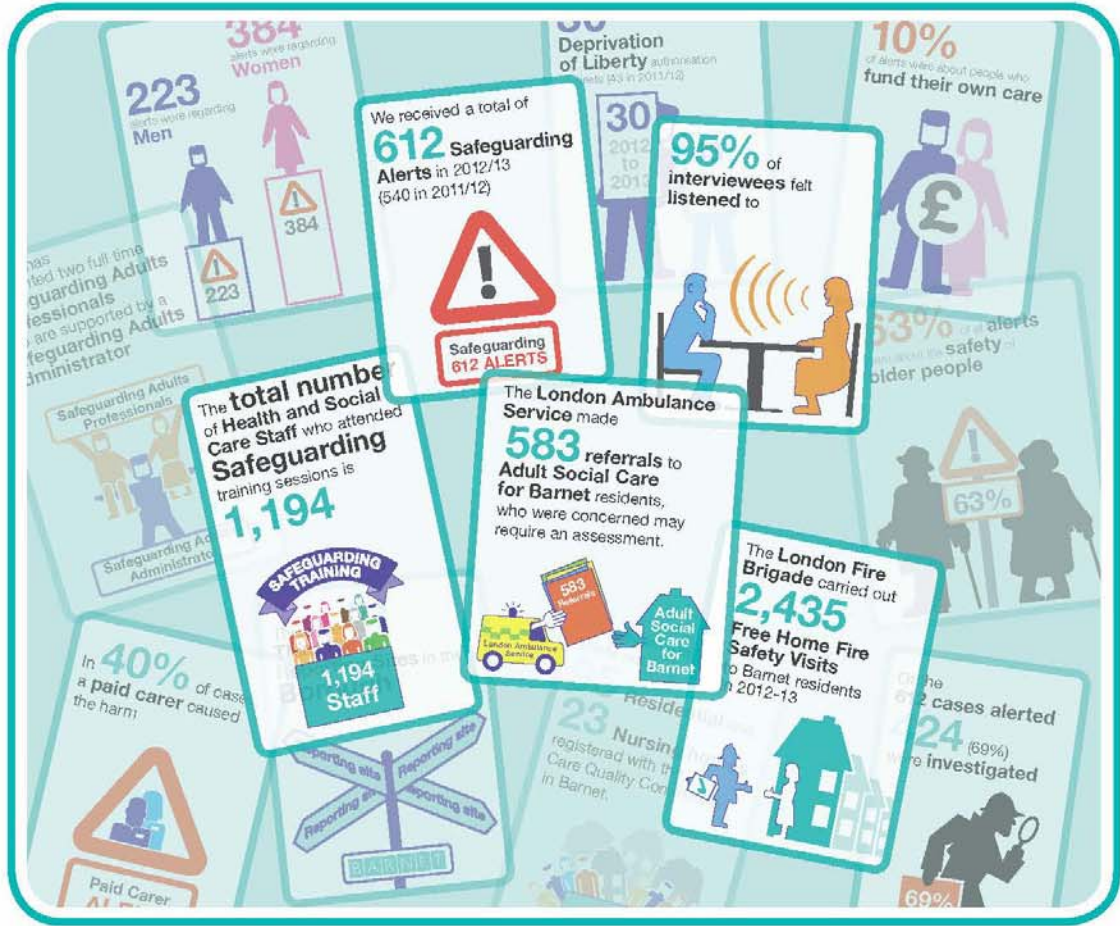


Barnet Safeguarding Adults Board

Annual Report 2012-13



Dedication

This annual report is dedicated to the memory of Mr Stanley Davison who sadly passed away earlier this year. Stan was a member of the Safeguarding Adults User Forum from its very first meeting. As the Chair of the 55 + forum he was a dedicated champion for older people. The Safeguarding Adults User Forum benefited greatly from his wisdom, passion and enthusiasm for supporting the rights of the most vulnerable in our society. Stan led on the development of the mission statement contained in this annual report which is a testament to his convictions. He will be sorely missed.

Foreword from the Independent Chair of Barnet Safeguarding Adults Board

The work described in this year's annual report has taken place against a backdrop of intensive change in all partner agencies, particularly in health trusts where the re-configured NHS has thrown up new challenges. Health bodies have been well represented on the Board throughout this time and our colleagues have maintained continuity and kept partner agencies well informed as these changes have taken effect.

At a national level we have been mindful of tragedies and poor practice arising out of poor systems and governance and have learned lessons from national inquiries including the Francis report and the serious case review into Winterbourne View private hospital. We have also learned from Mencap's work on the way that people with learning disabilities have been treated in hospital. These inquiries remind us to be proactive and vigilant and to work to develop *good* practice rather than wait for cracks to show.

Nor is the Safeguarding Adults Board immune from change. This is my last year as the Independent Chair of the Safeguarding Adult Board as I shall be retiring shortly. My successor will chair this group alongside the Children's Safeguarding Board and that will enable the two agendas to be dovetailed. Where there are overlapping concerns, as in the case of domestic violence, mental health, transition and so on, these can be seen through one lens. This is going to be enormously helpful.

In the time that I have worked with Barnet it feels as if we have moved from being a group of committed individuals to one of committed partner agencies, represented by designated senior managers who come with a proper

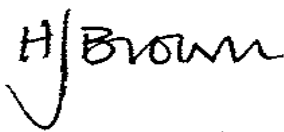
mandate to go back and implement changes. We now monitor concerns at service and system-wide level instead of only auditing on a case-by-case basis and wherever possible we are proactive rather than reactive in addressing areas of care where vulnerable people are at most risk. We review referrals for pressure ulcers and audit patient experience reports. We have appreciated the input of emergency services attending the Board on a regular basis and of those agencies that span other boroughs and bring news from the other board meetings they attend.

The information in this report reflects these changes, setting out what partner agencies are hoping to achieve on their own account as well as the shared concerns of the Board.

We have highlighted particular areas of concern through our monitoring activities during the year so that we can be alert to risks faced by people with dementia, to those on personal budgets and to teams or services that seem not to be reporting as many concerns as their peers. We have ironed out some administrative problems in recording the progress of cases in the learning disability service, enabling us to track cases and ensure matters are addressed within acceptable timeframes.

As a Board, we would like to note the valued contribution of Maggie Goff, who sadly passed away this year. Maggie was a passionate advocate for people with mental health problems and enabled the Board to develop a greater understanding of the Mental Capacity Act and its application.

I would also like to record my personal wishes to all my colleagues on the Board; to thank them for their hard work and dedication, to say how much I have enjoyed working with them and what a privilege it has been to learn alongside them. I hope adults-at-risk in Barnet continue to be made safe as a result of their efforts. We wish Teresa McHugh well as she moves onto her new post and thank her for her consistent presence and participation in the Board's work. And, in particular I would like to record my thanks to Sue Smith who has supported the Board with dedication and integrity throughout the four years in which I have been Chair. I wish everyone involved in safeguarding adults in Barnet well over the coming years.

A handwritten signature in black ink that reads "Hilary Brown". The signature is written in a cursive style with a large, stylized initial 'H'.

Hilary Brown

Emeritus Professor of Social Care, Canterbury Christ Church University
Independent Chair of Barnet Safeguarding Adults Board

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Barnet Multi-Agency Safeguarding Adults Board

Annual Report 2012 - 2013

1 Who we are

Barnet's Safeguarding Adults Board was established in July 2001. It is made up of senior officers from the different public services who work with vulnerable adults in Barnet. The Board has four main aims:-

- To promote the welfare of vulnerable adults and to develop good practice in health and social care services.
- To raise awareness of abuse wherever it should occur and encourage people to report it if it happens.
- To ensure that agencies will work effectively together to ensure abuse is investigated and that people are helped to keep safe.
- To learn lessons where people have not been adequately protected.

The Board meets four times a year and is chaired by an independent person, Professor Hilary Brown. The Safeguarding Adults Board has to report on its work to the Council via the Safeguarding Overview and Scrutiny Committee and the Health and Well-being Board. In addition each agency represented on the Board will present the report to their agency executive Board. The report will also be given to the Safer Communities Board and to each care group partnership board (i.e. Learning Disabilities Partnership Board) for information. It will be made available to the public on our website at www.barnet.gov.uk/safeguarding-adults-board.

The Safeguarding Adult Board membership includes people from:

- London Borough of Barnet
(Adults and Communities, Children's Safeguarding, and Community Safety)
- NHS Barnet Clinical Commissioning Group
- Barnet, Haringey and Enfield Mental Health Trust
- Barnet and Chase Farm NHS Trust
- The Royal Free NHS Trust
- Central London Community Health Care NHS Trust
- The Metropolitan Police
- The Care Quality Commission
- The Barnet Group
- The London Fire Brigade
- The London Ambulance Service
- Healthwatch Barnet
- Barnet Carers Network
- Voice Ability (Independent Mental Capacity Advocate Service)

1.1 Safeguarding Adults Service User Forum

Our Safeguarding Adults Service User Forum ensures that the voice of service users remain central to our safeguarding work.

The forum meets quarterly, and is made up of representatives from the 55+ forum, Barnet Older Peoples Assembly, Barnet African Caribbean Association, Barnet Older Asian Association, Barnet Voice for Mental Health, Barnet People's Choice, and other interested older people, people with learning disabilities, physical disabilities and sensory impairments.

This year they have developed their own mission statement.

Mission Statement

“Our mission is to play a significant part in the community by raising awareness amongst the public, and training those who live and work with vulnerable adults; to protect and help them, and establish good practice throughout our community

Helping vulnerable adults is the central feature of Barnet's Safeguarding Adults Forum. Vulnerability takes many forms and can be experienced at any age, so the “safeguarding” policies and ideas have to develop in many ways. That's what our Barnet Forum aims to do.

- It means creating awareness about abuse of vulnerable adults.
- It means creating methods of communication and information wider than among those directly affected.
- It means helping to give confidence to vulnerable adults to deal, or be a crucial part in dealing with these problems.
- It means helping them to become as much a part of mainstream life as possible.
- It means helping to establish good practice amongst those who provide health and social care.
- It means seeking to work collaboratively with the various agencies and networks of our local community.
- In total, it means working to create a better thought culture about dignity, equality and human rights.

Playing a significant part in this community endeavour is our aim and mission.

Liliana

"I find the forum very useful and interesting. The group is united and dedicated."



Alison

"This meeting is a great platform for getting what needs to be achieved done at a more rapid pace than elsewhere"



At each meeting, the forum receives a progress report from the Board and a presentation from one of the agency partners.

Members of the forum are encouraged to challenge and scrutinise agency plans for safeguarding adults who use their service. For example, this year Barnet & Chase Farm NHS Trust was required to report on how well they are keeping patients safe. The forum had lots of feedback for the Trust and suggestions for things they could improve.

The forum has also received presentations about the role of the new Clinical Commissioning Group, and the role of Independent Mental Capacity Advocates. They have received statistical information on referrals and outcomes.



2. What we have achieved in 2012/13

We have achieved a lot of the past year. We have split our achievements by themes below.

2.1 Listening to the voice of residents

The work of the Safeguarding Adults User Forum, in their words:

- We know about the work of the Safeguarding Adults Board, and through presentations we have had an opportunity to question, challenge and influence the work of the Board.
- We know about the role of the Independent Mental Capacity Advocates (IMCA)
- We have helped develop information on keeping safe. This year we have worked on fact sheets on financial abuse and safely recruiting a personal assistant.
- We know about the work Barnet & Chase Farm NHS Trust are doing to keep patients safe. We told them the areas where we think they are doing well and where they need to improve.
- We tested the Barnet website to check how good the information was on reporting abuse and that this was accessible to everyone.
- We have learnt what happened at Winterbourne View Hospital and what the Safeguarding Board are doing to make sure people with Learning Disabilities placed outside of Barnet are kept safe.
- We helped develop the interview questions for Safeguarding Service User experience survey.
- We know about the work of Healthwatch Barnet and plan to ensure they know what we think of Barnet services.
- We have told the Safeguarding Board what we think the priorities should be for 2013-14.



