
Meeting	Health and Well-Being Board
Date	21 st November 2013
Subject	Barnet Multi-Agency Safeguarding Adults Board Annual Report 2012-13 and Safeguarding Strategy 2013-15
Report of	Cabinet Member for Adults
Summary of item and decision being sought	This report documents the work of the Safeguarding Adults Board during 2012-13 and presents the strategy and work programme for 2013-15.

Officer Contributors	Sue Smith, Safeguarding Adults Service Manager Dawn Wakeling, Adults and Communities Director
Reason for Report	To note and approve the annual report of the Safeguarding Adults Board and the 2013 strategy and work programme.
Partnership flexibility being exercised	None specifically arising from this report however, a Section 75 partnership agreement exists with the Mental Health Trust who has a role in managing the safeguarding procedures for Barnet residents who have mental health problems.
Wards Affected	All
Contact for further information	Sue Smith, Safeguarding Adults Service Manager, sue.smith@barnet.gov.uk Telephone: 0208 359 5015
Appendices	Appendix A: Barnet Safeguarding Strategy and work plan Appendix B: Barnet Safeguarding Adult's Board annual report 2012/13

1. RECOMMENDATIONS

- 1.1 That the Health and Well-Being Board considers and comments on the Multi-Agency Barnet Safeguarding Adults Board Annual Report 2012-13.**
- 1.2 That the Health and Well-Being Board considers and comments on the Multi-Agency Safeguarding Adults Board Strategy and Work Programme 2013-2015.**
- 1.3 The Health and Well-Being Board endorses the continued improvement of multi-agency approaches to safeguarding Barnet residents with involvement from the Council, NHS Barnet Health Trusts, the Police, voluntary sector, service user forums, and faith and community groups.**

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Health and Well-Being Board 26th July 2012 – the Board considered a report on the Multi-Agency Safeguarding Adults Board Annual Report 2011-12.

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)

- 3.1 The Corporate Plan 2013-16 outlines the Council's commitment to safeguarding which underpins everything we do and aims to protect the most vulnerable people, both children and adults, from avoidable harm or abuse. For example, the priority area: "To promote family and community well-being and encourage engaged, cohesive and safe communities". The Council's aim is to work with partners such as the police, the NHS and with residents to ensure that Barnet remains a place where people want to live and where people feel safe. These priorities are reflected in the Adults and Communities business plan.
- 3.2 The Health and Well-Being Strategy 2012-15 identifies two aims: Keeping well, Keeping Independent. The safeguarding agenda links directly with the four main themes in the Strategy: Preparing for a healthy life; Wellbeing in the community; How we live; and Care when needed. In particular 'Care when needed' identifies plans for developing support for older people, improving support for residents in care homes and improving support for carers.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 Safeguarding of adults services are available to all vulnerable residents residing in the London Borough of Barnet.
- 4.2 In 2012/13 safeguarding cases were broadly in line with the age profile of Adults and Communities service users. The proportion of cases involving white residents has seen a 6.5% increase. The proportion of cases involving residents in all other ethnic background fell by an average of 3.6% from the previous year. The number of cases involving Black/Black British residents fell by 21 cases this year. Based on general Adult Social Care figures, the number of alerts for Black/Black British adults is lower than might be expected. This may be explained at least in part by an increase in cases where ethnicity was not recorded.
- 4.3 The Safeguarding Adults Board continues to develop 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.

5. RISK MANAGEMENT

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

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 Adult safeguarding is led by the Local Authority, based on the 'No Secrets' Guidance 2000 issued by the Department of Health under Section 7 of the Local Authorities Social Services Act 1970. Following a review by the Law Commission, the draft Care Bill 2012 aims to reform the law relating to care and support for adults and for carers; and to make provision about safeguarding adults in primary legislation.
- 6.2 The Bill is expected to become law in spring 2014. On this basis, the Bill receives Royal Assent in the form currently drafted, it will put Safeguarding Adults Boards on a statutory footing with the Council, Clinical Commissioning Groups and Police as core members. The Council, having consulted the aforementioned bodies, will be able to appoint other persons as it considers appropriate. Councils will remain the lead agency for safeguarding. The Boards will be required to publish an annual strategic plan detailing its Strategy for achieving its objectives and what each member is to do to implement that Strategy. In preparing such a Strategy, there is a requirement to consult the local Healthwatch Barnet group and involve the local community. The Board will also be required to publish an annual report setting out what it has done in the previous year to implement its Strategy and objectives. Barnet Council has published an annual report of the BSAB for some time. This year, in advance of the completion of the Care Bill, it has published its work programme for the next two years, which will be refreshed every 6 months.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

