



Barnet Safeguarding Adults Board

Business Plan

2016-2018



Contents

- 1. Introduction**
- 2. Vision, Mission & Principles**
- 3. Our Strategic Priorities**
- 4. Priority 1 – Personalisation**
- 5. Priority 2 – Adult Multi-Agency Safeguarding Hub (MASH)**
- 6. Priority 3 – Access to Justice**
- 7. Priority 4 – Pressure Ulcers**
- 8. Priority 5 – Domestic Abuse**
- 9. How we will evidence improvement in performance**

Appendix 1 – How we identified our priorities

Appendix 2 – BSAB Budget 2016-2018

1. Introduction

Safeguarding is defined as '*protecting an adult's right to live in safety, free from abuse and neglect.*' (Care and Support statutory guidance, chapter 14.7). ¹Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults. Staff should work together in partnership with adults so that they are:

- Safe and able to protect themselves from abuse and neglect;
- Treated fairly and with dignity and respect;
- Protected when they need to be;
- Able easily to get the support, protection and services that they need.

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

The [Care Act 2014 \(the Act\)](#)² places on a statutory footing some of the safeguarding obligations that were previously located in guidance. The Act requires each local authority to establish a Local Safeguarding Adult Board (SAB) for their area pursuant to Section 43(1). The Barnet Safeguarding Board was established in 2002 and from 1 April 2015 it adopted these terms of reference.

The statutory objective of the SAB, prescribed in Section 43(2) of the Act is to help and protect adults in its area (whether or not ordinarily resident there) who:

- (a) Have needs for care and support (whether or not the local authority is meeting any of those needs),
- (b) Are experiencing, or at risk of, abuse or neglect, and
- (c) As a result of those needs are unable to protect themselves against the abuse or neglect or the risk of it.

The SAB must achieve this statutory objective by co-ordinating and ensuring the effectiveness of what each of its members does.

The SAB may do anything which appears to it to be necessary or desirable for the purpose of achieving this statutory objective.

The Act prescribes membership of the Board and includes a range of key partners including the Local Authority that establishes the Board, the Clinical Commissioning Group, the Chief Officer of Police, any such persons prescribed in regulations and such other person which the Local Authority considers appropriate having consulted Board members.

The SAB must conduct Safeguarding Adults Reviews (SARs) in accordance with Section 44 of the Act.

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

¹ <https://www.gov.uk/guidance/care-and-support-statutory-guidance/safeguarding>

² The Care Act 2014 – www.legislation.gov.uk/ukpga/2014/23/contents

strategic plan, the SAB must consult the local Healthwatch organisation for its area and involve the community in its local area. The plan should be evidence based and be informed and developed by all available evidence and intelligence from partners.

As soon as feasible after the end of the financial year, the SAB is required to publish an annual report in accordance with Schedule 2. This must report on what the SAB has done during the year to achieve its objectives. It must also set out the findings of the SARs which have concluded in that financial year (whether or not they began in that year), what it has done to implement the findings and if it decides during the year not to implement a finding the reasons for the decision. The SAB must send a copy of the annual report to the Chief Executive and Leader of the Council, the local policing body for the area, the local Healthwatch organisation and the Chairman of the Health and Wellbeing Board. The Health and Wellbeing Board share responsibility for promoting joint working and co-operation between partners to improve the wellbeing and safety of adults in Barnet with support and care needs.

Who lives in Barnet?

Barnet is the largest Borough in London by population and is continuing to grow. The most recent population projections indicate that the population of Barnet will be 367,265 by the end of 2015. The overall population of Barnet will increase by 13.7% between 2015 and 2030, taking the population to 417,573.

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

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

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

Barnet has a very low proportion of people with learning disabilities and mental health conditions in employment compared with similar Boroughs. Overall rates of individual mental health problems are higher in Barnet than London and England; the rate of detention for a mental health condition is significantly higher than the London or England averages. Barnet has more than 100 care homes, with the highest number of residential beds in London, leading to a significant net import of residents with health needs moving to Barnet from other areas.

As more young people with complex needs survive into adulthood, there is a national and local drive to help them to live as independently and within the

community as possible. This places significant pressure on ensuring that the right services such as appropriate housing and support needs are available to meet their requirements. There is a significant shift in the way in which support is delivered with more people choosing to remain at home for a longer period of time. This requires effective, targeted, local based provision.

