

INDEPENDENCE, WELLBEING AND CHOICE

London Borough of Barnet

May 2009

Safeguarding Adults

Delivering Preventative Services



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INSPECTION OF INDEPENDENCE, WELLBEING AND CHOICE

Barnet Council

May 2009

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INTRODUCTION AND BACKGROUND

An inspection team from the Care Quality Commission visited Barnet Council in May 2009 to find out how well the council was safeguarding adults whose circumstances made them vulnerable.

The inspection team also looked at how well Barnet was delivering preventative services. To do this, the team focused on services for older people.

Before visiting Barnet, the inspection team reviewed a range of key documents supplied by the council and assessed other information about how the council was delivering and managing outcomes for people. This included crucially the council's own assessment of their overall performance. The team then refined the focus of the inspection to cover those areas where further evidence was required to ensure that there was a clear and accurate picture of how the council was performing. During their visit, the team met with older people and their carers, staff and managers from the council and representatives of other organisations.

This report is intended to be of interest to the general public, and in particular for people who use services in Barnet. It will support the council and partner organisations in Barnet in working together to improve the lives of people and meet their needs.

SUMMARY

Safeguarding Adults

The Commission rates council performance using four grades. These are: poor, adequate, good and excellent. We concluded that Barnet safeguarding of adults was **good**.

The council and its partners had given high priority to adult safeguarding. Safeguarding arrangements had been reviewed in autumn 2008 and an improvement plan was being actively implemented. Overall, the council and its partners responded promptly to allegations of harm and abuse to people. Staff were generally alert to safeguarding issues and recognised the need to take action to secure people's immediate safety. However, the nature and severity of risk to the individual was not always sufficiently identified and recorded and this was particularly evident in cases where staff had identified low levels of risk.

The Barnet Safeguarding Adults Board was effectively managed and there was a wide range of stakeholder membership. People who use services were actively involved in the safeguarding agenda through a service user forum. As the lead agency for adult safeguarding, the council was working with its health partners where safeguarding arrangements needed further development and clarity. The response and contribution of the police in safeguarding work was inconsistent. However, council staff were working hard to build and maintain relationships with the police to ensure a more consistent response and contribution from them in safeguarding work.

A good multi-agency adult safeguarding training programme was in place and well regarded by both council staff and staff in partner organisations. Demand for safeguarding training had significantly increased amongst provider agencies and some staff experienced waits for places on the council's courses. Further training opportunities had been developed to meet this demand. A competency-based framework had just been developed that would underpin the training programme.

There was clear public information about adult safeguarding available on the council's website and in hard copy. A broad range of preventative support services enabled early warning and management of low level and ongoing monitoring of risk. Links between adult safeguarding and community safety were being strengthened at both strategic and operational levels to ensure the development of more preventative work relating to the safeguarding agenda. There was a range of advocacy organisations which had the potential to both support and empower people within safeguarding processes. The council had not effectively scoped either the need for or capacity of advocacy organisations to be involved in safeguarding work.

Systematic quality assurance and performance management arrangements for safeguarding work were not yet sufficiently robust. This

meant that the council and its partners could not be assured that people whose circumstances made them vulnerable were protected from harm and abuse. Management oversight of safeguarding practice and recording needed enhancing. Links between adult safeguarding arrangements and the council's complaints procedures were not strong.

Family carers' needs and stresses were not consistently recognised and addressed in relation to adult safeguarding. Some work had been completed to scope the safeguarding training needs of people who used services and family carers. The council was also aware that its shift to self-directed support had implications for people whose circumstances make them vulnerable and work had begun to ensure safeguarding arrangements were fit for purpose in relation to the personalisation agenda.

Delivering Preventative Services

We concluded that delivery of preventative services in Barnet was **good**.

There was a clear focus on promoting the independence of older people and a strong emphasis on enablement and rehabilitation. The provision of intermediate care services was developing well enabling older people to regain their confidence and skills in order to make informed decisions about their future support needs. The number of older people using Direct Payments had significantly increased, with a high percentage of people from black and minority ethnic communities using them to purchase services culturally sensitive to their needs.

Assistive technology such as telecare services was increasingly used to promote the safety and wellbeing of people in their homes. The provision of equipment and minor adaptations had recently improved although some people were experiencing delays. There were still significant waits for occupational therapy assessments despite the council's actions to address this ongoing problem.

Partnership working with other corporate departments had led to some positive preventative initiatives with housing and environmental services and library services. Corporate partnership working around older people's opportunities for employment was underdeveloped.

The council had actively invested in the independent and voluntary sectors to provide a wide range of preventative services such as information and advice, day opportunities and short-term breaks.

Public awareness about preventative services was low despite a range of ways in place to enable access to information and advice. Some older people, carers and partner organisations experienced difficulties in making contact with the council so did not have timely and consistent access to information, advice and assessment of their needs. Older people had access to initial assessments of their needs, irrespective of whether they intended to self-fund their own services. People were also referred onto non-care managed services if they did not meet the council's eligibility criteria for social care services. Systematic monitoring

of the outcomes for older people who were either referred on or signposted to other services was lacking.

The council had strengthened its capacity to support the health and wellbeing of carers in recognition of the fact that carers were crucial to the prevention agenda. A range of services was commissioned for carers but we found that more work was needed to support carers both in and beyond their caring role. Carers were seeking better provision of information and signposting to services as well as improved carer assessments, support plans, reviews and services. The needs of older people from minority communities were not being fully met and there needed to be better monitoring of access to and take-up of services.

Capacity to Improve

The Commission rates council capacity to improve its performance using four grades. These are: poor, uncertain, promising, and excellent. We concluded that capacity to improve in Barnet was **promising**.

The council had an ambitious and purposeful vision. The strategic direction and priorities were clear and the prevention agenda had been given increasingly high priority. Both political and managerial leadership was strong. Governance arrangements and accountabilities were clear.

There was positive partnership working at both strategic and operational levels between the council and other organisations to ensure the safety and wellbeing of local people. The message was that adult safeguarding was everyone's business. The Safeguarding Adults Board had recently adopted a more strategic approach to the safeguarding agenda.

The council had developed constructive working relationships with many partner agencies at both strategic and operational levels in relation to the planning and delivery of preventative services to older people. Some partner provider organisations, however, did not feel that the council effectively engaged with them at the early stages of strategic planning arrangements.

The council's approach to quality assurance and performance management was becoming increasingly embedded in relation to preventative services for older people. However, quality assurance and performance management processes needed to be considerably strengthened in relation to adult safeguarding.

