

Barnet Safeguarding Adults Board



Annual Report 2015-16



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

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

If you, or another adult you know is being harmed in any way by another person, please do not ignore it. You should contact Social Care Direct:

- **Tel:** 020 8359 5000 (9am- 5pm, Monday – Friday), or
020 8359 2000 (out of hours)
- **Email:** socialcaredirect@barnet.gov.uk
- Or the police on 101

If the danger is immediate, always call the police on: 999

Foreword from the Independent Chair of Barnet Safeguarding Adults Board

The effective safeguarding of adults requires statutory agencies and the voluntary sector to cooperate operationally and to share information. In Barnet we have a Safeguarding Adults Board (BSAB) dedicated to ensuring that opportunities for interagency cooperation are explored and maximised and support and challenge to agencies is consistent and robust.

The past year was the first under a new set of rules established by the Care Act which made the existence of SABs mandatory for all local areas. In fact, the new rules had little practical effect on the way we operate in Barnet because we had a dedicated partnership before the law was introduced. The Care Act simply told Barnet's agencies to do what they were already doing.

In 2015 we continued to follow our two-year business plan and in 2016 we will begin with a new plan. Many issues impact the safety and wellbeing of adults in need of care and support and to be most effective in tackling these issues BSAB has identified a small number of priorities to focus on. The report will tell you in detail how we cooperated across agencies to make an impact in last year's priorities.

We have, in particular, worked across health and social care to improve our response to those susceptible to developing pressure sores. This painful and debilitating condition is not just a health matter but is also one that sometimes calls into question the quality and availability of the person's care whether in the community or in a care home or hospital setting. We have made some good progress against this priority but will continue to keep it in our new plan as we believe there is still much to do.

When those with care needs come into contact with the justice system, either (most frequently) as a victim or (less often) as an offender, the available data tell us that they do not receive the same service or outcome as those without needs. We are determined to improve on this in Barnet. We have made less good progress against this priority and will retain this in our new business plan.

We have been keen to ensure the public generally know how to spot incidents of safeguarding needs and to report them. We have sought ways over the past year of getting helpful messages to the community; about what to look for and how to get in touch. The rise in reports from the public suggest that this programme has been useful in raising awareness and increasing reports.

We are also keen for our staff to know how to apply what has recently become the law on how to assess and deal with the mental capacity of an adult to make their own decisions. The simple principle to be adhered to is that the best expert in living a life is the individual whose life it is. This requires staff to be both vigilant about a person's needs and humble in relation to the extent to which they should intervene and assume responsibility for them. We have focused on this issue in the past year.

In the latter part of this report you will see what we hope to achieve in the next two years. We particularly want to improve the way that we manage our information exchange between agencies. We are aware that some cases take too long and proceed with more

difficulty than they should because we do not have in place an effective way of handling multiple sources of material. We aim to learn from our colleagues in the children's safeguarding arena and develop a multi-agency safeguarding hub.

Two recent homicide cases in Barnet, which have been reviewed, have brought into sharp focus for us that domestic abuse is present in families and relationships where one or more person is in need of social or health care or support. We intend to develop our understanding of this issue and improve our response to it in our new plan.

In order to be effective in our pursuit of these priorities we will continue to improve our analysis and understanding of agencies' performance across a range of issues. We want to ensure that the collective performance of all agencies in safeguarding is made more effective through cooperation. Our performance group will be developing this over the next year or so.

Barnet has many great statutory and voluntary organisations working in the borough to safeguard and improve the lives of those requiring support. I want to thank them for their efforts to make Barnet a more amenable place for us all. The challenges we face over the future in delivering excellent services, keeping people safe and healthy and managing a restricted budget can only be met with the continued enthusiasm and commitment of people who care. I have met many such people in Barnet in the past year and because of that I am optimistic that we can continue to build on our achievements of the past year, and make further improvements in the future.



Chris Miller
Independent Chair of Barnet Safeguarding Adults Board

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1. What is safeguarding?

Safeguarding is defined as:

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

Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults. Staff should work together in partnership with adults so they are:

- safe and able to protect themselves from abuse and neglect
- treated fairly, with dignity and respect
- protected when they need to be
- easily able to get the support, protection and services they need.

An adult at risk is a person aged 18 or over who is in need of care and support regardless of whether they are already receiving them, and because of those needs are unable to protect themselves against abuse or neglect.

2. Who lives in Barnet?

Barnet is the largest borough in London by population and is continuing to grow. The most recent population projections indicate that the population of Barnet is expected to be 376,065 by the end of 2016. The overall population of Barnet will increase by 13.7% between 2015 and 2030, taking the population to 417,573.

The over-65 population is forecast to grow three times faster than the overall population between 2015 and 2030, and the rate increases more in successive age bands. For instance, the 65+ population will grow by 34.5% by 2030, whereas the 85 and over population will increase by 66.6%.

Currently, the significant majority of older residents own their home and use the equity they have built up to fund the care they may need later in life. Over the coming years a declining proportion of the growing older population will own their own home, having important implications for how the health and care system works and is paid for in the borough.

Social isolation is an important driver of demand for health and care services. In Barnet social isolation is associated with areas of higher affluence and lower population density, as people in these areas tend to have weaker, less established community and family networks locally.

Barnet has a very low proportion of people with learning disabilities and mental health conditions in employment compared with similar boroughs. Overall rates of individual mental health problems are higher in Barnet than London and England; the rate of detention for a mental health condition is significantly higher than the London or England averages. Barnet has more than 100 care homes, with the highest number of

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

residential beds in London, leading to a significant net import of residents with health needs moving to Barnet from other areas.

As more young people with complex needs survive into adulthood, there is a national and local drive to help them to live as independently and within the community as possible. This places significant pressure on ensuring the right services, such as appropriate housing and support needs, are available to meet their requirements. There is a considerable shift in the way in which support is delivered with more people choosing to remain at home for a longer period of time. This requires effective, targeted and local based provision.

In 2011 there were 32,256 residents who classified themselves as a carer in Barnet.

The 25-49 year old age group had the largest number of carers (12,746). Without carers, many people living and working in our communities would not be able to continue to do so and we recognise the important economic contribution they make. However, on average, carers are more likely to report having poor health than non-carers, especially amongst carers who deliver in excess of 50 hours of care per week. Demand for carers is projected to grow with the increase in life expectancy, the increase in people living with a disability needing care and with the changes to community based support services.

Barnet has a higher population of people with dementia than many London Boroughs and the highest number of care home places registered for dementia per 100 population aged 65 and over in London. By 2021, the number of people with dementia in Barnet is expected to increase by 24% compared with a London-wide figure of 19%.

If you would like further data from the Joint Strategic Needs Assessment (JSNA) please visit the interactive web resource: www.barnet.gov.uk/jsna-home/

3. Who we are and what do we do

The Safeguarding Adults Board is a statutory multi-agency group that meets four times a year and reports annually on its work. It is chaired by an independent person, Chris Miller. The Board was established in 2002 to ensure there is a multi-agency approach to safeguarding adults at risk of abuse within Barnet. Following the passing of the Care Act in April 2014 the Barnet Safeguarding Adults Board has become a statutory body with a number of legally enforceable duties from April 2015.

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. It will also be made available to the public on the Barnet Council website at www.barnet.gov.uk/safeguarding-adults-board.

The Safeguarding Adults Board membership includes representatives from:

- London Borough of Barnet
(Adults and Communities, Children's Safeguarding, and Community Safety, Director of Adult Social Services (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
- London Ambulance Service NHS Trust
- Healthwatch Barnet
- Barnet Carers Network
- Voice Ability (Independent Mental Capacity Advocate Service)
- CommUNITY Barnet

Our vision is for all adults at risk in Barnet to be safeguarded from abuse and neglect in a way that supports them to make choices and have control about how they want to live.

