation is the development of a mechanism to collate all evidence relating to the quality of contracted service – including complaints, Quality Alerts, CQC Inspection Reports, reports of Healthwatch Enter and View visits, safeguarding incidents, other critical incidents, and feedback from service users, carers and representatives. This tool will ensure that every time new intelligence about quality is received it is looked at alongside all previous information so that patterns and trends can be identified and robust and sustainable improvement action taken.

4.3 Through the Quality Assurance Framework Adults and Communities will conduct a series of detailed quality audits of key areas of work during 2014-2015. These will include findings from complaints investigations.

4.4 Adults and Communities will carry out benchmarking analysis to review how the volume and outcomes of complaints in Barnet compares to similar local councils. At the time of writing this report full data had not yet been made available. Historical benchmarking has shown that the Council receives a relatively low number of complaints compared to other councils. National data available for the rate of complaints and enquiries received by the Local Government Ombudsman regarding local authority Adult Social Care shows that in 2013 – 2014, the 15 complaints and enquiries received by the LGO for Barnet is the second lowest of the group of six “nearest neighbour group” of councils, Barnet, Hillingdon, Ealing, Harrow, Hounslow and Brent. The average for the group was 19. Benchmarking can provide valuable indicators of the accessibility and effectiveness of the complaints process, and the quality of Adult Social Care provision.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 Corporate Plan 2013 - 2016

The Report supports the following Corporate Plan Priority Outcomes:

- To promote a healthy, active, independent and informed over 55 population in the borough to encourage and support residents to age well. In particular, effective complaints management supports the achievement of the following 2014-2015 performance measures:
    - Increasing overall satisfaction of people who use adult social care services with their care and support to 90 per cent
    - Increasing the percentage of adult social care service users who say their services have made them feel safe and secure to 65 per cent

- To promote family and community wellbeing and encourage engaged, cohesive and safe communities.

5.1.2 Health and Wellbeing Strategy

Effective complaints management supports the Health and Wellbeing Strategy's priority of **"**Care when Needed - providing appropriate care and support to facilitate good outcomes and improve the customer experience".

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

As Adult Social Care continues to make changes to how services are managed and delivered in line with the current financial climate for the public sector and the requirements of the Care Act, it is possible that more complaints could be received from Adult Social Care customers. It is anticipated that any work carried out in responding to these complaints will be contained within the current staffing establishment and budget.

5.3 Legal and Constitutional References

5.3.1 The Adults and Communities Annual Complaints Report 2013 – 2014 complies with the statutory requirement to produce an annual report of Adult Social Care complaints in accordance with the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009, and the Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009 (the Regulations).

5.3.2 The Regulations identified in 5.3.1 above also require the Council to operate a statutory complaints procedure which complies with the provisions.

5.3.3 The Council Constitution, Responsibility for Functions, Annex A states that the Adults and Safeguarding Committee is responsible for those powers, duties and functions of the Council in relation to Adults and Communities including the following specific functions:

- Promoting the best possible Adult Social Care services
- To ensure that the Council's safeguarding responsibilities are taken into account.

5.4 Risk Management

5.4.1 Because the publication of the report is a statutory requirement, the impact of not publishing it would be a breach of the Regulations.

5.4.2 Complaints are an essential means by which the Council assures the quality of Adult Social Care provision, and compliance with statutory duties. By listening to complaints and taking improvement action the Council minimises the risk of non-compliance, and ensures improved customer satisfaction.

5.4.3 Where complaints are received and highlight any safeguarding issues, they are dealt with under the agreed Pan-London Multi-Agency Adult Safeguarding Policy and Procedures.

5.4.4 Adult Social Care does not work in isolation. As with all other aspects of work the complaints process operates in conjunction with partners in the NHS, the Care Quality Commission, Healthwatch, the Police and other Public services. This ensures that issues raised by complainants are dealt with effectively, with minimal risk.

5.5 Equalities and Diversity

5.5.1 The Complaints Report supports the Council's strategic Equalities Objective which states that "Our commitment is that citizens will be treated equally, with understanding and respect; have equal opportunity with other citizens; and receive quality services provided to Best Value principles".

5.5.2 The Complaints Report includes data on the number of complaints received by Adults and Communities from 1 April 2013 to 31 March 2014 by ethnicity. The data does not indicate any equality gaps or issues.

5.5.3 Adults and Communities enables people who are not able to make representations and complaints in their own right to do so through the use of advocacy services such as Disability Action Barnet (DabB), Citizens Advice Bureau, Disability Law Service, and Mind in Barnet.

5.6 Consultation and Engagement

5.6.1 The report will assist the Council in identifying any improvements that need to be made to the service or to policy and procedure. Any changes will be subject to appropriate consultation with relevant groups.

6. BACKGROUND PAPERS

None.

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Adults and Communities

Annual Complaints Report

2013 – 2014

Freedom of Information Act Protective Marking Information	
Protective marking	NOT RESTRICTED
Suitable for publication scheme	Yes
Title and version	Annual Complaints Report 2013 – 2014
Purpose	Managerial action
Relevant to	Adults and Communities
Author	Nasreen Panchoo
Summary	Annual Complaints Report (Statutory requirement)
Department	Adults & Communities
Date created / last reviewed	Final. 22/07/2014

London Borough of Barnet
Adult and Communities

Annual Complaints Report 2013 - 2014

1. Introduction

This report provides information on complaints and representations for Barnet Adults and Communities for the period 1 April 2013 to 31 March 2014. It includes one complaint about Social Care Direct which was dealt with under the statutory complaints procedure.

Adults and Communities is the Council's Delivery Unit which provides a range of services for adults and community, including: Adult Social Care, preventative services, registrars and community safety. Social Care Direct acts as the front door for new Adult Social Care enquiries, and is operated by the Council's Customer Support Group.

The figures include complaints dealt with through the statutory adult social care and corporate complaints procedures.

Barnet Council is required under statutory regulations, to report annually to the relevant Council committee on adult social care complaints.

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

2. Adult social care statutory complaints procedure

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

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

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

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

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

Local Government Ombudsman
The Local Government Ombudsman (LGO) is an independent organisation that will consider a complaint once the Council's internal complaint procedure has been exhausted.

Whilst the Local Government Ombudsman generally allows the local authority to consider the complaint first, in exceptional circumstances, it may decide to consider the complaint without first being considered via the council's internal process.

