Barnet Safeguarding Adults Board

Annual Report 2014-15

Barnet Clinical Commissioning Group NHS

Royal Free London NHS Foundation Trust

Barnet, Enfield and Haringey NHS Mental Health NHS Trust

Central London Community Healthcare NHS Trust

Barnet | Hammersmith and Fulham | Kensington and Chelsea | Westminster

CommUNITY Barnet supporting community organisations

the barnet group

barnet homes your choice

LFB LONDON FIRE BRIGADE

METROPOLITAN POLICE Working for a safer London

BARNET

Foreword from the Independent Chair of Barnet Safeguarding Adults Board

This is my second report as Independent Chair of the Barnet Safeguarding Adults' Board (SAB) and I regard it as a privilege to work alongside so many people who care for those who are elderly or vulnerable. Whether a service user, a friend or relative of a service user or perhaps a service user in waiting we can all be glad that so many of our workforce work so hard to make a difference.

The SAB enters new territory this coming year as legislation in the form of the Care Act 2014 now gives our activities and responsibilities a formal legal context. Prior to the Care Act we were an informal alliance of public service partners and some voluntary sector contributors whose work impacts the lives of the vulnerable and elderly. Now we are a formal partnership. Although our status has changed, the way that we do business has not. We have always been determined to make the lives of those for whom we have a responsibility as safe as they can be within the context of allowing them to live their lives without undue interference. We strive to coordinate our efforts to those ends.

We meet as a Board of about 25 organisations four times a year and also on other occasions in smaller working groups to develop the fine detail and close understanding of how we are performing.

In 2014 we established a two year plan with four strategic priorities.

- Reducing the impact that pressure ulcers have on the health and wellbeing of those who are particularly frail
- Improving vulnerable people's access to justice
- Enhancing the public understanding of abuse of the vulnerable
- Improving the workforce's practical understanding of mental capacity.

In each of these priorities we have made some useful progress, but much remains to be done. We have developed or adopted protocols for the management of pressure ulcers. We have established a multi-agency working group on the subject. We have mapped and got a better understanding of certain types of crime to which the vulnerable are prone. We have cooperated in the use of technology to prevent and detect crimes such as distraction burglary (where criminals pose as officials and trick their way into vulnerable people's homes). We have run publicity campaigns to enhance the public understanding of abuse and have seen an increase in reports to us in the process. We have run training programmes and delivered conferences, invariably well attended, where staff are challenged on their understanding of what it means to have the capacity (or not) to make decisions. This particular issue has assumed considerable importance for us in the past year because of a law case (known to professionals as "Cheshire West"), which established a new and very different threshold for professionals in assessing the sometimes competing concepts of liberty (for clients to do what they want) and the need for public servants to safeguard them from harm.

Our work has been enhanced and challenged on a regular basis over the past year by our

Safeguarding Adult's Service User's Forum. This is an enthusiastic and committed group of adults who offer ideas on service development. They receive reports from service suppliers and frequently test those service suppliers' in depth understanding of what really happens by offering their own experiences as an example of how sometimes it does not go as well as those in charge would like to think.

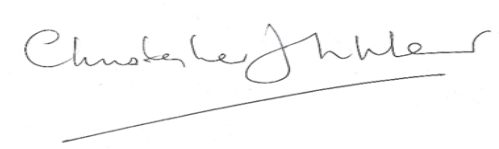
Our partnership approach to safeguarding adults has come a long way in a short time, but the journey is nowhere near completed. We have to deal with differing IT systems between organisations, disparate organisational cultures and competing performance targets. Those factors can make partnership work very hard, but it is because of this we are more determined.

We will continue with our business plan's priorities for the next twelve months. Like all localities we have a number of challenges over the next few years of which probably the most commonly cited is a growing population of elderly people with fewer resources to care for them.

The way that we intend to meet that challenge is to become more coordinated to embrace the opportunities that technology and big data offer and to promote more of what works well while being resolute in moving on from procedures that deliver a lot of process but not necessarily many results.

We also want to incorporate into more of our ways of working the programme called "Making Safeguarding Personal". At the heart of this programme is the assumption that people know how to live their lives better than any expert and that the professional's job is to listen to what a service user wants and feels and accommodate those thoughts and feelings into a safeguarding plan. What we as professionals do is sometimes have a set of rigid process driven plans into which a service user must be fitted. This too is a challenge for professionals but it goes to the heart of what it means for adults to be free and live a full life.

To achieve these bold aims we need to continue in the same cooperative mode that we have developed over some time in Barnet but crucially we need to ensure that our activities are underpinned by a sound understanding of what our performance data tells us. That is still some way off for us. I reported last year that I thought that our ability as a Safeguarding Board to understand what our data told us about what works, what doesn't and what needs to either change or be celebrated was limited. This has not moved much in the past year. However we have now developed some concrete plans to establish a way of getting insight into our collective performance and if we achieve in this respect what we aspire to do then the excellent work of our staff, and their commitment to do better will be all the better focused and more impactful than is currently the case. In relation to our four key objectives, while we have made progress in each of them we are restless for further improvement.



Chris Miller

Independent Chair of Barnet Safeguarding Adults Board

Contents

1. Who we are

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

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

This year the Safeguarding Adults Board became statutory under the Care Act. This means that the Board must include all statutory partners, produce a strategic plan, and publish an annual report.

Since 2000 and the publication of "No Secrets" each local authority has been required to take a leading coordinating role with all relevant organisations on safeguarding adults in its area, the Care Act now places this in primary legislation for the first time from April 2015.

The Board meets four times a year and is chaired by an independent person, Chris Miller. The Safeguarding Adults Board has to report on its work to the Council via the Adults and Safeguarding Committee and the Health and Wellbeing Board. In addition each agency represented on the Board will present the report to their agency executive Board.

This report will also be given to the Safer Communities Board and to each care group partnership board such as the Learning Disabilities Partnership Board for information, as well as each partner's executive group. It will also be made available to the public on our website at www.barnet.gov.uk/safeguarding-adults-board.

