

Meeting Safeguarding Overview & Scrutiny

Committee

Date 9th September 2013

Subject Barnet Multi-Agency Safeguarding

Adults Board Annual Report 2012-13 and Safeguarding Strategy 2013-15

Report of Cabinet Member for Adults

Summary This report documents the work of the Safeguarding

Adults Board during 2012-13 and presents the

strategy and work programme for 2013-2015

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Status (public or exempt) Public

Wards Affected All Key Decision No

Reason for urgency / exemption from call-in

Not applicable

Function of Not applicable

Enclosures Appendix A - Barnet Multi-Agency Safeguarding

Adults Board Annual Report 2012-13

Appendix B - Safeguarding Strategy and Workplan

2013-15

Contact for Further

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1. RECOMMENDATIONS

- 1.1 That the Safeguarding Overview & Scrutiny Committee consider and comment on the Multi-Agency Barnet Safeguarding Adults Board Annual Report 2012-13.
- 1.2 That the Safeguarding Overview & Scrutiny Committee consider and comment on the Multi-Agency Safeguarding Adults Board Strategy and Work Programme 2013-2015.
- 1.3 The Safeguarding Overview & Scrutiny Committee endorse the continued improvement of multi-agency approaches to safeguarding Barnet residents with involvement from the Council, NHS Barnet Health Trusts, the Police, voluntary sector, service user forums, and faith and community groups.

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Safeguarding Overview and Scrutiny Committee 19 June 2013 the Committee considered a report on Barnet's LGA Peer Review.
- 2.2 Safeguarding Overview and Scrutiny Committee 14 September 2012 the Committee considered a report on the Multi-Agency Safeguarding Adults Board Annual Report 2011-12.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

3.1 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. These priorities are reflected in the Adults and Communities business plan 2013-14.

4. RISK MANAGEMENT ISSUES

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

5. EQUALITIES AND DIVERSITY ISSUES

- 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.
- 5.2 It is important that the Council considers equalities issues in relation to safeguarding and takes steps to ensure that safeguarding adults procedures are accessible and equitable for all sections of the community. Analysis of adult safeguarding referrals from 2012-13 shows the following:

5.3 Adults at Risk - Age

67% of the adults referred were over the age of 65, with a third of these aged 85 or over. This largely reflects the age profile of Barnet service users receiving statutory social care packages. However, compared to last year the proportion of people over 85 has increased.

Table 1: Adults at Risk referred - Age

Age	18-64	65-74	75-84	85+	Unknown
2011/12					
Safeguarding cases	246	65	97	126	6
	46%	12%	18%	23%	1%
Care packages	35%		65%		-
2012/13					
Safeguarding cases	204	65	138	199	6
	33%	11%	23%	33%	1%
Care packages	37%	63% -		-	

N.B. The number of cases involving older people will differ from the number of adults over the age of 65+, as client categories are based on the adults at risk primary needs.

5.4 Adults at Risk - Gender

As in previous years, there were more referrals concerning women in all client groups, except learning disabilities where 56% of alerts were for men.

Table 2: Adults at risk referred - Gender

	Older People	Learning Disability	Mental Health	Physical Disability	Other
Male	120	41	37	25	0
Female	261	32	61	27	3
Unknown	3	0	2	1	0

5.5 Adults at Risk - Ethnicity

- 5.5.1 The proportion to cases involving white residents has seen a 6.5% increase from the previous year. The proportion of cases involving residents in all other ethnic backgrounds fell by an average of 3.6% from the previous year.
- 5.5.2 Based on general Adult Social Care figures, the number of alerts for Black / Black British and Asian/Asian British adults is lower than might be expected. This may be explained at least in part by an increase in cases where ethnicity was not recorded. However, over the coming year the faith and communities sub-group of the Barnet Safeguarding Adult Board (BSAB) will consider what further work should be undertaken to address under-representation in these groups.

Table 3: Ethnicity adults at risk referred

Ethnic grouping	2008/09	2009/10	2010/11	2011/12	2012/13
White	282	313	379	385	481
Asian / Asian British	21	34	46	49	38
Black / Black British	17	29	32	49	28
Any Other Ethnic Group	23	24	18	40	40
Ethnicity not known	2	20	21	11	25

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

- 6.1 There are no significant resource implications arising from the recommendations of this report and therefore can be contained within existing budgets within the Directorate.
- 6.2 The demographic funding pressure of an ageing population and the likely requirement for additional resources in Adult Social Services has been recognised in the Medium Term Financial Strategy. £800,000 has been allocated to the Adults & Communities budget for each financial year; 2013/14, 2014/15 and 2015/16.
- 6.3 Safeguarding training is currently provided and is allowed for within Adults and Communities budgets.
- 6.5 The current annual budget for the Safeguarding Adults Board is £174,791 most of which covers three specialist safeguarding posts and the post of independent Chair and training for the health and social care workforce. In 2012/13 the board secured a financial contribution from most of the statutory partners towards these costs and is in the process of reviewing this.

