

MEETING:	Safeguarding Scrutiny Committee
DATE:	Tuesday, 10 November 2015
TIME:	2.00 pm
VENUE:	Reception Room, Barnsley Town Hall

MINUTES

Present Councillors Worton (Chair), G. Carr, Frost, Hampson, Millner, Pourali, Saunders and C. Wraith MBE together with co-opted member Ms K. Morritt

9. Apologies for Absence - Parent Governor Representatives

There were no apologies received in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

10. Declarations of Pecuniary and Non-Pecuniary Interest

There were no declarations of pecuniary and non-pecuniary interest.

11. Minutes of the Previous Meeting

There were no issues raised with the minutes of the meeting held on the 15th September 2015.

12. Barnsley Safeguarding Adults Board (BSAB) Annual Report 2014-15

The Chair welcomed the witnesses to the meeting, which included:

- Bob Dyson, Independent Chair, BSAB (newly appointed)
- Brigid Reid, Chief Nurse, Barnsley Clinical Commissioning Group (CCG)
- Gillian Pepper, Designated Nurse Safeguarding Adults and Patient Experience, Barnsley CCG
- Karen Hockley, Detective Inspector from South Yorkshire Police (SYP) Safeguarding Adults Team
- Julie Warren – Sykes, Acting Assistant Director of Nursing, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)
- Alison Bielby, Deputy Director of Nursing, Barnsley Hospital NHS Foundation Trust (BHNFT)
- Tony Dailide, Interim Service Director, Assessment and Care Management, BMBC
- Kyra Ayre, Head of Service, Mental Health, Disabilities and Professional Support, BMBC
- Jane Wood, Head of Joint Commissioning, BMBC
- Yvonne Butler, Safeguarding Adults Service Manager, BMBC
- Michael Potter, Service Director, Organisation and Workforce Improvement, BMBC
- Pete Sheldon, Learning and Development Manager, BMBC
- Cllr Margaret Bruff, Cabinet Spokesperson – People (Safeguarding) BMBC

B Dyson gave an introduction to the Barnsley Safeguarding Adults Board (BSAB) Annual Report 2014-15, explaining he has recently been appointed to the Chair of this board and gave thanks to his predecessor, Councillor Jenny Platts who was the Chair until the end of March 2015.

B Dyson explained that he was not involved in the production of this year's report however a development day that had been held with the Board Members identified a number of changes for future reports including additional data analysis being undertaken, changes in how information is displayed, also that the report will be available earlier in the year.

B Dyson advised an action plan for the Board has now been developed, which can be shared with the committee; from this the Board has already identified they will hold bi-monthly meetings, instead of the previous quarterly meetings.

The Strategic Board has finalised a rolling three year Strategic Plan, which is necessary to ensure all areas are compliant with the Care Act (2014) which came into force in April 2015. Boards themselves have to be Care Act compliant as well as ensuring people are given choice regarding services and that safeguarding is made personal.

Changes have been made to the structure of the Board with the number of sub-committees being reduced from 5 to 2. One will be the Performance Management and Quality Assurance Sub-group led by Michael Potter and the other will be the Pathways and Partnerships group led by Gillian Pepper, with Task and Finish Groups falling out of these groups to undertake specific work. It is important that partners are well represented and regularly attend these groups. A number of changes have already been made to the work of the BSAB and there are plans for this to continue.

Members proceeded to ask the following questions:

- i) With reference to Section 4 of the BSAB Annual Report, which provides statistical information on alleged abuse, this identifies 106 cases of neglect in Care Homes and that 61 of the alleged perpetrators were Residential Care Staff; what improvements have been implemented to prevent this from happening again?

The committee were advised the Board recognises the importance of Care Homes and the role they fulfil, from the data they provide, which is regularly monitored. There are now contractual arrangements with Care Homes to regulate the quality and standard of service they must provide.

Currently there are adequate levels of staffing within these Homes, and they are obliged to report any changes within a timely manner. A more pro-active system is in place for the visiting of Care Homes and we let homes know we will be doing unannounced inspections. These kinds of visits are made to ensure any changes that have been recommended have since been implemented.

If any concerns are raised with a Home, the service will intervene and there are different levels of intervention depending on the severity of the situation. Also, the inspections conducted by the Care Quality Commission (CQC) are now more

comprehensive, which has helped to improve the level of care within individual Homes.