In 2011 there were 32,256 residents who classified themselves as a carer in Barnet. The 25-49 year old age group had the largest number of carers (12,746). Carers have the potential to make significant savings to health and social care services each year. However, on average carers are more likely to report having poor health than non-carers, especially amongst carers who deliver in excess of 50 hours of care per week. Demand for carers is projected to grow with the increase in life expectancy, the increase in people living with a disability needing care and with the changes to community based support services.

Barnet has a higher population of people with dementia than many London Boroughs and the highest number of care home places registered for dementia per 100 population aged 65 and over in London. By 2021, the number of people with dementia in Barnet is expected to increase by 24% compared with a London-wide figure of 19%.³

Equality Impact Assessment

When developing the business plan due regard was given to equalities and the impact the plan may have. Looking at the Joint Strategic Needs Assessment the plan should positively impact adults at risk that live within the Borough as well as carers that look after them.

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

- Safe and able to protect themselves from abuse and neglect;
- Treated fairly and with dignity and respect;
- Protected when they need to be;
- Able easily to get the support, protection and services that they need.

³ Barnet Joint Strategic Needs Assessment

2. Vision, Mission and Principles – Safeguarding Adults in Barnet

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

Our mission is to:

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

Our Principles:

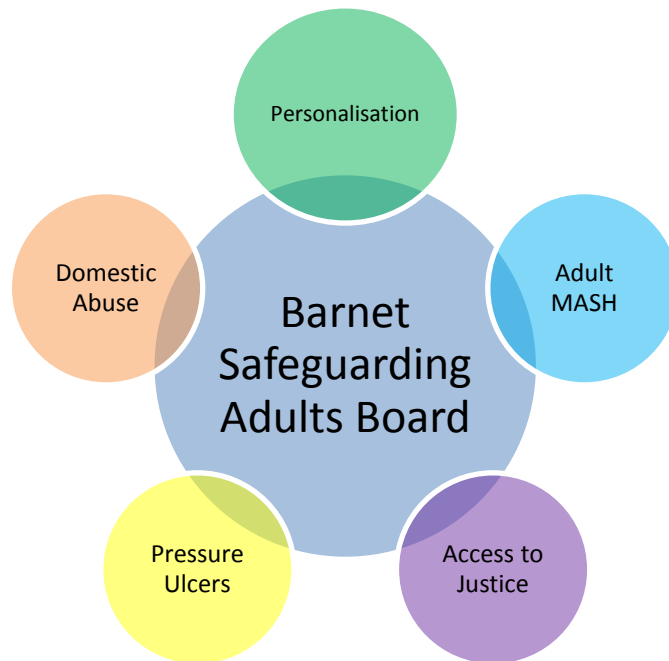
BSAB have signed up to the Government's core principles set out in their policy on safeguarding vulnerable adults to help us examine and improve our local arrangements:

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

- **Accountability** and **transparency** in delivering safeguarding

3. Our Strategic Priorities

The Business Plan sets out five new priorities which the Board will focus on over the next two years. See Appendix 1 to see how we developed our priorities.



For each of the five priorities we have set out the:

- Objectives
- Underpinning activities
- How we will evidence improvement in performance
- Board leads

The actions in this plan will be taken forward by priority sub-groups that will report progress to the SAB at its quarterly meetings and at the end of the year in the Board's Annual Report.

4. Priority 1 - Personalisation

BSAB have signed up to the Government's core principles set out in their policy on safeguarding adults at risk: empowerment, prevention, proportionality, protection, partnership and accountability. Making Safeguarding Personal supports translating those principles into effective practice.

Making Safeguarding Personal is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is about collecting information about the extent to which this shift has a positive impact on people's lives. It is a shift from a process supported by conversations to a series of conversations supported by a process.⁴ You also have to keep in mind that people's wishes may change along the way. People sometimes want more than one outcome and these are frequently hard to reconcile; they often relate to both wanting to be safe and wanting to maintain unsafe relationships.

The Local Government Association Making Safeguarding Personal 2014/15 Evaluation Report recommended that:

1. Safeguarding adults boards (SABs) should ensure strong multi-agency commitment to MSP. SAB members should consider the implications of MSP for their organisation in terms of culture change and learning needs. Adult social care colleagues should be supported to communicate MSP effectively to multi-agency partners, with the backing of the SAB.
2. Consider how using MSP could lead to a more productive relationship around safeguarding with providers and other local partners. Ensure MSP is flexible enough locally to address matters raised by local partners, such as allegations of institutional abuse.

