

MEETING:	Overview and Scrutiny Committee
DATE:	Tuesday, 13 September 2016
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

AGENDA

Administrative and Governance Issues for the Committee

1 Apologies for Absence - Parent Governor Representatives

To receive apologies for absence in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

2 Declarations of Pecuniary and Non-Pecuniary Interest

To invite Members of the Committee to make any declarations of pecuniary and non-pecuniary interest in connection with the items on this agenda.

3 Minutes of the Previous Meeting (Pages 3 - 10)

To approve the minutes of the previous meeting of the Committee held on 12th July 2016 (Item 3 attached).

Overview and Scrutiny Issues for the Committee

4 Barnsley Safeguarding Adults Board (BSAB) Annual Report 2015-16 (Pages 11 - 58)

To consider a report of the Director of HR, Performance and Communications (Item 4a attached) in respect of BSAB's Annual Report 2015-16 (Item 4b attached).

5 Exclusion of Public and Press

The public and press will be excluded from this meeting during consideration of the items so marked because of the likely disclosure of exempt information as defined by the specific paragraphs of Part I of Schedule 12A of the Local Government Act 1972 as amended, subject to the public interest test.

6 Children's Social Care Reports (Pages 59 - 98)

Reason restricted:

Paragraph (2) Information which is likely to reveal the identity of an individual.

Enquiries to Anna Morley, Scrutiny Officer

Phone 01226 775794 or email annamorley@barnsley.gov.uk

To: Chair and Members of Overview and Scrutiny Committee:-

Councillors Ennis (Chair), P. Birkinshaw, G. Carr, Charlesworth, Clarke, Clements, Franklin, Frost, Gollick, Daniel Griffin, Hampson, Hand-Davis, Hayward, W. Johnson, Lofts, Makinson, Mathers, Mitchell, Philips, Pourali, Sheard, Sixsmith MBE, Spence, Tattersall, Unsworth and Wilson together with co-opted Members Ms P. Gould, Mr M. Hooton, Ms J. Whitaker and Mr J. Winter and Statutory Co-opted Member Ms K. Morrill (Parent Governor Representative)

Electronic Copies Circulated for Information

- Diana Terris, Chief Executive
- Andrew Frosdick, Director of Legal and Governance
- Rob Winter, Head of Internal Audit and Risk Management
- Julia Bell, Director of Human Resources, Performance and Communications
- Ian Turner, Service Director, Council Governance
- Anna Morley, Scrutiny Officer
- Press
- Majority Members Room
- Opposition Members Rooms, Town Hall – 2 copies

Witnesses

Item 4 (2:00)

- Bob Dyson, Independent Chair, BSAB
- Brigid Reid, Chief Nurse, Barnsley Clinical Commissioning Group (CCG)
- Sarah MacGillivray, Designated Nurse for Safeguarding Adults, Barnsley CCG
- Alison Bielby, Deputy Director of Nursing, Barnsley Hospital NHS Foundation Trust (BHNFT)
- Peter Horner, Public Protection Unit Manager, South Yorkshire Police
- Glynn Shaw, Head of Service, Adult Assessment & Care Management, People Directorate
- Michael Potter, Service Director, Organisation & Workforce Improvement, BMBC – Chair of Performance Sub-group
- Cath Erine, Safeguarding Adults Board Manager, BMBC
- Cllr Margaret Bruff, Cabinet Spokesperson - People (Safeguarding), BMBC

MEETING:	Overview and Scrutiny Committee
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MINUTES

Present

Councillors Ennis (Chair), G. Carr, Charlesworth, Clements, Franklin, Frost, Gollick, Hampson, Hayward, W. Johnson, Lofts, Mathers, Philips, Pourali, Sheard, Sixsmith MBE, Spence, Unsworth and Wilson together with co-opted members Ms P. Gould and Ms K. Morritt

6 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.

7 Declarations of Pecuniary and Non-Pecuniary Interest

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

8 Minutes of the Safeguarding Scrutiny Committee

The minutes of the meeting held on 3rd May 2016 were approved as a true and accurate record.

9 Transformation of Adult Social Care in Barnsley

The Chair welcomed the following experts to the meeting, which included:

- Lennie Sahota, Interim Service Director, Adult Assessment & Care Management, People Directorate
- Margaret Essex, Professional Support and Development Manager, People Directorate
- Kyra Ayre, Head of Service Mental Health, Disabilities and Professional Support, People Directorate
- Glynn Shaw, Head of Service, Adult Assessment & Care Management, People Directorate
- Karen Houghton, Team Manager, Adult Assessment & Care Management, People Directorate
- Johanna Hirst, Assistant Social Care Practitioner, Adult Assessment & Care Management, People Directorate
- Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
- Joanne Barlow, Carer in Barnsley

Margaret Essex advised the committee a short video was to be presented which highlighted a service user's perspective of the new Target Operating Model (TOM) for Adult Social Care Services. At the Local Government Chronicle (LGC) Awards 2016, held earlier this year, Barnsley was 1 of 8 Councils that had been shortlisted, for the Business Transformation category. This video was one of the videos that had been shown to the judges to illustrate the service's achievements. The transformation started during December 2013, in what were challenging times and was successfully

implemented in three phases over a 16 month period. The transformation was designed with customers in mind and the service is proud of what has been achieved. To ensure this was delivered, the workforce were appropriately aligned with the skills needed for their new roles within the model, making sure the most highly skilled staff were working with customers with the most complex needs. The main incentive for the change was to ensure the service remained customer focused, was operating as effectively and efficiently as possible, improving outcomes for individuals within a financial environment where the budget had reduced. A new single point of access, with only one contact telephone number has been developed, with the customer contact team handling all contacts into adult social care. The service has undergone fundamental changes including consolidating and creating new teams as well as improving the pathway to reablement.

The committee were then shown a short video; this gave an account of a mother whose daughter has learning disabilities and her experience of the service. After their appointment with a social worker within the new Transition Team, who they found to be very helpful, her daughter's case was then transferred to the brokerage team. They found this team to be very positive and uplifting, concentrating on what her daughter was able to achieve, through the help of a personal assistant. At all times they felt empowered as the service remained in contact with them including through email and by text message. There was an enormous sense of reassurance knowing her daughter was doing activities she enjoyed, as well as being safe. This increased her daughter's independence and enabled the mother to have some time for herself also.

Members proceeded to ask the following questions:

- i. What percentage of contacts are made via IT versus face to face and are we training people in how to use such devices?

The committee were advised the digital solutions have not yet gone live; this is due to be implemented during mid-August 2016 and is currently undergoing final system testing. The digital service will provide customers with the option to contact the service 24/7 and complete an assessment form to give an indication of their needs. Having completed the form, they will be given a summary of the information they have provided and will either have the option to get further information if this could resolve their request or they will be able to submit their form for further assessment. Users will also be able to complete an on-line financial assessment, which will provide them with an indication of how much their social care contributions might be. Once the digital solution has 'gone live' we expect to see a reduction in the number of telephone enquiries; however this will be over time. The service currently receives around 55,000 enquiries per annum including via telephone, fax, email and post.

- ii. Will Information Technology (IT) training be provided for people in preparation for the move to digital services?

Members were advised the service is working with colleagues in the Communities Directorate to promote digital channels in all our communities and we are also working through Area Councils. The service appreciates the digital option is not suitable for all of our contacts however the next generation expect to be able to do most things online therefore we need to ensure we offer this. We are also investing in staff in relation to this work which will be part of our Workforce Development Programme.

- iii. The report talks about reducing demand; with the transition to digital solutions, how will you ensure people continue to have appropriate access to care and are not denied a service due to not being able to use IT?

The group were advised by introducing a digital solution this is opening up access to the service 24/7; the early intervention and prevention work through this is key in the service being able to manage service demand. Working within a smaller financial envelope has necessitated the service to develop a new way of working, which can both accommodate and be developed to allow for an increase in demand. Work is being progressed with the Communities Directorate in relation to an adults' early help offer; it's about focussing our services on those with greatest need and supporting them in the right place at the right time including signposting them for reablement. It's about improving outcomes and we have processes in place and data as evidence to show this is effective.

- iv. Whilst Digital Champions are employed in the borough, you still have to know that these services exist to access them and it is concerning that our service users in the most need of care will be missed, therefore how will you prevent this?

The committee were advised the model is about better management of services and getting appropriate support to those in need of it. Using IT is broadening the channels available, the other channels still exist but IT facilitates people being able to get answers to their own queries and needs.

- v. Is the TOM designed to help catch the most vulnerable so they don't get missed?

Members were advised this was correct and that all calls are being logged, with a record being made of the nature of the enquiry. By logging the different types of queries the service will be able to identify any gaps and take appropriate action.

- vi. Have social workers taken to the new model and have they been involved in its development?

The group were advised during the 3 phases of the transition, social workers were involved in the development; 100 were actively engaged in designing and developing the new model. During the implementation stage front line staff took on the role of 'change champions'. The changes made require huge cultural change which will take time. We have systems in place for this for example as part of our workforce development, employees with supervisory responsibilities are undertaking the Corporate Leadership Programme and teams are having 'developments days' to ascertain what is working well and what is working less well. In relation to reducing demand, it's about developing our prevention, early intervention and reablement offer so other options are available for those people where social care involvement is not appropriate. We are working to provide personalised, individual services based around service users' needs and outcomes. We have an increasing population and increasing austerity which increases demand on services therefore we need to use available resources to best effect. Whilst reduced budgets have been one of the drivers for change the development of the new operating model was about improving outcomes for individuals as well as offering clearer and better systems for people to access Adult Services.

- vii. Mental health services have always been the 'Cinderella' part of the NHS; however we have a lot of low level mental health problems on our estates including people with addictions, depression and loneliness therefore how will the TOM help us support those people?

Members were advised Mental Health Services in Barnsley are separate to the TOM and are provided by South West Yorkshire Partnership NHS Foundation Trust (SWYPFT). The service works closely with SWYPFT as they need to be knowledgeable of the new operating model. There are good relationships between BMBC's Customer Access Team (CAT) and SWYPFT's Single Point of Access (SPA) Team. The model has been approved by the Health and Wellbeing Board; additionally, numerous presentations have been given to our partners. The service recognises however that different organisations have differing priorities and as such there may be the need for further 'fine tuning' to be done to ensure it continues to meet everyone's needs.

- viii. To what extent have Social Workers bought into the model? Do they understand its operation and has it changed their practice?

The group were advised all staff have been involved in the development of the model from day one. Without the service's dedicated workforce, we couldn't have made the changes. The service reviewed the customer journey and there is now a new organisation structure to reflect the new ways of working. The new model has enabled us to sign-post people to the most appropriate service and to focus on those with greatest needs.

- ix. What actions could be taken by Members to continue to assist in improvements to Adult Social Care Services in Barnsley?

The service responded by stating that Members' role as Community Leaders is key in giving out the message of what the service is trying to achieve with the model. This includes encouraging people to be personally responsible for their own health and wellbeing; explore with people what help and support can be provided from our sources, encouraging a more active lifestyle, to help reduce the levels of obesity, as well as stopping smoking.

- x. With the help from area teams, would the service support the organising of roadshows to assist with the promotion of the new model so we can ensure we are sharing the same message with our communities?

The service advised Members they welcomed this suggestion as it would help in engaging with a much wider audience.

- xi. How effective is the integrated working between different teams and agencies including local health service providers? Are all key stakeholders on board and supportive of future plans and development?

The committee were advised that, the service has good joint working relationships. Feedback from nursing colleagues provided good examples of where, as a result of working with the Customer Access Team, this has prevented people going into hospital. Good work has also been done with the Independent Living at Home Service, SWYPFT's SPA Team as well as with GPs. This however does not mean that there isn't room for improvement. Since go live, the service is reviewing the

customer journey which has highlighted some challenges with our NHS colleagues which is being addressed and will form part of our future development plans.

- xii. What engagement has there been with service users and what do they think to the services?

The group were advised before the model 'went live' they held a workshop for service users, which was well attended, by approximately 30 service users and carers. Those attending were shown the new model in a way they could understand and the service received good feedback. Any concerns that were raised were fed back into the design stage. In addition service users have been testing the service's online solutions and provided the service with very useful constructive feedback and changes have been made as a result. The Engagement Manager was a member of the Project Board and fed back to the Service User and Carer Group. As part of the service development, the service intends to implement a feedback loop so they will randomly call some of those individuals who have been through services 3 months later to find out how they are.

- xiii. The Chair asked Joanne Barlow, a local carer if she would share her experience of using the new model with the committee.

Joanne explained she had found the service to be both very responsive and proactive in looking to find solutions, which had prevented her daughter from being hospitalised. The staff that assessed her daughter were very knowledgeable and the brokerage team responded appropriately. There were regular appointments and things were progressed quickly; avoiding us getting 6 months down the line without any action being taken.

- xiv. In the presentation you mentioned champions in relation to Area Councils; what would you expect from these, e.g. a Safeguarding Champion?

The service advised they want Members to have a general knowledge of the services, what a safeguarding situation is and where to report concerns. The service wouldn't expect Members to act as Social Workers but want them to advise people how to contact Adult Social Care. The suggestion of roadshows will be an additional platform to raise awareness on the subject including to the whole community as safeguarding is everyone's responsibility. The Chair reiterated this, emphasising the more opportunities there are to publicise this and increase awareness, the better.

- xv. Given we have an ageing population with reduced healthy life expectancy and reduction in NHS funding, what is the long-term sustainability of the model if funding in the NHS and Social Care is not improved?

The committee were advised the service is in a much better position now than it was 2 years ago and the TOM is a solid foundation to build upon. The service is undertaking continual review and looking at other ways of working efficiently, for example mobile working for staff. The service advised there is a national drive for health and social care services to work together closer and we also need to work with the population to change lifestyles.

- xvi. In terms of resources, what are the levels of staff sickness absence, vacancies, use of agency staff and the effects on working practices?

The group were advised there are very few agency staff; around 4 or 5 were recruited to complete a time limited piece of work. Recruitment and retention of employees is not as much of a problem here as elsewhere; currently the service only has 1 vacancy.

- xvii. The model has now been operational for just over a year; what data do you have that the service is performing and is better now than prior to the changes; also, please can you provide this?

Members were advised comparative data can be provided to demonstrate their performance before and after the introduction of the model. The target for the CAT is to be able to handle and resolve 72% of all enquiries, and as part of the PricewaterhouseCoopers (PwC) review they found this to be 66%. Total contacts into the CAT are between 220 and 300 calls a day. Therefore we're resolving around 2 thirds of these currently which allows us to spend time dealing with the more complex and long term cases. The reablement team has increased from dealing with numbers around the low 50's to over 100 a month which means we have re-abled more people. 70% of those customers are leaving services either with no services or reduced services which is a positive result. Also, more people now have choice and control over their care and support, with an increase in direct payments from 29% pre-implementing the TOM to 40% now. The service offered to provide further information to Members if required.

- xviii. Following Pricewaterhouse Coopers' review in October 2015, are they going to be involved in future reviews or will this be done internally?

The committee were advised the service was not intending them to be involved again in any future reviews as this work was agreed as part of the initial implementation package.

- xix. With the new model now in operation has there been any increase in the number of complaints?

The group were advised there has been no increase in relation to the model and following their customer survey, this has shown the level of customer satisfaction has increased.

