

Barnet Safeguarding Adults Board Annual Report 2018-19

Foreword from the Independent Chair Fiona Bateman

I am pleased to introduce the Annual Report for Barnet's Safeguarding Adults Board. The report sets out how the Board, collectively and through the work of partner agencies, has delivered on our priorities identified following extensive consultation in 2018. I am very grateful for the work put in by the members of the Board's sub-groups who have worked extremely hard to progress tasks under the 2018-19 BSAB's work plan. This report provides a summary of that work and provides a picture of who is safeguarded in Barnet, the risks they most commonly face and how successfully partners work with adults at risk and their support network to reduce or remove risk and empower them to protect themselves and report abuse.

Throughout the year, I have remained impressed by the level of commitment of partners to supporting practice improvements. As an active member of Health and Wellbeing Board, Community Safety Partnership and, in the first quarter of 2019 Barnet's Safeguarding Children Partnership I have had the opportunity to explore new opportunities for working more collaboratively to those at risk of abuse and neglect in Barnet. My focus, as the BSAB Chair, continues to be to develop stronger links with organisations and partnerships to widen the expertise and reach of the work that the BSAB does. During the year we have secured active engagement from social care provider chairs into the work of the Board. I have also had the opportunity to meet with Barnet's voluntary, community and faith sector, including attending their CEO network meetings and was very pleased to report that our revised voluntary sector self-audit organisational tool was not only adopted across London, but also encourage more than double the number of

voluntary sector organisations to submit evaluations in time for the NCL challenge event in 2018. This gives us assurance that adults safeguarding is recognised as core to those agencies functions and provides firm foundations to build better engagement across this sector.

As much of my time this year has been spent representing Barnet SAB at national and regional safeguarding meetings or at partnership meetings in Barnet, I thought it would assist to set out some of the key work areas and progress against these, particularly on issues of interest to our Board.

1. Managing provider risk: London SAB is working on supporting the development of shared intelligence arrangements to understand the care market, facilitating commissioners to take a more proactive approach in supporting high quality safe care. Currently the professional steering group and commissioners are working to identify common elements. This should include terms of reference for local information sharing panels with a view to including these within the revised Pan London policy.
2. Safeguarding 'thresholds': work continues nationally and regionally to achieve more consistent approach. The national workshops at the end of November were well attended and Barnet well represented. There were some very useful discussions and presentations. Reassuringly, though variation in recording practice was very evident, case examples indicated that frontline practice consistently ensured risk was reduced before determining no further action was required. There is however, much to do to improve a shared understanding and consistency across areas and disciplines. Learning from this event will need to be factored into BSAB's and our partners' training offer and we should also reflect on what assurance BSABs receive

on cases that don't meet the threshold for an enquiry and pathways for those risks to be assessment and support provided. We are proposing to work across the NCL area linking this to a preventative work stream.

3. Safeguarding Adult Reviews-embedding the learning: Nationally the focus is on ensuring consistency of standards within reports. NICE has provided links to their research findings and evidenced based practice standards or guidance on a range of safeguarding matters and advised BSABs that these should provide useful starting points for setting terms of reference for any review. Regionally London has now identified the SAR champions, their role will be to support SAR authors.
4. Engagement with adults at risk in custody: The Independent Chair's national network received a very useful report on engaging effectively with prisons in respect of safeguarding duties. Positive improvements were reported through the London SAB in partnerships with prisons, including on early identification of adults with care and support needs who may be at risk of abuse or neglect on release. This learning will prove directly useful to assist NPS and CRC colleagues to prevent safeguarding concerns arising. The leads from both agencies in Barnet have signalled their strong commitment to engaging with the BSAB to find ways to improve partnership working within Barnet for this cohort.
5. Supporting homeless adults at risk. In addition to providing feedback for BSAB partners on Barnet's homelessness strategy, I have been fortunate to have been asked to contribute to the work of ADASS and the LGA to the preparation of briefings to support frontline multi-agency risk assessment and protection planning. This work will continue into 2019-20 with the aim of producing toolkits for

practitioners to enable swifter recognition of risk and coordinated responses.

Finally, I would once again like to play tribute to the hard work that takes place every day on the frontline and across the partnership. Staff, volunteers and carers should rightly feel proud of the contribution you all make. I look forward to working with you all in 2019-20.



Fiona Bateman
Independent Chair of Barnet Safeguarding Adults Board

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Barnet Safeguarding Adults Board (BSAB): our vision and principles

Barnet BSAB Constitution

The BSAB is dedicated to working to embed the 'Making safeguarding personal' principles across all organisations working to support adults at risk of abuse, neglect or exploitation. This requires working alongside the person at risk to understand how best to promote their well-being, whilst remaining mindful of statutory duties to protect the adult and the wider public from a perceived risk.

The BSAB Constitution outlines how through our case review and quality assurance frameworks, will receive assurance on the safeguarding arrangements of and between individual agencies, identify good practice and highlight any areas where inter-agency practice improvement is required. Where areas of improvement are identified, the BSAB will facilitate remedial actions and monitor the implementation of action plans to be able to demonstrate the impact of this change on the wellbeing of adults at risk in Barnet. Where improvement is not made, the BSAB will work within the regulatory framework to manage the impact to adults at risk of harm and abuse.

Barnet BSAB Strategy 2018-21

The Strategic Plan 2018-21 outlines the work to be undertaken by the BSAB. Our key priorities are:

- Establish consistent practice across partnership agencies which reflect the 'Making Safeguarding Personal' principles'

- Adults at risk' are heard and understood and their experiences and views shape continuous improvement
- Advance equality of opportunity, including access to justice for 'Adults at Risk'

The Barnet BSAB Strategy is available at:
www.barnet.gov.uk/safeguarding-adults-board

Safeguarding Adults Reviews (SARs)

Under the Care Act 2014, BSABs are responsible for arranging safeguarding adult reviews (SARs). Each member of the BSAB is required to co-operate and contribute to the carrying out of a SAR with a view to:

- Identifying the lessons to be learnt from the adult's case, and
- Applying those lessons to future cases.

Each SAR seeks to determine what relevant agencies and individuals involved in the case might have done differently that could have prevented harm or death.

Information is provided from across relevant agencies, but the process must also carefully consider how best to involve those affected, including family members, so that the BSAB has a full picture of events.

The purpose is not to attribute blame to any individual or organisation, but rather understand what, if any, barriers prevented effective action from protecting the adult and what needs to be done to improve practice to prevent harm to other adults at risk of similar abuse, exploitation or neglect.

A core BSAB responsibility is the promotion of effective learning and improvement actions to prevent future deaths or serious harm occurring to adults at risk of abuse, neglect or exploitation. During 2018-19 the BSAB published the outcomes of one case and continued to work on a review into another where there were opportunities for learning.

In addition, Barnet BSAB continues to work closely with safeguarding leads on a national and regional basis to ensure that our strategies, policy and practice guidance is modelled on best practice arising from all relevant SAR findings and research.

The findings of the completed review were disseminated across the partnership using a [7-minute briefing](#).

Population profile

The Barnet Joint Needs Strategic Assessment (JNSA) states that in 2019, the population of Barnet is estimated to be 400,600 which is the largest of all the London boroughs. The borough's overall population is projected to increase by around 5% by 2030, taking the number of residents to approximately 419,200.

The number of people aged 65 and over is projected to increase by 33% between 2018 and 2030, compared with a 2%

decrease in the 0-19 age group and a 4% increase for working age adults aged 16-64.

Between 2018 and 2030, the greatest increase in the over 65 population will occur in wards in the west of the borough (Colindale 91%; West Hendon 37% and Burnt Oak 33%), which are also amongst the most deprived wards.

The borough will become increasingly diverse, driven predominantly by growth within the existing population. Meeting the diverse needs of these growing communities may be a key challenge, as Colindale, Burnt Oak and West Hendon have increasingly diverse populations that are more than 50% Black, Asian and Minority Ethnic (BAME).

With the growth of the older population in Barnet and the associated rise in the number of people living with long term conditions and living longer with disability, there is likely to be ongoing pressure on care provision within the borough.¹

Barnet safeguarding adults' statistics

Safeguarding is defined as:

*'Protecting an adult's right to live in safety, free from abuse and neglect.'*²

Adult safeguarding is preventing and responding to concerns of abuse, exploitation or neglect of any adult who is experiencing or at risk of harm and who is in need of care and

¹ Barnet Joint Strategic Needs Assessment
<https://www.barnet.gov.uk/health-and-wellbeing/health-and-wellbeing-key-documents/joint-strategic-needs-assessment>

² Care and Support Statutory Guidance 14.7 - <https://www.gov.uk/guidance/care-and-support-statutory-guidance/safeguarding>

support, regardless of whether they are receiving statutory social care support services.

Safeguarding is everybody's responsibility. This means that everyone, including members of the public should understand how to raise a concern if they are worried about an adult with care and support needs who is experiencing or at risk of abuse or neglect.

Professionals working within the BSAB partnership and anyone caring for or supporting an adult at risk have additional responsibilities, linked to their duty of care and professional standards to identify a safeguarding risk and respond effectively. As part of our commitment to embedding the making safeguarding personal principles, BSAB partners are committed to ensure interventions are shaped by the adult at risk, so they are:

- Safe and able to protect themselves from abuse and neglect.
- Treated fairly, with dignity and respect.
- Protected when they need to be.
- Easily able to get the support, protection and services they need.

Adults in need of safeguarding may be:

- An older person.
- A person with a physical disability, a learning disability or a sensory impairment.
- Someone with mental health needs, including dementia or a personality disorder.
- A person with a long-term health condition.
- Someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

There are various reasons why someone may become at risk of abuse or neglect, e.g. those experiencing mental or physical health needs may be intentional or unintentionally maltreated. Likewise, research by the Home Office identified those who become socially isolated, perhaps because of deteriorating health conditions or bereavement, find themselves more vulnerable to opportunistic criminal activity; the consequence of which has been demonstrated to impact directly on their longer-term physical health, including shortening their life.

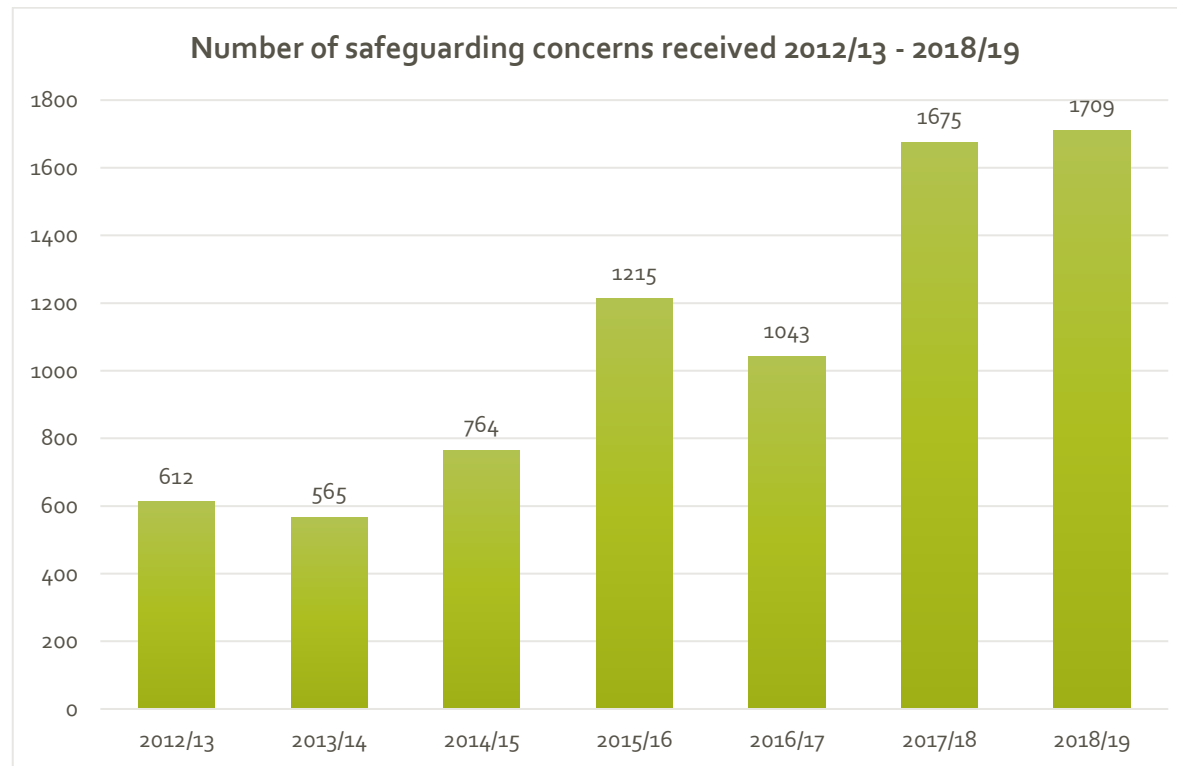
We know, reported within the JNSA, that the highest number of referrals into Adults Social Care are from secondary health care teams, and that there has been a shift over a number of years toward providing adult social care services within the home setting. This is in line with improvements to delivering choice and control to individuals, but as delivering services in the home may compound feeling of isolation, care plans must address any safeguarding risk through preventative measures (s2 Care Act 2014). In Barnet, isolation is more prominent in elderly women who live alone, particularly for those in areas of higher affluence and lower population density. Through work with the