Self-neglect

There is no single operational definition of self-neglect however, the Act makes clear it comes within the statutory definition of abuse or neglect, if the individual concerned has care and support needs and is unable to protect him or herself. The Department of Health (2014), defines it as, '*.. a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding*'.

Skills for Care provided a [framework for research into self-neglect](#) identifying three distinct areas that are characteristic of self-neglect:

- Lack of self-care - this includes neglect of one's personal hygiene, nutrition and hydration, or health, to an extent that may endanger safety or well-being;

⁴ Making Safeguarding Personal: Guide 2014, Local Government Association

- Lack of care of one's environment - this includes situations that may lead to domestic squalor or elevated levels of risk in the domestic environment (e.g., health or fire risks caused by hoarding);
- Refusal of assistance that might alleviate these issues. This might include, for example, refusal of care services in either their home or a care environment or of health assessments or interventions, even if previously agreed, which could potentially improve self-care or care of one's environment.

Self-neglect is a behavioural condition in which an individual neglects to attend to their basic needs such as personal hygiene, or tending appropriately to any medical conditions, or keeping their environment safe to carry out what is seen as usual activities of daily living. It can occur as a result of mental health issues, personality disorders, substance abuse, dementia, advancing age, social isolation, and cognitive impairment or through personal choice. It can be triggered by trauma and significant life events. Self-neglect is an issue that affects people from all backgrounds. Hoarding does not fall under adult safeguarding but might be considered as safeguarding in the wider sense under the umbrella of prevention which is in the remit of the Safeguarding Adults Board.

Given the complex and diverse nature of self-neglect and hoarding, responses by a range of organisations are likely to be more effective than a single agency response with particular reference to housing providers. It is important to recognise that assessments of self-neglect and hoarding are grounded in, and influenced by, personal, social and cultural values and staff working with the person at risk should always reflect on how their own values might affect their judgement. Finding the right balance between respecting the adult's autonomy and meeting the duty to protect their wellbeing may involve building up a rapport with the adult to come to a better understanding about whether self-neglect or hoarding are matters for adult safeguarding or any other kind of intervention.

A significant element of self-neglect and hoarding is the risk that these behaviours pose to others. This might include members of the public, family members or professionals. Partnerships may wish to invest in agreeing local procedures with the involvement of carers and service users.⁵

Revised Pan London Safeguarding Policy and Procedures

The SAB have agreed to adopt the revised Pan London Safeguarding Adults Policy and Procedures. This priority will include the work required to ensure working practices are updated to reflect the new policy and procedures across the partnership.

⁵ Revised London Multi-Agency Adult Safeguarding Policy & Procedures – Dec 2015

1. Personalisation Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
1.1	Partnership Empowerment	Ensure all partners have the adult at risk and the outcome they seek as the primary driver to the approach to safeguarding	<p>Re-affirm and communicate the SAB policy statement on the voice of the adult</p> <p>Refresh training programme and recording templates in line with the policy statement</p> <p>Communication plan for new templates</p>	JD	<p>The number of people referred for services who define the outcomes they want (or outcomes that are defined through Best Interest Assessments or with representatives or advocates if people lack capacity or have substantial difficulty in understanding)</p> <p>The number of people whose expressed outcomes are fully or partly met</p>	March 2018
1.2	Accountability	Consult and act on what users and family carers tell us are the safeguarding issues in personalisation	<p>Develop the user experience interviews to ensure that a wider group of peoples' views can be heard such as people who lack capacity, carers, care providers etc.</p> <p>Baseline the number of user experience interviews and who has completed them</p> <p>Include summary of outcomes in the Safeguarding Adult Board annual report</p>	SS	<p>Increased number of user experience interviews from people who lack capacity, carers, care providers etc.</p> <p>Included in the SAB annual report</p>	September 2016
1.3	Protection Proportionality	Ensure the service users	Baseline the number of	SS	Increase the number of people	