Frontline staff valued the range of learning and development opportunities available, including adult safeguarding training. They were also positive about the opportunities to be involved in service planning, development and evaluation. The council had a number of ways in place to consult people on service planning, development and evaluation. Further work was required to widen the representation and contribution of older people at the strategic level. There were similar issues in needing to ensure a wider range of carers are engaged in the safeguarding and prevention agendas.

There was a clear strategy and implementation programme to support the delivery of the personalisation agenda. The council had given high priority to the design phase and to consulting with its key stakeholders. There were anxieties amongst some providers about the council's commissioning and contracting intentions and further work was necessary to ensure providers had a better understanding of the new requirements and the organisational capacity to deliver them.

The council effectively managed its budgets. There was a clear focus on medium term financial planning and on securing improved value for money.

RECOMMENDATIONS

Outcome theme	Recommendation
Safeguarding Adults	<ul style="list-style-type: none"> • The council and its partners should ensure that all staff and managers undertaking adult safeguarding roles receive competency-based training and the impact of this training is systematically evaluated. • The council and its partners should develop and implement robust quality assurance and performance management systems to ensure effective safeguarding arrangements for people whose circumstances make them vulnerable. • The council should review both the need for and capacity of advocacy organisations to support and empower people through adult safeguarding processes.
Delivering Preventative Services	<ul style="list-style-type: none"> • The council should improve its contact arrangements so that older people have timely and consistent access to information, advice and assessment of their needs. • The council should ensure that carers have access to information, advice and services that support them both in and beyond their caring role. • The council should ensure that it systematically monitors the outcomes for older people signposted onto to other services.
Leadership and Commissioning	<ul style="list-style-type: none"> • The council should widen the representation and contribution of older people and carers in service planning, development and evaluation. • The council should ensure that its diverse communities are effectively involved in commissioning processes, at both strategic and individual levels, so that services are sensitive to their needs. • The council should ensure independent and voluntary sector organisations have a clearer understanding of the personalisation agenda and capacity to respond to people’s support needs.

CONTEXT

Barnet Council is situated in the north west of London. The population is 338,100, making it the second largest London borough with a younger and more diverse population than the national profile. There is a growing population in all age groups with a predicted rise of 11.6 per cent over the next ten years, particularly those of working age. The borough is generally prosperous but there are pockets of deprivation, particularly in the west. Barnet has the second highest number of people aged over 65 years in Greater London with nearly 53,000 people over pensionable age. The number of people over 65 years is set to increase gradually from 2010 rising each year, with a steep increase beyond 2020. The population of Barnet currently has the second highest proportion of people over 85 years in Greater London. There is also an ageing population of people with learning disabilities, some of whom are cared for by their families and these family carers are also ageing.

The local authority estimated that there are 28,000 carers in Barnet, of which 58.4 per cent are women. It is estimated that 44 per cent care for an older person. Almost 2,000 carers are aged 75 years and over and almost half of these provide over 20 hours of care each week. Nearly 5,000 carers provide care for more than 50 hours per week and these carers tend to be concentrated in the more deprived areas of the borough.

About 32% of the overall population is from a minority ethnic community. Barnet is the twentieth most ethnically diverse borough in England and the second most religiously diverse. The borough has the highest proportion of Jewish people in the country. The largest ethnic groups are Indian and Black African. The borough also has the largest number of Chinese residents in Greater London and an increasing number of people had arrived from Eastern European countries. A growth in the number of older people from black and minority ethnic groups is predicted, with the sharpest rise expected to occur in the Indian, Chinese and Black African groups.

Barnet Council has a Leader and Cabinet and an overview and scrutiny model of governance. The council comprises 63 councillors and the majority are Conservative.

The council was rated as a three star council by the Audit Commission and was judged to be improving strongly in its 2008 direction of travel judgement. In November 2008, the Commission for Social Care Inspection rated the performance of adult social care services for 2007-08, as two star. The Commission rated the council as good in its delivery of outcomes for people with promising capacity to improve.

KEY FINDINGS

1. Safeguarding Adults

1.1 Safeguarding against poor treatment

The safeguarding agenda had a high priority in Barnet. The council and its partners were clearly committed to safeguarding as an integral part of their work. The chair of the safeguarding adults board had commissioned a review of safeguarding arrangements in autumn 2008 and an improvement plan was being actively implemented. A number of actions had been taken to improve strategic and operational practice. Some of these actions were at too early a stage for their impact on people whose circumstances make them vulnerable to be assessed.

The multi-agency safeguarding adults policy and procedures were well promoted and were generally sound. They had been recently updated to reflect changes in safeguarding practice nationally. Frontline staff and managers reported that the policy and procedures were clear and supported them in their safeguarding practice. A pan-London safeguarding adults policy and procedures were expected to be launched later in 2009 that would have implications for staff practice and training.

A safeguarding adults co-ordinator provided effective information, advice and support to adult social care staff and to staff in partner agencies. This was highly regarded by staff and managers engaged in safeguarding work.

Clear public information about adult safeguarding was available on the council's website and in hard copy. Over the last year, information had been developed for both members of the public and staff engaged in safeguarding work. The webpage had been improved and updated as had the easy read booklet 'Say NO to abuse'. The website had a 'Browse-aloud' facility and the hard copy booklet was available in preferred formats, on request. Information about safeguarding was reasonably well profiled in public information points. We met some older people and carers, however, who were not aware of the information.

There had been an increase in reporting of safeguarding concerns as a result of work undertaken to raise the profile of adult safeguarding in Barnet. The safeguarding adults board communications sub-group had produced a communication plan which aimed at increasing public awareness through a range of media. Some older people and their family carers, however, had limited understanding of how to keep themselves safe and how to report situations where they thought either themselves or other people were at risk of harm and abuse.

Some work had been completed to scope the safeguarding training and development needs of people whose circumstances make them vulnerable. We commend the production of the 'Say NO to abuse' training resource pack to raise awareness of abuse. The full potential of the training pack had not yet been realised due to capacity difficulties amongst service providers in delivering the training to their service users.

Overall, the council and its partners responded promptly to allegations of harm and abuse to people. This included staff and managers working in the emergency duty team. Partner and provider agencies reported that the response to safeguarding referrals had significantly improved over the last year.

