

Barnet Multi-Agency Safeguarding Adults Board

Annual Report 2010 – 2011



Working together for a safer London



Contents:

Forward	2
1 Background.....	4
2 Membership	4
3 National and Regional Developments	4
4 Local Developments	6
Work Plan Progress 2010 - 2011	7
5 Strengthening the Partnership	7
6 Accountability for the work of the Safeguarding Adults Board.....	8
7 Performance and Audit.....	8
8 Working with Service Providers	8
9 Training Group.....	9
10 The Communications Group.....	11
11 Community Safety	13
12 Faith and Communities Group.....	14
13 Mental Capacity Act and Deprivation of Liberty Safeguards.....	14
14 Safeguarding Adult Service User Forum	16
15 Serious Case Review	17
16 Safeguarding Analysis Of Monitoring Data	17
17 Conclusions	25
Annual Statements 2011	28
Barnet Borough Police	28
Barnet Enfield and Haringey Mental Health Trust.....	29
Network of Carers' Support Organisations.....	31
London Fire Brigade	33
Barnet Homes	34
Royal Free Hampstead NHS Trust	35
Barnet and Chase Farm Hospitals NHS Trust	37
Community Safety, London Borough of Barnet.....	39
Barnet Community Services/Central London Community Healthcare	40
Appendix 1 – Monitoring Report	43

Forward

I am pleased to be able to write a foreword to this report, the first since taking up my role as Independent Chair of the Safeguarding Adults Board in September 2010.

This has been a busy year with a 22% rise in referrals, an increase most marked amongst those with learning disabilities. Concerns about older people still make up the largest group of referrals and we are keeping track particularly of those cases that involve people with dementia. Abuse was perpetrated by paid carers in 30% of cases, and by family and friends in 37%. Sometimes the abuse involved another service user making our responsibility all the greater. Half of all cases come to light because they were disclosed directly by the adult-at-risk so we had better be listening when they summon up the courage to trust someone with their concerns. And 13% were witnessed by someone who will need to know where to turn and how to help which underlines the need for training across the borough.

Important guidance has come to fruition during this year but because service change is also high on the agenda the Board is committed to maintaining the good practice that has already evolved while re-shaping some of its interventions in the light of new structures. The publication of the pan-London policy and procedures has been welcomed by all and will clarify our dealings with other local authorities and with agencies that work across geographical boundaries. Reconfiguration of the health service may present challenges but representation at the Board continues to be prioritised by health colleagues and we will be tracking these changes and their impact throughout the coming year.

A number of important work programmes are already in progress. Prevention is our first priority and that means learning lessons from individual cases and feeding this back into safer service provision. Spurred on by the recommendations of a serious case review jointly commissioned by Enfield and Barnet, work has begun on managing concerns about failing services by cross-referencing safeguarding alerts with service provision. There are also lessons in that review about monitoring contracts and taking a more robust view of advice from health professionals. Where a service is unacceptably putting vulnerable adults at risk, it is important that this is picked up at the right level and addressed through contract compliance and regulation as well as through attention to individual concerns.

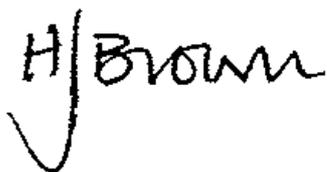
But this is challenging as the usage of services by adults-at risk diversifies, - from those funding their own services or receiving individual budgets through to those receiving domiciliary and residential care; many people live in their own homes and 40% do not receive a service at all so we have to be open to a wide range of sources of information and use many levers to put in place specific safeguards. We are following with care the progress towards personalisation and will consider whether particular approaches are required in those settings. Barnet has successfully put in place third party reporting sites to encourage vulnerable people to report crimes to reach this diversity of need.

Links with other partnerships including those working on Hate crime and Domestic Abuse have also been enhanced during this year. We want to ensure that cases are managed so that matters can be resolved locally as far as possible but that information is shared and that major concerns are escalated in a timely way.

The report also includes a focus on our work in relation to financial abuse, working with banks and post offices as well as with more traditional service providers, reminding us that safeguarding is always “everyone’s business” and not the preserve of the service community.

Above all we want to make sure that our interventions are proportionate, that they do not cut across the rights and choices of potentially vulnerable adults but that they do address serious wrong-doing when this is uncovered and assure people that their safety, dignity and autonomy will be safeguarded.

I would like to thank all those who contribute to this work, on the Board, through the Service User and Carer Forum, and through local partner agencies and partnerships. Safeguarding often boils down to making that extra phone call on a Friday afternoon, and to everyone who has done their bit we would like to thank you for your commitment to keeping some otherwise vulnerable, people safe. I hope colleagues and partner agencies will find the information in this report helpful as a review of last year’s achievements and as a “steer” for the year to come and that you will all continue to work with us to safeguard adults-at-risk in Barnet through a time of service and social change.

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

**Prof. Hilary Brown,
Independent Chair,
Barnet Multi-Agency Safeguarding Adults Board**

Barnet Multi-Agency Safeguarding Adults Board

Annual Report

2010 – 2011

1 Background

Barnet's Safeguarding Adults Board (previously Barnet Adult Protection Committee) was established in July 2001. It was established as part of the government guidance 'No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse'. This guidance is issued under section 7 of the Local Authorities Social Services Act.

The Safeguarding Adults Board (SAB) is a standing committee of lead officers who determine local policy, co-ordinate activity between agencies, set work plans for improvement, facilitate joint training and monitor and audit progress in safeguarding vulnerable adults. The Board meets four times a year and is chaired by an independent person Professor Hilary Brown. This is the eleventh annual report of the work of the Safeguarding Adults Board.

2 Membership

The Safeguarding Adult Board membership includes:

- London Borough of Barnet
(Adult Social Services, Children's Safeguarding, and Community Safety)
- NHS Barnet
- Barnet Community Services
- Barnet, Haringey and Enfield Mental Health Trust
- Barnet and Chase Farm NHS Trust
- The Royal Free NHS Trust
- The Metropolitan Police
- The Care Quality Commission
- Barnet Homes
- The London Fire Brigade
- Barnet Carers Network
- Barnet College
- Voice Ability , (Independent Mental Capacity Advocate Service)

3 National and Regional Developments

The following national and regional developments in both policy and research that will affect the safeguarding agenda are:

- Adult Safeguarding: Scrutiny Guide

- Performance judgements for adult social services
 - A Vision for Adult Social Care: Capable Communities and Active Citizens
 - Transparency in outcomes a framework for Social Care
 - Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse
 - The Independent Safeguarding Authority
 - Safeguarding Adults: The Role of Health Service Managers & their Boards
 - Safeguarding Adults: The Role of NHS Commissioners
- 3.1 **Adult Safeguarding: Scrutiny Guide** published in April 2010 by The Centre for Public Scrutiny and the Improvement and Development Agency. This guide is written for officers and elected members involved in the overview and scrutiny process, and for Independent Chairs of Safeguarding Boards who may be requested to participate in the work of OSC's. It is designed to assist in shaping and developing the best way to exercise their responsibilities locally.
- 3.2 **Performance Judgements for adult social services** published in November 2010 provides an overview of the performance of councils in England, including its judgements in councils maintaining dignity and respect. CQC inspected Barnets Safeguarding functions in 2009 and gave a judgement of 'good'.
- 3.3 **A vision for Adult Social Care: Capable Communities and Active Citizens** published in November 2010 by the Department of Health sets out overarching principles for adult social care and gives context for future reform including the Government's vision for providing protection. This includes high quality care, professional regulation, balancing freedom and choice with risk and protection, with particular responsibilities to those who lack capacity. Safeguarding is everyone's business including local communities, building on initiatives by local Health Watch. It emphasises effective safeguarding systems, local leadership with vision and strategic direction. It gives the commitment that the government will work with the Law Commission in preparation for strengthening the law in respect of safeguarding including consideration of safeguarding boards being put on a statutory footing. The document also outlines that safeguarding is central to personalisation.
- 3.4 Alongside the Social Care Vision, the Department of Health has launched **Transparency in Outcomes: a framework for adult social care - a consultation on a new strategic approach to quality and outcomes in adult social care**. The consultation proposes a framework which places outcomes at the heart of social care, improves quality in services, and empowers citizens to hold their councils to account for the services they provide. Protecting from avoidable harm and caring in a safe environment is the key outcome for safeguarding adults. This consultation came to an end on 31st March and has now been finalised.
- 3.5 Barnet has been very involved in the development of the **Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse**. London ADASS, The Metropolitan Police, and NHS London launched this pan London document in January 2011. A further At a Glance guide and Practice Guidance is due being developed, and local implementation in each London Borough is expected by September 2011. This will then replace Barnet Multi-Agency Policy and Procedures to Safeguard Vulnerable Adults.

- 3.6 In February 2011 Changes to **The Independent Safeguarding Authority** were announced by Deputy Prime Minister Nick Clegg as part of the new Freedoms Bill. Following parallel reviews of the **Vetting and Barring Scheme and the criminal records regime** a number of **recommendations** have been announced including a merge of the two agencies to create a barring and criminal records disclosure service. The new barring regime will on cover those who have regular or close contact with vulnerable groups and apply to both paid and unpaid roles. Automatic barring will apply for those serious offences which provide a clear and direct indication of risk. The biggest change is that registration will be scrapped, with no requirement for people to register with the scheme and there will be ongoing monitoring. CRB will continue to be available to employers, but will be portable through the introduction of a system which allows for continuous updating. The two offences will be retained in the new system; it will continue to be an offence for a barred person to work in regulated activity roles, and for an employer to knowingly employ a barred person in such a role. Current arrangements for referrals by employers and regulatory bodies will remain. The new agency will be self-financing and a consultation will take place on raising the cost of the criminal records disclosure fee to cover these costs.
- 3.7 **Safeguarding Adults: The Role of Health Service Manager and their Boards**, is best practice guidance issued in March 2011. This document reminds health service managers and their boards of their statutory duties to safeguard adults. It aims to assist managers in preventing and responding to neglect harm and abuse to patients in the most vulnerable situations. The document provides principles and practice examples that can achieve good outcomes for patients. A similar best practice guidance document has been issued for **NHS Commissioners**. A third document is due to be published for Health Service Practitioners. Barnet's SAB have tasked Health Trust partners to review the documentation and report back on how they plan to implement this guidance in their agencies.

4 Local Developments

- 4.1 The **Safeguarding Adults Board (SAB)** has further strengthened its effectiveness via the appointment of an **Independent Chair**. Professor Hilary Brown took up post in late September following a competitive interview with a multi-agency panel led by the Director of Adult Social Services, and a separate service user panel. The annual SAB planning day was held in November 2010 to review progress, identify further improvements, and revise the SAB work plan. The functioning of the board was reviewed and changes made to extend **membership** to London Fire Brigade, the Carers Network, Barnet College, and Voice Ability the independent Mental Capacity Advocate Service. Representation by the Police is now at a senior level with the Superintendent of Operations. **Objectives set for the coming year** include work to implement the new Pan London Procedures, a plan to address service level issues through quality assurance and contract compliance linked to a improved intelligence system for flagging poor performing providers, development of training for the health and social care workforce, monitor the reconfiguration of the NHS and identify how this impacts on the safeguarding agenda and contribution to multi-agency work, to review and strengthen the links with community safety, support and monitor the use of the Mental Capacity Act, and monitor progress on actions identified as part of the serious case review undertaken.

- 4.2 Following the findings of last years review of arrangements, a series of presentations were held with staff to feed back findings and an action plan developed to raise practice standards in recording and risk assessment and case auditing developed. The safeguarding adults' intranet page has been revised and updated, and further plans are in place to develop the internet site this year.

Safeguarding was the Subject of a Corporate Management Group in October 10' where achievements and challenges were presented to managers across the Council. A drive to ensure **Safeguarding is everyone's business** within the wider council was achieved through a repeat of last years successful **safeguarding month** with the theme that **Safeguarding is my business** in November 2010. The month opened with Safeguarding Question Time, where the Independent Chair of both Safeguarding Adults and Children's Boards gave presentations and took part in a question and answer session. Other events included topics such as safer recruitment, domestic violence, information sharing, safeguarding across faith and communities, crime reduction in Barnet, as well as express training sessions delivered to council staff and partners.

Work Plan Progress 2010 - 2011

5 Strengthening the Partnership

The Safeguarding Adults Board membership was reviewed on appointment of the independent chair. Although membership has been significantly strengthened to ensure safeguarding matters have a duly high profile within partner agencies. (see 4.1) the Board are yet to secure local representation from the London Ambulance Service.

- 5.1 Our well established **Safeguarding Adults Service User Forum** continues to ensure that the voice of service users remain central to our safeguarding work. The forum meets quarterly and consists of representatives of the 55+ forum, Barnet African Caribbean Association, Barnet Older Asian Association, and other interested older people, people with learning disabilities, physical disabilities and sensory impairment. Membership this year has extended to include representative of Barnet Voice for Mental Health, and a community safety officer from Barnet Police now attends to provide support and assist with local issues affecting represented groups. Each forum receives an updated report from the Safeguarding Adults Board, and the chair of each **SAB work group continues to present their progress for scrutiny at the forum**. Partners are also requested to attend meeting to give agency progress reports on safeguarding within their organisation. Each sub group must consider how it can consult and make use of the experience of the forum members. The new Independent Chair attended the most recent forum to hear the views and priorities of those who use services. See section 14 for work undertaken by this group during this year.
- 5.2 This year has seen increased **engagement with Health partners**, who have now established internal safeguarding boards to develop internal systems and safeguarding practice. One example of this, following a directive by NHS London, is that all pressure ulcers of grade 3 and 4 are now reported into the safeguarding procedures. A protocol is being developed to ensure that only those **avoidable pressure ulcers are reported under safeguarding procedures** and that this dovetails with serious incident procedures required by Health Trusts.

6 Accountability for the work of the Safeguarding Adults Board

The Board will report year to Cabinet in June and Council in July. Changes in governance will also be made with the development of new Health and Well-being Board, which is currently in shadow form. In addition the annual report will go to each partners' executive Board, the Safer Community Board and to each care group partnership board for information.

- 6.1 All four Health Trusts have established internal Safeguarding Groups. This provides a forum for strengthening their operational functions within their agency. The Safeguarding Adults Board requires partner leads to report on agency activity and progress on their annual statements on a scheduled basis.
- 6.2 Funding for training, communication and Serious Case Reviews has thus far been negotiated on a project basis and mainly funded by Social Care and Health.

7 Performance and Audit

The Board have implemented a **quality assurance** and performance management system to monitor the effectiveness of the safeguarding arrangements. Managers at all levels have responsibility for auditing compliance with the procedures. The new corporate priorities include protecting vulnerable adults from avoidable harm as a strategic objective, with business targets and performance indicators set to measure this through 100% of all safeguarding plans developed for those that need them with timescales and people identified for delivery, and secondly 100% of Protection Plans reviewed by Team Managers within timescales. Quality Assurance audits are undertaken by safeguarding practice leads in conjunction with Service Managers with action plans developed where practice needs improvement. Audit findings continue to indicate that further improvements are needed in safeguarding record keeping, including demonstration of use of the Mental Capacity Act.