3. Accessing the complaints procedure

The council is committed to and continually seeks ways to improve communication with Service Users.

Currently our complaints process can be accessed via the following means:-

- The Comments, Compliments and Complaints booklets are widely distributed to public offices in the borough, including voluntary organisations and to Black and Minority Ethnic (BME) community groups
- The Easy Read version of the booklet 'Comments, Compliments and Complaints' is also widely distributed. This is aimed at people with learning disabilities and people whose first language is not English
- Information about making a comment, compliment or complaint in relation to Adult and Communities is available on the Barnet Council website at www.barnet.gov.uk
- Public information on making a complaint about Adult and Communities is also available at public events
- Information about representations and complaints was shared at various meetings with key stakeholders
- Information about representations and complaints is shared with the management and staff
- Managers are asked to feature compliments, representations and complaints as a standing item in their team meetings and briefing sessions. Staff and managers are also reminded and encouraged to utilise the support services provided by the Complaints and Representations Team.

All staff are advised to promote the use of advocates for vulnerable people, and advocacy support is available to complainants if they wish to help them to make their complaint. This support is commissioned through a contract with Barnet Centre for Independent Living, which sub-contracts with Advocacy in Barnet and Mind in Barnet to provide advocacy services. All public information booklets promote the use of advocates.

The complaints process and how service users access the complaints procedure will be reviewed during 2014 – 2015 to ensure that it is equally as accessible to all. The review will consider how well the complaints process is working and what we can do to improve the customer experience.

Customer feedback is an essential component of the new Quality Assurance Framework for Adults and Communities. This will enable the Council to provide detailed guidelines about what the council expects in relation to contact, response and action following receipt of a complaint. This will be closely measured via specific criteria as set out within the Quality Assurance Framework. This will enable us to identity good working practices as promote improvement.

4. Summary of key findings and conclusions

Between 1 April 2013 and 31 March 2014 Adults and Communities and Social Care Direct dealt with 13,073 people.

- The figure 13,073 above consists of 5,633 people who were assisted at point of contact and 7,440 people receiving a service 2013/2014
- Adults and Communities completed 2,657 new Community Care Assessments and 5,191 statutory reviews. There were 7,439 review events in total, as some service users will have received more than one review during the period)
- In addition to the above figures Adults and Communities assessed 1,948 carers, 540 of whom went on to receive a carer specific service.

In the same period the following communications were received from service users, carers and/or their representatives:

- 106 compliments
- 4 representations
- 105 complaints, of which 2 were escalations (Serious/Complex (High Risk) of previous complaints and 103 were new
- 6 Local Government Ombudsman enquiries and 7 Local Government Ombudsman complaints.

Of the 103 new complaints, 1 related to Social Care Direct. The complaint, which was upheld, concerned delays in the initial assessment of need for a customer.

The following themes accounted for 87 (84%) of the 103 new complaints

- Assessment/support plan process or decision (22 complaints)
- Timeliness or quality of communication between LBB staff and service user or carer, plus staff behaviour/attitude (28 complaints)
- Financial assessment process or decision (12 complaints)
- Non-compliance by an external service provider of a delivered service with support plan (25 complaints)

Of the 105 complaints, 93 resulted in an outcome. 10 were withdrawn and the two complex complaints have not yet been resolved. Of the 93:

- 11 (12%) were not upheld
- 49 (53%) were upheld
- 33 (35%) were partially upheld.

Customers expect their interaction with the department to be professional and positive, and in the main this is the case. When things go wrong they expect swift action to be taken to resolve the matters causing concern. The new Quality Assurance Framework recognises that complaints are an important source of evidence about the quality of work, but they need to be considered alongside other evidence. These include: compliments, representations, enquiries from elected members of the Council or of Parliament, audits of case files, the Council's programme of internal audits, and targeted reviews of areas of our work.

Overall, the data and analysis in this report confirms that:

- We respond to all evidence about the impact of our work on service users, carers and residents effectively and efficiently. This ensures that we improve individuals' experience and promote wider improvement.
- The good rate of compliments (which is almost exactly the same as the number of complaints) indicates that service users and carers have a positive experience.
- The fact that 10 of the complaints received were subsequently withdrawn indicates that the enhanced communication that resulted from the complaint being raised resolved the matter. This demonstrates the importance of being proactive and using the complaint as an opportunity to mend and build relations by listening and working together with the complainant when things have gone wrong. An example of this is when a representative made a complaint on behalf of the service user and was initially unhappy with the outcome. The relevant team reviewed its approach to the complaint including meeting with the complainant to discuss the issues. Through this discussion all issues were addressed and the complainant decided to withdraw the complaint. By investing time and effort at the outset resulted in the optimum outcome for both the Council and the complainant.
- The low level of complaints that are escalated to further investigation within the Council or to the Local Government Ombudsman indicates that complainants largely accepted outcome decisions.

5. Using lessons learnt from representations and complaints to promote service improvements

At the conclusion of each complaint investigation we aim to identify any learning points which can help us to improve the quality of our work and prevent recurrences of poor practice. In 2013- 2014 we identified a number of learning points which contributed to the service improvements listed in section 6.

Complaints that relate to the quality of externally-provided support and care services are looked at alongside other evidence about the quality of provision and action is taken to improve the service.

The evidence that we gain from complaints and representations is now reviewed within the framework of the new Quality Assurance Framework which collates evidence from a comprehensive range of sources to enable us to make sound evidence-based judgements about the quality of our work and take improvement actions. The Quality Assurance Framework is supported by a Quality Group which is chaired by the Director, and which ensures that improvement actions are well-planned, managed and monitored. The Workforce and Organisational Development Operational Group and Equalities Network Meeting are important sub-groups.

The following tables provide a summary of some of the lessons learnt that relate to the most significant complaint themes, and improvements that are planned.