People who use services, carers and partner agencies experienced difficulties in making contact by telephone and email with adult social services, including the Learning Disability Team. This had implications for both the urgency and timeliness of making safeguarding referrals and the council's response to them. The council had taken action to address this issue by investing in a new telephone system which had been installed in the Older Adult teams. Despite the new system, people told us that getting through to the teams still posed difficulties.

Case file analysis of people who had been subject to safeguarding procedures indicated that staff were generally alert to safeguarding issues and recognised the need to take action to secure people's immediate safety. The nature and severity of risk to the individual, however, was not always sufficiently identified and recorded and this had not always resulted in the most appropriate management of risks in some cases. This was particularly evident in cases where staff had identified low levels of risk.

Where safeguarding strategy meetings had taken place, we found variable performance with regard to compliance with procedural timescales in holding the meeting, attendance at the meeting, and recording and distribution of strategy minutes. Some partner and provider agencies involved in safeguarding processes also reported receiving late invitations to strategy meetings and delays in receiving meeting minutes. Safeguarding monitoring data from April 2008 to March 2009 indicated that the majority of strategy meetings were not held within the required timescale.

In general, investigations were started promptly once strategy meetings had been held and there was evidence in some cases of effective multi-agency working to manage safeguarding concerns at a number of levels. Some provider organisations reported there was a need for improvement in holding case conferences and reviews of safeguarding plans within required timescales.

Staff responded promptly to safeguarding alerts about people placed in out of borough placements. Council staff also responded promptly to safeguarding alerts raised about people placed in care homes in Barnet by other local authorities. Safeguarding arrangements were inclusive of people who funded their own care.

Health managers and staff across the sector had strengthened their role and contribution to safeguarding work. Safeguarding leads had been designated in most health settings and plans were in place to do so in all of them. Health staff were supported to play a stronger role in leading safeguarding investigations.

As the lead agency for adult safeguarding, the council was working with its health partners where safeguarding arrangements needed further development and clarity before the safeguarding adults board could be assured that risks were effectively managed, and procedures were consistently applied and monitored so that people were kept safe. Work was in progress to clarify management of the interface between safeguarding processes and local arrangements for the care programme approach for people with mental health needs. There was also work in place to address the interface between health organisations' processes for dealing with serious untoward incidents and multi-agency safeguarding arrangements.

The council was working hard to build and maintain relationships with the police to ensure a more consistent response and contribution from them to safeguarding work. Despite council staff's best efforts to secure arrangements with the Metropolitan Police, the role and contribution of the police in responding to safeguarding alerts was variable. We saw evidence of strategy meetings where the police had been unable to attend and in one case where failure to secure the evidence had hindered the police investigation.

1.2 Making sure that staff and managers know what to do

Arrangements were in place to provide adult safeguarding training to staff both internal and external to the council. The training programme was good and reflected a range of roles and responsibilities in the safeguarding procedures. Training was increasingly on a multi-agency basis and was well regarded by both council staff and staff in partner organisations. In 2008, a multi-agency audit was undertaken with regard to safeguarding training. It was acknowledged that some data provided by partner organisations was out of date.

Staff working in the independent and voluntary sectors had access to safeguarding training provided by the council and council funding was available to provider organisations to enhance their internal training programmes. Demand for safeguarding training had significantly increased amongst provider organisations and some staff experienced waits for available council-run courses. The council had increased the number of safeguarding courses for 2009-10 and were confident that needs would be met.

The single biggest issue in relation to safeguarding training and development was the capacity of organisations to release staff whilst maintaining the service. Alternative methods of training such as e-learning packages had yet to be explored. A multi-agency safeguarding adults training strategy had been produced in February 2009 by the training sub-group of the safeguarding adults board. It included the development of a competency-based framework that would in future underpin the training programme for staff and managers involved in safeguarding work. This recent development should strengthen the ability of both the council and its partners to ensure the competence of staff and managers are competent to undertake safeguarding work. However, the

implementation of the strategy was at too early a stage to be able to assess its impact.

Staff had received training on the Mental Capacity Act although referrals to the Independent Mental Capacity Advocate Service remained relatively low in relation to safeguarding. The council had undertaken an extensive training programme to prepare for the local implementation of the Deprivation of Liberty Safeguards (DOLS). The number of referrals for DOLS assessments was high and capacity to manage them needed careful monitoring.

Dignity in Care sessions had been delivered to raise awareness amongst health and social care staff of their role in responding to the government's Dignity Challenge. Through Dignity in Care initiatives, Acute Trusts worked hard to improve patient experiences whilst in hospital. The Primary Care Trust (PCT) employed an acute liaison nurse to support hospital staff to address inequalities experienced by people with learning disabilities in accessing acute health care services.

Specialist interpreting services and support could be commissioned to provide a service to people with specific communication needs when involved in safeguarding procedures. There was no process in place to check that interpreters had received safeguarding awareness training. This omission had implications regarding the need to ensure confidentiality and gathering secure evidence in safeguarding interviews, as required by the safeguarding procedures.

Case file analysis of people who had been subject to safeguarding procedures demonstrated variable standards of practice and inconsistencies in how adult safeguarding work was managed. Some situations were well managed and brought to a clear conclusion. However, we also saw evidence where practice was below the required standard in that conclusions and planned actions were not clear or had not been implemented. There were some situations where people could have been more meaningfully involved and supported in developing and reviewing their safeguarding plan.

Safeguarding recording practice was of variable quality in relation to both case recording and recording of safeguarding meetings. Some key actions or discussions with people who use services who had not attended their case conferences had not been recorded in some cases. Lack of skilled and designated minute-takers for strategy meetings and case conferences meant that on some occasions, managers had both chaired and taken minutes.

Safeguarding plans were of variable quality. Some safeguarding plans were clear with measurable objectives set out, responsibilities and timescales assigned to them while others were not. In a few cases staff seemed confused about how safeguarding planning was aligned to care planning.

The council had recognised the need to improve recording practice and had taken recent steps to address this issue, including a designated

minute-taker for safeguarding meetings involving complex cases. Demand for minute-taking of safeguarding meetings was high and the capacity to fulfil this role needed close monitoring.

The council had set targets for safeguarding alerts in respect of under-reported user groups. Whilst targets had been met by teams and in some cases exceeded in relation to people with learning disabilities and younger adults with mental health needs, the impact on team workloads had not been evaluated. The increased number of safeguarding referrals had resulted in some teams finding it quite a challenge to balance safeguarding work with other operational duties and responsibilities.