- 7.1 A **self audit tool for partners** to measure compliance with safeguarding standards covers both preventative and responsive standards for safeguarding i.e. prevention policies and procedures, safer recruitment procedures, and learning and development opportunities as well as internal systems for responding to abuse, and auditing good practice in identifying, responding, recording and reporting abuse. Larger organisations can use this tool annually to monitor progress and inform their annual statements found in the appendix. Strategic Commissioning and Contracts are reviewing how contracts are monitored and how this tool can inform safeguarding compliance amongst smaller organisations.
- 7.2 We continue to operate a highly effective data collection and monitoring system, producing quarterly reports for the Safeguarding Board on information relating to numbers of referrals, patterns of abuse, investigation and safeguarding plans. The Board has consistently used information to analyse reports for themes, patterns and performance information that can help inform improvements for example areas where alerts are low. The system has been revised to fully meet the requirements of the **new national data set** administered by the Information Centre. The first report from the Information Centre is expected this summer.

8 Working with Service Providers

- 8.1 A safeguarding adults specification is included in all care group **contracts with providers** including residential and nursing care, supported living and home and

community support. This has been extended to include all health contracts. During visits to providers, safeguarding compliance is verified. If concerns arise from visits, action plans are agreed and monitored by strategic commissioning and contracts. The department is currently reviewing its process for contract monitoring to become more quality assurance focused. Barnet safeguarding procurement standards are applied by commissioners where there are not pre-existing rigorous standards laid down by regulation. Safeguarding adults is a standing agenda item at the provider forum discussions.

- 8.2 Work has been initiated this year to develop a **flagging system** to ensure key staff are aware of current safeguarding investigations relating to care providers and where suspensions have been introduced.
- 8.3 Implementation of the **Disciplinary policy for service providers** has been rolled out through a training programme delivered to support provider managers in improving practice in investigations carried out in care settings. It also sets out good practice arrangements in safer recruitment and selection of staff, supervision and appraisal with the aim of preventing abuse.
- 8.4 Information about the changes in Independent Safeguarding Authority has been sent out to providers and is available on the Barnet safeguarding adults web site.
- 8.5 Barnet has a 123 care homes in the borough, as part of our drive to improve quality we have commissioned the **My Home Life Project**. This is a UK wide initiative, promoting quality of life for older people in care homes, and for those visiting and working with them through relationship centred and evidence based practice. It is led by Age UK, City University and Joseph Rowntree Foundation. It is a 'bottom up' partnership approach, looking at best practice. It creates support for practitioners and accessible tools and information resources for care home managers and staff, and commissioners. It highlights the specific practices, behaviour and attitudes which impact on quality of life in care homes.
- 8.6 All NHS partners have established **respect and dignity programmes** in place following Essence of Care document published by DH in 1999 and re-launched in 2010 which provides basic standards for key areas of clinical practice. Each NHS partner has been required to report progress to the SAB throughout 2010-11. This will continue, and in the light of CQC inspection findings on dignity and nutrition published in May 2011 improvement plans will be monitored for progress.

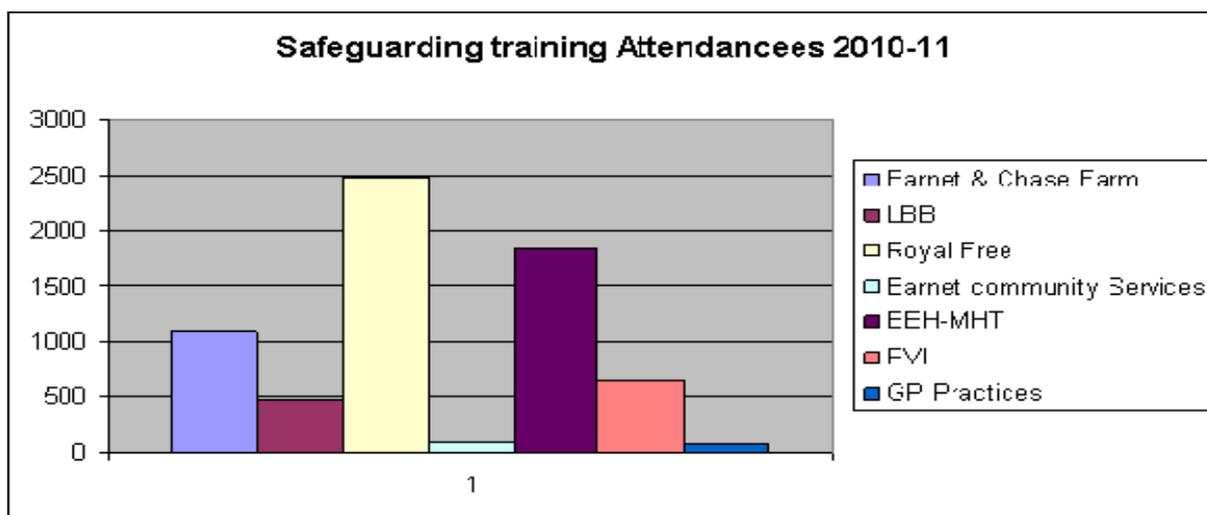
9 Training Group

Work undertaken/Achievements in safeguarding adults 2010-11

- 9.1 The learning outcomes of all safeguarding adult training sessions are linked to the **competency framework** agreed in the Multi-agency safeguarding adults training strategy. These will be reviewed annually as a part of re-commissioning the training programme, and policy changes.
- 9.2 The **Safeguarding Adults Training Programme for 2010-2011** was delivered to Barnet Council staff including Adult Social Services, NHS Barnet, Barnet, Enfield and Haringey Mental Health Trust, Barnet Community Services, and the private, voluntary and independent sector organisations in Barnet. The core training included awareness sessions, policy and procedure training, and Safeguarding Adults Investigations. The total number of health and social care staff who attended these sessions is 1189. Two training sessions for Members were delivered in 2010/11.

Safeguarding training for GP's practice staff was delivered as part of a rolling programme throughout the year, with a total of 195 trained including 51 GPs.

The Royal Free NHS Trust delivered Safeguarding Adult training at level 1 and 2 (SA raising awareness to 2469 staff and a further 18 were trained to level 3. Barnet and Chase Farm NHS Trust delivered safeguarding raising awareness sessions to 800 staff across the two sites and an e-learning programme was also delivered to 282 doctors. Barnet Community Services trained 80 staff as part of a raising awareness programme. Barnet, Haringey & Enfield Mental Health Trust have trained 1728 staff across the Trust. The chart below shows attendees from participating agencies.



9.3 With the aim of identifying how effective safeguarding training is, post **evaluation questionnaires** were sent to all delegates after three months of completion of the training. This method proved partially successful. 26% of those that attended raising awareness training returned their questionnaire. **All learners demonstrated that they were able to identify and recognise the indicators of abuse** as a result of the training. This was evidenced by examples. All knew how to respond to a disclosure, report abuse, and the factors that might increase the risk of abuse.

Evaluation of the train the trainer course identified that only a few managed to deliver the training back in their setting. It demonstrated that these sessions were not an effective means for delivering awareness training within the PVI sector. This finding informed the decision to fund the safeguarding training post reported in 9.4. which has proved more effective.

This evaluation method for other advanced courses proved less effective with a poor response to questionnaire from delegated who had attended. The training group this year will need to revisit methods of evaluation for these courses.

9.4 A part-time **Safeguarding Adults Trainer** post was appointed to in September 2010 for a 12 month contract to deliver safeguarding awareness training to **independent and Voluntary sector providers on-site at their premises**. To date approx 30 agencies have received sessions, with more waiting for training. The majority of training has been held in residential and nursing homes and for domiciliary care agencies. The sessions can be tailored to respond to a localised or skill need. i.e. recording. The team training approach gives greater opportunity for workers to consider together how they can further apply safeguarding awareness to their

practice, within their setting, especially where some abuse has taken place. It is recommended that this method of delivery continue in 2011/12.

- 9.5 **An Investigations Training programme** for provider organisations to improve the quality of investigations in care homes/settings was again delivered this year with very positive feedback.
- 9.6 **Safeguarding Adults Practice Forum** runs quarterly to **improve practice** through case study presentation and discussion, and update on practice developments. At each forum a Team Manager presents a case in stages for critique and exploration. These sessions, run by the Safeguarding Adults Manager, offer a reflective learning opportunity for staff who also bring cases for discussion.
- 9.7 A large multi-agency conference on **Disability Hate Crime** was run to raise awareness amongst health and social care staff, police, family carers and volunteers. A 160 people attended two half day sessions which were introduced by Neil Basu, Barnet's Borough Commander. The sessions were facilitated by AFTA Thought who through the use of actors and training facilitators presented real life interactive scenarios to explore the realities of disability hate crime. **New third part reporting sites which are accessible to older and disabled people were launched.** The feedback from this event was very positive.

Work proposed for 2011-12

- 9.8 All training course and material are being revised in line with new **Pan London Safeguarding Adult Policy and Procedures** to be launched in September. Briefing sessions on the new policy will also be delivered to update staff.
- 9.10 **The Safeguarding Adults Trainer** will take on the role of delivering the one day Policy & Procedures for the PVI sector.
- 9.11 A **range of specialist training sessions** to be delivered – Workshops on Safer recruitment will be delivered for in-house staff involved in recruitment and selection of staff. A learning event following a serious case review is planned for September, this will be joint funded with Enfield. Safeguarding raising awareness sessions are to be delivered to carers and service users
- 9.12 The training group will aim to develop a system where **providers can be accredited** through training to undertake internal inquiries when an alert is received in one of their service settings.

10 The Communications Group

The Communications Working Group aims to achieve the following objectives:

- Increase public awareness of all types of abuse, and access to support through a range of media
- Increase stakeholder awareness through a range of media
- Devise specific actions to improve access to safeguarding support for any community groups with proportionately low referrals as revealed in quarterly monitoring reports

Meetings to progress these actions have been held throughout the year. The Safeguarding Adult Communications Working Group has extended its membership to include providers and additional communications professionals. The group's

meetings are chaired by the Communication and Consultation Manager for Adult Social Services.

Achievements - 2010-2011

10.1 Raising public awareness:

- Several public events were held where safeguarding was promoted, including:
 - East Barnet Festival – July 2010
 - Multicultural Day – August 2010
 - International World Elder Abuse Awareness Week during June 2010. During the week we raised awareness through:
 - SOS: Staying safe- Speaking Out for Silver Barnet event
 - A press release on safeguarding
 - Posters were distributed to police stations and GP surgeries
 - Information stall set up at Edgware Hospital and in housing receptions
- Activities in sheltered housing schemes such coffee mornings
- Plasma screen display at NLBP and at Barnet Homes Reception
- Activities and presentations to particular community and provider groups
- We have included an advert to raise awareness in local newsletters, such as Our Life and People's Voice newsletter
- Developed links with community safety information on Barnet Online and are looking to further develop information on the safeguarding page
- Poster and booklet reprints – circulating 5500 copies of the booklet to public access points across the borough
- Started negotiations with Barnet Care Directory, jointly produce with council and to include safeguarding information
- Users of the Barnet Independent Living Service have created their own safeguarding presentation to help raise awareness amongst other disabled people
- Creating new public information booklet to inform of what happens after a safeguarding referral has been made

10.2 Increase stakeholder awareness through a range of media

- A number of activities were planned as part of 'Safeguarding Month' these initiatives and events ran during November 2010 to promote safeguarding to all staff working in Barnet Council. This included express safeguarding training, and information about hate crime and community safety.
- Renewal of safeguarding information on council intranet site, to be shared with colleagues in Mental Health Trust and NHS
- Training opportunities were promoted through the website and intranet and updated accompanying training pack
- A letter was sent to local banks to raise awareness of Financial Abuse and where to refer concerns

- Begun discussion around work needed to promote safeguarding amongst GPs – including advertising in GP newsletter, and attending lunch briefing session
- Creating online information resource for social care providers around safeguarding
- Presentations to Barnet Homes staff and to network of learning disability service providers as part of world elder abuse awareness week activities

10.3 Actions to improve access amongst specific groups, in response to local monitoring information

- Information for deaf residents:
 - Developed a BSL video of ‘say no to abuse’ information
 - Presentation also carried out for Barnet Deaf Forum, along with a member of the police community safety unit
- Information sent to faith groups during world elder abuse awareness week
- Information sent to drug and alcohol centres in the borough – The Crossing promoted safeguarding at drop-in sessions at the centre
- Information workshops and drop-in sessions held at The Network for people with mental health problems

10.4 Areas for development in 2011-2012

- Launch, promote and distribute new PAN London Safeguarding Adults Policies and Procedures
- Raise awareness of ‘keeping safe’ in local communities, including emphasis on community responsibility to safeguard their members.
- Run promotional activities during World Elder Abuse Awareness Week - 13-17 June 2011
- In response to the increase in financial abuse we will promote ‘planning for the future’ to better inform people on keeping their money safe
- Raise awareness of risk of abuse amongst family members and carers
- Increase information available about staying safe and managing risk amongst people with Personal Budgets or who arrange their own social care services
- Additional promotion of mental capacity act

11 Community Safety

Over the last year the Community Safety Team has been affected by a number of personnel changes and reorganisation which has impacted on progress. Momentum was re-established in September 2010 with the temporary appointment of a hate crime co-ordinator who has worked closely with Police and Adult Social Services. They have developed operational response procedures to hate crime reports and co-ordination between agencies. The Police are also in the process of developing criteria for escalation of complex cases to a hate crime panel soon to be established. A data collection tool has been established, and this will enable relevant operational intelligence reports to be available to the Safeguarding Adults Board. Existing forms

have been revised and updated, an accessible format using pictures and easy read text suitable for people with learning disabilities is also available.

11.1 There have been training and other forums for people with learning disabilities to learn about keeping safe and about hate crime. **New third party reporting sites** have been set up as places where people with learning disabilities, physical disabilities, older people and people with mental health problems may find more accessible. They are:-

- Barnet Mencap
- Barnet Independent Living Service
- Community Network
- Self Unlimited
- Barnet Asian Old Peoples Association
- Anand Day Centre ASRA

12 Faith and Communities Group

The Faith and Communities Group established last year reports to both children and adults safeguarding boards. The London Safeguarding Children's Board have commissioned some work to identify areas of development in working to safeguard children from faith and cultural community groups. The Faith and Communities Group have extended this work locally to include vulnerable adults. This includes the use of focus groups and an on line questionnaire to both professionals and members of faith and cultural groups in Barnet to establish what are the barriers and solutions locally in working to safeguard adults from minority ethnic cultures and faiths. This work was launched as part of safeguarding month where the first focus groups were held. Work also continue to identify safeguarding champions to raise awareness and act as a point of advice and support to those people wishing to report concerns about abuse.

13 Mental Capacity Act and Deprivation of Liberty Safeguards

13.1 Mental Capacity Act

During 2010, the **Independent Mental Capacity Advocate (IMCA)** contract expired and following a tendering process, Voiceability was appointed as the new provider for the boroughs of Barnet, Enfield & Haringey. The staff working for the old provider (Rethink) were transferred to the new organisation, and the process went very smoothly. The use of the IMCA service in Barnet for this year shows a similar pattern to the previous ones. For the period 1.4.10- to 31.3.11, there were a **total of 31 eligible referrals**, compared with the previous year's total of 36.

Currently data is unavailable to enable the service to be benchmarked nationally, however we are able to compare this against that of Enfield & Haringey. Enfield have the largest number of referrals but this should be expected as they have the largest allocation of MCA grant (roughly calculated to reflect demand). However, within the IMCA statistics there are some worrying trends, most notably the continuing **low numbers of referrals associated with safeguarding** (4 in 09/10 and 3 and 10/11) and very low numbers of referrals from health providers. Even more worrying, there

were **no referrals at all in relation to serious medical treatment during 10/11**. In comparison, Enfield had higher numbers. This will need to be an area of development in 2011/12.