Community Safety Partnership we identified that this might be a core group to seek to protect and we supported the voluntary sector agencies to come together to bid for MOPAC funding to offer additional services. Whilst the application was not successful we have as a BSAB recognised the need so included actions within our work plan for 2019-20 to take this forward.

How many safeguarding concerns did we receive?

1,709 Safeguarding Adult concerns were raised in Barnet in 2018/19, an increase of 34 (2%) compared to the total recorded in 2017/18 (1,675).

Figure 1: Number of Safeguarding Concerns referred to Barnet Adult Social Care



Who raised the safeguarding concerns?

The highest number of safeguarding concerns were raised from those categorised as 'Agency' (28% of the total concerns raised) this is lower than the previous year when they made up for 45% of the total concerns. The term 'Agency' includes organisations such as the NHS, Police and Council adult social care. Of the Agency concerns, the majority were raised by the Police (17% of the 502 concerns raised by 'Agency'). Other NHS raised the second highest number of concerns (12% of the total concerns raised).

Source of Referral	Total	%
Agency	472	28%
Anonymous	21	1%
Friend or Relative	118	7%
Other	425	25%
Paid Care Staff	374	22%
Self-Referral	27	2%
Not Known	272	16%
Grand Total	1709	100%

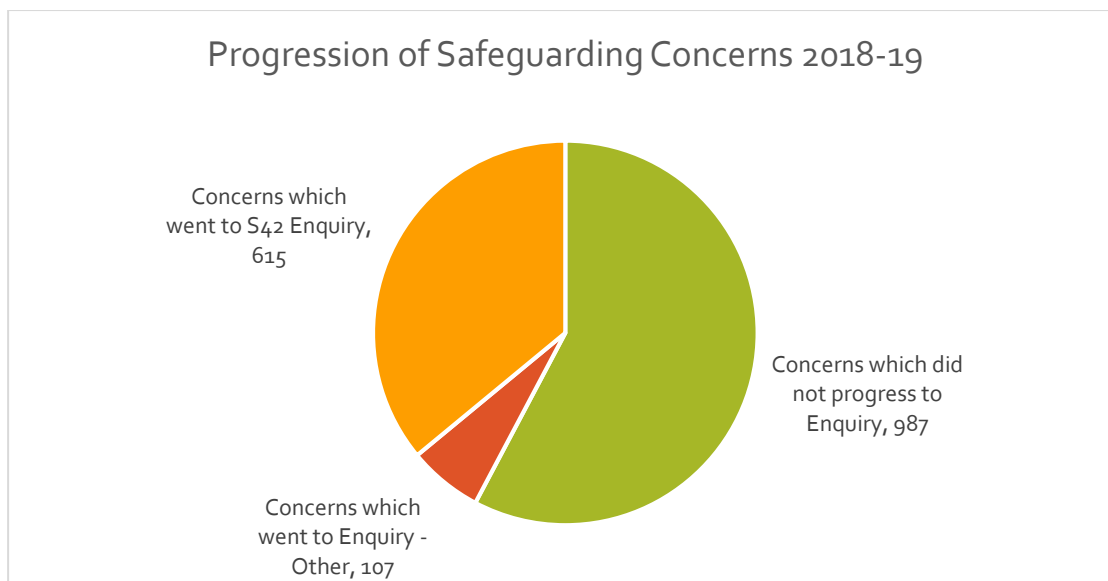
How many concerns progressed to an enquiry?

Not all concerns indicate a risk of abuse to an adult. They can instead indicate a need for increased care and support or other help. However, where abuse is suspected, concerns are referred for an enquiry according to the London multi-agency safeguarding procedures.

Of the 1,709 safeguarding concerns in 2018/19, 722 proceeded to an enquiry. This represents a concern-to-enquiry conversion rate of 42%. This compares with a conversion rate of 40% in 2017/18 and of 28% in 2016/17.

The following table provides a breakdown of the number of concerns and enquiries over the last few years.

Year	No. of safeguarding concerns	No. of safeguarding enquiries	% of concern to enquiry conversion	No. of concerns which did not progress
2012/13	612	424	69%	188
2013/14	565	406	72%	159
2014/15	764	487	64%	277
2015/16	1215	481	40%	734
2016/17	1043	295	28%	748
2017/18	1675	667	40%	1008
2018/19	1709	722	42%	987



Individuals involved in safeguarding concerns

The 1,709 concerns related to 1,457 individuals. There were 252 clients who had more than one safeguarding referral. These cases are now routinely audited to ensure that decision making is in line with statutory guidance and the audit report is provided to BSAB's Performance and Quality Assurance Group every six months.

Safeguarding concerns by gender

61% of those individuals referred were female and 39% referred were male. This is a similar pattern to last year and is largely in line with the most recently available national statistics. In Barnet women were very slightly over-represented by approximately three percent. The gender details were missing from 13 records, after checking these records on Mosaic it was found that 4 of the records did have a gender recorded on Mosaic. It should be noted that some people may prefer not to have their gender recorded.

Individuals Involved in Safeguarding Concerns by gender					
	Female No.	Male No.	Total	Female %	Male %
Barnet 2017-18	902	577	1479	61%	39%
Barnet 2018-19	881	567	1448*	61%	39%
Individuals Involved in Section 42 enquiries by gender					
Barnet 2017-18	334	224	558	60%	40%
Barnet 2018-19	301	201	502**	60%	40%

*Please note: recorded entries for gender were missing in 13 cases in 2018-19, it was found on Mosaic that 4 of the clients were female so these have been added to the total.

**Please note: there were four missing genders for S42 enquiries.

Safeguarding concerns by age

2018-19 saw an increase in safeguarding concerns of 34 (1709) compared to 2017/18 (1675). Of these, the biggest increase of individuals was in the 18-64s age band which saw a 16% increase. The breakdown by age is shown in the table below.

Total Individuals involved in Safeguarding Concerns by age band							
	18-64	65-74	75-84	85-94	95+	Not Known	Total
Barnet 2017-18	419	196	332	423	107	2	1479
Barnet 2018-19	484	186	311	381	83	12	1457
2017/18 - 2018/19 Difference (no.)	65	-10	-21	-42	-24	10	-22
2017/18 - 2018/19 Difference (%)	16%	-5%	-6%	-10%	-22%	500%	-1%
Proportion of individuals involved in Safeguarding Concerns by age band							
	18-64	65-74	75-84	85-94	95+	Not Known	Total
Barnet 2018-19	33%	13%	21%	26%	6%	1%	100%
*National 2018-19	40%	12%	20%	22%	4%	1%	100%

* **National statistic Source: Safeguarding Adults Collection (SAC), Annual Report, England 2017-18 (publication 20.11.18)

Like last year, there is still a greater proportion of those aged 85-94 years old, who were the subject of a safeguarding concern in Barnet (26%), than the national average in 2018-19 (22%). This is also the case for 75-84-year olds (21%) with the national

average being 20%. This difference between local and national data is reflective of the older age profile of Barnet residents, and is marginally higher than the proportion of people using adult social care services in the Borough (including the number of care homes).

Safeguarding concerns by ethnic origin

61% of the people subject to a safeguarding concern in Barnet were described as 'White', lower than the national average of 79%. The number of people described as Asian/Asian British (10%) was higher than the national average of 3% as was those described as being Black/African/Carib/British (6%) with the national average 3%. The rise in concerns relating to residents from Asian and British Asian backgrounds suggests that improved links between the BSAB and our voluntary, community and faith sector representatives is starting to have an impact. We will continue to closely monitor this indicator and further develop these links during the year ahead as it is crucial that we raise awareness of the different types of risks our diverse communities may face to better enable adults to protect themselves and seek support when they are at risk or have experienced abuse or neglect.

Total individuals Involved in Safeguarding Concerns by ethnic origin								
	Asian / Asian British	Black / African / Carib / British	Mixed / Multiple	Other	Refused	Not Known	White	Grand Total
Barnet 2017-18	116	101	26	59	0	125	1052	1479
Barnet 2018-19	148	88	30	61	0	234*	896	1457
Proportion of individuals involved in Safeguarding Concerns by ethnic origin								
Barnet 2018-19	10%	6%	2%	4%	0%	16%	61%	100%
*National 2018-19	3%	3%	1%	1%	1%	12%	79%	100%

* *National statistic Source: Safeguarding Adults Collection (SAC), Annual Report, England 2017-18 (publication 20.11.18)

*Not Known = 234 (211 Not Known, 23 Not Stated)

Please note: Examples of the ‘Other’ ethic category may include the following groups: Afghan, Arab Other, Egyptian, Filipino, Iranian, Iraqi, Japanese, Korean, Kurdish, Latin/ South/ Central American, Any Other Ethnic Group, Lebanese, Libyan, Malay, Any Other Ethnic, Moroccan, Polynesian, Thai, Vietnamese, Yemeni.

Safeguarding concerns by primary support reason

The table below provides a breakdown of the safeguarding concerns by reported primary care need. As in previous years, most concerns we receive relate to adults with needs for physical support.