There was a range of advocacy organisations which had the potential to both support and empower people subject to safeguarding processes, especially during the investigative process. We saw few safeguarding cases where advocacy had been actively considered or used. The council had not yet effectively scoped either the need for or capacity of advocacy organisations to be involved in safeguarding work.

People who used Direct Payments and Individual Budgets were well supported and received good information about keeping themselves safe. The council was very aware that its shift to self-directed support had implications for people whose circumstances make them vulnerable and work had begun to ensure safeguarding arrangements were fit for purpose in relation to the personalisation agenda.

1.3 Making sure that there are services to help prevent abuse and neglect

There was a strong corporate focus to develop community cohesion, address anti-social behaviour and to enhance the safety and well-being of local people. The Safer Communities Partnership played a significant role in ensuring the delivery of preventative services which supported people to keep safe in their own homes and local communities.

A broad range of preventative services and community safety initiatives enabled early warning of and management of low level and ongoing monitoring of risk. Telecare equipment was used to keep people safe by minimising the risk of accidents and falls. Trading Standards worked closely with the police to tackle rogue traders. The Fire and Rescue Service promoted fire safety checks.

The links between adult safeguarding and community safety were strengthening at both strategic and operational levels to ensure the development of more preventative work with regard to the safeguarding agenda. A good example of effective partnership working was the Safeguarding Adults Board, the Safer Communities Partnership and the Learning Disability Partnership Board working together to successfully produce an accessible hate crime reporting form and set up accessible third party reporting sites.

Supported housing services had a strong focus on identifying and monitoring people's safety. Services such as the Handyperson Scheme

were valued by older people. We were particularly impressed that Barnet Homes' 'Do you Care?' project had included a conference for its staff, its contractors and sub-contractors and the production of a DVD training package. The aim of the training was to raise awareness of the circumstances that make tenants vulnerable so that staff carried out work in a respectful and understanding manner in tenants' homes.

Adult social services staff had a good awareness of these preventative services yet their use of them was not always recorded in the case files seen. The systematic identification and recording of risks was not evident in some cases therefore managers could not be assured that appropriate preventative action had been taken.

Family carers' needs and stresses were not consistently recognised and addressed in relation to adult safeguarding. Case files we read did not show carers' contingency plans where assessment of risk would have indicated a need for such plans. Many carers told us that they had limited awareness of both safeguarding and the preventative services that were available to support them. We noted that for the past two years, safeguarding monitoring data indicated that friends and family were the highest number of alleged perpetrators. We welcome the steps being taken to analyse the reasons behind these figures.

The effectiveness of arrangements for informing people about risks and strengthening their 'self protection' had not been evaluated. Little public information was available about how people could keep safe by avoiding situations that put them at risk of harm and abuse. Despite a high number of safeguarding referrals related to financial abuse, we saw little information for people on how to minimise risk of such abuse. A new policy had just been introduced to support the personal relationships of people whose circumstances make them vulnerable. This policy had a strong focus on preventing people from being abused or harmed.

1.4 Making sure that quality assurance processes are in place and working effectively

Systematic quality assurance and performance management arrangements for adult safeguarding were not yet sufficiently robust. This meant that the council and partner organisations could not be assured that people whose circumstances make them vulnerable were protected from harm and abuse.

Managers at all levels were closely involved in supporting staff in safeguarding work. Frontline staff and managers reported that their managers were very supportive and accessible to support them in managing adult safeguarding. Evidence of management supervision and oversight of safeguarding practice and recording, however, was very limited in the case files examined. Managers identified a number of practice, procedural and training issues arising from the cases we saw which underlined the need for regular and rigorous quality assurance of both safeguarding practice and recording.

The safeguarding adults board had prioritised the need to strengthen its quality assurance and performance management processes around safeguarding arrangements. A new sub-group had been established with a specific focus on performance and audit. Work was underway to establish processes that would ensure more consistent compliance with the multi-agency safeguarding adults policy and procedures by the council and partner agencies.

Commissioning, contracting and supply management arrangements in relation to safeguarding had been strengthened. All contracts had been reviewed in the past year to ensure that they properly reflected the multi-agency policy. A revised safeguarding adults clause was now inserted into all care provider contracts and monitoring arrangements were in place to ensure compliance.

Targeted improvement work was undertaken with providers to address service quality and adult safeguarding concerns. There was a strong focus on building a safeguarding culture, raising standards and on enhancing the skills of staff to prevent risk of harm and abuse of people using services.

The working with providers sub-group of the safeguarding adults board had just completed a draft disciplinary policy for service providers. The draft policy aimed to support providers of care services to improve the quality of investigations conducted under safeguarding arrangements.

A serious case review protocol was in place and had been recently reviewed and updated. One serious case review had been completed and an action plan developed. There were plans to share the learning from this review amongst staff involved in adult safeguarding work.

The annual report of the safeguarding adults board was used to inform the council, partner organisations and the wider community about the progress and effectiveness of its work and plans for future improvements. The Annual Report for 2007-08 was published in October 2008 and contained contributions from the council and its partners. It also contained a range of adult safeguarding data which had informed the Board's work plan. There was scope for inclusion of more detailed analysis of the safeguarding data as well as more qualitative information about the experiences and outcomes for people who had been involved in safeguarding arrangements. Work was needed to gain systematic feedback from people who had been involved in safeguarding procedures to inform safeguarding practice.

There was recognition of an under-reporting of safeguarding referrals in relation to people from black and minority ethnic communities and action was being taken to address this. Under-reporting was also evident with regard to older people with mental health needs, people with sensory impairments and people with drug and alcohol problems. No equality impact assessment had been completed for the multi-agency safeguarding adults policy and procedures or other related strategies and plans. The safeguarding adults board, therefore, could not be assured

that implementation of safeguarding policy, strategies and plans would have no adverse impact on specific groups.

Regular reports about adult safeguarding activity, including the annual report, were presented to the Adult Strategy Group, the core commissioning group for adult health and wellbeing. The safeguarding adults board's annual report was also presented to the council's overview and scrutiny committee. Governance arrangements had been enhanced with plans to present the annual report 2008-09 to Cabinet as well.

The link between the multi-agency safeguarding adults policy and procedures and the council's complaints procedures was not strong. If people had complaints about abuse and ill-treatment, they were advised to contact adult social services' duty teams. The multi-agency policy outlined what people were entitled to do if an agency failed to investigate matters under the safeguarding procedures. It did not, however, inform people of what they could do if they had a complaint about the safeguarding process itself.