Assessments and Support Plans

Issue identified	Lesson Learnt
Some users and carers were dissatisfied that the assessment did not take into account all of the relevant factors – for example the role of family carers	• Social Workers and Assessment and Enablement Officers need to: plan assessments well; identify all of the potential factors; agree the scope of the assessment with the service user and any carers • Case records need to include sufficient detail to support all case-work decisions made
Some service users and carers were disappointed or surprised with the outcome of their assessment	• We need to ensure that individuals receive and fully understand information about the Assessment process and Eligibility Criteria at an early stage • We need to ensure that individuals fully understand the outcome of assessments, and that they always receive a written copy of their support plan

Communication between Adults and Communities staff and service users and carers, and behaviour/attitude of staff

Issue identified	Lesson Learnt
Some service users and carers complained that they could not make contact with their designated Social Worker or Assessment and Enablement Officer	• We need clear standards and processes in place to ensure that staff respond in a timely manner to communications from service users and carers • Front-line and back-office staff should ensure that customers know how to contact them and how contacts will be responded to
Some service users and carers complained that their Social Worker or Assessment and Enablement Officer did not keep them well informed of their actions	• Front-line and back-office staff should ensure that customers know how to contact them and how contacts will be responded to
Some service users and carers felt that their Social Worker or Assessment and Enablement Officer was rude	• All staff are aware of the customer standards that the Council expects.

Financial assessment process or decision

Issue identified	Lesson Learnt
Some users and carers were dissatisfied with the process or outcome of financial assessment. Investigation of the complaints identified that they had not fully understood the process and criteria.	• We need to ensure that service users and carers have a full understanding of the process and criteria at the outset so that they are not surprised or disappointed.

Across the three themes above there is a theme which indicates that not all staff are identifying the holistic needs of service users and carers. For example:

- There is not always sufficient recognition of the role of carers' and family members' views
- There is not always sufficient recognition of individuals' differing language, cultural, perception and cognitive abilities, so communication is not tailored appropriately.

Actions that we have taken to address these issues include:

- Staff have been reminded of the importance of planning their interactions with service users and carers to ensure that all factors are taken into account, and managers have been reminded to oversee that this is happening through management supervision
- Staff have been reminded of the importance of recording all interaction on the case file, so that any subsequent disagreement can be resolved.

Learning Points

- As part of our Workforce and Organisational Development Programme we will commission training to develop staffs' communication skills
- As part of our programme of Case File Audits we are revising the audit tool to ensure that auditors' scrutiny of case records identifies communication issues, so that appropriate remedial action can be taken.

External provider not complying with agreed support plan

Issue identified	Lesson Learnt
Some users of externally-provided services do not receive support or care that complies with their support plan and/or contractual requirements. There are some repeated incidents relating to some providers	As well as dealing with individual instances of non-compliance identified through the complaints process, we need to collate this evidence with other evidence about contracted providers (ie Safeguarding incidents, Quality Alerts, Contract management activities, CQC Inspection Reports) to ensure that our responses are robust and sustainable

In all cases relating to provider non-compliance, action was taken to ensure that the service user received the care they needed and were safe.

For further detail of how we working to improve the experience of people who use contracted services as well as those who manage their own services through Direct Payments see paragraph 10.

6. Compliments

The table below shows the total number of compliments recorded in Adults and Communities from 1 April 2013 to 31 March 2014 compared to the previous two years.

	2011-2012	2012-2013	2013-2014
Compliments	48	112	106

Points to Note

- The figures show that we have generally maintained the number of compliments we have received compared to last year. Whilst we cannot benchmark how our number of compliments compares to those received by other Councils, as not all council record compliments, it is positive that the increase in compliments from 2012 - 2013 has been sustained in 2013 - 2014
- The compliments received mainly concerned individual messages of gratitude to specific members of staff; i.e. support staff, social workers, care coordinators and managers. Please find below a variety of compliments:

> "I was impressed with A's control of the whole situation and how she dealt with everyone. She approached the whole situation from a viewpoint that I hadn't thought of and I learnt from her. I like to give praise where it is due and I did tell A what I thought after the visit."

> ''We will always be grateful and you have restored our faith in Barnet Council. I am sure your leaving will be a great loss to the Department, but all

good wishes for the future."

"She proved to be an extremely efficient and cooperative source of information for us, her kindly and caring attitude being very much appreciated."

The following below shows the total number of compliments recorded in Adult and Communities from 1 April 2013 to 31 March 2014 by service area and gives a comparison against the two previous years.

Service Area	2013/2014
Community Safety	9
LD	16
OP/PD North	13
OP/PD South	23
OP/PD West	35
Practice and Governance	2
Transitions	4
Customer and Financial Affairs	2
Prevention and Wellbeing	1
Social Care Direct	1
Total	**106**

Points to Note

- The above shows that the number of compliments received from each team vary greatly. This may due to a number of reasons including consistency of logging compliments and the types of service delivered to the service users. For example where there is greater contact with the service user there may be more scope for an individual to compliment the worker.
- However, even where the services being delivered are comparable, such as OP/PD North, South and West there is a varying number of compliments recorded. This may indicate that there is inconsistency in the recording of compliments.

Learning Points

- As part of our review and implementation of our Complaints and Representations Procedure we will remind teams of the importance of capturing compliments as a means of understanding the impact of our work on service users and carers so that we can continually improve the customer experience

- Using the mechanisms of the Quality Assurance Framework we will analyse the reasons for variable recording of compliments. If we can define why one team is receiving more compliments than the others we can identify the behaviours which has resulted in those compliments being received to ensure the other teams, where appropriate, adopt the same behaviours.

7. Representations

A representation may be regarded as a comment, enquiry or statement of a formal nature regarding matters such as the availability, delivery or type of services. We welcome representations and believe that responsive and effective handling of them can avoid a formal complaint being received.

The following table shows the number of new representations recorded in Adult and Communities for the last three years