7. LEGAL ISSUES

- 7.1.1 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. Following a review by the Law Commission, the draft Care Bill 2012 aims to reform the law relating to care and support for adults and for carers; and to make provision about safeguarding adults in primary legislation.
- 7.1.2 The Bill is expected to become law in spring 2014. It will put Safeguarding Adults Boards on a statutory footing with the Council, NHS and Police as core members. Councils will remain the lead agency for safeguarding. Councils will be required to publish an annual report detailing the work of their Safeguarding Adults Board over the previous year; and an annual work programme, setting out the forthcoming the activities of the Board. Barnet Council has published an annual report of the BSAB for some time. This year, in advance of the completion of the Care Bill, it has published its work programme for the next two years, which will be refreshed every 6 months.

8. CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)

- 8.1 The scope of Overview and Scrutiny Committees is contained within Article 6 of the Constitution.
- 8.2 The Terms of Reference of the Scrutiny Committees are in the Overview and Scrutiny Procedure Rules. The Safeguarding Overview and Scrutiny Committee have within its terms of reference the following responsibilities:
 - To scrutinise the Council and its partners in the discharge of statutory duties in relation to safeguarding.
 - To scrutinise Barnet's Safeguarding Adults Board and any relevant Sub-Groups, including policies, procedures and performance through consideration of the Board's Annual Report.
 - To scrutinise the provision of Adult Social Care services (including those who have physical disabilities, sensory impairment, learning disabilities, mental health needs or other special needs) to ensure that residents are safeguarded and supported to lead as independent lives as possible in their own homes

9. BACKGROUND INFORMATION

9.1 The Safeguarding Adults Board meets four times a year and reports annually on its work. The Annual Report has been written in an accessible format for members of the public. It outlines membership of the Board, work of the Safeguarding Adults Service User Forum, work plan progress and analysis of safeguarding alerts received during 2012-13, and priorities for 2013-14, which are expanded on in the accompanying Barnet Safeguarding Adults Strategy and Work Programme. A requirement of the Board's governance arrangements

is that the Board reports on its work to the Safeguarding Overview and Scrutiny Committee, Cabinet and Council; and due to the important inter-agency arrangements and the role of health, the Annual Report is noted by the Health and Wellbeing Board as well as each partner agency's executive Board.

- 9.2 In 2012-13, the Safeguarding Adults Board has further strengthened its membership to include representation from Barnet Clinical Commissioning Group.
- 9.3 The Safeguarding Adults Service User Forum continues to meet quarterly. The Forum has produced a mission statement, which is included in the report, and continues to ensure that the voice of service users remain central to our safeguarding work. A recent Local Government Association (LGA) Peer Review identified the work of the Forum as good practice and the LGA has asked us to share this nationally with other local authorities.
- 9.4 Carers and Safeguarding Adults working together to improve outcomes (July 2011) has been used in work with carers and staff to identify how we can work better with family carers on safeguarding issues. It focuses on three areas:-
 - Carers speaking up about abuse or neglect within the community or within different care settings
 - Carers who may be experiencing harm from the person they are trying to support.
 - Carers who may harm the person they support, this might be due to stress they are under, and the fact that they are not receiving enough support with their caring role.
- 9.5 Work to support family carers across the partnership has included such initiatives as; the development of emergency planning services; GP's prescribing breaks from caring; a hospital discharge co-ordinator for carers; launch of a new carers forum and safeguarding training for family carers.
- 9.6 Local health services have been continuing to improve the quality and safety of local services. Each health partner has established an internal Safeguarding Group to ensure that patients receiving health services are treated with dignity and respect, that he most vulnerable patients receive the care they need, and that if things go wrong this is taken seriously, investigated thoroughly, and work done to prevent it happening again. The Board requires each Health partner to report on their plans and the progress they have made on a scheduled basis.
- 9.7 Barnet Clinical Commissioning Group (CCG) is responsible for ensuring that all Barnet Health organisations have effective arrangements in place to safeguard adults at risk of abuse. The final report of the Mid Staffordshire NHS Trust Public Inquiry (also known as the Francis Report) was published in February 2013. The inquiry investigated how conditions of appalling care were able to flourish in the main hospital, and how a culture of corporate self-interest and cost control allowed this to happen. Barnet CCG is committed to implementing the Francis Report recommendations in Barnet, and will be asking all the