The Primary Care Trust receives an allocation to support the promotion of the Mental Capacity Act amongst the healthcare community and administer DOLS. With the change to GP commissioning, work has begun to draw up a **Section 75 agreement to secure this funding (and the work) to pass to the Local Authority**. The responsibility for issuing authorisations to hospitals will pass to the Local Authorities upon the enactment of the Health & Social Care Bill.

The Local Authority has provided refresher training on the Mental Capacity Act to the workforce. There continues to be new case law in this area and it is important for organisations to be aware of this.

A set of workforce **competencies** in relation to the Mental Capacity Act has been developed and it is intended to implement these within the Local Authority.

The national MCA implementation programme has now come to an end, although the London Network is to continue on a self organised basis.

13.2 Deprivation of Liberty Safeguards

The number of **requests for authorisation have decreased** dramatically over the second year – see table below:

	2009-10	2010-11
No of Requests for Authorisation	78	18
No of Authorisations Granted	23	9
No with Conditions Attached	15	8

The reasons for this are not evident, although it may be conjectured from the increase in proportion of requests to authorisations, that the Managing Authorities are making more appropriate requests. Across London, Barnet has gone from receiving amongst the highest requests to a middle position. The numbers of requests vary from 78 (Bexley) to 3 (Hammersmith & Fulham, Kingston, Tower Hamlets).

Nationally, the figures have shown a rise, but the proportion of requests to authorisations reflects the picture in Barnet (i.e. roughly 50%).

In the first 3 quarters of the year (only figures available), **Barnet PCT** (now NHS North Central London) **received a total of 5 requests and granted 2**. Across London, the numbers for PCTs are very low generally with no PCT receiving more than 9 requests during the period.

Training for Best Interest Assessors has been provided in order to meet their requirements and a bi-monthly **BIA practice forum** continues. It is a challenge to ensure that staff maintain competencies with a reduced number of assessments.

Work has begun with healthcare providers and NHS NCL to examine how these issues can be addressed. The IMCA Service are going to provide awareness raising

in health settings. A proposal for using the PCT funding allocation will be developed to ensure that the wider health community is aware of and adhere to the requirements of the MCA. This will also be addressed via Health commissioning and performance monitoring.

We will be commissioning specialised training from Afta Thought in order to raise further awareness amongst health and social care providers, both in terms of the application of the Mental Capacity Act and the Deprivation of Liberty safeguards.

14 Safeguarding Adult Service User Forum

The forum meets quarterly, and this year have received reports from the training group, the communications group and from the Independent Chair of the Safeguarding Board. They have also received presentations from London Fire Brigade, The Royal Free Hospital and the Police. They have received statistical information on referrals and outcomes, and the content of the new work plan developed in January.

14.1 What we have done:

- We know about the work of the Safeguarding Adults Board, and through presentations we have had an opportunity to question, challenge and influence the work of the Board.
- Barnet Voice for Mental Health now represent mental health service users
- We developed questions for and organised a user panel to interview and appoint the independent chair of the safeguarding adults board
- The content of raising awareness training for care staff has been improved following our advice and experience.
- We know how we can access fire safety checks for the organisations we represent, and who to talk to in the London Fire Brigade
- We know about the work of the safer schools team in Barnet and how they can help us when experiencing difficulties with children leaving school at bus stops and other locations
- A community support officer from the police is now attending our meetings to hear about our work and talk to about local issues affecting our members
- We know about hate crime, and some of our organisations have become third party reporting sites to make it easier for people to report
- We know about the work that LINK is doing and plan to inform the work of Health Watch when they are established.
- Accessible information about what happens after abuse is reported is being developed, so more people are better informed.
- Barnet Independent Living Service have developed a drama and made a DVD as part of our work to raise awareness amongst people with sensory impairment.

14.2 What we want to do:

- Finish our work on accessible information about what happens after abuse is reported, so people are better informed.
- More work on training for care staff

- Find out what people think following an investigation and whether they feel safer.
- Develop a mission statement
- Work to ensure there are good quality local services
- Monitor the effectiveness of hate crime reporting procedures.

15 Serious Case Review

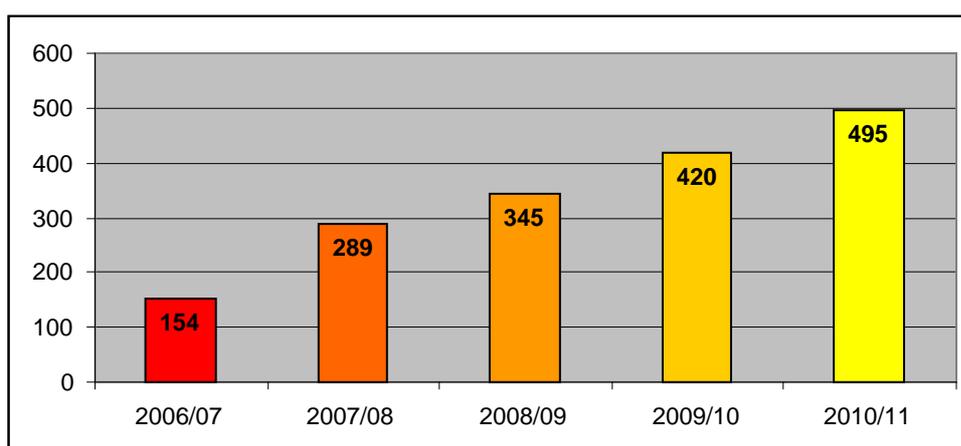
A **serious case review** jointly commissioned by Barnet and Enfield Safeguarding Adult Boards was conducted following the death of a young man with learning disabilities, and complex health needs. Recommendations have been made about the way we contract and commission services and how we monitor compliance at a service level, particularly where there are cross boundary issues. Recommendations for improved review and monitoring of the support plans and risk assessments were also made. An action plan has been developed as a result of the review which will be monitored by the Board. A joint **learning event** with Enfield SAB is planned for September 2011.

15.1 All fire deaths involving vulnerable adults in Barnet are being considered for management review at the Safeguarding Adults Board

16 Safeguarding Analysis of Monitoring Data

The information below is an analysis of safeguarding adult referrals to Barnet Social Work and Mental Health Teams during the period from 1st April 2010 to 31st March 2011. A full statistical report can be found in the appendix of this document.

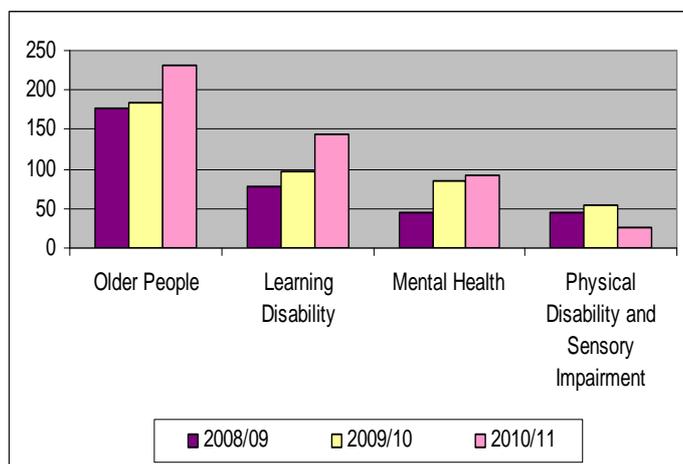
A total of 495 alerts were received in 2010/11. This sees a further 18% increase on the numbers during this period. The table below compares the numbers of referrals per quarter over a five year period. Each quarter denotes a sustained increase since 07/08. (There was a 22% increase on numbers referred 2009/10, 19% increase on the numbers referred 2008/09, on top of an 88% increase in 2007/08)



16.1 Primary Client Group

Continuing the trend from previous years, the largest client group referred are older people. 2010/11 saw a **large increase in referrals involving older adults**, who accounted for 47% of referrals. There was a similar size increase in the numbers of referrals for **adults with learning disabilities**.

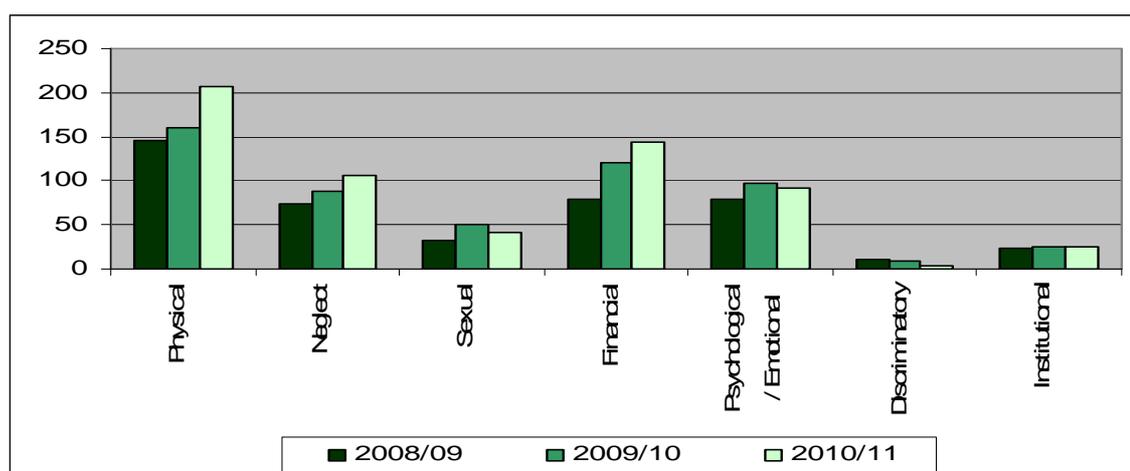
There was a large fall in the number of cases involving adults with physical or sensory impairments. Referral numbers for these adults more than halved in the last year, and accounted for only 5.5% of cases.



Primary Client Group	2008/09	2009/10	2010/11
Older People	51%	44%	47%
Learning Disability	23%	23%	29%
Mental Health	13%	20%	18%
Physical Disability & Sensory Impair.	13%	13%	5.5%
Substance Misuse	-	-	0.5%

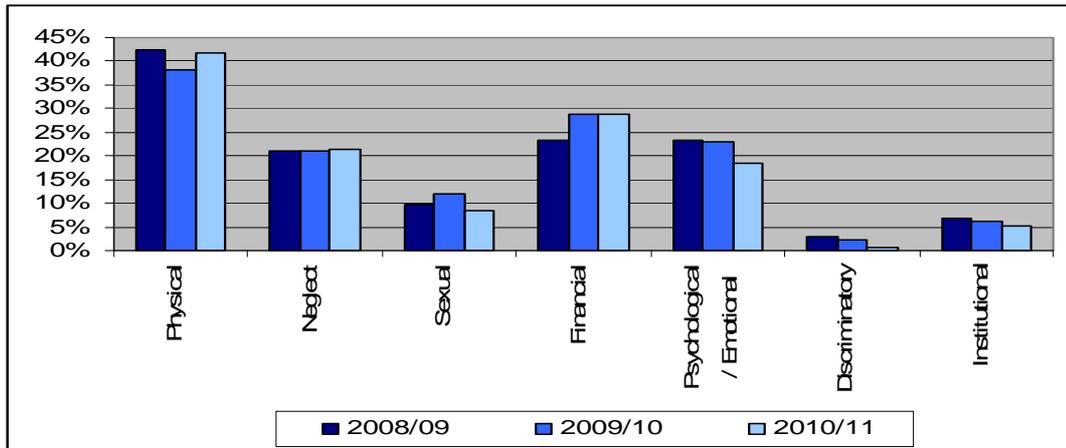
16.2 Type of abuse

This year has seen an **increase** in the number of referrals concerning **physical abuse**, with 47 more cases in 2010/11 than in 2009/10. There have also been notable rises in cases involving **neglect and financial abuse**, but drops in the number of cases involving sexual and psychological abuse. In 22% of cases more than one type of abuse was reported, therefore numbers in the chart below take this into account.



The chart below shows that, in proportional terms, neglect and financial abuse have not in fact become more prominent in the safeguarding case list in the last year, although there was a significant rise in financial abuse the year previously that has been sustained. Physical abuse, on the other hand, appeared in 42% of cases

compared to only 38% the year before. Cases involving psychological/ emotional abuse have dropped significantly in relative prevalence.

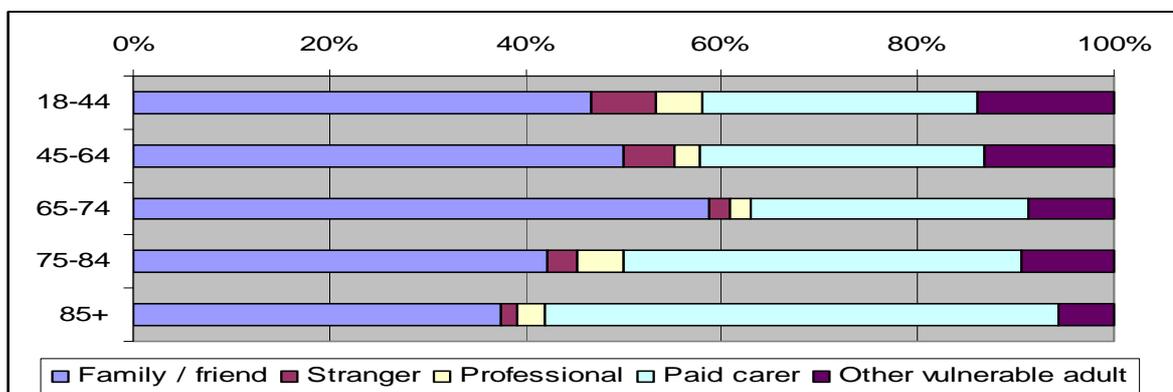


16.3 Age

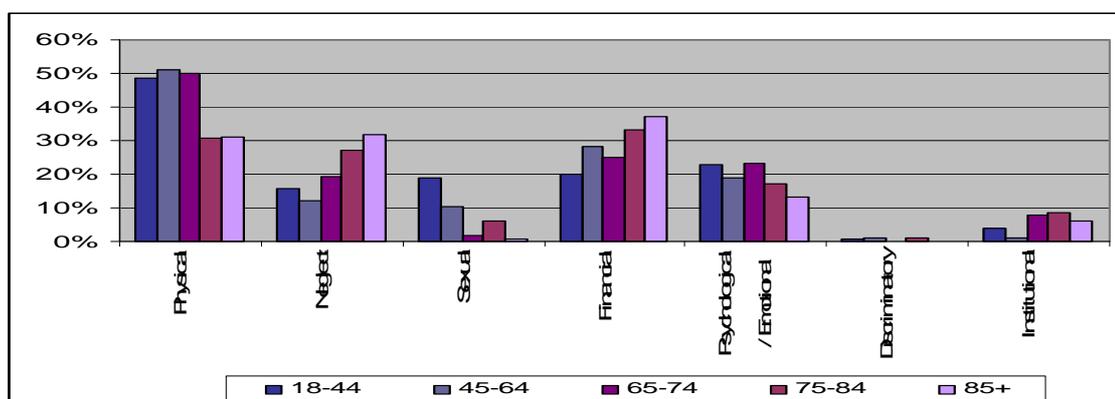
Over half of the vulnerable adults referred 2010/11 were over the age of 65, and over a quarter were aged 85 or over. This largely reflects the age profile of Barnet service users receiving a care package throughout the year, although safeguarding cases involve higher proportions of younger vulnerable adults and a lower proportion of elderly adults.