2.2 Supporting Family Carers

Family carers play an essential role in safeguarding adults, whether they are the sole family carer or receive some support with their caring role. *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. This could be unintentional.
3. Carers who may harm the person they support, this might be due to the stress they are under, and the fact that they are not receiving enough support with their caring role.

Below are details of progress we have made in these three areas:

- During Safeguarding Month in November 2012, family carers attended an event run to enhance carers' understanding of their role in safeguarding adults, and provide them with information about support available. There were presentations on good practice examples of how health and social care services are working well with family carers. A Those that attended also found out more about carers assessments and took part in a group work session where they were able to talk about their experiences of health and social care services, their priorities and to identify things that could make a difference.
- A carer's emergency plan service has been developed. Carers can complete a plan stating the action they would like to see put into place should they be unable to provide care.
- GP's can now prescribe a break from caring. The carer takes their prescription to Barnet Carers Centre to receive a direct payment for a suitable break which meets their particular circumstances. The service aims to support carers so they can sustain in their caring role.
- A hospital discharge co-ordinator for carers has been appointed at Barnet Hospital. They will support carers through the discharge process and ensure they know about on-going support available.
- The scandal of the abuse at Winterbourne View has continued to be a spur for the work of carers' support organisations. Staff attended training courses, particularly the event 'Identifying Abusive Services', which highlighted lessons from the serious case review. The Carers' Support Organisations Network continues to collate key issues and raised promote these sessions.
- The Carers' Hub is delivering the new Carers Support contract. The Hub is a group led by Barnet Carers' Centre, which provides a range of support services for carers.
- The Carers Forum, an independent voice for carers has been re-launched.

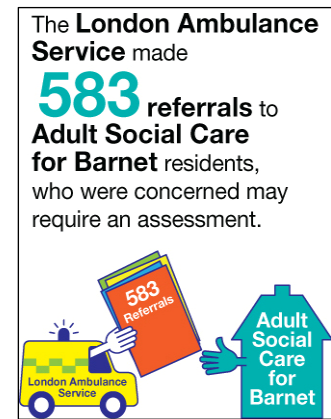
2.3 Safeguarding in Health services

In the past year, all local health agencies have been working hard to improve the quality and safety of local services.

- All of our NHS partners have established an internal Safeguarding Group to ensure that patients in hospital and those receiving health services are treated with dignity and respect, that the most vulnerable patients receive the care they need, and that if things go wrong this is taken seriously, investigated thoroughly, and work done to prevent it happening again. The Safeguarding Adults Board requires each Health partner to report on their plans and the progress they have made on a scheduled basis.
- Central London Community Healthcare NHS Trust (CLCH) has appointed two full time Safeguarding Adults Professionals who are supported by a Safeguarding Adults administrator.
- Central London Community Healthcare (CLCH) and the London Ambulance Service have reviewed their Safeguarding Adults at Risk policies to make they include new guidance on PREVENT, the deprivation of liberty safeguards (DoLS), management of allegations against staff and duty to whistle blow.
- Central London Community Healthcare (CLCH) has implemented a programme to enable patients to give feedback on services
- Barnet General Hospital and the Royal Free Hospital each have an Acute Liaison Nurse for people with learning disabilities. Their job is to ensure that people with learning disabilities can access services within the hospital, and that staff on wards can make reasonable adjustments to make sure their health needs are met. The nurse also supports individual patients who might be anxious about coming into hospital. This year the nurse has worked with the day surgery unit to improve access to people with learning disabilities, and has given training to staff including student nurses.
- Barnet and Chase Farm Hospital Trust ran a “We Care” campaign and have introduced a tool (called the Quality of Interaction Observational Tool) to improve the quality of communication between staff and patients. The Trust’s Patients and Relatives Group undertake monthly audits to see how it is working.
- Barnet and Chase Farm Hospital Trust is planning some environmental changes as part of its dementia strategy, and extending the use of colour and symbols to help patients identify specific areas. There is an extensive dementia training programme in place for staff and a range of information and advice sheets are now available to patients, staff and their relatives. The Trust has also implemented a ‘green cup’ scheme for patients with dementia to prevent dehydration.



- The London Ambulance Service made 583 referrals to Adult Social Care for residents who they thought may require an assessment. They have appointed a Head of Safeguarding Adults and have a local lead for all safeguarding Boards.
- Barnet, Enfield and Haringey Mental Health Trust carry out case file audits to ensure their staff are safeguarding people with Mental Health problems
- Clinical Commissioning Groups (CCG) is the name given to the new bodies who are responsible for planning and buying healthcare to meet the needs of the local population. Barnet CCG is therefore responsible for ensuring that all Barnet health organisations have effective arrangements in place to safeguard adults at risk of abuse or neglect.
- The final report of the Mid Staffordshire NHS Foundation 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. The Report made 290 recommendations designed to make sure patients come first by creating a common patient centred culture across the NHS.
- Barnet CCG is committed to implementing the Francis Report's recommendations in Barnet. The CCG will be asking all the services they commission to carry out a review of what happens in their own organisations and identify any actions they need to take to ensure that what happened in Stafford does not happen here in Barnet.



2.4 Working together to improve services

When Adult Social Care purchases a service from an agency such as a care home, we ensure that a contract is in place to spell out the requirements and quality of the care to be provided. A 'safeguarding adults' specification is included in these contracts including residential and nursing care, supported living and home and community support. For example contracts state that providers will:

- Ensure staff have been checked as suitable to work with vulnerable adults
- Train and supervise their staff to set standards
- Work to local safeguarding policies and procedures
- Have a whistleblowing policy

Quality and Purchasing Officers have a rolling programme of inspection in place based on risk to check compliance with the contract through scheduled visits. This provides an opportunity for us to find out how services are doing, and to address issues early to prevent them from escalating. Where things do go wrong we work closely with the Care Quality Commission to seek improvements and ensure those people that use services are safe.

A Provider Forum has been established to help people who provide services, like care home managers to come together to share good practice, learn about new developments and ensure service users receive the best possible care.

Barnet has one of the largest number of care homes in Greater London. There are 95 residential and 23 nursing homes registered with the Care Quality Commission. In total these homes provide 3,068 beds for a range of older people and younger people with disabilities. As part of our drive to improve quality we have commissioned a team of staff called the Integrated Quality in Care Homes Team to work closely with these homes to provide them with advice and support in developing their practice and driving up standards in order to prevent abuse.



2.5 Making sure all staff know how to safeguard adults

The Safeguarding Adults Board plans a range of training and learning activities for staff across the workforce to ensure they know how to safeguard adults. All the NHS Trusts and the London ambulance service have extensive training programmes for staff



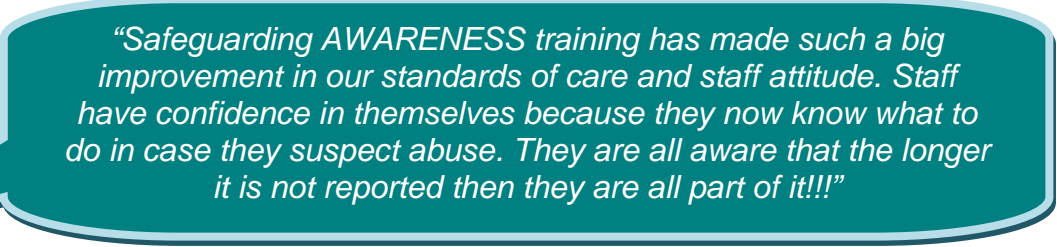
The training programme for 2012-2013 was delivered to Barnet Council staff, Barnet, Enfield and Haringey Mental Health Trust, CLCH, and the private, voluntary and independent sector organisations in Barnet. We also trained Council Members. The core training included awareness sessions, policy and procedure training, and Safeguarding Adults Investigations. The total number of health and social care staff who attended these sessions is 1194.

The following training was also provided at different health settings in 2012 - 13:

- The Royal Free NHS Trust have trained 100% of staff on Safeguarding Adults training at level 1 and 62% of staff to level 2.
- Barnet and Chase Farm NHS Trust have trained 85% of staff on Safeguarding Adults at level 1, Central London Community Health Care have trained 76% of Barnet based staff, and Barnet, Haringey & Enfield Mental Health Trust have trained 86% of staff.
- 12 training sessions were delivered to staff working in GP practices.
- The London Ambulance Service have produced a safeguarding pocket book for staff
- Barnet Enfield and Haringey Mental Health Trust has developed safeguarding adults' eLearning refresher level 1 training.
- Barnet Enfield and Haringey Mental Health Trust has developed a Domestic Violence and abuse protocol, along with a fact sheet and flowchart for staff.
- The London Ambulance Service has reviewed its contracts with private providers to ensure they undertake safeguarding training to the required standard.

50 training sessions were delivered to staff working in care homes and home care services, on-site at their premises. This meant that whole teams could receive the training together, and focus on improving practice in their particular setting. This type of training is very popular.

What Sylvia Mthabela, Home Matron at Fernbank Nursing Home said about the training in care homes:



“Safeguarding AWARENESS training has made such a big improvement in our standards of care and staff attitude. Staff have confidence in themselves because they now know what to do in case they suspect abuse. They are all aware that the longer it is not reported then they are all part of it!!!”

An Investigations Training programme was also delivered to 8 managers of care homes and other services to improve the quality of investigations in these settings.

Safeguarding practice forums are run quarterly to supplement the formal training programme. Aimed at social workers and other front line practitioners, the forums aim to enhance good practice, provide updates on practice developments and provide support to staff so they can become safeguarding champions in their teams. This year the forum topics focused on the areas we want to improve on such as involving Service Users in Safeguarding, and understanding the Mental Capacity Act. One forum aimed at Police Officers and Social Workers focused on the criminal offences of wilful neglect and ill treatment of a person who lacks capacity.

Safeguarding Month

Every November, the Safeguarding Adults and Children’s Boards and Community Safety Partnership come together to plan a number of events to raise awareness of safeguarding issues across the partnership. The table below summarises the events planned by the Safeguarding Adults Board.

Event	Audience	Numbers	Summary
Launch Event –	All Partners	80	Inspiring presentations by Board chairs setting out the challenges for the coming year.
Pressure Ulcers a sign of neglect?	All Partners	71	Building skills in prevention of pressure ulcers aimed at staff working in care homes
Safeguarding Adults: A Role for carers	Family Carers	35	Providing carers with information and good practice examples across health and social care
Safeguarding Children & Adults Across Diverse Communities	All Partners	50	What safeguarding means in different communities and the barriers and solutions to working with community groups
Best Practice in the transfer of Patients between Care Homes & Hospitals	All Partners	70	Good practice and problem solving – the different perspectives of care homes, London Ambulance Service and Hospital settings
Listening to the Service Users Voice	All Partners	60	Presentation by 5 different service users on what they found helpful from statutory services during a safeguarding investigation

What people said about the safeguarding month events...

“Very interesting. Good to be listened to and an opportunity to meet professionals and carers”

“Listening to the service users was very powerful, a reminder of what we are trying to achieve”

2.6 Learning from experience



The television programme Panorama showed the horrific treatment of people with learning disabilities in a private hospital called Winterbourne View in Hambrook near Bristol. A review was carried out by Dr Margaret Flynn who found that whilst there were clear failures by the hospital there were also wider failures across the whole system; by the health commissioners who placed people there and by the people who inspected the hospital.