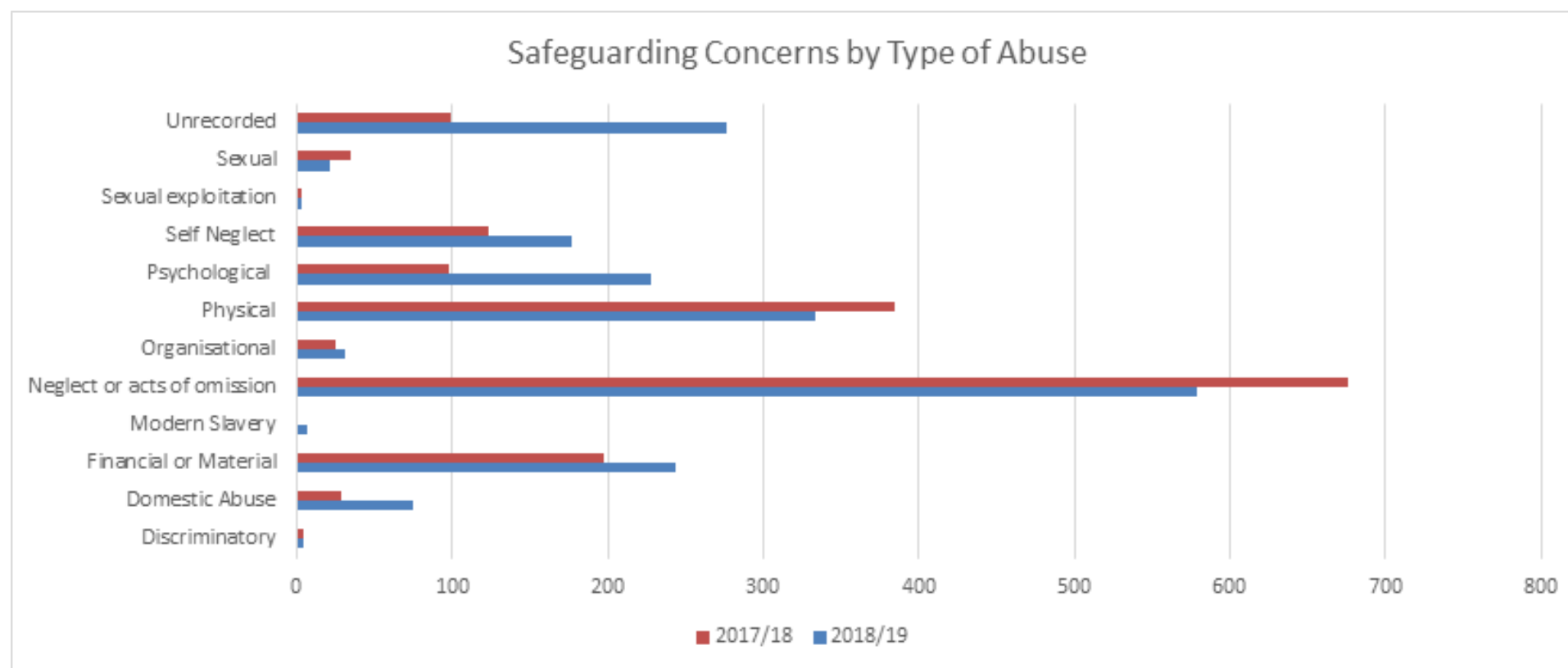
There was a slight increase in the number of safeguarding concerns where working age adults with needs for mental health support was the primary support reason. There was a reduction in physical support as the primary support reason (-150).

Total Individuals involved in safeguarding concerns by Primary Support Reason									
	Learning Disability Support	Mental Health Support	No Support Reason	Not Known	Physical Support	Sensory Support	Social Support	Support with Memory and Cognition	Grand Total
Barnet 2017-18	158	229	0	80	823	39	53	97	1479
Barnet 2018-19	135	231	0	268	673	33	52	65	1457
2017/18 - 2018/19 Difference (no.)	-23	2	0	188	-150	-6	-1	-32	-22
Proportion of individuals involved in safeguarding concerns by Primary Support Reason									
Barnet 2018-19	9%	16%	0%	18%	46%	2%	4%	4%	100%
*National 2017-18	10%	11%	18%	9%	37%	1%	5%	8%	100%

*National statistic Source: Safeguarding Adults Collection (SAC), Annual Report, England 2017-18 (publication 20.11.18)
There were no records where the PSR was listed as No Support Reason, 268 of the records were recorded as Not Known.

Concerns by type of abuse

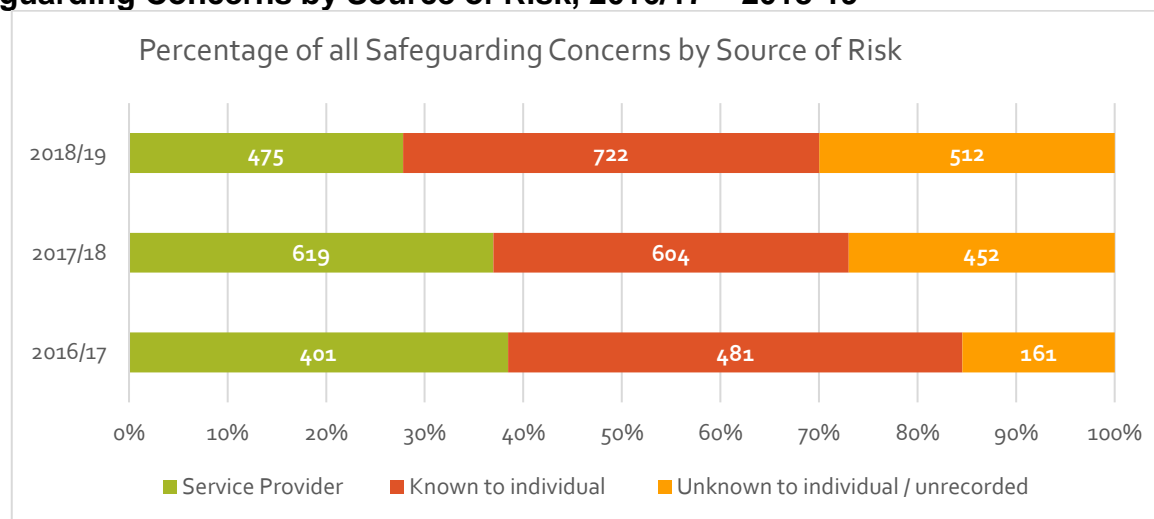
The largest number of safeguarding concerns by abuse type in 2018/19 was 'neglect and acts of omission' (29% of the total). 'Physical' abuse was the second highest at 17%. 'Financial or material' abuse represented 12% of concerns and 'self-neglect' 9% of all safeguarding concerns. 14% of all Safeguarding Concerns had no type of abuse recorded.



Safeguarding concerns by source of risk (person or organisation)

The below graphic illustrates the relationship between the organisation or person who was alleged to have caused the harm and the adult, over a three-year period. There was a small increase in the proportion attributed to 'Unknown to individual/unrecorded to 30% in 2018/19 from 27% in 2017/18. The 'Known to individual' risk also saw an increase to 42% in 2018/19 from 36% in 2017/18. There was a decrease in the proportion attributable to 'Service Provider' to 28% in 2018/19 from 37% in 2017/18.

Percentage of All Safeguarding Concerns by Source of Risk, 2016/17 – 2018-19



List of Risk Sources

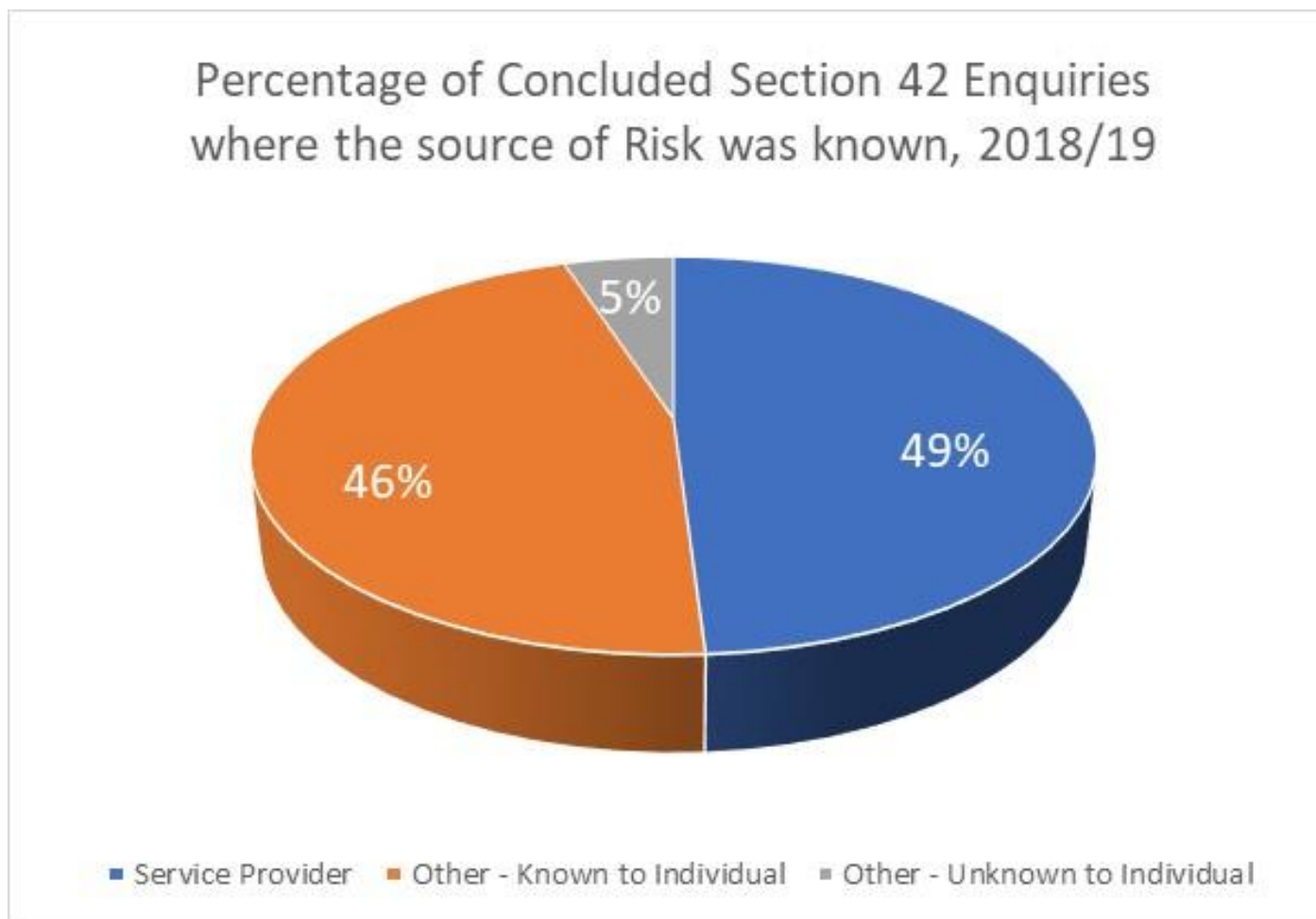
The following table shows the classifications required for the Safeguarding Adults Collection (SAC) and which sub-classes could be included in each.

Service provider	Public sector Service Provider Private sector Service Provider Voluntary (voluntary /community organisations, charities etc.) Service Provider
Other – Known to individual	Relative / family / carer Individual known but not related

	Primary health care Secondary health care Community health care Social care staff – care management and assessment Police Regulator Other public sector Other private sector Other voluntary
Other – Unknown to individual	Individual – unknown / stranger Primary health care Secondary health care Community health care Social care staff – care management and assessment Police Regulator Other public sector Other private sector Other voluntary

Number & Percentage of Concluded Section 42 enquiries by Source of Risk, 2018/19

The proportions attributable to agencies change at the enquiry stage, as illustrated in the Pie chart below. For example, 49% of concluded Section 42 enquiries were attributable to service providers (28% at the Concern stage).



The person who caused the alleged abuse

Family/Friends were the largest group reported (29%), followed by Paid/Care staff (28%). The table below shows the total number of concerns and who the person who allegedly caused the harm.

Relationship to Adult at Risk	Number	% of Total
Agency	24	1%
Friend or Relative	495	29%
Not Known	176	10%
Other	209	12%
Paid/Care Staff	486	28%
Unrecorded	319	19%
Total	1709	100%

In Social Work practice there are 2 types of carers. One is called informal carer and the other formal carer they are defined as:

1) Informal carer is deemed to be a person providing care and support to an adult without a financial incentive/pay. This can be a relative, friend, neighbour, and/or volunteer etc.

2) Formal carer is deemed to be a person procured to provide a service to the adult to meet their care and support needs with a financial incentive/pay.

When agency term is used it means formal carers- we tend to procure care staff from agencies.

Under formal carers there are types of care staff:

Agency – a CQC registered care agency

Paid - could be paid via direct payments (adult social care provides funding) or paid privately by the adult.