	2011/2012	2012/2013	2013/2014
Representations	22	31	4

Points to Note

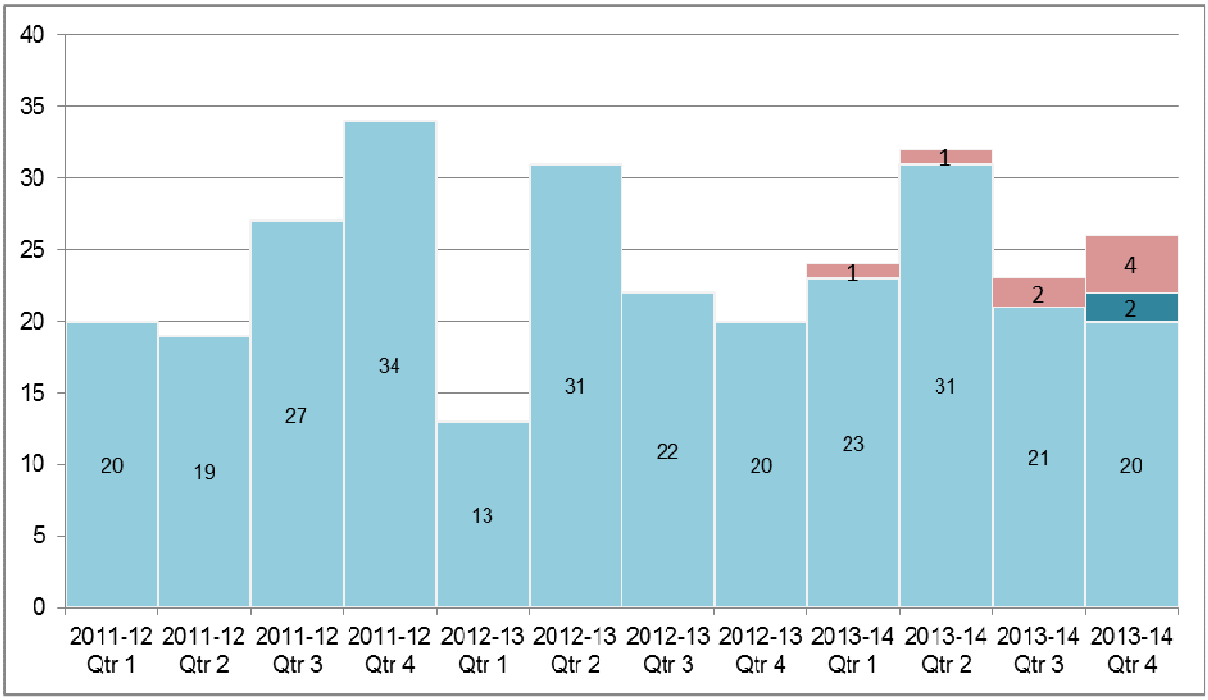
- There is a reduction in the number of representations recorded this year. The reduction may indicate that some matters have been dealt with as complaints or that fewer representations have been received.

Learning Points

- The review of the Complaints and Representations Procedure will result in clearer definitions and processes which will enable us to gather more robust information from representations as part of our improvement agenda. This will allow us to take a proactive approach to improve services where trends are identified.

8. Complaints

8.1 Number of Statutory and Corporate Complaints received



Note: For the years 2011-2012 and 2012-2013 there is no distinction made between category of complaint in the graph

Totals over the year

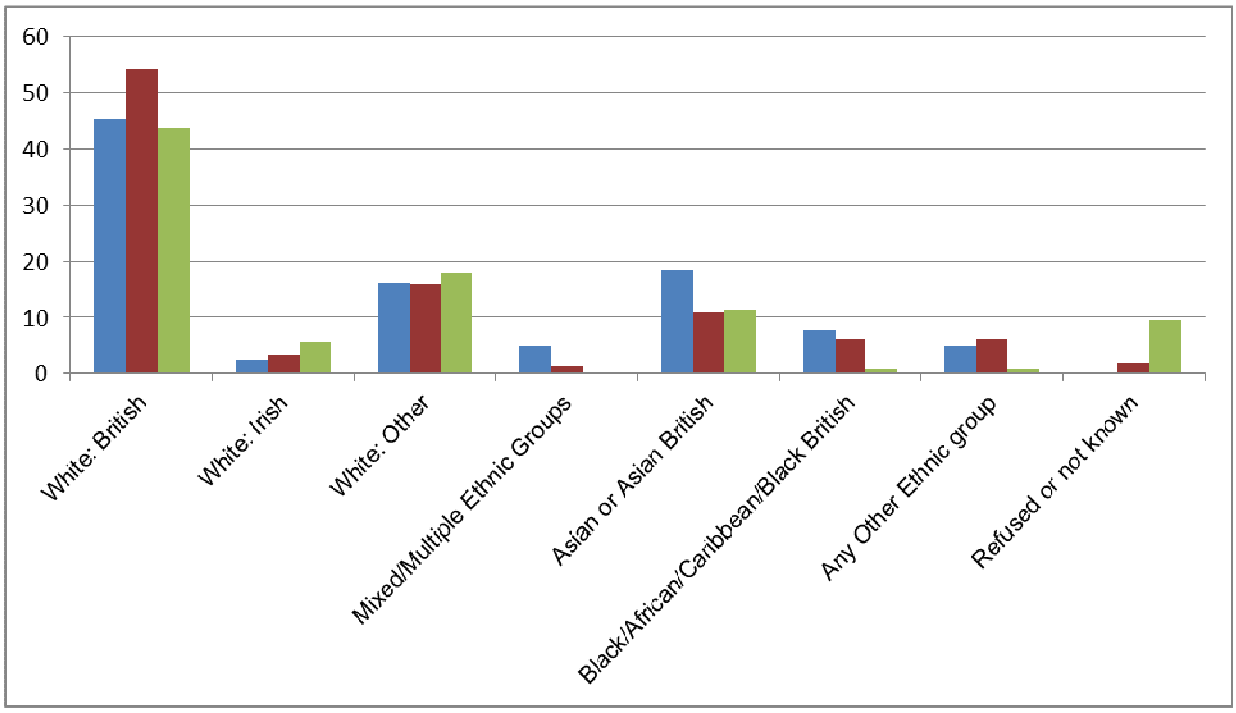
Key	Category	2011-2012	2011-2012	2011-2012
	Statutory Straightforward (Low/Moderate risk)		80	95
	Statutory Serious and/or Complex (High risk)		1	2
	Total Statutory	94	81	97
	Corporate Stage 1		4	8
	Corporate Stage 2		1	0
	Corporate Stage 3		0	0
	Total Corporate	6	5	8
	Total complaints - all	100	86	105

Note
Under the terms of the Section 75 Agreement through which LBB have delegated the provision of mental health social work to the Barnet, Enfield and Harrow Mental Health Trust, complaints relating to mental health are generally managed by the Trust, and are not included in this report. In some cases the Council made a decision to manage the complaint directly and these are included in this report.

Points to Note

- Over the 3-year period the significant majority of complaints were Statutory complaints
- Of the Statutory complaints, the significant majority (98%) were classified as "Straightforward (Low/Moderate risk)". The current Complaints and Representations Procedure requires statutory complaints to be defined as "Straightforward (Low/Moderate risk)", or "Serious and/or Complex (High Risk)". Cases defined as Straightforward can be subsequently re-defined as Serious and/or Complex.
- The number of complaints managed through the Corporate Complaints procedure has remained stable at 5-6 per year.