1. Personalisation Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
		are able to manage risks on the basis of informed decision making and ensure that those who require protection are protected within existing legal frameworks	<p>people using advocates</p> <p>Review current process and communication of how to access Peer support advocates</p> <p>Review resources available for the use of advocates and is there sufficient for implementation of plan</p> <p>Develop and implement communication plan to increase uptake of advocates:</p> <ul style="list-style-type: none"> - Provide guidance to professionals - Provide guidance to brokers - Advertise the advocacy service to users 		using paid advocates (IMCA and Advocates)	
1.4	Partnership	Understand what personalisation means for each partner and the related safeguarding issues	Review policy and processes and adapt where necessary	JD	Evidence policy and procedures are amended accordingly Report back to SAB	Review September 2016
1.5	Partnership	Improve the understanding of service providers of the Mental	Incorporate into the Learning & Development plan for SAB	L&D sub-group	Numbers attending training courses	

1. Personalisation Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
		Capacity Act 2005 and Deprivation of Liberty Safeguards 2014				
1.6	Prevention Protection	Develop a multi-agency risk assessment for self-neglect that includes the views of the adults and their personal network	<p>Review the as-is – what risk processes do we already have in place across the partnership, what do they cover and where are the gaps</p> <p>Develop a multi-agency self-neglect risk assessment that covers:</p> <ul style="list-style-type: none"> ▪ Capacity and consent; ▪ Indications of mental health issues; ▪ The level of risk to the persons physical health; ▪ The level of risk to their overall wellbeing; ▪ Effects on other people's health and wellbeing; ▪ Serious risk of fire; ▪ Serious environmental risk e.g. destruction or partial destruction of 	TG-S/SL	Risk assessment process in place	<p>August 2016</p> <p>Review December 2016</p>

1. Personalisation Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
1.7	Partnership	Safeguarding adults training for all practitioners and Safeguarding Adults Managers to ensure that the principle of always hearing the voice of the adult at risk directly involved in investigations, and the need to meet with service user without the alleged abuser being present, is embedded in training. Training to include practical tools to enable appropriately assertive practice to manage conflict and aggression, family carers/preventing access to adult at risk, and where family/friends may be intimidated into condoning the situation (DB DHR Rec 5)	accommodation - Safeguarding training to be adapted to address this recommendation	L&D Sub-group	The voice of the victim is heard in safety and in confidence, free from intimidation or fear	September 2016
1.8	Partnership Empowerment	Updating the 'Say no to abuse' leaflet and 'what happens after you report abuse leaflet'	- Working group to amend leaflets in light of new policy and procedures - Update art work	Safeguarding Adults Service Users Forum	- No leaflets published and distributed	October 2016
1.9	Partnership	Review documentation	- Identify changes	SAB	- Documentation compliant	September

1. Personalisation Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
		in light of revised Pan London Policy and Procedures	to policy and procedures - Update relevant documentation accordingly		with new policy and procedures	2016

5. Priority 2 - Adult Multi-Agency Safeguarding Hub (MASH)

The BSAB have agreed that a clearer pathway for reporting concerns regarding adults at risk is required and that an Adult MASH would provide this. There is already a Children's MASH in Barnet. A MASH would provide triage and multi-agency assessment of safeguarding concerns in respect of adults at risk. It would bring together professionals from a range of agencies into an integrated multi-agency team. The MASH team would make initial multi-agency assessments of risk and decisions about appropriate and proportionate responses in line with the London Policy and Procedures which would aim to safeguard adults at risk in Barnet. Quicker response times, a coordinated approach and better informed decision making ensures that adult at risks are protected.

The MASH team would share information from every agency to decide the most appropriate intervention in response to the person's identified needs. This ensures that adults at risks are responded to quickly and efficiently by the most appropriate professional.

This would be an improvement on the current pathway which is more fragmented in its approach. There is a risk that not everyone holds the same information, duplication of effort by being screened by more than one agency. This would improve the sharing of information and common understanding of risk and improve response times to ensure people are better safeguarded.

2. Adult Multi-Agency Safeguarding Hub (MASH) Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
2.1	Partnership	Develop a business case for the options available for an Adult MASH in Barnet	<ul style="list-style-type: none"> - Review options for Adult MASH <p>Considerations:</p> <ul style="list-style-type: none"> - Resource commitment from partners - Accommodation for MASH - Technical solutions to share information - Define roles within MASH <p>Submit business case with recommendations for approval</p>	TBC	Agreed business case to progress Adult MASH in Barnet	October 2016
2.2	Partnership	Develop and agree Information Sharing Protocol	<ul style="list-style-type: none"> - Review what information sharing is currently in place - Define what information is required to share and in what format - Develop protocol based on agreed information and terms for sharing data - All partners sign off protocol 	TBC	Agreed information sharing agreement across all partners	31 st March 2017
2.3	Protection Partnership	Implement Adult MASH	<ul style="list-style-type: none"> - Develop project plan - Set up Project Board and associated 	TBC	A single point of contact for all professionals to report safeguarding concerns	31 st March 2018