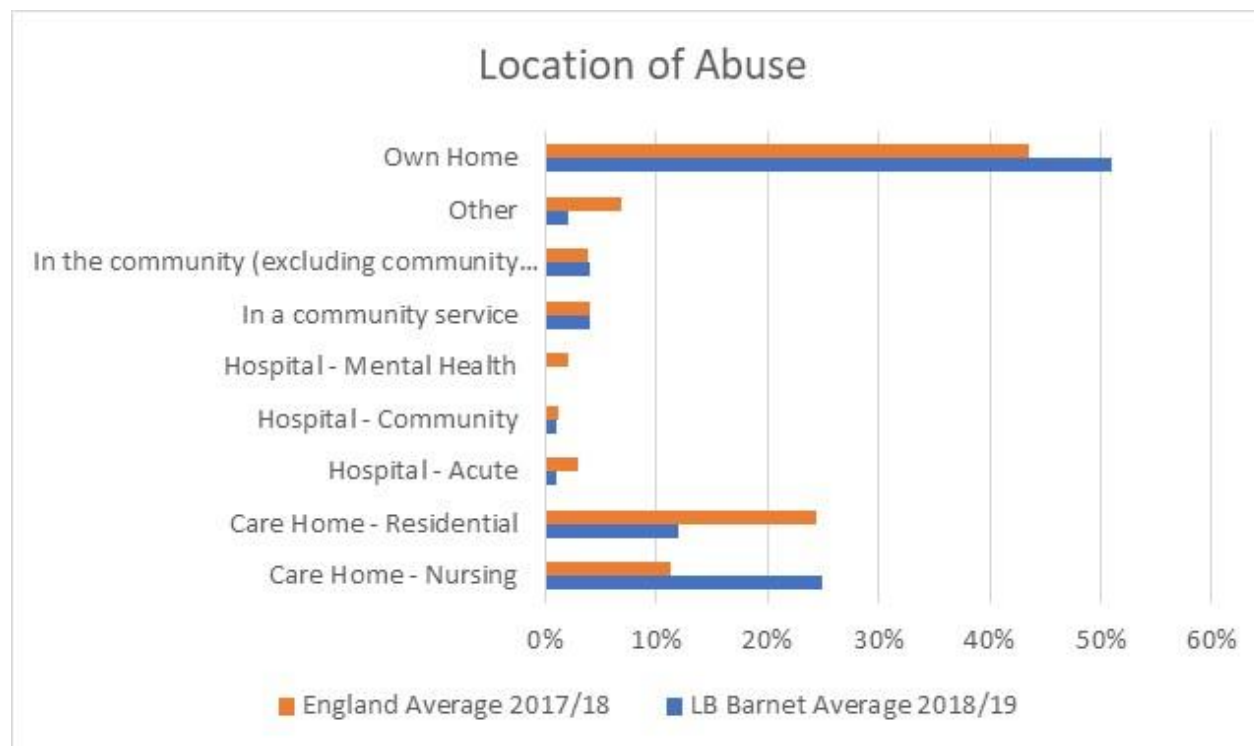
Care staff could be the same as agency or care staff within a residential/nursing home or day care.

Where did the abuse occur?

In 2018/19, 51% of cases subject to a concluded Section 42 enquiry took place in the adult at risk's own home. 37% of cases took place in a residential and nursing home setting (25% + 12% in the table below).

Location of Abuse	LB Barnet average 2017/18	LB Barnet average 2018/19	England average 17/18
Care Home - Nursing	19%	25%	11%
Care Home - Residential	18%	12%	24%
Hospital - Acute	3%	1%	3%
Hospital - Community	0%	1%	1%
Hospital - Mental Health	0%	0%	2%
In a community service	17%	4%	4%
In the community (excluding community services)	3%	4%	4%
Other	7%	2%	7%
Own Home	32%	51%	43%
Unknown/unrecorded	1%	0%	0%
Total	100%	100%	100%

The most recently available national benchmark information from the **Safeguarding Adults, England, 2017-18 [PAS]** shows that a lower proportion of cases nationally occurred in the home (43%). It also shows that a higher proportion of cases nationally occurred in Residential care homes.



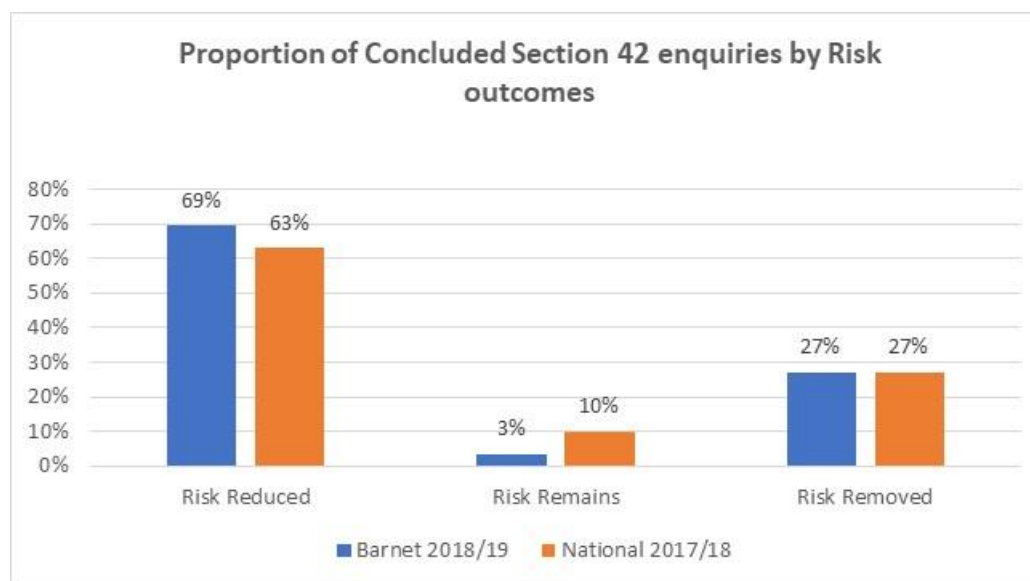
There was a higher proportion of enquires relating to nursing homes in Barnet (25%), compared to the 2018/19 England average (11%) for concluded Section 42 enquiries. As with the higher proportion of concerns in residential care, it is necessary to take into account the high number of residential and nursing home beds in Barnet by comparison to National and statistical neighbours. Barnet has 1104 beds in 19 nursing homes, placing Barnet within the top 5 highest population receiving this level of support within London. It should also be noted that ambiguity within regulations had led CQC to identify variations in practice even within their own inspection teams, meaning that staff within these facilities will refer even minor medication errors as safeguarding concerns to the local authority. Whilst this may seem alarming when reported within data, it affords practitioners from across the multi-agency partners opportunities to review each case carefully and also gather a picture over time so that, even if concerns are not

substantiated as neglect/ abuse, patterns or practice concerns can be quickly identified and referred to the Quality Assurance teams working in the CCG, Local Authority and CQC to ensure staff get the right support to improve practice.

There was also a higher proportion of enquiries relating to people in their own home in Barnet, compared to the 2018/19 England average for concluded Section 42 enquiries. This could be because of the older age profile of Barnet residents and people are being supported to stay in their own homes for longer, as well as living for longer.

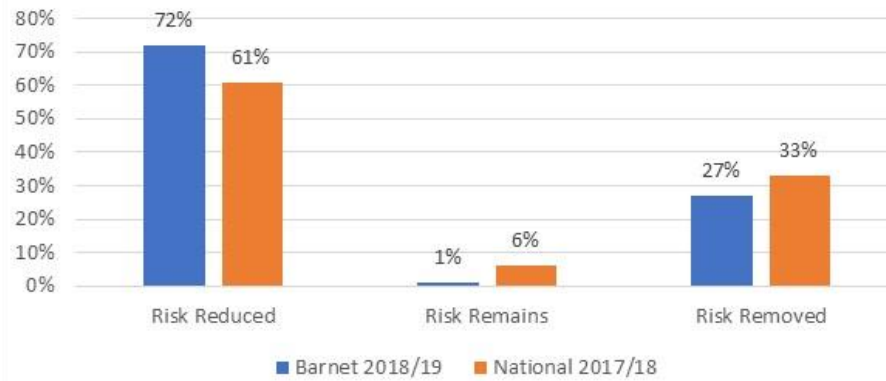
Proportion of Concluded Section 42 Enquiries by Risk Outcomes

Concluded Section 42s - Risk Assessment Outcomes	2017/18		2018/19		National 2017/18 Percentage
	Barnet 2017/18 Number	Barnet 2017/18 Percentage	Barnet 2018/19 Number	Barnet 2018/19 Percentage	
Enquiry ceased at individual's request and no action taken	29	7%	19	6%	4%
No risk identified and action taken	22	5%	10	3%	7%
No risk identified and no action taken	41	10%	15	5%	8%
Assessment inconclusive and action taken	23	5%	17	6%	6%
Assessment inconclusive and no action taken	9	2%	5	2%	3%
Risk identified and action taken	286	68%	227	77%	69%
Risk identified and no action taken	9	2%	2	1%	4%
Unknown	3	1%	0	0%	0%
Grand Total	422	100%	295	100%	100%

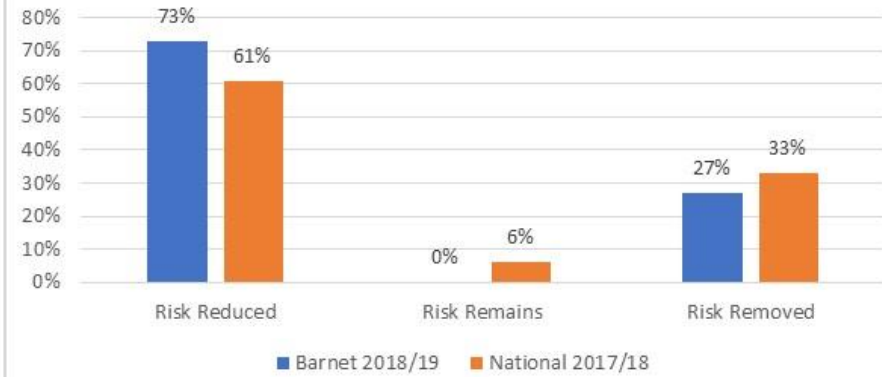


**Please note: in 66 instances where the outcome was not determined, these were removed from the Concluded Section 42 eligible total for Barnet in 2018/19, for equivalent comparison with national statistics.*

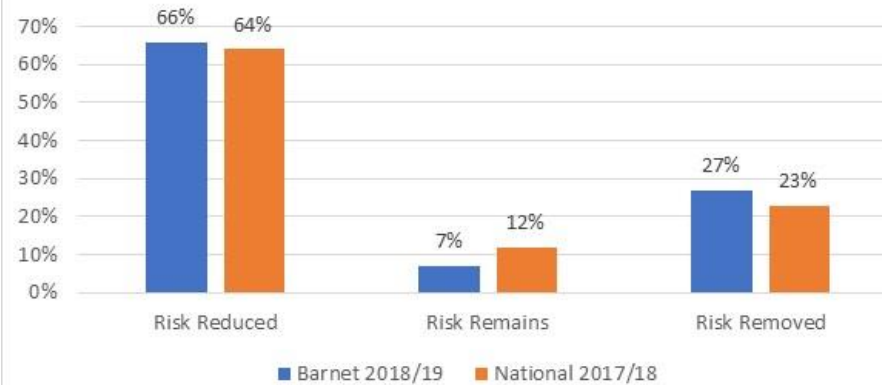
Proportion of Concluded Section 42 Enquiries by Risk Outcome & Source of Risk (*Service Provider*)



Proportion of Concluded Section 42 Enquiries by Risk Outcome & Source of Risk (*Unknown to Individual*)



Proportion of Concluded Section 42 Enquiries by Risk Outcome & Source of Risk (*Known to Individual*)



In 2018/19, there were a higher proportion of Concluded Section 42 enquiries for which the risk was reduced where the source of risk was a service provider (72%) than the national average (61%).