The Annual Complaints Report 2007-08 made reference to learning from a complaint and that clarification was being introduced regarding the interface between Adult Social Services' complaints procedures, independent providers' complaints processes and adult safeguarding arrangements. Guidelines for independent sector providers were to be developed.

1.5 Making sure that POVA arrangements are robust and work well

Strategic arrangements for safeguarding through the Safeguarding Adults Board had become more robust and this had contributed to raising the profile of adult safeguarding in Barnet. Council leadership was clear but inclusive. Over the past year, the Board had been strengthened by membership of more senior representatives from partner agencies. This was beginning to enable actions and decisions to be taken in a more timely and effective way and the Board had become more businesslike in its approach.

The Safeguarding Adults Board had a wide range of stakeholder membership with new senior members from the Safer Communities Partnership and Children's Safeguarding Board reflecting corporate priority being given to the safeguarding agenda. The Board was effectively managed and meetings were regular with generally good attendance.

The sub-groups of the Safeguarding Adults Board had recently been reviewed with the aim of making them more action-oriented work groups. These groups were at various stages of development with some more productive than others. The increased multi-agency membership of the sub-groups should promote wider ownership of their work programmes in the future and ensure more effective delivery of the safeguarding adults board's overall work plan for 2008-11.

A range of people who use services was actively involved in the safeguarding agenda through a service user forum which had two-way communication with the safeguarding adults board and its sub-groups.

The safeguarding adults board had good links to other strategic partnerships such as the user group partnership boards. Links with the Carers' Strategy Group were not so clear and there was no specific safeguarding carers forum although some carers were members of the service user forum. It was also less evident how the safeguarding adults board linked to multi-agency public protection arrangements. The safeguarding adults co-ordinator was a member of the multi-agency risk assessment conference to provide a link where there were safeguarding concerns regarding domestic violence situations.

There was scope for the safeguarding adults board to develop greater cohesion and consistency in relation to managing the interface between children's and adult safeguarding arrangements. The multi-agency safeguarding adults policy and procedures had little reference to the interface with children's safeguarding policy and procedures. However, collaborative working with the children's safeguarding board had recently increased and a joint work plan drafted.

The council had developed and implemented safe recruitment practices. The safeguarding adults board was working with the safeguarding children's board and the council's human resources directorate to ensure local arrangements were in place for both registering and referring to the Independent Safeguarding Authority's Vetting and Barring Scheme. The council funded people using Direct Payments to take-up Criminal Records Bureau checks when employing personal assistants.

1.6 Making sure that people's privacy and confidentiality are respected

Practice guidance regarding confidentiality and sharing information was included in the multi-agency safeguarding adults policy and procedures. There was scope for reviewing information sharing processes between the different organisations with case management responsibilities for adult safeguarding.

It was not clear, in the case files we read, whether people had given written consent for their personal information to be shared as part of safeguarding processes.

2. Delivering Preventative Services

2.1 Promoting Independence

The council and its partners had a clear focus on promoting the independence of older people and a strong emphasis on enablement and rehabilitation. We met older people who said their wishes were respected so that they were able to make choices about how they lived their lives.

Case files we read as indicated that some assessments and care plans were not yet sufficiently outcomes-focused. The views of older people and carers were insufficiently documented in people's assessments, care plans and reviews.

The assessment and care management formats in use did not support an outcomes-focused approach. The new documentation for self-directed support was explicitly outcomes-focused in its approach and should promote greater involvement of older people in making decisions affecting their lives. We saw examples of care plans which had been translated into other languages. Overall more older people had received an annual review of their needs and action was being taken to complete outstanding reviews.

The provision of intermediate care services was developing well with a strong focus on maximising personal independence and wellbeing. These services enabled older people to regain their confidence and skills in order to make informed decisions about their future support needs. Older people were supported to return to their own homes after hospital discharge or after receiving intermediate care services. The intermediate care team was working to improve its response rate to facilitating the discharge of people from hospitals and to develop expertise in specific areas such as assisting people who had strokes.

Efforts had been made to ensure items of equipment and minor adaptations were delivered promptly to enable older people to be safe and independent in their homes. The new community equipment services provider had recently improved the timeliness of access to and delivery of equipment. However, some people were still reporting delays that needed to be addressed in relation to both the assessment and delivery of items of equipment and minor adaptations.

We were pleased that the sensory impairment team worked closely with the integrated community equipment service provider to get appropriate equipment delivered to older people with sensory impairments.

There were still significant waits for occupational therapy assessments despite the council's actions to address this ongoing issue. Given the importance of occupational therapy services in enabling older people to either maintain or regain their independence, it is vital that waiting lists are resolved.

We found a mixed picture about older people's views of the services they received. Some older people gave very positive feedback about the help and support they received from adult social services. Others reported less satisfactory levels of support due to a lack of co-ordination between different professional staff such as social workers, occupational therapy staff and district nurses. We saw examples of effective multi-agency working in some cases.

Older people and their carers reported highly variable experiences of domiciliary care services. Some staff were regarded as well trained and reliable. However, there were concerns raised about shortened or missed

visits, the competence of some staff and limited management oversight. These comments related to home care services commissioned by the council and those which were self-funded.

Demand for homecare services at specific times during the day, during the evenings and week-ends was greater than current supply, resulting in some delays and lack of choice which limited the ability of older people to remain supported at home. An enablement home care service had just been launched. This was a positive development focusing on promoting the independence of older people with regard to personal care and independent living skills.

Day services were valued by older people. However, there was insufficient capacity in some areas resulting in people having to wait for a service. There was a programme to modernise voluntary sector day services. There was potential to further improve the focus and flexibility of day opportunities to support the rehabilitation and prevention agendas.

Services had increased for older people with mental health needs. However, some older people and their carers told us that demand exceeded supply for services able to meet their particular needs for short-term breaks and support in their own homes. The PCT had secured extra investment for a whole systems approach to providing services to meet the needs of older people with mental health needs and their carers. We were particularly interested that a new model of care for people diagnosed with dementia was to be piloted.

The number of older people using Direct Payments had significantly increased. The majority of Direct Payments were used to purchase personal care services. A high percentage of people from black and minority ethnic communities were in receipt of Direct Payments that enabled them to purchase services culturally sensitive to their needs. The use of Direct Payments to purchase equipment was being explored.

The council had strengthened its capacity to support the health and wellbeing of family carers. There was a range of services commissioned for carers and the council had made significant investment in the Carers Centre. The centre was generally well regarded. The centre had a part time member of staff who specifically provided information and advice to carers of older people. Some carers we either met or heard from, however, did not feel sufficiently supported either in or beyond their caring role. Carers were seeking better provision of information and signposting as well as improved carer assessments, support plans, reviews and services. These views reflected similar feedback from carers recorded in the draft multi-agency carers' strategy.