2. Adult Multi-Agency Safeguarding Hub (MASH) Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
			<ul style="list-style-type: none"> documentation Set up working groups 		through an implemented Adult MASH working effectively across the borough	
2.4	Protection	Embed police risk assessment process for identifying adults at risk	<ul style="list-style-type: none"> Review current vulnerability risk RAG assessment process for Merlin referrals and ensure that it is fit for purpose and being implemented appropriately to ensure adults at risk appropriately identified Review training provision for risk assessment and understanding of differences with adults at risk 	PL	<p>Increased number of Merlin referrals of adults at risk that progress to safeguarding enquiry</p> <p>Number of Merlin referrals that lead to assessment</p>	TBC

6. Priority 3 – Access to Justice

Through this theme the SAB aim to improve the access to justice for adult at risks, especially with regards to Disability Hate crime. To ensure that adult at risks know how they can report a crime with confidence that the process will aim to gain the best outcome for the victim. As a partnership we are clear of the procedures that need to be followed to ensure that when a crime is reported the chance of a conviction is maximised through training key roles and working more closely with the Crown Prosecution Service (CPS).

The Care Act (2014) says that an independent advocate **must** be engaged if a person's needs mean they may have difficulty taking part in such decisions or difficulty in understanding.

Following a review of the operation of Third Party reporting sites by the Safeguarding Adults Board The review has confirmed that there is widespread under-reporting. In July 2014 the police reported to the SAB there had been only 1 report of disability hate crime investigated in the past year. The engagement activities of the review revealed that disabled people experience crime and significant levels of Hate Crime incidents that need to be recorded. The response by disabled people included a marked scepticism that reporting would not make any difference and so was not worth it. Often disabled people didn't know what disability hate crime was, how to report it and were afraid of the repercussions of reporting it. The recommendations from this review have been included in the action plan.

3. Access to Justice Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
3.1	Protection Empowerment	Ensure clear defined processes for adults at risk reporting crimes and they feel more able to report abuse	<ul style="list-style-type: none"> - Identify what processes are currently in place - Identify and develop simple pathways for reporting crimes working with partners and adults at risk. Supported by revised paperwork and a range of options for people to make a report e.g. directly to the Police, Third Party Reporting sites, telephone, online (apps etc.) - Support to report via a crime reporting site 	Inspector Seb Adjei-Addoh	<p>More adults at risk reporting disability hate crime</p> <p>Increased number of positive outcomes of disability hate crime</p> <p>Number of times action taken against paid staff</p> <p>Number of times action taken against regulated providers</p> <p>Reporting crime site in place</p>	TBC
3.2	Protection	<p>Ensure adults at risk in Barnet know how to report crimes</p> <p>Create a culture where adult at risks/residents are able to report crimes</p>	<ul style="list-style-type: none"> - Identify what information needs to be communicated and in what format - Identify the most effective way to disseminate information 	Inspector Seb Adjei-Addoh	<p>Number of secondary investigations that go to interview</p> <p>Number of safeguarding reports from third party reporting sites</p>	TBC
3.3	Partnership	Ensure key roles are aware of how to ensure a positive	<ul style="list-style-type: none"> - Identify key roles - Work with police 	Inspector Seb Adjei-Addoh	More cases being taken to court	TBC

3. Access to Justice Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
		outcome once a crime has been identified/reported	and CPS to understand what is required to ensure a positive outcome - Promote these to increase resident trust in the system		More cases achieving guilty verdicts	
3.4	Partnership	Ensure key roles within criminal justice system are able to identify vulnerability to ensure they are dealt with appropriately	- Identify key roles - Develop and implement appropriate training e.g. e-learning etc. - Baseline the number of vulnerable people currently in the criminal justice system	Inspector Seb Adjei-Addoh		TBC
3.5	Partnership	Review and redefine the terminology of Third Party Reporting	-	Inspector Seb Adjei-Addoh	New definition for Third Party Reporting	TBC
3.6	Partnership	Work with the Community Safety Team to establish which Third Party Reporting sites are available and look for new sites	- Identify current Third Party Reporting sites - Establish if they are still running and review effectiveness - Identify potential new sites - Work with partners to develop new sites	Inspector Seb Adjei-Addoh	Number of Third Party Reporting sites Increased number of Third Party Reporting sites Number of Third Party Reporting sites recording disability hate crime	TBC
3.7	Partnership	Provide training to police on hate crime and	- Mencap to attend pre-planned training	Inspector Seb Adjei-Addoh	Increase in recorded disability hate crime	June 2016