Barnet had a higher proportion of enquiries for risk reduced (66%) than the 2017/18 national average (64%) where the source of risk was 'Other – known to the individual'.

Barnet had a higher proportion of enquiries for risk reduced (73%) than the 2017/18 national average (61%) where the source of risk was 'Other – Unknown to the individual'.

The number of cases where the risk was identified and action taken has increased by 9% from 2017/18.

Within the data report there is still a few key indicators recorded as 'not known' indicating continued issues with data recording. It is understood that during 2017/18 there were significant challenges with a new IT system (Mosaic) being introduced. The refresh of Mosaic processes included mandatory training for all staff which highlighted the key changes; this included two forms for adult assessment that had been merged together and focussed on strength based practice, mandatory reporting information, keeping the person at the centre of practice. It is expected therefore that this, together with the introduction of an Multi-Agency Safeguarding Hub to coordinate all safeguarding enquiries relating to adults at risk, should see improvements to the recording of key data. Safe, effective recording leads to more informed, better decision making both at an operational and strategic level and it is for this reason that BSAB will continue closely monitor key indicators during the coming year to ensure our picture of risk is as robust as it needs to be.

Mental Capacity & Advocacy for Concluded Section 42 Enquiries

Where people lack capacity to understand the risks, we ensure they have an advocate to support them.

	Age band	18-64	65-74	75-84	85-94	95+	Not Known	Grand Total
2016/17	Barnet 2016-17: Advocate/Family/Friend	35	0	5	10	0	0	50
	Barnet 2016-17: Assessed as lacking Capacity	55	5	10	1	0	0	80
	Barnet 2016-17: Percentage Advocacy	64%	0%	50%	100%	n/a	n/a	63%
2017/18	Barnet 2017-18: Advocate/Family/Friend	31	2	11	17	0	0	61
	Barnet 2017-18: Assessed as lacking Capacity	37	2	11	17	2	0	69
	Barnet 2017-18: Percentage Advocacy	76%	100%	91%	94%	0%	n/a	88%
2018/19	Barnet 2018-19: Advocate/Family/Friend	26	7	39	45	10	0	127
	Barnet 2018-19: Assessed as lacking Capacity	40	12	44	47	10	0	153
	Barnet 2018-19: Percentage Advocacy	62%	58%	89%	96%	100%	n/a	82%
	*National 2017-18: Percentage Advocacy	74%	75%	80%	83%	80%	n/a	79%

*National statistic Source: Safeguarding Adults, England, 2017-18 [PAS] Publication date: 20 Nov 2018

In 82% of recorded cases where a Person lacked capacity to make decisions about the risks, the adult was supported by an advocate, family member or friend. This compares favourably to the national average recorded in 2017/18 of 79%. However, it should be noted that it is a statutory duty (under s68 Care Act 2014) to ensure that anyone who may have substantial difficulty being involved in a safeguarding process should be supported by either friends/ family or an independent advocate. During this period BSAB asked and received assurances that cases where it appeared adults did not have this support and may have required it were audited. We received a report confirming that these were recording issues rather than a failure to meet the statutory duty. Our Performance and Quality Assurance sub-group will continue to monitor this data carefully and request regular audit reports so that the good practice occurring for those aged 95+ is replicated for all age groups.

Expressed Desired Outcome

Making Safeguarding Personal is an approach to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances. It is about engaging with people about the outcomes they want at the beginning and middle of working with them, and then ascertaining the extent to which those outcomes were realised at the end.

MSP seeks to achieve:

- A personalised approach that enables safeguarding to be done with, not to, people
- Practice that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'
- An approach that utilises social work skills rather than just 'putting people through a process'
- An approach that enables practitioners, families, teams and SABs to know what difference has been made

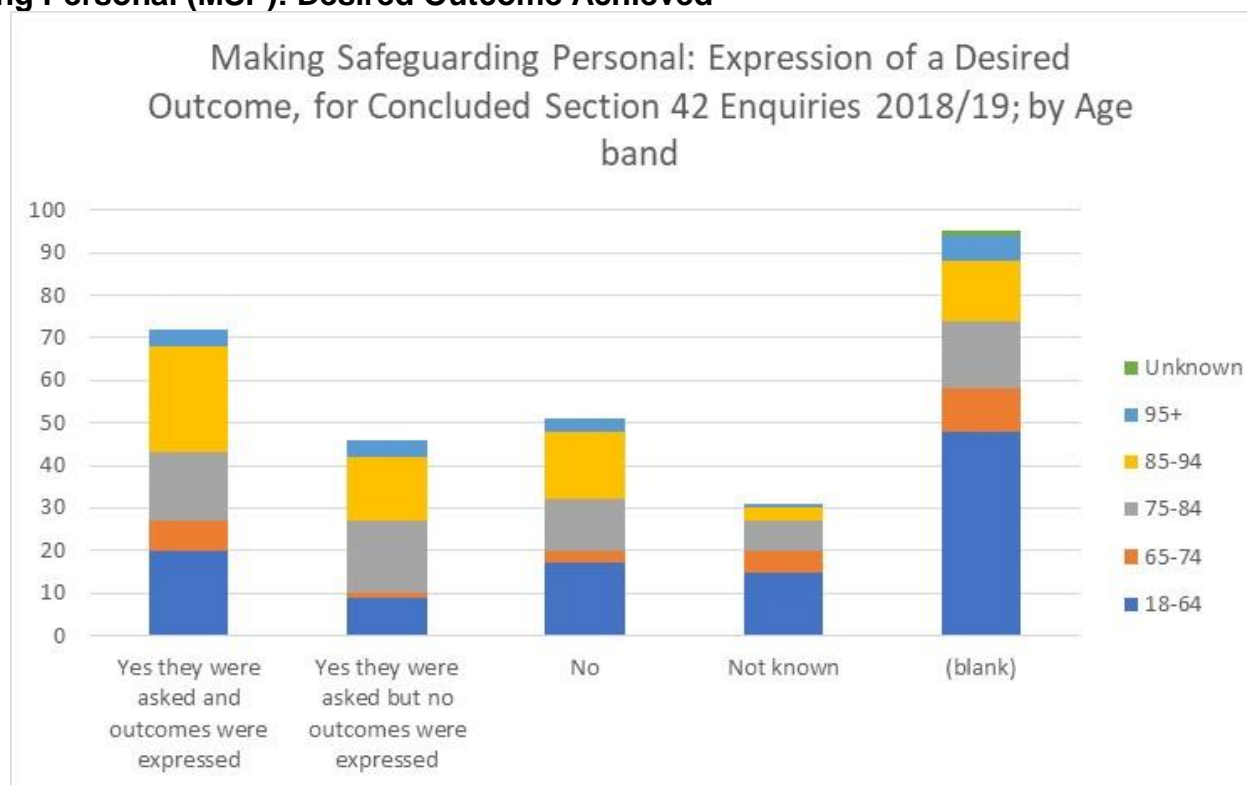
Practitioners are encouraged to see and treat people as experts in their own lives and work alongside them to identify the best way to safeguard them from harm. The outcomes framework collects information about the extent to which this shift has a positive impact on people's lives.

The information below identifies what happened where we have asked people about their desired outcomes and whether they were achieved. Where they have indicated that it was partially achieved, this indicates that some things were met but not others.

In 118 concluded Section 42 enquiries, the individual was asked what they wanted to happen (i.e. to express a desired outcome). 72 adults expressed an outcome and 46 people were asked but did not express an outcome. In a further 51 cases the individual was not asked and in 31 cases this information was recorded as 'not known'. There were 94 cases where the answer to this

question was 'blank'. Whilst these figures are low, compared to the number of enquiries undertaken, it should be noted that it is not currently a national mandatory reporting requirement. However, BSAB have committed to embedding the 'making safeguarding personal' approach across the partnership as a key priority. Improvements to the way in which this will be recorded, following a redesign of the recording process on Mosaic making this a mandatory field from April 2019, should ensure that over the coming year we are able to demonstrate improved practice which better reflects the impact of safeguarding enquiries and how these meet adults' desired outcomes. This will be reflected in the data for 2019/20. The chart below shows outcomes achieved broken down by age band.

Making Safeguarding Personal (MSP): Desired Outcome Achieved





In 57 of the 72 cases for which a desired outcome was expressed, the outcome was either fully or partially achieved (79%).

Social care provision in Barnet

Barnet had 166 social care providers registered with the Care Quality Commission (CQC) at the time of writing this report. 69 of which primarily provide domiciliary care, 76 care home services without nursing, 19 with nursing and 15 supported living providers. There are approximately 1009 nursing home beds, and 1423 residential care beds.

At the time of writing 1 organisation were rated as Outstanding by CQC, 120 as Good, 24 as Requires Improvement and 1 service was rated as inadequate. This is a significant improvement from last year, when 33 organisations were rated as Requires Improvement and 2 as inadequate.

The BSAB's Performance and Quality Assurance sub-group will continue to carefully scrutinise both quantitative and qualitative data reports to ensure that staff from across private and public bodies are working effectively together to identify and respond to safeguarding concerns.

The Care Quality Team has worked closely with over 70 care homes and supported living providers as well as over 25 homecare providers across Barnet to support the improvement of quality and assure that residents are safe and receiving a quality service. An on-going relationship with providers is managed through the work of the Team's Contract Monitoring Officers and Reviewing Officers who regularly visit these services and lead on the provider concerns process to ensure successful outcomes are achieved.

The Team also includes Quality in Care Advisors who work with providers to support best practice. Work with individual homes may result from a referral, a poor inspection report, or a request for support from the care home manager.

The team has supported several underperforming care homes to improve their practice, reduce the number of safeguarding concerns and improve the quality of life for people in these homes.

The Team also offers a variety of engagement events for providers, including practice forums and workshops, and is currently delivering 'Significant 7' training to care homes across Barnet. This training helps care workers to spot the earliest signs of deterioration and respond to them quicker, reducing escalation of issues and improving quality of care for residents. The 7 areas the training focusses on are identifying signs of confusion, mood, pain, hydration, skin, breathing and personal care.

Safeguarding Adults Board progress against business plan priorities 2018-21

The BSAB has come to the end of the first year of the 2018-21 Strategy with the 2018-19 Business Plan ending in March 2019. The Independent Chair and Chairs of the BSAB sub-groups reviewed the business plan, what had been completed, and those actions that the BSAB would continue to focus on in 2019-20.

Priority 1: Establish practice across the partnership agencies which reflect the Making Safeguarding Personal (MSP) principles

We identified within our strategic plan that we would need to evaluate local knowledge of, and compliance with, MSP and Care Act safeguarding duties. We carried out an audit of adult safeguarding training to seek assurance that providers are compliant with the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and Care Act duties, including new types of abuse as well as assurance that training materials are compliant with statutory duties and minimum standards for training.

In December 2018 Barnet hosted a North Central London (NCL) Challenge and Support audit event (Barnet, Enfield, Haringey, Islington and Camden). 37 agencies, including 7 from the Voluntary, Faith and Charity sector completed a self-evaluation of their organisation's ability to recognise and respond effectively to safeguarding risks. Findings were collated and reported to a joint challenge event across the NCL

region which brought together all statutory partners to look at the challenges partners face and what good practice could be shared to deal with these issues as. We also held discussions on what could be done internally as well as in partnership to improve our safeguarding response, considering what the obstacles are and the measures we need to consider. The key themes from NCL partners with regards to support they would like to receive from the BSABs were:

1. Sharing information and resources – multi-agency website, easily accessible resources for staff, learning from SARs, training resources
2. Joint working – training initiatives, alignment across 5 boroughs
3. Supporting partners in the delivery of MSP
4. SARs – identifying gaps, more opportunities for learning

In addition, to this work the Performance and Quality Assurance (PQA) group received case audit evaluations and reports from agencies on: Mental Capacity Act, repeat safeguarding referrals, modern slavery, homelessness strategy and the police safeguarding reporting (MERLIN).