- xx. If there was a sudden increase in the number of complaints would the service react to this accordingly?

Members were advised this was the case and were reassured the model is continually being reviewed and refined and if any issues arose these would be addressed.

- xxi. The independent review undertaken by PwC demonstrated good practice; would the service consider another independent review to ensure our processes are appropriate?

The committee were advised whilst this review was welcomed, key service users and carers groups advising on effectiveness of the new ways of working was the most powerful. With the service regularly reviewing the care needs it provides, they are able to continually feed in improvements.

- xxii. As service users and carers, and us as Elected Members are not experts, then we should be having an external review and shouldn't be afraid of letting someone look at our services?

Members were advised the service welcomes feedback and external evaluation if required. The service is currently undertaking a thorough review of the customer journey.

- xxiii. As Councillors we do not consider we are sufficiently trained to review the new model; however, as members of the committee we need the reassurance there are no problems, therefore we suggest you use another Local Authority who is performing well to undertake a peer review of our services?

The group were advised the service would continue to work with other local authorities to look at sector-led improvement.

- xxiv. The service is trying to be efficient in implementing the new model, therefore Members need to be patient in terms of reviews being undertaken; is our own internal audit process reviewing systems?

The committee were advised the service agrees that independence in relation to reviews is helpful and mentioned they will take this on board. Members were advised the experience and knowledge brought by two successive interim directors has brought independent challenge and external perspectives as to what has been done.

- xxv. The report details the percentage of the population aged over 85 years is to double within the next 20 years, is this locally or nationally; also, an ageing population are less likely to embrace the transition to an online service, therefore how will this be managed; finally, please can you advise of the single point of contact telephone number?

The group were advised the telephone number is 01226 773300 which the service advised they would circulate to all members and suggested this would be an opportunity to refresh our communications to the public and our partners on how to contact us and our services.

Members were advised that in relation to digital access this is not the only way to contact the service and is just an alternative means, but for many will be more convenient as they may want 24/7 access. Members were also advised that statistically, residents who live in the West of the borough generally live longer than in the East. Although we are now witnessing an ageing population, we are living healthier for longer which is starting in our fifties. The committee were advised the Director of Public Health's Annual Report 2015–2016, is available online and shows this information in an interactive way.

The service also explained it can provide statistical information on the demographics of the area.

- xxvi. Was the introduction of the new model driven by the financial constraints within the service and would it have been implemented if this had not been the case?

Members were advised that they would have still introduced the TOM but not at the same pace; however it had to be done within Future Council deadlines. The model has brought together the direction of travel the service was going in anyway.

The Chair thanked all the experts for their attendance and helpful contribution.

Action Points

- 1) With the help from area teams, the service to consider the organising of roadshows, to help with the promotion of their new model and ensure consistent messages are given out to communities.
- 2) Members to advise if they require additional comparative data of service performance, prior to and after the introduction of the model.
- 3) Service to consider the use of another local authority to undertake a future peer review of the TOM.
- 4) Service to circulate the single point of access telephone number, 01226 773300 for Adult Social Care to all Elected Members and relevant partners, including information on our services.
- 5) Link to the Director of Public Health's Annual Report to be circulated to Members.
- 6) Service to provide figures in relation to population demographics in the Borough referred to in the report.

10. Exclusion of Public and Press

RESOLVED that the public and press be excluded from the meeting during consideration of the following items, because of the likely disclosure of exempt information as described by the specific paragraphs of Part I, of Schedule 12A of the Local Government Act 1972, as amended, as follows:-

Item Number	Type of Information Likely to be Disclosed
10	Paragraph 2

11. Children's Social Care Reports

Members reviewed and provided challenge to Children's Social Care performance information in relation to early help assessments, contacts, referrals, assessments, section 47 investigations, child protection, looked after children and caseloads. Witnesses gave further information on issues raised by the report submitted in response to questions from Members. During this meeting, Members were also given a briefing session and were provided with a guide to Children's Social Care performance indicators, to assist them with challenging the information.

Item 4a

Report of the Director of Human Resources,
Performance & Communications,
to the Overview and Scrutiny Committee (OSC)
on 13th September 2016

Barnsley Safeguarding Adults Board (BSAB) Annual Report 2015-16 - Cover Report

1.0 Introduction and Background

- 1.1 Local Safeguarding Adults Boards are a key system in every locality across the country to enable organisations to come together to agree on how they will cooperate with each other to safeguard and promote the welfare of adults. The Barnsley Safeguarding Adults Board (BSAB) has been operating since 2000 but was originally known as the Adult Protection Committee. However it was not until the Care Act 2014 that it became a statutory requirement for local authorities to set up a Safeguarding Adults Board (SAB) with core membership from the local authority, the Police and the NHS (specifically the local Clinical Commissioning Group [CCG]) and the power to include other relevant bodies.
- 1.2 The Government recognised that even though local authorities have been responsible for adult safeguarding for a number of years, there have never been any clear laws to support this. Therefore, under the Care Act 2014 there was a statutory responsibility for SABs to be in place from April 2015, enabling local partnership working amongst key organisations to hold each other to account and to ensure safeguarding adults remains high on the agenda across the area. The Care Act 2014 recognises that local authorities alone cannot safeguard individuals but requires joint-working with other agencies as well as awareness of the wider public.
- 1.3 The BSAB is a multi-agency Board comprising statutory, independent, voluntary organisations and service user/carer representation which have a stakeholder interest in safeguarding adults. The vision of the Board is 'that every adult – irrespective of age, race, gender, culture, religion, disability or sexual orientation, has a right to live a life free from abuse, neglect, exploitation and discrimination.
- 1.4 The BSAB Annual Report 2015-16 (Item 4b - attached) outlines the work of the board and its local and regional partners from April 2015 to March 2016. Key achievements during this time include:
- Appointing an independent board chair
 - Streamlining the BSAB structure and reducing the number of sub-groups
 - Holding a development day that set the board's vision and direction of travel
 - Agreeing a 3 year strategic plan
 - Agreeing a protocol for Safeguarding Adult Reviews that aligns with the process for Domestic Homicide Reviews
 - Strengthening reporting on standards of care in care homes
 - Working to get a shared understanding of safeguarding across the partnership, including Making Safeguarding Personal (MSP), which is a shift in culture and practice to empower adults at risk of abuse and neglect to have greater control over what happens.

1.5 BSAB's plans for 2016-17 are listed on page 30 of Item 4b (attached). The key pieces of work which are currently being undertaken include:

- Strengthening performance reporting to address data quality issues
- Carrying out case audits of front line practice to provide quality assurance
- Engaging with wider communities and adults who experience safeguarding to help in determining what the board does
- Developing proposals to strengthen training provision
- Following audits, holding a challenge process whereby the independent chair will be able to question senior board members on how effectively their organisations are carrying out their safeguarding business
- Ensure clear local guidance on safeguarding procedures is available to ensure practice is consistent and robust.

1.6 At today's meeting, a number of Board representatives have been invited to the meeting to answer questions from the Overview and Scrutiny Committee regarding the work of the BSAB over the last Annual Reporting year (April 2015-March 2016) as well as to talk about the work being undertaken this year.

2.0 Invited Witnesses

2.1 The following witnesses have been invited to today's meeting:

- Bob Dyson, Independent Chair, BSAB
- Brigid Reid, Chief Nurse, Barnsley Clinical Commissioning Group (CCG)
- Sarah MacGillivray, Designated Nurse for Safeguarding Adults, Barnsley CCG
- Alison Bielby, Deputy Director of Nursing, Barnsley Hospital NHS Foundation Trust (BHNFT)
- Peter Horner, Public Protection Unit Manager, South Yorkshire Police
- Glynn Shaw, Head of Service, Adult Assessment & Care Management, People Directorate
- Michael Potter, Service Director, Organisation & Workforce Improvement, BMBC – Chair of Performance Sub-group
- Cath Erine, Safeguarding Adults Board Manager, BMBC
- Cllr Margaret Bruff, Cabinet Spokesperson - People (Safeguarding), BMBC

3.0 Possible Areas for Investigation

3.1 Members may wish to ask questions around the following areas:

- To what extent have the requirements of the Care Act 2014 been implemented by the Board, including its links with other partners such as the Health and Wellbeing Board (HWB) and the Community Safety Partnership (CSP)?
- How effective are performance management arrangements? How do we compare performance in Barnsley regionally and nationally?
- To what extent has Making Safeguarding Personal (MSP) been implemented in all agencies and is influencing front-line practice?

- How do you ensure the sharing of intelligence between different agencies including linking with the Care Quality Commission (CQC) to ensure services are effective and of good quality?
- How do you ensure service user and carer involvement in the safeguarding of vulnerable adults and that they have opportunity to challenge and influence BSAB's work?
- Are appropriate resources available to deliver safeguarding training and are different agencies/employees engaged in this?
- The performance data continues to indicate high instances of safeguarding concerns in care homes, what is being done to address this and have there been any developments since last year in the use of CCTV?
- What is in place to protect vulnerable people in their own home where they may not be in regular contact with professionals, for example they may be subject to financial abuse from a relative but are fearful of raising their concerns?
- Are all key stakeholders on board and engaged in the work of BSAB? To what extent is the contribution to the board equal from partners?
- What are the key concerns and areas for development for BSAB and how will these be achieved?
- What actions could be taken by Members to assist in the work of BSAB?

4.0 Background Papers and Useful Links

- BSAB Annual Report 2015-16 (Item 4b - attached)
- BSAB Annual Report 2014-15:
https://www2.barnsley.gov.uk/media/3819624/annual_report_2014_-_2015.pdf
- Barnsley Safeguarding Adults Board Website:
<https://www.barnsley.gov.uk/services/adult-health-and-social-care/keeping-safe/barnsley-safeguarding-adults-board/>
- Care and Support Statutory Guidance:
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>
- Safeguarding: List of resources (via the Local Government Association):
http://www.local.gov.uk/care-support-reform/-/journal_content/56/10180/7521881/ARTICLE

5.0 Glossary

BSAB - Barnsley Safeguarding Adults Board
CCG - Clinical Commissioning Group
SABs - Safeguarding Adults Boards

6.0 Officer Contact

Anna Morley, Scrutiny Officer (01226 775794), 5th September 2016

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SAFEGUARDING ADULTS BOARD

Annual Report

2015-16

Independent Chair's Foreword

Bob Dyson



I was appointed as the Independent Chair of the Barnsley Safeguarding Adults Board in April 2015. The decision had been made to move to an Independent Chair in recognition of the fact that Adult Safeguarding Boards had become a statutory requirement. Consequently this is the first annual report that I have been involved with.

I would like to recognise and acknowledge the work of the previous chair, Councillor Jenny Platts, together with board members. I have looked to build on the solid foundations that she had laid.

Soon after my appointment the board held a development day to identify what we needed to do next to take forward the work of the board and to implement the requirements of the Care Act. Together we developed an action plan that we have been working through during the last year.

Actions taken include:

- Reducing the number of sub committees from five to two.
- Further improving the performance information received by the board in order that we can concentrate on the most relevant performance indicators.
- Undertook further work to ensure that there is a shared understanding of safeguarding across the partnership and of the Making Safeguarding Personal approach.
- Strengthened the reporting of activities in care homes in recognition that they are of particular public interest.
- Developed a joint approach with the Community Safety Partnership to establishing if individual cases require a Safeguarding Adult Review or a Domestic Homicide Review. There is now a joint executive panel which I chair that determines if any case referred meets the relevant criteria.
- Developed a communication strategy.
- Introduced a challenge process to the self-assessment completed by board members.
- Continued to monitor the strategy and action plan for the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Developed a three year strategy for the board and a business plan.
- Revised the Memorandum of Understanding for board partners and their engagement in safeguarding adults in Barnsley.

My role as Independent Chair is to ensure that there is a commitment to agencies working together to keep people safe and that there is accountability and challenge within the working practices.

I am pleased to be able to report that I have witnessed a high level of commitment from partner agencies.

As we look ahead we recognise that there are challenges that we will meet including more work on the performance framework and agencies delivering services with reduced levels of funding. I am confident that there is a determination from the board to meet the challenges we face.

- 2** Chair's foreword
 - 4** Introduction
 - 5** What is safeguarding adults?
 - 7** Membership of Barnsley Safeguarding Adults Board (BSAB)
 - 8** Board structure
 - 9** BSAB's vision and priorities
 - 10** BSAB's wider links
 - 11** Working with people using services and the wider community
 - 12** Report on the work of the Board
 - 13** Pathways and Partnership sub group chair's report
 - 15** Performance Management and Quality Assurance sub group chair's report
 - 17** Activity of partner organisations during 2015/16
 - 18** Safeguarding Adult Reviews
 - 19** Safeguarding Performance Data
 - 28** Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS)
 - 30** BSAB's plans for next 12 months
- Appendices:
- 31** Appendix 1 – Training Review 2015/16
 - 34** Appendix 2 – Useful Links

Introduction

This report looks at what the Barnsley Safeguarding Adults Board (BSAB) has done in the last year to safeguard adults at risk in Barnsley. During the year we have moved to new ways of working in accordance with the national guidance in the Care Act.

There continue to be high levels of public concern that vulnerable adults and older people are not always being protected from abuse and neglect - which we rightly have as our highest priority.

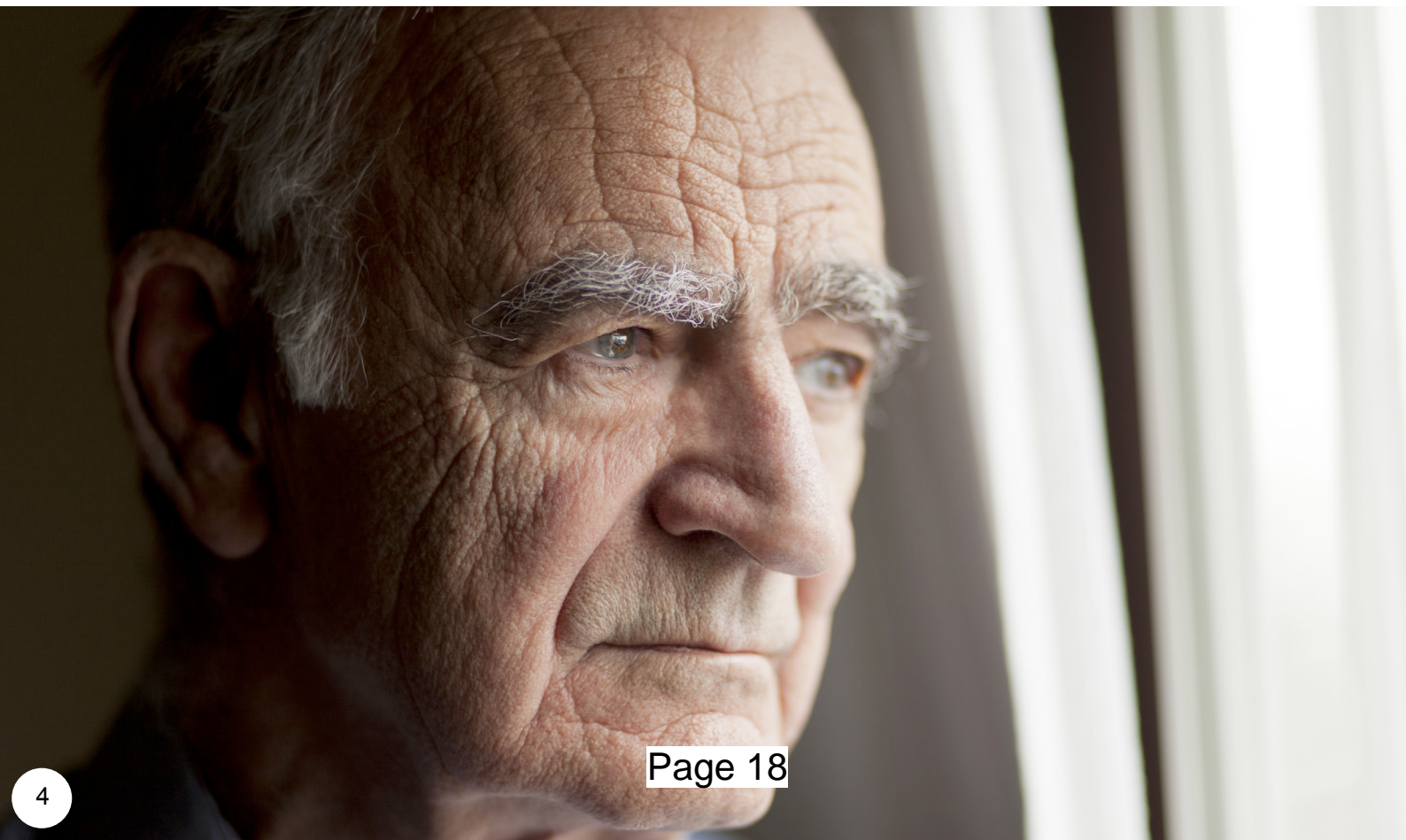
However, we also want to listen to what people want for themselves and making sure that they have as much control as they can over decisions that affect them in relation to safeguarding. We want to talk to communities and the general public and give them the chance to contribute to our thinking and planning.