3. Access to Justice Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
		disability	sessions for police to provide information about hate crime and disability to raise awareness and inform decision making			

7. Priority 4 – Pressure Ulcers

Pressure ulcers are an injury that breaks down the skin and underlying tissue. They are caused when an area of skin is placed under pressure. It's estimated that just under half a million people in the UK will develop at least one pressure ulcer in any given year. This is usually people with an underlying health condition. Many people who are frail and have restricted mobility are at risk of developing sores on the points of their body which receive the most pressure.

Pressure ulcers can be a sign of neglect however skin damage has a number of causes, some relating to the individual person, such as poor medical condition and others relating to external factors such as poor care, ineffective Multi-Disciplinary Team working, lack of appropriate resources, including the equipment and staffing. It is recognised that not all skin damage can be prevented and therefore the risk factors in each case should be reviewed on an individual basis before a safeguarding referral is considered.

A multi-agency protocol has been developed which includes a decision guide which aims to support decisions about appropriate responses to pressure ulcer care and whether concerns need to be referred into the local authority as a safeguarding alert.

4. Pressure Ulcers Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
4.1		Understand extent of inappropriate referrals prior to Pressure Ulcer Protocol being implemented	Baseline number of inappropriate referrals prior to implementation of protocol	KA/HW	Conversion rate for referrals 2014/15 and 2015/16 to strategy meeting	July 2016
4.2	Prevention Protection	Embed the Pressure Ulcer Protocol across the identified roles as a screening tool for safeguarding referrals	Identify roles that need to use the protocol Ensure these roles have been provided with appropriate training – gap analysis of what training has already taken place	KA/HW	Increase in conversion rate of referrals to strategy meeting	31 st March 2017
4.3	Prevention Protection	Review Pressure Ulcer Protocol implementation effectiveness and identify areas for improvement	Value stream mapping of process – identify	KA/HW		31 st March 2018
4.4	Partnership	Create a more joined up approach to pressure ulcers – looking at the person not the pressure ulcer	- Multi-agency awareness/training on pressure ulcers	KA/HW	Number of training sessions	
4.5	Prevention	Increase awareness of pressure ulcers in the home	- Identify groups to target communication - Develop appropriate promotional material	KA/HW		

8. Priority 5 – Domestic Violence and Abuse

A proportion of safeguarding adults work relates to the abuse or neglect of people with care and support needs who are living in their own homes. Domestic abuse is perhaps most commonly thought of as violence between intimate partners, but it can take many other forms and be perpetrated by a range of people. Much safeguarding is therefore also domestic abuse.

Domestic violence and abuse is defined as⁶:
any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

The BSAB has agreed that the focus should also be on people who have a caring role for adult at risks especially within the home environment and how they can also be protected. The most common location for alleged abuse/neglect was in people's own homes with 293 (38%) being recorded in 2014/15 in Barnet compared to 201 (36%) in 2015/16.

Although nationally disabled women are twice as likely to experience domestic abuse as women without disabilities and are more likely to be at high risk of serious harm, statistics collated by Co-ordinated Action Against Domestic Abuse (CAADA) about people identified as being at high risk from domestic abuse show relatively low numbers of people with health and social care needs. This may be because for this group, domestic abuse is even more under-reported or recognised than in the general population.

The consequences of not accessing support can be fatal. Standing Together reports that of 32 Domestic Homicide Reviews that took place nationally between 2012 and 2014, eight related to disabled and older people. Of these cases, three were mothers killed by adult sons, four were older women killed by their older husband/male partner; and in one case an older man was killed by his younger male partner.

Barnet has a Domestic Violence and Domestic Violence Against Girls (VAWG) strategy which brings together all of the agencies to provide a comprehensive response to DV and VAWG to ensure that people who experience any form of DV and VAWG get the help and support they need. One of the aims of this action plan is to work with our partners to ensure that adult at risks are represented within the strategy.