The BSAB partners now routinely record and report data each quarter in line with the National Safeguarding Adults Collection and MSP outcomes framework for scrutiny by the PQA and onward reporting to the BSAB. This ensures that data and qualitative reports reflect feedback provided by adults who have been supported in line duties under s42 Care Act. This will continue to be reported quarterly to BSAB and it is expected that more partners will be able to contribute to this data as MSP becomes more firmly embedded across partner agencies. In

2018-19 we saw that for 90% of service users who expressed desired outcomes as part of the safeguarding process, those outcomes were fully or partially met. The most recently available national statistics for Desired MSP Outcomes, fully or partially achieved statistics (SAC 2016/17) show a national average of 95% for this measure. However, it should be noted that the data is from 2 different sources and is voluntary, and voluntarily-submitted statistics are prone to variance.

Each quarter, designated safeguarding leads from across BSAB's partner agencies come together to review safeguarding practice in Barnet. In response to members feedback we have themed meetings to ensure that discussions are focused on a specific topic or concern. Each meeting also includes opportunities for designated leads to hear directly from adults at risk through case studies relevant to the topic under discussion and/or questions posed by our service user forum.

The themes covered this year were:

- *Safeguarding and carers*
Mike Rich, Chief Executive for Barnet Carers Centre attended the BSAB to talk about the issues they face. Some of the main issues facing carers are isolation, financial issues and a growing risk of homelessness, especially for people living in privately rented accommodation. The BSAB agreed to look at how we support practitioners who work with carers as well as how we assure processes.
- *Safeguarding and Quality in care and support services*
Steven McCarthy from Action on Elder Abuse came to the BSAB to present the outcomes of the 'Patchwork of Practice' report and the implications for Barnet

residents. From this the BSAB looked to develop an evidence base to improve outcomes for older adults, and identifying abuse where adults had minimal contact with services. The PQA has started to monitor data on concerns of over 85-year olds as a proportion of all concerns and going forward into next year will also be looking at data on the category of abuse and where the abuse occurred.

- *Mental health*
The BSAB considered a report on mechanisms to respond to concerns raised by the police ensuring that responses are sufficiently robust to manage risks. We also considered recommendations to support those with severe or enduring mental illness. It was agreed that this forms part of the Adult MASH process and the BSAB would look to them to take this forward.
- *Fire safety for adults at risk living in community settings*
This theme relates to a current SAR being carried out by the BSAB, the findings of which will be reported next year.

These meetings have not only informed practice change within the agencies attending the meetings, but have been used to inform National and Regional Safeguarding Boards work plans and the work of the Community Safety Partnership, BSCP and Health and Wellbeing Board in Barnet. This remains a key priority for our workplan in 2019-20, with focus on ensuring that our core values are better explained to our communities and MSP is understood by all those who may encounter adults at risk so that, in protecting them, we are careful too to respect fundamental human rights.

Barnet council have led the development of the Adult MASH to develop an approach to improve multiagency risk assessments across the partnership to improve the outcomes of adults at risk. Further information can be found later (reference). The approach also reflected on the key priorities of the BSAB and the council coordinated the involvement of safeguarding leads across the partnership in the adult MASH.

Priority 2: Adults at Risk are heard, understood and respected. Their experiences and views shape continuous improvement.

This priority seeks assurance that the Board partners are involving:

- Adults at risk
- Carers
- Family and friends following consultation with the adult
- Advocate/appropriate adults
- Referrer

Appropriately in the process of safeguarding the adult at risk through monitoring appropriate adult provision for vulnerable adults in custody and reviewing the contract monitoring reports for advocacy services.

In addition, new report development has enabled an improved level of analysis and review of concluded section 42 enquiries by abuse type, source, location and outcome. Furthermore, newly-designed reports have enabled more precise monitoring and audit of safeguarding adults' concerns which have resulted in no further action, which are continuously reviewed.

The pathways to multi-agency risk panels were reviewed.

We carried out a dip sample audit of repeat safeguarding referrals to ensure that the adults were being appropriately safeguarded. The findings showed that the cases reviewed were from different agencies and related to different events and only one went on to a Section 42 enquiry. This now forms part of the BSAB work programme and the data is presented quarterly within the Integrated Monitoring Report as well as a dip sample audit being carried out every 6 months and reported back to the PQA.

We carried out awareness raising with service users on community safety, independent travel, dealing with hate crime on transport, financial abuse and how to stay safe on-line.

The provider concerns process is a partnership between Barnet Council, the CCG, CQC and the Care Providers, which supports and works with Care Providers to make continuous improvements and maintain high quality care.

Priority 3: Advance equality of opportunity, including access to justice for 'adults at risk'

The BSAB partners have worked with all our partners to secure assurance that any redesign in service delivery has at its heart a commitment to safeguarding adults from abuse and neglect.

We received regular reports from the Metropolitan Police regarding the move from a Borough based service to the new BCU and from the CCG on the changes that the implementation of North London's Sustainability and Transformation Partnership ['STP']. The Local Authority also provided regular updates on the delivery of a new Adult Multi-Agency

Safeguarding Hub operational re-design. The Adult Multi Agency Safeguarding Hub (MASH) starts operating in June 2019. Barnet CCG and health providers are working within the MASH model, which includes police review of safeguarding concerns. These reports provided assurance that the shared responsibility to safeguarding was well understood by our key statutory partners and that frontline practitioners from across partner agencies understood and were sufficiently resources to comply with legal obligations.

In addition, BSAB continues to develop strong links with other partnerships, for example we receive bi-annual reports on the Domestic Violence Strategy against Girls and Women action plan.

One of the tasks for this year was to engage with GP's and primary health care services to increase uptake of Identification and Referral to Improve Safety (IRIS) programme. The BSAB worked with the Community Safety Partnership, Public Health and CCG and the IRIS project team to gain funding to continue the project into year 2. This will ensure that GPs are better informed, offering a safe place to someone who may be at risk of domestic abuse and providing guidance on how they can protect themselves and their families. The IRIS programme for GPs has increased access to legal support for people experiencing domestic abuse.

The Local Authority commission advocates who can support adults and ensure that their voice is heard throughout the safeguarding process or other engagement with services, such as Court Processes, if they lack capacity to understand

and participate in them.

Sub-groups of the Barnet BSAB

Performance and Quality Assurance sub-group (PQA) Chaired by Barnet Clinical Commissioning Group

Effective quality assurance drives continuous improvement and is recognised as a critical function of the BSAB. The group provides assurance that local safeguarding arrangements are in place and work effectively, and risks and concerns are escalated to the Independent Chair and BSAB.

The PQA recently reviewed the information it received and has been working with partners to establish an integrated performance report which includes data from health partners, social care, commissioners, Public Health, and the Metropolitan Police Service. This information is driving a targeted evidence based approach to assurance with a focus on:

- Understanding whether there are local inequalities in the outcomes for adults at risk.
- The protection of vulnerable adults in police custody.
- Assurance of the monitoring of conditions for those under deprivation of liberty safeguards.
- Understanding the source of safeguarding concerns and conversion to full enquiries.
- Assurance on the decision making for safeguarding concerns where no further action is taken.
- Assurance on the delivery of safeguarding training across statutory partners

- Reviewing the numbers of self-neglect and hoarding cases considered by the multi-agency Risk Panel and reviewing the themes from provider concerns
- Monitoring against the BSAB Operational Plan

Case Review sub-group (CRG) Chaired by Barnet Council's Community Safety Team

The CRG was established to undertake the statutory duties set out under Section 44 of the Care Act, namely to determine whether to commission a review into a case if an adult at risk in Barnet has suffered serious harm or died as a result of abuse or neglect, and there is concern that partner agencies could have worked more effectively to protect the adult.

The CRG also monitors the recommendations and action plans of partners where a review has taken place, and co-ordinates multi-agency responses. The group considers all referrals to assess the opportunity for learning and reports quarterly to the BSAB with recommendations on the commissioning of reviews.

Safeguarding Adults Service User Forum (SASUF) Chaired by Barnet Council's Adults and Health directorate

Our service user forum is a well-established group that meets quarterly. Over the last year the members have supported the BSAB in the development of its strategy and developed easy read materials to assist more of our community understand the work that we do and why we do it.

Some of our board partners have attended the forum to present safeguarding case studies and information on what safeguarding is and how to report it.

The Police, Mencap, Age UK and CyberCare have facilitated workshops on community safety, Hate Crime reporting, financial scams and how to stay safe on-line.

If you would like to become involved with the Service User Forum please email emma.coles@barnet.gov.uk



Photograph from the Service User Forum

Access to Justice sub-group Chaired by Barnet Mencap

This group has been focusing on securing effective Appropriate Adult provision and ensuring Disability Hate Crime has an effective response locally.

The Barnet Appropriate Adult Service has been successfully run by volunteers for several years but there was a need to increase the number of volunteers. During 2018 a local recruitment campaign was run and the response means that

there are now enough volunteer appropriate adults across the borough.

During the year the group has worked with CyberCare to develop a training session on how to stay safe on-line for service users; reviewed how hate crime reporting sites are working, developed a monitoring report to measure against objectives; reviewed the use of the autism screening tool by the police and how best to support the pathway for adults with autism spectrum disorder and began to build a baseline of understanding around modern slavery.

The Mental Capacity Act and Deprivation of Liberty Safeguards 2005 (MCAC/DoLS)

The Mental Capacity Act 2005 (the MCA) was implemented in 2007. Its purpose is to make sure that people are empowered to make their own decisions whenever they can. A person cannot be said to lack capacity until all possible steps to help them take their own decision have been taken without success. If a person does lack capacity to make an informed decision about their care and support the MCA gives protection for them whilst ensuring they are at the centre of any decision-making process. Any wishes or feelings they either express now or have made known in the past must be considered by those acting on their behalf. All decisions taken will need to be in the person's best interests. Five principles underpin the MCA:

- A person must be assumed to have capacity unless it is established that he or she lacks capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.

- A person is not to be treated as unable to make a decision merely because he or she makes an unwise decision.
- An act done or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his or her best interests.

Partners have agreed that the focus for the BSAB from 2018-21 will be on evidencing awareness of capacity and consent and the Mental Capacity Act duties in partner agencies. Where adults in need of care and support receive protections and any support offered actively considers human rights, including ensuring the least restrictive options have been fully explored as part of any protective plan.

There is a specialist team in the local authority which provides expert consultation for adult social care staff and partners in Mental Capacity and Deprivation of Liberty Safeguards. They also deliver training to partner agencies which is well attended. Our partners continue to support their staff in the understanding and practical implementation of the legislation and statutory guidance. CLCH are an example of this good practice, setting up Safeguarding/MCA surgeries on inpatient bedded units for staff to access advice and support following staff consultation. The CLCH safeguarding team now attend weekly rounds on the wards at Edgware Community and Finchley Memorial hospital. This promotes discussion around mental capacity and identifying any patient who may require a DoLS. Staff are then supported to undertake a mental capacity assessment and complete the DoLS form 1. Additional support has been provided on the newly opened Adams Ward and continue to do so on a weekly basis.

Deprivation of Liberty Safeguards DoLS

The Deprivation of Liberty Safeguards provide protection for vulnerable people who are accommodated in hospitals or care homes who cannot make their own decision about the care or treatment they need, and who are unable to leave because of concerns about their safety. This might be due to a dementia or learning disability for example.

The Deprivation of Liberty Safeguards (DoLS) aims to protect such people so any decisions made about their care and treatment, are made in their best interests. The care home or hospital must notify the local authority when these circumstances exist. The local authority then must make sure this is the most proportionate and least restrictive way of caring for the person, by talking to the person and everyone involved including family members. If this is agreed, the local authority authorises the arrangements and this can be for a period of up to twelve months. This is known as an authorised deprivation of liberty.