The service is supportive of Care Homes and positively encourages them to continually improve their standard of service and be honest regarding the services being provided.

- ii) Have improvements been seen in Care Homes within the borough since the BSAB Annual Report was produced?

The group were advised there are better mechanisms in place to support Care Homes in Barnsley to deliver better services; therefore improvement in the safeguarding statistics should be illustrated in the next annual report. Nationally, Safeguarding incidents have increased in Care Homes; therefore Barnsley is not an outlier. We would like there to be no incidents of Safeguarding, however we have to be realistic. Some queries which are sent through are reported as safeguarding, however the issue is actually about the quality of care; therefore, we need to sample individual cases which is what we plan to do.

- iii) How effective are performance management arrangements? Are partners held to account and is there genuine challenge amongst professionals?

Members were advised there are still areas for improvement within the performance framework; it was noted the Barnsley Safeguarding Children Board (BSCB) used to have 69 performance indicators, however reports weren't read properly, therefore work was done and they now have 20. These indicators are more informative and BSCB are able to undertake better analysis.

The committee was advised the Performance Management and Quality Assurance Sub-group has been chaired by Michael Potter since April 2015, membership has been refreshed and they are currently reviewing the BSAB performance framework. The group will be reporting their findings to the Board on the 6th January 2016. This group will collect, analyse and challenge data as well as escalate findings to the Board for them to challenge performance and suggest improvements on a quarterly basis.

The group were advised there is genuine challenge amongst professionals which the Chair will continue to develop and also welcomed challenge from the Scrutiny Committee. The witnesses advised that as a result of challenge put in the system, this was responded to with a development day being held for the BSAB. Similarly the witnesses agreed that the most recent meeting held in the previous week exemplified a good level of challenge and respect amongst BSAB members.

- iv) Are appropriate resources available to deliver safeguarding training and are different agencies/employees engaged in this?

The committee were advised that a number of agencies have completed self-assessments regarding their requirements which has itself created challenges. Problems may arise if resources to deliver training are reduced and the impact this will have on services. Representatives on BSAB include Healthwatch as well as a local carer who are able to inform us of the impact of changes.

Members were advised safeguarding is an important priority for the Council, and to support this it is essential the relevant people are appropriately trained and have the necessary skills regarding this. Partnership working needs to be embedded in this process to enrich the training, ensuring it is meaningful and includes case studies.

Of the Safeguarding Training provided by Barnsley Council, 80% is delivered to the independent sector, the uptake was originally slow, but has now increased. Evidence from our re-refresh courses also shows that a lot of the information has been retained.

v) Is Induction Training provided by the Council?

The committee were advised that induction training is provided by the Council both internally and externally, including for micro organisations who employ Personal Assistants (PAs).

vi) There is a large turnover of staff within Care Homes; do we ensure training is kept up to date?

The group were advised that organisations are aware of their own transience and have to keep up to date with this as part of their CQC (Care Quality Commission) registration. As a provider, the Council is constantly delivering this training.

vii) The report largely covers public sector agencies, are there are plans to engage with the Voluntary Sector?

The committee was advised Healthwatch have been feeding into the Board and have been involved with its work. As part of the Care Act 2014, it is now a requirement for Healthwatch to be part of the Board. Healthwatch will be able to engage with carers and service users on behalf of the Board, particularly in making sure that people are receiving personalised help. We accept however that we need to do more as a Board in terms of engaging with the Voluntary Sector.

viii) With reference to item 2.4 of the BSAB Annual Report regarding the 'Ethnicity distribution of safeguarding referrals', could future reports also provide a breakdown of the sexual orientation in the cases that have been referred?

The group were advised that the forms used to collect the statistical information need to be amended to request this, and then it can be captured for reporting purposes. The Board has made links with the 'LGBT' forum regarding seeking views from this group and also needs to utilise the information available from the CQC regarding individual care, dignity and respect.

ix) What work is done regarding Hate Crime and should this be mentioned in the annual report?

The committee were advised there have been targets in place for the reporting of Hate Incidents and Crime; however it sits outside Public Protection and is part of daily business. Within South Yorkshire Police (SYP), there is a focus in each district regarding this and independent advisory groups scrutinise reports and outcomes. The experience of victims has been recorded and this has been shared with managers to aid learning and improvement. We need to consider if work in relation to

Hate Crime is relevant to the board and should be included as part of next year's annual report.

x) What risks are evident in Barnsley in relation to the *Prevent* agenda?