There were some areas for development around meeting the needs of older people from minority communities. Adult Social Services recognised the need to make sure that staff supported older people who are lesbian, gay, bisexual and transgender through outreach work to better understand their needs and the specific issues they face. Outreach work had been undertaken amongst black and minority ethnic and faith communities. But some older people and their carers said that there was

a need for council staff to increase their knowledge and understanding of the wide diversity of their cultural needs. Some staff recognised that better monitoring was required to ensure fair access to and take-up of preventative services by the diverse communities of the borough.

2.2 Preventative Services

A number of well-established preventative arrangements were in place that aimed to ensure older people had both choice and control in how the council and its partners responded to their needs.

Good use was made of assistive technology to promote the safety and wellbeing of older people and their carers. In particular, older people with complex needs were supported to remain in their own homes through use of telecare services.

Partnership working with other corporate departments had increased. There were some positive initiatives with housing and environmental health services and library services. Library services included opportunities for older people to learn computer skills, and a home library scheme that included access to information about services. The 'Say GO' project which promoted active lifestyles amongst older people was an example of good joint working between the council, a leisure services provider and the voluntary sector.

Corporate partnership working around older people's opportunities for employment was underdeveloped. As more people's working lives extend beyond pensionable age, either through choice or necessity, greater strategic consideration needed to be given to the economic wellbeing of older people.

Supported housing services had a clear focus on the promotion of independence and personal safety and these services had delivered positive outcomes for older people. Home improvement agency services such as care and repair services and the Handyperson scheme enabled people to manage their home and keep themselves safe.

The Supporting People Programme had made significant investment in housing related support services for older people and there was increasing access by private home owners. Within the past year, the first two Extra Care Housing schemes had opened for a range of older people, including those with mental health needs and those with learning disabilities, who were otherwise at risk of admission to residential care.

Older people were assisted to afford and maintain their homes through initiatives such as the achievement of decent home standards, and affordable warmth scheme as well as the joint visiting team which helped people to maximise welfare benefits and pension entitlements.

The council had actively invested in the independent and voluntary sectors to provide a wide range of preventative services such as information and advice, day opportunities and short-term breaks. It had worked with Age Concern to refocus its outreach programmes on the

west of the borough to ensure fairer access to its support services by older people living in more disadvantaged areas. Some voluntary organisations catered for specific cultural needs. Older people from black and minority ethnic communities greatly valued the Barnet Multi-Cultural Centre.

There was a growing use of volunteers by voluntary organisations and care had been taken to recruit volunteers from across the borough's diverse communities. This activity was helping to reduce social isolation and enable older people to play a fuller part in the life of their communities. Older people welcomed further opportunities to socialise and promote their emotional as well as physical wellbeing. There was scope to involve older people who use services in shaping services provided in the evenings and at week-ends.

The council had begun to evidence that investment in preventative services had resulted in a reduction in purchasing residential care provision. Adult social services had undertaken a number of service evaluations which identified better outcomes for older people from using services such as telecare and home care. Some voluntary sector providers were required to collect and present information about service activity and outcomes for older people using their services.

2.3 Access to Preventative Services

Older people, carers and partner organisations experienced difficulties in accessing information and advice about preventative services from adult social services. The council had taken steps to address this problem and the new care model with a single point of access and the new telephone system would be part of this arrangement. As timely access to information, advice and support is key to ensuring that older people are able to exercise choice and control in their lives, the existing barriers to making contact with the department need to be addressed.

There was a good range of publications about services, including preventative services, for older people. Information and access to services was increasingly available online. The main publications were two directory of services entitled 'Help yourself 2008' published jointly by the council and PCT and a shorter booklet entitled 'Services for older people' published by the council in April 2009. Hard copy information about preventative services available in Barnet was not always visible in some public information points. Work was underway to ensure more public information was available through GP surgeries.

A number of people we met did not know such public information was available or that information could be made available in alternative formats or in different languages, on request. Some older people from black and minority ethnic communities said that they appreciated the leaflets which signposted them in their own language to the fact that they could request a translation of the full information. Some partner and provider agencies reported improvements were needed in the translation and interpreting of information, particularly for older people from South Asian and Chinese communities. The council had introduced a recent

policy that meant signposting in other languages would no longer be included on leaflets. Adult social services was monitoring the implementation of this policy to ensure that there was no adverse impact on the diverse communities of Barnet in relation to public information about social care services.

Older people could access services for which no formal assessments were required. People had direct access to services such as home improvement agency services and telecare services.

The council funded advocacy services to support people in a range of ways. There had been some investment in advocacy specifically targeted at older people but advocacy organisations felt there was scope to further promote such services as many older people did not know about them. Self-advocacy options for older people were underdeveloped. A number of advocacy services were concerned about future funding arrangements by the council which made service planning and provision uncertain.

Lack of access to affordable and reliable transport posed a barrier to older people accessing preventative services. Older people told us about the difficulties they experienced with different types of transport. Corporate partners working on the development of the transport plan need to take account of the needs of older people.

2.4 Access to Initial Assessments

Access and Information Officers referred older people to non-care managed services. The council had just introduced a system whereby staff followed up people, after a four week period, to check how they were and whether they were using the services that they had been signposted to. There was, however, no systematic quality assurance mechanism in place to track the outcomes for older people who were signposted to such services. This information could provide valuable intelligence to inform the commissioning of low level preventative services.

Older people had access to initial assessments, irrespective of whether or not they intended to self-fund their services. Adult social services had developed a number of ways to encourage access to initial advice, support and assessment, including the availability of on-line self-assessment. As the council's Fair Access to Care Services' eligibility criteria was set at providing social care services to people with critical and substantial needs, care managers had a vital role in ensuring that older people had access to an initial assessment of their needs.

Progress had been made with promoting and enabling self-assessments for occupational therapy services and homecare services. Volunteers had been trained to assist people to complete self-assessments where they identified the need for support.

There was support to older people who were self-funders to enable them to make arrangements that were right for them, including the provision of information, advice and assessments. A number of self-funders we met

said they were unaware of the support that was available especially the availability of advocacy and brokerage services. As the borough had a large number of older people who were self-funders, it was important that the council explored how information, advice and support could be offered to them.