The review found that there are too many people with learning disabilities and autism placed in hospital, and are staying in hospital far longer than they should.

The Safeguarding Adults Board asked Barnet Commissioners to report on how many people with learning disabilities are placed outside the Borough, how long they lived there and how often we checked they were safe. They told us that no one from Barnet was living in Winterbourne View, but we did have 11 people living in a hospital type setting. All of these people have received a multi-disciplinary review, with the involvement of families and advocates. There are plans for 8 of these people to move out of hospital into more suitable accommodation, and the other 3 need to remain in hospital because they are not yet well enough to leave.

In March 2013 the Board planned a conference to make sure everyone could learn from what went wrong at Winterbourne View. 84 staff who commission and monitor services came together with health and social work professionals, and provider services to focus on planning for improvements. The day was hosted by the Director of Adult & Communities and Professor Hilary Brown.

What staff said about the learning event...

"I found the day very useful in informing my practice, and the structure of the day helped to create discussion and focus on the areas we need to improve through effective partnership working"

"I was moved by both key note speakers who spoke eloquently on the issues and made me think about my own experience and knowledge of working with vulnerable people over a number of years and how such situations can arise".

2.7 Letting people know what safeguarding is

Raising public awareness of what abuse is and how to report it remains a high priority for the Safeguarding Adults Board. In 2012 - 13:

- We worked with the Safeguarding User Forum to develop new fact sheets to give people information about staying safe. This includes topics like doorstep crime, and fire safety.
- We took part in the national World Elder Abuse Awareness Week during June 2012. We focused our activities on raising awareness of hate crime with different community groups and voluntary organisations in Barnet. This included a presentation, quiz and video to raise awareness of disability hate crime in particular.
- We made sure that all publications include safeguarding information, such as the Local Account of adult social care which was published in April 2013.
- We have put an advert to raise awareness of abuse on the public TV screens at Barnet Hospital, and in the Home Security Guide published by Barnet Borough Watch.
- The Barnet and Chase Farm Hospitals Trust has revamped its Safeguarding pages on the intranet and has a combined safeguarding page for children and adults with signposts to relevant sections.
- Barnet, Enfield and Haringey Mental Health Trust has updated the safeguarding information on its website.
- London Ambulance Service produced safeguarding easy read materials for the public and updated their web pages, including an easy read section.
- As part of safeguarding awareness week in June 2012, and Nurses day, Barnet and Chase Farm Hospitals Trust had information stalls on both sites.



2.8 Community Safety

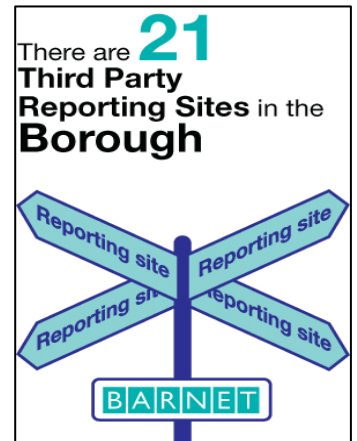
Tackling Hate crime

Building on the success from last year Barnet remains a safe borough and in line with the governments blueprint to tackle hate crime 'Challenge it, Report it, Stop it' we have enhanced our commitment to tackle three key areas:

1. Preventing hate crime from happening by challenging the attitudes and behaviours that foster hatred, and encouraging early intervention to reduce the risk of incidents escalating.
2. Increasing the reporting of hate crime that occurs by building victims' confidence to come forward and seek justice, and working with partners at national and local level to ensure the right support is available when they do
3. Working with the agencies that make up the Criminal Justice System to improve the operational response to hate crime. We want a more effective end-to-end process, with agencies identifying hate crimes early, managing cases jointly and dealing with offenders robustly.

So what have we achieved?

- Barnet has achieved excellent detection rates for all hate crimes (homophobic, racial and domestic), exceeding all the targets set for this performance year. The hate crime action plan for 2014 is complemented by having twenty one third party reporting sites in the Borough. In addition there will be four hate crime awareness seminars to improve under reporting. We have also received funding to continue with the safer homes scheme. This scheme helps people who have been burgled or who have been affected by hate crime to make their property safer by replacing locks, and cutting back hedges.
- A domestic homicide review was commissioned following the death of a Barnet resident. Any recommendations made as a result of this will be presented to the Safeguarding Adults Board for review to see if any action needs to be taken by partner agencies.
- Your Choice Barnet, Barnet Mencap and the Metropolitan Police have worked together to create 'Safe Places'. This aims to offer trusted safe places in local shops and businesses which can provide reassurance to vulnerable people. Local people will be trained to ensure they can respond to people in need or difficulty. This is initially targeted at people with Learning Disabilities but if successful could be adopted by other vulnerable groups. Local, trusted safe spots will be recognisable by the sticker placed in the window. Five safe places are now in operation in Golders Green, North Finchley and Edgware, with a further ten safe places to be identified for training to bring them in as part of the scheme.



Launch of Safe Places

To find out more about the location of safe places or to become part of the scheme visit the following link. www.safeplacesbarnet.blogspot.co.uk

Improving fire safety



The London Fire Brigade carried out 2435 free home fire safety visits to Barnet residents in 2012-13 many of whom are vulnerable people.

They were also able to reduced the number of dwelling fires to 236 in a year (which succeeded their target of 240), and have started working with Neighbourhood Watch schemes and the Metropolitan Police Safer Neighbourhood Teams to identify people at risk so they can work with them to reduce the risk of a home fire.

3 How do we know what we are doing is working?

There are many ways in which the Safeguarding Adults Board can get feed back on how well safeguarding services are performing in the borough.

3.1 Finding out the views of people who had experience safeguarding services

This year we interviewed 20 people who had experienced safeguarding services to find out what they thought. The Board wanted to know if people felt listened to and if they felt safe as a result of the help they had received.

Although the number of people interviewed was small, the Board learnt a lot from what people said. We learnt that people did feel listened to but did not always feel in control. We also learnt that most people did feel safe from continuing harm, but this sometimes depended on other factors like their mental health. Some people told us that agencies needed to work better together to ensure people get the help they want. For example, when there is not enough evidence for a Police prosecution, people would like this to be explained to them. Where people have raised concerns with us during interview we have acted to rectify the situation.



The table below reports the findings of the interviews:

Question Asked	% of People who responded positively
Did you feel you were listened to and could say what you wanted to happen?	95
Did you feel safe from continuing harm/abuse?	85

3.2 Health Trusts report on how well they are looking after patients in hospital

This year every Health Trust had to score how well they were safeguarding their patients. They had to complete a self-assessment, and present their findings to the Safeguarding Adults Board for them to check. Barnet & Chase Farm NHS Trust and the Barnet Clinical Commissioning Group also came to the service user forum to find out if they agreed with the score the authorities had given themselves. The forum had lots of ideas for how hospital services could further improve, for example Doctors need to use accessible language when communicating with people with learning disabilities as sometimes they use language that is difficult to understand.

3.3 Safeguarding Peer Review

The Director of Adults and Communities at Barnet Council invited a team of experts to come and review our safeguarding adults work in Barnet. The reviewers were from other local authorities in the London area, and came in to act as a 'critical friend' to look at how well we are safeguarding people in Barnet. The team was led by Sutton Council's Director of Adult Social Services Dr Adi Cooper, and the Local Government Association National

Safeguarding Lead Cathie Williams. The review team had a busy three days observing our safeguarding practice and meeting a selection of staff from within the council and from partner organisations on the Safeguarding Adults Board. The team also met members of the Safeguarding Service User Forum to find out what they thought.

The review team said that the people they met were open, honest, enthusiastic and that staff and people using services were committed to safeguarding adults. They identified a number of strengths such as:

- The Safeguarding Adults Board had strong multi-agency ownership and was effectively led
- That partners felt that the Board held them to account, and that it accounts to the population through its annual report.
- That Barnet focused on what service users and carers wanted and made sure they were involved.
- That safeguarding was quality assured through case audits, practice forums, learning events, and finding out what people who use services thought of them.

The Peer Review Team identified some of our good practice that they have asked us to share nationally with other local authorities such as:

- The work of the Safeguarding Adults Service User Forum
- Our work in gathering feedback from users to improve people's experience of safeguarding
- Our booklets and website which give people information in an accessible way.

The Peer Review Team also made some suggestions for how we can further improve such as:

- To develop a greater range of support to people to help resolve difficult situations
- To ensure all partners know about the Mental Capacity Act and the Human Rights Act
- To further develop the way partners work together so that abuse can be prevented and ensure there is good communication

We want to address the suggestions made by the peer review team by:

- Introducing family conferences to help adults at risk to resolve difficult situations with their families
- Improving the way all local agencies apply the Mental Capacity Act and the Human Rights Act in relation to adults at risk.
- Leading more work with Health and care homes on the way pressure ulcers are managed.

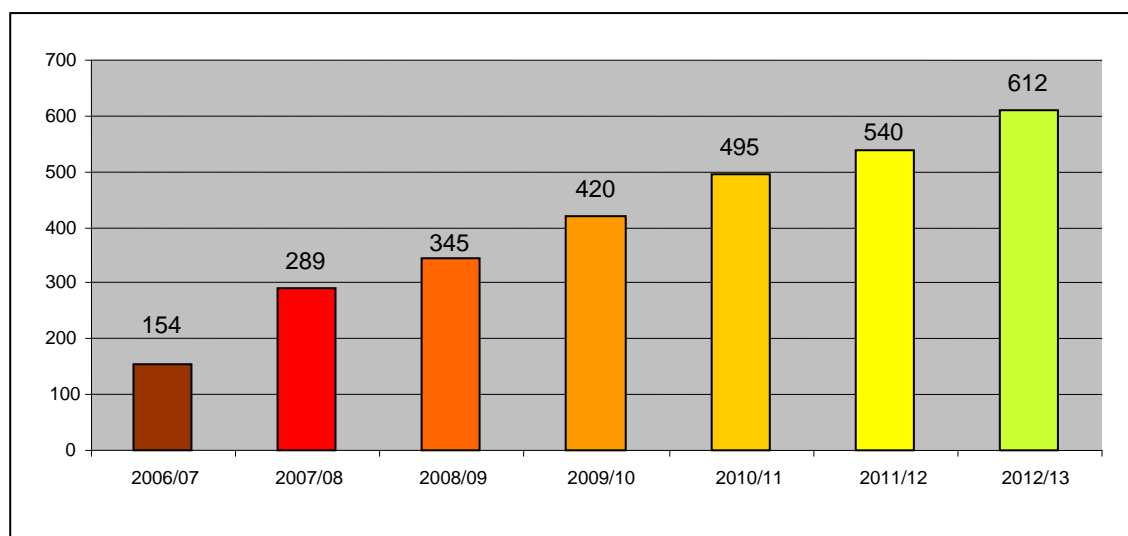
4. What the statistics tell us about safeguarding in the borough

We collect information about our work so we know how well we are safeguarding people. This information helps the Safeguarding Adults Board decide what their next steps should be.

We received a total of 612 alerts in 2012/13. Every year we have seen an increase in alerts as more people know about abuse and where to report it. This year saw a 13% increase on 2011/12

The table below compares the numbers of alerts per year since 2007

We received a total of
612 Safeguarding Alerts in 2012/13
 (540 in 2011/12)

4.1 Who is at risk?

The table below shows the breakdown of all our safeguarding alerts by the adult at risk's primary need. As in previous years, most alerts we receive concern the abuse of older people, however this year has seen a substantial increase for this client group with 121 more cases than in 2011/12. Alerts relating to adults with learning disabilities were at their lowest in 5 years with a fall of 51% on last year.

