

Barnet Safeguarding Adults Board Annual Report 2017-18



Barnet Clinical Commissioning Group 

Royal Free London  Barnet, Enfield and Haringey  Central London Community Healthcare 
NHS Foundation Trust Mental Health NHS Trust NHS Trust

Barnet & Hammersmith and Fulham & Kensington and Chelsea & Westminster



Foreword from the Independent Chair Fiona Bateman



I am very pleased to have the opportunity to introduce this report to all those interested in the work of Barnet Safeguarding Adults Board ['SAB' or 'Board']. I hope you will agree there is much of interest and value within it. The report details some of the Board's key achievements during 2017-18 and also seeks to set out how these link to national agenda and our future plans. You will read how contributions from partners; service users and Barnet residents demonstrate better than my words can why it is that partnership working offers the most effective model for protecting adults at risk of abuse and neglect.

I was appointed in January 2018 and was immediately impressed by the passion of frontline staff and strategic leaders to improving services for adults at risk of abuse, exploitation or neglect in Barnet. In the short time, I have been in post, partners have shown their commitment for good governance and innovation; rising to the challenge of high expectations to meet our joint corporate legal responsibilities and moral obligations to adults at risk in Barnet.

Mindful that partners operate in times of unprecedented levels of financial restraints and organisational changes, I wanted to take this opportunity to thank those who have committed resources or directly contributed to the work of the SAB, our subgroups and initiatives. Without this level of commitment, it would be impossible to carry out many of the functions of the SAB; functions which are devised to offer real constructive challenge about how local services, (be that statutory, voluntary or community groups) work to provide safe, effective care to adults in need and support to their carers. Equally the quality assurance functions of case review, multi-agency auditing and measuring policy implementation allows the SAB to better understand if partners are responding in line with adult protection obligations. I would particularly like to thank those who actively participate in our service users' forum. I am looking forward to working with the group to develop a better understanding of how we can use their expertise though experience to shape

our responses to emerging issues. I would encourage anyone who is interested in this work to get in touch with me or our safeguarding board manager as we always welcome involvement, particularly from community groups.

I would also like to pay tribute to the hard work and dedication of Joanna Georgiades, our Board manager, who is moving on in August 2018 but has been a huge support to me; efficiently coordinating the many groups, meetings and projects that the Board oversees.

Finally, to all those members of the public, frontline staff and volunteers who have attended training sessions or taken time privately to develop a better understanding of their role in safeguarding adults from harm. It is so important that professionals working within partner agencies understand the risks and respond effectively when an adult is facing abuse or neglect, but we must also work in partnership with the public. I would like to therefore take this opportunity to recognise the positive impact of countless volunteers and carers without whom many more adults would experience abuse or neglect. I also want to express heartfelt thanks those who responded to the appeal that “**Safeguarding is everyone’s responsibility**” by raising a concern about an adult at risk. Without such vigilance and courage to report many cases would not have come to light and, I have no doubt, many more people would have experienced abuse and neglect.



Fiona Bateman

Independent Chair of Barnet Safeguarding Adults Board

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Introduction

Barnet Safeguarding Adults Board (SAB) is a multi-agency group that meets quarterly. Established in 2002 it became a statutory body under the Care Act 2014 (The Care Act). It was established to co-ordinate the strategic development of adult safeguarding across Barnet and ensure the effectiveness of work undertaken by partner agencies in the area.

The core duties of the SAB are set out in Chapter 14 of the Care Act Statutory Guidance, issued under s.78 of the Care Act 2014 which requires the Board to: -

1. Publish a Strategic Plan for each financial year detailing how it will meet its main objective and what Members will do to achieve this;
2. Publish an Annual Report detailing what the Board has done during the year to achieve its objectives and implement its Strategic Plan and what Members have done to implement the Strategy.
3. Conduct any Safeguarding Adults Review in accordance with S44 of the Care Act 2014.

The SAB has signed up to the Government's core principles set out in their policy on safeguarding vulnerable adults, to help us examine and improve our local arrangements:

Empowerment: people being supported and encouraged to make their own decisions and informed consent.

Prevention: it is better to take action before harm occurs.

Proportionality: the least intrusive response appropriate to the risk presented.

Protection: support and representation for those in greatest need.

Partnership: local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Accountability and Transparency in delivering safeguarding.

Barnet Safeguarding Adults Board: our vision and principles

Barnet SAB Constitution and Review of Corporate Governance

In 2017-2018 the Board agreed to a review of governance arrangements, as a result the membership of the SAB and its sub-committee structure and membership was refreshed and new terms of reference put in place. Each committee has been reconsidered to ensure it supports the strategic operation of the SAB and is clearly defined to deliver against statutory responsibilities and agreed priorities.

As part of this review the SAB approved its first Constitution in March 2018. The Constitution supports the SAB's aim to provide an effective mechanism to co-ordinate services to safeguard and promote the welfare of adults as defined within The Care Act and Statutory Guidance. The SAB is dedicated to

maintaining the balance between personal choice and well-being, supporting individuals to make informed decisions.

The Constitution outlines how the SAB through a strong quality assurance framework, will receive assurance on the safeguarding arrangements of and between individual agencies, identify good practice and highlight any inter-agency shortcomings. Where areas of improvement are identified, the SAB will facilitate remedial actions. Where improvement is not made the SAB will work within the regulatory framework to manage the impact to adults at risk of harm and abuse.

Barnet SAB Strategy 2018-21

To ensure that the Boards work could be carefully directed, with evidence based strategic priorities, a six-week online public and professional consultation was launched in partnership with Camden, Islington, and Haringey Safeguarding Adults Boards.

The results provided the basis for discussion of a multi-agency Board event which took place on January 18, 2018 where the Boards objectives and priorities for 2018-21 were agreed. The final Barnet SAB Strategy was approved on the March 28, 2018 meeting of the Board and is available at:

www.barnet.gov.uk/safeguarding-adults-board

Safeguarding Adults Reviews (SARs)

Under the Care Act 2014, SABs are responsible for arranging safeguarding adult reviews (SARs), each member of the SAB

is required to co-operate and contribute to the carrying out of a SAR with a view to:

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

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

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

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

A core SAB responsibility is the promotion of effective learning and improvement actions to prevent future deaths or serious harm occurring to adults at risk of abuse, neglect or exploitation. In 2017-18 the SAB reviewed its process for receiving, reviewing and agreeing to commission a SAR. This was done to ensure that referrals were objectively considered in a timely, robust manner and that appropriate mechanisms

were in place to oversee any review, publish and disseminate learning and hold agencies to account for improvements.

Partners, by signing up to the new framework, have demonstrated their collective and individual organisations' commitment to ensuring recommendations for improvement to practice are implemented and positively impact on service delivery.

During 2017-18 the SAB commissioned a review into two cases where there were opportunities for learning. Whilst steps have been taken to improve practice in many areas already, the reports, recommendations and actions taken by agencies will be made available in 2018-19. In addition, Barnet SAB continues to work closely with safeguarding leads on a national and regional basis to ensure that our strategies, policy and practice guidance is modelled on best practice arising from all relevant SAR findings and research.

Population profile

The Barnet Joint Needs Strategic Assessment (JNSA) predicted that the Barnet population would be 389,400 by the end of 2017, estimating a population growth of another 19% by the 2032. The 65 years and over group is predicted to rise by 47% during this period.

Barnet looks to become increasingly diverse with an increase in the Black, Asian and Minority Ethnic population estimated to

increase by 4% by 2032. Christianity is recorded as the largest faith in Barnet followed by Judaism.

Social care provision in Barnet

Barnet had 159 social care providers registered with the Care Quality Commission (CQC) at the time of writing this report. 69 of which primarily provide domiciliary care, 67 care home services without nursing, 20 with nursing and 17 supported living providers. There are approximately 1116 nursing home beds, and 1442 residential care beds.

At the time of writing 33 organisations providing care and support were rated by the CQC as requiring improvement, and 2 were rated as inadequate. The SAB's Performance and Quality Assurance sub-committee will continue to carefully scrutinise both quantitative and qualitative data reports to ensure that staff from across private and public bodies are working effectively together to identify and respond to safeguarding concerns.

The Care Quality Team has worked closely with over 70 care homes and supported living providers as well as over 20 homecare providers across Barnet to support the improvement of quality and assure that residents are safe and receiving a quality service. An on-going relationship with providers is managed through the work of the Team's Contract Monitoring Officers and Reviewing Officers who regularly visit these

services and lead on the provider concerns process to ensure successful outcomes are achieved.

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

The team has supported a number of underperforming care homes to improve their practice, reduce the number of safeguarding concerns and improve the quality of life for people in these homes. The team has also supported 4 underperforming homecare providers to improve the quality and safety of their services, as recognised by their improved CQC inspection.

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

¹ Care and Support Statutory Guidance 14.7 - <https://www.gov.uk/guidance/care-and-support-statutory-guidance/safeguarding>

Barnet safeguarding adults' statistics

Safeguarding is defined as:

*'Protecting an adult's right to live in safety, free from abuse and neglect.'*¹

Adult safeguarding is preventing and responding to concerns of abuse, exploitation or neglect of any adult who is experiencing or at risk of harm and who is in need of care and support, regardless of whether they are receiving statutory health and social care support services.

Safeguarding is everybody's responsibility. This means that everyone, including members of the public should understand how to raise a concern if they are worried about an adult at risk.

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

- Safe and able to protect themselves from abuse and neglect.
- Treated fairly, with dignity and respect.

- Protected when they need to be.
- Easily able to get the support, protection and services they need.

Adults in need of safeguarding may be:

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

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

We know, reported within the JNSA, that the highest number of referrals into Adults Social Care are from secondary health care teams, and that there has been a shift toward providing adult social care services within the home setting. This is in line with

improvements to delivering choice and control to individuals, but as delivering services in the home may compound feeling of isolation, it is important that care plans address through preventative measures, any safeguarding risk. In Barnet, isolation is more prominent in elderly women who live alone, particularly for those in areas of higher affluence and lower population density.

Barnet has a higher population of people living with dementia than the most boroughs, with the highest number of care homes registered for dementia per 100 population aged 65 and over. This is expected to increase in Barnet at a higher rate compared to the London wide figure at 24%.

According to the 2011 census there were 32,256 residents who identified themselves as carers in Barnet, the largest proportion of which were aged between 25-49-year-old age group. Demand for carers is projected to grow reflecting the increase in life expectancy and people living with disability.

How many safeguarding concerns did we receive?