Members were advised this doesn't sit under Public Protection, however all SYP are *Prevent* trained and SYP representatives go out to partners and cascade this. As front-line NHS employees have to be trained in *Prevent*, they are further on with implementing this agenda than other partners, as for example emergency departments can start picking up information regarding this.

The group were advised that Yvonne Butler is trained to chair Channel meetings and that the training provided by SYP is available to all partners, also that there will be more information in relation to this in next year's annual report.

xi) How much money goes into identifying radicalisation?

The group were advised that the first step is to get some Council employees trained in this as well as the train the trainer model. We also need to scope the delivery required which will be done similarly to Safeguarding training which is part of a continuous process.

xii) Is the Board engaging more with carers?

The committee were advised following the Care Act coming into force from April 2015, the Board has to engage with carers as part of the government's 'Making Safeguarding Personal' agenda. This means that individuals and carers are asked about what they want which should lead to outcome based decision making.

xiii) How effective are the induction courses provided to people within the care industry?

Members were advised that there are national standards regarding being awarded the Care Certificate. The Council provides a 7 day induction programme which support the Care Certificate, and works with commissioners to make sure it's part of contract arrangements. However, the responsibility is with individual managers to sign-off the competency of their care workers.

The care workforce is very transient which makes this difficult to manage. However, this is high on the CQC's agenda and they check details regarding this whenever they undertake an inspection.

xiv) Is part of the Action Plan to increase the percentage of staff trained in Safeguarding?

The group were advised 80% of the delegates on Council delivered Safeguarding Adults courses are from the Independent sector; officers in the Workforce Development team liaise with the independent sector to promote available training and increase engagement in this. There has been a steady increase in companies accessing this however some national organisations provide their own in house training, particularly as there is national mandatory training which has to be completed by employees.

xv) Can you monitor whether carers in Barnsley are appropriately qualified?

Members were advised information is available from the National Minimum Data Set for Social Care which includes information such as how many people are employed within an organisation and different roles which helps us to build a picture of the workforce.

xvi) Where can people access information regarding the standard of homes in their local area?

The group were advised that this information can be obtained from the CQC website, which provides a rating following its own inspection of a Care facility. Also, making an unannounced visit to an establishment can help in providing someone with the knowledge to decide if a specific home meets their individual requirements.

There have been local authorities that have used their own star rating for the Care Homes within their boundaries, but this has resulted in problems and them being challenged by both the residents and the Care Home itself.

xvii) With reference to the statistical information in Section 3 of the BSCB Annual Report, why were there no referrals made from 'Housing' or 'Education/Training/Workplace sources'?

The group accepted that a large number of visits have been carried out by Berneslai Homes and they would have expected at least some referrals from this, therefore the service will investigate this.

xviii) Is a log kept of individuals' training and is this audited to make sure this is being completed according to required timescales?

The committee were advised that with training delivered by the Council there are systems to monitor this and reports can be completed detailing who has undertaken the training, where and when. Training completed in the independent sector needs to prove to the CQC that employees have successfully completed required training.

xix) With reference to Section 5 of the BSCB Annual Report, where there are cases that have been substantiated, why are there high incidences of 'no further action' being taken regarding both the perpetrator and the victim?

Members were advised there are several reasons that can explain this for example it can depend on the thresholds used when recording the information. Also, individuals can change their minds; initially a case can be reported and then the person may decide they don't want to pursue it any further. As a Council, we need to be doing individual case file audits to ensure that the thresholds are correct and that the right things are being investigated.

The group were advised the next annual report will contain more narrative as well as statistical data which will help to provide a clearer understanding of what is being reported. 'No further action' regarding safeguarding referrals makes them appear diluted which is not appropriate. Also, they are very stressful for those involved; therefore it is important that the right things are being investigated.

- xx) How confident are you that incidents of patients appearing with wounds / bruising where there is no explanation or reporting of them in a home is not happening?

The committee were advised this is a difficult question to answer as this may be about personalised one to one care which is not witnessed by any other carers in a home or visiting relatives. The CQC undertake unannounced visits to prevent incidents such as this. They themselves also have the dilemma of whether CCTV (Closed Circuit Television) should be used in bedrooms due to implications of this.

There needs to be a culture which encourages openness and transparency so that people can acknowledge problems and learn from them rather than having a 'blame culture'. It is very important that we have this transparency amongst providers.