8.2 Ethnicity of Complainants



Key

	% of the Barnet population
	% of the people who use Adult Social Care Services
	% of complainants

Points to Note

- The percentage of complainants who refuse to disclose their ethnicity, or for whom it is not known is higher than the percentage of users of Adult Social Care. This may be because some complainants are acting as representatives of a service user, and their ethnicity is not recorded
- We receive more complaints from people from white Irish and white “other” backgrounds than would be predicted by demographic and user population profiles, and relatively few complaints from people from white British, black backgrounds and “any other ethnic group”. Further analysis is required to identify the reasons for this.

8.3 Benchmarking against other North West London councils

Historically the rate of complaints per 1,000 of service user in Barnet has been relatively low compared to other local councils. Comparative data for 2013-2014 is not yet available.

The rate of complaints is not thought to be a reliable indicator of the quality of adult social care, as there are numerous other factors which influence the number of complaints. We are committed to listening to the view of service users and carers in order to provide quality customer care, but also so that we can identify the impact of our work and take improvement action where necessary.

8.4 Subjects of complaints

Category	2013-2014
Statutory Straightforward (Low/moderate risk)	
Timeliness of referral or assessment	3
Formal ASC process or decision (eg FACS assessment, support plan)	22
Financial assessment process or decision	12
Timeliness of provision of service	1
LBB staff behaviour/attitude	6
Timeliness or quality of communication between LBB staff and service user or carer	22
Compliance/non-compliance of delivered service with support plan	25
Data Protection	2
Multiple complex issues relating to a resident, service user or carer	2
Total Straightforward (Low/moderate risk)	95
Corporate Stage 1	
Complaint from a service provider about LBB	3
Adults and Communities decision that is not related to a service user or carer	1
Query or concern from a resident about LBB action regarding a service user	4
Total Straightforward (Low/moderate risk)	8
Total Straightforward and Stage 1	**103**
Serious and/or Complex (High risk) - these cases were escalations of cases listed above	
Timeliness or quality of communication between LBB staff and service user or carer	1
Multiple complex issues relating to a resident, service user or carer	1
Total Serious or Complex (High risk)	2
Total of all complaints	**105**

Points to Note

- 84% of the 103 Straightforward and Corporate Stage 1 complaints relate to the following categories:
    - Assessment or support plan process/decision (21%)
    - Timeliness or quality of communication between LBB staff and service user, carer or resident, and staff behaviour/attitude (27%)
    - Non-compliance of delivered service with support plan (24%)
- A further 12% of the total related to complaints about the process or outcome of financial assessment

- The remaining 16% of complaints covered a range of other reasons, with numbers ranging from 1 - 5

8.6 Complaints by service area

Service Area	No of Statutory Complaints	No of Corporate Complaints	Total
OP/PD North	16	4	20
OP/PD South	11	0	11
OP/PD West	16	0	16
Customer Financial Affairs	8	1	9
LD	19	1	20
Quality Purchasing	15	1	16
Prevention and Wellbeing	0	1	1
Social Care Direct	1	0	1
Community Safety	1	0	1
Practice Governance	1	0	1
Commissioning	3	0	3
MH	4	0	4
Total	95	8	103

Points to Note

- Across the OP/PD North, South, West teams, the rate of Statutory complaints compared to the number of service users is relatively consistent, ranging from 7/1,000 to 8/1,000
- There is a higher rate of complaints within the Learning Disability team - 25/1,000. Learning Disability casework is often complicated, and a number of the complaints in this area relate to family members of service users whose views about the care and support decisions relating to their loved ones may differ from the professional's view
- The fact that OP/PD North team have dealt with 4 corporate complaints has been reviewed and was found not to demonstrate any service or practice issues. 3 of these complaints were from residents about the lifestyle of neighbours and interventions that could be taken by the Council.

8.7 Type by Outcome

Category	No	%
Statutory Straightforward (Low/moderate risk)	**95**	**100%**
Not Upheld	10	11%
Partially Upheld	32	34%
Upheld	43	45%
Total Straightforward complaints with an outcome	**85**	**89%**
Withdrawn	10	11%
Serious and/or Complex	**2**	**100%**
Not Upheld	0	0%
Partially Upheld	0	0%
Upheld	0	0%
Total Serious and/or Complex with an outcome	**0**	**0%**
Not yet resolved	2	100%
Corporate Stage 1	**8**	**100%**
Not Upheld	1	13%
Partially Upheld	1	13%
Upheld	6	75%
Total Corporate Stage 1 complaints with an outcome	**8**	**100%**

Totals

	No	
Total of all complaints	105	
	No	**%**
Total of all complaints with an outcome, of which:	93	100%
Total Not Upheld	11	12%
Total Upheld	49	53%
Total Partially Upheld	33	35%

Points to Note

- Of the 105 complaints received in 2013-2014 10 were withdrawn and 2 complaints that were escalated are not yet resolved
- Of the 93 complaints with an outcome, over half were fully upheld in 2013-2014, compared to a quarter in 2012-2013. Our analysis of complaints suggests that the high level of complaints upheld or partially upheld may be a result of one or more of the following:
    - We always aim to provide a response to complaints that is transparent and helpful. When shortcomings are brought to our attention we aim to resolve the matter and take improvement action
    - Our approach is to minimise the number of complaints that are escalated to the Local Government Ombudsman.