Primary Client Group	2009/10	2010/11	2011/12	2012/13
Older People	44%	47%	49%	63%
Learning Disability	23%	29%	28%	12%
Mental Health	20%	18%	16%	16%
Physical Disability & Sensory Impair.	13%	5.5%	7%	8%
Substance Misuse	-	0.5%	-	-

63% of all alerts were about the safety of older people



A total of 173 adults referred were recorded as having dementia. This is an increase from 142 last year and 95 the year before.

4.2 Age

67% of the adults referred were over the age of 65 which is a 40% increase on last year with a third aged 85 or over. This largely reflects the age profile of Barnet service users receiving a care package. However compared to last year the proportion of people over 85 has increased.

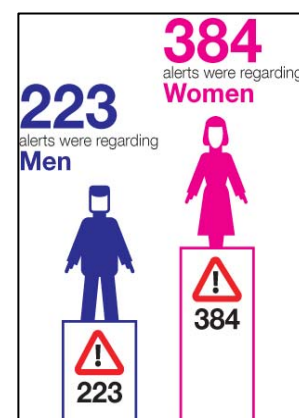
Age	18-64	65-74	75-84	85+	Unknown
2011/12					
Safeguarding cases	246	65	97	126	6
	46%	12%	18%	23%	1%
Care packages	35%	65%			-
2012/13					
Safeguarding cases	204	65	138	199	6
	33%	11%	23%	33%	1%
Care packages	37%	63%			-

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

4.3 Gender

During 2012/13 the proportion of males and females in each age group altered significantly, as the majority of 18-64s were female and over half of those aged 65-74 were male. During 2012/13, with the exception of older adults, the most at risk females were those with mental health problems. As in previous years, women were more vulnerable than men in all client groups, other than learning disabilities where 56% of alerts were male.

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



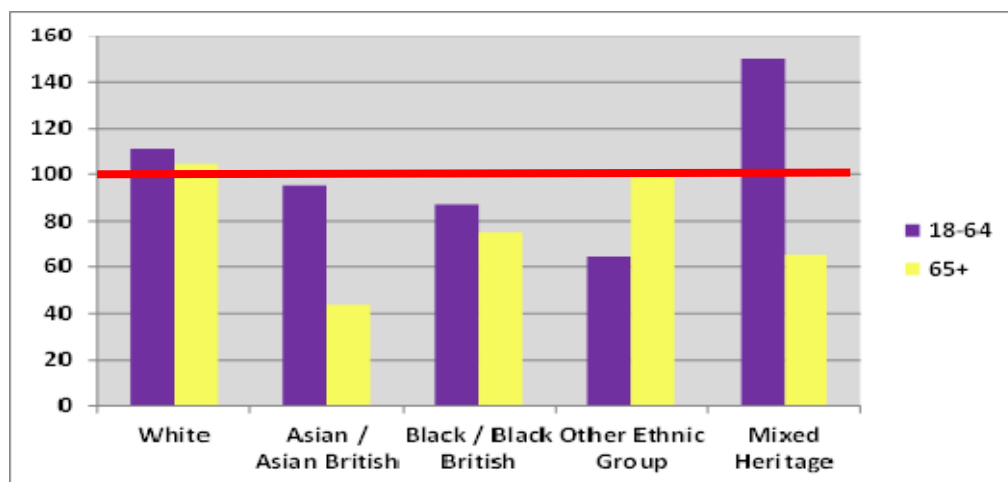
4.4 Ethnicity

The proportion to cases involving white residents has seen a 6.5% increase. In contrast with last year, the proportion of cases involving residents in all other ethnic backgrounds fell by an average of 3.6%.

Despite a rise last year in the number of cases involving Black/Black British residents; this year, the number fell by 21 cases. Based on general Adult Social Care figures, the number of alerts for Black / Black British adults is lower than might be expected; however, this may largely be the result of an increase in cases where ethnicity was not recorded.

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

To compare how representative the 2012/13 ethnic profile is of the overall adult social care client-base, an index has been created whereby an index of 100 means that the case list is perfectly representative within that age group, a lower index means that there are fewer safeguarding cases from that ethnic group than we would expect; and a high index means there are higher than expected cases from that particular ethnic group.



The figures show that cases involving White adults make up roughly the proportion that we would expect; there are fewer cases involving Asian adults particularly those aged 65+. In contrast to last year, there were fewer alerts than expected involving Black/Black British adults.

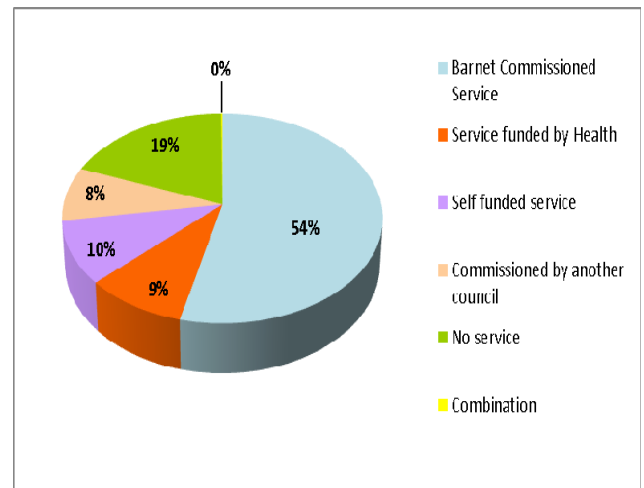
This year, the analysis separates out people who have identified their ethnic group as of Mixed heritage. Whilst the proportion of alerts for this group is over represented, the actual numbers are very low so the percentage difference is magnified within this index calculation.

4.5 Funding Arrangements

There has been little change in 2012/13, with the proportion of alerts for people who fund their own care remaining just under 10% of the total number of alerts and the proportion of referrals where no services were being received, increased by fewer than 5% to 116 cases. Of the 59 safeguarding cases involving people who fund their own care, 42% experienced neglect, 18% more than that recorded for all alerts. The majority of abuse reported for these people involved paid carers in care homes.



Funding Source	Number 2011/12	Number 2012/13
A Barnet-commissioned service	313	329
A service funded by health	43	56
A self-funded service	55	59
Service commissioned by another council	46	51
No service	77	116
Combination of funding authorities	5	1
Missing data	1	0
Total	540	612

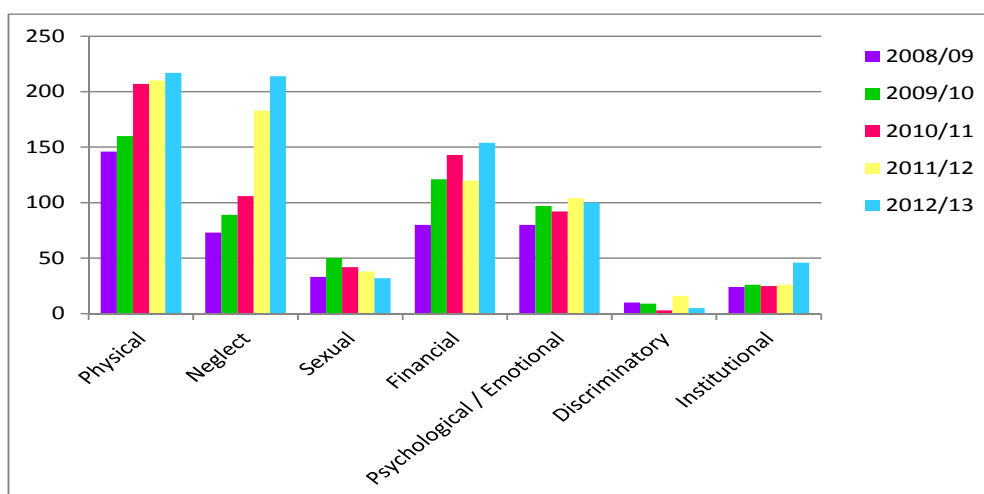


Six alerts related to clients in receipt of a direct payment, the majority of which concerned older adults with dementia. Financial abuse occurred in just a third of these cases, with physical abuse, neglect or psychological abuse being reported in the other four cases. Of the six alerts the majority of the allegations occurred in the adults own home by family, friends or a worker providing care home support. All six cases were investigated two of which were substantiated, resulting in police or disciplinary action. One case was referred to the Multi-Agency Risk Assessment Conference (MARAC).

Figures indicate that the promotion of Personal Budgets and Direct Payments has not increased the risk of neglect for service users and that they are only marginally more likely to experience financial abuse. Those outside of health care or local authority funding are also at no greater risk of financial abuse, however, self-funders are considerably more vulnerable to neglect.

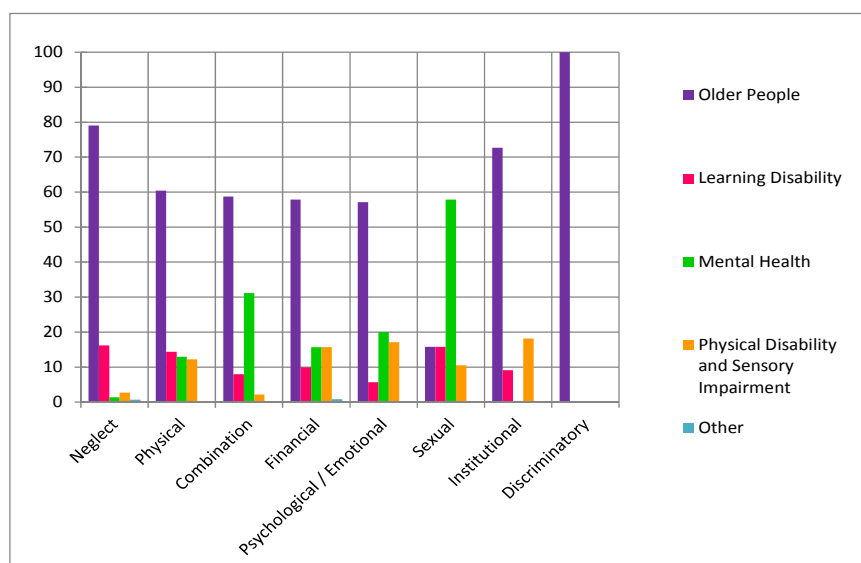
4.6 Type of abuse

The percentage of safeguarding cases involving institutional abuse, financial abuse and neglect all increased during 2012/13, with neglect increasing by 28%, which is most likely attributable to the 13% rise alerts involving older people.



When comparing the relationship between the needs of the adult at risk and the type of abuse the following patterns emerge:

- Older people are more at risk of neglect (30%) & physical abuse (22%).
- Adults with learning disabilities are more at risk of neglect (33%) and physical abuse (27%)
- Adults with mental health problems are more at risk of financial abuse (19%) and physical abuse (18%),
- Adults with physical disabilities are more at risk of financial abuse (36%) and physical abuse (33%)



Grade 3-4 pressure ulcers were reported as a possible indicator of abuse **in 78 cases (13%)**. 45 of these occurred in a care home setting, mainly nursing care. 18 occurred in the persons own home.

People with mental health problems were most likely to report incidence of sexual abuse than other client groups.

4.7 The person who caused the harm

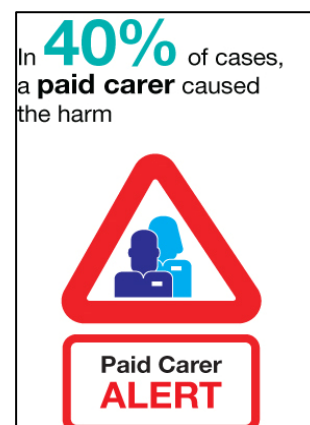
2012/13 saw similar patterns to previous years when identifying the person who caused the harm. Paid carers were the largest group reported (40%), followed by friend/relative (30%). The majority of paid carers were staff who work in the care home sector.