In producing this year's annual report, we have tried to design it to appeal to a wider audience who have a professional or personal interest in adult safeguarding and want to know more about how it is led and managed in Barnsley.

It is important that we take the actions needed to ensure people are safe and well and, where possible, preventing abuse and neglect from taking place at all.

The key sections of this report include:

- What BSAB does and our vision and priorities
- Progress last year on implementing the Board's strategic plan through its sub groups
- What our partners have been doing to safeguard people
- Statistical information and case histories of people who have had experience of safeguarding
- Our plans for the year 2016/17



What is adult safeguarding?

The Care Act 2014 and associated Care and Support Guidance has for the first time provided a statutory framework for adult safeguarding.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. There are many forms of abuse including physical abuse, domestic violence, sexual abuse, psychological abuse, financial abuse, discriminatory abuse and organisational abuse (e.g. in hospitals or care settings). The Care Act also includes self neglect, although it recognises that this will often be better dealt with outside the formal safeguarding enquiry process.

The Care Act guidance defines the aims of adult safeguarding as being to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs, i.e. those who would be eligible for social care support, even if not receiving it
- Stop abuse or neglect wherever possible and address what has caused the abuse or neglect.
- Safeguard adults in a way that supports them in making choices and having control about how they want to live.
- Promote an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult.

In order to achieve these aims, it is necessary to:

- Ensure that everyone - both individuals and organisations - are clear about their roles and responsibilities.
- Create strong multi-agency partnerships that provide timely and effective responses to abuse or neglect.
- Support the development of a positive learning environment across these partnerships.
- Enable access to mainstream community resources and community groups that can reduce the social and physical isolation which in itself may increase the risk of abuse or neglect.
- Clarify how responses to safeguarding concerns deriving from the poor quality and inadequacy of service provision, including patient safety in the health sector, should be responded to.

The Care Act requires the local authority to make enquiries - or arrange for others to do so - if it believes an adult is experiencing (or at risk of) abuse or neglect. The council therefore has a pivotal role in coordinating safeguarding arrangements. The police have a core role in any case where it is suspected that a crime has been committed.

Case Study: Person living in the community and in receipt of support

Joan, who is in her seventies, lives in the community and is in receipt of support from a domiciliary care agency, providing personal care and dressing tasks, reminders to take medication, ensuring nutritional food and fluid intake is maintained, managing daily living tasks, maintaining skin integrity and preventing self neglect. Joan has a history of mental health problems and is in receipt of fortnightly injections to manage these.

Numerous concerns were received from partner agencies, including police, ambulance service, district nurses, home care, mental health and probation officers. These concerns were in relation to the potential risk of abuse from Joan's daughter, who lived with her and had her own mental health problems.

Joan did not find it easy to engage with her care staff, which increased the stress on her daughter of undertaking a caring role. The daughter was turning to drink, becoming verbally abusive and, at times, throwing objects around the house. Agencies were concerned about the risk of Joan being physically abused.

A safeguarding planning meeting was held to discuss the ongoing concerns, with all professional agencies involved. Visits were also carried out to speak to Joan in an attempt to ascertain her views and wishes. Unfortunately, she was not able to engage. Safeguarding staff were unable to invite her daughter - who was the source of risk - to the meeting due to her previous unpredictability and non compliance. At the meeting It was recognised that there was a significant level of risk and that the home situation was volatile at times. However, Joan was considered to have capacity to decide what should happen and was aware of her surroundings and the potential risk.

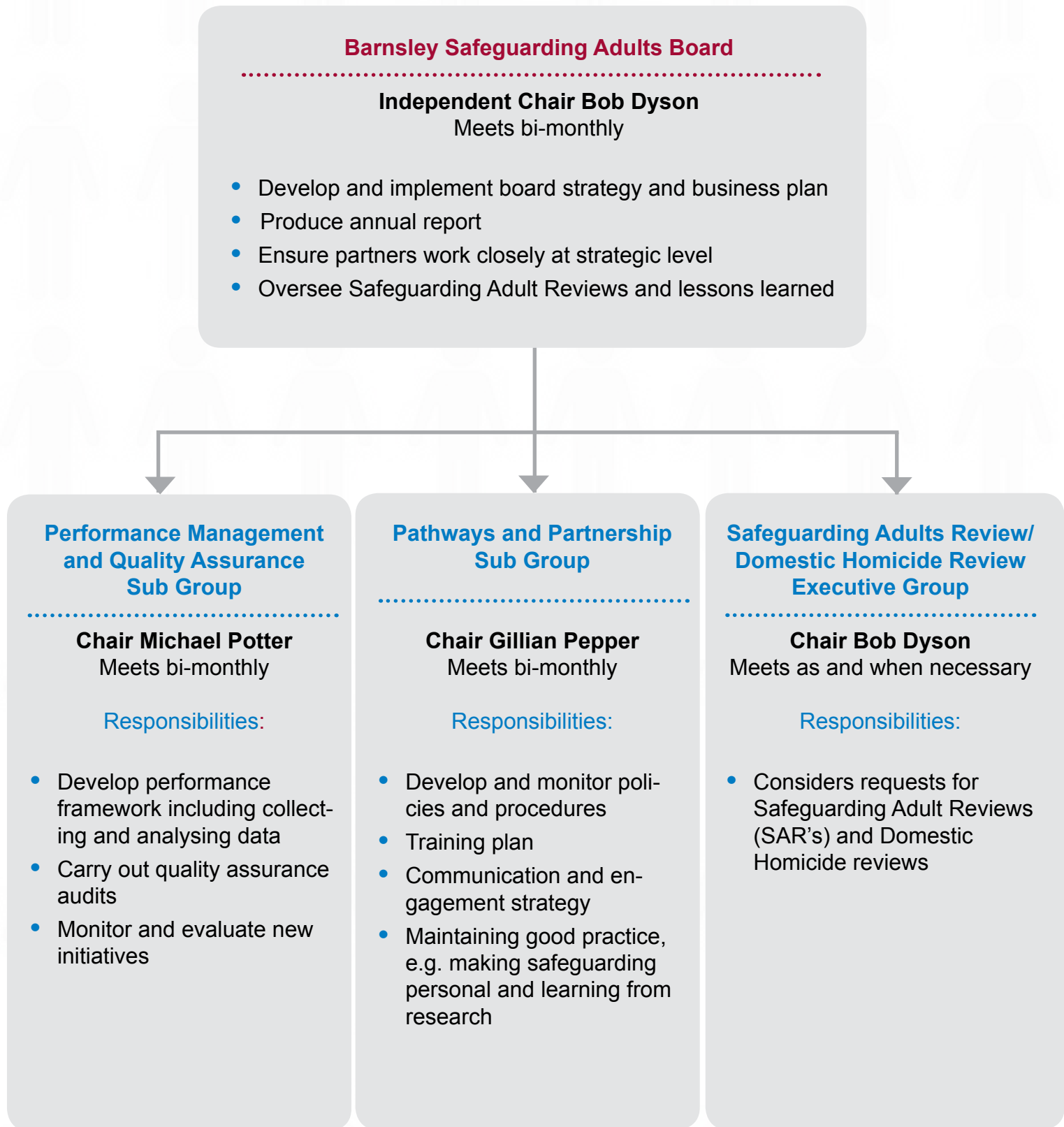
In an attempt to reduce the risk, agencies agreed to review the support they were providing and try to reduce Joan's daughter's caring role and the stress she was experiencing. It was agreed to assist her daughter to apply for rehousing. It was also agreed to coordinate agencies' input and reduce the number of duplicate referrals from outside agencies. Whilst it is difficult to reduce the risks in circumstances like these, but effective partnership working was agreed to be the best way of doing so for this vulnerable adult.

Membership of Barnsley Safeguarding Adults Board (BSAB) – 2015-16

Note: Board members have often sent deputies if they cannot attend themselves. The percentage figures are for the main board members' attendance.

Name	Job Title	Organisation	Percentage of meetings attended
Bob Dyson	Independent Chair		100%
Councillor Margaret Bruff	Cabinet Spokesperson	Barnsley Council	100%
Rachel Dickinson	Executive Director	Barnsley Council	80%
Margaret Baker	Carer representative		100%
Michael Potter	Service Director	Barnsley Council	100%
Gillian Pepper	Designated Nurse	Barnsley Clinical Commissioning Group	100%
Tony Dailide	Interim Service Director	Barnsley Council	100%
Yvonne Butler	Safeguarding Adults Board Manager	Barnsley Council	60%
Katherine Allott	Family Intervention Service Manager	Berneslai Homes	80%
Alison Bielby	Deputy Director of Nursing	Barnsley Hospital NHS Foundation Trust	80%
Tim Innes	Chief Superintendent	South Yorkshire Police	60%
Julie Warren-Sykes	Assistant Director of Nursing, Governance and Safety	South West Yorkshire Partnership Foundation Trust	80%
Carriane Stones	Manager	Healthwatch Barnsley	60%
Phil Briscoe	Assistant Principal	Barnsley College	40%
Dr Ken McDonald	GP	Barnsley Clinical Commissioning Group	60%
Brigid Reid	Chief Nurse	Barnsley Clinical Commissioning Group	80%
Denise Pozorski	Vice Principal	Northern College	60%
Judith Wild	Quality & Patient Safety Manager	NHS England	40%
Penny Greenwood	Acting Assistant Director	Barnsley Council	20%
Dawn Peet	Safeguarding Officer	South Yorkshire Fire and Rescue	50%
Maryke Turvey	Assistant Chief Executive	South Yorkshire Community Rehabilitation Company	20%

Barnsley Safeguarding Adults Board Structure



BSAB's vision and priorities

The Board's vision is that every adult - irrespective of age, race, gender, culture, religion, disability or sexual orientation - has a right to live a life free from abuse, neglect, exploitation and discrimination.

Citizens of Barnsley are entitled to a strong commitment from BSAB and its partner agencies to ensure that they are safeguarded. BSAB will do everything possible to maintain a robust and effective inter-agency safeguarding response directed at safeguarding and promoting the welfare of adults at risk in Barnsley.

The Board's strategic priorities and outcomes are as follows:

- Making Safeguarding Personal and supporting the adult at risk to achieve the outcomes they want.
- Preventing abuse and neglect from taking place and supporting people to feel safer.
- Making sure safeguarding works effectively.
- Making sure that all children who transition into adult services have their care and support needs met and are protected from further abuse and neglect.
- Making sure the Safeguarding Adults Board provides effective leadership and strategic direction for safeguarding in Barnsley.

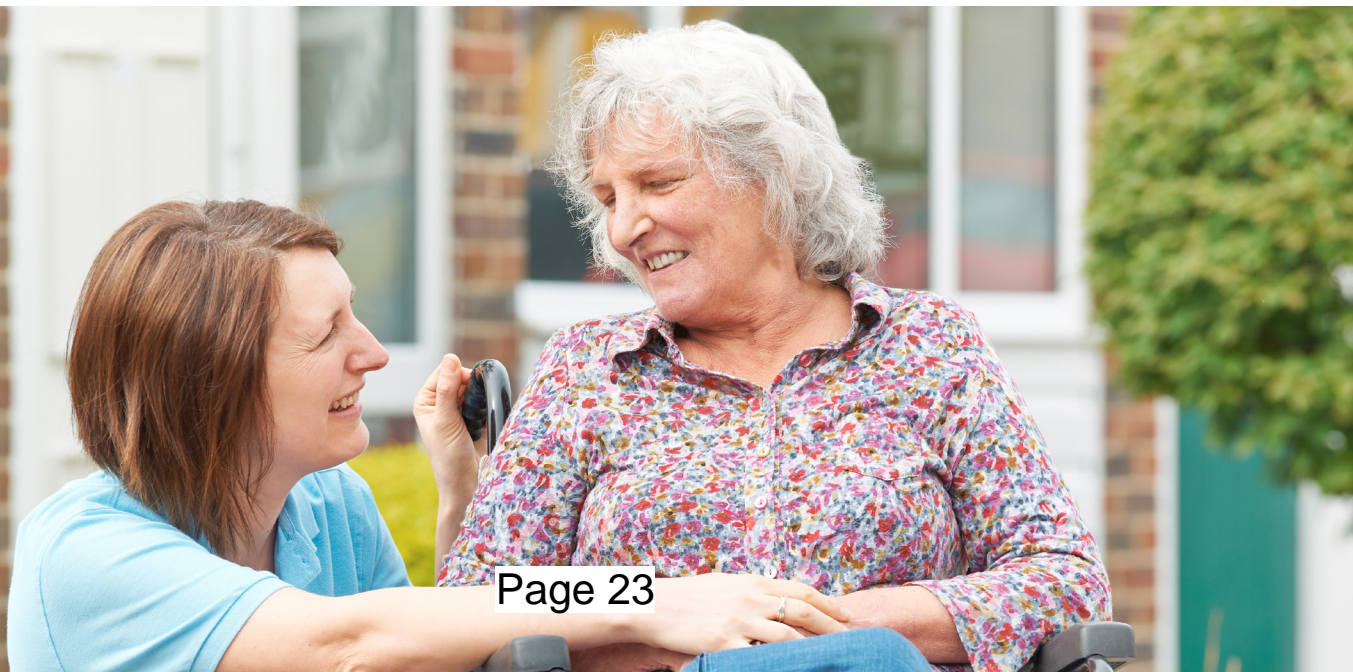
Making Safeguarding Personal

Making Safeguarding Personal (MSP) is a shift in culture and practice that arose out of a national initiative led by the Local Government Association in 2012/13 and cited as best practice in the Care Act Guidance. It links to the wider movement towards more personalised services and is about having conversations with people over how we can respond in safeguarding situations in ways that enhance involvement, choice and control, as well as improving quality of life, wellbeing and safety.