The Safeguarding Adult Board membership includes people from:

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

1.1 Our priorities for 2014-16

The Safeguarding Adults Board has set the following four strategic priorities for 2014/16:

- Improve the standards of care to support the dignity and quality of life of vulnerable people in receipt of health and social care, including effective management of pressure ulcers.
- Improve the understanding of service providers of the Mental Capacity Act and Deprivation of Liberty Safeguards
- Improve access to justice for vulnerable adults
- Increase the understanding among the public of what may constitute abuse.

Details of how we plan to deliver these priorities can be found in the SAB Business Plan for 2014/16.

"It's good to keep the Safeguarding Adults Board on its toes"

1.2 Safeguarding Adults Service User Forum

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

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

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

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

- It means creating awareness about abuse of vulnerable adults
- It means creating methods of communication and information wider than among those directly affected
- It means helping to give confidence to vulnerable adults to deal, or be a crucial part in dealing with these problems
- It means helping them to become as much a part of mainstream life as possible
- It means helping to establish good practice amongst those who provide health and social care

"Professionals need more effective training"

"Being a caring person doesn't cost anything."

- It means seeking to work collaboratively with the various agencies and networks of our local community
- In total, it means working to create a better thought culture about dignity, equality and human rights.

"We don't let people get away with much."

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

2. What we have achieved in 2014/15

We have achieved a lot in the last year and have split our achievements into the themes below.

2.1 The work of the Safeguarding Adults User Forum 14-15:

- We have received regular progress reports on the work of the SAB
- We have learnt about the Care Act and how this changes things for safeguarding adults
- We have learnt about the deprivation of liberty safeguards and how they protect the human rights of people in care homes and hospitals
- We have helped develop a fact sheet on the Mental Capacity Act
- We have helped the communications team plan their information campaign

- We have received presentations from the following agencies:-
    - Barnet, Enfield and Haringey Mental Health Trust
    - Central London Community Health
    - The Royal Free Hospital
    - The Police
- We learnt about how they safeguarding adults. We told them the areas where we think they are doing well and where they need to improve
- We met with Barnet Healthwatch and told them what we thought of Barnet services.
- We met the Chair of the Safeguarding Adults Board and asked him lots of questions about his priorities.

2.2 Supporting Family Carers

We welcome the new rights for carers following the introduction of the Care Act, which put carers in the same footing as the people they care for. Carers play an essential role in helping people to continue to remain living safely in the community.

Over the last year we have:

- Increased the number of carers assessments carried out as part of safeguarding investigations. Carrying out carers assessments enables us to appropriately identify the needs and outcomes of carers, and focus on promoting their own health and wellbeing and provide support where needed, separate to the person they are looking after

- Established a task and finish Carers Care Act Working Group to consider the changes arising from the Care Act and how to improve support for carers

- Reviewed and updated the 'Carers Support Offer', a document which sets out local support available to carers from universal services, community and voluntary sector and statutory services. A copy can be found online at www.barnet.gov.uk/carers

- Carried out training with staff from Family Services and Adults and Communities about the Care Act with specific regard to carers and young carers

- Carried out a learning event for staff about how we can support carers including young carers, as a result of the changes in the law

- Ran a publicity campaign in the autumn 2014 to reach family carers across the borough and help them to have a better understanding of what is abuse, and where to report it. Our partner organisations including Barnet Carers Centre have included information about this on their websites and distributed the "Say No to Abuse" booklets.

2.3 Safeguarding in health services

In the past year, all our local Health partners have been working hard to improve the quality and safety of local services. All our health providers have robust reporting frameworks with responsible senior officers who lead on safeguarding adults work. The Safeguarding Adults Board requires them to report regularly on the work they are doing to ensure their patients are safeguarded.

Here is a selection of the achievements and progress made by those involved in the delivery of health services in Barnet in the past year.

- NHS Barnet Clinical Commissioning Group (CCG) are responsible for ensuring that all Barnet health organisations have effective arrangements in place to safeguard adults at risk of abuse or neglect. The safeguarding team from the CCG provide safeguarding training for GPs, and support GPs with safeguarding referrals and referrals for cases of high risk domestic violence. All CCG staff must have training in safeguarding adults
- The CCG organised three patient and carer events focusing on Lasting Power of Attorney and Advance Decisions. Speakers included the Office of the Public Guardian and Compassion in Dying, and patients and carers were consulted on leaflets being developed to be available in GP surgeries, hospitals and walk in centres across the three boroughs
- The CCG is also working on a quality initiative with the community healthcare provider to identify risks, prevent pressure ulcers and manage the care of patients who develop them
- The CCG is represented on the Barnet Domestic Homicide Review Panels, and has worked with NHS England to implement recommendations for Primary Care Services
- Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) carried out an internal audit to ensure the London Safeguarding Adults Procedures were followed
- The Mental Health Trust has introduced a Safeguarding Surgery which is attended by clinicians from across the organisation. The surgery was developed in 2014 and has been well received and utilised by staff. The forum promotes patient-centred approach; Making Safeguarding Personal (MSP), collaborative working with our partners and bringing new legislation to staff awareness
- MARAC (Multi-Agency-Risk-Assessment-Conference) is a meeting where information is shared on the highest risk domestic abuse cases between representatives. The Trust has seen increase in referrals for MARAC compared to the previous year. This has been due to an increase in domestic violence training through the monthly Safeguarding Surgeries
- Central London Community Health (CLCH) have worked to protect patients vulnerable to pressure ulcers by ensuring staff are trained in prevention and skilled in the assessment of these if they develop
- CLCH staff have increased the reporting of safeguarding concerns, in particular where the development of pressure ulcers are an indicator of neglect. They are monitoring trends and emerging patterns in this area
- The Royal Free London NHS Foundation Trust (RFH) has worked with the Board to ensure practice in relation to the application of the Mental Capacity Act (MCA) and

DoLS is improved across the organisation. All staff now receive mandatory training in MCA and DoLS. The lead nurse safeguarding adults for the Barnet and Chase Farm Hospitals is part of the NHS England MCA forum

- The RFH has strengthened their safeguarding team by appointing a Head of Safeguarding and a lead nurse for safeguarding adults based at Barnet and Chase Farm Hospitals
- RFH has also appointed full time Acute Liaison Nurse to ensure that adults with learning disabilities requiring hospital treatment are giving the additional support they need prior to admission and during their stay
- All the health care organisations have delivered a range of training throughout the year for their staff. Training includes safeguarding awareness, Mental Capacity Act and DoLS, responsibilities under the Care Act and domestic abuse
- Safeguarding Champions have been recruited at both CLCH and BEH-MHT in different areas to support staff. Issues where processes are not understood or where there are performance issues these are brought to the attention of the champions and staff are supported to address issues/concerns.

