



& our Partners,

Committed to
Safeguarding Adults



Harrow Local Safeguarding Adults Board (LSAB)

Annual Report

2012/2013



in partnership with:



Royal National Orthopaedic Hospital

The North West London Hospitals

Central and North West London

London Ambulance Service

Ealing Hospital

Harrow Community Services



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Foreword

This is the 6th Annual Report published on behalf of Harrow's Local Safeguarding Adults Board (LSAB) and contains contributions from its member agencies. The Board coordinates local partnership arrangements to safeguard adults from harm.

I took over as the Chair of the LSAB from Paul Najsarek a few months ago and would like to take this opportunity to publically recognise the hard work and dedication that he put into the Board over the last few years. I am very pleased to be the new Chair and like Paul am committed to ensuring that local arrangements go from strength to strength.

This report details the work carried out by the LSAB last year (2012/2013) and highlights the priorities for the coming year (2013/2014).

I am very pleased to report that over the last year a lot of progress has been made, for example: the work we have done in partnership with the Police to raise awareness with Banks about financial abuse has reduced crime at "hole in the wall" ATM machines by 59%; we have had an independent social worker speak with a lot of the victims of abuse and in response to their comments have produced an easy to read leaflet about "what happens after I report abuse"; we are delighted that we have been asked by so many GP practices to run awareness sessions for them and their staff (as they are often the first people to identify abuse) and more of them are now contacting us to raise a concern; we have run some innovative best practice forums for staff including about forced marriage and working with hoarders; and we continue to work closely with our colleagues in Children's Services so that all staff take a "family first" approach to their work.

Key priorities for the LSAB in the coming year include: widening even further the range of people that we offer awareness sessions to, including students at local Colleges who will be working in social care and health settings in a few years time; working closely with the new Clinical Care Commissioning Groups in their first year as the commissioners for local NHS services; doing more work with the Police and the voluntary sector on wider community safety e.g. distraction burglary/door stop crime and hate crime and continuing to make sure that the feedback from service users is central to everyone's work and determines the work of the Board.

Lastly, I am very pleased that the Board has decided to commission a formal Peer Review of local safeguarding adults services. This means that experienced professionals from other local authorities will visit Harrow later this year to look at the work we are doing. They will tell us about what they think we are doing well and make recommendations for areas that they think we should change and improve. This will assist us with our aim to strive for continuous improvement so that we achieve our vision - that Harrow is a place where adults at risk from harm are safe and empowered to make their own decisions and where safeguarding is everyone's business.

Bernie Flaherty

Director of Adult Social Services (Chair of the LSAB)

Harrow Safeguarding Adults Annual Report 2012/2013



Say **NO**
to abuse



“Harrow is a place where adults at risk from harm are safe and empowered to make their own decisions and where safeguarding is everyone’s business” (LSAB Vision)

SECTION 1 - INTRODUCTION

1. Introduction to the annual report

Safeguarding vulnerable adults is a responsibility placed on health and social care through the 'No Secrets' guidance (Department of Health 2000) which is issued under Section 7 of the Local Authority and Social Services Act 1970 (see also Appendix 4).

Through this mandatory guidance, statutory health and social care organisations have a duty of partnership to work together to put in place services which act to prevent abuse of vulnerable adults, provide assessment and investigation of abuse and ensure people are given an opportunity to access justice.

The 'No Secrets' guidance gives the Local Authority (Harrow Council) a leadership and co-ordinating role to ensure that all those who provide services for local people work together to address the safeguarding agenda in the borough.

A vulnerable adult as defined in the 'No Secrets' guidance is:

- a person aged 18 or over
- who is or may be in need of community care services by reason of mental or other disability, age or illness; and
- who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation

Abuse is a violation of an individual's human or civil rights by any other person or persons (No Secrets 2000).

Abuse can happen anywhere - in someone's own home, on a bus, in a care home, in community care or in a hospital. It may be behaviour that is intended, or caused by a lack of training and/or ignorance.

Abusers (perpetrators) are often already known by the vulnerable adult. Abusers can be people such as a professional worker, another service user, a relative, a friend, a group or an organisation.

This Annual Report describes all the activity carried out by the partnership organisations that form the Harrow Local Safeguarding Adults Board (LSAB) to support the safeguarding of vulnerable adults during 2012/2013. The detailed statistics are shown at Appendix 1.

1.1 The Harrow Local Safeguarding Adults Board (LSAB)

The Local Safeguarding Adults Board (LSAB) has been chaired by Paul Najsarek (the Council's Corporate Director of Community, Health and Wellbeing) for the last 5 years. During 2012/2013 the chair transferred to Bernie Flaherty (Director – Adult Social Services).

The LSAB is the body that oversees how organisations across Harrow work together to safeguard or protect vulnerable adults who may be at risk of harm, or who have been abused or harmed.

Over the last year the LSAB refreshed its terms of reference which (including the full list of members) is at Appendix 4.

The LSAB takes its leadership role very seriously with appropriate senior management attendance from member organisations and (for the Council) the active involvement of the elected Councillor who is the Portfolio holder for adult social care, health and well-being.

1.2 LSAB Accountability

The LSAB's Annual Report 2011/2012 was presented to the Council's Scrutiny Committee in July 2012. This report for 2012/2013 will go to a Scrutiny meeting on the 16th July 2013 and the Health and Wellbeing Board on 1st August 2013.

As in previous years, this report will be produced in both Executive Summary and accessible formats and will be available to a wider audience through the Council and partner agencies websites.



“Harrow is a place where adults at risk from harm are safe and empowered to make their own decisions and where safeguarding is everyone’s business” (LSAB Vision)

SECTION 2

LSAB Work Programme in 2012/2013

Section 2 – LSAB work programme 2012/2013

2.1 Harrow LSAB business meetings – work areas covered

The LSAB met on 4 occasions in 2012/2013 – three Business Meetings and an Annual Review Day. The following table lists the topics discussed by the Board at those meetings – some being standing items (e.g. quarterly statistics); some were items for a decision (e.g. the new User Engagement Strategy) and some were for information or Board development (e.g. the Fire Service presentation).

Prevention and Community Engagement

- User Engagement - new strategy agreed
- Fire Service presentation on risk indicators for fire setting and related suicides – LSAB development
- World Elder Abuse Awareness Day 2012 in Harrow – local arrangements agreed
- Winterbourne View and the national learning disability inspection programme – local required actions agreed
- Local protocol on working with harder to engage adults, including chronic hoarders – noted for information and circulation to front line staff

Training and Workforce Development

- Multi-agency training programme - formal one year extension of the contract agreed
- Feedback from Best Practice Forums – for information

Quality and Performance Review

- NHS Self Assessment Framework (SAF) for safeguarding adults' work - discussed
- Quality assurance framework for safeguarding adults' work – standing item
- Impact of budget allocations on safeguarding adults' work – for information
- Two independent case reviews – action plans agreed and progress with implementation tracked
- File audit - noted and findings used by the LSAB to inform changes to the training programme and local practice
- Quarterly statistics – discussed and findings used by the LSAB to inform changes to the training programme and local practice
- Dealing with complaints about the safeguarding adults process – new procedure agreed (joint work with the Local Safeguarding Children's Board)

Policies and Procedures/Governance

- LSAB terms of reference – revised and agreed
- The LSAB Annual Report 2011/2012 – discussed and formally signed off
- Draft Care and Support White Paper – LSAB development item
- DOLS (transfer of NHS supervisory body responsibilities to the Local Authority) – LSAB development item
- ADASS Policy for Cross Borough Working – noted and circulated to staff/managers
- Joint work with Local Safeguarding Children's Board (updated protocol for young people where there are existing safeguarding concerns at point of transition to Adult Services) - agreed

2.2 Management information (statistics)

The Board collates multi agency information on a range of adult safeguarding statistics in order to produce a management report. The report which is available at each business meeting (quarterly) is overseen by and discussed at the LSAB.

It attempts to identify trends in referral data and to provide accessible and useful statistics to Board members which can then be used to inform decisions e.g. identifying where awareness campaigns or training should be focussed.

Headline messages

This is the second year where it has been possible to compare the Harrow data against the national annual Abuse of Vulnerable Adults (AVA) data. This section therefore provides both a comparison with 2011/2012 Harrow performance and the national figures.