- 7.1 The Strategy and work programme for Safeguarding Adults Board for 2013-15 will be delivered within existing budgets in Adults and Communities.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

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

8.2 The report has been written in a style which is more accessible to members of the public and will be published on the Safeguarding Adults Board web page.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 The annual report has been developed with the full participation of the Multi-Agency Board. The Board has good representation at a senior level from all stakeholders in NHS, CCG, Police, Fire Brigade, Barnet Homes, and Barnet Carers Network and with Safeguarding Children's Board and Community Safety and the Care Quality Commission. Each partner has submitted an annual safeguarding statement on their achievements in the past year and work planned for 2012/13 which has been integrated into the body of the report. The annual report will be submitted to each partners' executive Board.

10. DETAILS

10.1 The Safeguarding Adults Board meets four times a year and reports annually on its work. This outlines membership of the Board, work of the Safeguarding Adults Service User Forum, work plan progress and analysis of safeguarding alerts received during 2012-13, and priorities for 2013-14, which are expanded on in the accompanying Barnet Safeguarding Adults Strategy and Work Programme. A requirement of the Board's governance arrangements is that the Board reports on its work to the Safeguarding Overview and Scrutiny Committee, Cabinet and Council; and due to the important inter-agency arrangements and the role of health, the Annual Report is noted by the Health and Well-Being Board as well as each partner agency's executive Board.

10.2 In 2012-13, the Safeguarding Adults Board has further strengthened its membership to include representation from Barnet Clinical Commissioning Group, and Healthwatch Barnet.

10.3 The Safeguarding Adults Service User Forum continues to meet quarterly. The Forum has produced a mission statement, which is included in the report, and continues to ensure that the voice of service users remain central to our safeguarding work. A recent Local Government Association (LGA) Peer Review identified the work of the Forum as good practice and the LGA has asked us to share this nationally with other local authorities. This is attached for information.

10.4 Carers and Safeguarding Adults – working together to improve outcomes (July 2011) has been used in work with carers and staff to identify how we can work better with family carers on safeguarding issues. It focuses on three areas:-

1. Carers speaking up about abuse or neglect within the community or within different care settings
2. Carers who may be experiencing harm from the person they are trying to support.
3. Carers who may harm the person they support, this might be due to stress they are under, and the fact that they are not receiving enough support with their caring role.

10.5 Work to support family carers across the partnership has included such initiatives as; the development of emergency planning services; GP's prescribing breaks from caring; a hospital discharge co-ordinator for carers; launch of a new carers forum and safeguarding training for family carers.

0.6 Local health services have been continuing to improve the quality and safety of local services. Each health partner has established an internal Safeguarding Group to ensure

that patients receiving health services are treated with dignity and respect, that the most vulnerable patients receive the care they need and if things go wrong, this is taken seriously, investigated thoroughly and work done to prevent it happening again. The Board requires each Health partner to report on their plans and the progress they have made on a scheduled basis.