1,675 Safeguarding Adult concerns were raised in Barnet in 2017/18, an increase of almost two-thirds compared to the total recorded in 2016/17 (1,043). It is also worth noting that 2016/17 saw a decrease in concerns compared to the previous year. More work is required to understand fully the reason for the increase. However, initial analysis suggests that it may result from increased knowledge and understanding among health, care and other public service staff (as a result of training, policy development and awareness raising), coupled with continued public awareness raising. It is also linked to multiple referrals of some individuals.

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



Who raised the safeguarding concerns?

The highest number of safeguarding concerns were raised from those categorised as 'Agency' (45% of the total concerns raised). The term 'Agency' includes organisations such as the NHS, Police and Council adult social care. Of the Agency concerns, the majority were raised by the NHS (59% of the 755 concerns raised by 'Agency'). Paid care staff raised the

second highest number of concerns (31% of the total concerns raised). Again, it is thought that these two categories report the most concerns as a result of their training and organisational policies.

Note: the miscellaneous category includes other organisations such as housing associations and other council services.

Source of Referral	No	%
Self-Referral	14	0%
Anonymous	17	0%
Family or Friend	138	10%
Paid Care Staff	515	31%
Agency	755	45%
Miscellaneous	206	12%
Not Known	30	2%
Total	1675	100%

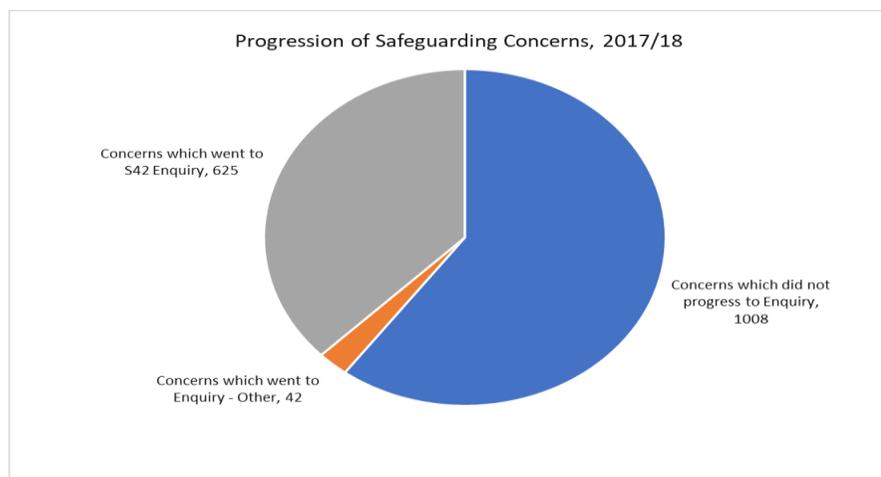
How many concerns progressed to an investigation?

Not all concerns indicate a risk of abuse to an adult. They can instead indicate a need for increased care and support or other help. However, where abuse is suspected, concerns are referred for an investigation according to the London multi-agency safeguarding procedures. Note: investigations are called an enquiry under the Care Act 2014.

Of the 1,675 safeguarding concerns in 2017/18, 667 proceeded to an enquiry. This represents a concern-to-enquiry conversion rate of 40%. This compares with a conversion rate of 28% in 2016/17 and of 40% in 2015/16 when the Care Act was first introduced.

The following table provides a breakdown of the number of concerns and enquiries over the last few years. There is not a single reason for the increase in the conversion rate in 2017/18 and more work will be done to understand this. The overall increase in concerns could be a factor; as could the impact of training and policy development on improving the accuracy of how professionals use safeguarding procedures. It should be noted that there is a lack of national data and research about the underlying levels of abuse and neglect in the community, but the increase in conversion rates does not necessarily indicate an increase in prevalence of abuse and neglect.

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



Individuals involved in safeguarding concerns

The 1,675 concerns related to 1,479 individuals. Some adults were referred more than once.

Safeguarding concerns by gender

61% of those individuals referred were women and 39% referred were men. This is a similar pattern to last year and is largely in line with the most recently available national statistics. In Barnet women were very slightly over-represented by approximately three percent.

Individuals Involved in Safeguarding Concerns by gender					
	Female no.	Male no.	Total	Female %	Male %
Barnet 2016-17*	585	345	930	63%	37%
Barnet 2017-18	902	577	1479	61%	39%

Individuals Involved in Section 42 enquiries by gender					
	Female no.	Male no.	Total	Female %	Male %
Barnet 2016-17*	140	100	240	58%	42%
Barnet 2017-18	334	224	558	60%	40%

**Please note: recorded entries for gender were missing in 15 cases in 2016-17*

Safeguarding concerns by age

2017-18 saw an increase in safeguarding concerns of 539 compared to 2016/17. Of these, more than three quarters of the increase related to adults who were over 65 years old. The breakdown by age is shown in the table below. There were marked increases in the 75-84 and 85-94 age bands.

Total individuals involved in Safeguarding Concerns by age band							
	18-64	65-74	75-84	85-94	95+	Not known	Total
Barnet 2016-17	295	130	180	240	80	15	940
Barnet 2017-18	419	196	332	423	107	2	1479
2016-17 - 2017-18 Difference (no.)	124	66	152	183	27	-13	539
2016-17 - 2017-18 Difference (%)	42%	51%	84%	76%	34%	-87%	57%
Proportion of individuals involved in Safeguarding Concerns by age band							
	18-64	65-74	75-84	85-94	95+	Not known	Total
Barnet 2017-18	28%	13%	22%	29%	7%	0%	100%
*National 2016-17	39%	12%	21%	22%	4%	1%	100%

**National statistic Source: Safeguarding Adults Collection (SAC), Annual Report, England 2016-17 (publication 15.11.17)* There is a greater proportion of those aged 85-94

years old, who were the subject of a safeguarding concern in Barnet (29%), than the national average in 2016-17 (22%).

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

Safeguarding concerns by ethnic origin

66% of the people subject to a safeguarding concern in Barnet were described as 'white', lower than the national average of 81%. The proportion of adults described as Asian / Asian British also represent a higher percentage than the national average.

There was an increase of 51 Black African Caribbean or Black British adults, compared to fifty recorded in the previous year. This is a very small increase relative to the overall numbers of people referred, and no statistical inferences should be drawn.

Total individuals Involved in Safeguarding Concerns by ethnic origin								
	Asian / Asian British	Black / African / Carib / British	Mixed / Multiple	Other	Refused	Not Known	White	Grand Total
Barnet 2016-17	95	50	20	25	10	120	620	940
Barnet 2017-18	116	101	26	59	0	125	105 2	147 9
Proportion of individuals Involved in Safeguarding Concerns by ethnic origin								
Barnet 2017-18	10%	5%	2%	3%	1%	13%	66%	100%
*National 2016-17	3%	3%	1%	1%	0%	11%	81%	100%

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

* **National statistic Source: Safeguarding Adults Collection (SAC), Annual Report, England 2016-17 (publication 15.11.17)*

Safeguarding concerns by primary support reason

The table below provides a breakdown of the safeguarding concerns by reported primary care need. As in previous years, most concerns we receive relate to adults with needs for physical support. This support need also accounted for the majority of the overall increase in safeguarding concerns in 2017/18

There was also a high percentage increase in the number of safeguarding concerns where working age adults with needs for mental health support was the primary support reason.

Total individuals involved in safeguarding concerns by Primary Support Reason									
	Learning Disability Support	Mental Health Support	No Support Reason	Not Known	Physical Support	Sensory Support	Social Support	Support with Memory and Cognition	Grand Total
Barnet 2016-17	115	120	0	60	415	15	40	175	940
Barnet 2017-18	158	229	0	80	823	39	53	97	1479
2016-17 - 17-18 Difference (no.)	43	109	0	20	408	24	13	-78	539
Proportion of individuals involved in safeguarding concerns by Primary Support Reason									

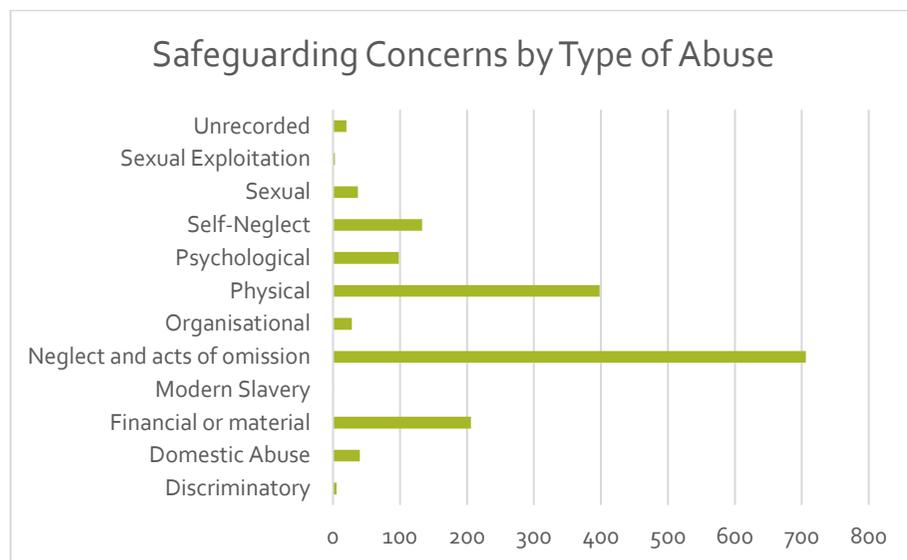
Barnet 2017-18	11%	15%	0%	5%	56%	3%	4%	7%	100%
*National 2016-17	11%	11%	16%	9%	38%	1%	5%	8%	100%

**National statistic Source: Safeguarding Adults Collection (SAC), Annual Report, England 2016-17 (publication 15.11.17)*

Concerns by type of abuse

The largest number of safeguarding concerns by abuse type in 2017/18 was 'neglect and acts of omission' (42% of the total). 'Physical' abuse was the second highest at 24%. 'Financial or material' abuse represented 12% of concerns and 'self-neglect' 8% of all safeguarding concerns.