Our mission is to:

- develop prevention strategies and provide effective responses to abuse and neglect by having clarity on roles and responsibilities
- develop a personalised approach that enables safeguarding to be done with, not to, people
- raise public awareness so that our communities can play a role in preventing, identifying and responding to abuse and neglect
- providing clear and simple accessible information to residents (on what abuse and neglect is and how to seek help)
- support and examine the underlying causes of abuse and neglect
- through our learning and improvement framework we will support the development of a positive learning environment across our multi-agency partnership
- our co-ordinated approach to prevention will secure better access to community resources such as accessible leisure facilities, safe town centres and community groups to help reduce social and physical isolation.

Our Principles:

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

- **Empowerment:** people being supported and encouraged to make their own decisions and informed consent
- **Prevention:** it is better to take action before harm occurs
- **Proportionality:** the least intrusive response appropriate to the risk presented
- **Protection:** support and representation for those in greatest need
- **Partnership:** local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability** and **transparency** in delivering safeguarding

3.1 Our priorities 2014-2016

For each financial year, the Safeguarding Adults Board must publish a strategic plan in accordance with Schedule 2 of the Care Act. This plan must set out how it will achieve the statutory objective and what each member will do to implement this.

The previous business plan covered the period 2014-2016 and came to a close on Thursday 21 April 2016. The business plan had the following strategic priorities:

1. *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.*

Some of the highlights for this priority are:

A safeguarding protocol for identifying indications of neglect when assessing pressure ulcers has been adopted by the Barnet Safeguarding Adults Board. Healthcare providers across Barnet have this screening tool to support their assessments of patients. The CCG is working with providers to embed this protocol, and to review its effectiveness. This protocol is also being implemented across CLCH and the outcomes of the implementation of this tool will be reported to the SAB.

Awareness of pressure ulcer prevention and management workshops for residential care homes were held in March 2014 and a safeguarding and pressure ulcer awareness workshop was held in November 2015.

An analysis of pressure ulcers was presented to the SAB in March 2014 in order to understand the current demographics and prevalence of pressure ulcers within The London Borough of Barnet.

Health providers reported to the SAB about staffing and how they are addressing complaints and whistleblowing incidents.

The Board sought assurance from Health providers regarding training awareness and good practice guidance for staff in relation to pressure ulcers and other common issues related to neglect e.g. dehydration.

2. *Improve the understanding of service providers of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)*

Some of the achievements for this priority are:

Reviewed and publicised material for health and social care staff, developed learning and development strategy, MCA assessment tool developed to promote best practice, partners reviewed compliance with MCA and DoLS.

Each partner organisations reviewed their compliance with MCA and DoLS and reported progress to the SAB in January 2016.

The CCG worked collaboratively with colleagues in Enfield and Haringey CCGs to improve awareness of the MCA and DoLS for patients and healthcare staff in 2015. Patient leaflets were developed and distributed to all hospitals and GP surgeries. The CCG commissioned bespoke training on MCA and DoLS for GPs and Practice Nurses.

Health providers are being supported to implement MCA action plans and are providing annual audits of case records to ensure MCA assessments and referrals for DoLS are taking place.

An MCA/DoLS audit was undertaken by CLCH Adult Safeguarding in January 2016 to assess whether patient record documentation is meeting the standard in line with the Mental Capacity Act (MCA) 2005 assessment protocol. An action plan was agreed to address results of this audit, including bespoke training. A follow up audit to monitor the action plan will be undertaken in October 2016 and reported to the SAB.

CLCH delivers bespoke training packages for CLCH Safeguarding Champions and work has been undertaken with community teams to develop an approach so staff are aware of their responsibilities under MCA in practice including assessment, record keeping in both MCA and risk assessment pathway.

3. *Improve access to justice for vulnerable adults*

Some of the achievements of this priority are:

An audit of the police safeguarding alerts (Merlin reports) were carried out to ensure there is effective information sharing and response through the safeguarding system. The report was submitted to the October 2014 SAB. Following that, a task and finish group was established to review the current pathway for Merlin reports and how this could be improved.

A report was submitted by the police to the January 2016 SAB on the number of reports, repeat referrals, investigations and prosecutions of rogue trading, disability hate crime and distraction burglary and section 44 Mental Capacity Act offences involving ‘vulnerable adults’ who are ill-treated or neglected by those caring for them”

A task and finish group was established to review the operation of third party reporting sites in Barnet. Anybody can report to the police if they are a victim of crime but people often face barriers which make it difficult to report directly to the police. Third Party reporting sites provide an alternative for people. The review was presented to the SAB in January 2016 and the recommendations were included in the 2016-18 SAB business plan.

4. *Increase the understanding among the public of what may constitute abuse.*

Some of the achievements of this priority are:

The SAB worked to increase the number of alerts from members of the public by distributing safeguarding promotional material to the community. The SAB carried out face to face activity with the public and increased the availability of the "Say No to Abuse" booklet through community channels such as service providers and the CCG. Posters of "Say No to Abuse" were produced and distributed for display. Increased outreach to elderly people via flyers with home meal services, leaflets at Dementia Cafes and through Neighbourhood Services.

Appropriate messaging was provided for Barnet Watch Alert communications for 800 Neighbourhood Watch Coordinators to disseminate. Case studies were collated and shared for service provider newsletters and the Barnet First magazine.

The CCG regularly promotes safeguarding to GPs and primary care staff, via newsletters, training and meeting presentations.

5. *To ensure that the voice of the adult at risk stay central to our partnership work.*

Some of the achievements of this priority are:

The SAB developed a policy statement on the voice of the adult at risk and the outcomes they seek as the primary driver of our approach to safeguarding.

The Local Authority continued to capture the views of people who have experienced safeguarding services and report findings back to the Safeguarding Adults Board for information and action.

Partners training programmes and templates were updated in line with the Care Act and were reviewed and updated in line with the revised London Multi-Agency Safeguarding Policy and Procedures.

6. *Ensure the implementation of lessons learned from any serious case review or domestic homicide review*

Some of the achievements of this priority are:

Under the Care Act 2014 (the Act), Safeguarding Adults Boards are responsible for arranging Safeguarding Adult Reviews (SARs). SARs are about learning lessons for the future. The SAB developed a process for the SAR process and agreed the terms of reference.

A Domestic Homicide Review (DHR) monitoring group was set up for the delivery of the DHR action plan. The purpose of the DHR is to understand where there are lessons learned and to make recommendations to prevent future homicides.

4 What we have achieved in 2015/16

Each Board partner has achieved a lot in the last year and we have split our achievements into the themes below.

4.1 The Work of the Safeguarding Adults Service Users Forum

Our Safeguarding Adults Service User Forum ensures 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.”

This year we have:

- received regular progress reports on the work of the SAB
- had discussions about how to attract new members to the forum
- helped contribute to the SAB annual reports
- reviewed the SAB easy read annual report
- reviewed and updated our mission statement
- planned a service user conference in November for Safeguarding month
- received presentations from the following agencies:
 - Central London Community Health
 - The Royal Free Hospital
 - London Fire Brigade
 - London Ambulance Service



We learnt about how they are safeguarding adults. We told them the areas where we think they are doing well and where they need to improve.

4.2 Supporting Family Carers



Carers have an essential role in supporting family and friends to remain living safely in our communities and without the support they provide Barnet would be unable to provide the level of health and social care that is currently in place.