- 10.7 Barnet Clinical Commissioning Group (CCG) is responsible for ensuring that all Barnet Health organisations have effective arrangements in place to safeguard adults at risk of abuse. The final report of the Mid Staffordshire NHS Trust Public Inquiry (also known as the Francis Report) was published in February 2013. The Inquiry investigated how conditions of appalling care were able to flourish in the main hospital, and how a culture of corporate self-interest and cost control allowed this to happen. Barnet CCG is committed to implementing the Francis Report recommendations in Barnet, and will be asking all the services they commission to carry out a review against the Francis Report recommendations.
- 10.8 Barnet has one of the largest numbers of care homes in Greater London. There are 95 residential and 23 nursing homes registered with the Care Quality Commission. In total these homes provide 3,068 beds for a range of older people and younger people with disabilities. As part of our drive to improve quality we have commissioned a team of staff called the integrated Quality in Care Homes Team to work closely with these homes to provide them with advice and support in developing their practice and driving up standards in order to prevent abuse. The Integrated Quality in Care team consists of a Team Leader and four quality advisors whose backgrounds are CQC inspector, tissue viability nurse, mental health social work and a registered care manager.
- 10.9 1,194 staff across the health and social care workforce attended core training including awareness sessions, policy and procedures and investigators training. A further significant number of staff were trained by NHS Health Trusts across the different sites in line with local targets. 12 training sessions were delivered to staff working in GP practices. 50 training sessions were provided onsite i.e. care home settings. This meant whole teams could receive the training together and focus on improving practice tailored to a particular need, i.e. risk assessment.
- 10.10 Following the appalling treatment at Winterbourne View, the Safeguarding Adults Board have continued to receive progress reports on the number of people with learning disabilities who are placed outside of the Borough and the arrangements for checking that these people are safe and are receiving the care and services they need.
- 10.11 We have worked with the safeguarding adults user forum to develop new fact sheets to give people information about staying safe, and have reviewed information available on our web site to ensure it is easy to read and accessible to all.
- 10.12 Barnet has achieved excellent detection rates for all hate crimes exceeding all the targets set for this performance year. There are now twenty one third party reporting sites in the Borough which are accessible to all adults at risk. Your Choice Barnet, Barnet Mencap and the Metropolitan Police have worked together to create 'Safe Places'. This offers trusted safe places in local shops and businesses trained to provide assurance to vulnerable people who may be in need or difficulty.
- 10.13 We have interviewed people who have experienced safeguarding services to find out what they thought. We learnt that 95% of people said they felt listened to and could say what they wanted to happen. 85% said that they felt safe from continuing harm or abuse, but this sometimes depended on other factors like their mental health.

- 10.14 Safeguarding Adults was the subject of a sector led Peer Review in March. The Peer Review team (led by ADASS Safeguarding Adults Lead Dr Adi Cooper and Local Government Association National Safeguarding Lead Cathie Williams) met staff from Adults and Communities and partnership organisations represented on the Safeguarding Adults Board. They also met with the Safeguarding Adults Service User Forum, and observed our safeguarding practice. The Peer Review Team found that the Board has strong multi-agency ownership and leadership and focused on what users and carers wanted. That safeguarding was quality assured and partners felt the Board held them to account. The Review Team also identified some good practice that they have asked us to share nationally such as the work of the Safeguarding User Forum, and the work in gathering feedback from users who have experienced safeguarding services. They also made some suggestions for improvements by introducing family group conferencing, and more work with health and care homes on the way pressure ulcers are managed.
- 10.15 Over the year, the number of safeguarding alerts increased by 13% to 612. Although the number of alerts has increased the number investigated are slightly less than last year. Of the 612 cases alerted 424 were investigated. In the other 188 cases we decided to either take no further action, carried out an assessment of need or referred onto another more appropriate agency to help. For those cases which did progress, we responded quickly within national standards. 46% of cases were substantiated or partially substantiated. In 22 % of cases we were unable to determine whether the abuse happened as alleged or not. In these cases we continue to take action to help the adult stay safe from harm.
- 10.16 The number of referrals to the Independent Mental Capacity Advocacy Service (IMCA) has increased this year by 56%. This means that more people who lack capacity to make key decisions about their care and wellbeing are safeguarded. The number of referrals to the IMCA service regarding decisions about serious medical treatment remains low.
- 10.17 From April 2013 the duties of the Primary Care Trusts for receiving Deprivation of Liberty Safeguard requests have passed to Local Authorities. This year, there were 30 requests for authorisation of which 19 were granted.
- 10.18 The summary achievements of the BSAB are set out in the attached annual report.
- 10.19 The work programme for 2013-15 is set out in the attached Barnet Safeguarding Adults Strategy and Work Programme. The components of the work programme have been developed from consultation with service users, carers and partners; feedback from the service user forum; recommendations from the Peer Review; and consideration of national policy developments.
- 10.20 The key elements of the work programme are: increasing the focus on the adult at risk being in control; strengthening partnership working; addressing underpinning quality issues; widening the range of support for adults who have been abused; and increasing access to justice for adults who have been abused.

11 BACKGROUND PAPERS

11.1 Peer Challenge Report

Legal – SW

CFO – AD