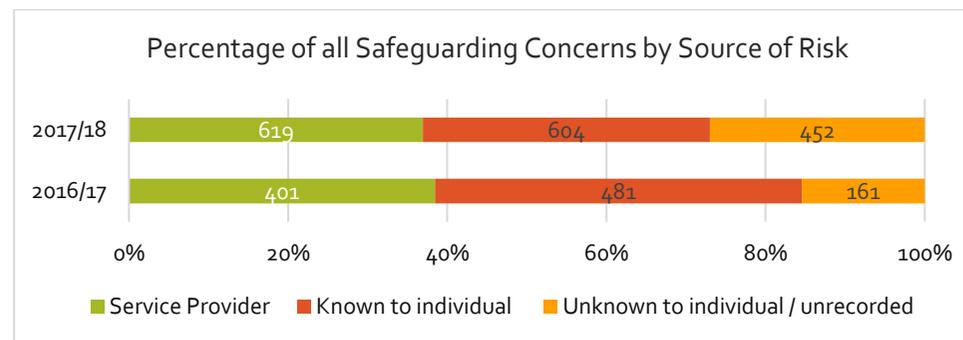
Figure 3: Safeguarding concerns by type of abuse



Safeguarding concerns by source of risk (person or organisation)

Figure 4 illustrates the relationship between the organisation or person who was alleged to have caused the harm and the adult, over a two-year period. The proportion of concerns attributable to each has remained relatively unchanged over this period: for example, 38% percent of all concerns were attributable to service providers in 2016/7 and 37% in 2017/18. There was a decrease in the proportion attributable to 'known to individual' to 36% in 2017/18 from 46% in 2016/7.

Figure 4: Percentage of All Safeguarding Concerns by Source of Risk, 2016/17 - 2017/18



Note: Source of Risk Classifications

Service Provider: this category refers to any individual(s) or organisation paid, contracted or commissioned to provide

social care services, regardless of the funding source. This category can include:

- Services organised by the local authority*
- Personal budget / direct payment funded services*
- Self-arranged services*
- Self-funded services*
- Residential and nursing homes that offer social care services*

This category excludes health and social care staff or organisations responsible for assessment and care management e.g. CASSRs, NHS Trusts or GPs. These groups would fall into the category of Other.

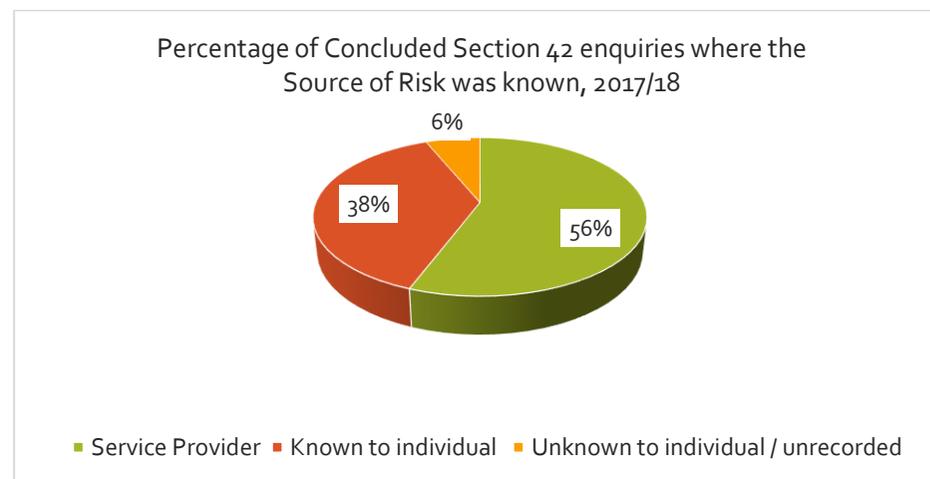
‘Other -Known to Individual’ and ‘Other - Unknown to Individual’

These two categories cover all other sources of risk which are not service provider. The source of risk would be classed as known to individual if the adult at risk knows their name and unknown to the individual if the adult at risk does not know their name.

Where the source of risk has not been identified, for example if no-one knows who stole a purse, this should be categorised as Other - Unknown

However, the proportions attributable to particular agencies change at the enquiry stage, as illustrated in Figure 6. For example, 56% of concluded Section 42 enquiries were attributable to service providers.

Figure 5: Number & Percentage of Concluded Section 42 enquiries by Source of Risk, 2017/18



The person who caused the alleged abuse

2017/18 saw similar patterns to previous years when identifying the person who caused the harm. Paid carer workers were the largest group reported (35%), followed by family /friends (23%). The table below shows the total number of concerns and who the person who allegedly caused the harm.

Relationship to Adult at Risk	Number	% of Total
Agency	51	3%
Friend or Relative	384	23%
Not Known	225	13%
Other	419	25%
Paid Care Staff	583	35%
Unrecorded	13	1%
Total	1675	100%

Where did the abuse occur?

In 2017/18, 32% of cases subject to a concluded Section 42 enquiry took place in the adult at risk's own home. 37% of cases took place in a residential and nursing home setting (19% + 18% in the table below).

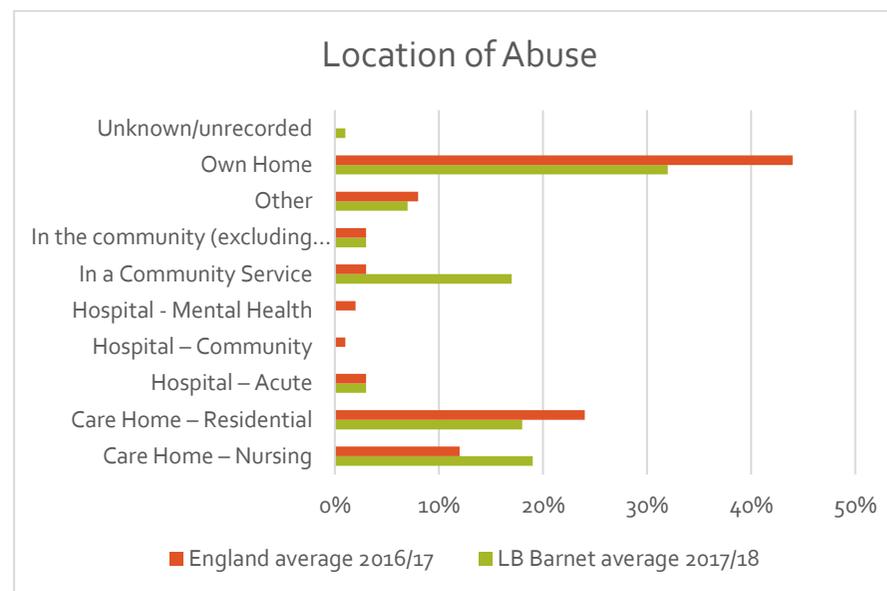
Location of Abuse	LB Barnet average 2017/18	England average 2016/17
Care Home – Nursing	19%	12%
Care Home – Residential	18%	24%
Hospital – Acute	3%	3%
Hospital – Community	0%	1%
Hospital - Mental Health	0%	2%
In a Community Service	17%	3%
In the community (excluding community service)	3%	3%
Other	7%	8%
Own Home	32%	44%
Unknown/unrecorded	1%	n/a
Total	100%	100%

The most recently available national benchmark information from the 2016/17 Safeguarding Adults Collection (SAC) shows that a higher proportion of cases nationally occurred in the home (44%) and in residential care homes (24%).

Concluded Section 42s - Risk Assessment Outcomes	Barnet 2017/18 -	Barnet 2017/18 -	National 2016/17 -
Enquiry ceased at individual's request and no action taken	29	7%	4%
No risk identified and action taken	22	5%	6%
No risk identified and no action taken	41	10%	9%
Assessment inconclusive and action taken	23	5%	6%
Assessment inconclusive and no action taken	9	2%	3%
Risk identified and action taken	286	68%	65%
Risk identified and no action taken	9	2%	6%
Unknown	3	1%	0%
Grand Total	422	100 %	100 %

There was a higher proportion of enquires relating to nursing homes in Barnet (19%), compared to the 2016/17 England average (12%) for concluded Section 42 enquiries.

Figure 6: Location of Abuse



Safeguarding enquiry outcomes

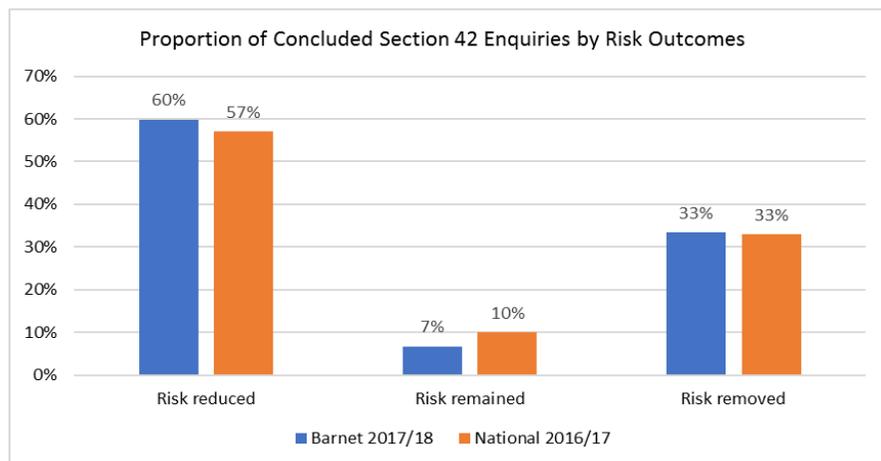
At the time of writing this report 422 of the 667 enquiries had concluded. In 68% of cases, a risk had been identified and action had been taken to reduce that risk. This is slightly higher than the national average. In a very small percentage of cases, risks had been identified but no action had been

taken, e.g. in circumstances where the adult was willing to accept the risk and the risk identified had been very small.

For each case where we have made enquiries we decide if:

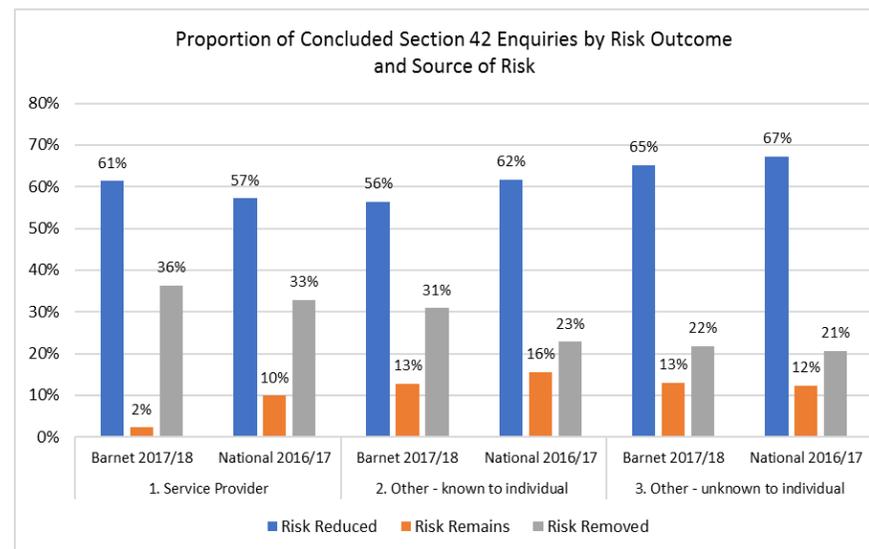
- o The risk is reduced
- o The risk is removed.
- o The risk remains

Figure 7: Proportion of Concluded Section 42 Enquiries by Risk Outcomes



**Please note: in six instances where the outcome was not determined was removed from the Concluded Section 42 eligible total for Barnet in 2017/18, for equivalent comparison with national statistics.*

Figure 8: Proportion of Concluded Section 42 Enquiries by Risk Outcome and Source of Risk



In 2017/18, there were a higher proportion of Concluded Section 42 enquiries for which the risk was reduced where the source of risk was a service provider (61%) than the national average (57%).