Over the last year we have:

- carried out training with our staff to ensure they understand the importance of carrying out carers assessments, and increase their knowledge of what support is available to help carers to look after their own health and wellbeing
- worked with partners to help increase identification of carers and promote carers support services.
- updated the content on our website and our "[Support for carers in Barnet](#)" document to make it easier for carers to access useful information and increase knowledge of the wide range of support available for carers in Barnet.
- carried out a staff awareness event during Carers Week 2015 on carers and safeguarding
- co-produced our Carers and Young Carers Strategy 2015-20 with carers and young carers. This is the first time we have a joint strategy with Family Services.

4.3 Safeguarding in Health Services

In the past year 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 patients are safeguarded.

4.3.1 Royal Free London NHS Trust Foundation

Barnet Hospital, Chase Farm Hospital, the Royal Free Hospital and their associated services are part of the Royal Free London NHS Foundation Trust. The trust sees about 1.6 million patients each year in three main hospitals.

This year they have continued to embed the Integrated Safeguarding Committee (ISC). This has helped bring them together as a Trust. This ISC, which is chaired by the Director of Nursing, provides the scrutiny and governance for all the safeguarding activity and process.

There has been considerable policy development. All policies are now in place to support staff to undertake their safeguarding responsibilities and raise concerns.

Over the last year the safeguarding team have pulled together policies/ guidance and supporting materials for safeguarding adults, MCA & DoLS, supporting people with learning disabilities and supporting victims of domestic violence. These have been

put into a single place known as the purple folder for staff to access. There is a hard copy on each ward and an electronic copy on the Trust Intranet.

There has been an increase in the number of referrals in all areas of safeguarding across the Trust.

During 2015/2016 the Trust have continued to be supported by the Independent Domestic & Sexual Violence advisors (IDSVAs) who are instrumental in helping meet the requirement to be compliant with the NICE guidance 'Domestic Violence and Abuse'. The IDSVAs support patients and staff who experience domestic abuse as well as contribute to staff training to raise awareness of domestic abuse.

In October 2015 the Trust hosted an integrated safeguarding conference and in June 2016 they hosted a Domestic abuse learning event.

4.3.2 Barnet, Enfield, Haringey Mental Health Trust

Over the last 12 months The Trust has strengthened its safeguarding arrangements in many ways including the recruitment of a full-time Head of Safeguarding.

During the year the Trust has set up a safeguarding e-mail inbox to allow improved monitoring of safeguarding alerts, and a safeguarding screen saver has been established to prompt staff to use the Trust safeguarding inbox. They have also included a prompt to consider safeguarding on their incident reporting system (Datix).

An Integrated Safeguarding Committee has been established with clear terms of reference. The Trust's safeguarding surgeries have been recognised as good practice and the safeguarding champions terms of reference have been refreshed and revised. A safeguarding dashboard has been designed.

The Trust has developed a safeguarding training strategy. Mental Capacity Act and Deprivation of Liberty Safeguards training has been included in the mandatory training matrix. . Prevent training and Domestic Violence and Abuse training have both been included in Corporate Induction for all staff.

A safeguarding strategy has been developed with key aims and objectives. The Trust Safeguarding Adults at Risk Policy has been updated to ensure it is Care Act compliant and a Domestic Violence and Abuse Policy has been developed.

4.3.4 CCG

Barnet Clinical Commissioning Group (CCG) is the NHS lead commissioner for the Royal Free Hospital and Central London Community Healthcare NHS Trust. The CCG has contracts with Barnet, Enfield and Haringey NHS Trust, and other health providers across the borough, and is the lead commissioner for the North London Hospice.

The CCG Safeguarding Lead and GP for Adult Safeguarding offer support to health providers and GPs across the Barnet health economy. Safeguarding within

healthcare is monitored via contractual arrangements and quality review meetings, including the requirement for regular reporting of Safeguarding activity.

Barnet CCG had a Safeguarding Deep Dive carried out by NHS England in November 2015. This was given an overall rating of assured as good. The work of Barnet CCG with Enfield and Haringey CCGs to improve awareness of the Mental Capacity Act 2005 was reviewed as excellent and recommended as good practice.

4.3.5 Central London Community Healthcare (CLCH)

CLCH provides community health services to around a million people across London and Hertfordshire.

In 2015/16, CLCH met its statutory requirement under the Care Act (2014) to contribute to Section 42 Enquiries, when concerns have been raised about an adult being at risk of harm, neglect or abuse.

The CLCH Safeguarding Adults Lead has been proactive in advising and supporting CLCH staff and partner agencies to assure safeguarding or quality in care issues are managed proportionately. The Lead contributed to the development of the Barnet Safeguarding Pressure Ulcer Protocol to assist practitioners in assessing the need to report a pressure ulcer as a safeguarding concern.

In 2015/16 work was undertaken to embed the recommendations from Making Safeguarding Personal (2014) to assure people accessing CLCH services are safe, empowered, informed and have their views, worries and wishes taken seriously

The implementation of a standardised electronic care record across CLCH has supported improved record keeping, information sharing and flagging of concerns to enable informed decision making and care planning by CLCH staff.

During the year CLCH has championed the needs of people with Dementia and learning disabilities who access our services, with service users, lay people and third sector organisations being key members of the CLCH Dementia Steering Group and also the Learning Disabilities Group.

CLCH contributed to the Barnet Service Users Forum and Quality Stakeholders meeting, working in partnership to ensure adults at risk are safeguarded.

4.4 London Ambulance Service NHS Trust

The London Ambulance Service NHS Trust (LAS) has a duty to ensure the safeguarding of vulnerable persons remains a focal point within the organisation. We are committed to safeguarding vulnerable members of our community and continue to work closely with partner organisations to improve this process.

The LAS made a total of 4,331 adult safeguarding referrals across London in 2015/16, and 8,440 relating to welfare concerns for adults whom may have care and support needs. In Barnet, there were 27 adult safeguarding referrals and 79 adult

welfare referrals. The LAS is committed to ensuring information is shared to prevent and reduce the risk of harm to adults at risk.

To address safeguarding responsibilities, we have:

- a safe recruitment process that includes the vetting and barring scheme and procedure with reference to the Independent Safeguarding Authority
- processes for dealing with allegations against staff with clear links to police and local authority designated officers
- a named executive director with responsibility for safeguarding
- heads of safeguarding for adults and children who are also the named professionals
- a safeguarding officer who is first point of contact for local safeguarding boards and local authorities
- internal and external reporting mechanisms to capture safeguarding issues.

We work closely with the safeguarding lead commissioners. We continue to work with all adult safeguarding boards in response to notifications of safeguarding adult reviews. All recommendations and action plans are monitored internally and approved by the safeguarding committee for closure when appropriate.

4.5 Improving fire safety

The London Fire Brigade (LFB) carried out **3,136** free home fire safety visits to Barnet residents in 2015-16. 85% of these visits were high priority situations or people at risk due to their vulnerability.

14.6% of our time was spent on carrying out community safety activities to promote increased fire prevention knowledge and understanding in the borough.

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 them.



4.6 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 with a low crime rate. Barnet has the 8th lowest rate of total crime per person out of all 32 London boroughs and the 4th lowest rate of violent crime. The overall rate of crime per 1,000 population is 24% lower than the London average.

Reducing Repeat Victimisation – Residential Burglary

Reducing Burglary in Barnet is recognised as a top priority: there are now over 1,000 fewer burglaries happening in Barnet every year than there were three years ago. However, burglary is the only major volume crime which occurs in Barnet at a rate well above the London average.