MSP requires changes in front line practice and strong leadership in order to embrace new ways of working that mean more positive risk taking. It is

essential that all safeguarding interventions work to empower adults at risk and adopt a person-centred and outcome focussed approach.

BSAB is committed to embedding MSP in policy and practice, while recognising it is a huge change from how we have traditionally safeguarded people, which involved adhering to processes involving clear stages and timescales. Given that we have already seen how practice is changing in unforeseen ways, we now want to review our approach to MSP and bring in new local guidance to supplement the South Yorkshire adult safeguarding procedures. This also needs to be reflected in the multi-agency training and development programme.



Case Study: Making Safeguarding Personal

Mrs L, aged 97 years, speaks a mixture of Polish and English and is widowed. She has four children who were in a dispute over her Lasting Power of Attorney (LPA) agreement which included all four children and enabled them to manage her financial affairs. Her sons wanted their sisters to be removed from the LPA and were putting pressure on their mother to action this. However Mrs L wanted her daughters to be the sole LPA and to manage her finances and property. This was because she was being financially abused by her sons who dealt with the majority of her correspondence and financial matters. It was found that there had been a number of high value transfers from Mrs L's bank account over the last six months. She did not want to involve the police but wanted the assistance and support of social services to revoke the sons' LPA.

Council safeguarding staff arranged face to face meetings with a Polish interpreter without the family members being present in order to establish if Mrs L had capacity and to discuss the concerns that had been raised. During the meeting Mrs L was very distressed and crying, but also clear what she wanted to do. She had capacity and wanted to seek legal advice from a solicitor, which her daughters arranged and the social services agreed that a Polish interpreter would be present.

Under Making Safeguarding Personal, Adult Safeguarding was able to support Mrs L to decide what she wanted and to prevent further financial abuse, reducing risks and anxiety and acting in accordance with her wishes.

BSAB's wider links

BSAB has a reporting line to the Barnsley Health and Wellbeing Board, which formally receives this annual report. In addition, BSAB gives an account of its work to the council's Overview and Scrutiny Panel, which has a key role in scrutinising safeguarding.

BSAB shares both its independent chair and some of its membership with Barnsley's Children's Safeguarding Board, with some issues being of joint concern, including domestic abuse, alcohol and substance misuse and the impact of mental illness. Some forms of abuse affect all age groups. In addition, we are able to share best practice in areas such as quality assurance.

BSAB has close links with the Community Safety Partnership (CSP), which has a remit to protect the wider community and reduce crime and disorder. The CSP's chair, Chief Superintendent Tim Innes, is also a member of the BSAB. We have agreed that the CSP will take the lead on some types of abuse, including hate and mate crime and domestic abuse. The CSP will also take a lead on the Prevent programme, which is a national initiative to tackle radicalisation.

Working with people using services and the wider community

One of the key changes in the Care Act is that local councils are expected to work much more closely with people using adult services and local communities, so that they have more say in how services are delivered. In relation to adult safeguarding, BSAB and its partner members are expected to engage with stakeholders, including adults at risk and their carers and advocates, community groups, and professionals involved in safeguarding, including front line practitioners and service providers such as hospitals and care homes.

It is a requirement that Healthwatch is represented on the Board and can use its voice to represent the interests of people using local health and care

services. Healthwatch has excellent networks that we can tap into in working with people in Barnsley. However, we acknowledge that we have not done enough in the past year to involve people in our work who are outside the board and sub group structure and we need to do more, particularly in making use of our partners' networks. Given that last year we did not consult widely enough on BSAB's strategy and business plan; this year we are developing a communications and engagement strategy and actively exploring ways of regularly talking to service user and carer groups. In addition we have worked closely with Healthwatch to ensure this annual report is accessible to a wide audience.

Case Study: Community Involvement

We have had some feedback from Healthwatch on what their members and support networks think about safeguarding adults in Barnsley.

Healthwatch became aware that the deaf community needed support in understanding how they could better safeguard themselves and where to go if they needed support.

It was agreed to run an event supported by the council and the Clinical Commissioning Group, which took place in March 2016 and 40 people attended. This looked at how we could set up training and support which would enable the deaf community and other vulnerable groups to use their networks to empower people to safeguard one another.

One man at the event stood up and talked about his own experiences of financial fraud, which had been ongoing for some time. He was not engaged with local services and was unaware that he was being taken advantage of until his brother noticed strange transactions on his bank statements.

This situation could have continued if it had not been for his brother stepping in to help him access support and an advocate. Perhaps this could have been identified earlier if more proactive awareness raising had been undertaken with the deaf community and this individual may have been better able to safeguard himself.

After the meeting, Healthwatch Barnsley called the charity Sign Health to ask if they had a British Sign Language communications video about what safeguarding is and how to keep safe. They were advised that this was not currently in their library and that they will consider creating this video.

Report on the work of the Board

The Board has strategic oversight of safeguarding and is responsible for producing the three year strategy (2015-18) and annual business plan. It has to ensure that the sub groups are achieving their objectives and working effectively.

As can be seen from the Board's membership (see page 7), partner organisations are represented at an appropriately senior level and attendance at board meetings is generally very good, showing a strong level of commitment.

A successful SAB development day was held in July 2015 which helped board members to set the strategic direction and also to drill down into day to day practice by looking at a number of actual case studies.

The move to two sub groups has helped to ensure better attendance and more efficient use of people's time. However, it has been necessary to make use of time-limited task and finish groups in order to manage the workload.

In 2015-2016 Board partners completed a self-assessment tool so that the Board could assure itself that they were fulfilling their responsibilities in relation to safeguarding adults. The self-assessment process included challenge from the Board chair. For 2016/17, the self-assessment has been further developed to audit actions to prevent abuse and how they deal with low level safeguarding concerns that do not lead to a safeguarding referral.

The table below summarises the key board actions during 2015/16 and what progress was made.

Key action	Progress made
Appoint independent person to chair Safeguarding Adults Board	Bob Dyson (who was already chairing Barnsley Safeguarding Children Board) commenced duties in April 2015.
Review and consolidate sub group structure in order to make better use of capacity	The number of sub groups was reduced to two.
Revise and update memorandum of understanding with partner organisations and terms of reference of the Board and sub groups	These were approved by the Board in March 2016.
Hold Board development day	Event was held in July 2015.
Carry out a quality assurance exercise on partner's work in relation to safeguarding adults	A self assessment was completed by SAB partners and the chair held 'challenge' meetings.
Develop strategy and business plan in accordance with Care Act Guidance	This was signed off in March 2016 and has recently been updated for 2016/17.
Produce SAB annual report for 2014/15	This was published late last year.
Appoint Safeguarding Adults Board Manager	Post was filled on an interim basis in March 2016, with a permanent appointee starting in August 2016.

Pathways and Partnership Subgroup

Chair's report – Gillian Pepper

In July 2015 Barnsley Safeguarding Adults Board undertook a comprehensive review and made a decision to streamline the subgroups of the Board. Three of the groups were merged into the Pathways and Partnership subgroup, which met four times from its inception in September 2015 until March 2016. The subgroup meets on a bi-monthly basis.

The remit of the Pathways and Partnership Subgroup is to:

- Ensure that the voice of the adult at risk of abuse is heard
- Develop adult safeguarding policies and procedures and monitor their effectiveness
- Identify training needs, implement training and monitor the effectiveness of learning
- Supporting the disseminating of learning from research
- Oversee and implement the Safeguarding Adult Board's Communication and Engagement strategy

The subgroup has been well attended, with all partner agencies represented, and has a consistent and committed membership. It has been a productive year with a challenging work plan. The subgroup acknowledges the progress to date, but also the need to keep up the momentum of activity next year.

One of the key priorities for this year was the launch of the revised South Yorkshire Adult Safeguarding Procedures and to ensure they were embedded across the borough. The subgroup has responded to feedback from front line staff and revised the safeguarding adult concern documentation to make it more user friendly.

The group established the use of case studies at each meeting to facilitate learning for all agencies and this had proved successful in providing a foundation for discussion and challenge.

Vulnerable Adult Risk Management Model (VARMM)

The Board recognised the need for have a VARMM approach to support the risk management for vulnerable adults, in particular with regard to people who are at risk of harm as a result of self-neglect. The group has developed a VARMM policy and protocol. The plan is to take forward training and guidance for staff in the use of VARRM to protect vulnerable adults.

Training

The need to have a workforce with the required competences related to their role is essential and has been one of the key pieces of work for the group. There is a considerable amount of training being undertaken and this is reported in Appendix 1. A task and finish group has been established to coordinate the production of a safeguarding adults training plan for next year.

Communication and Engagement

In order to prevent abuse and neglect from taking place and supporting people to feel safer we need to ensure people can access information and advice and we need to develop ways of engaging and involving communities and stakeholders. Also the communications plan informs service users, carers and the wider community about the work of the Board, its aims, objectives and achievements.

As chair of the Pathways and Partnership Group, I would like to thank all group members for their continued support and commitment in 2015-2016 and look forward to continuing the work next year. The table below summarises what the sub group has delivered in the 2015/16 year.

The table below summarises what the sub group has delivered in the 2015/16 year.

Key action	Progress made
Develop a safeguarding adults training plan	Work is underway to develop an adult safeguarding training plan modelled on the national competencies framework. The group are developing an implementation plan and identifying resource implications
Develop quality assurance process for multi-agency training	The group are developing a process and approach to evaluate the impact of learning and development to include both qualitative and quantitative evaluations and reflective accounts from staff
Audit what single agency training partners are delivering and carry out a training needs analysis	An audit has been undertaken on the current training activity and training needs analysis based on competences
Develop and implement a Safeguarding Communication and Engagement plan	A task and finish group has been established to progress the implementation of the plan. Work is well underway to have a user friendly adult safeguarding website
Consider the need for a Keeping Barnsley Safe Forum	Work with Healthwatch Barnsley has progressed to look at how the Board engages with local forums already in existence. The proposal to establish a Keeping Safe forum has been progressed and a paper will be prepared for Board in the near future

Performance Management and Quality Assurance Subgroup

Chair's report – Michael Potter

The main aim of the Performance Management and Quality Assurance Subgroup is to support the Board and partner organisations to recognise, monitor, report, respond to and reduce the risk of abuse.

The objectives of the Subgroup are:

- To develop a performance framework and collaboratively work with partner organisations to develop data collection methods and processes.
- To collect, collate, monitor, analyse, review and challenge performance in line with national data collection requirements, in order to inform strategic development and improve operational and professional practices.
- To submit a quarterly performance report to the Safeguarding Adults Board to enable transparency, accountability and opportunity for discussion and challenge.
- To undertake regular quality assurance audits and assessments of the effectiveness of the operation of the South Yorkshire Safeguarding Adults Procedures and of professional practice.

The subgroup meets bi-monthly and is well attended, with all partner agencies represented, there was initially a lack of consistent membership but this was resolved through the year.

It has been a challenging but productive year for the subgroup, acknowledging progress to date, but also the need to keep the momentum of activity in the coming year.

2015-16 has been particularly challenging due to the austerity cuts facing local government and the reduction in funding. In April 2015 Barnsley Council completed a reorganisation which resulted in the centralisation of performance and research and intelligence functions and also a change to information services. Staff with specific knowledge around safeguarding performance left the service and it took time for the new staff to familiarise themselves with the requirements. A programme of developing knowledge and skills around this has taken place over the last 12 months. There was also a period of time when there was no Safeguarding Board Manager which also affected the rate at which the subgroup was able to progress.

Performance Framework and Reporting

The key priority for 2015-16 was to fundamentally review and evaluate the existing performance framework and reporting processes. This review was undertaken to ensure that it was fit for purpose and Care Act compliant, particularly in regard to Making Safeguarding Personal.

The findings from this review highlighted a number of changes that were required to the performance indicators included in the framework and how they were being measured; the systems in place to capture and report the data required, and address concerns over data quality; the inclusion of performance data from care providers; the inclusion of benchmarking data and finally the inclusion of an explanation of what the performance indicators and data are actually telling us. The changes have enabled the subgroup and the board to highlight achievements and areas for further follow up investigation through task and finish groups.

Once the performance framework has been embedded for 12 months and direction of travel data is available, it will be possible to set realistic targets and benchmark much more widely than is currently taking place. The subgroup will also start to look at wider information from partners outside of the performance framework, to further widen the oversight of the group and the Board.

Multi Agency Audits

A task and finish group was established to look at the development of an audit tool but also to develop a programme of audits ready for 2016-17. The programme of audits has been put in place and the group will consider themed topics that maximise the opportunity for learning.

The Subgroup will receive and review the findings from the audits in order to quality assure the Barnsley safeguarding system; to share learning and good practice; and to inform developments in procedures, practice and training.

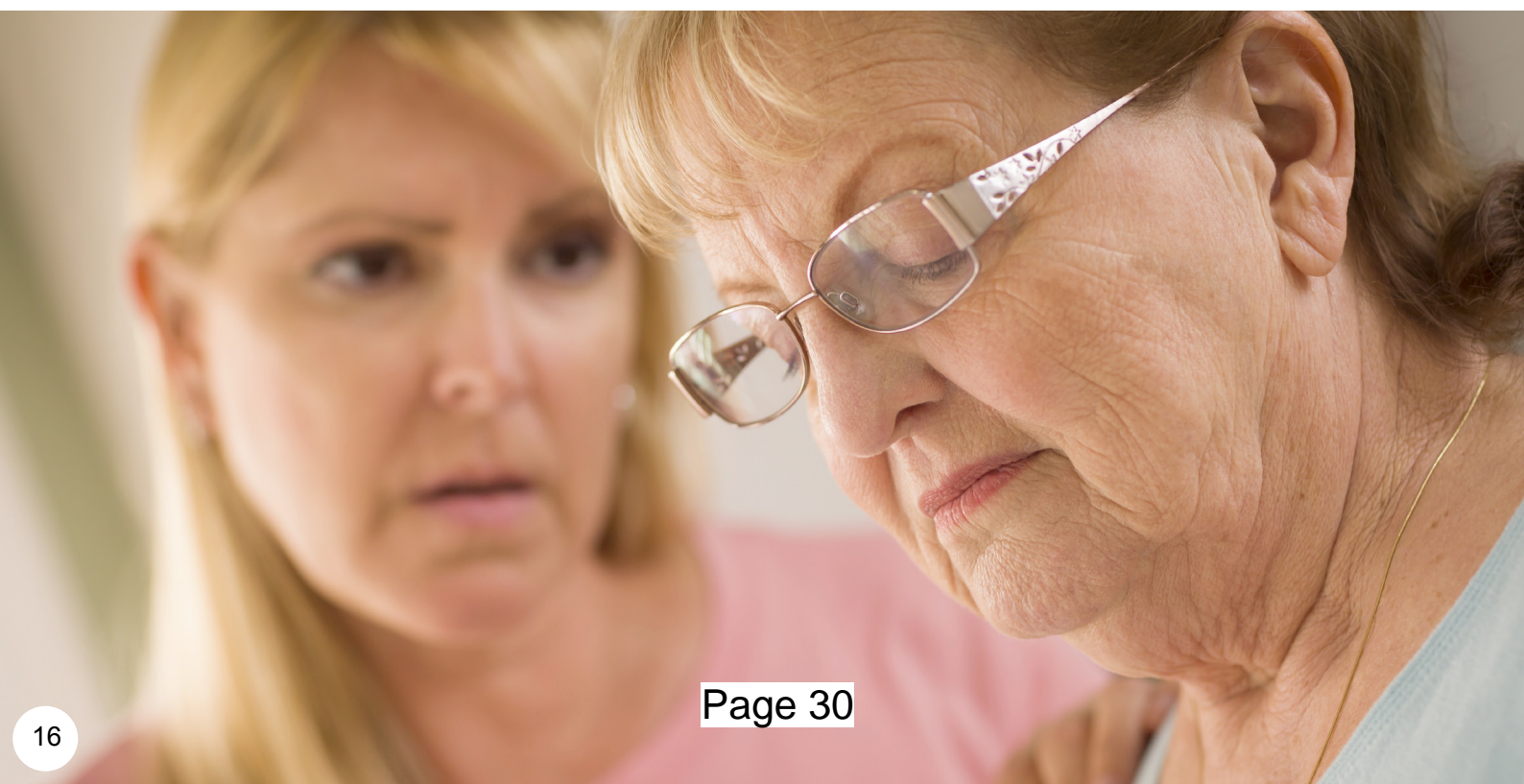
Single Agency Audits

Each partner organisation is responsible for undertaking audits and quality assurance of their practice and procedures in relation to safeguarding adults. These are now in place for Barnsley Council as the lead safeguarding agency.