2.4 Training for social workers and partners

The Safeguarding Adults Training Programme for 2014-15 was delivered to Barnet Council staff including Adult Social Care, CLCH, and Barnet, Enfield and Haringey Mental Health Trust and private, voluntary and independent sector organisations. The core training included awareness sessions, policy & procedure training and Safeguarding Adults Investigations.

A total of 515 staff members across health and social care services attended these sessions

Safeguarding Adults Raising awareness	29 LBB staff, 177 external staff
Safeguarding Adults Policy & Procedures	40 LBB staff, 41 external staff
Safeguarding Adults Investigations	25 LBB staff
Financial Abuse	18 LBB staff, 10 external staff
Safeguarding Adults Recording	21 LBB staff
Mental Capacity Act & Deprivation of Liberty's Safeguards	73 LBB staff
Mental Capacity Act	81 LBB staff

In addition to delivering the sessions above, an e-learning Safeguarding Level 1 Programme was introduced to all care providers in Barnet to raise awareness and promote good practice.

In 2015-16 we plan to deliver 'Prevent' training to all staff in Adults and Communities. Prevent is part of the Government counter-terrorism strategy. It is designed to tackle the problem of terrorism at its roots, preventing people from supporting terrorism or becoming terrorists themselves.

These sessions will aim to help make staff aware about their contribution in preventing vulnerable people being exploited for terrorist purposes. The workshop will improve the understanding of the processes used by terrorists to radicalise individuals and ensures staff are aware of who to contact within their organisation to discuss any concerns.

2.5 Safeguarding Month

Every November the Safeguarding Adults and Children's Boards and Community Safety Partnership come together to plan a number of events to raise awareness of safeguarding issues. Events in 2014 included:

- Safeguarding Awareness Express Training
- Mental Capacity Act
- Domestic Violence
- Workshop for family carers

The month was a success with good attendance at training sessions by staff across the Council.

2.6 The Mental Capacity Act and the Deprivation of Liberty Safeguards

The Mental Capacity Act is a law about making decisions and what to do when people cannot make some decisions for themselves. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005.

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 that 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 that 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 then 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.

When this was first introduced the local authority received a small number of applications. However in March 2014 there was a change in the law following a judgement of the Supreme Court. This broadened the number of people affected to include anyone who cannot make their own decision about care and who is under continuous supervision and control and not free to leave. This has led to a very large increase in applications, which can be seen in the table below.

	2012-13	2013-14	2014-15
Number of requests for authorisation	30	55	640
Number of authorisations granted	19	27	517
Number with conditions	12	18	206
Number of authorisations which did not qualify	10	19	65
Number of authorisation requests withdrawn	1	9	58

Number of requests for authorisation – the number of requests the local authority received from care homes and hospitals

Number of authorisations granted – the number of requests which were assessed and authorised as in the persons best interest

Number with conditions – the number we have granted under certain conditions i.e. the home must ensure that the person has regular leisure activities.

Number of authorisations which did not qualify – the application could not be authorised because following assessment one of the six qualifying requirements was not met. e.g. the person was found to have capacity to make their decisions, or the person was found not to be eligible because they are either are or could be subject to the Mental Health Act detention

Number of authorisation requests withdrawn - the care home or hospital withdrew their requests because there was a change in circumstances such as the person had left the accommodation or they had died. Or it has been found that the application should have been sent to another local authority.

In addition to the 640 applications there were 13 reviews completed. The increase shown in the table above is set to continue through 2015-16 as more care homes and hospitals understand their responsibilities.

Below is a case study of a referral to the DoLS Team:

Two years ago Mrs Cohen was diagnosed with dementia. Overtime her mental health deteriorated and her family struggled to support her at home. Due to her dementia she became frequently restless, repetitive in her communications and disorientated in time and place. Consequently, Mrs Cohen needed a spell in hospital, but was later discharged to a care home to provide the care and treatment she needed.

Once there, she was very resistive to care on a daily basis, becoming extremely distressed when approached, and requiring two members of staff to help her. Mrs Cohen also required close and on-going supervision due to her tendency to harm her-self. Doctors prescribed medication was twice a day to try and help manage the behaviours associated with her mental health.

During the day Mrs Cohen was predominantly nursed on her bed and appeared distressed on numerous occasions throughout the day and night. She frequently moved herself by rolling and fidgeting, resulting in her falling from the bed. As a result of this, her bed was surrounded by mattresses and crash mats to help protect her but she still sustained regular minor injuries. Staff monitored and observed her every hour. They reported that it was not possible to help her to leave her room when she was agitated and as a result she spent most of the time in her bedroom. Various professionals had been involved in her care and treatment but with no clear plan about how to improve the situation.

The home made a referral to the Deprivation of Liberty Safeguards (DoLS) team, who appointed a professional specially trained to assess these situations called a Best Interest Assessor (BIA). The BIA concluded that Mrs Cohen was deprived of her liberty, and that residing in a care home to receive care and treatment was however in her best interests. The application for DoLS was granted however the BIA made some conditions as part of the authorisation. He felt there needed to be more done to enhance Mrs Cohen's quality of life, with a particular focus on those elements of the care plan that could be reviewed with a view to lessening the restrictions and enhancing her quality of life, and these were included as recommendations for the care home to action.

2.7 Letting people know what safeguarding is

Raising public awareness of what abuse is and how to report it remains a high priority for the Safeguarding Adults Board. In 2014 - 15:

- We attended a number of events throughout the year and issued copies of the" Say No to Abuse" booklet to different service user groups. Events included Barnet Seniors' Assembly in October, Provider Event, Falls Awareness and Dementia Awareness Days.
- We created a simple double-sided 'Say No to Abuse' flyer and posters for dissemination in public places with the help of the Safeguarding Adults Forum.

- On 25 September 2014, we took part in a borough wide community engagement event and supported the Metropolitan Police and other key partners in promoting an anti-burglary campaign. The aim was to have 100,000 conversations with residents who might not otherwise come into contact with the police.