It is important to recognise that some adults with care and support needs can themselves be domestically abusive and that this can be hidden, or go

⁶ Home Office Guidance – Domestic Violence and Abuse 2015

unrecognised, by family members or professionals. The abuse may have been present for many years and the abuser's disability, mental health, drug or alcohol misuse and/or care and support needs may have been used as an excuse for their behaviour, even in situations where they have capacity to choose to control their actions.⁷

Lessons from the recent Barnet Domestic Homicide Reviews have indicated that consideration of these factors are essential in providing the right level of support and response, above and beyond mainstream domestic abuse services, in order to assess need and reduce risks.

This action plan will ensure that the legal requirements that carrying out a SAR and a DHR are aligned when there are lessons to be learnt from a death involving domestic abuse and an adult at risk.

⁷ LGA Adult safeguarding and domestic abuse – A guide to support practitioners and managers 2015

5. Domestic Violence and Abuse Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
5.1	Protection	Implement a clear pathway for progressing cases	<ul style="list-style-type: none"> - Identify current pathway for domestic abuse cases involving adult at risks - Understand how many adults are living in a vulnerable situation of domestic abuse – map current data available 	SS/KV	Clear pathway in place	TBC
5.3	Accountability	Develop a framework to ensure a co-ordinated approach to Safeguarding Adults Reviews, Serious Case Reviews and Domestic Homicide Reviews to make best use of resources and identify what organisational changes can be made in order to reduce the risk of death and serious harm occurring in the future.	<ul style="list-style-type: none"> - SAR sub-group and DV and VAWG delivery group to develop framework for DHRs and SARs 	AM/ML	Framework implemented	TBC
5.4	Partnership	Ensure that there are effective and clear links and arrangements between Safeguarding Adults Boards, Community Safety Partnerships and Children's Safeguarding Boards	<ul style="list-style-type: none"> - Review current governance structure and links to Boards 	EC	Clear governance structure linking Boards	TBC
5.5	Partnership	Ensure that organisational policies, protocols and procedures about	<ul style="list-style-type: none"> - Gap analysis – review what do partners policies, protocols and procedures 	SS/KV	Updated policies and procedures	TBC

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	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
		safeguarding explain the links with domestic abuse and, similarly, policies, protocols and procedures about domestic abuse refer to safeguarding	currently say and identify any gaps - Update policies, protocols and procedures accordingly			
5.6	Prevention Protection	Ensure all relevant sectors of the workforce have access to training and awareness raising including integrated training that covers both safeguarding and domestic abuse rather than treating them as separate issue including mental health, culture and working with difficult/challenging people	- Review current training provision - Identify where integration is required - Integrate training and communication where appropriate	L&D Sub-group	Integrated Domestic Abuse and Safeguarding training	TBC
5.7	Proportionality Protection	Ensure that staff understand that many circumstances are both safeguarding situations and domestic abuse, and that they have a range of social work and legal options with which to work with people	- Identify social work and legal options available - Identify roles that require information - Communicate options to relevant roles	SS/KV	Relevant staff aware of social work and legal options available	TBC
5.8	Partnership	Ensure adult at risks are included/represented in the refresh of Barnet's Domestic Violence and Violence Against Women Strategy	- Work with the Domestic Violence and Violence Against Women to ensure adults links between BSAB business plan objectives	EC	Adults at risk represented within Barnet's Domestic Violence and Violence Against Women	21 st April 2016

5. Domestic Violence and Abuse Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
					Strategy	
5.9	Partnership	Ensure that there is best practice guidance on the use of interpreters in safeguarding and domestic abuse training. This should include the risks associated with using family members as interpreters (DB DHR rec 2)	<ul style="list-style-type: none"> - Review current guidance with reference to best practice and revise as required. Include the risks associated with constant use of family members - Disseminate and audit delivery of guidance - Include guidance in safeguarding pack 	SS/KV	The use of family members is avoided to gain service users information, wishes and needs directly, and this is always done in cases of suspected abuse	TBC
5.10	Partnership	All agencies who have involvement with the Domestic Homicide Review to ensure that the full Overview Report, its findings and learning is disseminated to decision makers, trainers, and the staff teams involved with the case	<ul style="list-style-type: none"> - Report disseminated and learning events held – managers to ensure all front line staff attend - Audit of frontline staff attending learning events - Learning incorporated into safeguarding training including referral pathways 	SS/AH RV, RB, HW agreed to help with learning events – set up as task and finish group	<p>Number of domestic abuse referrals from staff to safeguarding</p> <p>Increased domestic abuse and MARAC referrals from adult services</p>	TBC
5.11	Prevention	Develop policy and guidance on working with carers under stress, with carers as alleged perpetrators of abuse, and for situations where the alleged carer/perpetrator is preventing access to the adult at risk, and identify an appropriate risk assessment for these situations	<ul style="list-style-type: none"> - Policy and guidelines scoped – consideration whether this can be incorporated into existing policy - Policy/guidance produced and implemented 	SS/KV	Practitioners confident in working with carers under stress and/or alleged perpetrators resulting in better risk assessment and the protection of victims	TBC