Barnet had a lower proportion of enquiries for risk reduced (56%) than the 2016/17 national average (63%) where the source of risk was 'Other – known to the individual'.

Mental Capacity & Advocacy for Concluded Section 42 Enquiries

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

Age band	18-64	65-74	75-84	85-94	95+	Not Known	Grand Total
Barnet 2016-17: Advocate/Family/Friend	35	0	5	10	0	0	50
Barnet 2016-17: Mental Capacity	55	5	10	10	0	0	80
Barnet 2016-17: Percentage Advocacy	64 %	0%	50 %	100%	n/a	n/a	63%
Barnet 2017-18: Advocate/Family/Friend	31	2	11	17	0	0	61
Barnet 2017-18: Mental Capacity	37	2	11	17	2	0	69
Barnet 2017-18: Percentage Advocacy	76 %	100 %	91 %	94%	0%	n/a	88%

*National 2016-17: Percentage Advocacy	68 %	71%	76 %	77%	76 %	53%	73%
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**National statistic Source: Safeguarding Adults Collection (SAC), Annual Report, England 2016-17 (publication 15.11.17)*

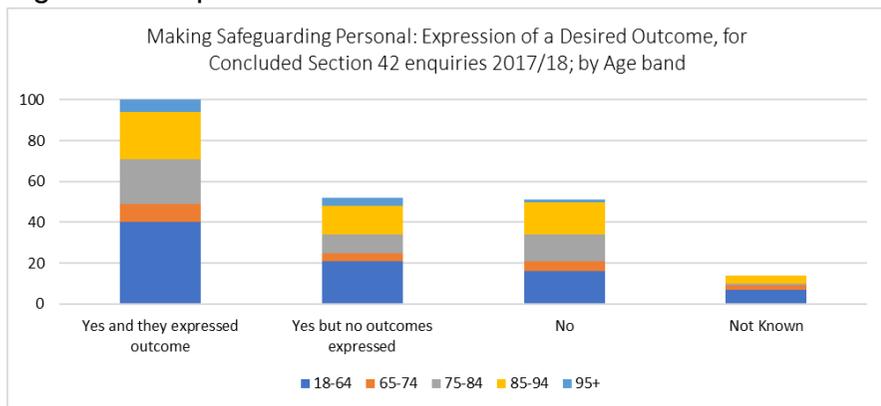
In 88% of recorded cases where a person lacked capacity to make decisions about the risks, the adult was supported by an advocate, family member or friend. In the other 12% of cases this was either not recorded or not appropriate. This compares favourably to the national average recorded in 2016-17 of 73%. It should be noted we are currently in the process of developing this area of recording practice and reporting. Therefore, the findings for 2017-18 should be treated with an element of caution.

What did the adult want from the enquiry?

We will always take it seriously when someone tells us about abuse, but what we do next will depend on what the adult wants to happen. We will talk to the adult to find out their views of the situation, what they think will prevent abuse happening again and what they want to happen next. In some circumstances, the adult might not express any wishes or wish not to do so. We may be unable to ask this question if the adult has, for example, memory loss or other cognitive impairment.

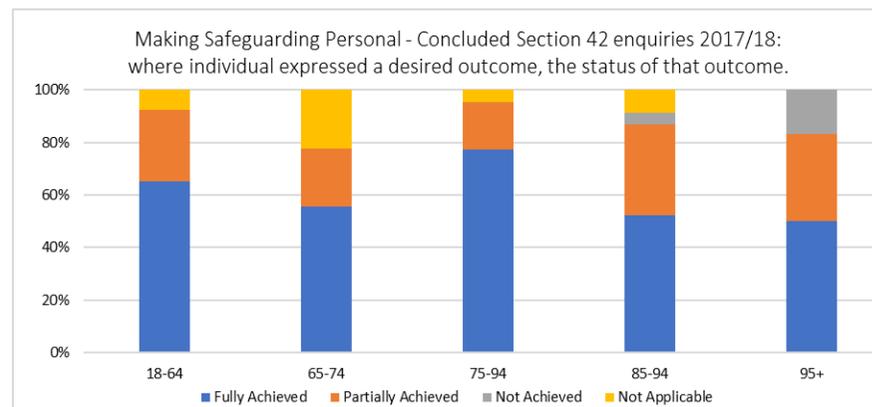
The information below identifies what happened where we have asked people about their desired outcomes and whether they were achieved. Where they have indicated that it was partially achieved, this indicates that some things were met but not others.

Figure 10: Expressed Desired Outcome



In 152 concluded Section 42 enquiries, the individual was asked what they wanted to happen (i.e. to express a desired outcome). 100 adults expressed an outcome and 52 people were asked but did not express an outcome. In a further 51 cases the individual was not asked and in 14 cases this information was recorded as 'not known'. We are working to ensure that all adults at risk are asked to express their desired outcome and that this is recorded. Where this is not possible for reasons of mental capacity, we will also aim to record this clearly.

Figure 11: Making Safeguarding Personal (MSP): Desired Outcome Achieved.



In 90 of the 100 cases for which a desired outcome was expressed, the outcome was either fully or partially achieved (90%). The most recently available national comparative data for 2016/17 show an England average of 95% for this measure. However, it should be noted that this statistic is voluntary and voluntarily-submitted statistics are prone to variance.

The table below shows outcomes achieved broken down by age band. Where it is not possible to meet a desired outcome, we explain the reasons for this. For example, a criminal case could not proceed because there was insufficient evidence.

It should be noted we are currently in the process of developing this area of recording practice and reporting. Therefore, the findings for 2017-18 should be treated with an element of caution. This data remains a non-mandatory

reporting section in the NHS Digital Safeguarding Adults Collection (SAC) statutory return and not all councils report this information.

Sub-committees' of the Barnet SAB

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

Effective quality assurance drives continuous improvement and is recognised as a critical function of the SAB. The group provides assurance that local safeguarding arrangements are in place and work effectively, and risks and concerns are escalated where this is found to be lacking.

The PQA recently reviewed the information it received and has been working with partners to establish an integrated performance report which includes data from health partners, social care departments (including adult safeguarding and the Deprivation of Liberty's team), commissioners, Public Health, and the Metropolitan Police Service. This information is driving a targeted evidence based approach to assurance with a focus on:

- Understanding whether there are local inequalities in the outcomes for adults at risk.
- The protection of vulnerable adults in police custody.

- Assurance of the monitoring of conditions for those under deprivation of liberty safeguards.
- Understanding the source of safeguarding concerns and conversion to full enquiries.
- Assurance on the decision making for safeguarding concerns where no further action is taken.
- Mental Capacity Act 2005 audits.

Case Review Group (CRG) Chaired by Community Safety

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

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

Safeguarding Adults Service User Forum (SASUF) Chaired by London Borough Barnet's Adults and Communities directorate

Our service user forum is a well-established group that meets quarterly. Over the last year the members have supported the SAB in the development of it's easy read materials, and were

active on the consultation for the SAB's strategy for 2018-21. They also supported the partnership in the selection and interviewing process for our Independent Chair, devising a rigorous set of questions and feeding back on responses.

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

The Police, Mencap and Inclusion Barnet have facilitated workshops on Hate Crime and Safer Places projects, consulting our service users on the development of materials.

If you would like to become involved with the Service User Forum please email SafeguardingAdultsBoard@Barnet.gov.uk



Photograph from the Service User Forum, presentation on Safer Places 2017

Access to Justice chaired by the London Metropolitan Police Service in Barnet and Barnet Mencap

Co-Chaired by a police inspector and Barnet Mencap this group has been continued with a refreshed Terms of Reference, focusing on securing effective Appropriate Adult provision and ensuring Disability Hate Crime has an effective response locally.

In 2017, police dip sampled 20 Barnet custody cases requiring appropriate adults to support detainees and escalated findings to the SAB. Currently supported by a voluntary scheme there is no formal provision and funding (there no statutory responsibility on any agency) meaning a risk that an appropriate adult may not be available in a timely way which may result in longer waits for support. Measures to recruit more local volunteers were unsuccessful so the SAB has included this priority within its 2018-20 strategy and will continue to seek assurance that provision meets need.

Safeguarding Adults Board progress against business plan priorities 2016-18

The SAB's Strategy and Business Plan ended in March 2018. The sub-committees of the SAB took time to review the business plan and agree what actions were to become the usual business of the Board, what had been completed, and those actions that the SAB would continue to focus on and embed in the 2018-21 Strategy.

Priority 1: Personalisation

Making Safeguarding Personal (MSP) is a person-centred approach which means that adults are encouraged to make their own decisions and are provided with support and information to empower them to do so.

This approach recognises that adults have a general right to independence, choice and self-determination including control over information about themselves.

The adult should have accessible information so that they can make informed choices about safeguarding: what it means, risks and benefits and possible consequences, with clearly defined options to help support them to make a decision about their safety.

Under MSP the adult is best placed to identify risks, provide details of its impact and whether they find the mitigation acceptable. Working with the adult to lead and manage the

level of risk that they identify as acceptable creates a culture where: -

- Adults feel more in control
- Adults are empowered and have ownership of the risk
- There is improved effectiveness and resilience in dealing with a situation
- There are better relationships with professionals
- Good information sharing to manage risk, involving all the key stakeholders
- Key elements of the persons quality of life and well-being can be safeguarded

This is being achieved by supporting wider prevention & awareness and including providing accessible information about prevention and wellbeing and where there are safeguarding concerns information about abuse and what happens after you report it.

MSP is embedded in the London safeguarding policy and procedures which have been adopted and used as a framework. This ensures adults are asked what they want to happen at the outset and are involved throughout the safeguarding process.

Adult Social Care recording systems capture the 'conversation with the adult' their understanding of risk and who they want to be involved. Adults are involved in meetings about them and

review the outcomes they have determined. They are supported to manage risks that they wish to take and have mental capacity to understand.