  Activities took place in 21 of the borough's wards with police officers, special constables, community support officers, cadets and other organisations visiting shopping centres, schools, transport hubs, hospitals and town centres.

- As part of the anti-burglary campaign, we distributed 10,000 flyers to residents in Barnet promoting the '5000' telephone number for reporting abuse in Barnet.

- We made sure that all publications include safeguarding information and promoted the work of the Safeguarding Adults Board, such as the Barnet First magazine and Local Account of Adult Social Care, which was published in April 2015.

- We promoted the free fire safety visits by the London Fire Brigade for vulnerable people via social media, newsletters, the Council's website and Partnership Boards.

2.8 Improving fire safety

The London Fire Brigade (LFB) carried out **2490** free home fire safety visits to Barnet residents in 2014-15. 85% of these visits were high priority situations or people at risk due their vulnerability.

LFB were also able to reduce the number of dwelling fires to **216** in a year, this is a reduction on 232 last year.

The LFB played an active role in Project Mercury. A Police led initiative where all partners work together to raise awareness of the risks of burglary and how to prevent it.

2.10 Community Safety

The Barnet Safer Communities Partnership (BSCP) brings together the key agencies involved in crime prevention and community safety work. Barnet is one of London's safest boroughs in which to live and work. Since 2005 overall crime in the borough has fallen by over 20%; over the last year there have been further reductions in the number of burglaries and robberies.

The Partnership has been working to reduce the risk of residents becoming victims of burglary – including through providing crime prevention guidance together with Barnet Police and supporting the 'Clocks, Locks and Lights' anti-burglary campaign. The Safer Homes Safer Homes Project continues to reduce the risk of individuals becoming repeat victims of burglary through home visits which assess the safety of their home and by providing them with free locks and security measures. The last 12 months have seen a further 2.5% reduction in Burglary compared to a year ago – building on the over 20% reduction achieved since 2011.

We have introduced the Community Safety Multi Agency Risk Assessment Conference (Community Safety MARAC) - an anti-social behaviour focused multi-agency risk assessment case conference which is focused on providing a victim centred approach to victims of anti-social behaviour. The group has already helped to stop anti-social behaviour in a number of persistent and complex cases.

Barnet Safer Communities Partnership will continue to work together to reduce crime, the fear of crime and help ensure Barnet remains one of London's safest boroughs.

Learning from a Domestic Homicide Review (DHR)

Tragically, people sometimes die as a result of domestic abuse. When this happens, the law says that professionals involved in the case must conduct a multi-agency review of what happened so that we can identify what needs to be changed to reduce the risk of it happening again in the future.

If a Domestic Homicide takes place in Barnet the police inform the Safer Communities Partnership of the incident. After this initial notification, a decision will be made about whether we need to have a Domestic Homicide Review using the Home Office guidance. The Safer Communities Partnership then has the overall responsibility for setting up a review.

Domestic homicide reviews are not inquiries into how the victim died or into who is responsible. The purpose of a domestic homicide review (DHR) is to understand where there are lessons learned and make recommendations to prevent future homicides.

The report from the review can be read on our website.

2.11 Safeguarding in the Police

The Police have introduced and are using Domestic Violence Protection Orders (DVPOs) to protect victims following a domestic violence incident.

With DVPOs, a perpetrator can be banned with immediate effect from returning to a residence and from having contact with the victim for up to 28 days, allowing the victim time to consider their options and get the support they need.

They have also identified two new trends for domestic abuse and officers have been briefed on the risks of abuse and encouraged officers to raise alerts and put these through the Multi-Agency Safeguarding Hub (MASH) for investigation.

The Police have recently introduced Adult Vulnerability Assessments where an adult is at risk from abuse. These assessments are carried out by police officers and then sent to the Multi-Agency Safeguarding Hub (MASH), where concerns around the quality of life of the adult at risk is reviewed and assessed to protect the adult.

A project with Edgware Community Hospital has also been set up to enable patients to report crimes of abuse to officers and improve access to justice.

The Police have also undertaken a series of training for all officers around improving their knowledge on the Mental Capacity Act and working with the public to increase awareness of abuse and reporting abuse.

2.12 The Integrated Quality in Care Homes Team (IQICH)

Within Barnet there are 101 registered care homes that provide care for older people and younger people with disabilities. Additionally, there are 31 registered supported living providers in the Borough.

The role of the IQICH Team is to support care home managers and supported Living scheme managers to improve the quality of care they provide. The Team's focus is on promoting the principles of integrated working, prevention and the sharing of best practice.

An on-going relationship with providers is managed through the work of the Team's Contract Monitoring Officers and the Reviewing Officers who regularly visit these services.

The Team also consists of Quality in Care Advisors who work with homes 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. Where there are safeguarding concerns about the quality of care being provided in a home, the IQICH team is part of Barnet's response to improving services.

Below is a case study of where the IQICH team worked with a care home following the new responsibilities under the Care Act.

The Care Act has given new responsibilities to Local Authorities in relation to the quality of care provided by all services registered within the area. An example of this is the recent work of the Advisors with a home that was closing. Barnet did not have a contract with this provider and so none of the residents were funded by the Borough. However, the Team worked closely with the staff, residents, relatives and other Local Authorities to ensure the welfare of all concerned and the safe transfer of the residents to other appropriate locations.

Best Practice continues to be shared through quarterly Practice Forums, workshops, network groups and training sessions. Areas covered to date include: working with relatives; the Mental Capacity Act, the CQC inspections process, working in partnership with the CCG, pressure ulcer prevention and care, End of Life Care and meaningful activities.

3. Who lives in Barnet?

Barnet has an estimated population of 280,905 adults, with 51,576 over the age of 65. By 2020, the number of adults over the aged of 65 is projected to be 55,918 (an 8% increase).

Barnet has a diverse population, from both a cultural and economic perspective. Black, Asian and minority ethnic groups' account for over a third of residents and the area encompasses a wide variety of faith communities including a high proportion of people from Christian, Jewish and Muslim faiths.