The Partnership has been working to reduce the risk of residents becoming victims of burglary. The Safer Homes Project is focused on preventing 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. In the last year 65 homes across the borough have benefited from 'Safer Homes' interventions. In addition there are a number of other activities which are tackling residential burglary. These include: The 'Met Trace' project which has deployed traceable liquids asset marking technology to over 10,000 households in Barnet; and Barnet Borough Watch who have over 900 watch coordinators across the borough providing crime prevention advice in their local area.

Reducing Repeat Victimisation – Anti-social behaviour

The Community Safety Multi Agency Risk Assessment Conference (Community Safety MARAC) is an anti-social behaviour focused multi-agency risk assessment case conference. The Community Safety MARAC was introduced 2014/15 and has developed throughout 2015/16 taking on an increasing case load of complex multi-agency anti-social behaviour cases. The Community Safety MARAC is focused on providing a victim centred approach to victims of anti-social behaviour. The group has been receiving an average of over five complex cases per month and reduced the risk to victims by coordinating an effective multi-agency response. This has contributed to an overall reduction in ASB calls received by the police (overall ASB calls down 16% and repeat callers down 25%).

Radicalisation – Prevent and Channel

Prevent is the Government's strategy to stop people becoming involved in violent extremism or supporting terrorism, in all its forms. Prevent prioritises using early engagement to encourage individuals and communities to challenge violent extremist ideologies and behaviours.

After designating Barnet as a 'tier 2 priority area' under the Prevent scheme, the Home Office have provided funding for a Prevent Coordinator who joined the authority in December 2015.

The Prevent Coordinator work is focused on:

- Ensuring that the council is fully-compliant with the statutory Prevent duty across all of its departments and functions.
- Coordinating the necessary partnership action in response to the risks and recommendations outlined in the Counter Terrorism Local Profile (CTLP).
- Providing relevant and appropriate briefings and training to council staff, elected members, and partners when necessary.

Barnet's Channel Panel meetings are chaired by the Prevent Coordinator. Channel is an early intervention multi-agency panel focused on safeguarding vulnerable individuals from being drawn into extremist or terrorist behaviour.

Learning from a Domestic Homicide Reviews (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 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 (DHR) 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 DHR is to understand where there are lessons learned and to make recommendations to prevent future homicides.

The report from the review and its recommendations can be read on our [website](#).

4.7 Safeguarding in the Police

In September 2015 the police started the recording of adults with vulnerabilities on Merlin reports and developed the Vulnerability Assessment Framework.

The Vulnerability and Adult at risk toolkits were introduced which include guidance to staff around adults coming to notice for issues related to human trafficking and self-neglect.



The Police along with NHS England and London Councils have developed an information sharing agreement which is currently out for consultation.

“Clocks, Locks and Lights” is a major campaign against burglary that took place on Monday 12 October 2015 and involved 500 Barnet Police officers. It focused on reducing burglary through crime prevention advice, improved identification of vulnerable adults and reducing risk of victimisation. There were two further operations of “Clocks, Locks and Lights” during the year.

A Borough Mental Health liaison officer was appointed (Inspector rank) to champion mental health and develop closer working relationships with strategic partners.

There was a reduction of 13.8% in the number of victims of residential burglary in Barnet and improved confidence in Police response to Domestic Abuse with an 18% increase in allegations of Domestic Abuse.

4.8 The Integrated Quality in Care Homes Team (IQICH)

Within Barnet there are 98 registered care homes that provide care for older adults and younger people with disabilities. Additionally, there are 32 registered supported living providers in the borough who offer services in approximately 85 different locations.

The role of the Care Quality Team is to support care home and supported living scheme managers to improve and maintain 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 Reviewing Officers who regularly visit these services.

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

4.9 Training

4.9.1 Barnet Council

The Safeguarding Adults Training Programme for 2015-16 was delivered to Council staff including Adult Social Care, CLCH and Barnet, Enfield and Haringey Mental Health Trust as well as private, voluntary and independent sector organisations.

Training for social workers and partners:

Safeguarding Adults Level 1 e-learning	238 completed
Safeguarding Adults Raising awareness	6 LBB Staff, 32 External Staff
Safeguarding Adults Policy & Procedures	79 LBB Staff, 31 External Staff
Safeguarding Adults Investigations	11 LBB Staff
Financial Abuse	25 LBB Staff, 6 External Staff
Making Safeguarding Personal	30 internal staff
Mental Capacity Act & Deprivation of Liberty's Safeguards	91 External Staff
Mental Capacity Act	55 LBB Staff

4.9.2 Health

CCG

All healthcare staff are required to have training in safeguarding adults, including Mental Capacity Act, Prevent and Domestic Abuse. The CCG provide training to Barnet GPs and Primary Care Staff. Healthcare services commissioned by the CCG are required to be compliant with safeguarding training, and provide quarterly training compliance figures to the CCG.

Royal Free Hospital Trust

All new starters at the Trust must complete induction training on their first day. Safeguarding training and DoLS are delivered by members of the safeguarding team during that day. Staff are then required to refresh their training every three years. Outside of this mandatory training, staff also receive extra training delivered by the Acute liaison nurses for people with a learning disability and the Independent Domestic and Sexual Violence Advisors (IDSVA). There is a dedicated safeguarding training facilitator who can support training programme development, training delivery and link in when required with external agencies.

The training figures have improved on last year:

	March 2015	April 2016
MCA/DoLS	77%	81%
Safeguarding Level 1	76%	87%
Safeguarding Level 2	70%	81%

Barnet, Enfield, Haringey Mental Health Trust

Safeguarding Adults at Risk training levels 1 and 2 are delivered at mandatory Corporate Induction for all staff. The training is delivered as a safeguarding day and includes safeguarding children training, domestic violence training, and training in MCA and DoLS. Prevent Healthwrap is also delivered at Corporate Induction and has been mandatory since September 2015.

Staff are required to refresh safeguarding training at least every three years. The Trust target for mandatory training compliance is 85%. Safeguarding adult training compliance for April 2016 is 86.5%.

CLCH

Safeguarding training is a key performance indicator (KPI) which is reported to the CLCH Board and Commissioners on a quarterly basis. In 2015/16 CLCH did not meet the required compliance level of 90% for Level 1 safeguarding adult training. Work is underway to implement a blended learning approach to support staff to always act in the best interests of those who access CLCH services.

CLCH Adult Safeguarding Training Compliance 2015/16				
Training Level	Compliance Required	Level	Compliance Achieved	Level
Level 1	90%		83%	
Level 2	90%		91%	

Our staff have received Mental Capacity Act and Deprivation of Liberty training in line with statutory guidance. A WRaP (Prevent) training programme is underway to ensure our staff fulfil their duty to protect vulnerable individuals from being groomed into terrorist activity or supporting terrorism.

Following the publication of the Barnet Domestic Homicide Review bespoke domestic abuse training was delivered to staff in the CLCH Urgent Care Centre and Walk in Centres.

4.9.3 Police

Training was provided to all frontline Police Officers on Mental Capacity Act and Mental Health Codes of Practice during November 2015.

Between January and March 2016 all frontline Police Officers were given training on Disability and awareness of disability related hate crime.

In January 2016, 60 officers were awarded a City and Guilds qualification for the MAST programme (Mental Health Awareness and Safeguarding). This training was paid for through Home Office Innovation Fund. It was aimed at staff based in Borough gangs units, Safer Schools, Community Safety Units, Misper Units, Youth engagement, Youth Offending, CID and MASH.

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

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 led to a very large increase in applications, which we have seen continue to increase this year by 112%. Despite this unprecedented increase in applications the local authority has continued to ensure that everyone is assessed under the legislation.