Person who caused the harm	2008/09	2009/10	2010/11	2011/12	2012/13
Friend / Relative	39%	41%	37%	32%	30%
Paid Carer	47%	32%	30%	37%	40%
Other vulnerable adult	8%	7%	8%	10%	7%
Stranger	5%	6%	3%	6%	4%
Professional	1%	2%	3%	3%	5%
Not Known	-	5%	17%	9%	12%
Other	-	7%	2%	3%	2%

4.8 Paid Carers

2012/13 saw a continued increase in the numbers and proportion of alleged abuse by paid carers. As shown in the table below, the number of cases increased for all providers except day care staff, and there was a further significant leap in the number of cases involving nursing care staff. The majority of alleged abuse by paid carers involved neglect, with the highest numbers recorded in nursing home settings.

	2010/11	2011/12	2012/13
Residential care	53	63	65
Nursing care	37	62	85
Domiciliary care	29	35	51
Day care	6	14	7
Self-directed staff	2	0	3
Other	20	27	34
Total paid carers	147	201	245



These 245 alerts encompass a long list of different care providers. Most providers appear only once, however, there are 20 providers who feature more than three alerts within the year.

4.9 Friends and Family

In 2012/13 there were 186 alerts where a relative or friend was alleged responsible for the harm. The profile of people who cause the harm was similar to last year, with harm by friends and neighbours, partners and sons and daughters accounting for 79% of alerts.

	2010/11	2011/12	2012/13
Partner	48	44	51
Parent	15	12	16
Friend / neighbour	53	47	46
Son / daughter	42	46	50
Other relative	21	24	23
Volunteer	3	0	0

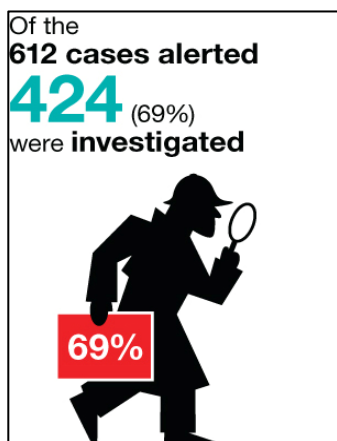
Where a single type of abuse was reported allegations involving friends and family mainly related financial and physical abuse. Financial abuse mostly involved friends or neighbours, whilst physical abuse generally involved partners.

When considering older people specifically, 95 of those abused by friends and family were older people, the majority of whom were alleged to have been financially abused by a son or daughter. A further 56 alerts concerned the abuse of people with mental health problems who were most likely to have physically abused by a partner.

Of those adults abused by family friends, 95 were older people, and this is most likely to be financial abuse.

Older people are most likely to be abused by a son or daughter, but when considering financial abuse specifically this is most likely attributed to friends and neighbours.

4.10 Alerts leading to investigation



We have been working hard to raise awareness of abuse, and we want people to tell us if they are concerned that someone is at risk. Not all alerts will turn out to be abusive situations, they could be about a need for services or other help. Of the 612 cases alerted **424 (69%) were investigated**. So although the number of alerts has increased this year the number investigated are slightly less than last year. In the other 188 cases (31%) we either decided to 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 the national standards.

4.11 Safeguarding Outcomes

For every case investigated we decide if we think the abuse happened (substantiated), or where there was more than one type abuse reported and we think that part happened (partly substantiated) did not happen (not substantiated) or it is not possible to say (not determined).

375 cases have now been completed and an outcome determined. The table below reports the outcomes of these cases and compares them to the outcomes of cases reported in previous years. At the time of writing this report 49 cases remain open and case outcome is not yet determined.

Conclusion	2010/11		2011/12		2012/13	
	Number of Cases	% of Cases	Number of Cases	% of Cases	Number of Cases	% of Cases
Abuse substantiated	129	36%	148	39%	148	39%
Abuse partly substantiated	48	13%	40	10%	25	7%
Abuse not substantiated	98	27%	102	27%	120	32%
Not determined / Inconclusive	88	24%	92	24%	82	22%

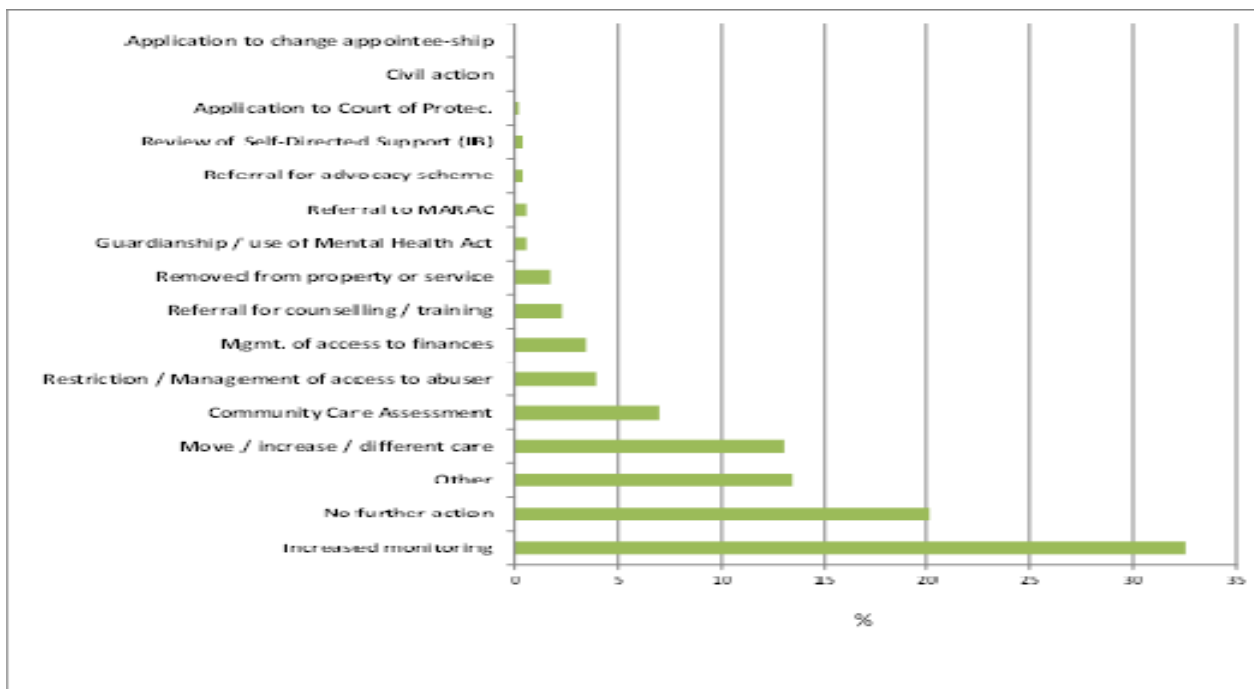
Abuse was more likely to be substantiated when neglect was reported or where there was a combination of abuse. Incidences of institutional abuse and sexual abuse were also more likely to be substantiated although it is hard to draw any firm conclusions from this as numbers were very low.

Of the 120 cases which were not substantiated, 43% were allegations against paid carers and 30% were allegations against family and friends. This is in contrast to last year where the majority of unsubstantiated cases involved paid carers.

In those cases where the evidence was deemed to be inconclusive, paid carers were more likely to be involved than friends and family, a change from 2011/12.

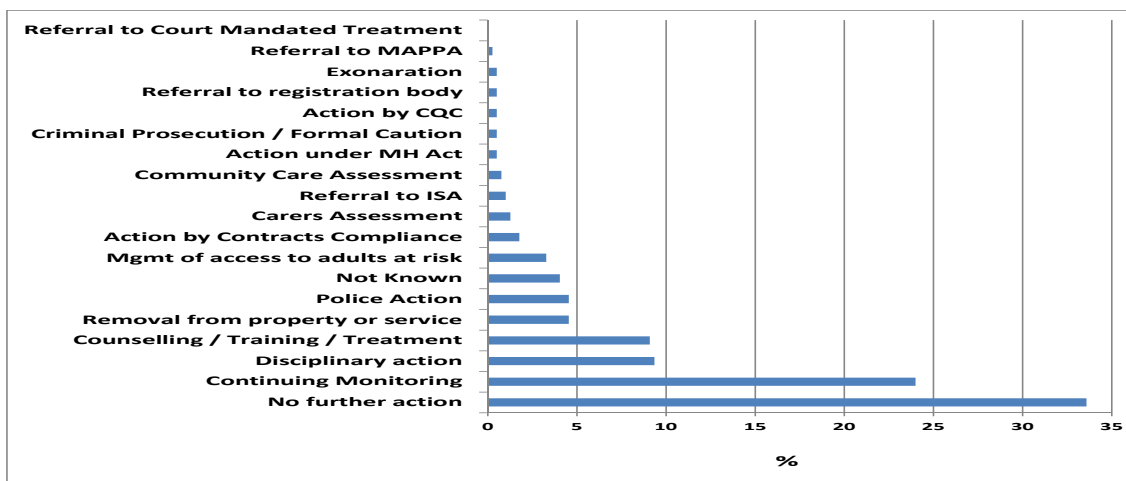
4.12 Action taken to help the adult at risk

In all safeguarding investigations we try to help the adult at risk stay safe from harm. The chart below shows what help we gave people where abuse took place. In most cases we increased monitoring of the situation. This means we might visit the adult more often or ask those involved in the persons care to regularly let us know how they are. This was generally supplemented by other types of action such as to amend the care received, either by increasing, changing or moving established services. We also put in place different things to help adults at risk stay safe in the future.



4.13 Action taken in relation to the person who caused the harm

The chart below shows what action was taken in relation to the person who caused the harm. In most cases monitoring was also the most likely action taken, although disciplinary action, counselling, training or treatment were also common responses. Other likely actions were removal of the alleged abuser from the relevant property or service, or Police or disciplinary action. In 2 cases involving nursing care staff, further action was taken by CQC. No further action was taken against the person who caused the harm in many cases this may be because the adult at risk did not wish us to take any further action against them, or because we had no legal mandate to do so. In these situations action is usually taken to help the adult at risk.



4.14 Mental Capacity Act

The Mental Capacity Act 2005 for England and Wales supports and protects people who may be unable to make some decisions. Every day we make decisions about lots of things in our lives. The ability to make these decisions is called mental capacity.

People may have difficulties making decisions some or all of the time. This could be because they have:

- a learning disability
- dementia
- a mental health problem
- a brain injury

The Mental Capacity Act covers major decisions about someone's property and financial affairs, health and welfare and where they live. It also covers everyday decisions about personal care (such as what the person eats), when the person can't make those decisions for themselves.

This means if you are unable to make some decisions, the Mental Capacity Act says:

- you should have as much help as possible to make your own decisions
- people should assess if you can make a particular decision
- even if you cannot make a complicated decision for yourself, this does not mean that you cannot make more straightforward decisions
- even if someone has to make a decision on your behalf you must still be involved in this as much as possible
- anyone making a decision on your behalf must do so in your best interests

An **Independent Mental Capacity Advocate** is someone appointed to support a person who lacks capacity and has no one to speak for them. Independent Mental Capacity Advocates only become involved when certain decisions need to be made involving a change of a person's accommodation where it is provided by the NHS or local authority or about serious medical treatment. They can also be involved where there are safeguarding concerns whether or not family, friends or others are involved. The Independent Mental Capacity Advocates (IMCA) Service is represented on the SAB and provides quarterly reports on its work.