As chair of the Performance Management and Quality Assurance Subgroup, I would like to thank all group members for their continued support and commitment in 2015-2016 and look forward to continuing the work next year.

The table below summarises what the sub group has delivered in the 2015/16 year.

Key action	Progress made
Develop comprehensive performance reporting framework and address gaps in reporting, particularly of outcomes	Work was delayed due to organisational changes and lack of a board manager, but commenced in March 2016. A new performance report is in place and a task and finish group has been set up to address gaps and data quality issues.
Develop multi-agency quality assurance audits and single agency case file audits to monitor safeguarding enquiries	Multi-agency audits have been piloted and were successful and will now be rolled out with a programme of audits every four months. Council single agency safeguarding audits are being piloted.
Carry out reviews in areas of concern identified by the Board or highlighted in performance reporting	A review is taking place regarding the way concerns are raised by South Yorkshire Police and Yorkshire Ambulance Service.



Activity of partner organisations during 2015-16

Developments during the year

A number of agencies, including the Barnsley Clinical Commissioning Group (CCG), Barnsley College and Northern College for Residential Adult Education have reviewed or updated their policies or systems in the light of the Care Act guidance.

In April 2015 Barnsley Council implemented a new operating model. This led to all safeguarding concerns being received into a single point of access, the Customer Access Team (CAT). Initial enquiries are carried out by the CAT and known cases directed to the long term care teams. The new approach is designed to incorporate Making Safeguarding Personal, with its emphasis on the service user's wishes and feelings and desired outcomes.

The council contracts team strengthened its monitoring of care services, putting in place a performance management framework; routine contract monitoring; better links with the Care Quality Commission, the CCG and adult assessment teams; and attending safeguarding meetings when there have been issues with the service provider.

The CCG has used quality assurance visits and activity monitoring through a quarterly safeguarding dashboard to assure itself that health providers are meeting standards. The continuing healthcare team carried out 'safe and well' checks. In addition the CCG carried out joint assurance visits with Barnsley Council's contracts team, utilising the CCG's expertise in infection control and prevention, and medicines management. The CCG was also part of a new pilot scheme called 'React to Red' aimed at the early detection and prevention of pressure ulcers.

South West Yorkshire Partnership Trust (SWYPFT) has worked closely with the BSAB sub groups through its Specialist Advisor for Safeguarding Adults. It has used its risk management system known as Datix to enable its safeguarding team to oversee all incidents involving safeguarding.

Barnsley Hospital Trust (BHNFT) has streamlined its system for recording and reporting safeguarding concerns and developed a dedicated intranet page that contains all the safeguarding information, including Deprivation of Liberty Safeguards (DoLS), which staff require. There has been an increase in DoLS urgent authorisations as staff awareness and understanding has increased.

Barneslai Homes undertook over 4,500 proactive visits as part of their vulnerability strategy 'Something Doesn't Look Right', leading to nearly 2,500 supportive interventions, including a number of cases where there were adult safeguarding concerns.

Healthwatch has engaged with over 3,000 individuals regarding health and social care services, gathering comments on people's experiences and identifying what is or is not working well. It has introduced online feedback to enable people to share their experiences of health and social care services. In the last 12 months they made five referrals to adult safeguarding.

South Yorkshire Fire & Rescue Service has created a new safeguarding officer role, which contributes to the SAB's work and develops and delivers safeguarding training. During the year, the service dealt with 16 safeguarding cases in Barnsley, mainly relating to self neglect.

South Yorkshire Police introduced a safeguarding adult team in all districts, including Barnsley - working with high risk domestic abuse, serious sexual offences and offences relating to safeguarding adults. The Police have also worked closely with other key agencies in implementing the Crisis Care Concordat, involving changes to policy and practice to protect vulnerable people, including actions in relation to mental health and dementia. They have rolled out integrated offender management (IOM), which is intended to more effectively target those at highest risk of reoffending, in collaboration with the South Yorkshire Community Rehabilitation Company (SYCRC) and the National Probation Service.

Following an internal audit, SYCRC has refocused on medium risk work including adult safeguarding and revisited its policies and strategies in Barnsley, producing revised practice guidance and holding a practice development forum in February 2016.

Training

Appendix 1 contains a training review for 2015/16 written by the council's Learning and Development Manager, Peter Sheldon. In addition, partners have focused on the specific priorities below.

The CCG supported General Practices with training, advice and support to practice safeguarding leads.

SWYPFT has ensured that all new staff and volunteers undertake level 1 safeguarding training and fulfil an expectation that all staff have refresher training every three years. Over 90% of Barnsley staff have accessed Level 1 or 2 training.

BHNFT has taken steps to raise compliance with mandatory safeguarding training. It has identified as a challenge training staff in the Mental Capacity Act.

Berneslai Homes provided safeguarding training to frontline staff, including courses on hoarding.

Barnsley College staff are expected to attend mandatory safeguarding training and refresher training every three years. There has been a focus on implementing the Prevent duty in the further education sector, aimed at tackling radicalisation.

Northern College has provided over 200 safeguarding and Prevent training attendances at various levels for its staff team.

South Yorkshire Police has reviewed its mental health and vulnerability training in order to meet new minimum standards.

Issues arising during the year

All partner agencies report significant financial pressures as a result of the Government's austerity measures. These will inevitably have an impact on their ability to maintain service levels and provide financial support to BSAB's work.

As part of a review of the new operating model, the council has decided to revisit the safeguarding customer journey to ensure that the business process is safe, efficient and as effective as possible, whilst remaining customer focused.

Berneslai Homes is facing challenges following the Housing and Planning Act. The measures introduced by the Government will dramatically reduce the amount of affordable social housing in Barnsley, reduce security of tenure, and create new financial pressures for families.

SYCRC has identified that more needs to be done in Barnsley to raise awareness and knowledge of Vulnerable Adults Risk Review Meetings (VARRM).

Safeguarding Adult Reviews

One of the new requirements of the Care Act is that SABs must carry out Safeguarding Adult Reviews (SARs) when an adult at risk dies as a result of abuse or neglect, or suffers serious harm, and where safeguarding policies or practice were not working as well as they should have been.

The purpose of these reviews is not to apportion blame, but to ensure that lessons are learned so that we can reduce the risk of these serious incidents arising in the future. There is a senior

group that oversees both SARs and Domestic Homicide Reviews and linking to the SAB and the Community Safety Partnership. Where situations are reported that require some kind of review but not the full statutory SAR process, we will develop learning exercises that are less costly and time consuming.

This annual report is expected to give details of Safeguarding Adult Reviews that have been held during the previous year; however, none have actually taken place during 2015/16.

Safeguarding Performance Data

Introduction

This section of the report provides detailed information relating to safeguarding activities dealt with by the council between 1 April 2015 and 31 March 2016.

As highlighted elsewhere in the report, 2015/16 was a transitional year for the council, largely due to the introduction of a new operating model and the implementation of the Care Act and new South Yorkshire wide procedures.

To coincide with the introduction of the Care Act, the Health and Social Care Information Centre updated the requirements for the statutory collection relating to adult safeguarding. From 2015/16 onwards, councils are required to return a Safeguarding Adults Collection (SAC), which includes a number of changes from the previous Safeguarding Adults Return.

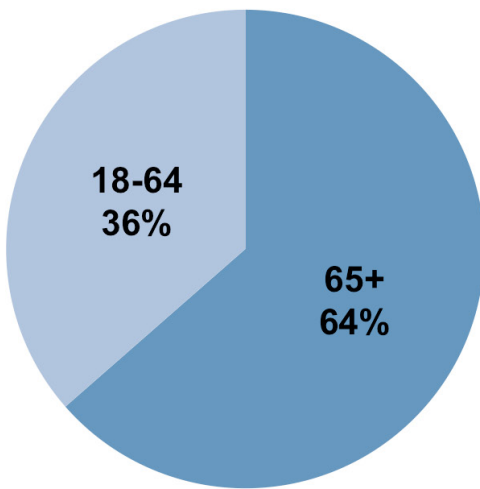
One result of this is a loss of comparability with previous statutory returns, which impacts on our ability to benchmark our performance against that of our comparators. We expect the findings of the 2015/16 SAC to be published in the autumn of 2016.

During the production of performance reports for the board, as well as this report, a number of data quality and process related issues have been identified. Critically, several gaps in case recording are highlighted in this report. A new case file audit process has been introduced which will provide further scrutiny on these issues. A customer focussed review of our operating model, including safeguarding, is ongoing and will help us to understand where we can make further improvements to processes.

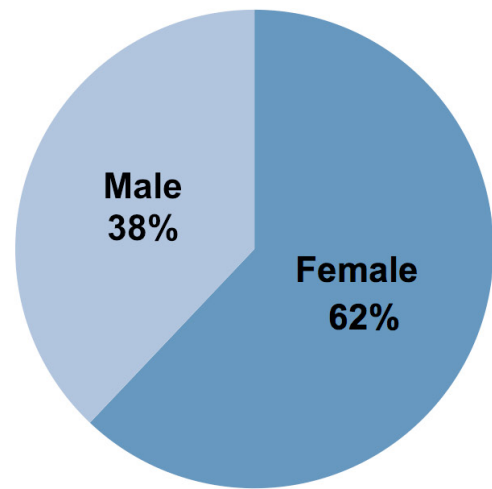


Demographic information

Age Range of Concerns

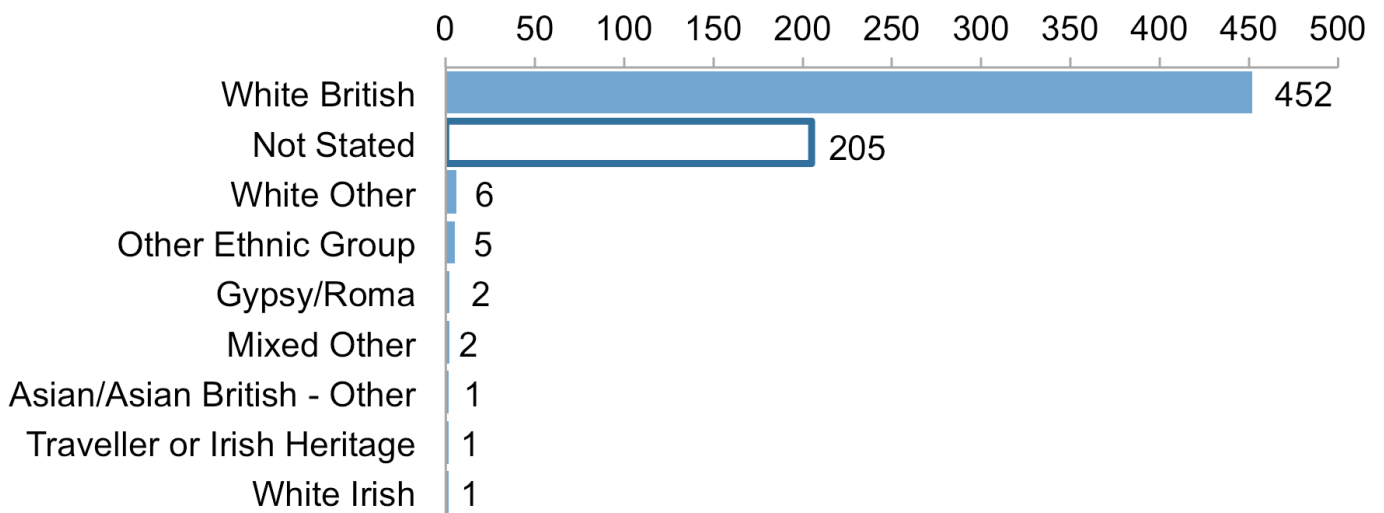


Gender of Concerns



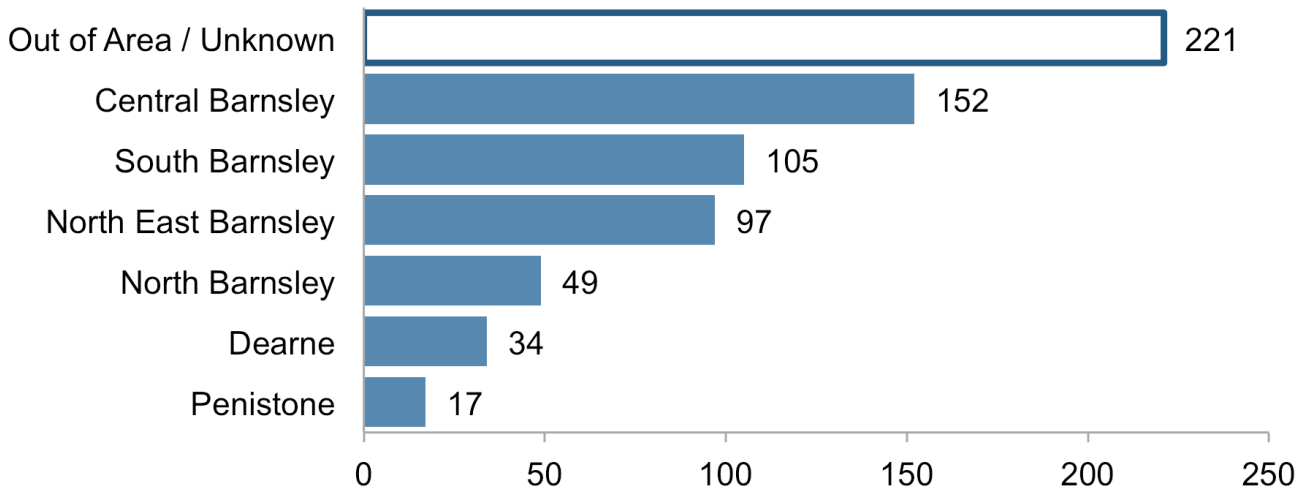
The proportion of safeguarding concerns the council receives is heavily skewed towards the over 65 population. In 2015/16, 64% of concerns related to the over 65s, who only make up 23% of the Barnsley population; this is in line with the national average in 2014/15. We also receive disproportionate numbers of concerns relating to women, who made up 62% of all concerns, compared with 51% of the population. Again, this is broadly in line with national trends. A much larger proportion of concerns about women relate to those over the age of 65, with 71% (299) compared with 52% (134) for men.

