

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

## MINUTES

### Present

Councillors Ennis (Chair), P. Birkinshaw, G. Carr, Charlesworth, Clements, Franklin, Frost, Gollick, Daniel Griffin, Hampson, Hayward, W. Johnson, Lofts, Makinson, Mitchell, Philips, Sheard, Spence, Tattersall, Unsworth and Wilson together with co-opted members Ms P. Gould and Ms K. Morrill

### 18 Apologies for Absence - Parent Governor Representatives

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

### 19 Declarations of Pecuniary and Non-Pecuniary Interest

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

### 20 Minutes of the Previous Meeting

The minutes of the meeting held on 12<sup>th</sup> July 2016 were approved as a true and accurate record.

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

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

- 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
- Julie Warren-Sykes, Assistant Director of Nursing, Governance and Safety, South West Yorkshire Partnership Foundation Trust (SWYPFT)
- Lennie Sahota, Interim Service Director, Adult Assessment & Care Management, People Directorate, BMBC
- Michael Potter, Service Director, Organisation & Workforce Improvement, BMBC – Chair of Performance Sub-group
- Cath Erine, Safeguarding Adults Board Manager, BMBC
- Ray Speed, Team Manager, East LTC Team, Adult Assessment & Care Management, People Directorate, BMBC

- Kate Anderson-Bratt, Senior Contracts and Compliance Manager, Adult Joint Commissioning, Adult Assessment & Care Management, People Directorate, BMBC
- Cllr Caroline Saunders, Cabinet Support Spokesperson – People (Safeguarding), BMBC

Bob Dyson advised the committee this was his first year as the Chair of the BSAB, as well as the first report he had been involved with. As the Chair of the Barnsley Safeguarding Children Board (BSCB) for several years, his joint involvement with both boards has brought them closer together.

Members proceeded to ask the following questions:

- i) 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?

Members were advised the partner agencies on the board do everything they can to protect individuals in their own home, but unfortunately there will always be cases that are not reported. In relation to Making Safeguarding Personal (MSP), we can only work with people how they want to be helped and some people will not always accept support. A Safeguarding Awareness Week (SAW) is held, to help raise everyone's awareness of safeguarding. It also signposts people to the organisations which can offer the right type of help and support. We provide ongoing Adult Social Care in our communities, undertaking assessments and working with our providers to monitor situations and review them regularly.

- ii) Is there one contact number that worried neighbours can phone, should they have any safeguarding concerns?

The committee were advised, the Adult Social Care contact number (01226 773300) has previously been shared with Members and we will make sure this is also shared with our co-opted Members. The number has been publicised during SAW including information in the Chronicle newspaper. Work is also being done to improve the website as well as putting information out through other media including Twitter and Facebook.

- iii) Would the introduction of a leaflet, or detailing the number to contact in telephone directories be preferable to ensure they are accessible to a wider audience as elderly people may not be online?

The group were advised the use of online communications is to enhance other channels which already exist. South Yorkshire Police (SYP) advised they hold regular drop in sessions in places where people attend in significant numbers, such as at Bingo. Also, a drop in session was held at a branch of the Halifax Building Society, to raise customer's awareness about safeguarding being everyone's responsibility.

- iv) The report demonstrates the sharing of information and intelligence; has the board experienced any difficulties between partner organisations or is this practice embedded?

The committee were advised the board is confident that all partners are willing to work together and share information. Each agency has individual parts of the picture and the South Yorkshire Procedures are very clear about information sharing and this being for prevention rather than waiting till a problem has arisen. A specific agreement with SYP has just been signed in relation to data sharing. Difficulties arise as IT systems within different organisations are not always compatible with each other; however there is a real commitment to sharing information.

- v) The Victoria Climbié case highlighted the lack of communication between the organisations; has there been any move towards having a national database of vulnerable adults?

The group were advised currently there are no plans for a national database. In terms of vulnerable children, a Multi-Agency Safeguarding Hub (MASH) has been established which has co-located a number of front line professionals into one place, enabling them to talk with each other face to face. What is really important is professional curiosity and to look behind what is not being said. We can have information sharing systems but it takes other things to make a difference also.

- vi) Following the implementation of Making Safeguarding Personal (MSP) have there been fundamental changes, have these been well received and are they working?

