Meeting	Safeguarding Overview and Scrutiny Committee
Date	10th September 2012
Subject	**Barnet Multi-Agency Safeguarding Adults Board Annual Report 2011-12**
Report of	Cabinet Member for Adult Social Care
Summary	This report documents the work of the Safeguarding Adults Board 2011-12

Officer Contributors	Sue Smith, Safeguarding Adults Manager
Status (public or exempt)	Public
Wards Affected	All
Key Decision	No
Reason for urgency / exemption from call-in	Not applicable
Function of	Committee
Enclosures	Barnet Multi-Agency Safeguarding Adults Board Annual Report 2011-12
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1. RECOMMENDATIONS

1.1 That the Safeguarding Overview & Scrutiny Committee consider the Multi-Agency Safeguarding Adults Board Annual Report 2011-12

1.2 The Safeguarding Overview & Scrutiny Committee give consideration 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.

2. RELEVANT PREVIOUS DECISIONS

2.1 Safeguarding Overview and Scrutiny Committee, 10 October 2011, Barnet Multi-Agency Safeguarding Adults Board Annual Report 2010-11

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

3.1 The Corporate Plan 2012/13 contains the following strategic objective: Safeguarding vulnerable adults and children.

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

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

The last two are local indicators based on a sample of service user interviews. Data will be available later in the year.

3.3 The Draft Health and Wellbeing Strategy 2012-15 identifies two aims: Keeping well, Keeping independent. The safeguarding agenda links directly with the four main themes in the strategy: Preparing for a healthy life; Wellbeing in the community; How we live; and Care when needed. In particular 'Care when needed' identifies plans for developing support for older people, improving support for residents in care homes and improving support for carers.

4. 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 lead agency. As such both members and senior officers carry a level of accountability for safeguarding practice in Barnet. The governance structure in place needs to ensure that other lead stakeholders can ensure that practice in their agencies is of the required standard.

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

5. EQUALITIES AND DIVERSITY ISSUES

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

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

5.3 The Safeguarding Adults Board is further developing plans to ensure that barriers to accessing safeguarding services are addressed. A Faith and Communities Group reports to both safeguarding children's and adults boards and aims to raise awareness across diverse communities and understand better the barriers and solutions to improved protection across these communities. Information about abuse and where to report it are available in different versions including an easy read version and British Sign Language.

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

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

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

7. LEGAL ISSUES

7.1 The multi-agency Safeguarding Adults Board (SAB) has been set up as a response to the 'No Secrets' Guidance 2000 issued by the Department of Health under section 7 of the Local Authorities Social Services Act 1970. The statement of Government Policy on Adult Safeguarding issued in May 2011 stated its intent to seek to legislate for Safeguarding Adults Boards following the Law Commission's recommendations. The Government's draft Care and Support Bill published in July 2012 imposes three specific requirements:

i. that SABs must agree and publish a plan which discusses the outcomes that they are going to focus on and how the members of the SAB are going to work together. This should be reviewed by the SAB on an annual basis
ii. that SABs must publish an annual report on the exercise of their functions and their success in achieving the outcomes described in the plan; and
iii. that SAB's must commission 'safeguarding adults reviews', with members having a duty to co-operate in this regard. Such reviews should focus on learning from experience and improving services for users.

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

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

8.1 The scope of Overview and Scrutiny Committees is contained within Part 2, Article 6 of the constitution.

8.2 The terms of Reference of the Scrutiny Committees are in the Overview and Scrutiny Procedure Rules (Part 4 of the Constitution). The Safeguarding Overview and Scrutiny Committee has 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 report outlines membership of the Board, work of the Safeguarding Adults Service User Forum, national and local developments, work plan progress and analysis of safeguarding alerts received during 2011-12, and priorities for 2012-13. The report also provides a statement of progress by each partner organisation and areas for development in the coming year. The Board governance arrangements are set out to ensure that the board report on its work to the Safeguarding Overview and Scrutiny Committee, Cabinet and Council, and due to the important inter-agency arrangements and the role of health it is noted by the Health and Wellbeing Board as well as each partners executive Board.

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

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

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

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

9.6 61 cases were reported where allegations of neglect resulted in the development of a grade 3 or 4 pressure ulcer. This follows a NHS London directive that all health trusts must report such matters into safeguarding procedures. This has presented challenges for teams with regard to capacity, and in accessing an investigating officer with the relevant knowledge and skills. Work is underway to develop a protocol to assess such referrals so that only those pressure ulcers which are avoidable are referred into safeguarding procedures.

9.7 The action plan following the serious case review into the death of Jesse Moores has been completed. A learning event was held in September 2011 for staff from the Learning Disability Service and care providers across the Borough. Actions are now needed to test arrangements work effectively. A new serious case review will be commissioned next year following the death of a Barnet resident who refused services.

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

9.9 1,299 staff across the health and social care workforce attended core training including awareness sessions, policy and procedures and investigators training. A further 9,418 staff were trained by NHS Health Trusts across the different sites. 234 staff from GP practices received awareness training. Two sessions for members and four sessions for carers were delivered throughout the year. 50 training sessions were provided onsite i.e. care home settings. This meant whole teams could receive the training together and focus on improving practice tailored to a particular need. i.e. risk assessment.

9.10 A total of 540 alerts were received in 2011-12. This represents a further 9% increase on last year. Older people are by far the largest client group referred accounting for 49% of all alerts. There was a small increase in the numbers of cases involving adults with learning disabilities and adults with physical or sensory impairments, and a small decrease in the numbers of people with mental health problems. A total of 142 adults referred were recorded as having dementia. This is an increase from 95 last year.

9.11 There was a significant increase in neglect reported. Allegations relating to paid carers have increased. Half of the allegations investigated were substantiated or partly substantiated. Where abuse was unsubstantiated, the majority involved older people, with a particular focus on alleged abuse by paid carers.

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

- Capture the views of adults at risk who have experienced safeguarding services
- Work to improve engagement and skill building of GPs in safeguarding adults
- Develop a pressure ulcer prevention plan across the partnership and agree multi-agency responsibilities for investigating those which are an indicator of neglect
- Monitor partnership progress on implementation of dignity strategies
- Strengthen links with drug and alcohol services and mental health to ensure people have access to safeguarding services
- Promote awareness, reporting and investigation of disability hate crime
- Review and update safeguarding adults training strategy

- Monitor implementation of the Mental Capacity Act across the partnership
- Increase stakeholder and public awareness through a range of media
- ASCH to report on quality assurance framework for providers of commissioned care.
- Act on the recommendations of the domestic homicide review to ensure lessons are learnt.
- Review a case where there was a death of a Barnet resident to find out if there are any lessons to be learnt about the way the partnership work together to safeguard people who refuse care.

10. LIST OF BACKGROUND PAPERS

10.1 None

Cleared by Finance (Officer's initials)	**MC/JH**
Cleared by Legal (Officer's initials)	**SS**