Safeguarding Concerns by Ethnicity



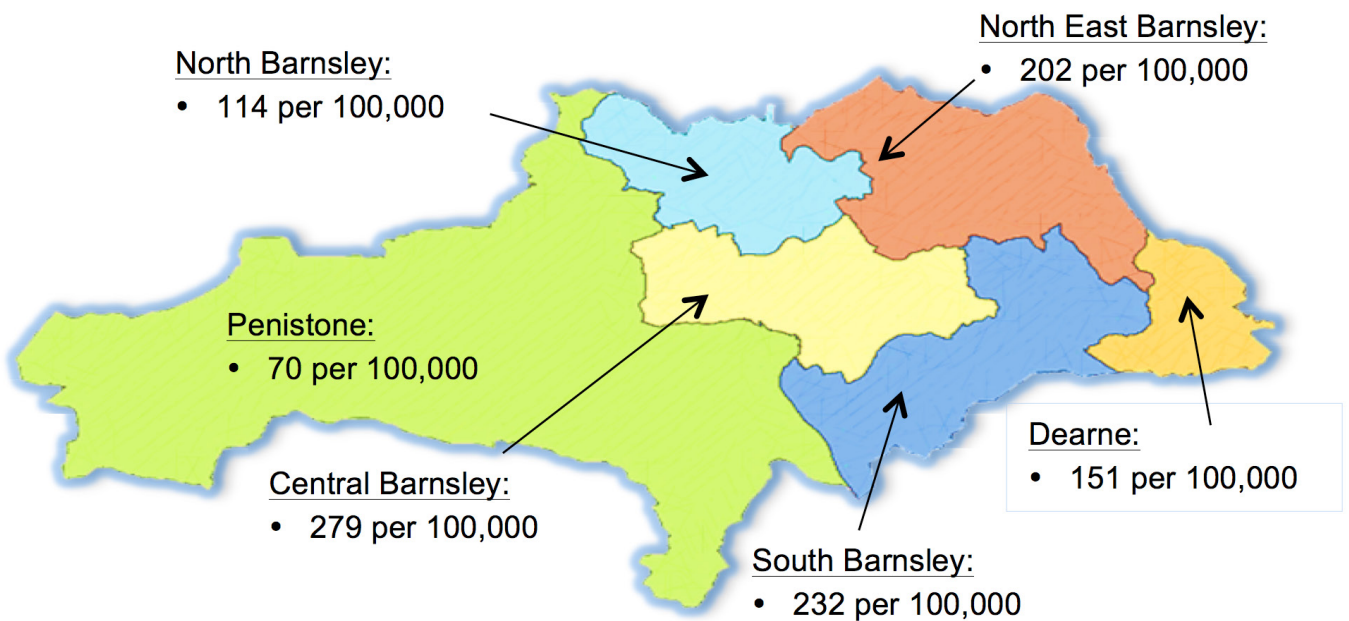
The vast majority (96.2% in the 2011 Census) of the Barnsley population are from a White British background. Excluding those concerns where ethnicity has not been stated, White British accounts for the ethnicity of 96.1% of all safeguarding concerns in 2015/16.

Distribution of Safeguarding Concerns by Area Council



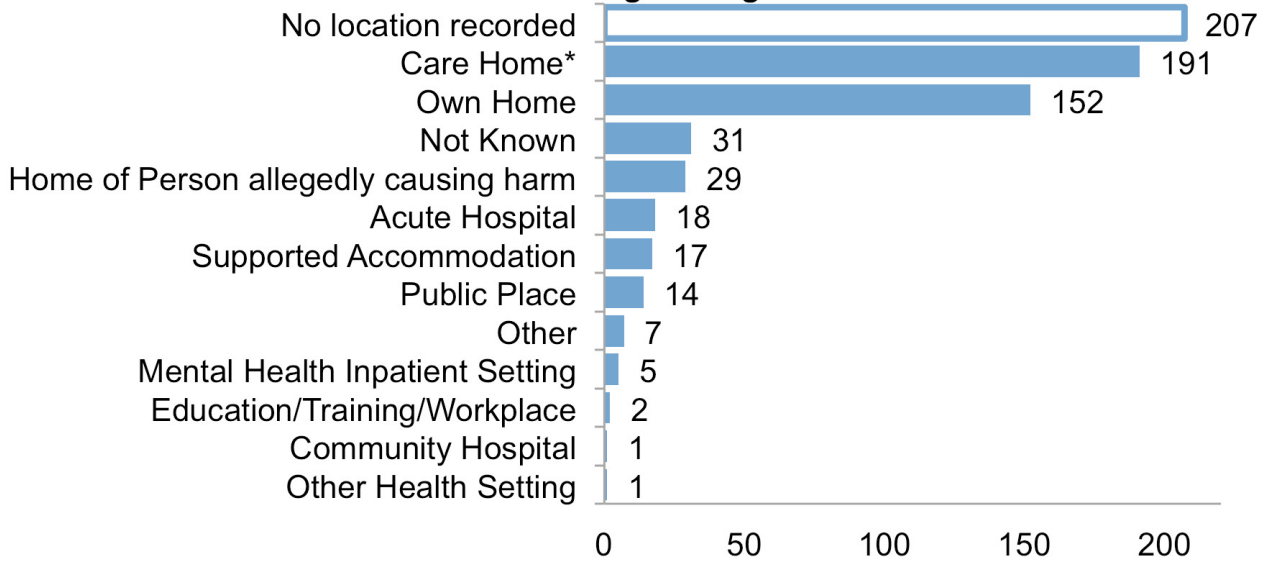
The chart above again highlights missing data in relation to safeguarding concerns, with out of area or unknown being the largest group; very few of which are likely to relate to individuals living outside of the borough.

The volume of concerns identified above is in line with the varying population sizes of the Area Councils. The only exception is the Dearne, which with a smaller population than Penistone has a higher number of concerns. This is probably a result of the significantly higher levels of deprivation in the Dearne area. The map below shows concern volumes expressed as a rate per 100,000 people over the age of 18:



This shows that the Central Barnsley area has the highest rate of concerns, with Penistone having by far the lowest rate. There could be a number of factors influencing this pattern, including: location of care homes; concerns reported in public places; concerns reported by services based in or close to the centre of Barnsley. The three areas with the highest proportions of concerns have higher proportions of concerns relating to men between the ages of 18 and 64.

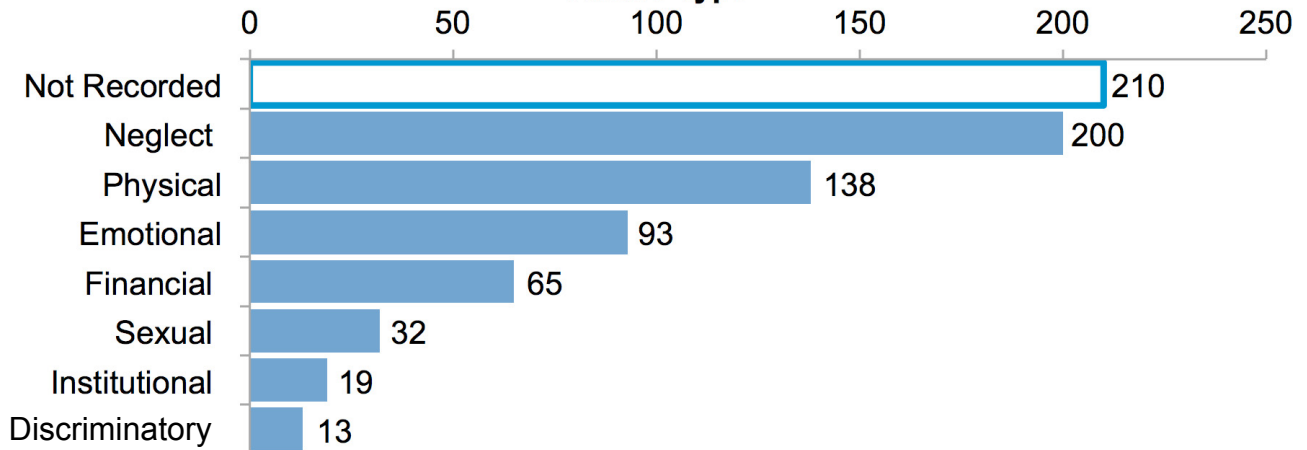
Location of Safeguarding Concerns



**Includes both permanent & temporary care home placements, as well as care homes with nursing*

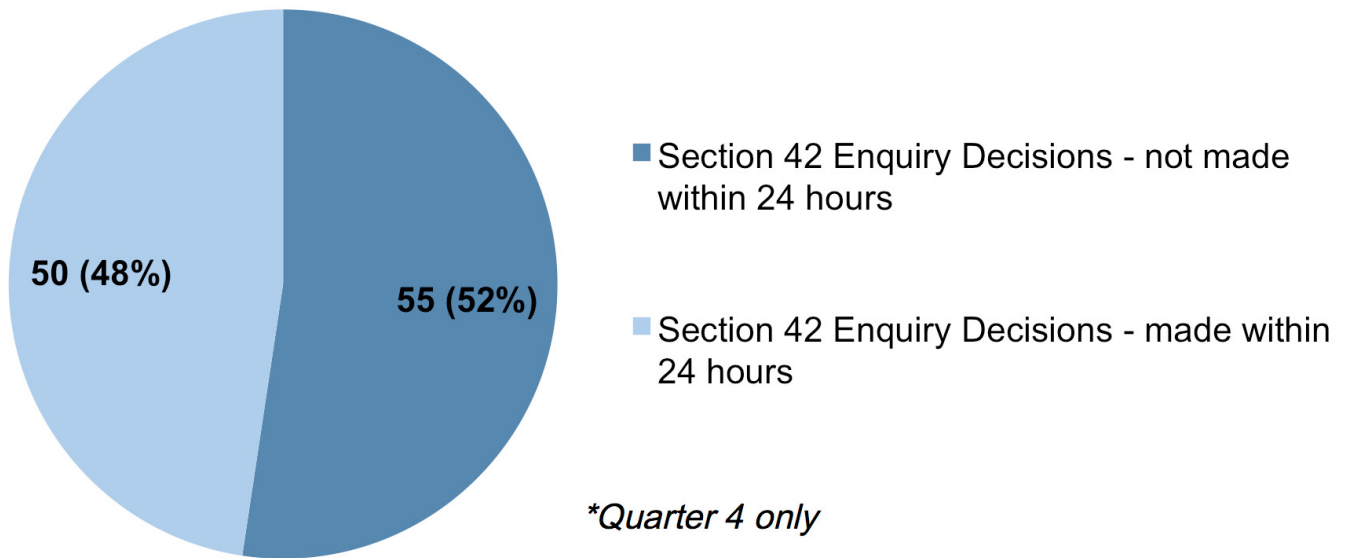
Excluding concerns where a location was not recorded, the vast majority of episodes in 2015/16 took place in either a care home setting (41%), or in the victim's own home (33%). The most recent comparable national benchmarking information (2014/15) shows that 79% of all episodes fell into the same two categories, but with a greater proportion taking place in the victim's own home nationally (43%), rather than a care home setting (36%).

Abuse Type



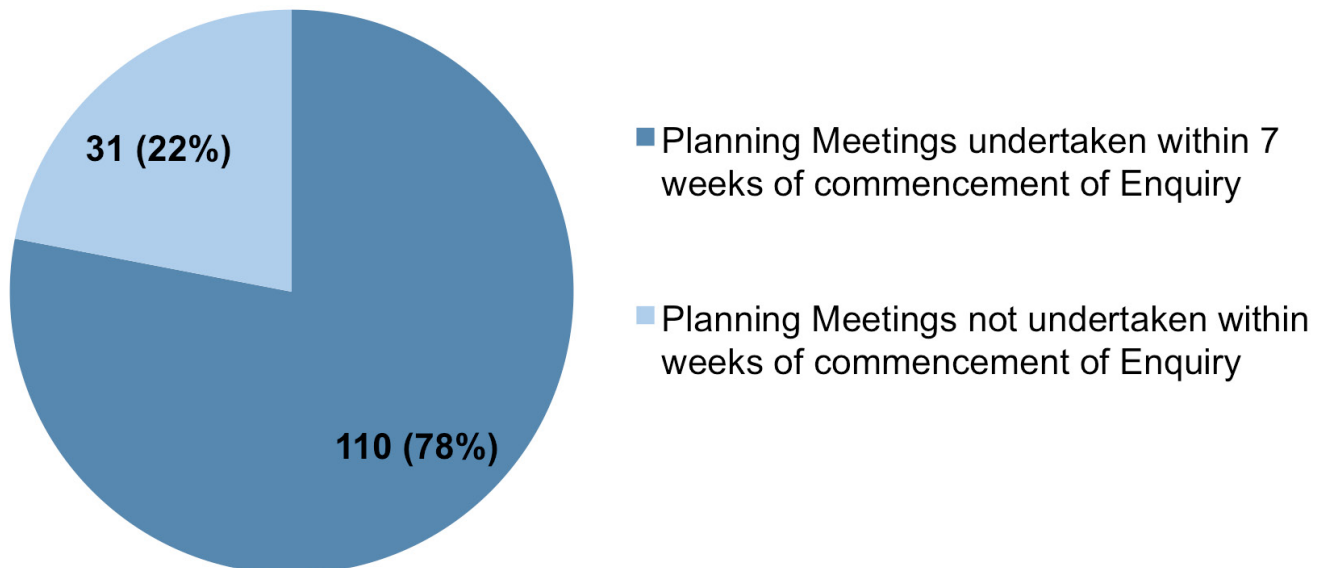
Where an abuse type was recorded, neglect was identified in 36% of cases, followed by physical abuse (25%). This corresponds broadly with the national picture in 2014/15. The remaining categories are also in line with the national picture, the only exception being that Barnsley appears to experience higher levels of emotional than financial abuse. These categories are reversed nationally.