	18-44	45-64	65-74	75-84	85+
Referrals 2010/11	126	106	52	80	130
	26%	21%	11%	16%	26%
Care packages, 2010/11	17%	18%	10%	22%	33%

The chart below shows that **older people appear more at risk from paid carers**, whereas abuse from **friends and family and other vulnerable adults pose more of a risk to younger people.**



The chart below shows that physical and sexual abuse is more commonly reported concerning younger vulnerable adults, as is psychological and emotional abuse to some extent. Financial abuse and neglect is more likely to affect older people.



16.4 Gender

Over **two-thirds of safeguarding referrals were for women**. This female skew is to be expected in older age groups where women are very much in the majority. However, even for cases involving adults aged 18 to 64, men make up just 39% of the total.

The type of abuse reported concerning men and women is very similar, however women are more likely to report sexual and psychological abuse.

16.5 Ethnicity

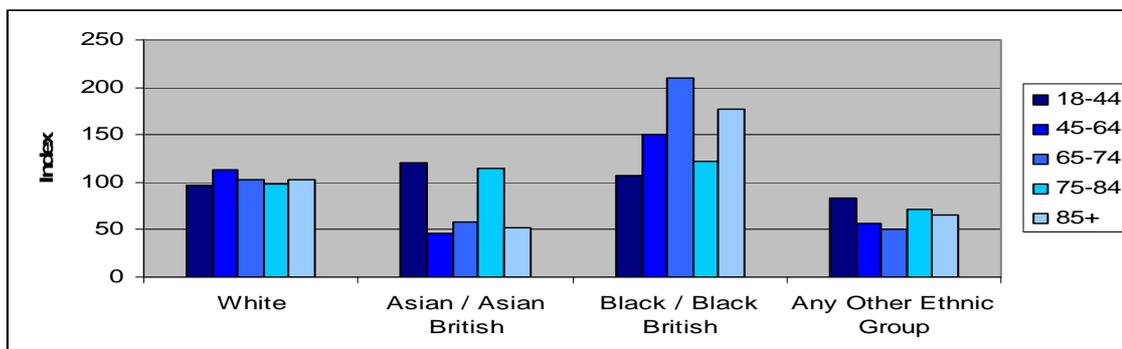
Ethnicity was recorded for 475 of 496 vulnerable adults. Of these 475 adults, **80% were from a White ethnic background**, 9.7% were from an Asian background, 6.7% from a Black background, and the remaining 3.8% were from other ethnic groups, including Chinese and Middle Eastern groupings.

From the previous year, the safeguarding referrals in 2010/11 showed a **large proportional increase in cases involving Asian/Asian British vulnerable adults**, and a **drop in those involving adults from Any Other Ethnic Group**. As this other category is increasing sharply in Barnet, there is a need to explore the reason why referral rates are dropping.

Ethnic grouping	2008/09	2009/10	2010/11
White	282	313	379
Asian / Asian British	21	34	46
Black / Black British	17	29	32
Any Other Ethnic Group	23	24	18
Ethnicity not known	2	20	21

To assess whether the ethnic profile of this year's safeguarding case list is representative of Barnet's population, it is necessary to break the list down into different age groups, as minority ethnic groups make up a much greater proportion of younger age groups than for elderly age groups.

The chart below shows how the 2010/11 case list compares to the 2011 population estimates for Barnet: an index of 100 means that the case list is perfectly representative within that age group; a lower index means that there are fewer safeguarding cases from that ethnic group than we would expect; and a high index means there are higher than expected cases from that particular ethnic group.

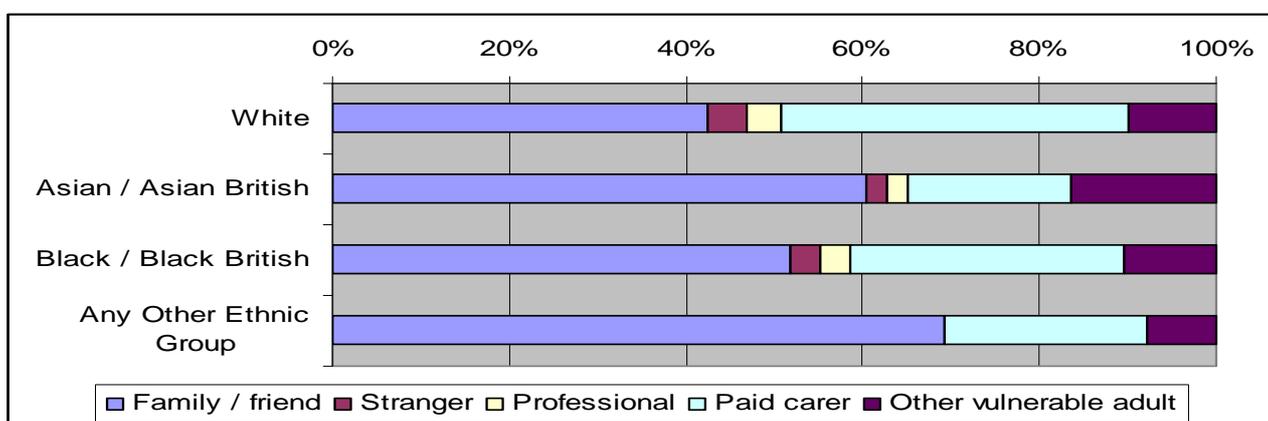


This indicates that there is a **strong over-representation of safeguarding referrals** involving those vulnerable adults within **the Black/Black British group**, particularly those aged 65 or over.

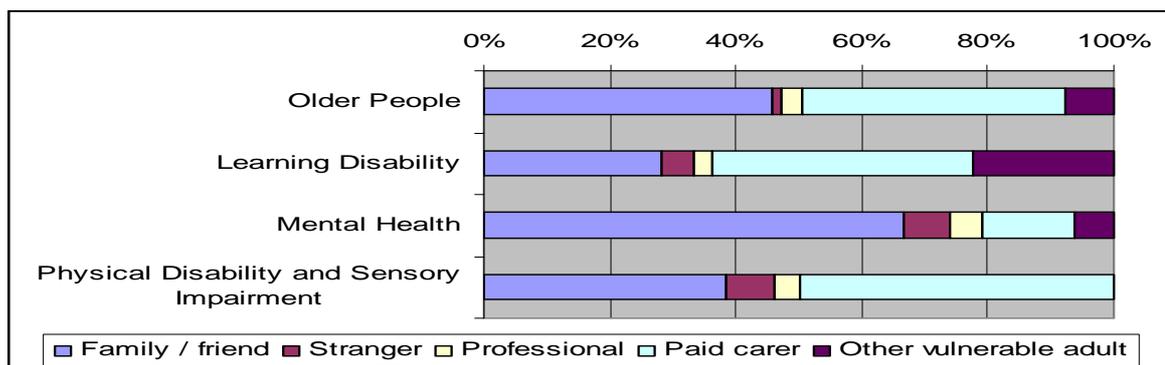
The figures also confirm that referrals involving people from Any Other Ethnic Group are particularly low compared to the general population. The numbers involved however are small (this group makes up just 2.7% of the 65+ population).

The analysis also suggests **low numbers of referrals amongst some Asian ethnic groups**, particularly those from older age groups. Pakistani and Bangladeshi are the least represented, although they make up just 1.1% of the 65+ population. The Indian community makes up 8.4% of Barnet's elderly population, but accounted for just 5.1% of safeguarding cases in 2010/11.

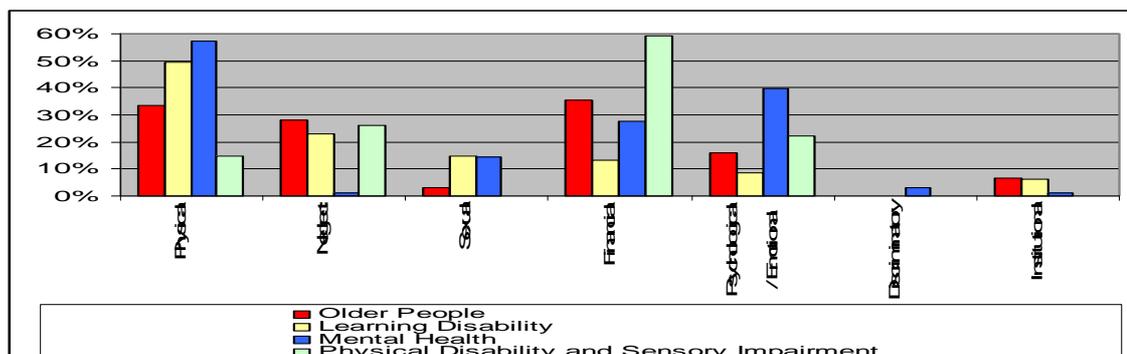
The chart below represents the **relationship between ethnic profile of the vulnerable adults and the person who caused the harm**. It suggests that white vulnerable adults are more at risk of abuse from paid carers than adults from minority ethnic groups. Instead there appears a heightened risk of abuse among BME groups, particularly Asian vulnerable adults, to abuse from friends and family and other vulnerable adults. However, these differences may indicate the fact that the profile of ethnic minority groups tends to be younger than those of white vulnerable adults, and younger adults are more at risk of abuse from family and friends, compared to older adults who are more at risk of abuse from paid carers.



The chart below shows that vulnerable adults with mental health problems are particularly at risk of abuse from friends and family, whereas people with learning disabilities are at particular risk of abuse from other vulnerable adults.



Compared to other client groups, vulnerable adults with physical or sensory impairments are much more likely to report financial abuse, whereas adults with mental health problems are more likely to report physical abuse and psychological abuse.



16.7 Person who caused the alleged harm

When considering the relationship between the adult at risk and the person who caused the harm, we can see similar patterns from previous years.

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

Friends and relatives and secondly paid carers are indicated in most cases to have caused the alleged harm. The numbers involving other vulnerable adults are thought to be low.

There were 182 safeguarding referrals where a relative or friend was the person who caused the alleged harm. Partners, friends and neighbours were the most

frequently reported within this group. **The main carer was the person who caused the alleged harm in only 35 cases.**

Relationship to VA	Number of cases
Partner	48
Parent	15
Friend / neighbour	53
Son / daughter	42
Other relative	21
Volunteer	3

Physical abuse is present in 77% of cases where the harm is caused by the vulnerable adult's partner. There is a **high incidence of financial abuse involving friends and neighbours**, and psychological abuse involving sons and daughters.

There were a total of 147 (30%) safeguarding referrals where a **paid carer** was the person who caused the alleged harm. The majority of these were in a care home setting.

Paid Carer	Number of cases
Residential care	53
Nursing care	37
Domiciliary care	29
Day care	6
Self-directed staff	2
Other	20

16.8 Focus on financial abuse

In 2010/11, there were 143 safeguarding referrals involving financial abuse. This represents a large increase in this types of abuse on the previous year.

As has been documented above, **age appears to be a risk factor for financial abuse**: Financial abuse is present in 33% of cases involving adults aged 65 or over, and 37% of those aged 85 or over. This compares to only 24% for those adults aged 18 to 64. When considering the younger age group, some client groups appear more at risk than others – for those with physical or sensory impairment, financial abuse is present in 16 of 27 cases (59%). Dementia does not appear to be a strong risk factor in terms of financial abuse – only 28% of cases for adults with dementia involved some sort of financial abuse.

39% of all financial abuse referrals identify friends or family has the person responsible, compared with 20% relating to paid carers. Financial abuse is more likely in situations where the person responsible is not living with the vulnerable adult. In 28% of cases of financial abuse, the details of the person who caused the harm were not recorded. This is due to the fact that the person responsible is often not known at the time of the alert.

Those people in receipt of **personal budgets also feature highly** (67%) although the low number of cases involved means we cannot say for certain whether this is a significant trend. However this needs to be monitored in view of the direction of increasing personal budgets.

41% of financial abuse took place in the vulnerable adult's own home, and 38% in the home of the person responsible. When considering referrals relating to people who live in **supported accommodation 47% of all referrals relate to financial abuse**. This also needs to be further explored with the emphasis of increasing supported living.

16.9 Focus on dementia

In total, it was reported **that 95 of the 496 safeguarding referrals were for people with dementia**. As the table below shows, the proportions within each age group reported with dementia is much greater than what would be expected to be found in the general population. There are perhaps some issues around the accuracy of the recording or accuracy of the diagnosis, but nevertheless there appears to be **a high risk factor associated with dementia**.

	Safeguarding referrals, 2010/11	Estimates of Barnet residents with dementia
18-64	1.7%	0.0%
65-69	5.6%	1.2%
70-74	2.9%	2.7%
75-79	44.4%	5.9%
80-84	35.6%	12.0%
85-89	46.0%	20.2%
90+	44.4%	30.0%
All ages 65+	35.1%	7.9%

When considering those referred with dementia, the **most common form of abuse reported was neglect** which featured in 32% of cases. 48% of all cases involving people with dementia identified a paid carer as responsible. With a predicted increase of people with dementia these factors need to be considered in the commissioning and contracting of services.

16.10 Funding authority

The majority of referrals were for people receiving a service commissioned by Barnet Adult Social Services, however there were also significant numbers of people receiving services funded by health, by other councils or by themselves, as well as adults who were not currently receiving any service from the health and social care sector.

Understandably, those cases involving services funded by another council or by the adult themselves are more likely to involve an alleged abuse by a paid carer,

whereas services funded by health are more likely to involve abuses carried out by friends or relatives.

Funding Source	Total number of cases	% involving friend or relative	% involving paid carer
A Barnet-commissioned service	284	31%	32%
A service funded by health	54	57%	22%
A self-funded service	42	12%	48%
Service commissioned by another council	46	17%	50%
No service	40	70%	3%
Personal budget	6	17%	67%
Combination of funding authorities	4	50%	25%
Missing Data	19	-	-

16.11 Safeguarding Responses

Of the 495 cases referred **429 (87%) proceeded to strategy meeting**. This is a 5% decrease on last year. The other 66 cases (13 %) used a community care assessment, CPA, or referral to other agency as a response to the referral. For those cases where a strategy meeting or discussion took place, typically this happened 3 days after the initial safeguarding alert was raised. In 17% of cases an Interim protection plan was developed at the outset, more so for cases where domiciliary care workers and care staff in nursing homes were the people who caused the alleged harm. Disciplinary procedures are applied in only 4% of cases involving paid carers, and Community Care Assessments are carried out in only 8% of cases involving friends and family.

Of the 429 cases which proceed through safeguarding procedures, the following **outcomes were determined**: 129 (36%) were substantiated, 48 (13%) were partly substantiated, 98 (27%) were not substantiated, 88 (24%) were not determined /inconclusive. On 31.03.2011, 66 cases remain ongoing and so an outcome is not yet determined.

When considering those unsubstantiated cases, alleged abuse by paid carers is more likely to remain unsubstantiated than abuse by friends or relatives. Alleged abuse in care homes feature particularly highly in terms of unsubstantiated evidence. Older people and adults with learning disabilities are slightly more likely to be linked to unsubstantiated safeguarding referrals than clients from other categories, this may be explained by the difficulties in gaining first accounts from these groups.