As the London Borough of Barnet has a large number of care homes we received one of the highest number of applications for DoLS in London. In 2018/19, we received 1141 applications for a Deprivation of Liberty Safeguard.

To date 343 applications have been granted, of which 296 have conditions. 373 applications were not granted and 92 were withdrawn. The remaining number of applications are still being processed.

It is important to note that since the last report, the number of

granted applications received 2017/18 have increased to 594 and the number of not granted cases also increased to 480. Not granted can mean that a standard authorisation is not granted. Examples: if a person has capacity, the person falls under the Mental Health Act 1983, a person has moved at the time of authorisation, the LPA objects.

In some circumstances, the deprivation of liberty is authorised as in the persons best interest, but the adult is objecting to their placement. In these situations, their case is taken to the Court of Protection, for them to decide what is in the adult's best interests. We have had 5 such cases in court at the time of writing this report the same as last year.

What our partners have contributed.

Barnet Council

The council has duties and responsibilities as the lead for safeguarding outlined in the Care Act, and is a lead partner in multiagency safeguarding arrangements.

Between 1 April 2018 and 31 March 2019, Adult Social Care:

- Dealt with 52,146 contacts
- Carried out approximately 3,000 new statutory care and support assessments
- Carried out approximately 4,000 reviews;
- Investigated 1,675 safeguarding concerns and carried out 667 safeguarding enquiries;
- Provided 35,000 items of equipment
- Provided approximately 1,740 new telecare installations

- Supported 1000 adults in residential care; 419 adults in nursing care; and 420 adults in supported living
- Provided enablement to 990 people and homecare to 1860 people.
- Supported over 1,000 adults through direct payments
- Provided direct support to 650 family carers.

Provided social work support to approximately 7000 people

Adult Multi-Agency Safeguarding Hub (MASH)

The establishment of the Adults MASH supports the delivery of the 'Safeguarding adults at risk of abuse and neglect' and is one of the Adults and Safeguarding Committee's priorities within the [Corporate Plan 2019-2024](#).

The Adults MASH aims to deliver a better coordinated, responsive multiagency risk assessment approach to safeguarding vulnerable adults in Barnet. The quality and speed of decision making of safeguarding concerns will be enhanced through better information sharing between agencies with a focus on better outcomes for adults at risk

A multiagency project group met regularly to oversee the key activities and to improve partnership working. This was chaired by the Local Authority with representation from key partners (police; Family Services; BEHMT; Safeguarding leads from health agencies). Staff will have new operating guidance; local information sharing protocol and training sessions with key partners and updated performance measures to track activity and quality of the MASH interventions.

The Adult MASH will be in place from June 2019 with a co-location of Adult social care with the police and Family Services when services have moved to the new council offices. Other co-located members of the MASH include the voluntary sector (e.g. SOLACE; Mencap) with arrangements in place working with GP and Nurse safeguarding leads.

London Metropolitan Police Service: Barnet

The Metropolitan Police Service is key member of the partnership, working in collaboration towards a shared vision and joint objectives, improving outcomes for vulnerable members of our community.

In November 2018, the police areas of Barnet, Brent and Harrow merged to form the North West Basic Command Unit (NW BCU) operating a single command structure across the three boroughs. There are 12 BCU's across London, bringing together other boroughs to improve service delivery and reduce inefficiencies. Within the BCU command structure, there are five portfolios – Emergency response, Neighbourhoods, Safeguarding, Local Investigations and Head Quarters.

In February 2019, the NW BCU Safeguarding model launched, embedding former Child Protection (CAIT) and serious sexual offence (Sapphire) teams firmly within NW Safeguarding operating model.

The key principle behind this change is, bringing together, complex investigations with volume crime to improve outcomes and the victim experience. Frequently, domestic abuse investigations involving children, or sexual offences, were being investigated by two, sometimes three different

investigators. This was inefficient and demoralising for both the victim and investigators.

Co-locating investigation teams means, one investigating officer will lead the investigation throughout its life cycle, without diminishing the availability of skilled staff to support other crimes and investigation, improving outcomes and satisfaction for vulnerable victims.

The NW Safeguarding portfolio has thematic areas, with a Lead Responsible Officer for each area. This ensures there is a subject matter expert for each theme, responsible for training and staff development, supporting partner meetings, quality assurance and audit for the NW BCU.

In respect of adult safeguarding, the MPS has been a key partner in the work in setting up the Barnet Adult MASH service that compliments the children's service and will create better outcomes for vulnerable people in our communities.

During the BCU transition, three borough based Missing Persons Units (MPU) were consolidated into a single larger unit, bringing together a range of expertise, located at Colindale Police Station, to ensure they are close at hand to offer support and advice to control room staff and initial response officers. Since go-live in February the overall outstanding cases halved due to the new workflow processes and highly skilled officers working closely together.

The MPS continues to train all frontline and custody staff to better recognise people who are ill or in crisis; signposting them to help through the Adult Coming to Notice (ACN) referral

process, and in custody, calling upon Medical Practitioners and Custody Nurses.

Plans for 2019-20

Policing is a lead safeguarding partner, working alongside the Local Authority and Clinical Commissioning Group. . Police officers and staff have a distinct position in the community, through their role as first responders at high harm incidents. This understanding will improve the multi-agency response to adults with care and support needs at risk of abuse or neglect.

During 2019-20 the police will look to focus on the Access to Justice

- How to achieve best evidence from adults at risk- looking at what steps can be taken to support those with cognitive impairments recognise when they are being exploited/ abused and gather evidence
- How we use the multi-agency approach and powers across partnership to better support those at risk of cuckooing (e.g. use of conditions attached to closure notices to prevent anyone other than a resident living or using a premises), interfamilial financial abuse
- Role of the safeguarding officers
- Involvement of community support officers/ victim support to support adults at risk who are victims of crime.

NHS Barnet – Clinical Commissioning Group

Barnet CCG provides regular safeguarding training to GPs and Primary Care Nurses, including advanced sessions for GP safeguarding leads. The Barnet 2018 Annual General Meeting (AGM) was attended by 150 Barnet GPs and Nurses and featured training on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), delivered for GPs by a Barnet Local Authority Solicitor.

Safeguarding training was developed and delivered for the Continuing Healthcare Team, including training in the Mental Capacity Act and the Liberty Protection Safeguards.

Barnet CCG participates in multi-agency panels:

- The Channel Panel which manages cases referred via Prevent.
- The Risk Panel, which supports and oversees work with hoarding and self-neglect.
- The Domestic Abuse Multi Agency Risk Assessment Conference (MARAC) and the Community Safety MARAC.

Barnet CCG contributes to, and is a participant in, Safeguarding Adult Reviews and Domestic Homicide Reviews and supports and oversees primary care participation in these reviews and ongoing monitoring and implementation of action plans.

Barnet CCG safeguarding leads and Continuing Healthcare team work closely with the local authority and the Care Quality Commission (CQC) to safeguard individuals in Barnet nursing homes and support the homes to improve the quality of their nursing care.

Barnet CCG is involved in safeguarding enquiries undertaken for any Barnet patients in receipt of funded nursing care or continuing healthcare.

Safeguarding adults work planned for 2019 - 20

The delivery of the second year of the IRIS programme will be supported and monitored by Barnet CCG along with public health and local authority partners.

Barnet CCG will continue to collaborate with other CCGs in North Central London to improve consistency with safeguarding assurance frameworks and policies.

Central London Community Healthcare (CLCH)

CLCH provides services across eleven London Boroughs and the county of Hertfordshire.

It has been a positive but challenging year for the CLCH adult safeguarding team due to the increasing volume and complexity of cases of concern our staff are identifying and ensuring they are supported to work in partnership with service users and their families to promote independence and positive outcomes.

There has been an increase in frontline teams contacting the CLCH safeguarding team for safeguarding advice and support and reporting appropriately their concerns. We are capturing more case stories in our reporting to demonstrate how our teams respond appropriately to abusive situations.

We continue to build relationships across our services and with partner agencies to support robust multiagency decision making and challenge if needed.

There has been continued investment in adult safeguarding within the Trust and we have successfully recruited a dedicated MCA Lead who will support the Trust in implementing the new MCA/ Liberty Protection Safeguards

We have undertaken audit into the application of the MCA and use of the Pressure Ulcer Protocol (PUP) by our Barnet staff. We can evidence that staff have improved knowledge of applying the MCA and using the PUP to support decision making regarding raising safeguarding alerts in relation to pressure ulcers.

Our second Annual Safeguarding Conference was well received. We had a broad range of speakers covering both Children's and Adults Safeguarding and the feedback was positive from staff. The conference covered topics such as self-harm in schools, the Mental Capacity Act 2005, Prevent, and Hoarding and Self-neglect, Homelessness, Modern Slavery, a legal update and the CLCH Safeguarding Champions programme.

Out training compliance in Barnet at the end of March 2019 was above 90% (including Workshop to Raise Awareness of Prevent –WRAP training). We have reviewed our training to include level 3 MCA and adult safeguarding to comply with the RCN Intercollegiate Guidance 2018.

We are using the 7-minute learning to embed learning across our teams and in training.

We continue to support the Barnet SAB in developing and achieving the Board priorities

Royal Free London NHS Trust Foundation (RFLHT)

We continue to have a committed safeguarding team who have developed and maintain good working relationships with partner agencies to support effective safeguarding for Barnet residents who use our services. We worked with the national crime agency to support a victim of modern slavery.

We completed the NHS Improvement standard data benchmarking survey for people with learning disabilities. We are using the gap analysis to identify areas where we need to provide better support for patients and their families.

We have continued to develop our easy read resources for patients with a learning disability.

The Safeguarding Team has developed a 'Quick Guide' to support clinicians regarding implementation of the MCA and assessing capacity.

A full level 3 safeguarding adult training programme has been developed and implemented. Our training compliance for PREVENT training reached the 85% requirement.

We have introduced the safeguarding link role to clinical areas across the Trust. The safeguarding link staff are supported by the safeguarding team to take safeguarding awareness back into their clinical areas. This is done in the form of 7-minute briefings on a whole range of topics.

We have contributed to safeguarding adult reviews and Learning Disabilities Mortality Review (LeDeR) and have responded to any actions and implemented the learning.

We launched a Trust wide campaign to support staff who are affected by domestic abuse. The campaign raised the profile of the independent domestic and sexual abuse advisors (IDSVA's) who are based in the hospital. The Trust employs over 10,000 staff. The message of the campaign was to ensure staff were aware that the IDSVA's are available to advise our staff as well as our patients. It also highlighted to managers the policies in place to support staff affected by domestic abuse.

Plans for 2019-20

- Trust wide policy for staff working with patients with a learning disability
- Increase our use of accessible information for patients who use our services
- Further develop the role and number of the safeguarding link staff
- Further development of the safeguarding level 3 training and use of 7-minute briefings to reach frontline staff
- Prepare for the introduction and implementation of the Liberty protection safeguards across the Trust.

The London Fire Brigade (LFB)

The LFB has been working to identify vulnerable adults especially those at risk of neglect, hoarding and fire. We are actively highlighting these individuals to the local authority for assistance.

There has been localised learning disability (LD) awareness training to increase awareness of mental health issues and how

to work with people with learning disabilities in collaboration with Barnet Mencap.

The Barnet LFB exceeded the 10% target of time spent on Community Safety by 3.3%, undertaking 3277 Home Safety Visits (HFSV) in the borough, 109 more visits than target. LFB has been working hard to identify high priority/at risk people for HFSV'S achieving 82.2% for these, 2.2% more than target. There has been an active involvement from all staff in the borough to engage with vulnerable people through involvement in the Community Safety MARAC, Domestic Violence MARAC and the Hoarding and Neglect Panel.