Where adults have difficulty in understanding the situation they are supported in their decision making by an advocate, or an IMCA where they lack Mental Capacity to make decisions about their safety and wellbeing and this results in an accommodation move.

IT and recording systems have been updated to prompt person-centred, outcomes focused working. Cases are now defined by whether the risk remains or is reduced and whether action was taken to support the individual.

There is now multi-agency staff guidance for working with people who self-neglect and hoard, and launched this at a multi-agency conference.

There is an increased emphasis on and confidence in professional judgement, especially around risk and decision-making capacity ensuring effective use of the Mental Capacity Act. Staff are supported with complex case work through a range of mechanisms such as the multi-agency risk panel and a Mental Capacity Act Surgery which provides expert advice in conducting complex assessments.

A case study

Ms B had been prescribed antibiotics for a lump prior to her admission to the Sunshine Care home. Ms B felt that "things were getting worse" and that the lump was getting bigger and hurting. She raised this with staff in the home. Staff in the home didn't listen to Ms B and did not act on her concerns.

Ms B's condition deteriorated (increased temperature, blood pressure, heart rate, respiratory rate and clamminess). The Rapid Response nurse was called, and an ambulance came quickly and a decision was made to send her in to hospital. A Dr in A & E raised a safeguarding concern.

Following a S42 enquiry the home admitted that they had been neglectful and the concern was substantiated. An action plan was developed for the home. Ms B was very involved in the enquiry and was able to define her own outcomes. She wanted an apology and the home to learn lessons from what went wrong.

Ms B was present at all the meetings and had first sight of the minutes which she was able to approve and amend if needed.

The home improved their systems for sharing and recording information between shifts and apologised to Ms B. Ms B and her family said they were very impressed with the social worker involved in the case; they felt listened to and supported.

The Royal Free London NHS Foundation Trust is implementing 'Expect the Best', a quality checking service based within Barnet Mencap. The research project funded by Healthwatch Barnet looked at Phlebotomy services to people with learning disabilities within Barnet.

Overall the quality checkers found that Barnet Hospital demonstrated many examples of implementing reasonable adjustments such as double-booking appointment times, adapting the location for those who may find being in the cubicle difficult or those who find seeing medical equipment difficult and prioritising patients to reduce waiting times.

Priority 2: Adult Multi Agency Safeguarding Hub (MASH)

During 2017 the SAB led on the development of a business case to establish a multi-agency safeguarding hub, so that professionals from across partner organisations could work more efficiently and effectively to identify and respond to safeguarding concerns.

An options paper was considered by the SAB in October 2017 who endorsed a co-located model with the Barnet Children's MASH, with both physical and virtual involvement from partners. The MASH has now moved to the next stage and has become part of the Adult Services Transformation Programme.

A part-time project manager is now in place and progress reports will be received by the SAB.

Barnet Police have agreed existing police resource can be part of the MASH and attend the Project Board to develop this work.

Police officers in the Children's MASH already assess adult Merlin reports and refer them on. Merlin reports are notifications raised to Adult Social Care when a vulnerable adult comes to the notice of the Police.

Priority 3: Access to Justice

Barnet Mencap received funding (via the Council) from the Mayor's Office for Policing and Crime (MOPAC) to coordinate a project on Hate Crime Reporting in Barnet. A hate crime project co-ordinator has been appointed to work with Barnet Community Safety Team to make the reporting of hate crime more accessible to disabled people and other groups who are at risk of under-reporting.

The project aims to:

- increase the ways in which hate crime can be reported;
- improve the support provided for victims of hate crime following the incident and during the reporting process to the police;
- provide feedback and if needed, on-going support to the victim; and
- where appropriate, ensure the correct safeguarding pathways are followed.

From 2012 to 2015 there were 16 reported disability hate crimes in Barnet. In 2016 there were 37 and in 2017 there were 49 reported disability hate crimes. The number of reported

offences has risen, highlighting the need for adequate support for disabled people.

Barnet has identified nine sites within the community which can take reports of hate crime or hate incidents. These nine Hate Crime Reporting Centres are spread across the borough and are: Barnet Homes; Your Choice Barnet; Barnet Mencap; Inclusion Barnet; Community Barnet; GALOP; Hft; Homeless Action Barnet; Community Security Trust.

The project had a number of objectives for 2017-18.

- **Reporting Centres:** To support the Reporting Centres in setting up their reporting procedures, communications (including posters and website) and referrals between appropriate support groups.
- **Staff Training:** To carry out training sessions at each Reporting Centre and its associated groups so that staff (for example housing officers or support workers) can effectively identify hate crime incidents and support members in reporting incidents to the police.
- **Communications and Media Campaign:** To develop and promote the “*Barnet Says No to Hate Crime*” campaign through posters, leaflets and social media.
- **Awareness Raising and Community Workshops:** To connect with community groups, particularly those who are potential targets of hate crime and carry out information and support workshops. Some of the groups that have so far been identified include adults with

physical disabilities, learning disabilities, autism or mental illness.

Bespoke Barnet police Disability Hate Crime training was delivered to all Barnet officers in 2017. Barnet Police now records the highest number of disability hate crime offences in London thanks to increased awareness (compared to only one recorded offence in 2014). Prosecutions are still low but this is often due to evidential difficulties rather than a lack of police willingness to support.

For further information, please contact Barnet Mencap’s Hate Crime Project Co-ordinator at Reshma.Hirani@BarnetMencap.org.uk.

Priority 4: Pressure Ulcers

Pressure ulcers can be an indicator of neglect but skin damage has a number of causes. Poor health, inappropriate or poor care, ineffective multi-disciplinary team working and lack of appropriate resources can all lead to tissue breakdown.

The SAB adopted a multi-agency protocol to support lawful decision making in accordance with expected standards of care.

It provides guidance to staff across health and social care provision on what constitutes appropriate responses to pressure ulcer care and whether concerns need to be referred as a safeguarding concern.

The SAB continues to monitor the effectiveness through regular reporting to the Performance and Quality Assurance sub-committee.

Central London Community Health (CLCH) Safeguarding Team works closely with Barnet Social Services to investigate pressure ulcers under safeguarding by sharing information as well as by ensuring Root Cause Analyses that are completed are shared with social services when necessary.

CLCH have delivered bespoke training sessions to District Nursing teams across the Borough with regards to completing the pressure ulcer protocol (PUP) Holding sessions on mental capacity and the importance of 'unwise decisions' when patients may decline pressure relieving equipment even though there are risks to choosing this.

The Board was assured by a Pressure Ulcer audit to see how CLCH staff were completing the PUP and found that overall, staff had a good understanding of how to complete the form and were also getting better at knowing when to complete the form.

Staff within CLCH are working collaboratively to ensure patients with pressure ulcers, or at risk of pressure ulcers, are seen by appropriate services in a timely manner. For example, staff referring to Tissue Viability Nurses (TVNs) as per CLCH policy, or podiatrists referring to district nurses if/when they see potential risks of pressure ulcers.

At Royal Free London NHS Foundation Trust The Pressure Ulcer Practice and Prevention Initiative (PUPPI) continued through the year to monitor hospital acquired pressure ulcers with the aim to reduce grade 2 hospital acquired pressure ulcers and lead to zero grade 3 and 4 hospital acquired pressure ulcers.

The group celebrated wards who achieved 100 days without a grade 2, 3 or 4 pressure ulcer. The fantastic work showed better

recognition, treatment and reporting of pressure ulcers with a marked deterioration in key areas.

Priority 5: Domestic Abuse

The Police and Community Safety lead on this priority. There has been continued support through the Violence Against Women and Girls multi-agency sub-groups at a strategic and operational level. It remains a priority for the police, and activity in this area is developed and monitored centrally.

Across the partnership staff are trained to identify and respond to cases of domestic violence and are engaged in multi-agency risk arrangements.

The CLCH Safeguarding Team regularly attend the Barnet Multi-Agency Risk Assessment Conference (MARAC) which discusses cases of domestic violence, and readily work with other members of the MARAC to ensure residents are safe and free from abuse.

CLCH delivers a training package to staff which including domestic violence and guidance on how to proceed with cases where patients have disclosed domestic violence, and are supported to contact IDVA services in the Borough so that they can then support patients with this information.

The Domestic Homicide Review process is supported by providing information and chronologies in relation to cases where there was domestic violence where the person was known to CLCH services.

The Westminster Drug Project have rolled out training for all staff within the service to support better awareness. Domestic

Abuse has been embedded into our safeguarding adult's standard operating procedures (SOP), including key contact and referrals routes to local domestic violence services. A MARAC lead has been appointed to strengthen partner working and risk management.

At the Royal Free London NHS Foundation Trust work has continued to be supported by two Independent Domestic & Sexual Violence advisors (IDSVA's) in Barnet Hospital who are instrumental in helping meet the requirement to be compliant with the National Institute for Health and Care guidance on 'Domestic Violence and Abuse'. The IDSVA's support patients and staff who experience domestic abuse as well as contribute to staff training to raise awareness of domestic abuse and our referrals continue to rise.

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

The Mental Capacity Act 2005 (the MCA) was implemented in 2007. Its purpose is to make sure that people are empowered to make their own decisions whenever they can. A person cannot be said to lack capacity until all possible steps to help them take their own decision have been taken without success.

If a person does lack capacity the MCA gives protection for them whilst ensuring they are at the centre of any decision-making process. Any wishes or feelings they either express now or have made known in the past must be considered by those acting on their behalf. All decisions taken will need to be in the person's best interests. Five principles underpin the MCA:

- A person must be assumed to have capacity unless it is established that he or she lacks capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he or she makes an unwise decision.
- An act done or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his or her best interests.

Traditionally the SAB has taken the lead on monitoring compliance with DoLS procedures because of the need to

ensure that services were being provided in line with processes and services which respected adults' human rights. Failure to comply with these core standards often indicates poor quality care and an increased risk that adults at risk may be experiencing abuse, exploitation or neglect.

Partners have agreed that the focus for the SAB from 2018-21 will be on evidencing MCA obligations are widely understood and applied by the workforce and that adults in need of care and support receive protections and any support offered actively considers human rights, including ensuring the least restrictive options have been fully explored as part of any protective plan.

Our partners continue to support their staff in the understanding and practical implementation of the legislation and statutory guidance. CLCH are an example of this good practice, setting up Safeguarding/MCA surgeries on inpatient bedded units for staff to access advice and support following staff consultation.