In those cases where the evidence was deemed to be inconclusive, friends and family are more likely to be involved than paid carers. There appears to be particular issues around gathering substantive evidence relating to sexual and financial abuses.

17 Conclusions

The safeguarding of adults at risk is a key priority for Barnet Council and its partner agencies. We continue to build on previous good foundations as recognised in the

CQC safeguarding inspection and strive for further improvements. Safeguarding arrangements have continued to improve during 2010/11 to ensure safer outcomes for vulnerable adults. The Board membership has strengthened and governance arrangements have been revised, and there has been an appointment of an independent chair. The work plan and work groups has been reviewed and updated. There has been a further increase in the number of referrals to Adult Social Services Teams and the impact of this on capacity needs to be audited. Quality assurance processes need to be further developed with stronger monitoring and targeting of services where collated information indicates higher risk. Work with providers of care, service user groups, and carers to test whether we have helped to make people safer.

Key actions for the Safeguarding Adults Board for the next year are:-

- Deliver actions agreed in the Safeguarding Adults Board work plan and those of the work groups.
- The Safeguarding Adults Board to receive reports on our business plan targets for safeguarding, and monitor and review progress with particular emphasis on recording and risk assessment.
- Fully implement plans to audit partner organisations safeguarding standards. Ensure these outcomes are used to improve practice through planned monitoring.
- Manage the reconfiguration of the NHS and how this impacts on their internal safeguarding agenda and contribution to multi-agency work.
- Revise the training strategy and competency framework in line with national developments to ensure we have an abuse aware, safeguarding competent and effective workforce.
- Ensure people have access to information and advice about protecting themselves, the services they use and what to do if they are being harmed or abused.
- Ensure that commissioning by the NHS and local authority in health and social care services builds in assurance that a quality framework is in place and is tested.
- Review the commissioning and contract monitoring arrangements to respond to the increase of referrals for people with dementia.
- Monitor the impact of personalisation and whether this presents risks for vulnerable people in new settings
- Review and strengthen the links with community safety and implement plans identified in relation to interfaced safeguarding systems.
- Implement locally the “Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse”.
- Support and monitor the use of the Mental Capacity Act in safeguarding work, including the use of IMCAs.
- Monitor progress on actions identified in the serious case review action plan.
- Identify outcomes for those who have experience abuse and neglect to test whether we have helped to make them safer.

Sue Smith
Safeguarding Adults Manager
London Borough of Barnet
May 2011

Annual Statements 2011

Organisation: **Barnet Borough Police**

Internal arrangements for governance regarding safeguarding adults at risk

- Continued to work closely with partners to improve the monitoring and assessment of incidents, helping identify safeguarding issues for action.
- Streamlining communication processes with partners such as Adult Social Services and joint work placements.
- Having reviewed our role and input on the Safeguarding Adults Board, sought opportunities to further improve information sharing processes and promote learning. This has included supporting serious case and incident review, contributing expertise to improve future service delivery.

Work undertaken and achievements in 2010/2011

- Provided resources to the tri-borough Mental Health Assessment Team (Haringey, Barnet & Enfield), supporting problem solving activity and interventions with communities.
- We have regularly and systematically reviewed our approach to those incidents which are likely to pose greater risk, and recently undertook a Domestic Violence internal review to identify areas for improvement.
- The borough has achieved excellent detection rates for all hate crimes (homophobic, racial and domestic), exceeding all the targets set for this performance year.
- We have also supported the multi-agency homicide review process, designed to capture learning and improve our ability to prevent serious crimes of violence.

Work Planned for 2011/2012

- An internal resources review is currently underway, with the aim of improving priority investigations, public satisfaction, and enhancing capability, particularly in respect to crimes of violence.
- We are exploring a new way of identifying and responding to Anti-social behaviour (ASB), seeking an early identification and resolution of repeat problems.
- We have an aspiration to have a collated multi-agency safeguarding hub that could risk assess vulnerable children and adults across the partnership.
- We are providing information, support and resources into the development of an intervention project, which intends to concentrate partnership resources on those families with the most complex needs across all agencies.

Ben Bennett
Superintendent, Operations
Metropolitan Police

Organisation: Barnet Enfield and Haringey Mental Health Trust

Internal arrangements for governance regarding safeguarding adults at risk

- Barnet, Enfield and Haringey Mental Health NHS Trust (BEHMHT) as a health service provider have a key role to play in preventing and responding to the needs of adults who are at risk of abuse. This commitment is demonstrated through the continued work in the Trust by raising awareness of staff of their responsibilities and through multi-agency working.
- The Assistant Director for Safeguarding Adults provides quarterly reports/updates to the Joint Clinical Integrated Governance Contract Meeting, Governance and Risk Management Committee and the Clinical Governance Sub committee on the work undertaken regarding Safeguarding Adults in BEHMHT.
- Additionally, an annual report highlighting safeguarding adult activity in the Trust is developed and sent to the Trust Board as part of the governance and assurance process. The annual report includes a work plan which states the key priorities to be addressed in the coming year.
- The Trust also has an internal Safeguarding Adults committee that meets on a bi monthly basis which reports to the Trust's Clinical Governance Sub Committee.

Internal arrangements for training regarding Safeguarding adults

- It is a requirement that staff who work with adults who are risk of abuse receive adequate training to support their practice. The standard set in BEHMHT is that all staff will receive level 1 mandatory training in safeguarding adults every three years.
- Multi agency level 2 and 3 training for staff carrying out investigations and chairing strategy meetings/case conferences is commissioned from the local authority. This ensures that staff are appropriately equipped to manage safeguarding adults at risk from alert to closure.
- The level 1 training provided in-house has been mapped against the competencies as set out by the local authority. This is to maintain currency in the information given to staff in the management of safeguarding adults.

Work undertaken and achievements in 2010/2011

- During 2010/11 progress has been made in raising awareness amongst staff of their responsibilities in the safeguarding adults' process. Reporting and recording mechanisms in each borough are being monitored through auditing to ensure that the processes are smooth and seamless.
- An A3 poster has been developed showing a flow chart of the safeguarding adults at risk process with key contact details. These have been distributed to all clinical areas.
- The Trust has been carrying out compliance inspections against the criteria in Outcome 7 (safeguarding) of the CQC's new regulatory framework on all inpatient units and community teams
- Case file audits have been carried out as part of the monitoring of the safeguarding process in BEHMHT
- Level 1 safeguarding adult training continues to be offered as part of the mandatory training day. As of February 2011, 73.29% of staff have received level 1 training.
- During December 2010 and January 2011 a number of training sessions were carried out internally on Domestic Violence/MARAC by the Clinical Nurse Lead and Safeguarding Adults Lead from Haringey. The sessions were held in each borough of the Trust.

- It was agreed via the Safeguarding Adults Committee that a presentation/training on uploading safeguarding papers on RIO would help to address that gap. Two sessions were arranged and delivered in each borough by the CRS Transformation Manager. The intention was that Team Managers and admin staff would be the first group of staff to attend. The sessions were held during January 2011-February 2011.
- A Trust wide safeguarding adult database has been developed which will be used to update and monitor progress regarding Safeguarding cases in the Trust.
- A detailed internal safeguarding adults at risk policy has been developed. It is aligned to the multi-agency procedures in each borough, whilst at the same time providing more detail for staff on the Trust's internal processes
- A Team Leader day took place in July 2010 where CQC outcome 7 was a key feature of the day. The outcome of the Barnet case file audit carried out in May 2010 was presented and discussed.
- As a quality measure the Trust has established bi-monthly quality reporting on the safeguarding adults process via the Trust wide Safeguarding Adults Committee
- As of 1 October 2010, the process for booking level 2 and 3 multi-agency safeguarding adult training has changed. All applications to attend level 2 and 3 multi-agency safeguarding adult training are sent to workforce development who will confirm back to the staff member when they have been offered a place to attend by the local authority.

Work planned for 2011/2012

- Continue to deliver level 1 safeguarding adult training as part of the mandatory training day and include updates such as the Pan London Procedures, Mental Capacity Assessments and Domestic Violence/ MARAC
- As a quality measure, internal case file audits to be carried out and report to the Safeguarding Adults Committee.
- Maintenance of the Trust wide Safeguarding Adult Database which will be used to monitor progress regarding safeguarding cases in the Trust
- Further develop the work around reporting structures such as serious untoward incidents, complaints and safeguarding to ensure that an integrated approach is taken.
- Work with the local authority to ensure the implementation of the Pan London Safeguarding adult Procedures in BEHMHT
- A continued programme of Lead Nurse inspections outlining evidence regarding Outcome 7 of the CQC regulatory framework. Bi-monthly reports to be presented at the Safeguarding Adults Committee.
- Develop and track action plans drawn up in the light of any gaps established through auditing or reporting to ensure organisation learning and enhanced standards of practice.
- The Trust will incorporate the above elements into its Safeguarding Adults programme for 2011/12

Veronica Flood

Assistant Director Safeguarding Adults

Organisation: Network of Carers' Support Organisations

Internal arrangements for governance regarding safeguarding adults at risk

- The Network of Carers' Support Organisations is one of a number of network groups supported by Community Barnet and is made up of 18 voluntary organisations.
- It meets every three months, to coordinate and improve the support for family carers. These carers' support organisations provide services for those caring for older people, people with learning disabilities, disabled people and people with mental health needs, or health conditions.
- The representative on the Safeguarding Adults Board is elected by the members and reports to the Network.

Work undertaken and achievements in 2010/2011

- In July Barnet Carers' Centre's representative stood down and was replaced by the Chief Executive of Barnet Mencap. He was elected by members of the Network of Carers Support Organisations.
- Staff from the Carers' Centre have attended in-house training and safeguarding courses. Carers have attended awareness sessions.
- Since the autumn, work has been undertaken to raise the profile of safeguarding amongst carers and the organisations that support them. There has also been work to increase awareness amongst professionals of the issues faced by family carers in relation to safeguarding.

Work Planned for 2011/2012

- The aim in the next year will be to get a better understanding of how safeguarding issues affect family carers, for carers and carer organisations to be aware of what to do if they have concerns, and for professional staff to work more effectively with family carers. To achieve this, the following actions need to be undertaken and monitored by the Safeguarding Adults Board:

1. The new London multi-agency policy and procedures should be promoted to family carers and carers' support organisations.
2. Training will be provided for family carers and carers support organisations so that they can fulfil their role effectively in safeguarding procedures.
3. Training for professional staff will include a focus on family carers, so that staff are better able to listen to carers' concerns and respond to them. As a result of the training more incidents of abuse should come to light and there will be an increase in alerts for family carers.
4. In order to understand the role of family carers, family and friends in causing harm, as well as in reporting abuse, special attention will be given to the data. This will be closely monitored to see if there is an increase or decrease in alerts, and the occasions when family and friends themselves cause harm. Consideration should be given to adding a specific category of "carer" and apply this to people who "cause harm" and "referrers".
5. Family carers will be given better support. The need for this should be identified in Carers' Assessments, and more carers' assessments will be carried out.
6. More work will be done to identify inter-personal abuse between family carers and the person they care for. There will be stronger links with domestic violence services.
7. The Network of Carers' Organisations will audit the information and advice about safeguarding that they give to carers. This will include any specialist support services

available on a local or regional basis and advocacy support for carers. Gaps will be identified and reported to the Safeguarding Adults Board.

8. Work will continue to recognise and support the role of carers in tackling abuse in residential homes and also in community and day settings. It is important that this work continues under the new Carers' Support contracts. This will build on the work of the Advance project, Dignity in Care initiatives and the work of others in the borough.
 9. Family Carers and carers support organisations will be included in the work to increase the awareness of Disability Hate Crime and 3rd Party reporting procedures, so that carers are better able to report concerns.
 10. Family carers and carers support organisations will be supported by professionals to increase their knowledge of the Mental Capacity Act and its implications.
 11. There will be stronger links between the Safeguarding Adults Board and carers support organisations and carers' groups, such as the Barnet Family Carers Forum.
- The new safeguarding policy and procedures highlight issues of unintentional harm and neglect involving family carers. They identify the lack of knowledge and inability of carers to manage and the way that this can increase the risks of abuse. By the end of the year the aim will be to better understand the role of carers in safeguarding.
 - The Safeguarding Adults Board will be able to oversee recognition of carers' stress, the provision of support and an improvement in carers' well-being. By doing this they will recognise carers as partners in tackling abuse and ensure the safety of adults at risk.

Ray Booth
Chief Executive, Barnet Mencap
(on behalf of Network of Carers' Organisations)

Organisation: London Fire Brigade

Internal arrangements for governance regarding safeguarding adults at risk

- London Fire Brigade (LFB) has a policy specifically for Safeguarding Adults which is known by all fire officers.
- If an officer suspects there may be a safeguarding issue, details are forwarded to the duty Assistant Commissioner who will decide whether to make a referral to the Local Authority or not.

Work undertaken and achievements in 2010/2011

- LFB successfully secured a place on Barnet's Safeguarding Adults Board and managed to get the Board to agree to carrying out multi-agency management reviews following adult fire deaths.
- LFB has started a new partnership arrangement with Barnet Carers Group.
- LFB has donated £1000 to the Adult Safeguarding Board.

Work Planned for 2011/2012

- Continued working with the Adult Safeguarding Board, seizing opportunities to make vulnerable people safer.
- Renewed partnership working with Barnet's Domestic Violence Team.
- Ongoing work with Drug and Alcohol user groups.
- LFB will carry out over 2000 Home Fire Safety Visits within Barnet during 2011/12, the vast majority of these will be to vulnerable people or within areas that we have identified as being at higher risk of fire.

Tom George
Borough Commander, Barnet

Organisation: **Barnet Homes**

Internal arrangements for governance regarding Safeguarding adults

- Lead Officer and Board member for safeguarding adults is Gladys Mhone, Head of Human Resources of Barnet Homes, with the deputising role being undertaken by Dorothy Tucker, Sheltered Housing Project Coordinator.
- This arrangement will ensure an appropriate level of seniority and leadership. By combining non frontline officer with a practitioner with knowledge and experience as deputy we will be able to contribute better to driving Safeguarding culture, skill and knowledge across the organisation
- Our Business Plan aims to have a clear understanding of our residents, including their needs and priorities. This aim will ensure that our vulnerable adults are known that their needs identified and targeted to improved their lives.

Work undertaken and achievements in 2010/2011

- We have undertaken Safeguarding training and Safeguarding recruitment training for key Board members, managers and staff within Barnet Homes.
- We have reviewed our Recruitment and Selection Policy and Procedure to ensure that Safeguarding is a consideration from the start of the process through the management practices
- We worked alongside the Council and other provider organisations to promote World Elder Abuse Awareness Day in June 2010. We organised a variety of activities in Sheltered Housing Schemes and mounted displays in Barnet House and at the Grahame Park Housing Office
- We have set up a database of vulnerable people on our Housing Database so that in case of emergency a report can be run on vulnerable people in the area affected
- We reviewed and updated our own Safeguarding Adults Policies and Procedures which are on website as well as intranet
- We have actively contributed to the Performance & Audit and Communications working groups.
- We participated in the Council Safeguarding month in the summer

Work planned for 2011/2012

- We will carry out briefing sessions for all staff to communicate the revised Policies and Procedures
- We will work with the Council to launch the Pan London Safeguarding Procedures from September 2011
- We will set up a Barnet Homes Safeguarding Internal working group to ensure that staff champion safeguarding issues within their areas of work
- We will commission in-house training for staff who may have missed last year's training on Safeguarding
- We will focus on financial abuse as a theme for this year in response to cases that we reported
- We will seek feedback from the working group to understand priorities that require focusing on.