- xxi) There have been recent studies undertaken and proposals made regarding the use of CCTV in Care Homes; has the recommendation to install CCTV in Barnsley Care Homes been considered so we have a visible and auditable trail of evidence regarding claims and are there any Homes in Barnsley that already have this technology installed?

Members were advised that services weren't aware of any Care Homes in Barnsley where CCTV has been installed. There are a lot of privacy issues concerned with having constant CCTV coverage in someone's room; however services will make a note to keep abreast of any developments in this area.

- xxii) Do employees working in the Care Industry have the knowledge to recognise changes in someone's mental health?

The committee were advised that Safeguarding and Mental Capacity Act training go hand in hand and this goes for both the statutory and independent sector. There is robust training and record keeping regarding this area; however we know that people don't recognise Dementia as early as they could. There is a national problem as care workers are paid the minimum wage, therefore tend not to have the skills and abilities of other employees. Within our budget we ensure that this training is offered and we continue to raise awareness regarding this area.

- xxiii) Are voluntary organisations being used to assist people who are suffering from dementia?

The committee were advised currently there is considerable work being undertaken with dementia patients and where possible people are being supported in their own homes. There are cases with people suffering from depression as well as dementia and in these circumstances it is essential that people are correctly signposted for help with health and wellbeing, not safeguarding. People are referred to other agencies where appropriate, for example Healthwatch assist with this. It was also highlighted that Barnsley is a 'Dementia Friendly Town'.

- xxiv) Are referrals made by partner organisations such as South Yorkshire Fire and Rescue tracked to ensure they have been properly dealt with?

Members were advised due to a lack of resources this is not possible; SYP advised that they follow up referrals but it would be part of wider protection measures in place.

xxv) Are GPs knowledgeable regarding varying characteristics that can affect a dementia patient, as the committee was given an example where it was considered the advice given by a GP had been unhelpful?

The group were advised this case seems unusual; when situations such as this occur we need to ensure it is reported and further questions asked. The service advised they would raise the issue of training for GPs regarding Dementia.

xxvi) What does the Board see as its key areas of development and how will these be achieved?

Members were advised a three year strategic plan has been agreed and we need to make sure the business plan is realistic and covers objectives that can be achieved within timescales. We need to ensure partners on the Board are Care Act compliant as well as update our Memorandum of Understanding to clarify our relationship with other stakeholders, such as the Health and Wellbeing Board (HWB).

We also need to audit our Vulnerable Adult Risk Management (VARM) and understand the quality of our figures. We need to embed the culture of challenge amongst the Board as well as ensure our training courses are appropriate and have an impact upon the workforce.

xxvii) What actions could be taken by Members to assist in the work of the BSAB?

Members were advised they can help to raise the profile of the BSAB and continue to challenge the work it undertakes. Also, attend any training/briefings provided relating to this area of work and ensure any concerns raised over Care Homes by constituents are reported.

Members were advised that Barnsley has a Safeguarding Team resource within SYP who can investigate high risk cases, such as rape. There is also a 'Circles of Support' initiative within the Learning Disability Team to help support and keep people safe, therefore Members can encourage reporting and promote these initiatives.

xxviii) Is there anything in place with regards to Safeguarding and Private Landlords/Homes?

The group were advised some authorities are looking at the registration of private landlords. Previously, focus has been on ensuring properties have safety certificates etc. in place. We would need to consider how we accessed different landlords as not all of them use managing agents. Discussions are underway regarding the registration of landlords, for example the HWB have concerns for both adults and children in relation to this.

xxix) If anyone has any concerns how would they report this to the Council?

The committee were advised they would need to telephone Barnsley Council's Adult Social Care helpline on 01226 773300.

The Chair thanked all the witnesses for their attendance and helpful contribution and declared the meeting closed.

Action Points

1. B Dyson to circulate a copy of the Barnsley Safeguarding Adults Board (BSAB) Action Plan to the committee.
2. BSAB to increase their work and engagement with the Voluntary Sector.
3. BSAB to include sexual orientation in the future collection of demographic information.
4. BSAB to consider whether work and information regarding Hate Crime should be included as part of next year's annual report.
5. Service to investigate with Berneslai Homes why there were no referrals following the large number of visits made to Council Properties.
6. Services to keep abreast of developments regarding the use of CCTV in Care Homes.
7. CCG to raise the issue of training for GPs regarding Dementia.