Source of Referral to IMCA	2011-12	2012-13
Local Authority	67	79
Health Authority	21	34
Other	N/A	9
Missing Data	N/A	16
Total number of referrals	88	138

Of these referrals the majority were concerned with decisions relating to accommodation (65) or care review (15). The numbers relating to safeguarding (12) and serious medical treatment (9) remain low.

The Safeguarding Adults Board has recognised the need to raise awareness of the Mental Capacity Act particularly in Health organisations. This year Health Trusts have been training staff in their organisations. Work is still need to ensure GPs are up to speed with this area of work. This continues to be a high priority for the Board who are monitoring progress.

4.15 Deprivation of Liberty Safeguards



The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act (2005). They aim to protect people in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards have been put in place to make sure that a care home or hospital only restricts someone's liberty safely and correctly, and that this is done when there is no other way to take care of that person safely. The safeguards apply to vulnerable people aged 18 or over in hospitals and care homes who are unable to make decisions for themselves but who may need treatment or care to keep them safe and who are not detained under the Mental Health Act. DoLS came into force on 1 April 2009. They are designed to ensure that a person's loss of liberty is lawful, and that they get the special protection they need.

The Local Authority received a total of 30 requests, which is a significant drop on the number of requests received last year. The table below shows the outcome of these requests and compares them with previous years.

	2009-10	2010-11	2011-12	2012-13
Number of requests for authorisation	78	19	43	30
Number of authorisations granted	23	11	24	19
Number with conditions attached	15	10	18	12
Number of authorisations failed	55	8	19	10
Number of authorisations withdrawn	-	-	-	1

Barnet Primary Care Trust received a total of 11 requests, which represents a significant decrease on last year (21) From April 2013 the duties of the Primary Care Trusts for receiving Deprivation of Liberty Safeguards requests have passed to the Local Authorities. We have written to each local Health Trust to advise them of these changes.

5. Safeguarding Stories

Below are three real stories about Barnet residents who use services. We have changed all the details that might identify these people, but the stories are true.

Mr Thakker is an elderly gentleman with Parkinson's disease who lives with his wife and two adult children. Mr Thakker asked his GP for help as his son had been verbally aggressive towards him over a number of years. In recent months the sons outbursts had become worse. Now they were happening every week and the threats had turned to violence. The GP advised them to make a Safeguarding referral to Adult Social Services. During the investigation the Social Worker found out that Mr Thakker's son had mental health problems and this was affecting his behaviour towards the family. Mr Thakkers' Social Worker worked alongside Mental Health Services to make sure that Mr Thakker was protected and that his son received the support he needed. Initially this involved the son having some treatment in hospital, but when he was discharged he moved into his own home. Mr Thakker's son now visits his father every week. Their relationship is much improved. Mr Thakker describes the relationship with his son as 'more peaceful', a 'much better relationship' and 'he's a completely different person'. They felt this positive change would not have happened without the support of Social Services who

Ms Kyselova, a social worker in the learning disability team received an alert about money which had gone missing from Mr Khans bank account. Mr Khan has a learning disability and lives in a supported living scheme. He relies on staff to help him manage his money. The bank accepted that fraud had taken place and reimbursed Mr Khans account.

Six weeks later Ms Kyselova received a similar alert; however this time money had gone missing from Ms Parkers account. Ms Parker also has a learning disability and lives in a different supported living scheme managed by the same organisation. Ms Kyselova became suspicious and contacted the Corporate Anti-Fraud Team. They were able to do some checks and found that the money was traced to an address used by a staff member who worked for the organisation. The staff member was dismissed from their job, and was arrested by the Police.

Mrs Peron is an older woman with a diagnosis of Multiple Sclerosis. Her mobility is restricted and she uses wheelchair. She lives with her husband who is her carer. She also receives a personal budget to fund extra support from a care agency that helps with personal care. On three separate occasions different sums of money were taken from the home. On the third occasion Mrs Peron and her husband filmed the care worker taking money from Mrs Peron's handbag.

A safeguarding alert was made. The matter was investigated by the Police, and the care worker later prosecuted and given a suspended prison sentence and community service. The care worker was dismissed and placed on a barred list so she cannot work with vulnerable people again. Mrs Peron was awarded £200.00 compensation through the Courts.

6. What we plan to do in the coming year

We have decided our priorities for the coming year based on what people involved in safeguarding in Barnet have told us.

Following feedback from the Peer Review and from interviews we carried out with people who had experienced safeguarding services, we will:

- Continue to find out the views of adults at risk who have experienced safeguarding services to test whether we have helped to make them safer
- Implement a wider range of interventions to support victims of abuse, to help them to achieve resolution and develop skills to protect themselves
- Work to ensure that adults at risk have equal access to the criminal justice system.

Listening to the views of members of the Safeguarding Adults User Forum, we will:

- Ensure people have access to information and advice about protecting themselves, and what to do if they are being harmed or abused.
- Ensure all of Barnet's communities are aware of the risks of abuse and know how to report it.

Following feedback from the Peer Review and based on discussions held by the Safeguarding Adults Board over the year, we will:

- Ensure all partners have plans to check that people who use services are treated with dignity and respect.
- Work to prevent people getting pressure ulcers and investigate what happened when they are a sign of neglect.
- Increase support for family carers as alerters and people who under stress can cause harm
- Ensure there is training to make sure everyone knows how to safeguard adults at risk, including the use of the Mental Capacity Act and other legislation.
- Review our arrangements in line with the requirements of new Care and Support Act
- Implement new closer working arrangements with the Safeguarding Children's Board
- Ensure that we continue to learn from our work with partners, people who use services, and local and national reviews.

Our planned work in more detail

Work to support family carers

The Carers' Hub will develop its work over the next twelve months, continuing its important contribution to the prevention agenda. The Hub continues to raise awareness amongst carers of abuse and how to report it. By identifying carers' needs, via the Carers' Assessment, and giving them the support services such as short breaks, the Hub will help reduce the stress in families that can lead to abuse.



Safeguarding investigations should usually include positive outcomes for carers, such as better support.

The Hub will continue to provide carers with the advice and information they need. The National Family Carers Network has produced good publicity material that will be given to more carers this year. Workshops have been arranged for carers to learn more about the Mental Capacity Act. As a way of ensuring care services are open and safe, we want carers involved, as fully as possible, in the assessments and reviews of the people for whom they care.

As Healthwatch Barnet develops its work, carers and those who use services, will have a greater say on health and social care services. Carers' support organisations such as Age UK, Barnet Mencap, the Carers' Centre and Jewish Care will work with Community Barnet and others to make Healthwatch a consumers' champion. To ensure that services are responsible and safe, the Hub will build on the work of LINKs and the Enter and View programme.

Barnet Mencap will develop a project, in the borough, called Quality Checkers, based on peer evaluation of local services, giving Carers and those who use services, confidence when choosing a service in Barnet.

Work to improve community safety

The Metropolitan Police Service and the London Fire Brigade have set themselves targets to make the population of Barnet feel safer.

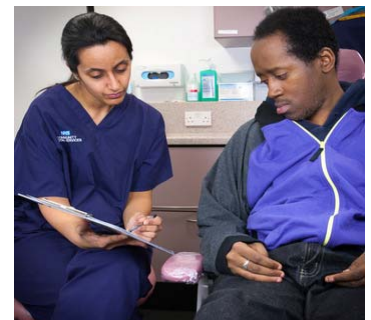
- The London Fire Brigade in Barnet will aim to spend 14.5% of its time on Community safety issues, and will carry out 2160 home fire safety visits, including 1728 to be carried out for people known to be at risk of fire.
- The Police will be implementing a new local policing model, to improve performance, public satisfaction, and enhancing capability to deal with violent crime.
- A Multi-Agency Safeguarding Hub will be put in place to make sure that risk assessments and actions to protect vulnerable children and adults are put in place quickly, with all agencies working together.
- The Police will be working with other partners on an intervention project to support families in the borough with the most complex needs.
- The London Fire Brigade will be developing closer links with the Mental Health Trust, police safer neighbourhood teams, neighbourhood watch schemes and mental health charities in the borough to identify high risk individuals.

- Working with partners, the Police will create an Integrated Offender Management Unit, allowing a more joined up and speedy response to offender's risks and needs.
- The Fire Brigade will carry out some focused work with individuals at risk of fire due to rough sleeping, squatting, or hoarding tendencies. They hope to reduce the number of dwelling fires across the borough to 237.



Work planned to keep health services safe

- The Barnet, Enfield and Haringey Mental Health Trust will ensure that learning from Safeguarding cases is embedded in to practice at the Trust.
- The Mental Health Trust will raise awareness of the Domestic Violence and Abuse protocol and ensure staff access relevant training.
- The Barnet and Chase Farm Hospitals Trust has trained key staff as dementia trainers and will continue its dementia training programme.
- As part of the implementation the Bournemouth Competency Tool, the Mental Health Trust will work with the council's training subgroup to ensure competencies are linked to safeguarding adult training.
- The Learning Disability Liaison Nurse at the Barnet and Chase Farm Hospitals Trust will continue to work with the communications department to develop patient information leaflets in an accessible format. The Nurse will also look at ways our cancer services and preadmission clinics can be improved to take into consideration the unique needs of some of our patients with learning disabilities.
- The Mental Health Trust will ensure that it can respond quickly and effectively to the increasing number of safeguarding referrals and that appropriate referrals are sent to the Independent Safeguarding Authority.
- The London Ambulance Service are undertaking a review of their referral system and processes, while Central London Community Healthcare (CLCH) will further develop its safeguarding adult's metric and reporting systems.
- Central London Community Healthcare (CLCH) is developing the role of Safeguarding Adults champion within all of its services. The champions' role will be to support the learning of staff in their specialist area of work.
- The Mental Health Trust will plan a programme of compliance inspections against the criteria in Outcome 7 of the CQC regulatory Framework. As part of a quality measure, it will also require Team Managers to audit one case file per month.
- CLCH plans to further explore patient's experiences and outcomes to ensure that high quality, safe services are being delivered.
- The Barnet and Chase Farm Hospitals Trust will revise its Patient Experience Strategy and will incorporate the recommendations from the government's response to the Francis enquiry.



Supporting Staff

- The Safeguarding Adults Board has started reviewing the materials available to health and social care staff about the Mental Capacity Act. We will be making sure everyone has access to all the information they need to support them to apply the Act in their place of work.
- Barnet Council will be launching a dedicated website for organisations providing social care such as care homes and home care staff. This includes information and resources on safeguarding adults, and details of training available to support staff.

Barnet Social Care Market

Supporting quality and choice in the social care market

This website is designed to help new and existing social care providers to develop their services to respond to the needs of Barnet's citizens. It is intended to be a one-stop portal to obtain all the information you need to help grow and develop your business, such as demographic information, projections of future demand, market messages regarding the future of care and support, business support, and a lot more.

If you would like details of current social care providers in the borough please visit Barnet's [Social Care Connect directory](#).

What we want to see in the market

We want to see the needs of Barnet residents met by a diverse range of providers delivering innovative, affordable and high-quality care and support solutions. We refer to this as the social care market. Read our [Key messages](#).

Our priorities

Our aim is to help people to live healthy and independent lives, without the need for external support. Where people do need support, we want to ensure that they get the right information to help them choose the most suitable support option for their needs. We therefore want to work with providers to create as many local support choices as possible.

We have [five different priorities](#) for development.