	2012-13	2013-14	2014-15	2015-16
Number of requests for authorisation	30	55	640	1357
Number of authorisations granted	19	27	517	965
Number granted with conditions	12	18	206	371
Number of authorisations which did not qualify	10	19	65	121
Number of authorisation requests withdrawn	1	9	58	152

2015-16 figures as of 12.07.16. NB 2015-16 figures: there are 119 requests for authorisation where an outcome is not yet known.

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 person’s 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. For example, 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.

4.10 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.

4.11.1 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 2015 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.

4.11 Challenge Role

A SAB is required by the Care Act 2014 to monitor and evaluate its performance and that of its members in terms of achieving their objectives and implementing its strategic plan. SABs should also monitor and evaluate their own performance in meeting governance procedures and processes and their members' own internal safeguarding activity through an audit process.

4.12.1 Challenge and Support Event

The Safeguarding Adults Board held a Challenge and Support Event Saturday 4 April. As the end of the financial year approaches it is an appropriate time to reflect and take stock of where we are with regards to safeguarding adults. The event provided an opportunity for each partner to tell others what they have achieved through the year and for partners to ask questions as well as offer some challenge.

The outcomes of the event have been incorporated into the SAB's work plan 2016-18 and the safeguarding work of each of the partners to develop any weaknesses and build on strengths.

5. Safeguarding Stories

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

Mrs Drayton is a 60 year old lady with Multiple Sclerosis who lives with her husband. Her husband was her main carer, he looked after at home, helping her with washing and dressing, preparing food and looking after the house. Mrs Drayton contacted Adult Social Care with concerns about her relationship with her husband. She said that there was a lot of tension in the relationship and her husband was deliberately doing things to upset and provoke her like spilling water over her and shouting at her. Mrs Drayton stated that she no longer wanted him to care for her as she felt intimidated by him. Things were so bad she said she wanted a divorce.

With the social worker's support, Mrs Drayton decided that the best way forward was for the social worker to speak with her and her husband to help them work out what they wanted to happen. Mr Drayton was offered a carers' assessment. Following this a direct payment was put in place for the couple to arrange periods of care when respite was needed. Mr Drayton used some of the payments to employ a carer fortnightly to help his wife while he went to the football which was something he previously enjoyed. After a few meetings with the social worker and with this additional support, Mrs Drayton reported that the relationship had improved significantly and they wanted to stay together.

Mrs Philips is a 77 year old widow who lives in her own home in Barnet. Following her husband's death she agreed her friend of 17 years and his wife could move in with her in order to allow them to save some money for a deposit for their own property. Their relationship changed shortly after the couple moved in. They were rude and abusive to Mrs Philips and tried to claim compensation from her due to an alleged leak on the roof. Mrs Philips asked the couple to leave her property and they refused.

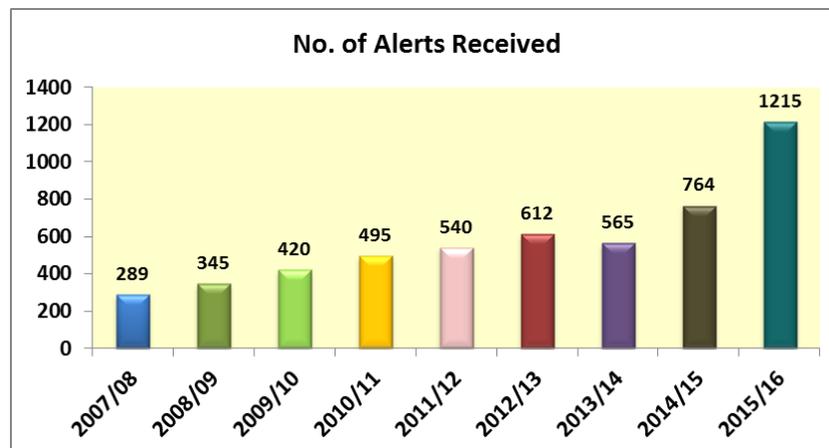
Adult Social Care received a safeguarding concern from the Police following an incident when the couple had an argument with Mrs Philips friend. The police advised Mrs Philips to seek legal advice and obtained her agreement to raise the safeguarding concern. They were concerned that she was in a position which made her very vulnerable. They had concerns that she was at risk of on-going financial and psychological abuse from the couple.

Adult Social Care worked with Mrs Philips to develop a Safeguarding plan. This included providing her with advice and regular psychological support, and a referral to the local Neighbourhood Watch Team who also visited her to provide her with support in these very difficult, distressing times. The support provided by the social worker and the Police empowered Mrs Philips to go through a court hearing where she won her case and the judge ordered the couple to leave her property within a short period of time.

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

6.1 How many safeguarding concerns did we receive?

This year we have seen a further considerable increase in the number of safeguarding concerns raised. During 2015/16 we received a total of 1215 concerns, representing a 59% increase on the previous year.



Raising public awareness of what abuse is and how to report it was a priority for the Safeguarding Adults Board priority during 2015/16. As a result of this work the number of concerns raised by members of the public continued to increase. This year we saw 102 concerns (8%) raised by relatives and friends, in addition to 45 self-referrals (4%).

This year saw a greater number of concerns raised by agencies such as the Police, health organisations and housing services. 12% of all concerns were raised by the Police, compared to 4.5% last year, and 11% by NHS staff.

6.2 How many concerns required further enquiry?

Not all concerns turn out to be abusive situations. They can indicate a need for increased support or other help. Where it is believed abuse has taken place, concerns are referred for further enquiry under our safeguarding procedures.

Of the 1,215 concerns received, 481 were referred for further enquiry. Although the number of concerns has increased substantially, the number of enquiries has remained similar to last year. This is likely to mean that many more people are aware of abuse and where to report it, but in most cases these concerns relate to a circumstance where a more proportionate response is warranted over a full safeguarding enquiry.

6.3 Types of abuse and those involved

The tables below show a breakdown of all our safeguarding concerns by reported primary care need and age of the vulnerable adult. As in previous years, most concerns we receive relate the abuse of older people.

The way in which we categorise an adult's care needs has changed and so the following tables have been designed to enable comparison with previous years.

Primary Care Need	2013/14	2014/15	2015/16
Learning Disability	20%	20%	13%
Mental Health (Inc. Support with Memory & Cognition)	15%	16%	22%
Physical Disability & Sensory Support	64%	63%	61%
Social Support	1%	1%	4%

Client Age Group (where known)	2013/14	2014/15	2015/16
18-64	40%	40%	38%
65+	60%	60%	62%

As in previous years, concerns raised about adults over the age of 65 are higher than any other group. 58% of those relate to neglect and acts of omission.