The CLCH safeguarding team now attend weekly rounds on the wards at Edgware Community and Finchley Memorial hospital. This promotes discussion around mental capacity and identifying patient who may require a DoLS. Staff are then supported to undertake a mental capacity assessment and complete the DoLS form 1. Additional support has been provided on the newly opened Adams Ward and continue to do so on a weekly basis.

Deprivation of Liberty Safeguards DoLS

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

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

As the London Borough of Barnet has a large number of care homes we received one of the highest number of applications for DoLS in London. In 2017/18, we received 1,390 applications for a Deprivation of Liberty Safeguard. This is a similar number to those applications received during 2016/17 (1,420 applications).

Of these 384 applications were granted, 322 of which had conditions. 376 were not granted and 159 were withdrawn. The remaining number of applications are either still in progress or are still to be assessed.

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

What our partners have contributed.

London Borough of Barnet key achievements 2017-18 Prevention and Wellbeing

The Prevention and Wellbeing Team are based in Adults and Communities and support the delivery of Adult Social Care while working closely with health, commissioning, public health, colleagues across the council, the voluntary community sector and the wider community to: -

- Promote independence, physical and mental wellbeing
- Reduce ill health and preventable ill health and disability
- Support and sustain carers
- Support community cohesion, and volunteering
- Develop more preventative resources in our community
- Reduce demand on formal health and social care services

The Team includes Development Officers, a Specialist Dementia Support Team and a Prevention and Wellbeing Coordination Service.

The Development Officers are responsible for engaging with and working collaboratively with our local Voluntary and Community Sector (VCS), leading on the Voluntary Community Sector Forum and working to provide the support residents need and want, while developing more opportunities where gaps are identified. They also lead on raising awareness events to support delivery of the prevention agenda including Carers Week and Silver Week.

Silver Week (1-7 October). Silver Week aims to raise awareness of the valuable contribution that older people make to our communities, promote support services available to older people and their carers and tackle social isolation and loneliness. During Silver Week 2017 there were over 75 activities and events throughout the borough with over 50 organisations supporting the week. Over 1091 people attended these events with over 100 going on to sign up to new activities.

The Specialist Dementia Support Team

The Specialist Dementia Support Team works holistically with adults with dementia and their carers over a period of 4 months to maintain their health and wellbeing and support people to remain in their own homes, and reduce carer stress. The Team offers strengths based assessments and support planning as well as delivering training/ peer support sessions to carers of

adults with dementia and activity sessions to adults with dementia. This is an opportunity to engage with professionals and peers to offer and share tips and discuss issues, while building confidence and has resulted in families reporting that they are better able to maintain their own health and wellbeing and achieve the outcomes they want.

A Case Study

The Team received a referral for Mrs P who has dementia and is being supported by her husband who she lives with and her daughter who lives close by. Mrs P often felt anxious and disorientated and was regularly asking when her parents would be visiting, although they had passed away many years ago. Mrs P stopped wanting to socialise and would get very upset when her husband went out, often calling him up to 15 times over a short period of time. Her husband had reduced going out because she was distressed if he left her.

The Specialist Dementia Support Team built a strong relationship with the family and through attending the group sessions they had a better understanding of how Mrs P's dementia was affecting her. They tried different ways to support her to reduce her anxiety and better look after their own and Mrs P's health and wellbeing. The Team's holistic, strength based approach meant that the whole family received the support they need to achieve positive outcomes including being able to engage in the activities they all enjoyed.

Prevention and Wellbeing Co-ordination

The Prevention and Wellbeing Co-ordination Service works with adults with disabilities, mental health illness, older people and their families and carers to remain independent and maximise their wellbeing working alongside people to achieve outcomes that will help them stay connected to their community and maintain their own health and wellbeing. In addition to this the service works with the local community to develop new resources where there may be gaps and improve the co-ordination of information and advice, recently they have coordinated a new Bollywood dancing group for over 50's in Stonegrove. The Coordination Service is currently running in Edgware, Childs Hill and Oakleigh Wards and developing the online offer for those who access support via the Internet rather than in a physical local community setting.

A Case Study

The Team recently supported Ms X who had been unable to leave her home for over 2 years due to anxiety about her ability to do so safely. Ms X made the decision that she needed to change this and was referred to the Coordination Service by her Social Worker. One of the P&W Coordinators met with Ms X and together they discussed what she wanted to achieve and created a plan to visit a local social group, outlining all the possible risks and thinking about how to react safely to these. They attended the group together successfully for the first time, the second time Ms X's social worker met her at the group, and

the third time Ms X attended herself and has been attending since. By working together Ms X achieved the outcome she wanted to leave her home and regain her confidence, to re-connect to her community and feel less isolated and she is now accessing the community independently.

Our engagement work with people who use services

We held an engagement summit with people who use services to understand what their priorities are and what improvements could be made. One of the priority areas identified was ‘keeping safe in the community’. A working group was established to find out more and look at how we could support people to stay safe. Specific worries expressed were about internet safety, social media, fear of crime and hate crime. The group met on three occasions and the specific aims were to:

- Review current **information** available about scams/hate crime/safety and make recommendations for improvement
- Look at how this information can be **communicated** in a consistent way
- Help to shape the Safeguarding Adults Board **priorities** for the next two years to make sure they reflect these concerns

There were two main areas of recommendations; improvements to our web pages and online information and more strategic recommendations which were reported back to

the SAB as part of a consultation on priorities. The group identified the following priorities: -

- Being able to report abuse easily
- How to deal with peer to peer abuse
- Financial abuse and scams
- Safety on public transport.

Following these recommendations, we have updated our web pages to ensure the range of fact sheets on a variety of subjects is up to date. These include information about financial abuse, fire safety, scams and bogus callers.

Improving our response at the point of referral

We have worked hard to improve our contact centre (Social Care Direct) for people making calls into adult social care. We have rolled out training to their staff around risk assessment and strengths based conversations, which is helping Social Care Direct deliver quicker and better-quality decisions, especially where there is an adult or carer at risk of harm. They refer safeguarding concerns into the Urgent Response Team, who are responsible for assessing risk.

There will shortly be a new team in the Front Door of adult social care called the OT access team (from July 2018). The OT's within this new team aim to respond more quickly to referrals for OT assessments, and enhance the quality of their

risk assessments where some people may be at risk of harm e.g. assessing the safe use of equipment by carers and/or family member and provision of manual handling advice.

Responding to Safeguarding Concerns

Barnet adult social care received a total of 1,675 safeguarding concerns during 2017/18. This is the highest number of safeguarding concerns raised ever in Barnet and represents a 61% increase on last year. Not all concerns turn out to be abusive situations. They can indicate a need for increased support or other help. Where it is believed abuse has taken place, concerns are referred for further enquiry under our safeguarding procedures. 667 of these concerns progressed to a section 42 enquiry. This represents a 40% conversion rate which is line with the national average.

Quality assurance Framework

Our recording tools have been revised to ensure that data on the experience and outcomes of adults who have been safeguarded provide quantitative data. Cases studies are also collected to provide narrative detail. A small number of adults have been interviewed to give their views on their experiences.

The quality assurance framework was refreshed which includes a cycle of internal and external case file audits including the how well the principles of Making Safeguarding Personal have been applied. Supervision audits take place monthly to ensure supervision is taking place, and that it is meeting the required

standards. A new quality board has been established, chaired by the assistant director of adult social care. These reports into the monthly Director of Adults Social Services (DASS) Assurance Group.

We have participated and led on two Safeguarding Adult Reviews and have begun to act on the learning which has been identified.

Plans for 2018-19

- To review and update our recording systems to improve the information we can report on our safeguarding activity
- To continue our audit programme and ensure lessons learnt are disseminated and inform our practice
- To act on the recommendations from the SARs undertaken by the Safeguarding Board.
- Further develop our quality assurance framework to ensure all the work we do on quality is collated and reported into our Quality Board
- To review the thresholds of what constitutes a section 42 enquiry alongside our partners to ensure all the work we are doing is accurately reflected.
- To put in place the necessary steps to prepare for an adult MASH

Performance and Information key achievements 2017-18

Adults & Communities (A&C) Performance and Information produced reports which identify Police contact/referral activity and adult safeguarding concerns received; which are reported on a quarterly basis. The report enables the BSAB PQA Sub-Committee to ascertain and thereafter monitor the level of stakeholder engagement in safeguarding activities and notifications in 2017-18.

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

Adults & Communities continue to engage as active participants in the BSAB Performance and Quality Assurance Sub Committee and respond to the requests arising from Sub Committee (and will continue do so throughout 2018-19).

Adults & Communities provide key information on Provider Concerns to the BSAB PQA Sub Committee supporting a multi-agency approach to prevention and protection.

Our research and reporting also support the examination of the underlying causes of abuse and neglect; a key mission of the Barnet SAB.

Adults & Communities continue to support the Board's objective to provide robust information and research; which can evidence improvements in performance and those areas which may require further development and support.

London Metropolitan Police Service: Barnet key achievements 2017-18

The Metropolitan Police Service (MPS) has introduced a new governance structure which has seen the establishment of new safeguarding roles: including a corporate MPS Head of Profession for Safeguarding at Commander Level supported by 13 Lead Responsible Officers (LROs). In terms of Safeguarding Adults, the following LROs have been appointed;

- Abuse and Neglect of Vulnerable Adults (ANVA)
- Mental Health
- Missing Persons
- Hate Crime
- Domestic Abuse
- Sex workers, rape and Serious sexual offences
- Harmful Traditional Practices
- Staff Engagement (all areas of safeguarding)

The MPS has been represented at pan-London multi-agency strategic boards including the London Safeguarding Adults Board and the London Professional Steering Group.

The MPS has commissioned safeguarding data dashboards covering the above abuse categories which are being built and will deliver borough data sets, including raw data of repeat victims and repeat vulnerable adult come to notice reports (ACNs) which can be shared with partners for early risk and intervention planning.

Further developments are the inclusion of Abuse and Neglect of Vulnerable Adults into the MPS Strategic Needs Assessment / Control Strategy for the first time. Also, the commissioning of the first internal MPS Risk and Learning Review for Adult Safeguarding which is due to start June-Aug 2018.

Plans for 2018-19

In the next year the Police borough mergers should be completed. 32 police areas will reduce to 12. Barnet, Brent and Harrow police will merge in Autumn 2018 and be known as the North West Basic Command Unit (NW BCU).

Safeguarding arrangements as part of police restructuring will sit under one detective superintendent for the BCU covering adult and children's safeguarding issues.

The investigation of serious sex offences and child abuse will return from central specialist units to local police BCUs. These two units will merge with existing local police community safety units to form large Safeguarding Investigation PODs (four per BCU) overseen by four Detective Inspectors and a Detective Chief Inspector (DCI).