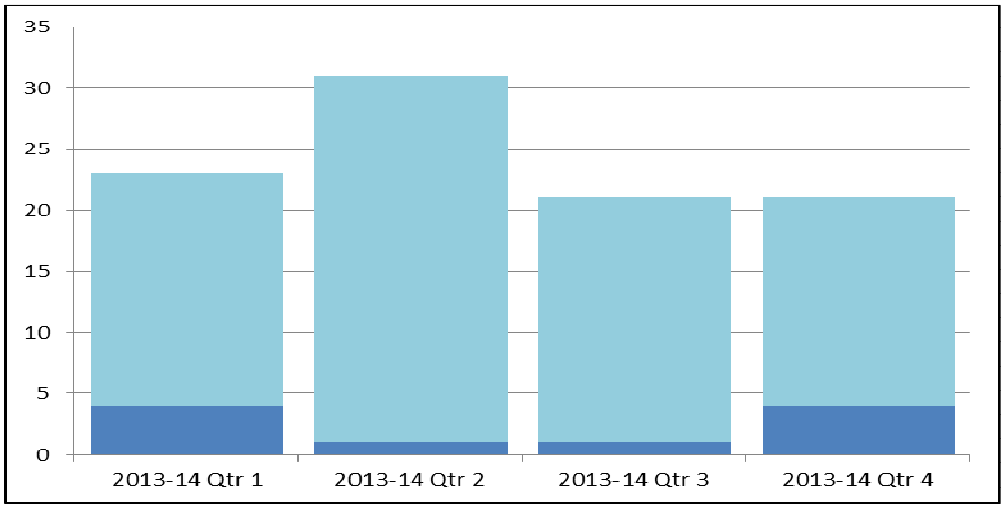
8.8 Outcome of complaints by subject

Category		2013-2014		
Statutory Straightforward (Low/moderate risk)	**No of complaints with an outcome**	**No upheld**	**No part'ly upheld**	**%**
Timeliness of referral or assessment	3	2	1	100%
Assessment/support plan process or decision	21	12	6	86%
Financial assessment process or decision	9	4	3	78%
Timeliness of provision of service	1	0	1	100%
LBB staff behaviour/attitude	4	2	2	100%
LBB staff communication with service user or carer	20	10	9	95%
Non-compliance of external service with support plan	23	11	10	91%
Data Protection	2	2	0	100%
Multiple complex issues	2	0	0	0%
Total Straightforward (Low/moderate risk)	85	43	33	88%
Corporate Stage 1				
Complaint from a service provider about LBB	3	1	1	67%
Non-case-related council decision	1	1	0	100%
Query/concern from a 3rd party about a service user	4	4	0	100%
Total Straightforward (Low/moderate risk)	8	6	1	88%
Total Straightforward and Corporate Stage 1	**93**	**49**	**34**	88%

Points to note

- The complaint subjects where there were both significant numbers and which had a high rate of upheld/partially upheld outcomes are:
    - Assessment/support plan process or decision (20 complaints, of which 85% were upheld or partially upheld)
    - Timeliness or quality of communication between LBB staff and service user or carer (19 complaints, of which 95% were upheld or partially upheld)
    - Staff behaviour/attitude (4 complaints, of which all were upheld or partially upheld). Although the number is not high, we take such complaints very seriously
    - Financial assessment process or decision (9 complaints, of which 7 were upheld or partially upheld)
    - Non-compliance of a delivered service with support plan (24 complaints of which 92% were upheld or partially upheld)
- As noted in paragraph 10 of this report, complaints about services provided by external providers may be managed in a number of ways
- We are committed to learning from complaints and taking action to minimise recurrences of any incidents or practices that are not of good quality.
  See paragraph 5 for our approach to making service improvements in response to these complaints.

8.9 Timeliness of acknowledgements



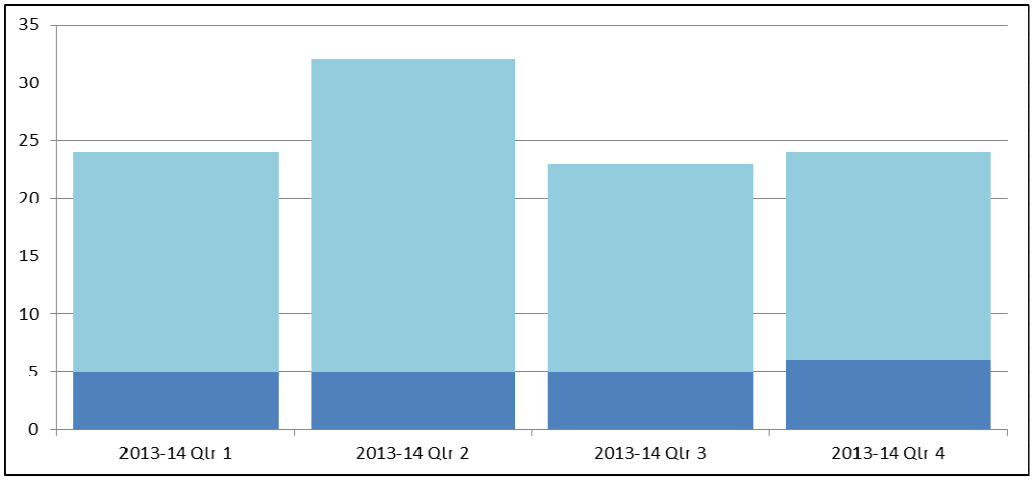
Key

	Complaints not acknowledged within the target timescale
	Complaints acknowledged within the target timescale

Points to Note

- We consistently acknowledge over 80% of complaints within 3 working days of receipt, with 97% of complaints in Quarter 2 acknowledged within this timescale. We are very strongly committed to providing a timely acknowledgement to all complaints as part of our commitment to quality customer care, and as a means of preventing further escalation.

8.10 Timeliness of responses



Key

	Complaints not responded to within the target timescale
	Complaints responded to within the target timescale

Points to Note

- Performance on providing a response within the target timescale has been fairly consistent across the year, with at least 75% of complaints being resolved within the timescale. We are very strongly committed to providing a timely response to all complaints as part of our commitment to quality customer care, and as a means of preventing further escalation.

9. Local Government Ombudsman (LGO)

The Local Government Ombudsman (LGO) is an external body that looks at complaints relating to local authorities. The LGO is able to investigate matters where there is an alleged or apparent 'maladministration' or service failure. During an investigation the LGO will consider whether a member of the public has suffered injustice and whether that injustice arose as a result of a fault by the Council.

As England's social care ombudsman, the LGO receives complaints about a wide variety of issues across social care from the administration of blue badge schemes to safeguarding. Nationally, the LGO has seen a 130 per cent increase in adult social care complaints since it took on responsibility for registered private care providers in 2009; which equates to the fastest growing area of the LGO's work, with the highest uphold rate for all areas of complaints. Nationally, in the last year, there has been a 16 per cent increase in the number of complaints and enquiries received about local authority adult social care (Local Government Ombudsman Review of Local Government Complaints 2013-2014).