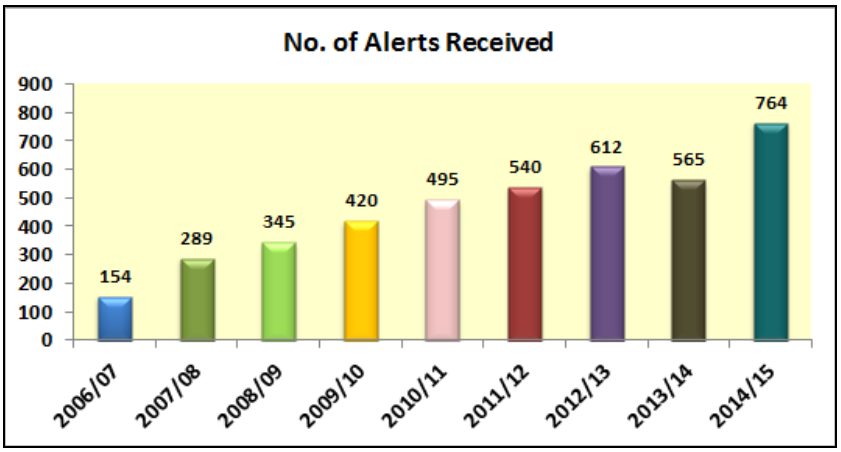
During 2014/15, approximately 13,000 Barnet residents were in receipt of Disability Living Allowance or the new Personal Independence Payment (PIP) and Adult Social Services provided support packages to 7,190 individuals.

Our safeguarding services are available for all vulnerable adults where abuse is suspected or reported.

4. What do the statistics tell us about safeguarding in Barnet?

4.1 How many safeguarding alerts did we receive?

This year we have seen a considerable increase in the number of safeguarding alerts. During 2014/15 we received a total of 764 alerts, representing a 35% increase on the previous year.



Raising public awareness of what abuse is and how to report it remains a high priority for the Safeguarding Adults Board. During 2014/15, the safeguarding team attended a variety of events raising awareness of the local 'Say No to abuse' campaign; publications, such as the Local Account and Barnet First magazine were also used to promote the work of the Safeguarding Adults Board.

Since 2013/14, the number of alerts raised by the public has increased by 28% (from 85 to 109); and these continue to represent around 14% of all alerts received. In future years, as greater emphasis is placed on community based care, we would expect to see an increase in the proportion of alerts received from the public.

4.2 How many alerts required further investigation?

Not all alerts turn out to be abusive situations; they can indicate a need for services or other help. Where it is believed abuse has taken place, alerts are referred for further investigation under our safeguarding procedures.

Of the 764 alerts received, 487 were referred for further investigation. This is a 20% increase in numbers on the previous year; however, for every 10 alerts received in 2014/15, 6 were referred for investigation, compared with 7 the previous year.

The number of alerts has increased substantially as has the number investigated however the percentage of alerts investigated has gone down in comparison to last year. This is likely to mean that many more people are aware of abuse and where to report it.

4.3 Types of abuse and those involved

The table below shows the breakdown of all our safeguarding alerts by the adult at risk's primary need. As in previous years, most alerts we receive concern the abuse of older people.

Primary Client Group	2012/13	2013/14	2014/15
Older People	63%	56%	54%
Learning Disability	12%	20%	20%
Mental Health	16%	15%	17%
Physical Disability & Sensory	8%	9%	9%

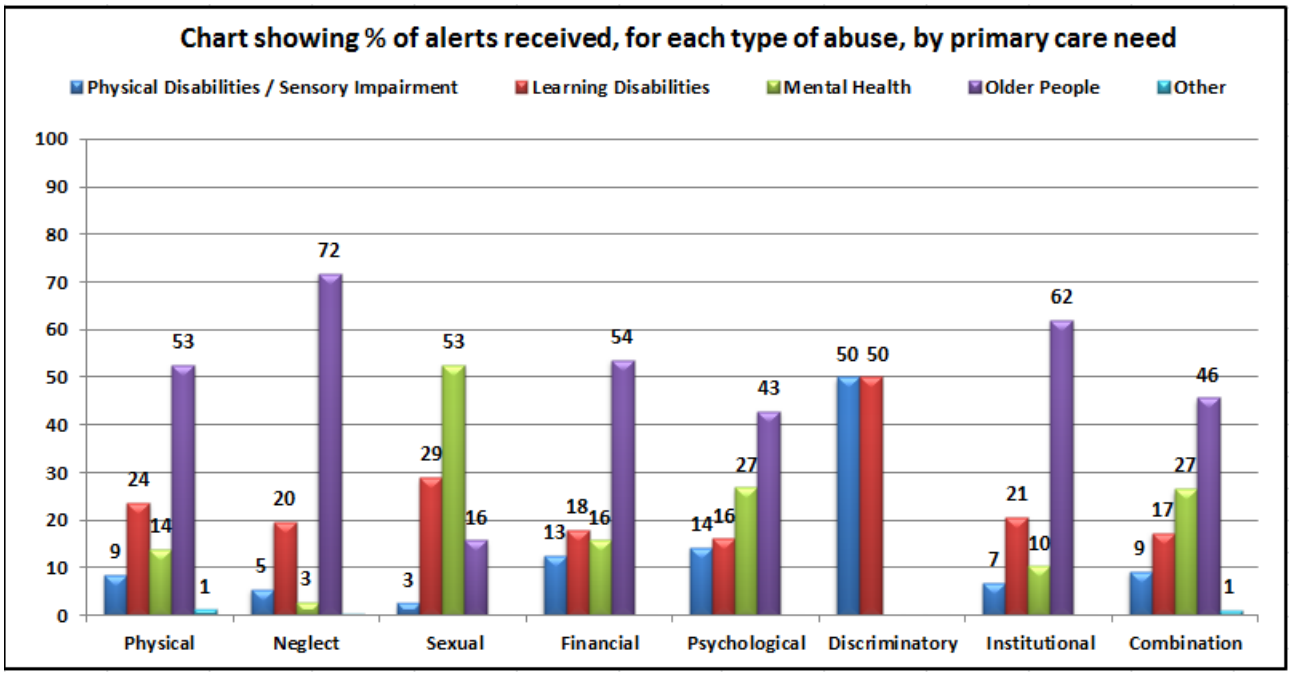
38 % of the older people referred have dementia. Whilst this remains in line with the previous year, the proportion of referrals substantiated or partially substantiated has increased by 7%.