Members were advised MSP has brought a shift in culture and practice, which has arisen from guidance within the Care Act. This is about looking at people as individuals and when there is an issue over safeguarding, understanding their concerns and giving them an individualised plan. The changes have been welcomed by most staff, as they want to provide the best service they can. Although it has been well received, there are still challenges. The group were given the details of a case which had been reported by the manager of a care home involving a couple of residents who had formed a close relationship, which raised safeguarding concerns. This was subsequently investigated as to whether either person was experiencing any kind of risk and if they had the mental capacity to understand what had developed. The findings proved they both did have the capacity to deal with the relationship; their respective families were made aware of this, and were being fully supported as it was them who were upset by the situation.

- vii) The performance data continues to indicate high instances of safeguarding concerns in care homes (41%); what is being done to address this and have there been any developments since last year in the use of CCTV?

The committee were advised we don't always know the location of safeguarding concerns if they are not in registered care settings. This skews the data and suggests that the incidence of safeguarding in care settings is higher than the reality. Whilst there are a lot of occurrences being recorded in care homes; it is reassuring to know that these alleged incidents are being reported as it would be more concerning if they weren't reporting possible abuse to BMBC. As part of the contracts monitoring process, regular visits are made to the homes; this includes talking with the residents and checking their records. This approach ensures if there are any problems, these can be identified at an earlier stage and the service can work with the care provider to resolve issues. Once an improvement plan is in place, this will be followed up by

unannounced visits, sometimes at 5am and we continue to gather evidence from other professionals going in the home.

Regarding CCTV, there are opposing opinions on its use in residential homes. Following the Care Quality Commissions (CQC) inspection of services at Winterbourne View, they were asked regarding the use of CCTV and last year issued a 'Using Surveillance' document. Implementation of CCTV use is fraught with challenges, such as data protection and consent being given for its use. Should one person object to it being used, it could not be installed. The use of it should only be considered if there is a necessity, as other mechanisms for quality monitoring should prevent need for its use. There shouldn't be any places without any reported incidents as this would create more cause for concern as you can have unprovoked attacks occur in services such as amongst residents, however it is not as a result of how a provider is managing a service.

viii) Are there systems in place to identify any potential hotspots where there are a higher number of occurrences being reported?

Members were advised there are forms to report concerns which can be filled in by anyone and we have promoted this. These are then checked on a weekly basis; each service has its own allocated contracts officer, ensuring any concerns will be able to be tracked back to the service provider. Services are RAG (red, amber, green) rated and frequency of inspections will depend on this.

ix) The report confirms of the 46 care homes in Barnsley, 48% of these were inspected by the end of 2015/16; of these, 19 were rated as 'Requires Improvement' or 'Inadequate'?

The group were advised these CQC inspections are from April 2015; the CQC are currently behind with their inspections and they have focused on those homes which have been non-complaint previously. These results are not reflective of more recent inspection results we have received therefore there is a time-delay in the picture. There has also been a change to the format of the inspections, and by the end of December 2016, all homes will have been inspected under this new regime; the results of which will show in next year's report. We compare our results with other areas and Barnsley's results are slightly above the national average which is positive. We would like all our homes to be rated as outstanding or at least good; with registration removed by the CQC from homes if appropriate.

x) Do we have a responsibility as a Local Authority to look at how long establishments have been 'requiring improvement' and take action or is this the remit of the CQC?

The committee were advised it depends on the situation; we look at whether services are safe and what service users think. An example was given of a home which was 'under notice' by the CQC; all the residents were well cared for by the staff and the families were happy with the home, however the care provider had failed to meet the CQC standard of registration. It is then necessary to assess the impact on the residents and the risks of moving them, some of whom have lived there for years, versus leaving them in the care of the home. In some cases the reason for the provider not being compliant can be their failure to maintain their back office systems. Conversely, where a care provider has been rated as 'good' or 'outstanding' it is

important this does not lead to complacency, therefore real time inspections are very important.

- xi) What will CQC inspections look at and do care homes have to display their rating?

Members were advised care providers have to visibly display their CQC rating and certificate of registration, such as in their reception area. The inspections are very thorough, considering 5 different areas and take place over several days. They don't just look at care but include their auditing and recruitment processes. They also look at inspection history and even when care is good, if there has not been adequate improvement in back office functions, the CQC would rate a service as inadequate. Regardless of the rating, provided a home is registered, the decision to remain is ultimately the choice of the resident.

- xii) The report details the number of Section 42 decisions made in 24 hours as being 48%; has there been an improvement in the Quarter 1 figures?

The group were advised the Board is due to meet tomorrow, where the figures that will be presented has now increased to 89%. Case file audits were undertaken which showed that the problem was in the recording. Sometimes these delays are justifiable due to front-line employees working shifts and the information that is needed may not be available until the employee starts their next shift.

- xiii) The Member thanked the witnesses for the extensive report and asked if the committee can be reassured that every member of staff employed in a care home has had a Disclosure and Barring Service (DBS) check and appropriate training?