These PODs will have responsibility for criminal investigations with children and adult safeguarding implications.

At Barnet, Brent and Harrow, one Detective Inspector will be appointed as portfolio lead for Adult Safeguarding investigations who will choose some local investigators to become (Single Point of Contact) SPOCs in this area who can receive local Barnet partnership and wider MPS training in this area.

A second safeguarding DCI will oversee partnership arrangements covering the MASH and Child Abuse Investigation Team CAIT referrals, Child Sexual Exploitation CSE and Missing desks.

There will be a dedicated police Mental Health Team supporting the BCU for the first time and will sit under Safer Neighbourhoods portfolio working closely with the MASH.

A new Elder Abuse flag on crime reports will be introduced to enable understanding of this issue. The launch is 15th June 2018 across the whole of MPS.

It is hoped to be able to sign off a Pan-London MPS, NHS and London Councils agreement for Appropriate Adult provision and funding to improvement call out services and consistency.

A police Autism alert card (Met, British Transport Police, City of London Police) is planned for people living with autism to help interaction with police services.

There are also various trials of joint police and mental health practitioner deployments to support those in crisis and reduce demand on services (these are led by the LRO for MH and none are in the Barnet Borough).

A response to internal MPS Adult Safeguarding Risk and Learning Reviews (6 boroughs to be assessed and learning shared) is anticipated, and there will be further development of safeguarding dashboards and working with partners on how to use the data to support repeat vulnerability locally.

Central London Community Healthcare (CLCH) key achievements 2017-18

The Care Quality Commission findings following inspection in October 2017 which rated leadership in our Adult Services as 'outstanding' were very positive. Within this they rated the safeguarding services as 'good' and were assured about the role and remit of the CLCH Safeguarding Adults Team and the leadership of the team.

CLCH continues to have a strong presence on SAB sub-groups across several different local authorities that CLCH work with and work to support partner organisations.

In 2017-18 CLCH developed and rolled out Safeguarding and MCA Level 3 training in accordance with the Intercollegiate Framework, and supported the rolling out of e-learning packages to give staff different ways to access Level 2 training.

CLCH held its first Safeguarding Conference which was open to all staff across the Trust as well as staff from partner organisations. There were seminars about Child Sexual Abuse,

Female Genital Mutilation (FGM), and the Mental Capacity Act and Safeguarding.

Increased investment in the CLCH Safeguarding Adults Team means the service can support more staff across the Trust with safeguarding and mental capacity queries. Where necessary, offering bespoke support to staff when they are managing safeguarding situations (see example about SN).

Trish Stewart (Head of Safeguarding) regularly attends the Barnet SAB and sub-groups to represent CLCH and to ensure stronger cross partnership working with the local authority as well as other partner organisations on the Barnet SAB. CLCH attendance and close working with the Barnet SAB has helped CLCH to ensure our priorities are in line with the Barnet SAB.

Plans for 2018-19

- Relaunch of safeguarding and MCA champions
- Ongoing bespoke training around MCA/DoLS and the Pressure Ulcer Protocol
- To design a safeguarding concerns referral form that is uniform Trust-wide
- To quality audit safeguarding referrals by CLCH staff to the local authority
- Continue to support CLCH staff and contribute to multi agency partnership working
- On-going monitoring of Safeguarding Adults, Mental Capacity and Prevent training

London Ambulance Service NHS Trust (LAS)

2017-18 has been another busy year for the London Ambulance Service NHS Trust. We have seen an increase in incidents and an increase in safeguarding Concerns raised by our staff. Safeguarding is a priority for the Trust and we have this year recruited a full-time administrator to assist with the increased workload.

During the year we have introduced two new policies which are Safeguarding supervision and Chaperone policy. We continue to provide annual safeguarding training to clinical staff which this year was delivered via e learning and reflected learning from Safeguarding Adult Reviews, Serious Case Reviews or audits undertaken.

The Trust has undertaken a number of quality audits throughout the year these include

- Auditing knowledge and retention of staff learning
- Quality of concerns/referrals raised
- Quality of training delivery
- Modern slavery referrals
- Child sexual abuse and child sexual exploitation
- Adult sexual abuse
- Child female genital mutilation

Full LAS safeguarding governance and assurance can be found in our annual report for 2017/18 which will be published on our website when agreed.

Westminster Drug Project key achievement 2017-18

- Development of the Safeguarding Adults Standard Operating Procedure, reflecting current legislation and pathways in and out of service across Barnet.
- Safeguarding Adults training continues to be a mandatory training item with 100% Compliance
- The partnership has ensured all staff have at least a basic understanding of the Mental Capacity Act and how this impacts on practice.
- Professional boundaries training has been given to all front-line practitioners including volunteers and peer mentors working with service users.
- PREVENT training remains a mandatory training item with good update.
- Lessons learned from across organisations are disseminated to all staff within the partnership to help shape and develop practice. This has included sharing lessons from the Domestic Homicide Review “Crystal”.
- The organisation continues to support vulnerable adults to access Tier 4 residential rehabilitation for when community treatment is not appropriate. 9 cases were referred for rehabilitation in 2017/8 under the Fair Access to Care Services (FACS) criteria.
- Specialist dual diagnosis provision within the service has strengthened links with partner agencies support the

mental health of service users across Barnet in line with latest NICE guidance.

- BRC participated in the CQC review of Looked after Children in February 2018. The final report is awaiting publishing.

Plans for 2018-19

- Staff development in Think Family approaches to improve understanding of abuse and strengthen assessment of the family unit to safeguard from abuse.

Royal Free London NHS Trust Foundation (RFL) key achievements 2017-18

The Royal Free London NHS Foundation Trust is committed to safeguarding and understands that to safeguard effectively we must work collaboratively with partner agencies and professionals.

This year we have re-designed our three-year strategy that informs our work plan. The progress of this work plan is monitored by the Integrated Safeguarding Committee (ISC). The ISC meets quarterly and is chaired by the RFL Group Chief Nurse who is the executive board lead for safeguarding. This year we have developed, completed and implemented a Safeguarding Policy. (Integrated Adult and Children) and a Safeguarding Supervision Policy

We have adopted a 'think family' approach to all our actions and policies and this is supported in the three-year work plan.

Members of the safeguarding team are involved in a pilot project to improve the awareness and identification of early help and intervention to families and individuals in need. The pilot has been accepted as a project for quality improvement training provided by IHI and supported by the Trust. Using this opportunity, the project group is supporting the development of early help and intervention across the Trust.

We raised 401 alerts at the Royal Free Hospital and 504 alerts for Barnet Hospital and Chase Farm Hospital, an increase of 4% on last year.

We have refined our Safeguarding Alert reporting and screening in this past year and we are working with the local authorities to ensure that our processes are aligned. We have reduced the administrative burden for staff raising concerns and improved our information sharing with the relevant local authority teams, particularly relating to pressure ulcers where we are broadly following the new Department of Health Safeguarding Adults Protocol, Pressure Ulcers and the interface with a Safeguarding Enquiry which was published in January 2018.

The role of the Learning Disability Champion has been piloted on two wards in Barnet Hospital and has been well received and is now being rolled out across the Trust. There has been a 34.5% increase in the number of people flagged on the hospitals electronic patient record as having a learning disability during 2017-18 which means we are in better position to support more patients from the point of referral or admission to services. Following the quality checkers review of the phlebotomy services the Learning Disability team has also worked with the staff to help them identify patients who have a

learning disability and have introduced easy read information on having a blood test.

The role of the Acute Liaison Nurse and the reasonable adjustments put in place for a patient with a learning disability in Barnet Hospital who was end of life was highlighted as an example of excellent practice in the recently published Learning Disabilities Mortality Review (LeDeR) Programme Annual Report produced by NHS England.

Plans for 2018-19

We are developing a work stream to progress the Making Safeguarding Personal principles of the Care act 2014.

We will continue to ensure we increase training rates, particularly on PREVENT across the Trust and we are developing and delivering level 3 safeguarding adult training.

We are expanding the breath of safeguarding adult supervision provision across the Trust.

We will be holding events across the Trust during Learning Disability Awareness week to promote the Mencap #TreatMeWell Campaign, which is focusing on acute care for people with learning disabilities. These events will be supported by Barnet Mencap and the Barnet Learning Disability Team.

The London Fire Brigade (LFB) key achievements 2017-18

The LFB has been working to identify vulnerable adults especially those at risk of neglect, hoarding and fire. We are

actively highlighting these individuals to the local authority for assistance.

There has been localised learning disability awareness training to increase awareness of mental health issues and how to work with mental health sufferers in collaboration with Barnet Mencap.

The Barnet LFB exceeded the 12% target of time spent on Community Safety by 2.5%, undertaking 2953 Home Safety Visits (HFSV) in the borough, over 400 more visits than target. LFB has been working hard to identify high priority/at risk people for HFSV'S achieving 87% for these.

There has been an active involvement from all staff in the borough to engage with vulnerable people through involvement in the Community Safety MARAC, Domestic Violence MARAC and the Hoarding and Neglect Panel.

Plans for 2018-19

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

BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST (BEHMHT)

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

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

Safeguarding adults work undertaken and key achievements in 2017 -18

- The aims and objectives of year 2 of our 3-year work plan have largely been met
- We have led on an innovative domestic abuse pilot project (LINKS) which demonstrates how an independent domestic violence advocate based directly with the mental health team improves responses to service users who disclose domestic abuse.
- We have developed a safeguarding newsletter to ensure staff are regularly updated.
- We have developed a safeguarding adult handbook for all staff.
- We have refreshed our easy read safeguarding information for service users.
- We continue to improve and learn from our safeguarding data collection systems.
- We have developed new policies on the management of safeguarding allegations against staff and we now have a new chaperone policy.
- We have designed and rolled out level 3 safeguarding adult training.
- We have reviewed the role and function of the mental health teams safeguarding champions to ensure improved practice and cascade of learning.

- We have improved the way we triangulate information relating to safeguarding alerts, complaints and Datix incident reports.
- We continue to raise the profile of the “Think Family” approach across all services
- We have developed a new safeguarding adult audit strategy aligned to the principles of safeguarding as defined in the Care Act (2014).
- We have consistently maintained Level 1 and 2 safeguarding adult training at the trust target of 90%

Key Challenges

- Safeguarding practice is complex and varied. The challenge of collecting accurate meaningful data is recognised. Work continues to ensure data is captured and analysed effectively.
- To continue to develop and improve systems to promote effective lessons learnt from reviews such as Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHR’s).
- To respond effectively to the increasing number of SARs and DHR’s
- To ensure consistency of safeguarding adult practice across three boroughs with separate commissioning arrangements and different safeguarding pathways.