Data & Information



Developing Your Business



The Way the Market Works



Safeguarding Adult Referrals Monitoring Report

Annual Report
1st April 2012 – 31st March 2013

Sue Smith, Safeguarding Adults Manager
Tel: 020 8359 6105

[E-mail: sue.smith@barnet.gov.uk](mailto:sue.smith@barnet.gov.uk)

- Information in this report was supplied by Social Work Teams and CMHT in Barnet
- The data is drawn from the Safeguarding Adult Monitoring Forms, completed after receiving an alert of abuse.
- The data relates to incidents with a 'date of alert' received between **1st April 2012– 31st March 2013**
- Adults at risk can have a 'learning disability', 'physical disability', 'sensory impairment', 'mentally ill', an 'older person', or any combination of these.
- Between **1st April 2012– 31st March 2013** there were a total of **612** alerts received.

Analysis of Safeguarding Adults Referrals to Barnet Social Work Teams during the period from 1st April 12 ~ 31st March 13.

Total number of alerts during the period was: **612**

Total alerts by quarter

I	01 April 2012 - 31 June 2012	129
II	01 July 2012 - 31 Sep 2012	175
III	01 Oct 2012 - 31 Dec 2012	144
IV	01 Jan 2012 - 31 March 2013	164
Total in 2012-13		612
Total in 2011-12		540
Total in 2010-11		495

1) Referrer's relationship to the adult at risk

The table below indicates the source of the alerts and their relationship to the adult at risk

	Total Alerts	Total alerts in 2011-12	Total alerts in 2010-11
Self Referral	24	19	23
Anonymous	2	7	1
Other service user	2	2	0
Family / Friends	48	55	53
Paid Carer	202	189	164
Agency	332	268	254
Other	2	0	0
Total Alerts	612	540	495

Referrers relationship to the adult at risk by quarter

Quarter	Self Referral	Anonymous	Other service user	Family / Friends	Paid Carer	Agency	Other	Total Alerts
I	4	0	0	15	49	61	0	129
II	6	0	0	14	58	97	0	175
III	5	0	1	7	45	85	1	144
IV	9	2	1	12	50	89	1	164
Total	24	2	2	48	202	332	2	612

1a) Alerts from 'Agency'

Those alerts from 'other agencies' are further broken down to indicate which agency they came from:

	Total Alerts	Total alerts in 2011-12	Total alerts in 2010-11
Social Worker	29	25	34
Other Local Authority (OLA)	22	22	16
Central London Community Healthcare (CLCH)	51	31	20
Education / Workplace	3	1	0
CQC	5	5	4
Police	15	13	13
London Ambulance Service (LAS)	20	8	8
Advocacy Service	3	2	2
Mental Health Staff	71	65	69
Housing	6	7	10
NHS staff	81	75	50
Other agency	26	14	28
Other	2	0	0
Total	332	268	254

Alerts from 'Agency' by quarter

Quarter	Social Worker	OLA	CLCH	Education / Workplace	CQC	Police	LAS	Housing	Advocacy Service	MHT	NHS staff (Acute)	Other agency	Total
I	5	3	7	1	2	1	3	0	1	15	19	4	61
II	12	8	15	1	3	9	3	2	0	16	22	6	97
III	9	5	12	1	0	4	5	1	1	18	20	9	85
IV	3	6	17	0	0	1	9	3	1	22	20	7	89
Total	29	22	51	3	5	15	20	6	3	71	81	26	332

*NHS staff (Acute) refers to: 30 x BGH, 44 x RFH, 3 x UCLH, 1 x North Middx Hospital, 1 x Whittington Hospital, 1 x North Tees Hospital, 1 x St. Ann's Hospital

1b) Alerts from 'Paid Carer'

This table indicates in more detail those cases referred by paid carers.

	Total	Total alerts in 2011-12	Total alerts in 2010-11
Care Home	52	80	55
Care home with Nursing	52	25	25
Domiciliary Care	41	18	22
Day Service	10	16	22
Selfdirected Care Staff	3	0	0
Other Paid Carer	44	50	40
Total	202	189	164

Alerts from 'Paid Carer' by quarter

Quarter	Care Home	Care home with Nursing	Domiciliary Care	Day Service	Selfdirected care staff	Other paid carer	Total
I	14	14	7	5	2	7	49
II	20	11	12	2	1	12	58
III	5	14	16	2	0	8	45
IV	13	13	6	1	0	17	50
Total	52	52	41	10	3	44	202

2) Breakdown of primary client group

	Total Alerts	%	Total alerts in 2011-12	Total alerts in 2010-11
Learning Disabilities**	73	12%	150	143
Physical Disabilities	52	8%	34	23
HIV	1	0%	1	1
Older People*	384	63%	263	232
Sensory Impairment	1	0%	2	3
Mental Health***	100	16%	82	91
Substance Misuse	1	0%	0	2
Combination	0	0%	8	0
Total Alerts	612	100%	540	495

*OP: 23x to D&CI

**LD: 1x to CT West, 2x to SCD, 1x to RFH, 4x to Transitions Team,

*** MH: 1x to RFH, 4x to SCD, 1x to BGH, 2x to RtC, 1x to D&CI,

Of the 612 alerts received, 173 people have dementia

3) Number of alerts to each team and categories of abuse referred

Team	Total
Learning Disabilities	65
Transitions Team	4
Older Adults:	
Social Care Direct	132
Short Term Enablement & Planning Team	13
Complex Planning & Ongoing Support North	60
Complex Planning & Ongoing Support West	34
Complex Planning & Ongoing Support South	65
Review and Reassessment Team	6
Right to Control	5
Hospitals:	
Barnet	56
Edgware	1
Northwick Park	0
Finchley Memorial	2
ICS	7
Royal Free	47
Mental Health:	
CSRT East	9
CSRT West	15
Community Rehabilitation Team	26
Primary Care Mental Health Team	9
Dementia & Cognitive Impairment	24
Crisis and Emergency	14
Barnet Drug & Alcohol Service	0
Complex Care Team	12
Early Intervention Service	5
IAPT	1
Other	0
TOTAL	612

Physical	Neglect	Sexual	Financial	Psychological	Discriminatory	Institutional	Combinatoris	Total
17	21	3	12	2	0	1	9	65
0	2	0	0	0	0	0	2	4
29	25	3	33	11	0	4	27	132
4	2	0	4	0	0	0	3	13
19	13	0	15	2	0	2	9	60
7	5	0	9	7	0	3	3	34
14	26	1	10	1	0	1	12	65
0	5	0	1	0	0	0	0	6
2	0	1	1	0	0	0	1	5
11	15	0	12	2	1	0	15	56
0	1	0	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0
0	2	0	0	0	0	0	0	2
0	2	0	1	0	0	0	4	7
13	18	1	2	1	0	0	12	47
3	0	0	2	1	0	0	3	9
5	0	0	1	0	0	0	9	15
6	1	3	9	1	0	0	6	26
0	0	1	0	0	0	0	8	9
7	9	1	3	2	0	0	2	24
1	0	2	4	0	0	0	7	14
0	0	0	0	0	0	0	0	0
0	1	3	2	4	0	0	2	12
1	0	0	0	1	0	0	3	5
0	0	0	0	0	0	0	1	1
0	0	0	0	0	0	0	0	0
139	148	19	121	35	1	11	138	612

3a) Number of alerts to each team by quarter

Team	I	II	III	IV	Total
Learning Disabilities	16	12	14	23	65
Transitions Team	0	1	2	1	4
Older Adults:					
Social Care Direct	20	42	34	36	132
Short Term Enablement & Planning Team	1	5	4	3	13
Complex Planning & Ongoing Support North	15	25	11	9	60
Complex Planning & Ongoing Support West	9	8	6	11	34
Complex Planning & Ongoing Support South	13	18	18	16	65
Review and Reassessment Team	1	3	1	1	6
Right to Control	1	1	3	0	5
Hospitals:					
Barnet	15	23	10	8	56
Edgware	1	0	0	0	1
Northwick Park	0	0	0	0	0
Finchley Memorial	0	0	1	1	2
ICS	0	3	3	1	7
Royal Free	11	10	14	12	47
Mental Health:					
CSRT East	1	4	2	2	9
CSRT West	3	4	4	4	15
Community Rehabilitation Team	4	3	6	13	26
Primary Care Mental Health Team	4	1	1	3	9
Dementia & Cognitive Impairment	6	6	3	9	24
Crisis and Emergency	4	3	4	3	14
Barnet Drug & Alcohol Service	0	0	0	0	0
Complex Care Team	3	2	2	5	12
Early Intervention Service	1	0	1	3	5
IAPT	0	1	0	0	1
TOTAL	129	175	144	164	612

4) Type of abuse

	Total	Total alerts in 2011-12	Total alerts in 2010-11
Physical	139	127	138
Neglect	148	126	73
Sexual	19	23	29
Financial	121	86	109
Psychological / Emotional	35	32	34
Discriminatory	1	3	0
Institutional	11	6	4
Combination*	138	137	108
Total Alerts	612	540	495

78 cases were reported, where neglect, physical and institutional type of abuse resulted into pressure sore development grade 3-4.

2 cases were reported which constitutes a hate crime.

46 case was reported which constitute domestic violence.

Combination* (more than 1 type of abuse referred) refers to (see table below):

Physical	Neglect	Sexual	Financial	Psychological / Emotional	Discriminatory	Institutional	Total
x	x						24
x		x					3
x			x				3
x				x			30
x				x		x	1
x		x	x				1
x			x	x			7
x		x		x			1
x	x			x			2
x						x	3
x	x					x	2
x		x				x	1
x	x	x					1
	x		x				6
	x			x			5
	x		x	x			1
	x					x	25
		x		x			4
		x	x				2
			x	x		x	1
			x	x			10
			x			x	1
				x	x		1
				x	x		3
							138

4a) Type of abuse by primary client group

	LD	PD	HIV	Older People	SI	Mental Health	Subs. Misuse	Combination*	Total
Physical	20	17	0	84	0	18	0	0	139
Neglect	24	4	0	117	0	2	1	0	148
Sexual	3	1	0	3	1	11	0	0	19
Financial	12	19	1	70	0	19	0	0	121
Psychological / Emotional	2	6	0	20	0	7	0	0	35
Discriminatory	0	0	0	1	0	0	0	0	1
Institutional	1	2	0	8	0	0	0	0	11
Combination	11	3	0	81	0	43	0	0	138
Total Alerts	73	52	1	384	1	100	1	0	612

*See 2) for explanation of combination of Client Group

4b) Type of abuse by person who caused the harm

	Friends/ Family	Stranger	Professional	Paid Carer	Other adult at risk	Not known	Other	Total
Physical	39	1	7	46	26	19	1	139
Neglect	18	0	7	101	0	20	2	148
Sexual	7	1	1	3	5	2	0	19
Financial	44	15	1	26	7	25	3	121
Psychological / Emotional	21	0	0	8	2	1	3	35
Discriminatory	0	0	0	0	0	1	0	1
Institutional	0	0	1	10	0	0	0	11
Combination	57	5	12	51	2	7	4	138
Total Alerts	186	22	29	245	42	75	13	612

4c) Gender of the adults at risk referred and the type of abuse

	Male	Female	Not known	Total
Physical	51	87	1	139
Neglect	62	86	0	148
Sexual	3	16	0	19
Financial	53	68	0	121
Psychological / Emotional	8	26	1	35
Discriminatory	0	1	0	1
Institutional	5	5	1	11
Combination*	41	95	2	138
Total Alerts	223	384	5	612

*See 4) for explanation of combination of abuse

5) Locations where alleged abuse took place

	Total	Total alerts in 2011-12	Total alerts in 2010-11
Own home	230	200	182
Home of the person who caused the alleged harm	14	10	20
Care Home - permanent	93	95	85
Care Home - temporary	4	15	11
Care Home with Nursing - permanent	99	67	46
Care Home with Nursing - temporary	6	2	1
Day Centre / Service	5	13	7
Community Hospital	1	1	3
Acute Hospital	29	11	6
Mental Health Inpatient Setting	6	8	4
Supported accommodation	48	38	33
Other Health Setting	1	0	0
Public Place	23	26	20
Education / Workplace	2	1	0
Other	10	10	16
N/K	37	26	37
Combination	4	17	24
Total Alerts	612	540	495

Acute Hospitals: 19x BGH, 8x RFH, 1x UCLH, 1x St. John & St. Elizabeth Hospital,

6) How did the alleged abuse come to light?