Safeguarding Timescales - Section 42 Decisions within 24 hours*



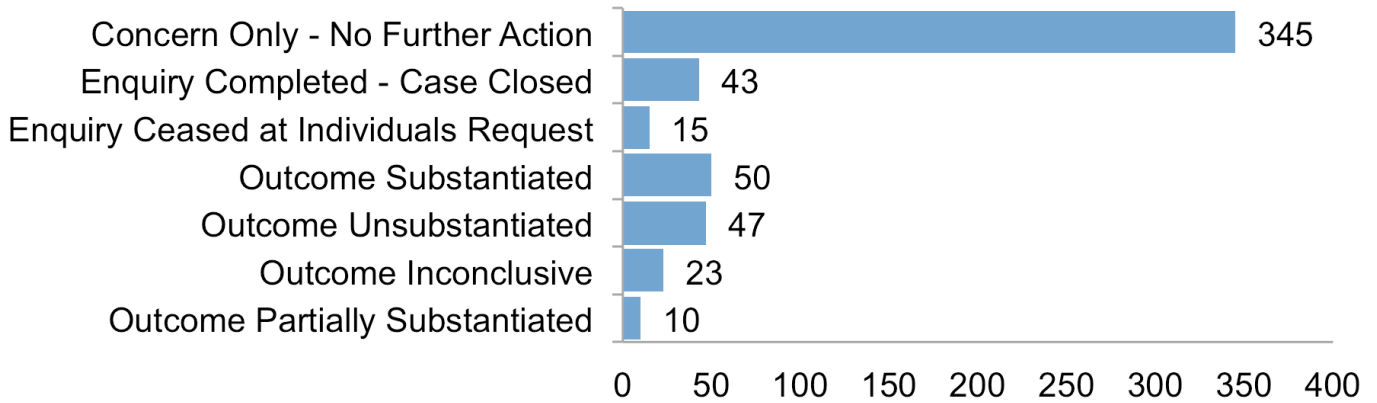
In accordance with the South Yorkshire Safeguarding Adults Procedures, we are expected to make decisions about whether to progress with safeguarding enquiries within 24 hours of receiving a concern. Due to issues affecting recording in this area, the chart above only relates to enquiries started in quarter 4 (January to March 2016). During this period, just 48% of decisions were recorded within 24 hours. However, the service was confident that most decisions were made within 24 hours, albeit not recorded in a timely way. The service has instructed safeguarding managers to record decisions when they are made and has set a corporate target for 100% of decisions to be made within 24 hours.

Safeguarding Timescales - Planning Meetings undertaken within 7 weeks of commencement of Enquiry



We are expected to hold planning meetings within 7 weeks of safeguarding enquiries commencing. The chart above shows that this took place in 78% of cases. Cases can be closed before a planning meeting, although it should take place early in the enquiry process.

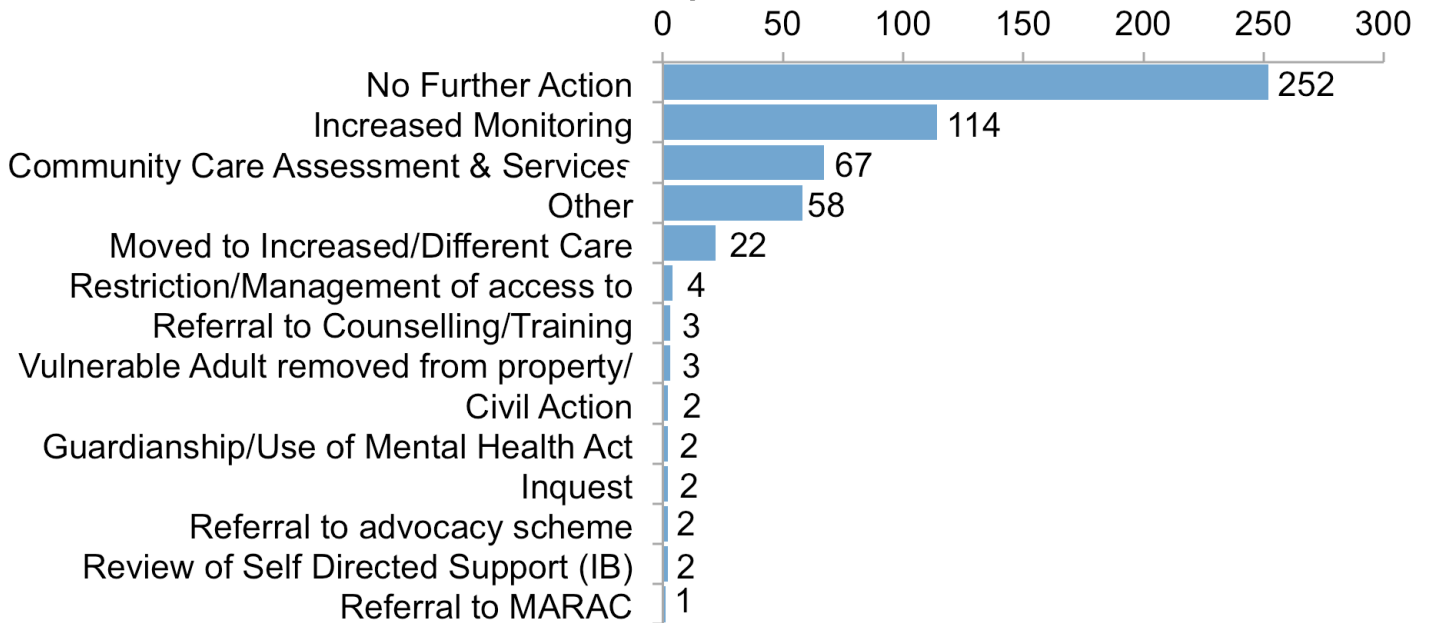
Enquiry Outcome for Safeguarding Contacts



When enquiries conclude, we record our main findings on closure, as summarised above.

When, as part of the outcome, it was determined whether abuse had actually taken place, in 54% of cases this was either unsubstantiated or inconclusive. This is broadly in line with the national figure from 2014/15 of 51%.

What follow-up for the adult at risk

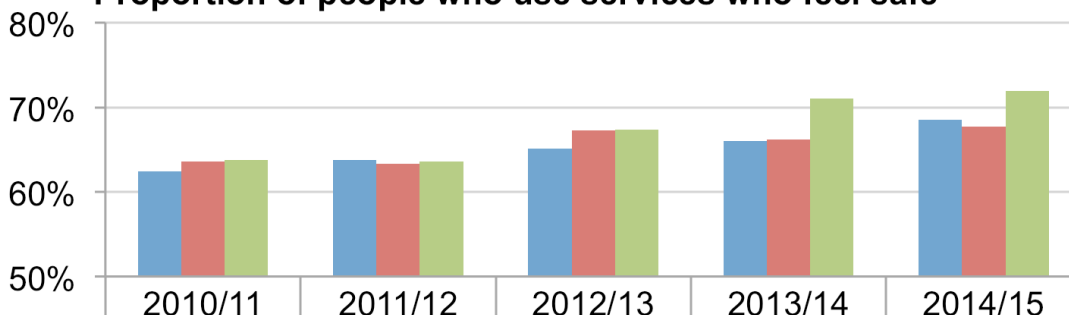


We recorded what follow-up, if any, was provided to adults at risk on closure of the safeguarding enquiry. In 47% (252) of cases this was recorded as 'No Further Action'. There are inconsistencies in the above data which will be considered as part of a forthcoming data quality exercise.

Adult Social Care Outcomes Framework

Domain 4: Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

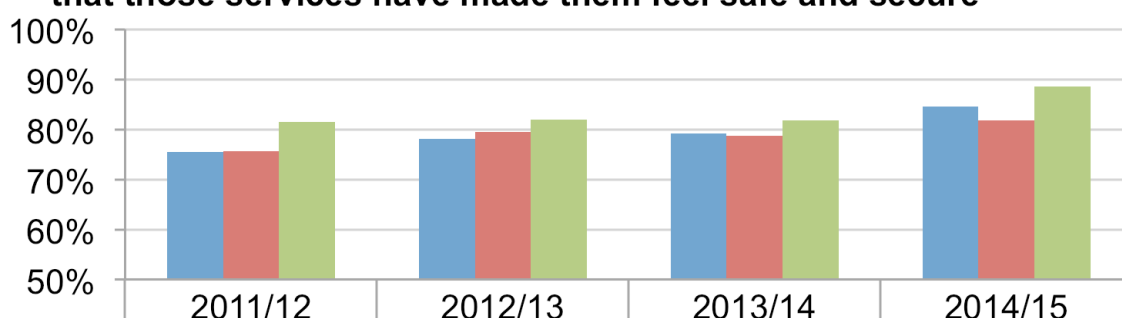
Proportion of people who use services who feel safe



	2010/11	2011/12	2012/13	2013/14	2014/15
■ England	62.4%	63.8%	65.1%	66.0%	68.5%
■ Yorkshire & Humber	63.6%	63.3%	67.3%	66.2%	67.7%
■ Barnsley	63.8%	63.6%	67.4%	71.0%	71.9%

As part of the annual Adult Social Care Survey, service users are asked about their feelings of safety. Responses to this question form part of the Adult Social Care Outcomes Framework; the chart above shows how perceptions of feeling safe have changed over the last 6 years. The figures presented demonstrate that service users in Barnsley experience higher levels of feeling safe when compared with the regional and national picture. Men have the highest levels of feeling safe in Barnsley, followed by the over 65s. The group feeling the least safe are those between the ages of 18 and 64, which corresponds with regional and national figures.

Proportion of people who use services who use services who say that those services have made them feel safe and secure

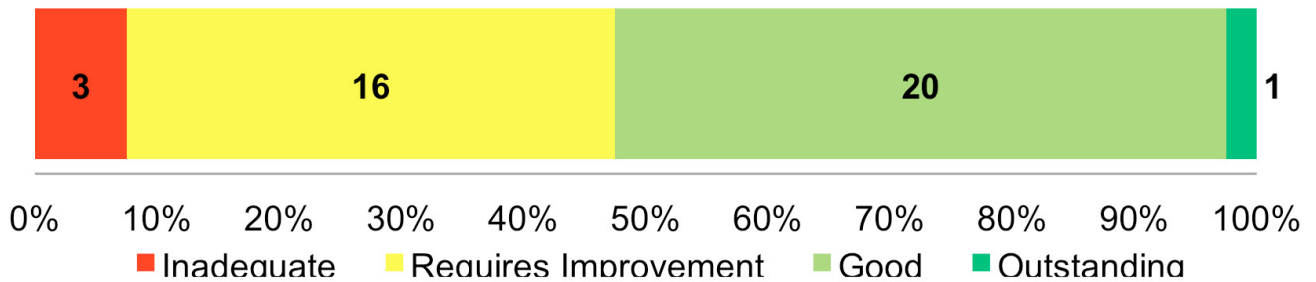


	2011/12	2012/13	2013/14	2014/15
■ England	75.5%	78.1%	79.1%	84.5%
■ Yorkshire & Humber	75.6%	79.4%	78.7%	81.8%
■ Barnsley	81.4%	81.9%	81.8%	88.5%

A further question in the Adult Social Care survey asks those accessing services whether they feel safer as a result of accessing those services. The chart above shows that service users in Barnsley have greater levels of satisfaction with services, when compared with the regional and national figures. Those aged 18 to 64 expressed the highest levels of feeling safer as a result of accessing services in Barnsley, with males and those over 65 experiencing the lowest.

Commissioning

Care Quality Commission Published Ratings *including contracted Domiciliary Care Provision*



At the end of 2015/16, Barnsley had a total of 46 care homes for older adults, 14 of which included nursing. 48% of care homes were inspected under the new Care Quality Commission approach, with 19 rated either 'Requires Improvement' or 'Inadequate' at year end. Where the Council's contracts team are informed of a new 'inadequate' or 'requires improvement' rating, they take action with the provider, either through their performance management process or through an action plan.

The contracts team are now undertaking monitoring visits to care homes; with 26 completed to date. Homes have been visited and visits will continue throughout 2016. As a way of tackling quality issues, performance management meetings are now held on a monthly basis with good representation from agencies. These meetings share information and decide what collective action should be taken to support and improve care homes.

Issues raised through the Low Level Concern process

The Adult Joint Commissioning team received 65 notifications from professionals following visits to providers in 2015/16. The team used this data to identify patterns and escalate concerns for further action where appropriate.

At the start of 2015/16, professionals were required to identify areas for improvement following visits to providers and then expected to follow up improvement actions with providers, which presented challenges for some. The new process will be launched early in 2016/17 which allows professionals to raise concerns and associated actions, which are then sent to Adult Joint Commissioning, who will ensure actions are implemented.

Case Study: Care home for older people

This home has approximately 30 beds. Single safeguarding enquiries were started in November 2015 following a continuing healthcare review, which found concerns for a resident called John. These concerns included nutrition support to eat and record keeping. A planning meeting was held and John's daughter was present. During the meeting it was evident that the home's management were unable to provide sufficient information on this man and the care of the other residents. A safeguarding plan was put in place to ensure the needs of John would be met by the home.

Formal performance management procedures across the whole home were commenced, this being the way the Council manage concerns about the quality of care. Further concerns came to light over the following week regarding the service being provided to other residents in the home. The provider's senior management were asked to meet with the council's contracts team and spent upwards of six months making the changes required to deliver a higher quality service to all the residents in the home. The home was taken into an overarching safeguarding process to ensure that all the residents were safeguarded, which has involved unannounced visits by the contracts team taking place to ensure that the home has maintained the changes required.

Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS)

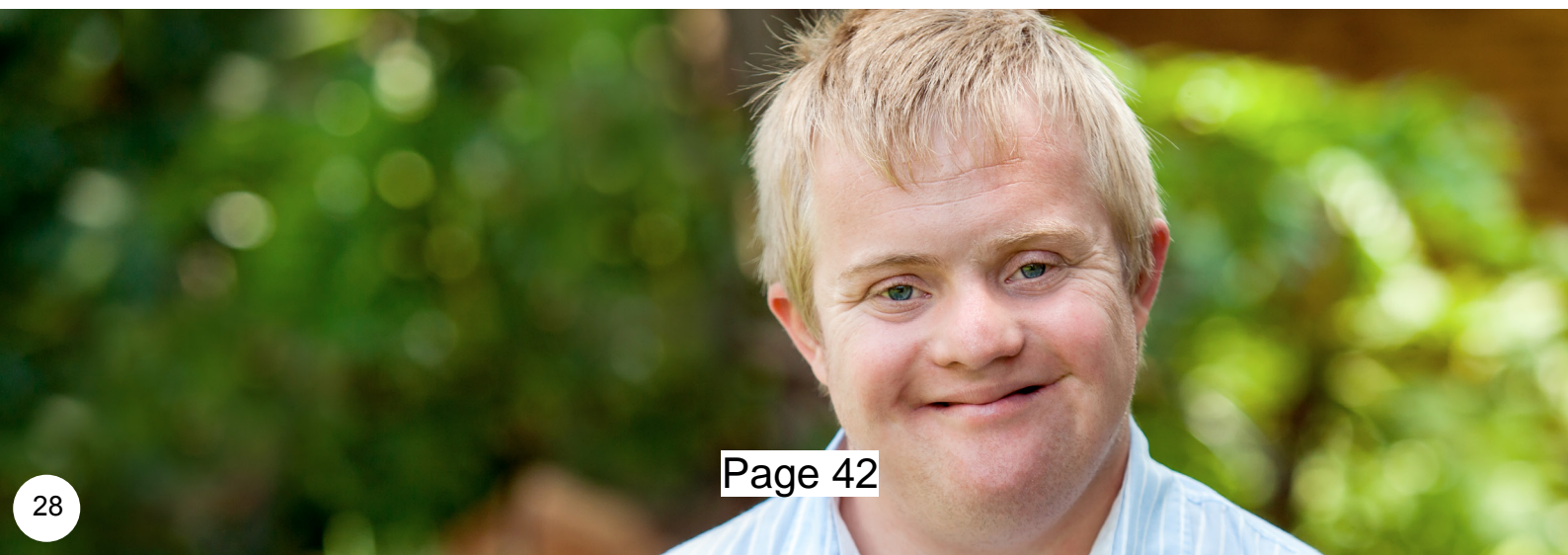
The Mental Capacity Act 2005 continues to provide a legal framework for taking action and making decisions on behalf of individuals (adults aged over 16 years) who lack the capacity to make a particular decision for themselves. Everyone working with or caring for an adult who may lack capacity to make decisions must comply with this Act.