9.1 Complaints and enquiries dealt with by the LGO 2013/2014

	2010-2011	2011-2012	2012-2013	2013-2014
Complaints and Enquiries received	10	21	4	15

Points to Note

- Figures for four years are given to show that there can be relatively significant variations between years. There is no discernible trend
- Because of changes in the way that the LGO has historically published data it is not possible to make direct comparisons between the Barnet data, national data and data relating to similar councils other than for the year 2013 – 2014. In 2013 – 2014, the 15 complaints and enquiries received by the LGO for Barnet is the second lowest of the group of six "nearest neighbour group" of councils, Barnet, Hillingdon, Ealing, Harrow, Hounslow and Brent, with the average for the group being 19
- 2011 – 2012 marked the year that the statutory complaints procedure reduced from three stages to one stage.

In 2013-2014 the Ombudsman reached outcomes on 6 cases. Of these, 5 related to complaints received in 2013-2014, and 1 related to a previous complaint. The decisions reached are set out in the following table.

Outcome/Status of decision received 2013-2014	Number
Upheld – "local settlement"	2
Partly upheld – "local settlement"	1
Discontinued investigation	2
Not upheld (complaint logged 2011)	1

At the time of writing this report, 2 complaint decisions remain outstanding from 2013/2014 and are still being investigated by the LGO. The decisions on the outstanding complaints are likely to be reported in the 2014/2015 Annual Complaints Report.

If the LGO decides to uphold a complaint in the complainant's favour it classes the maladministration or fault found in one of two ways as set out below.

- Maladministration or fault against the Council resulting in a local settlement or,
- Maladministration or fault against the Council resulting in a formal maladministration report.

If the Ombudsman classifies its findings as "local settlement" maladministration it suggests the Council can rectify any maladministration relatively easily or because any fault has not impacted on the complainant to such an extent that it is felt that a maladministration report is required. Examples include where an error has been made by one individual officer or poor record keeping.

However, if the LGO decides to issue a formal maladministration report it does this because the issues it has highlighted are considered significant such as a policy issue that will affect a number of people or the error has had a significant detrimental impact on the complainant. This report is made public and includes recommendations to be made by the Council to avoid such occurrences in the future.

In 2013/2014 the number of complaints that escalated to the LGO increased compared to the previous year. However, as only 2 LGO complaints were received in the previous year this rise is not considered to be significant.

Points to Note

- In 2013/2014 the LGO upheld the complaint in favour of the consumer in 3 out of the 5 cases that were determined in this year. This is a higher rate of uphold in favour of the consumer than in the previous year. However, the numbers of cases involved are low and there is no trend developing which would alert us to specific areas of weakness within the service. This is because each of the three complaints upheld in full or part related to three different service areas. All cases were "local settlement" as opposed to "formal maladministration".

10. Responding to complaints and concerns about quality relating to external service providers

We require all external providers of care and support services to operate a complaints procedure. For services regulated by the Care Quality Commission under the Care Standards Act 2000 (Homecare, Residential Care and Supported Living), this is a statutory requirement. For services that are not regulated, there is not such a statutory requirement but all new contracts for services commissioned by the Council include a requirement to have a complaints procedure.

Where a service user or their representatives raises a concern about the quality of an external provider with the Council, our Quality and Purchasing Team logs the matter and passes it to the provider to investigate, in line with their complaints procedure. If the outcome of their investigation is not satisfactory to the complainant or to our Quality and Purchasing Team, Adults and Communities may take further action, through the complaints process if appropriate.

Quality of care and support services is monitored by the Quality and Purchasing Team through a range of contract compliance mechanisms, which include:

- Contract monitoring visits, which include a review of complaints managed by the provider
- Quality Alerts which are written/telephone/electronic communications alerting us to a shortcoming in the delivery of a service.
- Working with the Care Quality Commission when one or more of the Essential Standards of Quality or Safety are not met when appropriate
- Responding to any other events, including safeguarding incidents which indicate that the provider is not fully complying with contractual requirements

The table below shows a breakdown of concerns about quality that were passed to providers to investigate and those that were managed within Adults and Communities over the past 2 years. (because of different arrangements prior to 2011 – 2012, earlier data is not comparable)

	2012 - 2013	2013 - 2014
Complaints and quality alerts	119	193
Complaints managed within Adults and Communities	20	25
Total	139	218

Points to Note

- The number of complaints and quality alerts managed through the Quality and Purchasing Team increased substantially to 193 in 2013-2014. Analysis of these events shows that:
    - 173 (87%) related to Homecare and Community Support providers, and of these, 163 related to the 3 principal providers

- Of the 163 events:
  - 94 concerned the non-delivery of service
  - 49 were about the quality of service provided
  - 15 were about poor communication or the behaviour of staff

- The number of complaints managed within Adults and Communities increased by 25%. Of the 25 complaints that were managed within Adults and Communities, 1 related to a leisure service and 24 related to the provision of social care services. Of these 24, all were all classified as failure to comply with the service user's support plan, with the majority concerning homecare provision
- The increases in both complaints and quality alerts managed by providers and complaints managed with Adults and Communities occurred in a year that saw particular issues relating to two providers of Homecare
- Issues about the quality of service provided by Homecare agencies accounted for the majority of both complaints and quality alerts managed by providers and complaints about providers managed with Adults and Communities. This pattern is similar to that found in previous years.

Learning Points

- Robust contract management action, including the application of sanctions, redress and, in one case, termination of the contract, was taken with the homecare providers concerned
- We have allocated a dedicated Quality and Purchasing Officer to work with each of our main homecare providers. This will ensure that we have continuity of contract monitoring activity
- We are developing a mechanism to collate all evidence relating to the quality of contracted service – including complaints, quality alerts, CQC Inspection Reports, Reports of Healthwatch Enter and View visits, safeguarding incidents, other critical incidents, and feedback from service users, carers and representatives. This tool will ensure that every time we receive new intelligence about quality we look at it alongside all previous information so that we identify patterns and trends and take robust and sustainable action
- We are improving the formal monitoring tool which Senior Category Managers use to monitor all aspects of each contract
- Contract monitoring visits are programmed to target high-risk providers as well as ensuring that all providers are monitored effectively.