Gladys Mhone
Head of Human Resources

Organisation: Royal Free Hampstead NHS Trust

Internal arrangements for governance regarding Safeguarding adults

- The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards policy was developed and ratified in September 2010.
- The Adult Safeguarding Policy was reviewed and updated in December 2010. Information has been added to the revised patient 'Bedside Booklet' that explains how service users can recognise and report abuse. The Bedside Booklet also contains new information about what staff will do when a patient lacks the capacity to make their own decisions.
- The new pan-London policy "Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse" was launched in January 2011. The RFH Safeguarding Board has been briefed on the changes which relate predominantly to terminology changes and our policies are being amended to reflect these.

Internal arrangements for training regarding Safeguarding adults

- A new training programme incorporating adult protection, child protection and the Mental Capacity Act (MCA) was launched in January 2010. Level 3 safeguarding workshops for senior staff were developed in collaboration with Middlesex University, who also delivered this training programme.
- Evaluation data from the Safeguarding training from last quarter of 2010 - the last set of data available - showed that the training was rated extremely well, scoring 5.1 out of a possible maximum of 6.
- On 25 November 2010 the Trust solicitors, Bevan Britten, providing a challenging training session for consultant doctors and other senior staff within the hospital. The session included a short overview of the Mental Capacity Act, followed by the law surrounding the Deprivation of Liberty Safeguards.

Work undertaken and achievements in 2010/2011

- Information for staff has been improved: Ward packs were provided to clinical areas containing key information and documents relating to Adult Protection and the MCA, including decision-flowcharts. The Freenet pages relating to the Mental Capacity Act have been modernised and a new page developed for the Deprivation of Liberty Safeguards. A new portal has been developed on Freenet with information regarding adult safeguarding for all staff, with links to our partner agencies.
- The number of referrals from the Royal Free Trust to the Camden Independent Mental Capacity Act Advocate service has doubled each quarter for the last three quarters recorded.
- Two successful bids for funding were made during the year. One award of £5k was made by the Department of Health to conduct an audit of the MCA in practice across the organisation; this audit is ongoing. Another award of £5k was made by Camden Adult and Social Care Services for the Trust to provide MCA training to staff.
- A total of four Deprivation of Liberty requests have been made since January 2010. Three requests for authorisation were approved and one was rejected, due to the patient being eligible for treatment under the Mental Health Act.
- Fortnightly meetings have been commenced that use information from incidents, discharge alerts, claims and complaints to identify adult safeguarding concerns and trigger investigations or further action as appropriate. This is an additional assurance mechanism ensure triangulation of both soft and hard intelligence from a range of areas across the Trust.

- An audit of all clinical incident forms completed June 2010 was carried out to review the processes of escalation to adult safeguarding. The audit found that all cases with an adult protection element had been escalated appropriately. This will be subject to a reaudit this year
- As part of the quarter 4 compliance review of CQC standard 7, two elements have been graded as amber. These are in relation to our training figures for both MCA and adult safeguarding which are below the recommended level of 80% of all staff and policy and training relating to restraint and restriction. A revised Restraint and Restriction policy is currently in draft form, which will also include recommendations about staff training requirements. Leads from security services, adult protection, A&E, and mental health services are involved. Partial compliance for these elements enable us to have a clearly defined action plan in response to our self assessment of standard 7 which we have declared compliance with overall for the quarter.

Work planned for 2011/2012

- Continued efforts to increase training uptake and raise awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards will be ongoing, including “Safeguarding Awareness Days” to be held at the Royal Free Hospital in June and July 2011.
- The team will work with the Organisational Development and Learning Department to increase opportunities and review delivery methods for delivering training.
- The team will develop and ratify the Restriction and Restraint policy in 2011.
- The Trust’s adult safeguarding policy and training programme will be revised and remodelled in line with the recent Pan-London guidance.

Linda Davies

Safeguarding Adults Operational Lead

Organisation: Barnet and Chase Farm Hospitals NHS Trust

Internal arrangements for governance regarding Safeguarding adults

- The Director of Nursing is the Director responsible for Safeguarding.
- One of the Deputy Director of Nursing acts as the corporate lead for Vulnerable Adults.
- A Medical Matron on each site act as operational leads, providing advice and support to staff on adult protection policies and procedures
- The Trust has a vulnerable adult's board which meets quarterly and has a safeguarding strategy group to ensure that learning from both children's and adults safeguarding are taken forward within the organisation.
- An Annual Report which includes the Annual Reports from both the London Borough of Barnet and London Borough of Enfield is taken to the Trust Board.

Internal arrangements for training regarding Safeguarding adults

- There is a session on safeguarding as part of induction for all staff. Additional training has been provided by an external trainer. 800 members of the Trust received safeguarding training during the financial year 2010/11.
- Medical Staff have an e-learning package as part of induction and 282 Doctors completed this package.
- The Trust solicitor provides training on the mental capacity act.
- Additional training has been provided on the Deprivation of Liberty Standards
- Training has been provided on caring for patients with dementia in an acute setting as part of the Trusts Dementia strategy.
- SOLACE has provided training on Domestic Violence for the Trust.

Work undertaken and achievements in 2010/2011

- As part of Safeguarding Awareness week the Trust had information stalls on both sites. The stands had representatives from nursing and social work staff and information leaflets on Safeguarding. The Trusts interpreting service supported the staff on the raising awareness stalls.
- As part of the 'Dignity in Care' campaign the Trust is undertaking a number of initiatives to ensure that all our patients are treated with dignity and respect. The "We Care" campaign has introduced the Quality of Interaction Observational Tool (QUIS) to improve the quality of interaction and communication between staff and patients. 40 wards and departments are undertaking QUIS audits monthly and staff are using this tool to reflect on how they care and to agree actions as a team to continue to improve care and communication.
- The Trust has undertaken an audit of safeguarding alerts and one key area of weakness identified was in the documentation of alerts and outcomes. This will be addressed within training and when the Trust revises its guidance to staff.
- The Trust continues it's on going commitment to reducing the inequalities experienced by people with learning disabilities when accessing health care environments.
 - Training in Learning Disability awareness is now part of a bi-monthly training session open to all clinical staff, and fundamentals of care training includes a session on recognising and implementing reasonable adjustments for vulnerable patients.
 - Staff are encouraged to refer all patients with learning disabilities to the Acute Liaison Nurse (ALN) to ensure that they are supported to meet the additional needs of this vulnerable group and to aid discharge planning and communication across the multi agency boundaries.

- Visits to the hospital for people with learning disabilities are on going and there have been a number of tours of the diagnostic imaging (x-ray) department, surgical wards, day surgery and theatres.
- The ALN also provides support for individual clients who have outpatient's appointments or planned admission.
- Future projects include the development of an accessible learning disabilities web page for patients and staff, further accessible hospital visits for people with learning disabilities and their carers, the completion of a reasonable adjustments risk assessment, easy read menus, development of an easy read feedback system and awareness raising events during Mencap learning Disability week in June.
- The ALN is also looking at ways our cancer services and preadmission clinics can be improved to take into consideration the unique needs of some of our patients with learning disabilities
- The Trust has implemented a dementia pathway and launched a dementia awareness programme as part of its dementia strategy. As part of this a range of information and advice sheets have been made available to patients, staff and their relatives.
- The Trust is currently piloting a 'green cup' scheme for patients with dementia to prevent dehydration. As part of Nurses Day the Trust is launching 'distraction boxes' which families and friends will be encouraged to add personal items to.
- The Trust has a patients and relatives group. One of the schemes this group are currently piloting is a 'carers badge' scheme.

Work planned for 2011/2012

- As part of Nurses Day the Trust intends to hold safeguarding awareness stalls.
- The Trust is re-vamping its Safeguarding pages on the intranet and will have a combined safeguarding page for children and adults with signposts to relevant sections.
- The Trust intends to continue hosting 'Demystifying Hospital' visits for patients with learning disabilities
- The Acute Liaison Nurse for patients with a learning disability intends to undertake a session on recognising the needs of people with a learning disability as part of the student nurse induction.
- The Trust intends to provide further training on caring for patients with dementia in an acute setting
- The Trust is reviewing e-learning packages as part of its training strategy
- The Learning Disability Liaison Nurse will continue to work with the communications department to develop patient information leaflets in an accessible form.
- The Trust will be rolling out the 'We Care' values across the organisation as part of the Trusts Dignity Project.
- A Dignity Advocate Group is being set up to work at a local level influencing the small things that make a difference.
- As part of the improving patient nutrition the Trust will be focusing on the Age UK's seven steps to end malnutrition in hospital.

Teresa McHugh
Deputy Director of Nursing

Organisation: Community Safety, London Borough of Barnet

Work undertaken and achievements in 2010/2011

- The introduction of INTEC and a risk assessment matrix which score anti-social behaviour matters including safeguarding as a criteria rating as low / medium / high risk, enabling safeguarding issues to be identified and referred to the correct agencies.
- Re launch of the third party hate crime reporting with partner agencies.
- All staff have received half day safeguarding training and the mandatory data protection training.
- Adult vulnerability criteria now forms part of drug and alcohol assessments and all levels of vulnerability are recorded on the client database (ILLY)
- An initial draft protocol for protection of vulnerable adults has been produced
- Treatment service providers have been given clear expectations on their roles and required systems to manage the safeguarding agenda and how these must fit into their own organisational procedures.

Work planned for 2011/2012

- Implementation of the drug and alcohol / adult social services joint-working protocol is scheduled for 2011/12. In addition to the protocol a launch day and a parallel cross-services training programme are to be scheduled.
- Workforce drug and alcohol brief intervention service launched
- The NTA is planning a safeguarding audit in early 2011/12 and the partnership will engage fully with the process and develop and implement any action plan arising from this audit.
- Review the structure and process for managing hate crime both strategically and at a multi-agency panel level.

Paul Lamb

Community Protection Group Manager

Organisation: Barnet Community Services/Central London Community Healthcare

Introduction

- The Barnet Community Services (BCS) Safeguarding Board continued to meet regularly over the course of the past year, 2010-2011.
- The membership of the BCS Safeguarding Board changed in October 2010 following a reorganisation of the management structure; and following the recent merger between BCS and Central London Community Healthcare Trust in April of this year, there will be a further reorganisation of the Safeguarding Board.

Membership of the BCS/CLCH Safeguarding Board

The membership of the BCS Safeguarding Board is now as follows:

Ann Mount	Assistant Director of Operations; Joint Chair
Andrew Wilkes	Divisional Manager, Learning Disabilities & Urgent Care;
Dee Hackett	Director of Clinical Governance
Marcia Daley	Head of Education and Organisational Development
Patricia Hill	Divisional Manager for Intermediate Care Services; Professional Lead for Allied Health Professions
Kate Bushell	Operational Manager, District Nursing Service
Claire Dawson	Nurse Team Manager, Barnet Learning Disabilities Service
Pat Smith	Operation Manager, Intermediate Care
Elise Warner	Therapy Modern Matron
Graziella Walker	HR Resourcing Manager
Sue Smith	Barnet Safeguarding Adults Manager
Linda Davies	Safeguarding Lead, Royal Free Hospital

Work undertaken and achievements in 2010/2011

- Pressure Ulcers. In the course of the past year Barnet Community Services has attached increasing priority to the rapid identification and treatment of pressure ulcers, both in the community and on the wards at Finchley Memorial and Edgware Community Hospital. The Tissue Viability Nurse has worked closely with District Nursing Teams and with Nursing Staff on the wards to ensure they have the necessary knowledge and skills to provide effective treatment to patients with pressure ulcers.
- Safeguarding Adult Service User Forum. Claire Dawson, the Nurse Team Manager in the Learning Disabilities Service and a member of the BCS Safeguarding Board has jointly facilitated this group with the Safeguarding Adults Coordinator. The Service User Forum meets quarterly and has representation from all Care Groups. Claire has helped to ensure that good practice in the Learning Disabilities Service, for instance in ensuring that accessible information is provided is incorporated into work with the representatives in the Forum.
- Serious Incidents, (formerly SUI's) In the past year Barnet Community Services has significantly improved the system for reviewing all S.I.'s, ensuring that they are reported to the Director of Clinical Governance every month and that action plans are developed and rigorously monitored. The monthly meeting to review SI's also has ensured that each case is scrutinized to check whether it should have also been raised as a safeguarding alert.

Internal arrangements for training regarding Safeguarding adults

- In the past year the BCS Safeguarding Board has placed a high priority on the training of its staff. Basic adult safeguarding training is mandatory for all clinical and non-clinical staff, and in the course of the past twelve months over 500 staff have been trained.
- In addition, a second Raising Awareness Event was held on April 6th 2011 to raise the profile of adult safeguarding throughout Barnet Community Services, following on from the success of the event held on April 1st in 2010. This consisted of a morning session, mirrored by an afternoon session, with external speakers and table top discussions. At the start of each session, Sue Smith, Safeguarding Coordinator provided an update on the new Pan London Safeguarding Policy and Procedures which will be implemented in Barnet in September of this year. This was a very well attended event, with 40 staff attending the morning and 35 the afternoon session.

Merger with CLCH

- It is considered that the merger between Barnet Community Services and the Central London Community Healthcare Trust, (CLCH), which consists of the former Hammersmith & Fulham, Kensington & Chelsea and Westminster Provider Services, will be a positive development in terms of taking forward adult safeguarding. CLCH already has a Safeguarding Board and a Safeguarding Lead for the organisation
- In the next few months, work will take place to review the safeguarding policies and procedures of both the CLCH and the former BCS Safeguarding Boards to ensure consistency of practice across the enlarged organisation
- It is probable that for the next six months at least, the former Barnet Community Services Safeguarding Board will continue to meet, with representation from the wider organisation, since at a time of organisational change it will be important to ensure that Health staff working within Barnet in a range of settings continue to identify vulnerable adults at risk of abuse and raise alerts appropriately.

Work planned for 2011/2012

In the next year, the Barnet part of CLCH will focus on three main priorities:

1. Increasing the number of alerts made by Health staff: We need to ensure that alerts raised by Health staff are appropriately documented and recorded. At the present time, a number of alerts raised by Health staff and forwarded to Adult Social services are not properly recorded as Health alerts. This is especially the case where there are joint teams. We need to record the number of alerts raised by Health staff and also which Health Teams are making these alerts.
This is important in terms of identifying the Teams where we need to raise the profile of adult safeguarding.
2. Developing a network of Safeguarding Champions within BCS/CLCH: In terms of raising the level of awareness of adult safeguarding throughout the organisation, we need to identify champions within the different Health teams within BCS/CLCH. The champions will help to ensure that adult safeguarding issues are regularly discussed at Team Meetings and that staff are made aware of new developments, particularly in the context of the forthcoming Pan London Policy and Procedures. A number of staff put their names forward following the Raising Awareness Event on April 6th 2011, but we

need to encourage more Clinical and Non-Clinical staff to become safeguarding champions.