The most common alerts concern the alleged neglect of older people, with 54% of alerts relating to older people and of these alerts, 38% involved alleged neglect.

Neglect, along with physical abuse, was also a common concern relating to those adults with learning disabilities. For those with physical disabilities or mental health needs; alerts most frequently involved a combination of abuse types.

This year, there were 4 allegations of disability hate crime reported to the police, all of which were investigated.

The graph below shows the type of abuse reported for each client group. This includes situations where the adult has experienced more than one type of abuse.



4.4 Pressure Ulcers

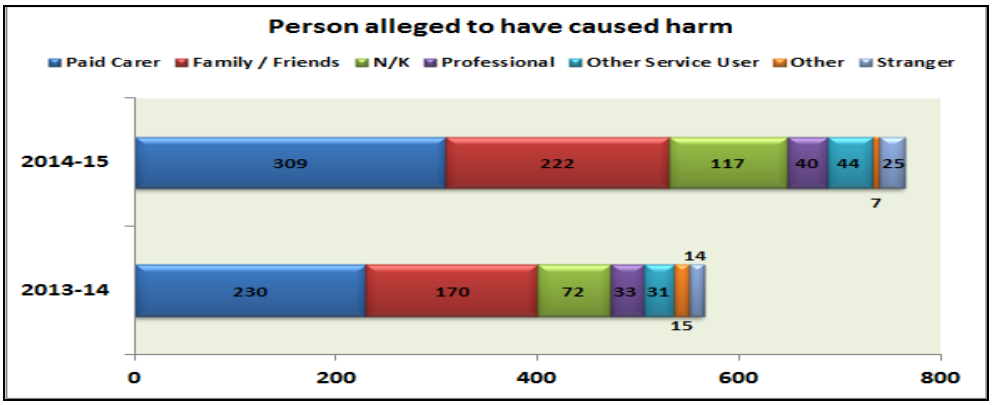
Of the total number of alerts 137 described a situation where the adult had developed a pressure ulcer. This is a 37% increase in the number reported last year. 61 of these were investigated under safeguarding adult's procedures as a sign of neglect. This compares to 56 last year.

At the point of publication, investigations into 56 of the 61 referrals involving pressure ulcers had been completed the following table shows the outcomes.

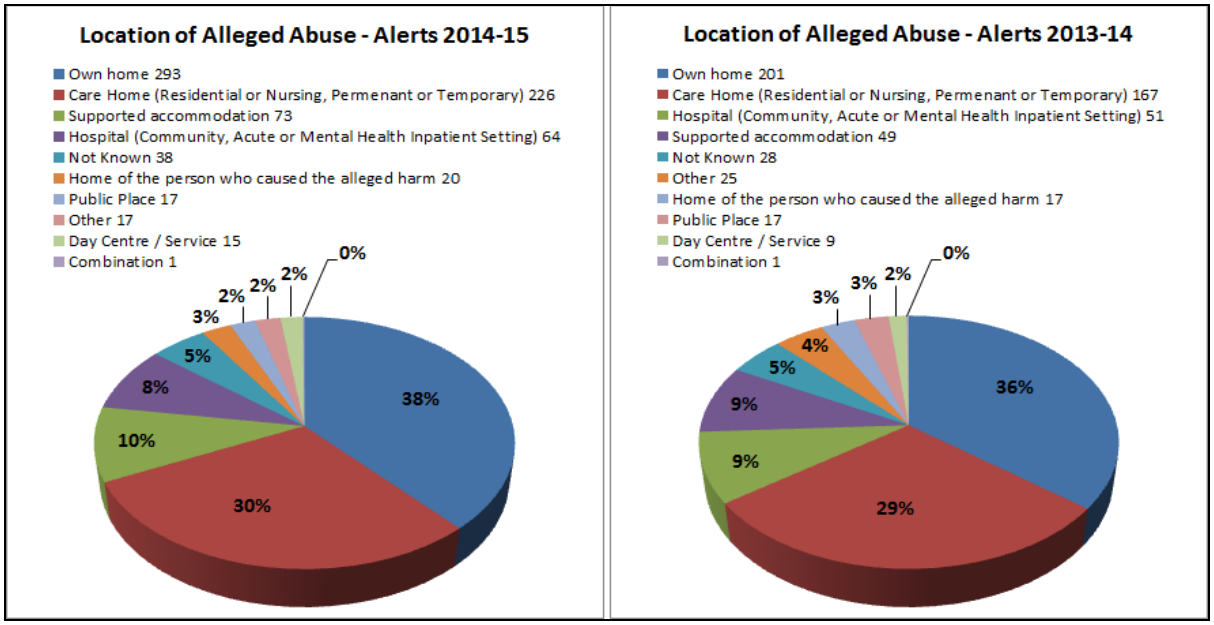
Safeguarding outcomes for referrals related to Pressure Ulcers		
Case Conclusion	**2013-14**	**2014-15**
Abuse substantiated	11	11
Abuse not substantiated	30	25
Abuse partly substantiated	4	6
Not determined / inconclusive	8	13
Investigation ceased on individuals request	0	1
In 2013-14 'investigation ceased on in the individuals request' wasn't recorded		

4.5 The person who caused the harm

2014/5 saw similar patterns to previous years when identifying the person who caused the harm. Paid carer workers were the largest group reported (40%), followed by family /friends (29%). The chart below shows the total number of alerts and who the person was that caused the harm. A similar composition was seen across those alerts referred for investigation.



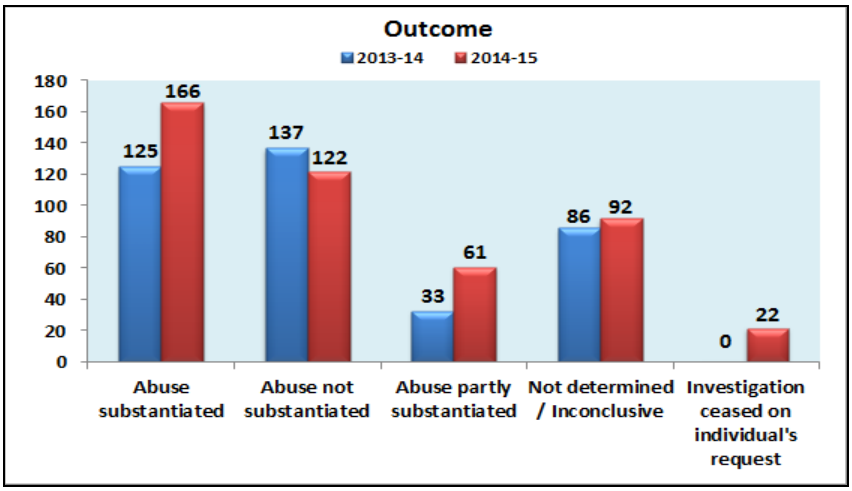
As a proportion of all alerts received, the most common location for alleged abuse/neglect was in people's own homes.