- 657 alerts compared to 554 in 2011/12 represented a growth of 19% locally. A growth in number is positive and suggests that briefing sessions, publicity and training events are being successful in raising awareness of the issues. However it remains important to continue to ensure that only appropriate alerts are being taken forward as referrals – see next bullet point below
- 70% of Harrow alerts were taken forward as referrals (461 referrals), compared to 64% in 2011/2012. The AVA figure is 83% (up from 57%). Although it is difficult to be sure what percentage of alerts should meet the threshold (certainly it would not be 100%), the statistics suggest that in Harrow (as well as nationally) progress continues to be made at identifying the most relevant cases to be taken forward from alert to referral stage. File audits continue to check that appropriate alerts are being taken forward to the referral stage
- repeat referrals in Harrow increased from 6% in 2011/2012 to 11% in 2012/2013. The AVA figure was 16%, so Harrow continues to perform well in this area. As stated in previous reports, it is possible that Harrow's figures of 3% and 6% in the previous two years were slightly low as some repeat referrals are to be expected. Too high a figure suggests that work is not being done correctly or thoroughly first time around, so this is an important indicator and one the Board will want to continue to monitor closely
- completed referrals in Harrow increased from 90% in 2011/2012 to 110% in 2012/2013 which is excellent progress, suggesting that all cases are progressing to a conclusion and are not "drifting". This is also very good performance in comparison to the AVA figure of 80% which was an increase of 13% on the previous year's national performance. The reason for a figure over 100% is that some cases started in 2011/2012 were also completed last year

- in Harrow the female: male referral ratio at the end of 2012/2013 was 60:40 which almost exactly mirrors the national position – an AVA ratio of 61:39
- In Harrow there was an increase in referrals from 51% in 2011/2012 to 63% in 2012/2013 for older people who continue to be the most at risk service user group. Although a concern, the local statistics are almost exactly in line with the AVA figure of 60%
- nationally almost half (49%) of all referrals in 2011/2012 were for adults with a physical disability, with the figure in Harrow being higher at 56%. It is important to note that in the AVA statistics, service users (for example) who are older but also have a physical disability are counted in both categories. As required by the NHS Information Centre Harrow now treats these statistics in the same way, however as it is the first year for this approach it is difficult to draw any conclusions from a comparison with the 2011/2012 figure of 6%
- the Mental Health service user referral numbers have improved in Harrow over the last year (at 17% compared to 14% in 2011/2012), however it remains lower than the national figure of 24%. It seems there is still more work to do (through awareness raising and training) for the LSAB to be reassured that messages about how to report a concern are reaching all relevant service users in this client group
- in Harrow the referral figure for people with a learning disability in 2012/2013 was 18% (81 people) and this is now broadly in line with the AVA figure of 21%
- nationally, the referral rate for people from ethnic minorities was 11%. Analysis of London comparisons released separately by the Information Centre and presented to the LSAB in March 2013 suggests that Harrow is performing well (41% of all referrals) in relation to other London Boroughs. There is also a reassuring picture when the referrals numbers are compared with the most recent Census data for Harrow which shows that 42% of adults are from the BME communities. However the LSAB will always want to be reassured that its messages are reaching all sections of the local community
- statistics showing where the abuse took place in Harrow remain broadly similar to 2011/2012 with the highest percentage being in the service user's own home (49%) and 29% in care homes (long term and temporary placements). The AVA figures are 40% and 36% respectively which does highlight a slight deviation in Harrow from the national picture. In comparison with 2011/2012, there has been an increase in referrals about care homes (up 5% or 54 people) and at the time of writing this report there are 2 care homes in Harrow where new placements have been embargoed due to concerns about standards of care
- allegations of physical abuse remain the most common referral (29%) which is in line with exactly the same national figure

- neglect (19%), financial abuse (21%) and emotional abuse (22%) are the other significant figures with the statistics being reasonably in line with the national figures of 26%; 19% and 16% respectively
- in Harrow, social care staff e.g. “domiciliary care workers” (19%); “other family members” (15%) and “partner” (11%) were the most commonly alleged persons causing harm. The AVA figure for social care staff is higher (28%), but the “other family members” (16%) and partner (6%) statistics are broadly in line with the Harrow figure
- outcomes for victims are varied, however “no further action” (45%) and “increased monitoring” (12%) remain the most common in Harrow, compared to 27% & 31% nationally. An offer of assessment or community care services was slightly lower in Harrow (8%) than the national figure of 10%. As a result of the significantly higher numbers of “nfa” cases than the national position, the LSAB has asked that the next round of independent file audits look at randomly selected closed cases to ensure that the decision making was sound on each occasion
- outcomes in Harrow for the person alleged to have caused harm had shown good performance in relation to criminal prosecutions/Police action compared to the national position, up to and including 2011/2012. However the 2012/2013 statistics have decreased slightly and are now exactly the same as the AVA figure. This indicates a need for the LSAB to ensure that victims are getting access to the criminal justice system and further work will take place over the next year

The national AVA Report has commented that some Councils are having difficulties in recording the “outcomes section” for a variety of reasons and this has led to differing ways of recording (in particular) “no further action”, “increased monitoring” and “not known”. Harrow has experienced similar difficulties - for example where “no further action” has been recorded at case closure some other very appropriate outcomes have also been recorded but not collated from Framework i – in other words “nfa” is the default report from the system, ignoring the other outcome areas. The information Centre have indicated that these and other areas highlighted will be addressed going forward

- The use of the Independent Mental Advocacy Service (IMCA) provided by POhWER has been monitored, particularly in comparison to the other London boroughs accessing the same service. Analysis of the raw data suggests that in all aspects Harrow is an average user of the service – which is an improved position, with the borough having been a low user in previous years

Deprivation of Liberty Safeguards (DOLS)

This is the first time that the local Deprivation of Liberty Safeguards (DOLS) statistics are presented in the LSAB Annual Report. At the end of 2012/2013 the supervisory body responsibilities held by NHS Harrow were transferred to the Council.

There were 13 requests for authorisations last year (none in the NHS) as follows:

- 6 for people with dementia
- 7 for people with a learning disability
- 0 for other care groups

It is not surprising that there were no requests for people with a mental health problem, as in those cases the Mental Health Act framework would be the required approach.

Only 1 authorisation was granted with the best interests requirements in the other requests not met i.e. a less restrictive alternative was available or DOLS was not occurring – and this indicates good practice.

Summary/Actions Required

In the majority of the AVA statistics the Harrow position mirrors the national picture and in some important areas e.g. repeat referrals and completed referrals, local performance last year was better than that of other boroughs.

There are 5 main areas arising from this report for further action and LSAB monitoring: high prevalence in abuse of older people, numbers of (adult/under 65) mental health referrals being below the national average, tackling financial abuse and outcomes for service users (including looking at the high number of “nfa’s”), alongside the Board’s ongoing commitment to ensure that all sections of the community/user groups are able to obtain information/raise alerts.

In relation to the IMCA and DOLS statistics, these figures will now be routinely added to the quarterly reports presented to the LSAB so that members can be reassured about local activity in these important areas.

The full analysis of 2012/2013 AVA statistical data is shown at Appendix 1.

The new LSAB Strategic Plan 2013/2016 includes some trend analysis of the statistical information over the last three years and any conclusions that can be drawn from it.

The action plan in this report (year one of the LSAB Strategic Plan 2013 – 2016) includes objectives to address the key messages from the statistical analysis.

2.3 LSAB Resources

As at 31st March 2013, the staffing of the dedicated Safeguarding Adults Service located in the Council is as follows:-

1 Service Manager

1 Team Manager

1 Safeguarding Adults Co-ordinator (DOLS)

1 Safeguarding Adults Co-ordinator (Strategy)

2 wte Safeguarding Adults Practice Advisers (senior practitioners)

4.5 wte qualified Social Workers

In addition to staff, there are ongoing costs for the multi agency training programme; best practice forums; publicity (posters/fliers/wallet cards); awareness/briefing sessions; independent file audit and administrative support to the LSAB etc.

The costs of these services are borne by the Community, Health and Wellbeing Directorate within Harrow Council, with contributions totalling circa £25,000 p.a. from NHS partner agencies.

Other time spent by partner agencies on LSAB activities, facilitating staff release for training etc, are borne by the individual organisations.



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SECTION 3 – STATEMENTS FROM KEY PARTNERS

3. Statements from key partners

The following statements have been provided by some of the key agencies represented on the LSAB. The reports cover adult safeguarding issues from each organisation's perspective and some identify key priorities for 2013/2014.

