

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

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

providers of NHS healthcare in Barnet in May 2014.

Recommendations

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

1. WHY THIS REPORT IS NEEDED

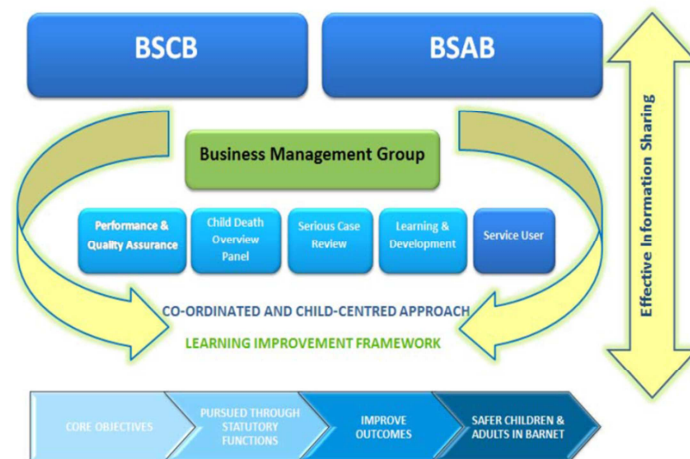
- 1.1 The Health and Well-Being Board is required, by its Terms of Reference, '*to receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients*'.
- 1.2 Barnet's Committee system of governance, which came into effect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

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

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

1.6 **Safeguarding in Barnet**

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



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

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

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

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

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

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

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

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

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

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

1.8 Adults Safeguarding (highlights from the LSAB annual report)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. REASONS FOR RECOMMENDATIONS

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

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

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 No appropriate alternative options available.

4. POST DECISION IMPLEMENTATION

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

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

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

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

Property, Sustainability)

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

5.3 Legal and Constitutional References

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

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

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

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

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

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

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

of the Local Authorities Social Services Act 1970.

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

5.4 Risk Management

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

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

5.5 Equalities and Diversity

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

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

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

5.5.3 The protected characteristics are:

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

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

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

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

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

5.6 Consultation and Engagement

5.6.1 No consultation arising from this report.

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

5.6.3 A well-established Safeguarding Adults Service User Forum (SASUF) meets quarterly and consists of representatives of the 55+ forum, Barnet African Caribbean Association, Barnet Older Asian Association, Barnet Voice for Mental Health and other interested older people, people with learning disabilities, physical disabilities and sensory impairment. Each forum receives an updated report from the Board, and the chair of each sub group continues to present their progress for scrutiny at the forum.

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

6. BACKGROUND PAPERS

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

Clearance	Officer initials
Legal	
Finance	
Governance	