- services they commission to carry out a review against the Francis Report recommendations.
- 9.8 Barnet has one of the largest number of care homes in Greater London. There are 95 residential and 23 nursing homes registered with the Care Quality Commission. In total these homes provide 3,068 beds for a range of older people and younger people with disabilities. As part of our drive to improve quality we have commissioned a team of staff called the integrated Quality in Care Homes Team to work closely with these homes to provide them with advice and support in developing their practice and driving up standards in order to prevent abuse. The Integrated Quality in Care team consists of a Team Leader and four quality advisors whose backgrounds are CQC inspector, tissue viability nurse, mental health social work and a registered care manager.
 - 9.9 1,194 staff across the health and social care workforce attended core training including awareness sessions, policy and procedures and investigators training. A further significant number of staff were trained by NHS Health Trusts across the different sites in line with local targets. 12 training sessions were delivered to staff working in GP practices. 50 training sessions were provided onsite i.e. care home settings. This meant whole teams could receive the training together and focus on improving practice tailored to a particular need, i.e. risk assessment.
 - 9.10 Following the appalling treatment at Winterbourne View, the Safeguarding Adults Board have continued to receive progress reports on the number of people with learning disabilities who are placed outside of the Borough and the arrangements for checking that these people are safe and are receiving the care and services they need.
 - 9.11 We have worked with the safeguarding adults user forum to develop new fact sheets to give people information about staying safe, and have reviewed information available on our web site to ensure it is easy to read and accessible to all.
 - 9.12 Barnet has achieved excellent detection rates for all hate crimes exceeding all the targets set for this performance year. There are now twenty one third party reporting sites in the Borough which are accessible to all adults at risk. Your Choice Barnet, Barnet Mencap and the Metropolitan Police have worked together to create 'Safe Places'. This offers trusted safe places in local shops and businesses trained to provide assurance to vulnerable people who may be in need or difficulty.
 - 9.13 We have interviewed people who have experienced safeguarding services to find out what they thought. We learnt that 95% of people said they felt listened to and could say what they wanted to happen. 85% said that they felt safe from continuing harm or abuse, but this sometimes depended on other factors like their mental health.
 - 9.14 Safeguarding Adults was the subject of a sector led Peer Review in March. The Peer Review team led by ADASS Safeguarding Adults Lead Dr Adi Cooper

and Local Government Association National Safeguarding Lead Cathie Williams met staff from Adults and Communities and partnership organisations represented on the Safeguarding Adults Board. They also met with the Safeguarding Adults Service User Forum, and observed our safeguarding practice. The Peer Review Team found that the Board has strong multi-agency ownership and leadership and focused on what users and carers wanted. That safeguarding was quality assured and partners felt the Board held them to account. The Review Team also identified some good practice that they have asked us to share nationally such as the work of the Safeguarding User Forum, and the work in gathering feedback from users who have experienced safeguarding services. They also made some suggestions for improvements by introducing family group conferencing, and more work with health and care homes on the way pressure ulcers are managed.

- 9.15 Over the year the number of safeguarding alerts increased by 13% to 612. Although the number of alerts has increased the number investigated are slightly less than last year. Of the 612 cases alerted 424 were investigated. In the other 188 cases we decided to either take no further action, carried out an assessment of need or referred onto another more appropriate agency to help. For those cases which did progress we responded quickly within national standards. 46% of cases were substantiated or partially substantiated. In 22 % of cases we were unable to determine whether the abuse happened as alleged or not. In these cases we continue to take action to help the adult stay safe from harm.
- 9.16 The number of referrals to the Independent Mental Capacity Advocacy Service (IMCA) has increased this year by 56%. This means that more people who lack capacity to make key decisions about their care and wellbeing are safeguarded. The number of referrals to the IMCA service regarding decisions about serious medical treatment remain low.
- 9.17 From April 2013 the duties of the Primary Care Trusts for receiving Deprivation of Liberty Safeguard requests have passed to Local Authorities. This year there was 30 requests for authorisation of which 19 were granted.
- 9.18 The summary achievements of the BSAB are set out in the attached annual report.
- 9.19 The work programme for 2013-15 is set out in the attached Barnet Safeguarding Adults Strategy and Work Programme. The components of the work programme have been developed from consultation with service users, carers and partners; feedback from the service user forum; recommendations from the Peer Review; and consideration of national policy developments.
- 9.20 The key elements of the work programme are: increasing the focus on the adult at risk being in control; strengthening partnership working; addressing underpinning quality issues; widening the range of support for adults who have been abused; and increasing access to justice for adults who have been abused.

10. LIST OF BACKGROUND PAPERS

10.1 None.

Cleared by Finance (Officer's initials)	JH
Cleared by Legal (Officer's initials)	SW