3.1 Royal National Orthopaedic Hospital NHS Trust

Outcomes for Prevention and Community Engagement

- flag system in place to identify Adults at Risk
- ensuring 'Best Interest Decisions' are followed through and understood

Priorities for 2013/2014

- achieve 96% staff training on safeguarding level 1
- introduce safeguarding level 2 for high risk areas and level 3 for senior staff members
- embed the role of the Link Nurses (Champions) into Safeguarding Adults procedures
- review safeguarding process and policy
- introduce an Adult at Risk Register

3.2 Age UK Harrow

Outcomes for Prevention and Community Engagement

- Community Engagement - WEAAD: 1st June 2012; a stand in St Ann's Shopping Centre organised by Age UK Harrow in partnership with Harrow Council's Safeguarding team and HAD. Outcome was that over 200 people were made aware of the how the various agencies can help/support anyone who is a victim of elder abuse
- Campaign to stop elderly people being robbed at ATM machines or after they had taken money out from the branches. This was done by raising awareness with bank/building societies. As part of this we hosted a number of meetings with the managers and police/safeguarding team, sent out letters from all three alerting banks/building societies on the issues and what the recommendations were that had worked in other parts of the county. Outcome has been that in the last 15 months, ATM crime is down by 59%
- On-going articles on safeguarding in the newsletter to remind members to be careful who they open their doors to

Outcomes for Training and Workforce Development

- Two training sessions took place in Age UK Harrow office on safeguarding. This was well received by the new volunteers recruited by Age UK Harrow.
- All staff continues to access the training at the Council and we have started to have staff going on refreshers. Outcome is more awareness of safeguarding issues and how reporting works. Age UK Harrow now has the Advocacy Officer as the lead to enable staff to refer quickly
- Induction of new staff/volunteers/trustees – now includes presentation on safeguarding that was developed by the Council Safeguarding team
- Two sessions were organised where the Safeguarding team trained volunteers at Age UK Harrow in issues that they may face while volunteering with us. We use a presentation by the Safeguarding team as part of the induction of new volunteers until they can attend a session as part of the development.

Outcomes for Quality and Performance Review

- For each staff member to log elder abuse and safeguarding issues so the organisation has statistics for the types of incidences occurring and the outcomes and action taken. This has helped improve any procedural lapses
- Review of safeguarding referral process to identify barriers and suitably address any issues

Outcome has been a seamless referral process and access to the safeguarding team working in the best interest of older people.

Outcomes for Policies and Procedures/Governance

- Due to having safeguarding and a standing agenda item, trustees requested some informal training/presentation. This was done by the Council Safeguarding team at one of the Board meetings
- Worked to ensure production of the LSAB Annual Report
- Board was presented with the Annual report and is now more aware of issues relating to safeguarding especially as older people are the highest client group to be abused
- Age UK London was asked to look at this as a campaign for London at the request of Age UK Harrow's Board. London is now looking at this issue and how more awareness can be raised
- Age UK nationally also was alerted and have had a number of training sessions organised for other Age UKs who have not had the same setup as Harrow

- Harrow has been mentioned as unique in the way the Safeguarding works and is seen as an example of what needs to happen, particularly around awareness on elder abuse

Priorities (and the required outcomes) for 2013/2014:

- Organising 8th WEED for Monday 17th June 2013 in the Council Chamber at the Civic Centre. Outcome – number of people informed about financial abuse
- Continue training staff and volunteers to spot risk/harm and take appropriate action. Outcome – more clients coming forward to report any abuse
- Raise awareness about safeguarding issues especially for vulnerable elderly and encourage more people to get help. Outcome same as above
- Review of safeguarding policy and procedure within the organisation to identify barriers and make necessary changes. Outcome – embed safeguarding within organisational quality standards
- Carry on campaign work with Police and Safeguarding team targeting post offices next. Outcome: continual reduction in crimes committed against elder people
- Work with Health watch in raising awareness in care homes and nursing homes. Outcome – Increase in numbers of people reporting abuse and in turn reduction in numbers of older people abused in these places

3.3 Harrow Mencap

Harrow Mencap continues to actively support a zero tolerance approach to Safeguarding and is fully committed to working in partnership with all Agencies and individuals to raise awareness of and the prevention of abuse, especially for carers and individuals with Learning Disability

Key highlights for 2012/13 were:

- as part of the Consortium of Mencaps across NW London we have engaged with the metropolitan police to raise awareness of client issues in relation to Hate Crime
- we ran hate crime awareness workshops and produced a booklet for individuals with a learning disability to assist them in defining Hate Crime
- ensured that representatives of the local safeguarding team had a presence at every forum we held to continue to raise awareness amongst people with learning disabilities, their families and carers
- a number of Staff have undertaken safer recruitment training
- as part of the NWL Mencap consortium we secured funding from the DOH to deliver a project for monitoring/checking the quality of services for disabled individuals across NWL to start in 2013

For 2013/14 the key priorities are:

- to establish the quality Monitoring/checking project in Harrow, working closely with key agencies and providers such as the Council, CCG,CQC and Healthwatch
- increase the number of safeguarding leads within the organisation, from 1 to 3 and ensure that they receive the appropriate knowledge and training
- deliver a number of awareness initiatives for carers and individuals within the year
- continue to ensure that all staff receive appropriate induction and training
- continue to deliver workshops on Hate crime across NW London.
- undertake internal quality audits to monitor the effectiveness of our Safeguarding approach

3.4 Central and North West London NHS Trust

Outcomes for Prevention and Community Engagement

The Trust has organised a user and carer workshop titled “Have Your Say” for 20th June 2013. This workshop aims to have the user and carer voiced heard, included in future Trust Adult Safeguarding work plans and support the setting up of a user and carer safeguarding adult reference group.

Outcomes for Training and Workforce Development

- Adult Safeguarding awareness training is part of induction. From September 2012, Jude Campbell, Trust MCA Lead joined the induction programme to provide training on the Mental Capacity Act
- A slot of the junior medical induction programme has now been secured for safeguarding training in both children and adults
- A new E-Learning programme for both frontline staff and managers has been introduced in November 2012 for all mandatory training
- Co-Production of Adult Safeguarding Awareness Training by CNWL Recovery College
- London Borough of Harrow continues to provide level 2 & 3 training but uptake has remain variable
- Adult and Children Safeguarding Leads ran a successful workshop for inpatient modern matrons on the 25th of March 2013. The aim of this workshop was to deliver training that each matron could cascade to their area and included case scenarios

Outcomes for Quality and Performance Review

The Trust has scored highly in Care Quality Commission compliance reports over the past year. There are now a wide range of mechanisms in place that review performance and quality and encourage service users and carers to report their concerns or anxieties. These include Mock CQC visits, night visits and Board to ward

visits which in Harrow showed that frontline staff had a good awareness of adult safeguarding and how to escalate and access support. Advocacy services, user surveys and user and carer groups indicate need for greater engagement and understanding of the lived experience in the safeguarding process. The Trust Board receives an annual report with regular updates through other reporting mechanisms.

Outcomes for Policies and Procedures/Governance

The Trust Safeguarding Adults Guidance document developed in partnership with local authority partners and aligned to the Pan London Procedure has been implemented across the Trust. This document guides staff of any discipline working in Trust services to work within the relevant local authority procedures, whilst setting out Trust-wide expectations and standards of good practice in light of NHS Best Practice Safeguarding Guidance.

Priorities (and the required outcomes) for 2013/2014:

A systematic approach to **'mainstreaming'** the safeguarding adults agenda across mental health services in Harrow. The key areas of work for this are:

- continue to develop a competent workforce at all levels in the service lines that will embed ownership of responsive safeguarding practice in day to day good practice and to improve local governance, operational management oversight, outcomes and service user (and carer) experience
- for all staff to have the right level of competencies required to meet their safeguarding adults' responsibilities within the workplace
- to have a reporting system that can capture the adult safeguarding process and have the ability to analysis number of alerts, referrals to social services and type of abuse
- developing a new and innovative forum/s/structure/s for the 'active' participation and input of service users and carers
- working with existing quality systems to understand what quality assurance looks like for adult safeguarding

Safeguarding Adults Self Assessment and Assurance Framework (SAAF)

- Harrow Mental Health Services have a well-established spreadsheet mechanism for capturing the adult safeguarding process and have the ability to analysis number of alerts, referrals to social services and type of abuse
- E- Learning package & revised policy for Domestic Violence has been implemented in January 2013
- Local Adult Safeguarding leads are working more closely with children safeguarding colleagues to share relative knowledge and work in a more "think family" approach

- Harrow Mental Health Services are using existing user and carer networks to improve user and carer experience of local safeguarding services and use their feedback to make improvements. The Trust user and carer workshop on the 20th of June 2013 will feed into this process

SAAF priorities for 2013/2014 (if known)

- improving the triangulation of information from safeguarding, complaints, and serious incidents
- improving the systems which collate safeguarding alerts and referrals
- to ensure there are clear designated points of access for all adult safeguarding alerts within the increasing complexity of the Trusts interface
- for all staff to have the right level of competencies required to meet their safeguarding adults' responsibilities within the workplace

Main Challenges

- the increasing complexity of cases and the need to use d Court of Protection more often to safeguard individuals
- the impact of adults at risk (including alcohol misuse, domestic abuse and on parenting) continues to be a significant factor in the Trust serious incident reviews
- DoLs figures for the Trust are low and are being monitored and will be discussed via the Trust Adult Safeguarding Group and Harrow Operational Group
- the integration of the Prevent Agenda into adult safeguarding
- there is a need to achieve full electronic data reporting compliance status triangulated with serious incidents and complaints for all safeguarding activity that is arising in Mental Health and Allied Services

3.5 Mind in Harrow

Progress on priorities for 2012/2013 – year three of the LSAB Business Plan

Mind in Harrow is firmly committed to Safeguarding Adults in partnership with Harrow Council, NHS, police and independent sector organisations with a particular focus on adults at risk owing to their mental health.