3. Capacity to Improve

3.1 Leadership

The council had an ambitious and purposeful vision that was jointly owned by partner agencies. Its strategic direction and priorities were clear and the prevention agenda had been given high priority. There was no corporate later life strategy but older people were included in the council's corporate priorities. The vision for adult social services 'Choice and Independence' had been agreed by cabinet in January 2007 and the directorate was implementing a major change programme which involved supporting people to exercise choice and control over the way they wanted their needs to be met. In response to residents' feedback, cabinet had changed the language of its corporate priority from 'Supporting the Vulnerable' to 'Promoting Independence' to better reflect the council's overarching aim for the residents of Barnet.

The council had strong political and managerial leadership and governance arrangements and accountabilities were clear. There was political support with a good level of cross party consensus regarding adult social care priorities and investment requirements.

Elected members had become increasingly engaged with and aware of their responsibilities regarding the adult safeguarding agenda. The portfolio holder for adult social services was leading on the development of safeguarding awareness training for all elected members. Overview and scrutiny members had identified the need to increase their knowledge and understanding of adult safeguarding issues to enhance their scrutiny of the annual report of the Safeguarding Adults Board. Overview and scrutiny arrangements were being improved and it was envisaged that the new arrangements would give more time to address social care matters.

There was no elected member designated as Older People's Champion or Dignity Champion for the council. The portfolio holder for public health, however, had taken up a number of issues which affected older people such as the dignity in care of people in hospitals and health inequalities of local people.

There was positive partnership working at both strategic and operational levels between the council and other organisations to ensure the safety and health and wellbeing of local people. The message was that adult safeguarding was everyone's business.

The Safeguarding Adults Board had recently developed a more strategic approach to the safeguarding agenda. This was demonstrated in its draft

three year strategic plan which included the full continuum of adult safeguarding ranging from prevention to protection. The Board's strategic plan and work plan had yet to be fully costed and securely resourced. Funding had been identified to enhance adult social services' capacity to support the effective delivery of safeguarding arrangements by establishing a safeguarding adults' team.

The council had good strategic and operational working relationships with health organisations, especially the PCT. Partnership working between the council and the PCT was particularly close with regard to strategic planning, development and evaluation.

The council had developed constructive working relationships with many other partner agencies at both strategic and operational levels in relation to the planning and delivery of preventative services to older people. Some independent and voluntary sector provider organisations, however, did not feel that the council effectively engaged with them at the early stages of strategic service planning arrangements.

Frontline staff were positive about the opportunities to contribute to service planning, development and evaluation. Frontline staff reported that they received effective supervision and support from their managers. They valued the range of learning and development opportunities available, including adult safeguarding training. The Workforce Strategy 2007-2010 focused on the changes required in the social care workforce to deliver the 'Choice and Independence' programme but joint workforce planning and development with health partners was less evident.

The council's approach to quality assurance and performance management was becoming increasingly embedded in relation to preventative services for older people. However, quality assurance and performance management processes needed to be considerably strengthened in relation to adult safeguarding to ensure that people whose circumstances make them vulnerable were kept safe from harm and abuse.

There was a strong corporate commitment to equality and diversity issues. The council had adopted a mainstreaming approach and were moving to focus on securing better outcomes for people. At operational levels in adult social services, however, further work was needed to ensure fair access to and take-up of information, support and services by Barnet's diverse communities.

3.2 Commissioning and Use of Resources

The council and its partners had developed a Joint Strategic Needs Assessment (JSNA) that was closely aligned to and supported the priorities of the Local Area Agreement. Council and PCT integrated commissioning strategies had been increasingly shaped by a comprehensive analysis of the needs of local people which had informed the development of the JSNA. Ongoing work on the JSNA was in turn contributing to the review of commissioning strategies and development of a prevention framework.

The council was working with its PCT partner to develop greater levels of joint working and commissioning. The recent development of establishing a discrete strategic commissioning team, including some joint posts, provided much needed organisational capacity to improve the coordination and delivery of better health and social care outcomes for local people.

The establishment of a supply management team was also evidence of enhancing capacity around procurement arrangements that was another building block in strengthening the commissioning process. Both teams should enhance the directorate's ability to work with and shape the local health and social care market. The council had arrangements in place to preclude commissioning of poorly rated services.

The council had positive and well-established relationships with a wide range of independent and voluntary sector providers. Some providers reported issues with the council about contracting arrangements which they felt were too short term and made future business planning difficult. Some providers were in discussion with the council about what they perceived to be a lack of flexibility and realism in delivering contract specifications.

The council effectively managed its budgets. There was a clear focus on medium term financial planning and on securing improved value for money.

The council and PCT were increasingly aware of the areas where further investment was needed and where costs required close monitoring which informed their wider commissioning intentions and decisions. The council and its partners were actively working to refocus and redesign services and support for older people to meet the prevention agenda. Work was in progress to map and evaluate voluntary sector provision to assess its impact in addressing prevention and in tackling health inequalities.

The council had a clear strategy and implementation programme to support the delivery of the personalisation agenda. A high priority had been given to the design phase and to consulting with its key stakeholders.

New approaches to commissioning, contracting and supply management were being developed to shape the market to deliver the council's 'Choice and Independence' programme. There were anxieties amongst some providers about the council's commissioning and contracting intentions and further work was necessary to ensure providers had a better understanding of the new requirements and the organisational capacity to deliver them. Independent and voluntary sector providers needed more support to work through what the policy changes meant for them in both strategic and operational terms.

Awareness of the council's 'Choice and Independence' programme was low amongst the older people we met. The move to self-directed support has major implications for older people who use services or who may

need services. Communicating the policy changes to them will be vital in order to identify and meet their development and support needs to take on new roles. Commissioning appropriate advocacy and brokerage services to support older people to identify, purchase and manage their own care choices will also be important.

The council had a number of ways in place to consult people on the planning, development and evaluation of preventative services. There were some good examples where older people had been involved at an early stage in the design and development of new preventative services such as the new Extra Care Housing schemes and more recently the enablement homecare service. Examples of older people's early involvement in designing and delivering strategic evaluations of preventative services were more limited.

The Older People's Partnership Board was perceived by some partners as not engaging with older people effectively. There was work required to widen the representation and contribution of older people to service planning, development and evaluation.

The council had a number of ways in place to consult and involve family carers in strategic planning and development. There were similar issues, however, in needing to ensure a wider range of carers are engaged in the safeguarding and prevention agendas.