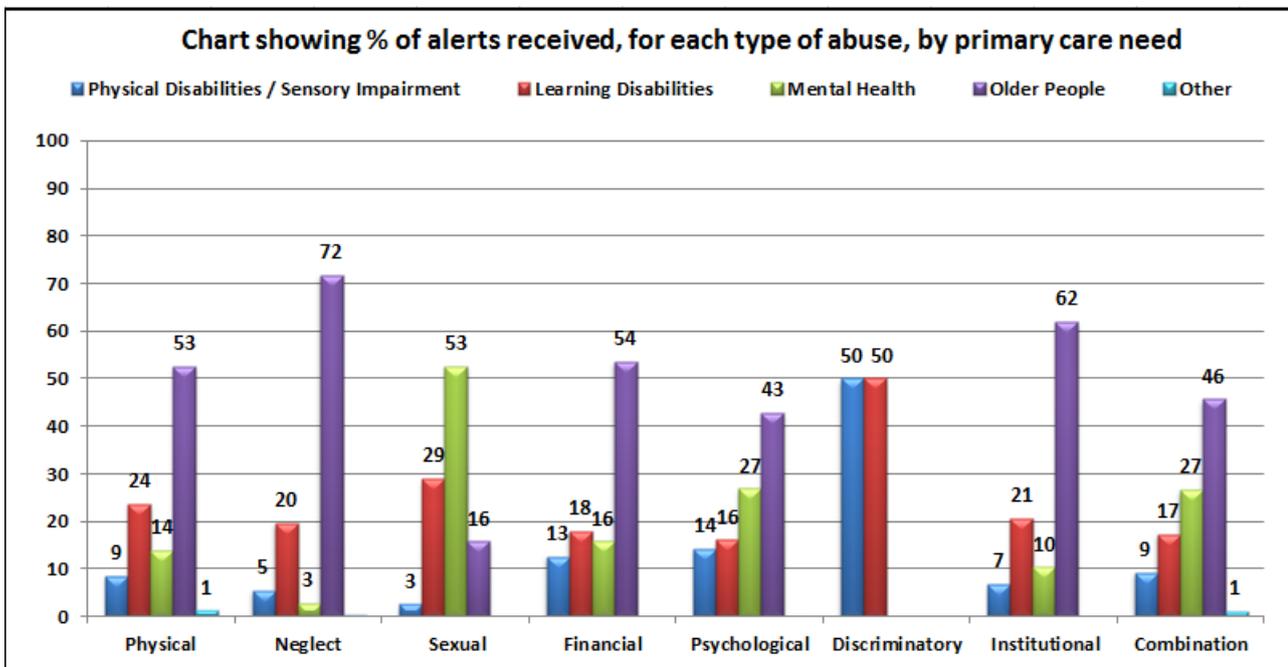
Neglect, along with physical abuse, was also a common concern raised relating to adults with learning disabilities. For those with physical disabilities or mental health needs concerns most frequently involved a combination of abuse types.

In 2015/16, where known, 55% of adults at risk had dementia. This is a substantial increase of 31% on the previous year. However, in over two thirds (71%) of all cases, it was unknown whether the adult at risk did or didn't have dementia and this may account for the increase, as in 2014/15 this was unknown in only 16% of cases.

During 2015/16, in the 1,213 applicable cases, hate crime was cited in six concerns. Four cases were investigated by the police and three were referred to a safeguarding enquiry.

Domestic Abuse and Modern Slavery are new categories of abuse reported for the first time in 2015/16. Domestic Abuse was reported to have occurred in 83 cases (including combined types of abuse).

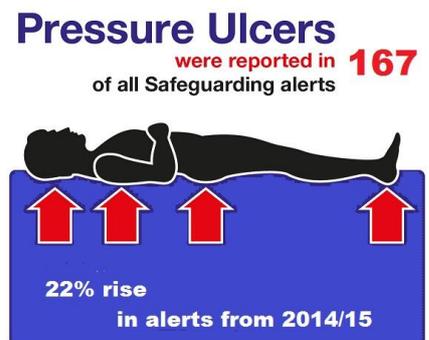
The graph below shows the type of abuse reported for each client group. This includes situations where the adult has experienced more than one type of abuse.



6.4 Pressure Ulcers

Of the total number of concerns 167 described a situation where the adult had developed a pressure ulcer. This is a 22% increase in the number reported last year. 40 of these progressed to a safeguarding enquiry as a sign of neglect. This compares to 61 last year.

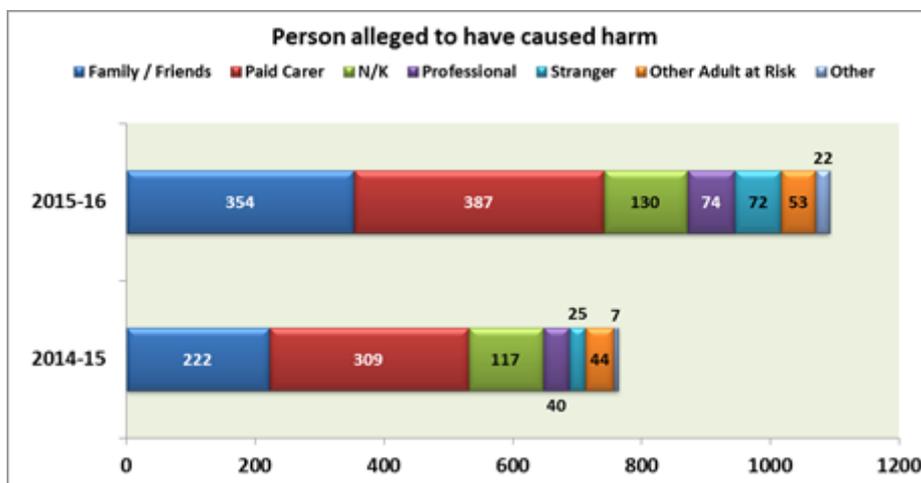
At the point of publication, enquiries into 37 the 40 referrals involving pressure ulcers had been completed the table below shows the outcomes.



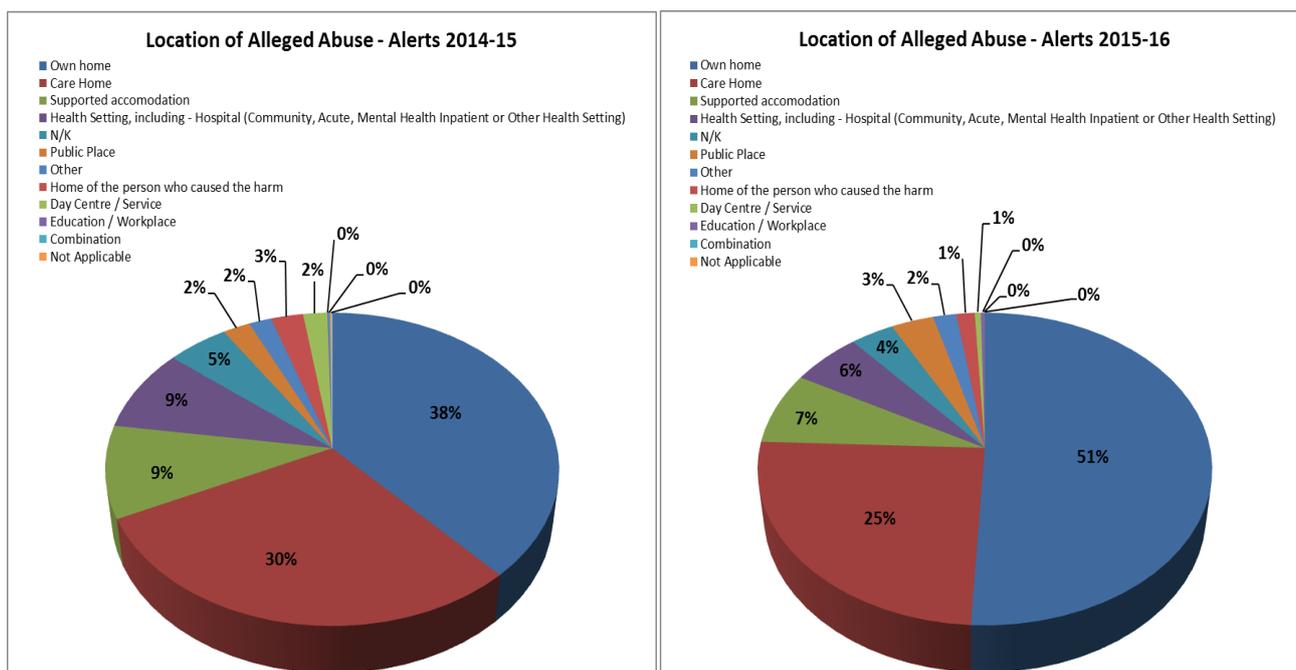
Safeguarding outcomes for referrals related to Pressure Ulcers			
Case Conclusion	2013-14	2014-15	2015-16
Abuse substantiated	11	11	6
Abuse not substantiated	30	25	16
Abuse partly substantiated	4	6	2
Not determined / inconclusive	8	13	13
Investigation ceased on individuals request	0	1	0
<i>In 2013-14 'investigation ceased on in the individuals request' wasn't recorded</i>			

6.4.1 The person who caused the harm

2015/16 saw similar patterns to previous years when identifying the person who caused the harm. Paid carer workers were the largest group reported (32%), followed by family /friends (29%). The chart below shows the total number of concerns and who the person who allegedly caused the harm. Self-Neglect was recorded in 123 cases.