Outcomes for Prevention and Community Engagement

- Mind in Harrow has increased awareness of safeguarding with 40-50 people at the Harrow mental health user group forum 2012-13 through collaboration with Harrow Council Safeguarding Team and CNWL NHS Foundation Trust
- Mind in Harrow has contributed to prevent safeguarding concerns by offering support and information, (as appropriate for a voluntary sector partner in conjunction with the Safeguarding Team and CNWL NHS Foundation Trust), to people with mental health needs who have reported to us that they or other people may be at risk of abuse or mistreatment

Outcomes for Training and Workforce Development

- Mind in Harrow has ensured that all 25 Mind in Harrow staff are training in safeguarding practices through implementation of our policy that all our new employees are required to undertake the Harrow Council 1 day introduction to safeguarding training course. Additionally in 2012-13, Mind in Harrow introduced a policy that all senior staff and casework staff are required to undertake the Harrow Council introduction to safeguarding children and young people training session
- in this past year, we have improved access for all our volunteers to safeguarding training by implementing a new safeguarding training cycle delivered by the Harrow Safeguarding Team three times a year, which we expect volunteers to attend who may come into contact with adults experiencing mental health needs
- we have improved access to safeguarding training for new trainee representatives of our Harrow User Group by making places available on our volunteer safeguarding training programme

Outcomes for Quality and Performance Review

- Mind in Harrow has contributed to quality and performance review through our Chief Executive, Mark Gillham, attendance at Harrow Multi-Agency Safeguarding Adults Board meetings and the Harrow LSAB away day in 2012

Outcomes for Policies and Procedures/Governance

- during 201-13, Mind in Harrow reviewed our Safeguarding Adults Policy and updated our Bullying & Harassment Policy to reflect changes introduced by the Equality Act 2010

Priorities (and the required outcomes) for 2013/2014:

In addition to continuation of Mind in Harrow's actions and outcomes for 2012-13:

Outcomes for Prevention and Community Engagement

Mind in Harrow aims to review partnership working with CNWL NHS Foundation Trust in relation to raising safeguarding alerts to improve prevention and community engagement.

Quality Assurance

Mind in Harrow aims to conduct an internal quality assurance review of safeguarding practices in 2013 to strengthen our safeguarding processes and procedures.

3.6 Local Safeguarding Children's Board (LSCB)

Outcomes for Prevention and Community Engagement

The LSAB has joined with the LSCB in outreach events for the voluntary, community and faith sectors in Harrow and there is liaison with the LSCB Voluntary Sector outreach worker. The LSAB has developed a stronger role on the LSCB, through its representative (Visva Sathasivam – Head of Adult Social Care), as during the past year the LSCB has reviewed its governance and Board roles.

Outcomes for Training and Workforce Development

There have been a considerable number of development visits by the LSCB Chair and Board Manager to local sectors and agencies, where not only LSCB but also LSAB issues to safeguard the vulnerable have been raised and visits paved for the LSAB, such as with the Library Service and GP Practice Managers. The LSAB is represented on the LSCB training subgroup and there have been some multi agency joint training sessions regarding working with vulnerable adults, who are parents, for example.

Professionals who work with adults and those who work with children are amongst those who have taken part in this training. There has also been safer recruitment training.

Outcomes for Policies and Procedures/Governance

The LSAB / LSCB working group began in October 2012, chaired by Visva Sathasivam and Parmjit Chahal (Service Manager for Youth Offending and Child in Need of Assessment teams). This group reports to the LSCB and LSAB. The group is refreshing and preparing protocols to safeguard children and vulnerable adults, for teams which work with children, young people and adults, ensuring transitions and joint work is well managed between teams.

Priorities (and the required outcomes) for 2013/2014:

- the LSCB provides a reliable safeguarding standard in a community of change;
- the LSCB encourages effective safeguarding communication between strategic groups, agencies, the community, children and young people, and to and from the LSCB;
- from early help to safeguarding the most vulnerable - practice is multi agency, child focussed and effective; and
- safeguarding quality assurance is every agency and sector's business

The LSCB has enjoyed working closely with the LSAB, sharing training and the opportunities to promote safeguarding adults' information within its publications and events e.g. with the launch of the Green Book of safeguarding children guidance to the voluntary sector in Harrow in June 2013, which has included advice to safeguard vulnerable adults.

3.7 North West London Hospitals NHS Trust

Progress on priorities for 2012/2013 – year three of the LSAB Business Plan

- the Trust has re-launched the internal Safeguarding Adults Board which includes all external agencies which supports collaborative working
- the Trust has strengthened collaborative working with the Safeguarding Adults Boards. This has positively improved working relationships between the key stake holders
- improved continuity and attendance rate at the Vulnerable Adults Safeguarding Boards in both Harrow & Brent
- the Trust Executive Lead for Safeguarding Vulnerable Adults, supported by the Deputy Director of Nursing has continued to raise the profile and importance of safeguarding adults
- increasing awareness of vulnerable adults and dementia
- introduced an e-learning module with an emphasis on the Mental Capacity Act (DOLS) and dementia

Prevention and Community Engagement

- a website has been generated with links to our designated partners to enable staff to report their concerns directly to the local Safeguarding Adults Managers (SAMS).
- the Trust is collaborative partners with the LSAB and compliant with pan--London policies and procedures and fully participate in both the LSAB and local strategy meetings throughout the Boroughs
- in conjunction with the Brent Safeguarding Adults team the number of alerts has increased and therefore supported early intervention

Training and Workforce Development

- Safeguarding Adults is an integral part of staff induction and regular mandatory updates
- increased level 2 training compliance from 23% to 57%
- dementia training focuses on the provision of patient focused care to improve both patient outcomes and experience
- the Trust has PreVent trainers, who support a rolling educational programme across the Trust. Key staff have been trained such as those working in A&E, Security, Chaplains, Site Management team

Quality and Performance Review

- the Trust has participated in the SAAF and since then has worked as a collaborative member of the safeguarding Board to forge partnerships across the Boroughs. We have achieved a rating of amber and are working together to improve processes
- the Trust has trailed the a patient's passport which will be fully rolled out during 2013/14
- the Dementia Bundle has provided a structure to ensure staff assess patient care and their needs more accurately
- good compliance with the Mini Mental Evaluation Score has alerted General Practitioners and the Psychiatric Liaison Team to the patient's possible need for a memory clinic

Policies and Procedures/Governance

- the Safeguarding Adults Policy and the Terms of Reference for the Trust Adults Safeguarding Board was ratified in 2012

Priorities for 2013/2014:

- to continue to improve compliance with the SAAF
- to pursue plans for a Designated Safeguarding Adults Team
- develop a shared model of care with partner agencies for those patients with more significant challenging behaviours
- develop a Safeguarding Adults Training Strategy and improve training compliance rates
- strengthen case review audit process to support continuous quality improvement
- increase the voice of the patient and their carers to support informed joint care planning to improve care delivery and the patient experience
- evaluation and audit of system and process to ensure their effectiveness

3.8 London Fire Brigade

Progress on priorities for 2012/2013 – year three of the LSAB Business Plan

- the London Fire Brigade (LFB) in Harrow has undertaken 916 Home Fire Safety Visits in 2012/13, including the fitting of free smoke alarms. Of these 77% (625) have been in the homes of people that are considered to be as most at risk from fire
- all of the LFB operational personnel within Harrow Borough have undertaken training to identify potential safeguarding issues and the correct protocols to follow should they have safeguarding concerns