- To ensure the challenge of working across three borough Safeguarding Adult Boards and their associated sub-groups is managed effectively.
- To respond to the ever increasing and competing issues across the safeguarding landscape.

Safeguarding adults work planned for 2017 - 2018

The work of the Integrated Safeguarding Committee is informed by an overarching work plan which underpins the Safeguarding Strategy. The Strategy has five broad aims which form the overall framework of work going forward:

- To ensure safeguarding is everyone’s business across the Trust
- Develop a dataset of information that allows effective monitoring of safeguarding activity and outcomes.
- Develop a culture of learning with robust internal systems to support this.
- Promote early help to prevent abuse from happening in the first place.
- Develop seamless pathways that promote joined up working at every level.

Case Examples

Case Study 1

A safeguarding concern was instigated regarding a service user who was found neglecting herself. Her home was full with clutter and causing congestion in the living spaces and was impacting on the use of her living space. A safeguarding meeting was held that involved partners; local authority, G.P, Fire Service and the Housing Department. This ensured a robust and co-ordinated response across the key partnership to plan the interventions required. A robust multi-agency risk assessment was completed. The victim was referred for psychological intervention, free safety checks. With consent, her flat was cleaned by the Housing department and she was referred for on-going support.

Case Study 2

The case came to the attention of the safeguarding team via the Multi Agency Risk Assessment Conference (MARAC). A female service user had attacked her husband therefore she was deemed to be the perpetrator of domestic abuse. The multi-disciplinary team had concerns about the characterisation of the service user as a perpetrator and they felt she was being exploited by her husband who routinely attributed incidents and her refusal to comply with his demands to her mental illness. There were also allegations that he often gave her cannabis stating that it was a herbal/natural cure for her mental illness.

This information was shared with MARAC and a safeguarding plan was put in place including:

- Conditions around engaging with Dual Diagnosis services and accessing support and Domestic Violence counselling where to be included as conditions on the CTO
- An Independent Domestic Violence Advocate (IDVA) was engaged to support the service user for the duration of the in-patient stay as well as for on-going support in the community. The IDVA was asked to address the issues in a culturally sensitive manner as well as support the service user with protection planning and reporting any further I abuse to the Police

CCG

Barnet Clinical Commissioning Group (BCCG) provides regular Safeguarding Training to GPs and Primary Care Nurses, including advanced updates for GP safeguarding leads. The 2017 Annual General Meeting (AGM) was attended by 150 Barnet GPs and Nurses and featured training on risks of Hoarding and Self Neglect delivered by the Fire Brigade.

Barnet GPs receive their safeguarding training from a variety of sources, and have to demonstrate their competency in safeguarding for their annual appraisals.

BCCG is a member of Barnet Safeguarding Panels, including the Channel Panel, (which manages cases referred via PREVENT), the Risk Panel, the Community Multi Agency Risk

Assessment Conference (MARAC) and the Domestic Abuse MARAC.

The IRIS project has been launched in Barnet. This project covers 25 surgeries and supports GPs and Primary Care staff with their patients who are experiencing domestic abuse. The surgery team receives advanced training and support by a doctor and a domestic abuse advocate.

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

BCCG monitors health providers across Barnet on how they apply the Mental Capacity Act (MCA) 2005 in their work with individuals.

The BCCG Adult safeguarding lead has worked with partner agencies to get feedback from service users on their experiences of being involved in a safeguarding enquiry.

BCCG safeguarding team supports practitioners with complex safeguarding enquiries.

Adult Safeguarding Reviews in Barnet have reflected on practice and made recommendations to improve how the Mental Capacity Act 2005 is understood and used by health

workers, BCCG will support and monitor the implementation of these recommendations.

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

BCCG safeguarding and quality leads work with Barnet Local Authority and the CQC, within a provider concerns process, to listen to concerns raised by individuals and their families in Barnet Nursing homes and to support improvements by the homes.

BCCG manages complaints in accordance with NHS complaints regulations and monitors its contracts with health providers to ensure that they listen to their service users, respond to complaints in an appropriate and timely manner and regularly ask the public about their satisfaction with the services.

BCCG safeguarding leads are members of the Safeguarding Board subgroups and contribute to the improvements in quality across the partnership.

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

BCCG is working with partners, such as the local authority and

police, in the development of an Adult Multi Agency Safeguarding Hub (MASH).

BCCG commissions advocates to support adults through the safeguarding process if they lack capacity to understand and participate in it. This will ensure that all service users, particularly those who are vulnerable, have a voice and are supported through the process.

The IRIS programme for GPs improves access to support for people experiencing domestic abuse.

BCCG works with the Mental Health Trust and Public Health on the Barnet Suicide Prevention strategy.

Plans for 2018-19

The recommendations from Safeguarding adult reviews in Barnet include extra training on relevant laws such as the Mental Capacity Act 2005 and the Mental Health Act 2007. This training has been arranged for GPs and nurses for later this year (2018).

The IRIS programme has just been launched in Barnet and will continue to deliver training and support for GP surgeries.

BCCG will continue to work with the Safeguarding Board partners to develop an Adult MASH in Barnet.

BCCG will further strengthen its relationship with Safeguarding Board partners and continue to develop a culture that ensures that all adults, and particularly vulnerable adults, are supported and have their voices heard.

Training

London Borough of Barnet

The Workforce Development Service within Adults and Communities commissions and provides a comprehensive range of multiagency training to both internal staff across the Delivery unit and External staff from provider/partner agencies.

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

Level 1

Safeguarding Adults Basic introduction
Safeguarding Adults Assessing the Concern

Level 2

Safeguarding Adults Policy and Procedures
Safeguarding Adults Policy and Procedures for Providers
Safeguarding Adults - The Law and Safeguarding Adults
Human Trafficking and Modern Slavery - Multi agency

Awareness Raising

Prevent Workshop to raise awareness of Prevent (WRAP)

Cuckooing - Exploitation of Vulnerable Adults

Safeguarding Adults - Working with the Police

Safeguarding Adults - Self Neglect and Hoarding

Level 3

Safeguarding Adults - Conducting Safeguarding Enquires

Safeguarding Adults - Managing and Chairing Safeguarding Meetings

Safeguarding Adults - Provider Led Enquires

The current training compliance for Safeguarding Adults levels 1 to 3 is 89%

Prevent training compliance is 71%

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

Safeguarding Adults Training has also been provided to staff from across 25 external providers.

Our current programme was reviewed this year to ensure all our courses are MSP compliant with an emphasis on the

development of skills in person-centred, outcomes focused working that enables people to reach resolution or recovery.

So, staff can continue to develop these core skills in MSP and strength based practice we have revised and relaunched our supervision policy and provided training for managers in effective supervision and reflective practice to enable staff to work confidently/competently in difficult situations.

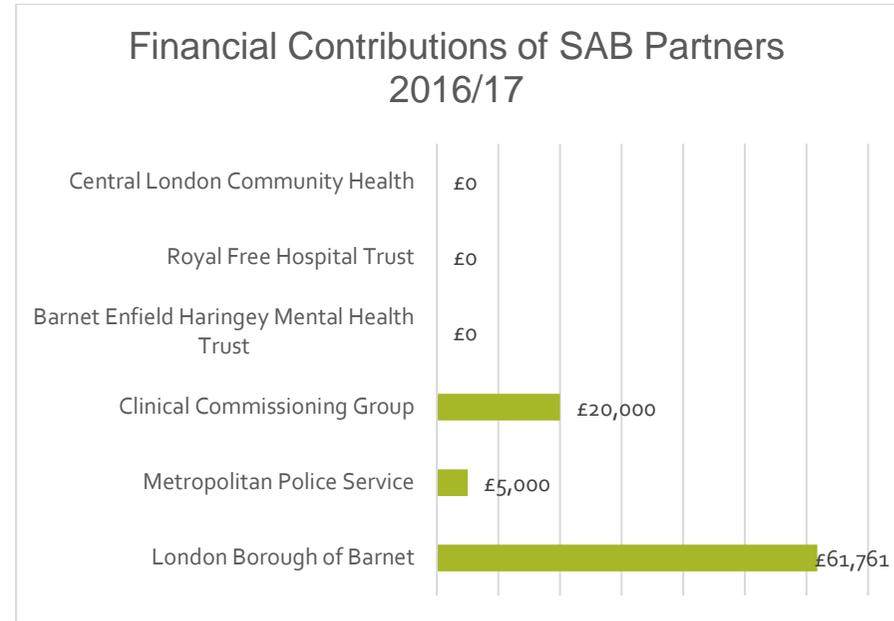
Safeguarding Adults Training (% of staff trained)

	Safeguarding Adults Level 1				Safeguarding Adults Level 2				Safeguarding Adults Level 3				Mental Capacity Act Level 1				Mental Capacity Act Level 2				Mental Capacity Act Level 3			
	Q1	Q2	Q3	Q4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
BEH-	86	84	92	92	86	84	92	92										89						
RFL		86	88			81	84							80	85									
CLCH	97.4	96.3	95	97	94	95	90	87	100	100	100	66	97.4	96.4	95	97	93.4	94	89	84	100	100	100	62
	PREVENT				WRAP				Domestic Violence Level 1				Domestic Violence Level 2				Modern Slavery				Female Genital Mutilation			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
BEH	69	79%	90		69	79	90	84						89										
RFL																								
CLCH	97.4	96.4	95	97	89	90.3	90	90	97.4	96.4	95	97	94	95	89	87	94	96.4	95	97	97.4	96.4	95	97

Safeguarding Adults Board Attendance 2017/18

SAB Partners	Safeguarding Adults Board				
	Apr-17	Jul-17	Oct-17	Jan-18	Mar-18
Barnet CCG					
Local Authority					
London Metropolitan Police: Barnet					
Barnet Enfield and Haringey NHS Mental Health Trust					
Care Quality Commission					
CLCH					
General practitioners					
Healthwatch Barnet					
London Ambulance service					
London fire Brigade					
London Probation Trust					
Royal Free London NHS Foundation Trust					
The Barnet Group					
Voluntary sector					

Financial Contributions 2017/18



Useful contacts

Questions about this report

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

Tel: 020 8359 5693

Email: emma.coles@barnet.gov.uk

Safeguarding training

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

Tel: 020 8359 6398

Email: asc.training@barnet.gov.uk

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

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

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

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

Contact Social Care Direct

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

•Email: socialcaredirect@barnet.gov.uk

Or the police on 101. If the danger is immediate, always call the police on 999.