5. Domestic Violence and Abuse Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
		(DB DHR rec 6)				

9. How we will evidence improvement in performance

The BSAB and the Performance and Quality Assurance sub-group will analyse and evaluate performance of the plan to:

- Measure the impact of the BSAB's activity on outcomes for adult at risks
- Undertake quantitative and qualitative evaluation of practice and interventions
- Utilise and apply National research as a benchmark in order to drive improvements in performance
- Identify areas for improvement going forward to secure better outcomes for adult at risks in Barnet
- Escalate concerns

Appendix 1: How we identified our priorities

In September 2015 SAB Members and Service Users Forum were asked to complete a preform setting out their organisations top 6 priorities for the next SAB business plan. These priorities were collated and presented at a development day in December 2015 which all the SAB members were invited to attend:

Number of nominations from a total of 26 - Priority	Summary
3 - Neglect	New: neglect, self-neglect (hoarding, anti-social behaviour), being more proactive with vulnerable people who do not meet the safeguarding threshold such as self-neglect, hoarders and mental health issues.
3 - Awareness	2014-16 plan – Increase understanding of what might constitute abuse – all actions complete New: Staff that understand the needs of learning difficulties, Primary Care and safeguarding New: Education and protection of adults from the effects of fire
2 - Access to Justice	2014-16 plan – Improve access to justice for adult at risks – actions mainly amber
2 - Domestic Abuse	2014-16 plan – Ensure implementation of lessons learned from any serious case reviews or domestic homicide review – actions green
2 - Pressure Ulcers	2014-16 plan – Improve the standards of care to support the dignity and quality of life of vulnerable people in receipt of health and social care, including effective management of pressure ulcers – actions all complete or green
2 - Mental Capacity	2014-16 plan – Increase understanding of service providers of the Mental Capacity Act and Deprivation of Liberty safeguards – actions all complete or green
2 - Deprivation of Liberty	As above
2 - Prevent	New: Radicalisation of vulnerable individuals
2 - Adult MASH	New: Establishing an Adult MASH either separate or integrated with the children's MASH
1 - Miscellaneous	<ul style="list-style-type: none"> - New: Making safeguarding personal - New: Data - Revise the data available in the monitoring reports - New: Identify and meet the needs of adults at risk - New: Skilled staff trained to a high standard - New: Find out about the experience of the service users - New: Care and nursing homes – ensuring all agencies working with care homes have a strategy for assessing and monitoring risk and recognising good practice; managing failing care homes with a multiagency approach - New: Identifying adult at risks

SAB members discussed the submitted priorities and agreed the following key work themes over the next two years covered by the Business Plan:

1. Personalisation
2. Adult Multi Agency Safeguarding Hub (MASH)
3. Access to Justice
4. Pressure Ulcers
5. Domestic Abuse

Appendix 2 - BSAB Budget 2016-2018

Barnet Safeguarding Adults Board Finance Report 2016-17				
	£	£	Variance	Comments
Income				
London Borough of Barnet	51,761			
MPS	5,000			
CCG	10,000			
BEH MHT	5,000			
LFB	500			
	72,261			
Commitments 2016/17				
Staffing Costs				
Independent Chair		-12,000		
Project and Policy Officer (0.88 FTE)		-39,760		
L&D Officer (0.25 FTE) (Proposed)		-11,000		
		-62,761		
Other expenses				
Board conference/away days/training		-3000		
Safeguarding promotional items		-1400		Booklets, leaflets, fact sheets, posters
Expenses and on costs		-280		Refreshments
Annual Report and Strategic Plan		-400		Printing and distribution
Safeguarding month		-400		
Safeguarding Adults Reviews		-10,000		20 days _@ £500 (2 per year)
Safeguarding Adults User Forum		-1,845		4 days travel, interpreters and lunch and refreshments
		-17325		
Totals	72,261.00	-80,086	-7,825	