- LFB Borough Commander, Richard Claydon, is an active member of the Safeguarding Adults Board and is very proactive at promoting the services that the brigade can offer. The LFB sees the establishment of strong links with partner agencies as a key priority to ensuring the safety of those most at risk from fires in their homes and good progress is being made establishing these links
- Adult Safeguarding and the LFB have been working closely to ensure priority Home Fire Safety Visits are undertaken in the homes of members of the community that have been identified as being most in need of intervention to mitigate the risk from fire

Priorities for 2013/2014:

- continuing the successful work with partners to identify those most at risk from fire in their homes
- providing preventative services to those most at risk from fire due to their personal needs
- ensuring that the correct protocols are followed when brigade personnel have safeguarding concerns about members of our community
- building a robust reporting and feedback system internally and with partners to ensure that those identified as potentially being at risk are given the support that's required
- promoting the use of domestic sprinkler systems for those identified as being most at risk from fire in their homes

3.9 Harrow Council – Housing Services

The Housing Ambition Plan includes the following priorities:

- managing the anticipated “extraordinary growth” in homelessness arising from the welfare reforms and the benefit cap from April 2013
- supporting people through difficult times by Getting Closer to the Customer
- increasing the supply of and access to creative affordable housing
- ensure the health and safety of our customers, staff and contractors is paramount in all we do
- have tenancy support plans for all vulnerable tenants identified
- manage/tackle challenges of Welfare Reform, Financial Inclusion, budget management
- modernisation of Sheltered Housing Service

3.10 Harrow Council – Adult Services

Harrow Council's Safeguarding Adults Service takes the lead coordinating role for safeguarding vulnerable adults at risk from harm. This role is both in relation to multi-agency strategic development of the work as well as investigations into individual cases of abuse and instances of institutional abuse. The Service also supports the LSAB arrangements; organises a range of public awareness campaigns; oversees the multi-agency training programme and runs briefing sessions.

In 2012/2013 the Safeguarding Adults Service had a work programme which supported the overall objectives and priorities in the LSAB Business Plan and progress is monitored at a monthly Meeting. The work of the Service and the outcomes from its work programme are covered in the body of this report.



“Harrow is a place where adults at risk from harm are safe and empowered to make their own decisions and where safeguarding is everyone’s business” (LSAB Vision)

SECTION 4 – PROGRESS ON OBJECTIVES 2012/2013 (YEAR THREE OF THE BUSINESS PLAN)

4. Progress on objectives for 2012/2013 – year three of the Business Plan

The following areas were the priorities from Year 3 of the LSAB Business Plan and progress on each of the actions (as at 31st March 2013) is set out below.

Theme 1 – Prevention and Community Engagement

i. Implement year 3 of the safeguarding adults at risk prevention strategy (2010 – 2013)

Headline messages

There were 31 objectives in the Plan and of these 22 were completed with 9 appropriately expected to be “ongoing”. There were none that were incomplete and development of a new Prevention Strategy (as a formal appendix to the 2013/2016 LSAB Strategic Plan) is a priority for 2013/2014.

Outcomes

One example of a positive outcome was the increase (by 20 people) in home fire safety checks for vulnerable adults following joint publicity between Housing, the Fire Service and the Safeguarding Teams.

Another example was the District Nurses all carrying the safeguarding adults “wallet card” on the back of their name/identity badge, so that they always have the advice line number easily available if they come across a patient that they are worried about.

Winterbourne View

The LSAB first considered the Winterbourne View documentary at its Annual Review Day in June 2011 and a report benchmarking Harrow practice against the findings of the national report was presented at a Business Meeting in November 2011 - with 5 new actions being agreed for implementation. These were subsequently embedded in the LSAB’s 3 year Business Plan and so were reviewed as a standing item (in the exception report) at every meeting in 2012/2013. The issues at Winterbourne View were very much focused on NHS commissioned services and local improvements are being overseen by NHS London. The NHS Self Assessment Framework for safeguarding adults (which included the Winterbourne requirements) was presented by Harrow’s NHS providers at the LSAB in December 2012 and priorities for each organisation will be taken forward in the Board’s new Strategic Plan for 2013/2016.

Presentations took place at the Learning Disability Partnership Board, the Physical/Sensory Disability Partnership Board and the Local Safeguarding Children's Board Operational Group with useful comments arising, particularly from the sessions with service user representatives.

A "task and finish" group aligned to the Health and Wellbeing Board is being developed to deliver the local joint strategic plan.

Outcomes

- all LSAB members have re-checked that whistle blowing protocols are in place in their organisation, including at induction
- the Safeguarding Adults Service has produced further guidance for the Contracts Team and other front line staff on what to look for when visiting care homes
- the "West Sussex" model (issued by NHS London) on institutional concerns and a local protocol for identifying institutional abuse have both been introduced in recent months
- referral pathways guidance has been developed and implemented
- more training with GPs and other relevant staff likely to be visiting care homes has taken place
- Harrow Mencap in partnership with neighbouring boroughs submitted a successful bid for funds to employ service users to visit registered homes and check on standards of care
- a system is in place on the Framework i database that can record alerts in institutional settings each time they arise. This allows the Safeguarding Adults Service to keep an overview of the number of alerts being raised in any particular home and to discuss with the Contracts Team and other relevant parties e.g. the Clinical Commissioning Group and the Care Quality Commission

ii. Actively use the media for publicity campaigns

There were a range of media items last year including (i) articles in News and Views for users with a learning disability, (ii) an article in the Clinical Care Commissioning Group magazine (iii) two separate articles in the Harrow Association of Disability magazine – one about World Elder Abuse Awareness Day (WEAAD) and the other using the Paralympics as a way of presenting disability in a more positive way (iv) information in the Council Tax booklet 2012/2013 which was delivered to every household in the borough, (v) articles in the Harrow Observer, Harrow Times and on the Harrow Community Radio website pages about WEAAD 2012.

Outcomes:

The Safeguarding Adults Service continues to receive alerts from members of the public following media campaigns suggesting that the message is being heard. However as in previous years, initial increases in alerts drop off a few weeks after each campaign, suggesting that messages need to be reinforced on a regular basis.

There remains no “front runner” in terms of the publication that is most successful in raising awareness, so it seems that a range of approaches is the most pragmatic way to continue.

iii. Run high profile campaigns e.g. WEAAD – incorporating the “zero tolerance” message

Campaigns in 2012/2013 included: a partnership event in the town centre for World Elder Abuse Awareness Day (June 2012); events run by local care Providers for WEAAD e.g. at Ewart House (Creative Support) and in older people’s own homes (Caremark); an information stand for the “staying safe” campaign run by Harrow College at both its campuses (joint project with the LSCB); Carer’s week (June 2012); presentation at a Skills for Care event (June 2012) about safeguarding and risk taking; participation in the learning disability “big health day” attended by 100+ service users; information stand at the Female Genital Mutilation event (September 2012); information stand at a health event with Harrow Mencap (September 2012); presentation to service users at a Harrow MIND forum (September 2012); Older People’s Day (October 2012); presentation to a Police event about safeguarding adults and working together (December 2012); information stand at a Police victim of crime event (January 2013).

Outcomes:

Analysis demonstrates that attendance at the above events has led to at least one referral following each of these campaigns.

Alerts increased by 19% in 2012/2013 (see section 2.2), suggesting that messages about how to report concerns are being heard.

A “green” rating was issued by NHS London in relation to safeguarding adults as it relates to local learning disability services – following their attendance at the “big health day” to listen to service users and an assessment of data supplied by Harrow PCT.

iv. Adopt a different approach to community engagement so that safeguarding adults at risk referrals are more broadly representative of Harrow’s demographic profile

It was agreed as part of the LSAB’s refreshed approach to outreach, that awareness raising activities should be targeted at more generic locations where all sections of the community are likely to visit. Last year this included a chemist, GP surgeries, libraries, Town Centre sessions and some presentations to mental health service users run jointly with the Harrow Equalities Unit.

The information in the Council Tax leaflet was pushed through all front doors in the borough and easy to read information (which should assist anyone for whom English is not their first language) about how to report concerns and what happens after you report a concern were produced and posted on the website.

Following discussions with the Public Realm Management Team in the Council, a safeguarding adults slide was added to their October 2012 presentation to Neighbourhood Champions. The Champions were also given information about hate crime, dignity and how to report a concern through Access Harrow.