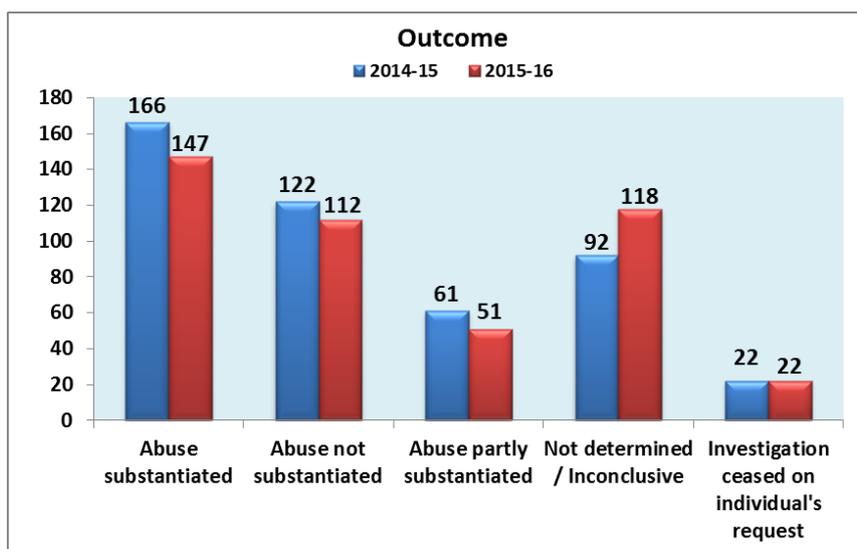
In 2015/16, as with previous years, the most common location for alleged abuse/neglect was in the persons own home, with the proportion of such instances increasing by 12.5%.



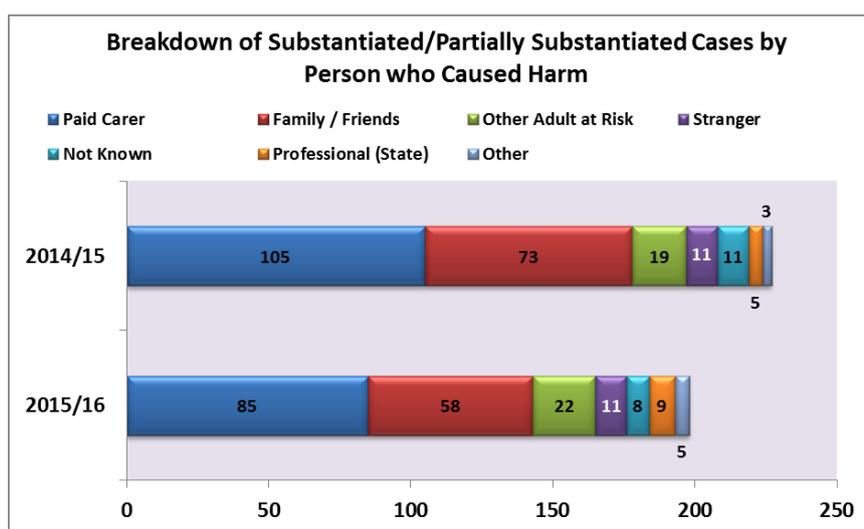
6.4.2 Outcomes of our enquiries

For every case where we have made enquiries, 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.

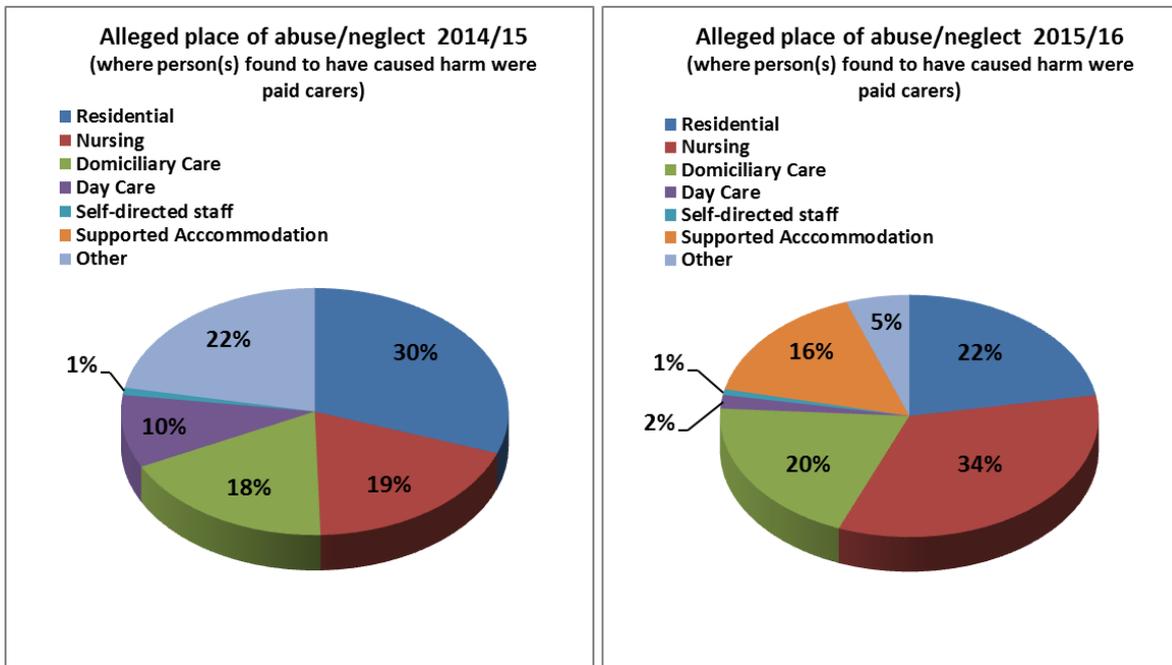
450 cases have now been completed and an outcome determined. Of these completed enquiries, 44% were fully or partially substantiated (a 5% reduction on 2014/15).



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



During 2015/16, 43% of fully or partially substantiated abuse involved paid care staff, a reduction of 3% on the previous year. In the majority of instances involving paid carers, the alleged abuse took place in a care home setting, with a 7% increase to the proportion recorded in 2014/15. The percentage of concerns involving carers in a day care setting also increased in 2015/16, by 8%.