3. Continue to review all SI's to ensure referrals are made when appropriate to safeguarding. Procedures are already in place to review all SI's to check that safeguarding alerts have been raised when relevant. The monthly SI Review meeting will continue to rigorously scrutinize all SI's to check for safeguarding issues. Where it appears that a safeguarding referral should have been made, this will be actioned and feedback provided to front-line practitioners.
4. Ensuring all staff are briefed on the new Pan London Procedures. It will be important to ensure that all BCS/CLCH Staff receive information and guidance on the new Pan London Safeguarding Adult Policy and Procedures to be launched in September. Briefing sessions on the new policy will also be delivered to update staff, and the former Barnet Community Services will need to liaise with CLCH to ensure a uniform approach is adopted.
5. Developing the Safeguarding Board within the new organisation-CLCH: It has been stated that potentially, the move to the enlarged organisation should be positive in terms of taking forward adult safeguarding. However, it will be important that future safeguarding arrangements, including the future establishment of a single CLCH Safeguarding Board and the development of appropriate policy and procedures ensure consistent good practice throughout the organisation.

Ann Mount
Assistant Director of Operations

Andrew Wilkes
Divisional Manager, Learning Disabilities & Urgent Care

Appendix 1 – Monitoring Report

Safeguarding Adult Protection Referrals Monitoring Report

Annual Report

1 April 2010 – 31 March 2011

Sue Smith, Safeguarding Adults Manager

Tel: 020 8359 6105

Email: sue.smith@barnet.gov.uk

- Information in this report was supplied by Social Work Teams and CMHT in Barnet
- The data is drawn from the Safeguarding Adult Monitoring Forms, completed after receiving an alert abuse
- The data relates to incidents with a 'date of alert' received between **1 April 2010** and **31 March 2011**
- Adults at risk can have a 'learning disability', 'physical disability', 'sensory impairment', be 'mentally ill', be an 'older person', or any combination of these
- Between **1 April 2010** and **31 March 2011**, there were a total of **495** alerts received.

Analysis of Safeguarding Adults Referrals to Barnet Social Work Teams during the period from 1st April 10 ~ 31st March 11.

Total number of alerts during the period was:

495

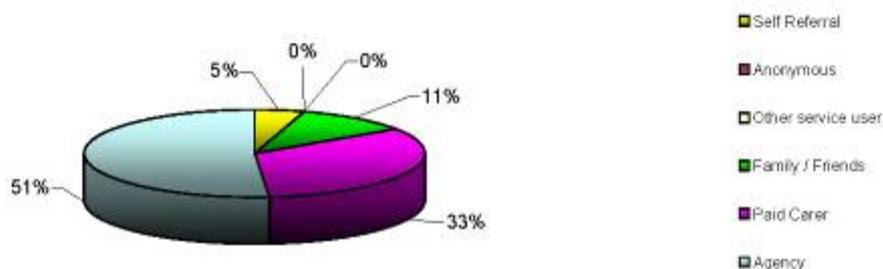
Total alerts by quarter

I	01 April 2010 - 31 June 2010	139
II	01 July 2010 - 31 Sep 2010	123
III	01 Oct 2010 - 31 Dec 2010	118
IV	01 Jan 2011 - 31 March 2011	115
Total		495
Total Alerts 2009-10		420

1) Referrer's relationship to victim

The table below indicates the source of the 495 alerts and their relationship to the victim.

	Total Alerts
Self Referral	23
Anonymous	1
Other service user	0
Family / Friends	53
Paid Carer	164
Agency	254
Total Alerts	495



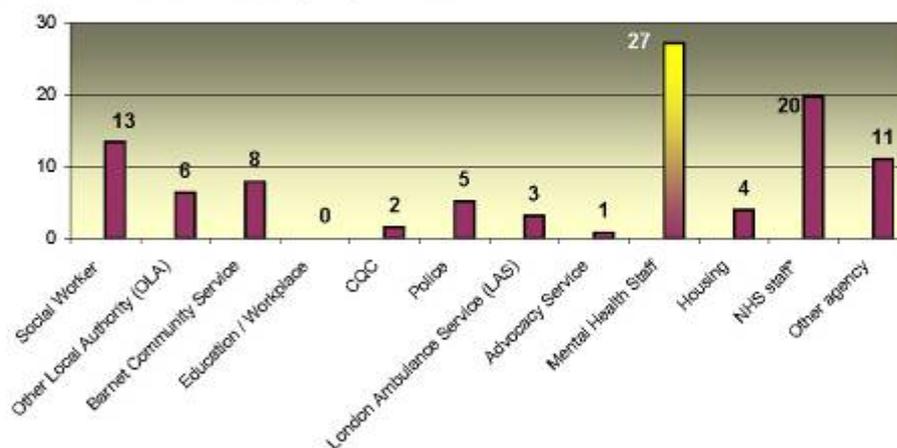
Referrers relationship to victim by quarter

Quarter	Self Referral	Anonymous	Other service user	Family / Friends	Paid Carer	Agency	Total Alerts
I	7	0	0	18	43	71	139
II	6	0	0	10	42	65	123
III	5	1	0	11	38	63	118
IV	5	0	0	14	41	55	115
Total	23	1	0	53	164	254	495

1a) Alerts from 'Agency'

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

	Total Alerts
Social Worker	34
Other Local Authority (OLA)	16
Barnet Community Service	20
Education / Workplace	0
CQC	4
Police	13
London Ambulance Service (LAS)	8
Advocacy Service	2
Mental Health Staff	69
Housing	10
NHS staff*	50
Other agency	28
Total	254
Total in 2009-10	214



* Of NHS staff 4 cases referred from FMH, 2 cases referred from ECH (BCS)

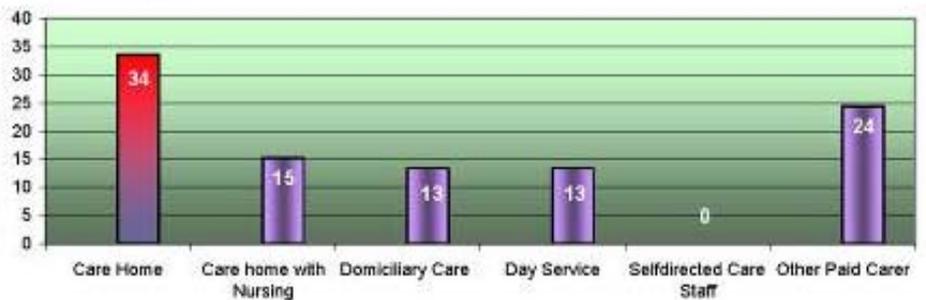
Alerts from 'Agency' by quarter

Quarter	Social Worker	OLA	Barnet Community Service	Education / Workplace	CQC	Police	LAS	Advocacy Service	MHT	Housing	NHS staff	Other agency	Total
I	11	2	3	0	2	4	2	1	21	1	16	8	71
II	10	5	4	0	0	6	1	1	18	2	7	11	65
III	7	6	10	0	2	3	2	0	15	4	8	6	63
IV	6	3	3	0	0	0	3	0	15	3	19	3	55
Total	34	16	20	0	4	13	8	2	69	10	50	28	254

1b) Alerts from 'Paid Carer'

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

	Total
Care Home	55
Care home with Nursing	25
Domiciliary Care	22
Day Service	22
Selfdirected Care Staff	0
Other Paid Carer	40
Total	164
Total in 2009-10	127

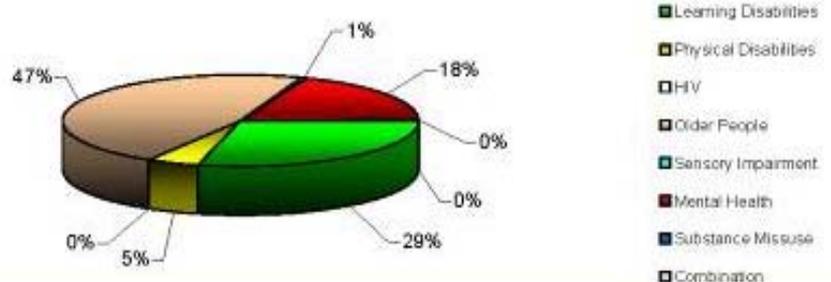


Alerts from 'Paid Carer' by quarter

Quarter	Care Home	Care home with Nursing	Domiciliary Care	Selfdirected care staff	Day Service	Other paid carer	Total
I	11	5	10	0	3	14	43
II	13	10	4	0	5	10	42
III	15	5	3	0	8	7	38
IV	16	5	5	0	6	9	41
Total	55	25	22	0	22	40	164

2) Breakdown of Client Group

	Total Alerts
Learning Disabilities	143
Physical Disabilities	23
HIV	1
Older People*	232
Sensory Impairment	3
Mental Health**	91
Substance Misuse	2
Combination	0
Total Alerts	495



*23 older adults cases refer to individuals who have additional mental health needs

**1 older adults case referred to PCMH

** 2 mental health cases referred to RFH, 1 mental health case referred to CT South

Of the 495 alerts received, 95 people have dementia

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

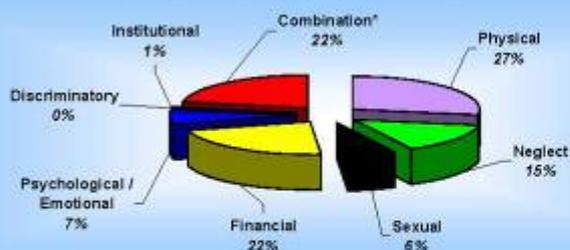
Team	Total	Physical	Neglect	Sexual	Financial	Psychological	Discriminatory	Institutional	Combinations	Total
Learning Disabilities	138	55	25	18	15	4	0	2	19	138
Transitions Team	5	4	0	0	0	0	0	0	1	5
Older Adults:										
Access Social Care Direct	16	6	2	1	3	4	0	0	0	16
Short Term Enablement & Planning Team	10	3	0	0	1	3	0	0	3	10
Complex Planning & Ongoing Support North	30	3	2	3	18	2	0	1	1	30
Complex Planning & Ongoing Support West	35	4	5	0	15	2	0	0	9	35
Complex Planning & Ongoing Support South	58	13	14	0	21	1	0	0	9	58
Review and Reassessment Team	11	2	2	0	2	2	0	0	3	11
Right to Control	2	0	0	0	1	0	0	0	1	2
Hospitals:										
Barnet	26	4	6	0	5	0	0	0	11	26
Edgware	4	1	1	0	1	0	0	0	1	4
Northwick Park	0	0	0	0	0	0	0	0	0	0
Finchley Memorial	3	2	0	0	1	0	0	0	0	3
ICS	4	0	1	0	0	2	0	0	1	4
Royal Free	39	9	13	1	5	2	0	0	9	39
Mental Health:										
CMHT North East	15	2	0	1	1	3	0	0	8	15
CMHT South East	7	1	0	2	1	0	0	0	3	7
CMHT North West	8	3	0	0	2	1	0	0	2	8
CMHT South West	20	6	0	2	3	1	0	0	8	20
Recovery Team	17	4	1	0	7	1	0	1	3	17
Primary Care Team	7	1	0	0	1	2	0	0	3	7
Older Adults MHT - East	19	8	1	0	4	2	0	0	4	19
Older Adults MHT - West	4	1	0	0	0	0	0	0	3	4
Acute Care Services East	1	1	0	0	0	0	0	0	0	1
Acute Care Services West	6	2	0	1	2	0	0	0	1	6
Barnet Drug & Alcohol Service	2	1	0	0	0	0	0	0	1	2
Psychology Therapy Service	8	2	0	0	0	2	0	0	4	8
Other	0	0	0	0	0	0	0	0	0	0
TOTAL	495	138	73	29	109	34	0	4	108	495

3a) Number of alerts to each team by quarter

Team	I	II	III	IV	Total
Learning Disabilities	39	36	41	22	138
Transitions Team	2	2	0	1	5
Older Adults:					
Access Social Care Direct	1	4	3	8	16
Short Term Enablement & Planning Team	1	4	3	2	10
Complex Planning & Ongoing Support North	8	7	10	5	30
Complex Planning & Ongoing Support West	12	9	8	6	35
Complex Planning & Ongoing Support South	9	21	8	20	58
Review and Reassessment Team	3	5	1	2	11
Right to Control	0	0	1	1	2
Hospitals:					
Barnet	3	4	7	12	26
Edgware	1	1	1	1	4
Northwick Park	0	0	0	0	0
Finchley Memorial	1	1	1	0	3
ICS	1	0	1	2	4
Royal Free	18	5	5	11	39
Mental Health:					
CMHT North East	7	2	4	2	15
CMHT South East	4	1	1	1	7
CMHT North West	1	2	3	2	8
CMHT South West	8	5	4	3	20
Recovery Team	5	3	4	5	17
Primary Care Team	3	2	1	1	7
Older Adults MHT - East	8	3	5	3	19
Older Adults MHT - West	1	0	2	1	4
Acute Care Services East	0	0	1	0	1
Acute Care Services West	2	1	1	2	6
Barnet Drug & Alcohol Service	0	0	2	0	2
Psychology Therapy Service	1	5	0	2	8
Other	0	0	0	0	0
TOTAL	139	123	118	115	495

4) Type of abuse

	Total
Physical	138
Neglect	73
Sexual	29
Financial	109
Psychological / Emotional	34
Discriminatory	0
Institutional	4
Combination*	108
Total Alerts	495



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

Physical	Neglect	Sexual	Financial	Psychological / Emotional	Discriminatory	Institutional	Total
x			x				9
x	x						9
x				x			30
x			x	x			3
x				x	x		3
x		x	x	x			2
x		x					4
x		x		x			3
x						x	6
	x		x				6
	x					x	14
	x			x			2
	x			x		x	1
	x		x	x			1
			x	x			11
		x	x				2
		x		x			2
							108

4a) Type of abuse by client group

	LD	PD	HIV	Older People	SI	Mental Health	Subs. Misuse	Combination*	Total
Physical	59	2	0	51	0	25	1	0	138
Neglect	25	3	0	44	0	1	0	0	73
Sexual	18	0	0	5	0	6	0	0	29
Financial	15	9	1	65	2	17	0	0	109
Psychological / Emotional	4	4	0	16	0	10	0	0	34
Discriminatory	0	0	0	0	0	0	0	0	0
Institutional	2	0	0	1	0	1	0	0	4
Combination	20	5	0	50	1	31	1	0	108
Total Alerts	143	23	1	232	3	91	2	0	495

*See 2) for explanation of combination of Client Group

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

	Friends/ Family	Stranger	Professional	Paid Carer	Other adult at risk	Not known	Other	Total
Physical	46	2	6	23	31	26	4	138
Neglect	5	0	2	61	0	5	0	73
Sexual	9	5	0	4	5	5	1	29
Financial	43	7	1	22	1	31	4	109
Psychological / Emotional	23	0	2	7	1	1	0	34
Discriminatory	0	0	0	0	0	0	0	0
Institutional	0	0	0	3	0	1	0	4
Combination	56	2	3	27	4	13	3	108
Total Alerts	182	16	14	147	42	82	12	495