Briefing sessions were also run (as agreed with the LSAB) for groups where low or no referrals had been received in recent years which included the Asian Deaf Club (50 people); MIND volunteers (9 people) and 50 mental health service users.

Outcomes:

Statistics show another small improvement in the ratio of alerts from BME communities and also from client groups where low/no referrals have been received in recent years e.g. mental health and sensory impairment, suggesting that some of the outreach activity has been productive. The LSAB will continue to prioritise objectives that aim to get messages out to all sections of the borough.

v. Improve community safety and address hate crime – in relation to vulnerable adults at risk

Joint work took place with Harrow Mencap on tackling hate crime with a resulting forum for people with a learning disability to hear direct about their experiences and suggestions. There were articles on hate crime and how to report it in “News and Views” for people with a learning disability and “Access”, the Harrow Association of Disabled People magazine.

The partnership between the Safeguarding Adults Service and the Community Safety Antisocial Behaviour Action Group (ASBAG) continued last year with discussions about adults at risk who may be either victims or perpetrators.

Outcomes:

There have been a number of referrals generated from the ASBAG work in two contexts – firstly where vulnerable adults are victims and secondly where as perpetrators of anti social behaviour there have been concerns raised about it being in the context of deteriorating mental health.

This area remains a high priority for service users and it has been agreed that further work should be a priority in 2013/2014.

vi. Improve access to the criminal justice system for victims

The Safeguarding Adults Service continues to support both staff and users in contacting the Police when a crime is alleged to have been committed against a vulnerable adult. This has included supporting victims at Achieving Best Evidence interviews.

Outcomes:

Outcomes in Harrow for the person alleged to have caused harm had shown good performance in relation to criminal prosecutions/Police action compared to the national position, up to and including 2011/2012. However the 2012/2013 statistics have decreased slightly and are now exactly the same as the AVA figure. This indicates a need for the LSAB to continue to prioritise projects which assist victims in accessing the criminal justice system and further work will take place over the next year.

vii. Ensure risk assessments are completed and suitable information is available for self funders and people with personal budgets

Further detailed work was completed in 2012/2013 on the risk assessment for people managing their own money through a cash personal budget.

File audits continue to review how well the risk assessments had been addressed.

Outcomes:

Completion of the comprehensive risk assessment tool provides staff and managers with additional safeguards (to those already in place) in assessing which vulnerable adults are able to manage their own money.

viii. Engage with Banks and utility companies to raise awareness of safeguarding and develop greater understanding of their role in both prevention and involvement in safeguarding cases

Work took place in 2012/2013 with the Police, Age UK Harrow and the Banks to improve the safety of vulnerable older people who were being targeted when withdrawing money from ATMs – older people being the majority of the victims of this type of crime.

Outcomes:

The introduction of CCTV cameras across the borough resulted in Bank related ATM crimes dropping 59% in the first quarter of this year, at January 2013 - when compared to the same period last year (2012).

Theme 2 – Training and workforce development

i. Review the effectiveness of the new training programme and explore a wider range of delivery options e.g. e-learning or “training the trainers”

Multi-agency training remains a high priority for the LSAB.

The existing programme is competency based. This ensures that all staff know about the competencies required to meet their safeguarding adults’ responsibilities within the workplace. It helps staff and their managers to be clear about the safeguarding adults’ knowledge they require in their role, the training they should access and assists in the evaluation of training needs and professional development pathways.

As a supplement to the formal training programme, the Safeguarding Adults Service also ran a number of briefing sessions across a range of agencies, offering most at the organisation’s own premises.

A full breakdown of the training statistics is shown at Appendix 3.

Headline messages

- a total of 1478 people received some training in 2012/2013 - this was an increase of 220 people from 2011/2012 and it will be difficult to sustain year on year increases at this sort of level. It is likely that given the progress over the last few years, most relevant people have now received training at least to a basic level. In future the programme of both training and briefing sessions will aim to be tailored with increased sophistication to the learning from file audits, independent case reviews and other quality assurance programmes across the partner agencies. The re-tender of the programme in 2013/2014 provides an opportunity for this approach
- 620 staff received formal training – this was an increase of 40 people from 2011/2012
- the breakdown of formal training was: 204 Council staff (an increase of 17 from 2011/2012); 88 NHS staff (a decrease of 43 from 2011/2012); 5 “other statutory” staff including the Police (an increase of 2 from 2011/2012); 226 private sector staff (an increase of 78 from 2011/2012) and 97 voluntary sector staff (a small decrease of 14 from 2011/2012)
- 710 people attended sessions run by the Safeguarding Adults Service (an increase of 32 from 2011/2012). The breakdown of briefing sessions is shown at Appendix 3, however it is very positive to note that there were a number of new or significantly increased areas last year including: 128 GPs/primary care staff; 40 Skills For Care staff; 15 Harrow College staff and 15 Library staff. In addition

there were briefing sessions for 65 service users with a focus on mental health where relatively low numbers of referrals had been received in 2011/2012 and 30 carers (an increase of 15 from 2011/2012)

- a total of 218 staff attended 3 multi-agency best practice forums in 2012/2013 on forced marriage; self neglect/hoarding and learning from audits
- 35% of individuals (362 people) booked on to formal training courses cancelled, an increase of 1% (68 people) leading as in previous years to difficulties about the viability of some sessions

Outcomes

The 4th year of the training programme was constructed from the evaluation and experience of the 2012/2013 sessions. A greater focus is being given in 2013/2014 on sessions for staff that carry out investigations and require a significant level of knowledge and competence – and this will be provided by the professional trainers. Basic awareness raising sessions will be larger and less frequent or supplemented by the Safeguarding Adults Service.

The number of alerts from GP surgeries following briefing sessions in primary care has increased (a rise of 14 from the 2011/2012 figure) suggesting that there is growing awareness about how to highlight concerns.

This was the first full year for the new e-learning course which allows some front line staff to access training that they might otherwise not be able to e.g. GP trainees. A total of 148 staff (78 Harrow Council and 70 partner agencies) used the tool and feedback continues to be very positive.

ii. Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS) audit – implementation of findings

Internal and external (independent) file audits continue to highlight some lack of confidence in use of the Mental Capacity Act and Deprivation of Liberty Safeguards, although there have been a range of improvements in practice following the LSAB's agreement to run a range of training events and briefing sessions.

The Senior Professional lead for mental health continues to provide support both on a case by case and more generic basis for staff carrying out assessments under this legislation.

Outcomes

Refinements to the 2013/2014 training programme will continue to ensure a high profile is given to these topics with a particular emphasis on case based discussion and learning.

In 2013/2014 the Council will be recruiting an experienced Safeguarding Adults Coordinator (DOLS) who will assist with the continuing work in this key area.

iii. Ensure a wider group of key people are appropriately briefed in relation to their role e.g. Councillors, GP's, Non Executive Directors, LINK members

Following a letter to all GP practices in the borough offering a briefing (developed using the British Medical Association tool) a total of 128 GPs and other primary care staff have attended a session.

Sessions have been run for tutors at Harrow College and agreement has been reached with Stanmore College to jointly educate their students (on access to nursing and social care courses) about safeguarding adults – with the aim of ensuring that the issues are covered with them as early as possible in their chosen career.

Others provided with a briefing session for the first time in 2012/2013 include Library managers and Skills For Care staff.

A session for any elected Councillors that had not previously received a safeguarding adults briefing was held in November 2012 – 5 attended.

Harrow Council "Purple Pages" staff communication magazine ran an article in 2012 about safeguarding adults linked to World Elder Abuse Awareness Day – which reached a wide range of staff and Councillors beyond those working in adult social care.

Outcomes:

Alerts from GPs have increased, as have incidents of informal contact with the Safeguarding Adults Service to discuss concerns. Although much smaller numbers, there have also been calls to the Service from college tutors to seek advice about vulnerable students.

Theme 3 – Quality and performance review

i. **Oversee the independent case review and report findings to the LSAB**

The LSAB formally signed off the independent case review for Mrs R and was pleased to note that the recommendations had been addressed by all the agencies involved.