Adult social services had agreed a Service User, Carer and Citizen Involvement strategy in 2008 and was committed to using the Department of Health's Recognition and Reward policy as the basis for making payments to users and carers who offer their time as experts by experience. The commitment had yet to be set out as a policy but was to be taken forward by the new carers' strategic lead who was due to join the directorate in June 2009. It will be vital to ensure that the new policy has no adverse impact on particular groups becoming involved in service planning, development and evaluation.

The council also needed to do further work to ensure that the diverse communities of Barnet were more effectively involved at both strategic and operational levels in processes to commission safe services for adults and preventative services for older people. The borough is predicted to become even more ethnically and religiously diverse which reinforces the importance of ensuring support and services are both sensitive and responsive to people's needs and preferences.

APPENDIX 1 INSPECTION THEMES AND DESCRIPTORS

INSPECTION THEME 1 (Core Theme) People Are Safeguarded	
1.1	Adults who are vulnerable are safeguarded against abuse.
1.2	Workers are competent in identifying situations where adults who are at risk may be abused and know how to respond to any concerns. The council makes sure that all managers are aware of how to manage safeguarding issues.
1.3	Workers are aware of and routinely use a range of early intervention support services and this has led to an increase in the reporting of incidents of abuse. There is satisfactory closure in all cases.
1.4	Robust quality assurance processes are in place and working effectively.
1.5	Adult Safeguarding Boards, or similar arrangements, are in place; they work effectively and accord to POVA requirements.
1.6	People who use social care services are assured of privacy and confidentiality through the consistent application of appropriate policies and procedures.

INSPECTION THEME 4 People Have Access to Preventative Services	
4.1	The independence of all people who use services and carers is promoted consistently within all services. Well targeted initiatives in a wide range of areas: <ul style="list-style-type: none"> • meet people's care needs (appropriate to culture, religion, sexual orientation, gender and age); • minimise the impact of any disabilities; and • enable people to live their lives in the way they choose.
4.2	There is a successful focus on early prevention, which can be demonstrated to be reducing need for higher-level support in almost all relevant instances.
4.3	Where the council commissions services which do not require a formal assessment all people have easy access to these services, which meet their cultural and other needs.
4.4	Where the council commissions services which do not require a formal assessment the council and all people who use these services are satisfied with the care and support on offer and the council can evidence good outcomes from these services.
4.5	Care managers refer on to relevant non-care managed services all people who need them.
4.6	There is universal access to initial assessments of social care needs regardless of whether a person intends to self-fund, or whether they are eligible for council services.

Leadership	
8.1	Highly competent, ambitious and determined leadership skills of senior officers in the council champion the needs of all people who use adult social care and their carers, to ensure that [the selected themes ¹]. Senior officers make sure there is effective staff contribution , both within the organisation and across partnerships, to planning and delivery of key priorities and to meeting suitably ambitious outcomes in the selected themes.
8.2	Plans to ensure the delivery of the selected themes are comprehensive and linked strategically and address key developmental areas. They identify national and local priorities for the selected themes ² . Realistic targets are being set and are being met. Local area agreements reflect identified key areas for improvement. Coordinated working arrangements across the council and with external partnerships are reflected in strategic planning to ensure delivery of the selected themes. There is evidence that this working has resulted in improvements in the selected themes.

¹ People are safeguarded / people receive personalised services / people have access to preventative services.

² Safeguarding Adults / Delivering personalised services / Prevention

8.3	There are the people, skills and capability in place at all levels to deliver service priorities and to maintain high quality services to ensure the good outcomes in the selected themes.
8.4	Performance Management, quality assurance , and scrutiny arrangements are in place and effective to ensure that good outcomes in the selected themes: performance improvement can be demonstrably linked to management action.

Commissioning and Use of Resources	
9.1	The council, working jointly with relevant partners, has a detailed analysis of need for the selected themes with comprehensive gap analysis and strategic commissioning plan that links investment to activity over time. Expenditure on relevant services reflects national and local priorities and is fairly allocated to meet the needs. Services achieve excellent outcomes.
9.2	The council secures services relating to the selected themes at a justifiable cost , having identified the range of options available and made comparisons in terms of quality and cost with other areas and nationally. There are robust financial management planning and reporting systems in the services delivering the selected themes.
9.3	<p>The council makes sure that all people who use services, carers groups and staff groups relevant to the selected themes are integral to the commissioning process through consultation, design and evaluation of service provision.</p> <p>There is evidence that the council has information about costs in relation to quality and these are used in strategic and service planning and in commissioning to improve the economy, efficiency and effectiveness of the selected themes.</p>
9.4	<p>The council has a clear understanding of the local social care market relating to the selected themes and there are innovative measures taken jointly with providers to meet the needs of both publicly funded and self-funded individuals.</p> <p>Optimum use is made of joint commissioning and partnership working to improve the economy, efficiency and effectiveness of the selected themes. Commissioners ensure appropriate responsiveness and capacity to mitigate risk and safeguard users of services. Informed choices are made about the balance of cost and quality in commissioning and de-commissioning services. There is a commitment to preclude commissioning poorly rated services and to have joint strategic plans with PCT/partner agencies to deal with failing and closing homes and services.</p>

This inspection was one of a number inspections carried out by the Care Quality Commission in 2009 under the Independence, Wellbeing and Choice agenda³. The aim of this inspection was to evaluate how well adults were safeguarded by Barnet Council and how well Barnet Council were meeting the needs of older people in relation to:

- safeguarding people; and
- delivering preventative services.

The inspection had a particular emphasis on improving outcomes for people. The views and experiences of adults in need of community social care services were at the core of this inspection.

The inspection team consisted of two inspectors from CQC and an 'expert by experience'. At the beginning of the inspection process, we invited the council to provide evidence, supplementary to that provided in their annual self-assessment survey, related to the focus of the inspection. Before the fieldwork, we reviewed all available evidence on the performance of the council.

We sent questionnaires to 150 older people who use services. The results from these questionnaires helped us to identify areas for exploration during the fieldwork. We also wrote to other agencies for their views about the council in relation to the focus of the inspection.

The fieldwork consisted of 5 days 'on site' in the council community. During the fieldwork, we met a wide range of people with knowledge and experience of the services provided and commissioned by the council, including:

- people who had experience of receiving services
- organisations which advocate or represent people who use services and carers' interests
- council staff
- key staff in other parts of the council and partner organisations.

³ Department of Health 'Independence, well-being and choice' (2005) and subsequent White Paper 'Our health, our care, our say' (2006).