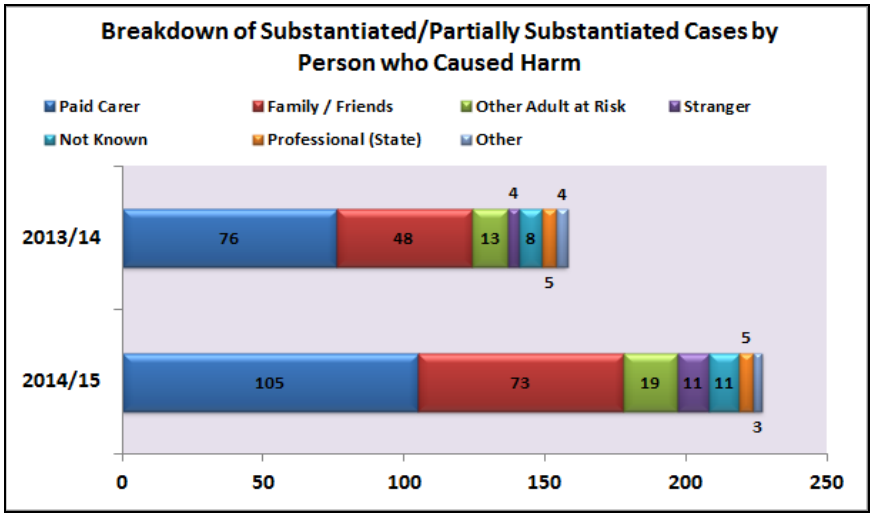
4.6 Outcomes of investigations

For every case investigated, we decide if the abuse happened (substantiated), part happened (partly substantiated), did not happen (not substantiated). In some cases it is not possible to establish what has occurred leading to an outcome of not determined.

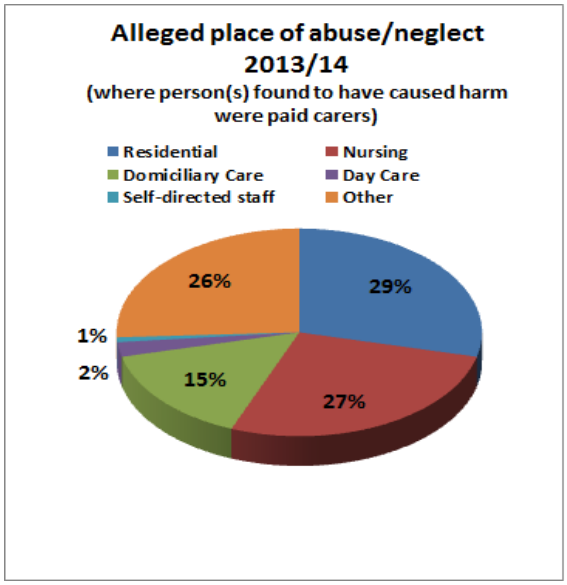
463 cases have now been completed and an outcome determined. Of these completed investigations, 49% were fully or partially substantiated (a 7% increase on 2013/14). Therefor whilst there is a slightly smaller proportion of alerts investigated, a greater percentage of these are substantiated or partly substantiated.

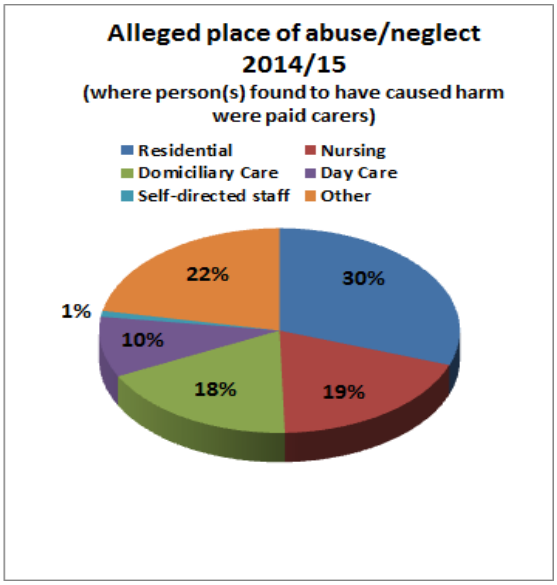


The following chart shows cases of substantiated/partially substantiated abuse/neglect, broken down by the person(s) who caused the harm.



46% of fully or partially substantiated abuse involved paid care staff. Whilst the majority of these paid carers were employed in a residential or nursing care setting, this year has seen an increase in community based settings, including day care services.