We have been promoting the outcomes of the review that is underway related to fire to raise the awareness of fire safety in the home amongst Barnet key workers.

We have carried out vulnerable adult's presentations to the local authority housing provider and their contractors.

Plans for 2019-20:

- Continued collaboration with the Domestic Violence and Community Safety MARAC's.
- Looking to progress work further through the hoarding and neglect panel and trying to promote tackling the root causes of Hoarding.
- Continued work to identify vulnerable people across the borough to give them tailored home fire safety advice.

Barnet, Enfield and Haringey Mental Health NHS Trust (BEHMHT)

Barnet, Enfield and Haringey Mental Health NHS Trust remains committed to safeguarding all our service users, their families and carers. We recognise that effective safeguarding is a shared responsibility which relies on strong partnership and multi-agency working. Over the last 12 months we have continued to ensure a robust and proactive commitment to working in partnership with the Safeguarding Adult Board.

Our aim is to ensure there is a whole organisational approach to safeguarding patients and service users, their families and carers. To do this, we have developed an Integrated Safeguarding Committee (ISC). The ISC is chaired by the Executive Director of Nursing, Quality and Governance and provides strategic leadership and oversight. The work of the ISC is informed by our Safeguarding Strategy and overarching work plan. The ISC meets each quarter and is accountable to the Trust Quality and Safety Committee. The Executive Director of Nursing, Quality and Governance is the Executive lead for safeguarding and provides bi-monthly safeguarding updates to the Trust Quality and Safety Committee. In addition, an annual safeguarding report is provided to the Trust Board. Safeguarding is a standing item for each on the Borough Clinical Governance meetings.

Safeguarding adults work undertaken and key achievements in 2018 -19

- Implementation of our three-year integrated safeguarding strategy has been successful and we have seen continued improvements in our response to the safeguarding agenda.

- We have developed supportive information leaflets regarding domestic abuse for our service users.
- We have improved and updated our safeguarding intranet site so that staff can easily access information they need to safeguard patients and service users.
- We have developed the role of our safeguarding champions across the trust.
- We continue to ensure appropriate staff receive level 3 safeguarding adult training
- We have consistently maintained Level 1 and 2 safeguarding adult training at the trust target of 90%
- We have worked to increase staff awareness of under reported categories of abuse such as modern slavery and human trafficking.
- We have reviewed and updated our domestic abuse policy.
- In conjunction with the Pathfinder Project we have set up a domestic abuse steering group and continue to champion the need for Independent Domestic Violence Advisors in mental health settings
- We have improved the way we triangulate information relating to safeguarding alerts, complaints and incident reports.
- We continue to raise the profile of the “Think Family” approach across all services
- We have raised the profile of safeguarding across our adult community health services.
- We have worked to ensure consistent practice which reflect the principles of “Making Safeguarding Personal”

- The development and embedding of our Safeguarding Strategy has ensured that safeguarding is “everyone’s business”.

Safeguarding adults work planned for 2019 - 20

- Develop an integrated safeguarding supervision strategy
- Ensure we are responsive to the growing agenda of Human Trafficking
- Promote and develop material to ensure awareness of sexual safety on mental health ward

London Ambulance Service (LAS)

The LAS no longer attend the Barnet BSAB but instead monitored through the Brent BSAB but their staff are still invited to attend multi-agency safeguarding events and training. They will also be a virtual partner in the Adult Multi-Agency Safeguarding Hub (MASH).

Our priorities in 2018-19

- Secure sufficient resources to develop safeguarding in the Trust
- Monitor trust’s safeguarding processes and compliance
- Support Trust with safeguarding practice & requirements
- Assure Trust processes by driving consistency & improvement in safeguarding practice
- Forge effective relationships internally and externally

What we did

- Secured funding to increase safeguarding team by 100% to enable a dedicated safeguarding specialist in each area of Trust.
- 7% increase in safeguarding concerns and referrals to 23,471.
- Introduced 24/7 safeguarding telephone line for staff
- >90% safeguarding training Compliance
- Introduced Quarterly Safeguarding Newsletter
- Produced new safeguarding pocketbook for staff
- Introduced Chaperone and Supervision policies
- Held Safeguarding Conference for over 170 staff and partners
- Introduced Learning Disability and Mental Capacity Act Strategies.

Our priorities for 2019-20

To be outstanding in quality standards and drive continual improvements

- Excellent Governance and Assurance of Trusts safeguarding processes and compliance
- Development of the Safeguarding Team
- Successful delivery of safeguarding training plan, local education and supervision
- Safeguarding innovation and review current practices to identify cost savings.
- Ensure integration of 111 & IUC
- Forge effective relationships internally and externally to safeguarding children and adults

In conclusion the LAS is committed to safeguarding and has invested in the safeguarding team to ensure trust is compliant with standards and provides the highest level of care for its most vulnerable patients.

Healthwatch

We helped identify ways to further engage with residents on safeguarding, contributing to the BSAB's discussions in this area. We highlighted there was sometimes low levels of awareness, particularly around the 'newer' forms of safeguarding abuse

We started a review of safeguarding through our Enter and View visits to residential care homes.

We helped the BSAB hear the experiences and views of local people on safeguarding.

Probation - London Community Rehabilitation Company

The London CRC is firmly committed to safeguarding and promoting the welfare of adults.

The London CRC Safeguarding Policy and Procedures were updated in November 2017 in light of the implementation of REACTA, our new case recording and assessment tool which was rolled out organisation wide in 2018. The Policy and Procedures were reviewed further in 2018 following the publication of Working Together 2018. These documents are available through our intranet (Sharepoint) under our 'Interventions and Partnerships' page which is accessible to all staff.

Contracts & Partnerships Managers have prioritised engagement with local Safeguarding Adult Boards over the

past year and have therefore strengthened our visibility across the partnership. This is evident in our engagement with local multi agency audits and attendance at Board level.

The progress of implementing robust safeguarding procedures across the business is also evident through our performance framework which is monitored at the Public Protection Board.

Priorities for 2019-20:

Our focus for 2019 is on improving the quality of this work and providing further interventions to support in the reintegration and rehabilitation of our Service User population.

Hate Crime Reporting Project

Key achievements 2018-19:

Four Disability Hate Crime Training Workshops for 57 disabled people resulting in an increase in disability hate crime reports to the Police via third party reporting centres;

Two Disability Hate Crime Awareness Raising Workshops for 15 family carers of disabled people;

Disability hate crime training for frontline care and support staff working with people with physical and learning disabilities, autism and mental health conditions (four workshops with 77 staff members);

Recording 11 incidents involving disability hate crime, supporting victims to report hate crime to the Police and signposting or referring them to appropriate support organisations.

Progress against BSAB priorities:

Carrying out research with disabled people's groups to identify why disability hate crimes are not being reported to the Police

and preparing recommendations for the BSAB and Community Safety Team.

Working with partner organisations to ensure that all incidents involving disability hate crime are being recognised by staff and logged accurately whether they are investigated and resolved by the organisation, reported to the Police and/or raised as safeguarding concerns.

Safeguarding adults work planned 2019-20:

Develop pathways with the Adult MASH so that victims of hate crime can access support and where necessary safeguarding concerns are raised.

Work with the BSAB to ensure that safeguarding and hate crime data is being accurately logged and reported to the correct authorities. Develop pathways for referrals and signposting to appropriate support organisations.

Training

A core function of the BSAB is to '*promote multi-agency training and consider any specialist training that may be required*'. To achieve this, we work closely with our partners, particularly the three statutory partners, to gain assurance on the level and type of safeguarding training offered to staff from across partner agencies. Each quarter Barnet Council and the CCG report to the PQA sub-group on compliance figures for safeguarding training.

In addition, the Council's Workforce Development Service provides a comprehensive range of multiagency training to

both internal staff across the Delivery unit and External staff from provider/partner agencies. The Principal Social Work role also plays an important role in ensuring that the programme improves the quality of safeguarding practice across the partnership.

The programme includes a variety of short courses, briefings and forums delivered within the London Multi-Agency Safeguarding Adults policy and procedures framework, based on levels 1-3 and in line with The National Competence Framework for Safeguarding Adults.

There is on line learning for the following two learning modules which are accessible to all, following a request we send them a link to register:

Safeguarding Adults - Level 1

Safeguarding Adults - Level 2

Following findings from regional and national safeguarding adults reviews and local audits the Council commissioned a course to support staff work with 'Difficult, Dangerous and Evasive People'. Safeguarding practitioners also have access to all the multi-agency training delivered by BSCP and Barnet Council's Family Services e.g.: Coercive Control, Domestic Abuse etc.

Within the current financial climate, BSAB must be mindful of the significant impact on resource (both financial and in terms of staff time) especially for those working within the voluntary, community and faith sectors. To this end, we have sought to utilise any training / workshops/ webinars and training material provided by professional bodies such as: Research in Practice

for Adults (RiPfA), Skills for Care, Social Care Institute for Excellence (SCIE) and disseminate this to all our partners through established networks.

Within the Council, a formal training programme is supplemented by a range of practice forums which provide reflective learning opportunities for staff to discuss real cases and learn from good practice examples. Practice forums are quarterly and focus on safeguarding, Mental Capacity and the role and function of Best Interest Assessors under the Deprivation of Liberty Safeguards.

Safeguarding Adults Training has also been provided to staff from across 25 external providers. Barnet Council reviewed its programme during 2017/18 to ensure courses were MSP compliant with an emphasis on the development of skills in person-centred, outcomes focused working that enables people to reach resolution or recovery. The Council has also revised and relaunched their supervision policy and provided training for managers in effective supervision and reflective practice to enable staff to work confidently/competently in difficult situations.

208/19 Safeguarding Courses

Course	Duration	No. attended
SA Policy and Procedures for Providers	1 Day	3
SA- Policy and Procedures (Internal)	1 Day	45

Prevent Training	1/2 Day	63
Human Trafficking and modern slavery	1/2 Day	16
SA- Conducting enquiries (internal)	2 Days	51
Cuckooing	1/2 Day	8
SA- Managing and chairing safeguarding meetings	1 Day	8
Working with Difficult, Dangerous and Evasive People	1 Day	16
Safeguarding Practice Forum	2.5hrs	29
SA- Chairing Meetings	1 day	8

Safeguarding Adults Board Attendance 2018/19

BSAB Partners	Safeguarding Adults Board			
	June-18	Sept-19	Dec-19	Mar-19
Barnet CCG				
Local Authority – Adult Social Care				
Local Authority – Public Health				
Local Authority – Community Safety				
Local Authority – Westminster				
London Metropolitan Police: Barnet				
Barnet Enfield and Haringey NHS Mental Health Trust				
Care Quality Commission				
CLCH				
General practitioners				
Healthwatch Barnet				
London Ambulance service				
London fire Brigade				
Probation				
Royal Free London NHS Foundation Trust				
The Barnet Group				
Voluntary sector				
Department for Work and Pensions				

USEFUL CONTACTS

Questions about this report

If you have any questions about this report, please contact Emma Coles, Safeguarding Adults Board Business Manager

Tel: 020 8359 5737

Email: emma.coles@barnet.gov.uk

Safeguarding training

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

Tel: 020 8359 6398

Email: asc.training@barnet.gov.uk

What should I do if I think someone is being abused?

Everybody can help adults to live free from harm and abuse. You play an important part in preventing and identifying neglect and abuse.

If you or someone you know is being harmed in any way by another person, please do not ignore it.

Any information you provide to us will be treated in the strictest confidence.

Contact Adult MASH

- Tel: 020 8359 5000 (9am- 5pm, Mon to Fri), or
020 8359 2000 (out of hours)

- Email: socialcaredirect@barnet.gov.uk

Or the police on 101.

If the danger is immediate,
always call the police on 999.