- The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person’s best interests. Extra safeguards - called the Deprivation of Liberty Safeguards - are needed if the restrictions and restraint used will deprive a person of their liberty.
- These can only be used if the person will be deprived of their liberty in a care home or hospital. In other settings the Court of Protection can authorise a deprivation of liberty.
- Care homes or hospitals must ask the local authority if they can deprive a person of their liberty. This is called requesting a standard authorisation. There are six assessments which have to take place before a standard authorisation can be given. If it is given, one key safeguard is that the person has someone appointed with legal powers to represent them. This is called the relevant person’s representative and will usually be a family member or friend. Other safeguards include rights to challenge authorisations in the Court of Protection, and access to Independent Mental Capacity Advocates (IMCAs).
- The Supreme Court made a landmark judgement in March 2014 (the Cheshire West ruling) and introduced a simplified test to determine whether someone is being deprived of their liberty.

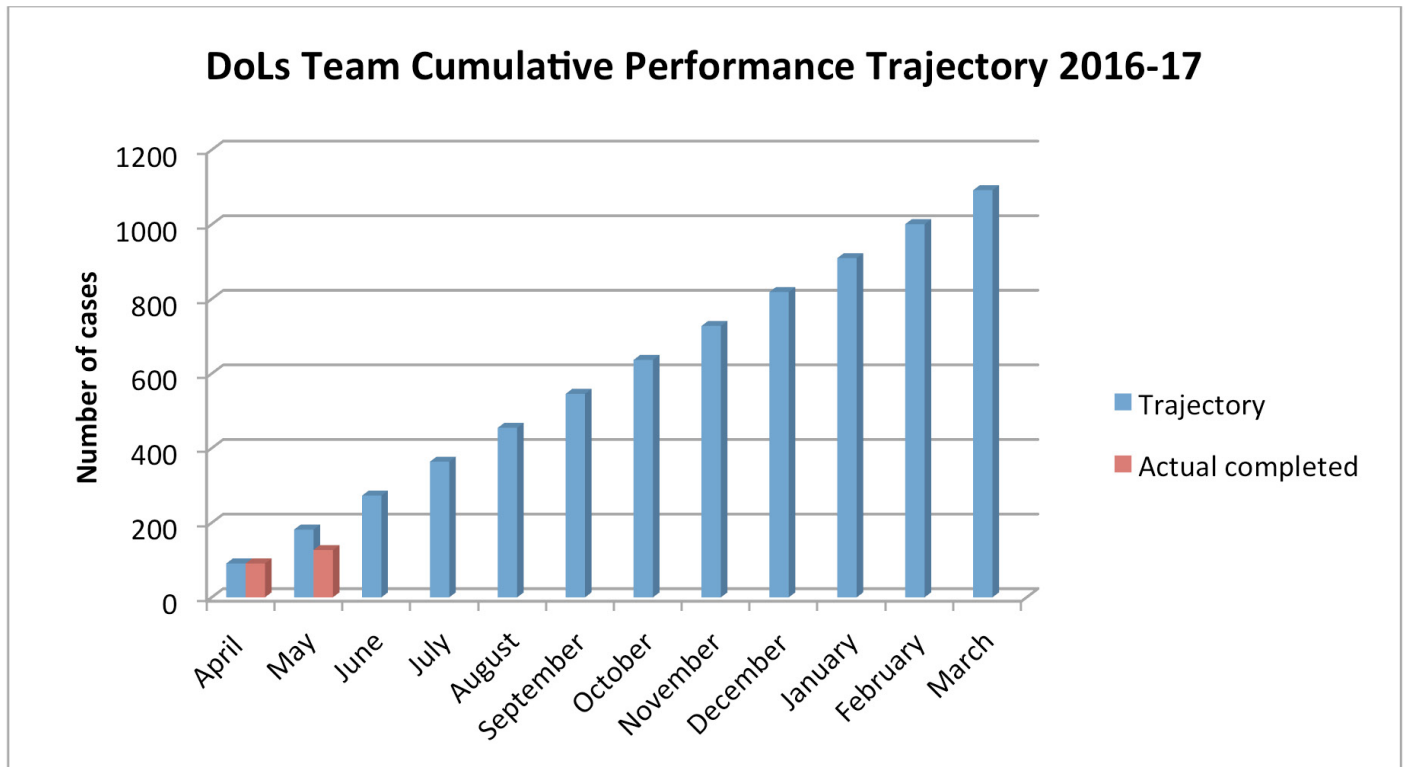
The ruling broadened the criteria of those deemed deprived of their liberty to the extent that in previous years the local authority received around 100 assessments each year; whereas between April 2014 and March 2015 over 750 requests were received. From April 2015 to March 2016 we have seen that total rise to 1085.

Supervisory Body	Number of applications received	Number of applications not granted	Backlog as at 31 March 2016	Number of cases requiring Court of Protection involvement
Barnsley	1085	150	302	19 ongoing with a further potential for 130

The increase in requests brought with it a backlog of cases, which at March 2016 stood at the 300 mark, posing a considerable legal risk. Assessors have managed to complete 107 cases, reducing the backlog by late May to 195. The workload is prioritised to ensure that those that cannot wait are dealt with first. There is also increased activity in terms of applications to the Court of Protection for situations whereby an individual may be deprived of their liberty but not in a care home or hospital. This may include young adults in residential schools (age 18+), Shared Lives or Supported Living.



Barnsley has five full time Best Interest Assessors (BIAs), 31 trained BIA's, of whom 25 are currently practising. Even with these staff resources, the council (in common with most other local authorities) will struggle to keep pace with the anticipated workload during 2016/17, as shown in the following chart.



Case Study: Use of the deprivation of liberty safeguards

Brenda is a lady in her eighties, who was admitted to a care home originally for respite, following an admission to hospital, at the request of her family. She has a diagnosis of dementia and a number of complex physical problems that mean she requires a high level of support. She is largely immobile and requires staff to assist her with washing, dressing, eating etc. and to regularly re-position her throughout the day and night, in order to avoid her developing pressure sores.

Brenda made it very clear at the outset that she wished to return home as soon as possible, but she was unable to understand the amount of support she required or the implications of returning home, or to remember that when at home before, she had previously complained of feeling lonely. Her family did not agree that she should return home.

Brenda was assessed as not having the mental capacity to make a decision about where she should live, due to her dementia. She was independently assessed under Deprivation of Liberty Safeguards and an authorisation made, enabling the local authority to decide – in her best interests – where she should live.

Under DoLS, individuals have the right to a representative whose role is to represent their best interests. Brenda's advocate mounted a legal challenge so that the Court of Protection could decide whether she should remain in care or return home. After a thorough airing of the case, the judge determined that it was not in her best interests to return home because the complexity of her needs means that there would be too many risks.

BSAB's plans for the next 12 months until March 2017

The actions in this table are the most significant ones in the Safeguarding Adults Board business plan for 2016-17. This is an ambitious plan and we may not be able to deliver all these improvements during the year.

What we intend to do	By when
Devise new data collection methods and user surveys to monitor 'Making Safeguarding Personal'	March 2017
Carry out regular file audits (both Council and multi-agency) to quality assure frontline practice	June 2016
Review and refresh our approach to 'Making Safeguarding Personal'	March 2017
Audit how partner organisations prevent abuse and deal with low level concerns	September 2016
Develop framework and policies for people in positions of trust who pose a risk	December 2016
Update SAB communications and engagement strategy and develop new ways of engaging with stakeholders and communities	September 2016
Work with the other three local councils to ensure South Yorkshire Safeguarding Procedures are effective and up-to-date and develop local guidance in Barnsley Council	March 2017
Review use of thresholds to screen concerns and decide what needs a safeguarding enquiry	September 2017
Address gaps in our performance reporting so that the SAB has a good understanding of how well people are being safeguarded and can take action where necessary	March 2017
Carry out training needs analysis and develop safeguarding training plan, so that partners have a competent workforce	September 2016
Consider how to strengthen training, e.g. multi-agency trainer	September 2016
Monitor child protection incidence for young people in transition, to ensure they are protected while moving into adulthood	September 2016
Partner organisations to carry out self assessment on their safeguarding work, with SAB independent chair to hold challenge events	October 2016
Agree new safeguarding adult review protocol and develop methods for carrying out learning exercises	September 2016
Publish annual report for 2015/16 year	July 2016
Develop and launch SAB website as resource for partners, professionals and the public	July 2016
Review budget to pay for SAB's work and how much partners contribute	November 2016

Appendix 1 - Training Review 2015/16

Safeguarding Adults Training

Across the council, the NHS, the police and many other major organisations there has been a lot of effort put into providing training for Safeguarding Adults.

The council's Workforce Development service offers Safeguarding Adults training to their own staff, independent care providers and many other organisations and groups across the borough. They have been doing this very well for many years. Their basic 'Safeguarding Awareness' sessions are also useful for many other people even those not involved in health and social care work. As well as training people in a classroom style they also offer awareness training as an e-learning course or as a mixture of the two. The council also works with the other South Yorkshire councils to make sure the more detailed training is the same in Barnsley as it is in Sheffield, Doncaster or Rotherham.

Colleagues from Health currently deliver basic safeguarding and Prevent training. They offer classroom, e-learning and workbook training. The police and Barnsley College also provide their own Prevent training. Prevent awareness is part of the government's counter-terrorist strategy to stop people from becoming radicalised. Some basic Safeguarding training delivered by our NHS partners is often shorter in length when it is aimed at staff who do not have much contact with the public.

The basic training provided across Barnsley is of a high quality. The more detailed training, which is often specific to people's job roles, is also of high quality. Unfortunately, there has been less opportunity to deliver the more detailed training this year and this has been mainly due to three things:

- The arrival of the new South Yorkshire Procedures
- The Care Act and the new demands it made of organisations and people
- Making Safeguarding Personal

Safeguarding Adults covers a great number of areas and all major organisations have been trying their best to ensure vulnerable people are kept safe right across the borough. This is why we are now providing courses on domestic violence, hate crime, modern day slavery, female genital mutilation and others. All the major organisations in the table below have been working together to make sure we have better information on what training is happening and ways in which we could make it better.

Over 10,000 people have taken advantage of some form of safeguarding adults training during 2015/2016. This is equivalent to 28 people being trained every day of the year across health and social care, the police, local colleges and housing organisations. This is a great achievement but now we need to look at continuing this good work, offering training to other groups of people and also creating a greater range of training.



Mental Capacity Act/Deprivation of Liberty Safeguards Training (MCA/DoLS)

The need for Mental Capacity Act training is extremely important to anyone who deals with service users or patients. To be able to decide if someone does or does not have 'capacity' to make their own decisions or not has always been a difficult area for workers in front line services. This training helps people understand what we mean by capacity and how we can best deal with situations where there may be a doubt about it.

Deprivation of Liberty Safeguards training describes the legal processes involved in preventing someone leaving their place of residence for their own safety. This is particularly helpful to those working with people who may have problems with capacity or who have been assessed as lacking capacity to make decisions around their personal safety.

A great deal of training has been offered in these areas for health and social care workers and over 1,200 people have taken advantage of it. Most of the training offered is basic awareness either in a classroom setting or e-learning. But there is also training available on record keeping and how we make sure that information we write or record is not only clear and truthful but is in line with what the Mental Capacity Act requires.

Providing training on Mental Capacity Act and the Deprivation of Liberty Safeguards is an important part of Safeguarding Adults and both the Council and the NHS in Barnsley have made this training high priority for their staff.

Peter Sheldon
Learning and Development Manager,
Barnsley Council



For the tables below please use the following key:

-
- * Independent Care Providers includes PA's
 - ** Higher Education Institutes, Police, Probation, Berneslai Homes and other local authorities
 - *** BHNFT = Barnsley NHS Foundation Trust
 - *** SYPFT = South West Yorkshire Partnership NHS Foundation Trust
 - **** B/College = Barnsley College

MCA/DoLS TRAINING ATTENDANCE ANALYSIS (April 2015-March 2016)									
Courses	BMBC	Indep Sec(*)	Health Orgs	Other(**)	BHNFT	SWYPFT	B/College	Berneslai Homes	Police
BMBC face to face MCA/DoLS Related Training	144	489	52	30	246	11	0	0	0
NHS face to face MCA/DoLS Related Training	0	0	0	0	68	168	0	0	0
NHS e-learning MCA/DoLS Training	0	0	0	0	43	25	0	0	0
Totals	144	489	52	30	357	204	0	0	0
Grand Total	1276								

SAFEGUARDING ADULTS TRAINING ATTENDANCE ANALYSIS (April 2015-March 2016)									
Courses	BMBC	Indep Sec(*)	Health Orgs	Other(**)	BHNFT	SWYPFT	B/College	Berneslai Homes	Police
BMBC face to face Safeguarding Related Training (all levels)	263	605	61	12	0	66	13	22	0
BMBC e-learning Safeguarding Related Training (all levels)	42	82	0	0	0	0	0	0	0
NHS face to face Safeguarding Related Training (all levels)	0	0	0	0	610	830	0	0	0
NHS e-learning Safeguarding Related Training (all levels)	0	0	0	0	685	724	0	0	0
Police face to face Safeguarding Related Training (all levels)	0	0	0	0	0	0	0	0	20
Barnsley College face to face Safeguarding Related Training (all levels)	0	0	0	0	0	0	747	0	0
Berneslai Homes face to face Safeguarding Related Training (all levels)	0	0	0	0	0	0	0	47	0
Face to face and e-learning Prevent/Channel Training (all organisations)	1849	0	4	2	1418	402	1878	48	0
Totals	2154	687	65	14	2713	2022	2638	117	20
Grand Total	10430								

Appendix 2 - Useful Links

How to report abuse

<https://www.barnsley.gov.uk/services/adult-health-and-social-care/keeping-safe/report-adult-abuse/>

Barnsley Safeguarding Adults Board

<https://www.barnsley.gov.uk/services/adult-health-and-social-care/keeping-safe/barnsley-safeguarding-adults-board/>

Link to South Yorkshire Adult Safeguarding Procedures

https://www2.barnsley.gov.uk/media/3810435/south_yorkshire_procedures.pdf

Care Act 2014 – Care and Support Statutory Guidance

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

Financial Abuse ‘Under the Radar’

<https://www.citizensadvice.org.uk/about-us/how-citizens-advice-works/media/press-releases/financial-abuse-going-under-the-radar/>

Social Care Institute of Excellence (SCIE)

<http://www.scieorg.uk/>

Care Quality Commission

<http://www.cqc.org.uk/>

Healthwatch Barnsley

<http://healthwatchbarnsley.co.uk/>

Action on Elder Abuse

<http://elderabuse.org.uk/>



If you need help understanding this document please contact the Safeguarding Adults Service on **01226 773300** or email **SafeguardingAdultsService@barnsley.gov.uk**

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