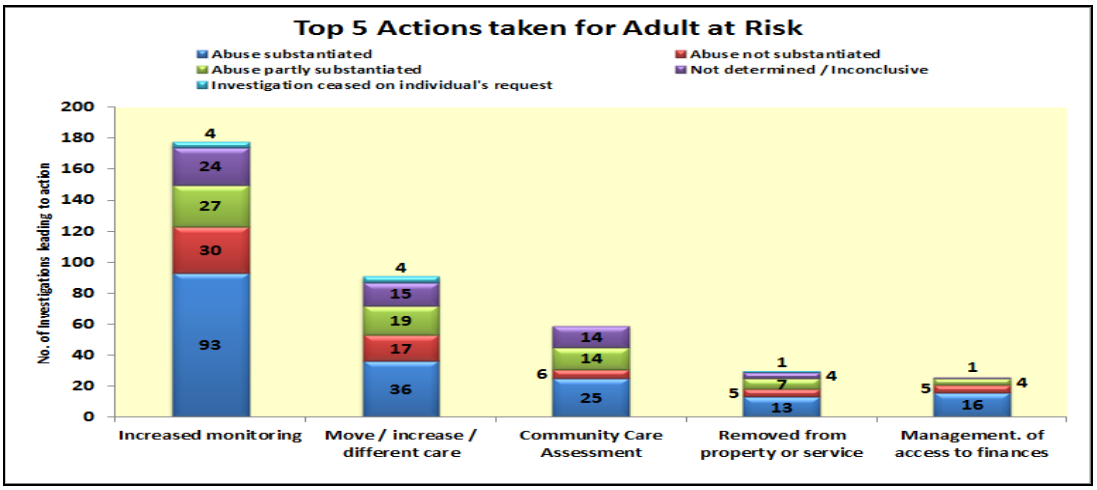


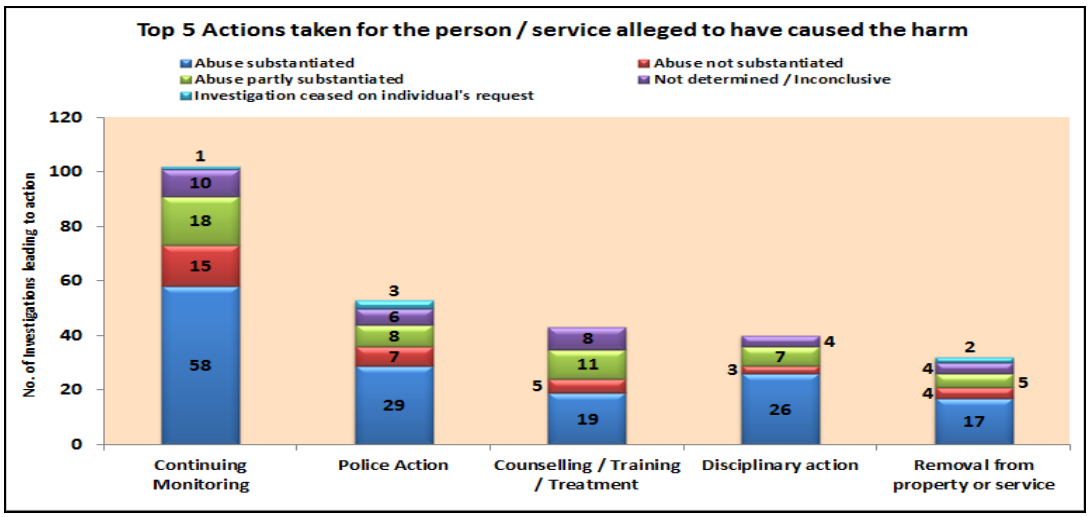


Action Taken

In all safeguarding investigations we try to help the adult at risk stay safe from harm. In most cases to ensure this happens, we increase monitoring of the adult at risk and change the frequency, type or location of their care. We also take action against the person who caused the harm. This might include removal from a service, further training or disciplinary action if they were a paid carer.

The following charts provide a breakdown of the 5 most common actions taken during 2014/15, for both the adult at risk and the person alleged to have caused harm. Figures are broken down by investigation outcomes.





In 2014/15, action was taken by CQC in 17 cases and 14 Criminal Prosecutions / Formal Cautions were made (8 more than in 2013/14).

5. Safeguarding Stories

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

Story 1:

Mr Farrow is an 80 year old gentleman who was referred to social services by a housing officer as he was in rent arrears. The housing officer reported his suspicion that Mr Farrow was giving his daughter money to pay his rent but she was spending it on alcohol. Mr Farrow lived with his daughter and when the housing officer rang Mr Farrow she tried to prevent him from speaking to her father and was heard being verbally abusive to her father.

A social worker met with Mr Farrow, It became apparent that he was behind with his payments on most of his utilities due to his daughter's theft of his money. He declined police involvement but agreed to be referred to an outreach worker who helped him to manage his finances, ensuring the rent was paid by direct debit and that his debts to various agencies were managed. He was also supported to apply through the Office of the Public Guardian for Power of Attorney and his son managed his finances on his behalf. He also expressed his wish for his daughter to move out of his house and was supported to ask her to leave.

With his consent, the social worker arranged for him to attend a day centre twice a week which helped him make contact with other people of a similar age. At the review he reported feeling much happier knowing that his rent was being paid and that his tenancy was no longer at risk due to rent arrears. He also knew his finances were being managed on his behalf. Through the day centre he also knew that he could seek support from the staff if he needed help at home.

Story 2:

Ms Hanif is an older lady who lives in a care home. The manager of the home was informed by a senior member of staff that Ms Hanif had been given another resident's medication by mistake. The home sought medical attention for Ms Hanif immediately to ensure she was ok, and the incident was also reported to the Care Quality Commission. This matter was also reported to social services who requested that the manager of the home carry out an investigation of the incident. Two staff members were suspended from duty whilst the investigation took place. The investigation revealed that staff members who administered medication were often distracted by residents. As a result, the home's medication procedures were reviewed and a number of additional measures were put in place to improve the safety of residents in the home. This included the medication cabinet repositioned away from the immediate dining area, and medication being administered by two members of staff rather than one. The manager of the home also agreed to regularly review medication procedures to prevent mistakes being made in the future.

Story 3:

Mr Jones was a resident of a care home. He was diagnosis with dementia and was unable to understand his care needs or communicate them with staff. His family noticed bruising on his upper arms which were reported to social services. An investigation took place in the home which showed that night staff and day staff adopted different practices when assisting Mr J to stand up and the bruises seemed to be the result of inappropriate manual handling techniques by night staff. An occupational therapist assessed Mr Jones transfers and worked with the staff to teach them the correct and safe ways to assist him. This was recorded clearly in Mr Jones support plan which all staff referred to when working with him. The occupational therapist also identified that Mr Jones use of a recliner chair that his family had bought him was putting him at risk of falls and was at risk of tipping over and causing additional injuries. The chair was then replaced by a more suitable one.

6. Useful contacts

Questions about this report

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

Tel: 020 8359 6015

Email: sue.smith@barnet.gov.uk

Safeguarding training

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

Tel: 020 8359 6398

Email: asc.training@barnet.gov.uk

Safeguarding alerts

To raise any safeguarding concerns, contact Social Care Direct:

Tel: 020 8359 5000

Email: socialcaredirect@barnet.gov.uk