The committee were advised all agencies on the board comply with safer recruitment procedures and are confident in the challenge of this process. This includes the chair of the board having a DBS check. Providers are contractually obliged to have staff DBS checked at the point of recruitment as well as provide 2 references, 1 of which needs to be their most recent employer. We undertake routine audits of staff files and if an allegation is made we would audit a number of files including the person under suspicion, to ensure appropriate checks and documents are in place.

- xiv) P25 of the report identifies the importance of wider community involvement, including Healthwatch who are key in this. What is the role of Healthwatch on the board, do we need to widen community engagement and how long ago is the case study on work with the deaf community from?

Members were advised Healthwatch play an important role on the board as well as the community representative that attends. Work is ongoing to improve community involvement and the Board Manager is meeting with a number of local groups and agencies including Voluntary Action Barnsley (VAB), Healthwatch and our Equality Forums to make sure they have the information they need on safeguarding. Also to help ensure they are the eyes and ears of our communities and hold the Board and its partners to account for their work. The report was completed by a colleague who has now left BMBC; therefore we are not sure of the exact date of the case study.

- xv) Has the Board engaged with other local groups such as one at the college which is for Deaf people?

The group were advised if Members are aware of particular groups and organisations to make the Board aware of them so they can engage them in their work. The Board has a Communication Task and Finish Group which is looking at how we get information out to different groups and communities and how they can work with the Prince's Trust on this.

- xvi) The recent Crime Survey shows that fraud is higher than any other crime; old and vulnerable people are increasingly targeted therefore as part of the engagement strategy how are we making these people aware of scams such as fake phone calls from banks?

The committee acknowledged this as an issue for all ages and advised the more knowledgeable individuals are to this type of crime, the more unlikely they are to becoming a victim. There are a lot of national campaigns about this on TV; the Board publicised this during SAW and SYP have put out local information on this as well as other agencies. We need to make sure these are ongoing communications and not just one-off.

- xvii) In relation to the useful links on page 48, could the service consider creating a poster with these plus telephone numbers which Members could disseminate and display in local notice boards?

The Member of the committee was thanked for their suggestion.

- xviii) The attendance analysis for the safeguarding training detailed in the report, shows there were a considerable number of courses where there were no attendees from the partner agencies?

Members were advised the figures shown in the report are for the training that has been delivered by the Board; partner agencies such as the NHS and the police will undertake their own in-house training and these figures are not included. The Board tries to provide mainstream training which is suitable for the majority of agencies. Similarly, Care Homes commission some of their own training which we check on when we undertake inspections/audits.

- xix) Would it be possible to compile all the training in the different organisations so Members can see the full picture?

The group were advised each member of the Board submits a self-assessment form, which includes details of the training that has been undertaken in their organisation. The Board chair goes through these and questions compliance with training, which helps to reassure that appropriate training is being undertaken. The Board will consider how this information could be incorporated in the report. Difficulties also arise however in that some training may only need to be undertaken on a 3 year basis therefore does not show annually in the report. Members were also informed that the current training information doesn't explain which organisations need to have which training, for example NHS staff have to remain CQC compliant. Also, it's Audits that inform us how effective training is as sometimes less is more.

Members were advised of a number of training sources, including the Council's Workforce Development Team. Also that Barnsley Council is part of a South Yorkshire Group with Doncaster Council, Sheffield Council and SYP who contribute to providing a programme of training.

xx) Why is Rotherham Council not included in this joint training arrangement?

Members were advised Rotherham Council decided to come out of the South Yorkshire arrangements and commission their training externally. Barnsley however felt it was better value for money to stay in the partnership and have been able to source a variety of training provision including a number of free conferences, including one in September on modern slavery, MSP and financial abuse.

The Chair thanked all the experts for their attendance and helpful contribution, and declared this part of the meeting closed.

### **Action Points**

- 1) Information regarding the Single Point of Access Contact Details for Barnsley Adult Social Care to be circulated to OSC co-opted members.
- 2) Members to advise the Board if they are aware of any local groups/organisations they should be engaging with.
- 3) Board to ensure messages continue to be disseminated in relation to fraud prevention on an ongoing basis.
- 4) Service to consider creating a poster with useful links and telephone numbers which Members could disseminate and display in local notice boards in relation to Safeguarding.
- 5) Board to consider how all relevant training in different organisations could be included as part of the annual report.

## **22 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

## **23 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 information on the establishment of Barnsley Children's Integrated Assessment & Investigation Service including a Multi-Agency Safeguarding Hub (MASH).