Outcomes (in addition to those previously reported in 2012):

- the new protocol on working with hoarders/self neglect and hard to engage clients has been piloted and following discussion and review at the Best Practice Forum in January 2013 (chaired by Professor Michael Preston-Shoot – an expert in this area of work) was finalised and widely circulated
- the Multi-Agency Training programme has more in-depth sessions for managers overseeing investigations – and attendance for all Council staff acting as Safeguarding Adults Managers (SAMs) was mandatory in 2012/2013

ii. **Ensure that independent and internal audit programmes take place**

The Safeguarding Adults Service carried out internal file audits on 30 cases in 2012/2013. In addition there were two rounds (in October 2012 and May 2013) of independent external audits which scrutinised practice in 67 cases with the following focus:

- ~ 42 cases that had progressed to a case conference (with the expectation that these would be some of the most complex and/or high risk, including where there were children in the family)
- ~ 19 more general scenarios, but ensuring that the sample picked up cases from all ethnic groups and all geographical parts of the borough
- ~ 6 cases where there appeared to be discrepancies in decision making about mental capacity during one investigation period

Alongside the well established file audit programme, a new process was introduced in 2012 to follow up (a randomly selected sample of) victims once their safeguarding investigation was concluded. This is now done by an independent social worker who provides a written report of her findings to the Safeguarding Adults Service. The interview findings are reported alongside the file audit reports with a series of recommendations to improve practice.

The focus of all the audits was to pick up outcomes for clients, ensure that risk is being considered and build the learning into practitioner forum and training sessions.

Audit findings:

- the external and internal audit reports both concluded at the end of the year that the quality of decision-making and work continues to improve, especially (as previously indicated) up to and including the strategy meeting phase
- although some recording needs improvement, the underlying work is sound
- there continues to be strong evidence of multi-disciplinary and multi-agency working and collaboration supporting positive outcomes for users
- the external auditor was pleased to record a further increase in service user, main carer and other significant family member involvement in strategy meetings and case conferences – where practice had already been highlighted as positive
- the clearest records and best quality work was in those areas where health staff (particularly from primary care) had been asked to comment or be actively involved in the decision making
- there are much improved forms for recording and managing cross borough referrals, especially institutional incidents
- however as noted last year, staff are still leaving too many blanks on the forms, often in key areas, including monitoring timescales, mental capacity, decision-making and outcomes. Further investigation suggests that this might need further discussion with the auditor to ensure that he has a clear understanding about how some information is captured on Framework i and this will take place in 2013/2014
- issues with timescales not being met are more common in complex/longer term cases (which can be both appropriate and unavoidable), however the reasons are not always made clear

Outcomes

- the external auditor provided a helpful “flow diagram” on Mental Capacity Act decision making for staff to use as an “on the wall” aide memoir. The Manager Safeguarding Adults Services completed face to face meetings with social workers/care managers in all the front line Teams to give feedback on the recommendations from external audits. At the end of each session, a written summary report was provided to all the staff as well as a copy of the (one page) flow diagram on using the Mental Capacity Act
- further changes were made to the training sessions on using the Mental Capacity Act – with a view to holding shorter, focused, experiential sessions at Team locations rather than in the classroom
- internal file audits will continue to check on timescales and recording

- significant changes were made to the Framework i database on working with the Mental Capacity Act, with the system now guiding and supporting workers through the process and prompting clear recording about decision making

iii. Develop a culture of continuous learning at the LSAB

At each of its business meetings, the LSAB ensured that at least one topic was included which provided members of the Board with a learning opportunity. The following areas were covered:

- Risk indicators for fire setting and related suicides
- Draft Care and Support Bill white paper
- Deprivation of Liberty Safeguards (in the context of the transfer of NHS supervisory body responsibilities to the local authority)

The LSAB held its third annual review in June 2012. There were four main elements to the event – a look back at the previous year with formal agreement to the Annual Report 2011/2012; finalising the objectives/priorities for 2012/2013, a debate about a refreshed approach to community engagement and an evaluation of the effectiveness of the Board.

Outcomes

The Annual Report was amended, finalised and also produced in Executive Summary and Easy to Read formats. The refreshed approach to community outreach was agreed and used in 2012/2013 and (as requested by Board members) a report was presented at the March 2013 Business Meeting about how Harrow's black/minority ethnic community safeguarding adult's statistics compare to other London boroughs. Revised/updated terms of reference for the LSAB were produced and agreed at the September 2012 Business meeting.

The 2013 annual event is scheduled for June 28th and will include a formal review of practice, impact, outcomes and the effectiveness of the Board. The 2013 review day will also provide an opportunity for service users and the independent social worker to present their views to the LSAB – so that the Board can identify what difference its work is making to outcomes for victims, but also to ensure that the user voice is influencing policy and practice.

iv. Improve understanding of local referral patterns, enabling improved planning of responses to allegations

Statistical data has been presented quarterly to the LSAB enabling debate about the effectiveness of local arrangements. The end of year statistics are shown in detail at Appendix 1 with headline messages and outcomes at section 2.2 above.

v. Ensure contract compliance – in relation to safeguarding adults at risk from harm

First introduced in 2011/2012, the Contracts Team continues to join the Safeguarding Adults Service on a monthly basis to discuss any shared concerns about care service provision. This has enabled effective information sharing and agreement about which team will lead in each situation.

The role of Age UK Harrow in seeking user satisfaction with care provision continued last year with two independent reports produced. There is routinely a question about dignity and the overall satisfaction levels were high at 98.33%.

Outcomes:

The Adult Social Care “embargo” policy was updated to ensure that safeguarding concerns are the key element for deciding that placements should be suspended at a specific home. Further work on this area will take place in 2013/2014 using the learning from practice in 2012/2013, feedback from providers and research into best practice.

vi. User and Carer challenge/learning from complaints

The LSAB has a procedure (jointly developed with the LSCB) for complaints specifically about the safeguarding adults process. There was only one such complaint in 2012/2013 relating to an investigation carried out on behalf of another London borough (who had placed a client in Harrow) and where the family were alleging poor care by the residential home staff and mismanagement of their son’s finances. It is the Safeguarding Adults Service view that the investigation was properly and thoroughly carried out, however the learning point was that more information from key NHS staff e.g. the GP would have been helpful. This was not done at the time on the basis that the Coroner was due to review the role of the involved health services, however in future this will not preclude the safeguarding investigation from seeking more information in this area.

Theme 4 – Policies and procedures/governance

i. Continue to oversee the implementation of the pan London procedures

The pan-London Policy and Procedures were used throughout 2012/2013.

The new procedures will be reviewed London wide in 2014.

The multi-agency training programme covers the policy/procedures and Framework i was further modified last year to guide staff through best practice.

Outcomes:

File audits in 2012/2013 demonstrated that the revised Framework i process is supporting staff in following the pan London procedures. All training and briefing sessions cover staff and/or managers' responsibilities under the procedures.

ii. Ensure production of the LSAB Annual Report/present to all organisations Boards/equivalent and Scrutiny Committee

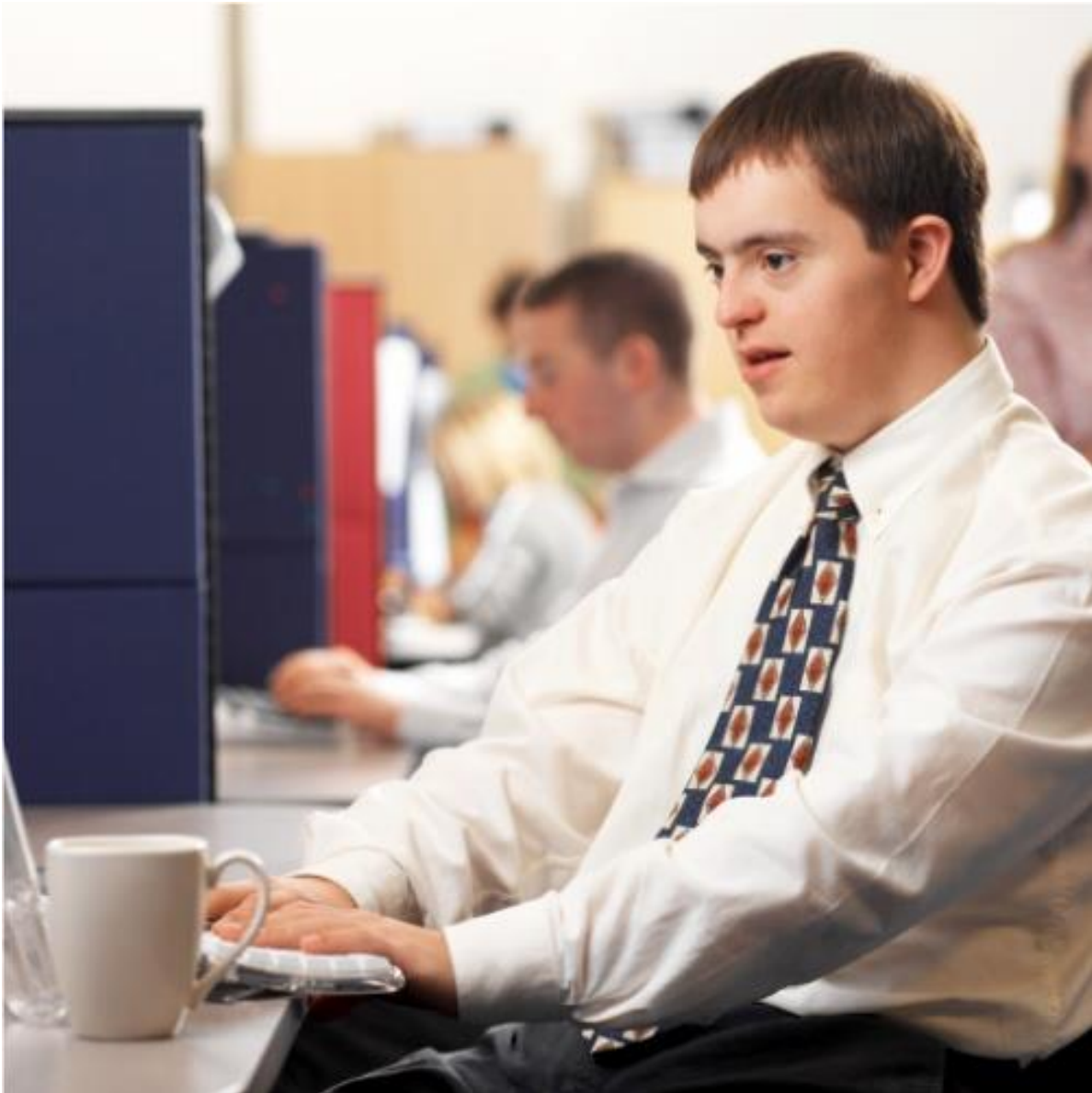
This Annual Report will be presented to the Scrutiny Committee on 16th July 2013 and to the Health and Wellbeing Board on 1st August 2013.