The table below indicates how the abuse had come to the attention of the referrer

	Total	Total alerts in 2011-12	Total alerts in 2010-11
Disclosure	274	240	238
Witnessed	98	75	65
Physical signs	103	92	70
Suspicion	0	12	40
Combination of above	72	69	48
Other	65	52	34
Total Alerts	612	540	495

7) Information about the person who caused the harm

The table below indicates the relationship of the alleged person who caused the harm to the adult at risk

	Total	Total alerts in 2011-12	Total alerts in 2010-11
Family / Friends	186	173	182
Stranger	22	33	16
Professional	29	18	14
Paid Carer	245	201	147
Other Service User	42	53	42
N/K	75	46	82
Other	13	16	12
Total Alerts	612	540	495

8) Ethnic origin of the adult at risk*

	Total	Total alerts in 2011-12	Total alerts in 2010-11
Asian/Asian British Bangladeshi	3	5	1
Asian/Asian British Indian	22	32	33
Asian/Asian British Other	9	7	8
Asian/Asian British Pakistani	4	2	3
Black/Black British African	12	22	16
Black/Black British Caribbean	6	15	12
Black/Black British Other	10	6	3
Chinese	6	7	0
White British	374	308	300
White Irish	24	16	14
White Other	83	61	64
N/A	5	6	1
Not stated	20	11	19
Mixed Other	2	0	5
Mixed White / Asian	2	3	1
Mixed White / Black	5	6	1
Any Other Ethnic Group	25	33	14
Total	612	540	495

*Ethnic Origin was defined via swift code

8a) Faith of the adult at risk*

	Total	Total alerts in 2011-12	Total alerts in 2010-11
Buddhist	1	4	4
Christian	278	233	216
Hindu	17	20	22
Jewish	112	96	93
Muslim	33	33	17
Sikh	0	2	2
No religion	51	44	28
Not stated	113	98	111
Other	7	10	2
Total	612	540	495

*Religion was defined via swift code

9) Information about the funding authority

	Total Alerts
Funded by London Borough of Barnet	329
Funded by Health	56
Self funded	59
Another Council**	51
No service	116
Combination*	1
Missing information	0
Total Alerts	612

Out of 329 people funded by LBB, 167 had a personal budget.

*Combinations refers to: 1 x join funding of Camden & Islington MHT,

** Other council refers to: 22 x Camden, 1 x Waltham Forest, 1 x Brent, 1 x Ealing, 3 x Haringey, 2 x Westminster, 1 x Enfield, 3 x Hackney, 2 x Bournemouth, 1 x Lewisham, 4 x Islington, 7 x Herts, 1 x Gloucester, 1 x Barking & Dagenham, 1 x Hillingdon,

10) Comparison between gender of adults at risk and gender of alleged person who caused the harm

	Total		Total alerts in 2011-12		Total alerts in 2010-11	
	Adult at risk	Person who caused the harm	Adult at risk	Person who caused the harm	Adult at risk	Person who caused the harm
Male	223	180	222	215	163	178
Female	384	162	312	114	331	118
Not known	5	260	N/A	191	N/A	174
More than 1 person*	N/A	10	6	20	1	25
Total Alerts	612	612	540	540	495	495

11) Alleged person who caused the harm by primary client group

	Friends & Family	Stranger	Professionals	Paid Carer	Other service user	Not known	Other	Total
Learning Disabilities	14	1	1	30	13	12	2	73
Physical Disabilities	18	2	3	18	3	7	1	52
HIV	0	1	0	0	0	0	0	1
Older People	95	10	25	187	16	45	6	384
Sensory Impairment	0	0	0	1	0	0	0	1
Mental Health	59	8	0	9	10	10	4	100
Drug & Alcohol Misuse	0	0	0	0	0	1	0	1
Combination	0	0	0	0	0	0	0	0
Total Alerts	186	22	29	245	42	75	13	612

12) Summary of action agreed

Of the **612** cases referred for this year: **424** proceeded to strategy meeting
188 cases had an alternative outcome.

Of the **424** cases that proceeded to strategy meeting:
375 forms were completed
49 were still ongoing.

	Total
Arrange Strategy meeting	424
Alternative Outcome	188
Total Alerts	612

Community Care Assessment	3
Care Plan Approach	1
Disciplinary action	2
Interim protection plan & Allocate case	9
Interim protection plan & Allocate case & Other action	1
Interim protection plan & Refer to other agency & Other action	10
Interim protection plan & Disciplinary action & Other action & N.F.A.	1
Mental Health Assessment	1
Other action	39
N.F.A.	121
Total Alerts - Alternative Outcome	188

*I.P.P. - Interim Protection Plan

**N.F.A. - No Further Action

Quarter	No of all alerts received	No of alert that progressed to safeguarding investigation	conversion rate %
Apr-Jun 12	129	88	68
Jul-Sep 12	175	108	62
Oct-Dec 12	144	110	76
Jan-Mar 13	164	118	72

The speed of response:

- ~ The average number of days between receiving the alert to the day of the strategy meeting is **5**.
- ~ In **245** cases a strategy meeting was held within four days.
- ~ In **80** cases a strategy meeting was held between 4 and 10 days
- ~ In **50** cases a strategy meeting was held 10 days after receiving the alert or longer.

13) Attendance of other agencies at strategy meetings and case conferences

	Strategy Meeting
Police	58
Adult Social Services	302
Other Local authorities	51
CQC	89
Barnet Community Service	20
MHT	79
GP	10
RFH	25
BGH	24
ECH	4
FMH	2
Other NHS	11
Domiciliary Care	39
Care Home	119
Other provider	46
Adult at risk	N/A
Family	N/A
IMCA	N/A
Advocate	N/A
Other agency	29

14) Case Conclusion: On the balance of probabilities

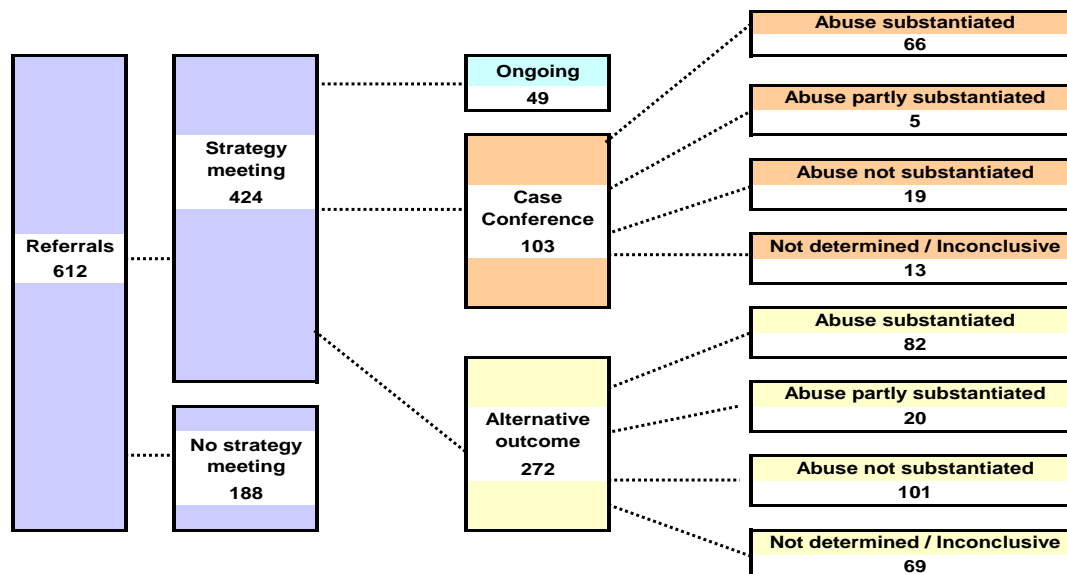
	Total
Abuse Substantiated	148
Abuse Not Substantiated	120
Abuse Partly Substantiated	25
Not Determined / Inconclusive	82
Still Ongoing	49
Alternative Outcome*	188
Total Alerts	612

*Alternative outcome: see 13) for those that did not proceed to the strategy meeting.

15) Quarterly Comparison of Case Conclusion

Quarter	Substantiated	Not substantiated	Partly substantiated	Not determined / Inconclusive	Still ongoing	Alternative outcomes	Total completed
I	30	23	6	25	4	41	84
II	38	37	7	17	9	67	99
III	35	29	9	27	10	34	100
IV	45	31	3	13	26	46	92
Total	148	120	25	82	49	188	375

16) Outcome flowchart



17) Summary of action taken for the adult at risk who were referred

Number of cases where action was taken/service offered for the adult at risk

<i>Action taken / Service offered (accepted)</i>	<i>Abuse substantiated</i>	<i>Abuse Not Substantiated</i>	<i>Abuse Partly Substantiated</i>	<i>Not Determined / Inconclusive</i>
Removed from Property or Service	4	2	2	1
Community Care Assessment	10	9	4	12
Civil Action	0	0	0	0
Application to Court of Protection	0	0	0	1
Application to change appointeeship	0	0	0	0
Referral for Advocacy scheme	1	1	0	0
Referral for Counseling / Training	7	1	3	0
Move / increase / different care	29	16	6	16
Management of access to finances	10	2	1	5
Guardianship / Use of Mental Health Act	2	1	0	0
Review of Self-Directed Support (IB)	0	2	0	0
Restriction / Management of access to person who caused the harm	15	2	2	1
Referral to MARAC	3	0	0	0
Increased Monitoring	105	24	15	23
No further action	16	62	2	27
Other	27	12	4	19
Total Number of Action Taken	229	134	39	105

18) Summary of action taken for the person who caused alleged harm

Number of cases where action was taken/service offered for the person who caused alleged harm

<i>Action taken / Service offered (accepted)</i>	<i>Abuse Substantiated</i>	<i>Abuse Not Substantiated</i>	<i>Abuse Partly Substantiated</i>	<i>Not Determined / Inconclusive</i>
Removal from property or service	12	1	4	1
Action under the Mental Health Act	2	0	0	0
Community Care Assessment	0	2	0	1
Carers Assessment	4	1	0	0
Management of access to adult at risk	9	1	1	2
Criminal Prosecution / Formal Caution	2	0	0	0
Police Action	14	0	1	3
Disciplinary Action	30	0	3	4
Referral to ISA	4	0	0	0
Action by CQC	1	0	0	1
Action by Contracts Compliance	4	0	1	1
Referral to Court Mandated Treatment	0	0	0	0
Referral to registration body	1	0	1	0
Counselling / Training / Treatment	17	9	3	8
Continuing monitoring	46	14	7	16
Referral to MAPP A	1	0	0	0
Exoneration	0	1	0	1
No further action	27	78	3	30
Not known	9	2	1	4
Other	0	0	0	0
Total Number of Action Taken	183	109	25	72

Useful contacts

Questions about this report

If you have any questions about this report, please contact Sue Smith, Barnet Safeguarding Adults Lead

Tel: 020 8359 6015

Email: sue.smith@barnet.gov.uk

Safeguarding training

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

Tel: 020 8359 6398

Email: asc.training@barnet.gov.uk

Safeguarding alerts

To raise any safeguarding concerns, contact Social Care Direct:

Tel: 020 8359 5000

Email: socialcaredirect@barnet.gov.uk