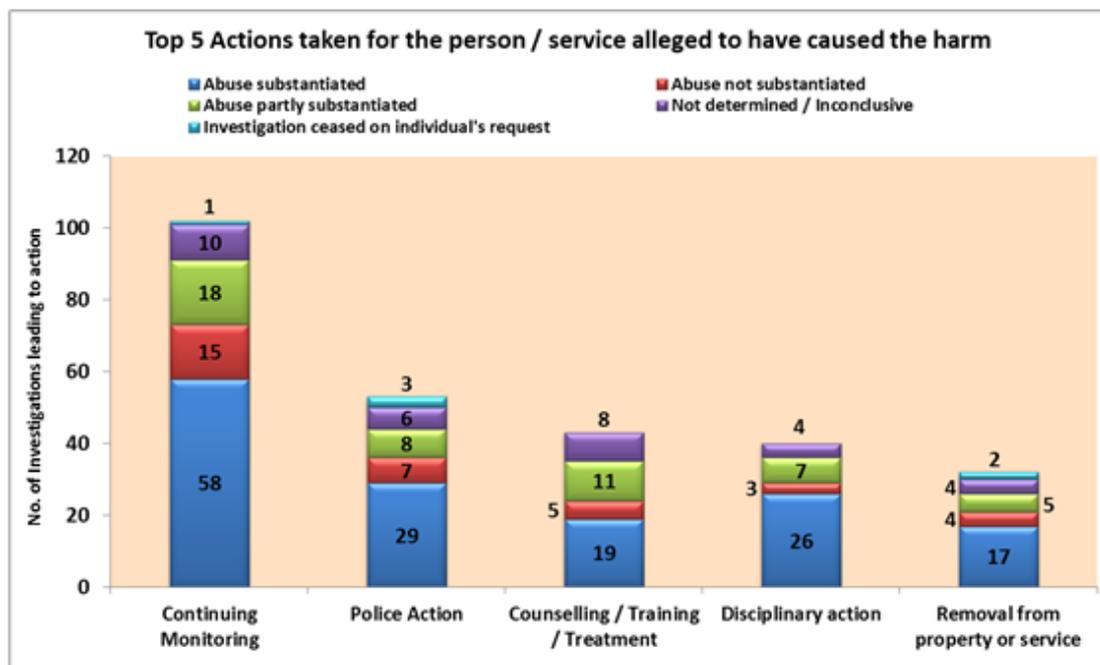
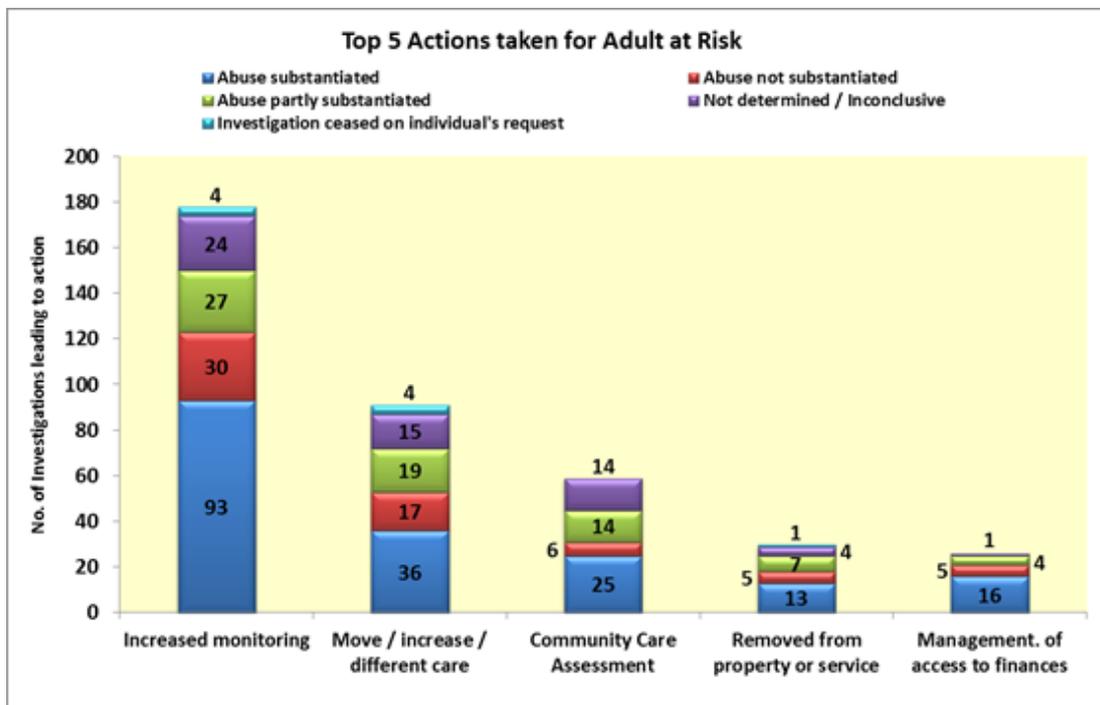


***In 2014/15 'supported accommodation' was recorded under 'other' location.**

Action Taken

In all safeguarding enquiries 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 five most common actions taken during 2015/16, for both the adult at risk and the person alleged to have caused harm. Figures are broken down by enquiry outcomes.



In 2015/16, action was taken by CQC in 11 cases, compared with 17 in 2014/15 and three Criminal Prosecutions / Formal Cautions were made, compared with 14 in 2014/15.

Where applicable, during 2015/16, the desired outcome of the adult at risk was recorded and monitored. In 67% of applicable enquiries, the desired outcome was fully achieved and in a further 30% of enquiries, the desired outcome was partially achieved.

7 What we want to achieve 2016-18

In September 2015 BSAB Members and the Service Users Forum were asked for their organisations top six priorities for the next SAB business plan 2016-18. These priorities were collated and presented at a development day in December 2015 which all the SAB members were invited to attend. From this event five priorities for the next two years (2016-2018) were agreed:

1. Personalisation

The BSAB have signed up to the Government's core principles set out in their policy on safeguarding adults at risk: empowerment, prevention, proportionality, protection, partnership and accountability. Making Safeguarding Personal supports translating those principles into effective practice, creating a person centred approach to safeguarding. This priority will also include the work required to implement the revised Pan London Safeguarding Policy and Procedures.

2. Adult Multi Agency Safeguarding Hub (MASH)

An Adult MASH would provide a clear pathway for reporting concerns as well as triage and multi-agency assessment of safeguarding concerns in respect of adults at risk. It would bring together professionals from a range of agencies into an integrated multi-agency team.

3. Access to Justice

This priority aims to improve the access to justice for adults at risk. To ensure adults at risk know how they can report crime with confidence, the process will aim to gain the best outcome for the victim.

4. Pressure Ulcers

Pressure ulcers can be an indicator of neglect. However skin damage has a number of causes. Some relate to the individual person, such as poor medical condition, and others relating to external factors such as poor care, ineffective Multi-Disciplinary Team working and lack of appropriate resources. A multi-agency protocol has been developed which aims to support decisions about appropriate responses to pressure ulcer care and whether concerns need to be referred as a safeguarding alert. This priority aims to embed the protocol across the identified roles.

5. Domestic Abuse

A proportion of safeguarding work relates to abuse or neglect with people with care and support needs who are living in their own homes. Domestic abuse is perhaps most commonly thought of as violence between intimate partners, but it can take many other forms and be perpetrated by a range of people. The BSAB has worked closely with the Domestic Violence and Domestic Violence Against Girls (VAWG) Board to ensure our plans are linked.

8. Useful contacts

Questions about this report

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

Tel: 020 8359 5741

Email: emma.coles@barnet.gov.uk

Safeguarding training

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

Tel: 020 8359 6398

Email: asc.training@barnet.gov.uk

Safeguarding alerts

To raise any safeguarding concerns, contact Social Care Direct:

Tel: 020 8359 5000

Email: socialcaredirect@barnet.gov.uk