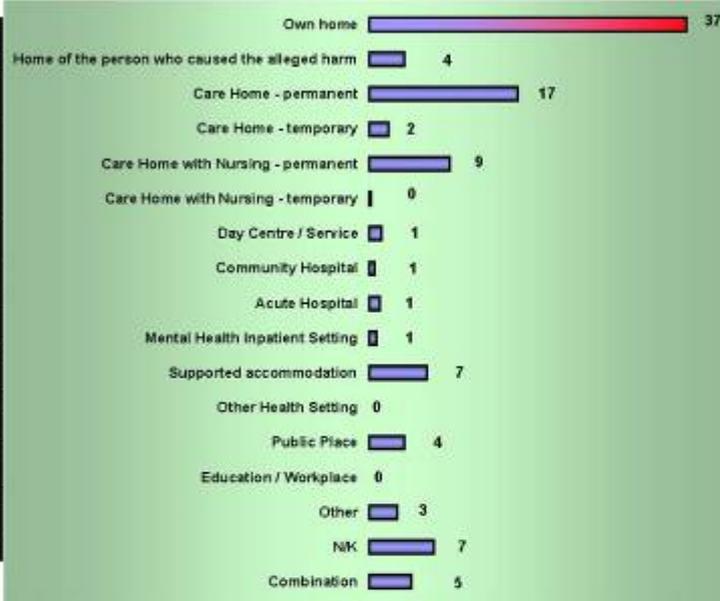
4c) Gender of the adults at risk referred and the type of abuse

	Male	Female	Not known	Missing Data	Total
Physical	51	86	1	0	138
Neglect	30	43	0	0	73
Sexual	5	24	0	0	29
Financial	42	67	0	0	109
Psychological / Emotional	6	28	0	0	34
Discriminatory	0	0	0	0	0
Institutional	2	2	0	0	4
Combination*	28	80	0	0	108
Total Alerts	164	330	1	0	495

*See 4) for explanation of combination of abuse

5) Settings where alleged abuse took place

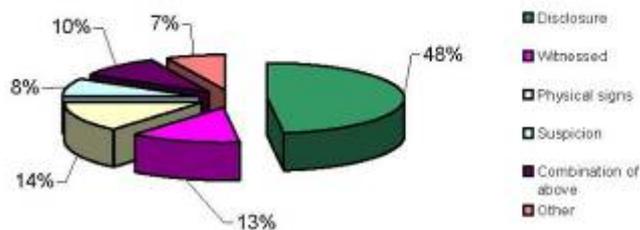
	Total
Own home	182
Home of the person who caused the alleged harm	20
Care Home - permanent	85
Care Home - temporary	11
Care Home with Nursing - permanent	46
Care Home with Nursing - temporary	1
Day Centre / Service	7
Community Hospital	3
Acute Hospital	6
Mental Health Inpatient Setting	4
Supported accommodation	33
Other Health Setting	0
Public Place	20
Education / Workplace	0
Other	16
N/K	37
Combination	24
Total Alerts	495



6) How did the alleged abuse come to light?

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

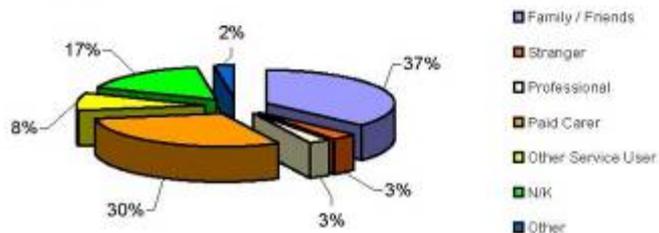
	Total
Disclosure	238
Witnessed	65
Physical signs	70
Suspicion	40
Combination of above	48
Other	34
Total Alerts	495



7) Information about the person who caused the harm

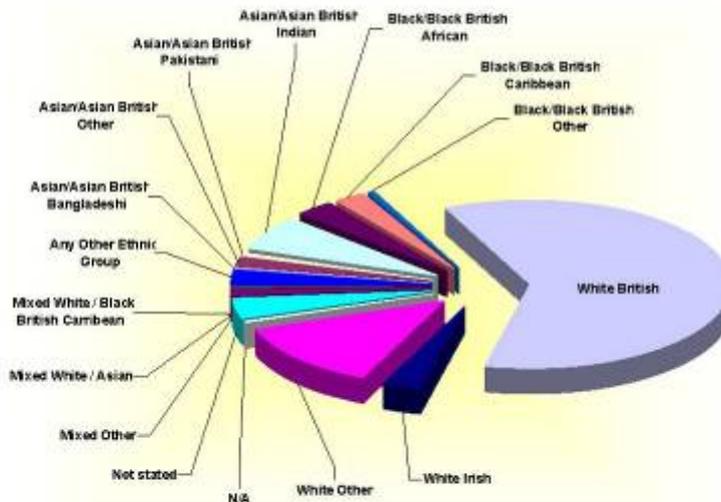
The table below indicates the relationship of the alleged person who caused the harm to the adult at risk

	Total
Family / Friends	182
Stranger	16
Professional	14
Paid Carer	147
Other Service User	42
N/K	82
Other	12
Total Alerts	495



8) Ethnic Origin of the adult at risk*

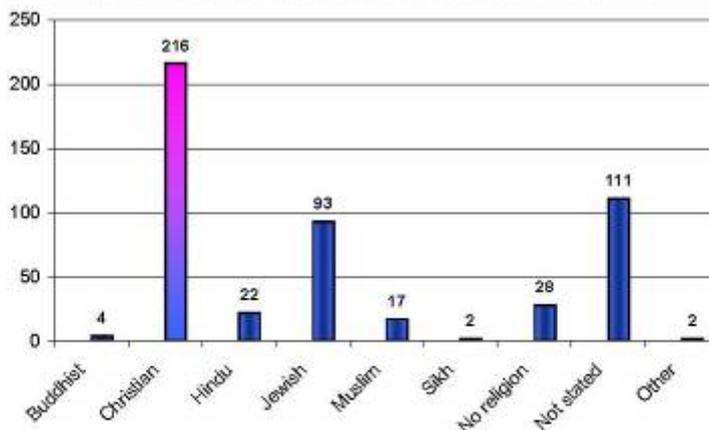
	Total
Asian/Asian British Bangladeshi	1
Asian/Asian British Other	8
Asian/Asian British Pakistani	3
Asian/Asian British Indian	33
Black/Black British African	16
Black/Black British Caribbean	12
Black/Black British Other	3
White British	300
White Irish	14
White Other	64
N/A	1
Not stated	19
Mixed Other	5
Mixed White / Asian	1
Mixed White / Black British Caribbean	1
Any Other Ethnic Group	14
Total	495



*Ethnic Origin was defined via swift code

8a) Faith of the adult at risk*

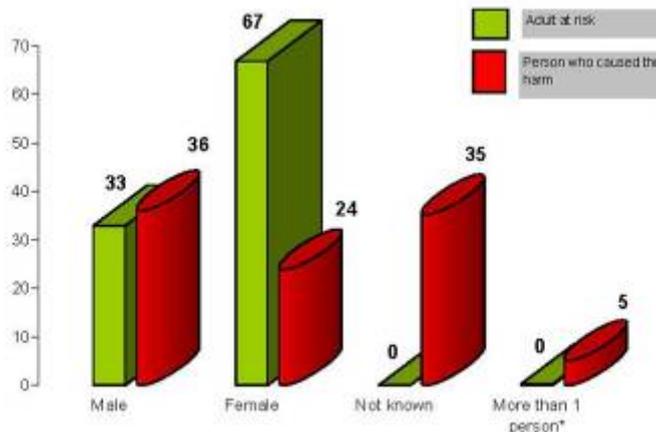
	Total
Buddhist	4
Christian	216
Hindu	22
Jewish	93
Muslim	17
Sikh	2
No religion	28
Not stated	111
Other	2
Total	495



*Religion was defined via swift code

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

	Adult at risk	Person who caused the harm
Male	163	178
Female	331	118
Not known	N/A	174
More than 1 person*	1	25
Total Alerts	495	495



More than 1 person who caused the harm* refers to: "In 2 cases of strangers, 1 case of two carers at nursing home, 2 cases of daughter and her boyfriend, 1 case of male and female relative, 1 case of group of local youth, 1 case of son & daughter, 1 case of female and male care staff, 4 cases of parents of client, 2 cases of neighbours, 2 cases of staff in care home, 1 case of staff & neighbours in care home, 1 case of extra care housing staff & ward staff, 2 cases of other adults at risk, 1 case of befriended couple, 1 case of son/daughter & friend/neighbour, 2 cases gender unknown.

10) Alleged person who caused the harm by Client Group

	Friends & Family	Stranger	Professionals	Paid Carer	Other service user	Not known	Other	Total
L.D.	29	5	3	41	22	42	1	143
P.D.	8	2	1	10	0	2	0	23
HIV	1	0	0	0	0	0	0	1
O.P.	89	3	6	81	15	31	7	232
S.I.	0	0	0	3	0	0	0	3
M.H.	54	6	4	12	5	7	3	91
Substance Misuse	1	0	0	0	0	0	1	2
Combination	0	0	0	0	0	0	0	0
Total Alerts	182	16	14	147	42	82	12	495

11) Summary of action agreed

Of the **495** cases referred for this year: **429** proceeded to strategy meeting
66 cases had an alternative outcome.
Of the **429** cases that proceeded to strategy meeting: **363** forms were completed
66 were still ongoing.

	Total
Arrange Strategy meeting	429
Alternative Outcome	66
Total Alerts	495
Allocate case	1
Allocate Case & Refer to other agency & Other action & N.F.A.*	1
Community Care Assessment	2
Community Care Assessment & Allocate Case	1
Disciplinary action & N.F.A.	1
N.F.A.	36
N.F.A. & Other action	7
Other action	11
Refer to other agency & N.F.A.	3
Refer to other agency & Other action	2
Refer to other agency & N.F.A. & Other action	1
Total Alerts - Alternative Outcome	66

*N.F.A. - No Further Action

The speed of response:

- ~ The average number of days between receiving the alert to the day of the strategy meeting is 5.
- ~ In **237** cases a strategy meeting was held within four days.
- ~ In **77** cases a strategy meeting was held between 4 and 10 days
- ~ In **46** cases a strategy meeting was held 10 days after receiving the alert or longer.
- ~ In **3** case - date of strategy meeting is unknown

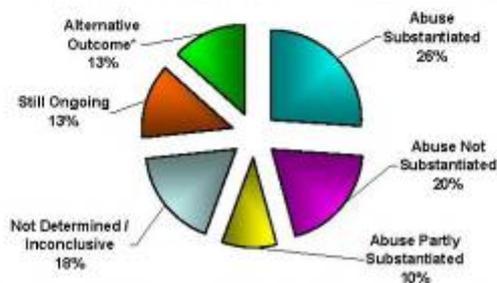
12) Attendance of other agencies at strategy meetings and case conferences

	Strategy Meeting	Case Conference
Police	59	19
Adult Social Services	296	146
Other Local authorities	37	20
CQC	43	18
Barnet Community Service	34	26
MHT	79	47
GP	6	3
RFH	22	10
BGH	10	2
ECH	3	0
FMH	1	1
Other NHS	4	7
Domiciliary Care	43	39
Care Home	101	71
Other provider	50	28
Adult at risk	N/A	41
Family	N/A	58
IMCA	N/A	1
Advocate	N/A	4
Other agency	60	34

13) Case Conclusion: On the balance of probabilities

	Total
Abuse Substantiated	129
Abuse Not Substantiated	98
Abuse Partly Substantiated	48
Not Determined / Inconclusive	88
Still Ongoing	66
Alternative Outcome*	66
Total Alerts	495

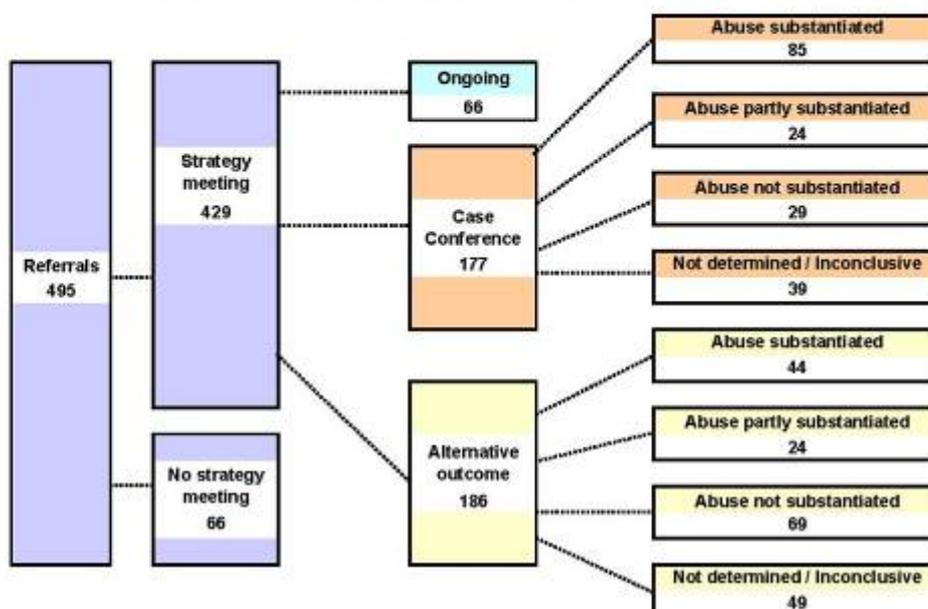
*Alternative outcome: see 13) for those that did not proceed to the strategy meeting.



14) Quarterly Comparison of Case Conclusion

Quarter	Substantiated	Not substantiated	Partly substantiated	Not determined / Inconclusive	Still ongoing	Alternative outcomes	Total completed
I	47	29	22	29	1	11	127
II	35	26	14	20	7	21	95
III	29	30	10	19	14	16	88
IV	18	13	2	20	44	18	53
Total	129	98	48	88	66	66	363

15) Outcome flowchart



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

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

Action taken / Service offered (accepted)	Abuse substantiated	Abuse Not Substantiated	Abuse Partly Substantiated	Not Determined / Inconclusive
Removed from Property or Service	4	2	6	8
Community Care Assessment	17	7	8	18
Civil Action	0	0	0	0
Application to Court of Protection	4	0	0	0
Application to change appointeeship	2	0	1	0
Referral for Advocacy scheme	2	0	2	2
Referral for Counseling / Training	7	3	1	6
Move / increase / different care	21	4	3	15
Management of access to finances	14	3	4	5
Guardianship / Use of Mental Health Act	1	0	0	2
Review of Self-Directed Support (IB)	2	0	0	1
Restriction / Management of access to person who caused the harm	16	5	4	6
Referral to MARAC	2	0	1	1
Increased Monitoring	56	16	18	31
No further action	16	46	9	21
Other	54	31	17	29
Total	218	117	74	145

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

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

Action taken / Service offered (accepted)	Abuse Substantiated	Abuse Not Substantiated	Abuse Partly Substantiated	Not Determined / Inconclusive
Removal from property or service	12	0	4	6
Action under the Mental Health Act	5	0	0	0
Community Care Assessment	3	0	2	1
Carers Assessment	3	3	0	0
Management of access to adult at risk	11	1	2	5
Criminal Prosecution / Formal Caution	2	0	0	0
Police Action	16	0	9	7
Disciplinary Action	29	1	3	2
Referral to ISA	2	0	0	0
Action by CQC	2	0	2	1
Action by Contracts Compliance	3	1	1	0
Referral to Court Mandated Treatment	0	0	0	0
Referral to registration body	0	0	0	0
Counselling / Training / Treatment	21	3	5	3
Continuing monitoring	34	11	12	5
Referral to MAPPA	0	0	1	0
Exonerated	0	11	0	0
No further action	21	63	13	50
Not known	9	2	4	2
Other	0	0	0	0
Total	173	96	58	82