AGENDA ITEM 11

Adults & Safeguarding Committee

31 July 2014

Title	**Adults & Safeguarding Committee Work Programme**
Report of	Later Life Lead Commissioner Family and Community Well-being Lead Commissioner
Wards	All
Status	Public
Enclosures	Committee Work Programme June 2014 - April 2015
Officer Contact Details	Anita Vukomanovic, Governance Service Email: anita.vukomanovic@barnet.gov.uk Tel: 020 8359 7034

Summary

The Committee is requested to consider and comment on the items included in the 2014/15 work programme

Recommendations

1. **That the Committee consider and comment on the items included in the 2014/15 work programme**

1. WHY THIS REPORT IS NEEDED

1.1 The Adults & Safeguarding Committee Work Programme 2014/15 indicates forthcoming items of business.

1.2 The work programme of this Committee is intended to be a responsive tool, which will be updated on a rolling basis following each meeting, for the inclusion of areas which may arise through the course of the year.

1.3 The Committee is empowered to agree its priorities and determine its own schedule of work within the programme.

2. REASONS FOR RECOMMENDATIONS

2.1 There are no specific recommendations in the report. The Committee is empowered to agree its priorities and determine its own schedule of work within the programme.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 N/A

4. POST DECISION IMPLEMENTATION

4.1 Any alterations made by the Committee to its Work Programme will be published on the Council's website.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Committee Work Programme is in accordance with the Council's strategic objectives and priorities as stated in the Corporate Plan 2013-16.

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

5.2.1 None in the context of this report.

5.3 Legal and Constitutional References

5.3.1 The Terms of Reference of the Policy and Resources Committee is included in the Constitution, Responsibility for Functions, Annex A.

5.4 **Risk Management**

5.4.1 None in the context of this report.

5.5 **Equalities and Diversity**

5.5.1 None in the context of this report.

5.6 **Consultation and Engagement**

5.6.1 None in the context of this report.

6. BACKGROUND PAPERS

6.1 None.

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BARNET
LONDON BOROUGH

London Borough of Barnet Adults and Safeguarding Committee - June 2014 - May 2015

Contact: Anita Vukomanovic 020 8359 7034 anita.vukomanovic@barnet.gov.uk

Public Document Pack

Subject	Decision requested	Report Of	Contributing Officer(s)
2 July 2014			
Adults and Communities Delivery Unit Business Planning	To consider a report approved by the Policy & Resources Committee on 10 June 2014 on the process for setting a new Medium Term Financial Strategy (MTFS) to 2020 To consider a report from the Strategic Director for Communities to agree the scope and process for developing savings proposals to meeting the financial targets set out in the Medium Term Financial Strategy as they relate to the Adults & Safeguarding Committee.	Strategic Director for Communities	Later Life Lead Commissioner, Family and Community Well-being Lead Commissioner
Implementation of the Care Act 2014	To approve the draft implementation plans for the implementation of the Care Act 2014.	Adults and Communities Director, Later Life Lead Commissioner	
HealthWatch Barnet Enter and View	To receive Enter & View reports from Healthwatch Barnet which relate to the provision of adult social care services.	Community Well-being Assistant Director, Later Life Lead Commissioner	
31 July 2014			
Barnet Multi-Agency Safeguarding Adults Board Annual Report 2013/14	To receive the Barnet Multi-Agency Safeguarding Adults Board Annual Report 2013/14.	Adults and Communities Director	

Subject	Decision requested	Report Of	Contributing Officer(s)
Adults and Communities Business Planning	To approve five year commissioning priorities, proposals for meeting financial targets set out in the MTFS and proposed Management Agreements.	Strategic Director for Communities	Later Life Lead Commissioner, Family and Community Well-being Lead Commissioner
Adults and Communities Delivery Unit Annual Complaints Report 2013/14	To receive the Adults and Communities Delivery Unit Annual Complaints Report 2013/14.	Adults and Communities Director	
2 October 2014			
Home Care Commissioning Strategy	To approve the Home Care Commissioning Strategy. *This report will consider the Unison Ethical Care Charter and other relevent consideration as per the Resolution made by the Committee in 2 July 2014.*	Adults and Communities Director, Later Life Lead Commissioner	
Adults and Communities Delivery Unit Business Planning	To receive an update following the report to the June committee meeting.	Strategic Director for Communities	Later Life Lead Commissioner, Family and Community Well-being Lead Commissioner
Delivery of Health and Social Care Integration including through the Better Care Fund	To approve the full Business Case for implementation of integrated health and social care.	Adults and Communities Director, Later Life Lead Commissioner	

Subject	Decision requested	Report Of	Contributing Officer(s)
Implementation of The Care Act	To review progress made against the implementation plan	Adults and Communities Director, Later Life Lead Commissioner	
Your Choice Barnet Task and Finish Group	To consider a six-month update report from Officers on the approved recommendations of the Your Choice Barnet Task and Finish Group.	Housing and Environment Lead Commissioner, Later Life Lead Commissioner	
Mental Health	To approve a specification for mental health social care.	Family and Community Well-being Lead Commissioner	
4 December 2014			
Implementation of the Care Act	To review progress made against the implementation plan.	Adults and Communities Director, Later Life Lead Commissioner	
19 March 2015			
Commissioning Priorities	To agree commissioning priorities for 2015/16.	Later Life Lead Commissioner, Family and Community Well-being Lead Commissioner	
Implementation of the Care Act	To receive an update on progress with the implementation of the Care Act.	Adults and Communities Director, Later Life Lead Commissioner	
Management Agreements	To review management agreements for the commissioning and delivery of Adult Social Care services.	Adults and Communities Director, Later Life Lead Commissioner	

Subject	Decision requested	Report Of	Contributing Officer(s)
23 April 2015			
Your Choice Barnet Task and Finish Group	To consider a 12-month update report from Officers on the approved recommendations of the Your Choice Barnet Task and Finish Group.	Adults and Communities Director	
Implementation of the Care Act	To review progress made against the implementation plan.	Adults and Communities Director, Later Life Lead Commissioner	
Healthwatch Barnet Enter & View Reports	To receive Enter & View reports from Healthwatch Barnet which relate to the provision of adult social care services.	Adults and Communities Director	
Items to be allocated			
*Business Planning	To approve five year commissioning priorities, proposals for meeting financial targets set out in the MTFS and proposed Management Agreements. **Required to be reported in November – currently no meetings scheduled.*	Later Life Lead Commissioner, Family and Community Well-being Lead Commissioner	Karen Ahmed, Later Life Lead Commissioner, James Mass, Family & Community Well-being Lead Commissioner

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