LSAB members will ensure that it is taken to all relevant Boards or equivalent.

Both an executive summary and an accessible version of this report will be produced by the end of September 2013 and will be made available on the Council and partner websites.

iii. LSAB Attendance

The attendance by LSAB partner organisations at Business Meetings and the Annual Review Day is shown at appendix 4.



“Harrow is a place where adults at risk from harm are safe and empowered to make their own decisions and where safeguarding is everyone’s business” (LSAB Vision)

SECTION 5 – OBJECTIVES FOR 2013/2014 (YEAR 1 OF THE STRATEGIC PLAN 2013 – 2016)

Theme 1 – Prevention and Community Engagement LSAB Sub Group

Overall objective

All the agencies in Harrow represented at the LSAB have agreed to take a “zero tolerance” approach to the abuse of adults at risk from harm. The vision for the Board adopted in 2011 states that “Harrow is a place where adults at risk from harm are safe and empowered to make their own decisions and where safeguarding is everyone’s business”. As such the LSAB has agreed that the prevention of abuse (in both domestic and institutional settings), publicity campaigns and information provision which reaches all sections of the community should be a high priority.

NB. There are a range of actions for all partner agencies that will be taken forward in 2013/2014 not reflected below as the LSAB objectives are at the strategic level. Some are contained within the documents that supplement the Strategic Plan 2013 – 2016 and others are single agency.

Objective	How it will be achieved and measured (outcomes)	Timescale
<p>The LSAB is confident that prevention of abuse of adults at risk is a high priority in Harrow</p> <p>Source: PR</p>	<p>A revised Prevention Strategy will be presented to the LSAB at its September 2013 Business meeting – with a resulting 50% reduction in institutional investigations by 2016</p> <p>(prevention)</p>	<p>September 2013</p>
<p>Ensure effective communication by the LSAB with its target audiences</p> <p>Source: ADASS</p>	<p>A Communications Strategy is developed for the LSAB – and users report that they know how to report abuse and what will happen afterwards</p> <p>(prevention)</p>	<p>End September 2013</p>

<p>Safeguarding Adults priorities are clearly referenced in wider community safety strategies e.g. Domestic Violence</p> <p>Source: PR</p>	<p>Specific projects to tackle wider community safety issues as highlighted by service users (e.g. hate crime; safe travel on public transport and distraction burglary/doorstop crime) are taken forward over the 3 years of this plan – and users report feeling safer in annual surveys</p> <p>(partnership and prevention)</p>	<p>End March 2014</p>
<p>Ensure effective implementation of the LSAB User Engagement Strategy</p> <p>Source: UES</p>	<p>There is evidence that the Harrow LSAB's work is influenced by user feedback and priorities</p> <p>Demonstrable changes in practice are evident following annual evaluation of user feedback and presentation at the LSAB Review Day</p> <p>(empowerment and accountability)</p>	<p>End March 2014 and as determined in the Strategy</p>

Theme 2 – Training and Workforce Development LSAB Sub Group

Overall objective

In adopting the ADASS standards for Safeguarding Adults at risk, the LSAB has signed up to a multi-agency workforce development/training strategy. In addition, the main messages drawn from the Bournemouth University/Learn To Care research (May 2010) “Towards a National Competence Framework for Safeguarding Adults” suggests that there needs to be better coordination, quality and breadth of multi-agency staff training.

NB. There are a range of actions for all partner agencies that will be taken forward in 2013/2014 not reflected below as the LSAB objectives are at the strategic level. Some are contained within the documents that supplement the Strategic Plan 2013 – 2016 and others are single agency.

Objective	How it will be achieved and measured (outcomes)	Timescale
The LSAB has an effective Quality Assurance framework in place which includes all relevant approaches to overseeing effective practice and ensuring continuous improvement Source: PR and ADASS	A performance report is presented to the LSAB at each Business Meeting which covers a range of aspects from the QAF and is multi agency. An end of year report to be included in the LSAB Annual report – with resulting changes to practice agreed	End March 2014
	LSAB commissions a formal Peer Review of safeguarding adults work in Harrow and addresses the resulting recommendations – resulting in further improvements to local practice (accountability and protection)	End March 2014
Statistical data improves understanding of local patterns enabling improved planning of responses to allegations Source: PR and AR	Ensure presentation of statistics at each LSAB Business Meeting and at the Annual Review Day, including comparisons with the national AVA data – with resulting actions agreed (accountability)	End March 2014

Theme 3 – Quality and Performance Review LSAB Sub Group

Overall objective

The LSAB has agreed to oversee robust performance management frameworks for monitoring the quality and effectiveness of safeguarding work across all sectors. The existing QA framework is shown at Appendix 2 and has user/carer challenge at its centre.

NB. There are a range of actions for all partner agencies that will be taken forward in 2013/2014 not reflected below as the LSAB objectives are at the strategic level. Some are contained within the documents that supplement the Strategic Plan 2013 – 2016 and others are single agency.

Objective	How it will be achieved and measured (outcomes)	Timescale
<p>The LSAB is confident that the local social care workforce is competent in relation to safeguarding adults' practice</p> <p>Source: BU</p>	<p>Revised Training Strategy agreed by the LSAB</p> <p>Training programme revised for 2014 - 2017</p> <p>File audits and user feedback demonstrates a greater focus on user outcomes</p> <p>(accountability and partnership)</p>	<p>End of March 2014</p>
<p>LSAB ensures transfer of the DOLS supervisory body responsibilities from the NHS to the local authority and that effective ongoing arrangements are in place</p> <p>Source: HWB and WV</p>	<p>DOLS and IMCA statistics presented quarterly to the LSAB</p> <p>File audits and user feedback indicates that DOLS arrangements (including those for health funded services and facilities) are effective</p> <p>(proportionality)</p>	<p>End May 2013</p> <p>Quarterly</p>

Theme 4 - Policies and Procedures/Governance LSAB Sub Group

Overall objective

In adopting the ADASS standards for Safeguarding Adults at risk, the LSAB has signed up to a multi agency partnership, oversight by each organisation's executive body to the work and the pan London Policy & Procedures that describe the framework for responding to alerts/referrals.

NB. There are a range of actions for all partner agencies that will be taken forward in 2013/2014 not reflected below as the LSAB objectives are at the strategic level. Some are contained within the documents that supplement the Strategic Plan 2013 – 2016 and others are single agency.

Objective	How it will be achieved and measured (outcomes)	Timescale
Ensure production of the LSAB Annual Report Source: PR and AR	LSAB receives the Annual Report within 3 months of the end of each financial year (accountability)	End June 2014
Ensure that the LSAB Annual Report is presented to all relevant accountable bodies	Presentation made to Scrutiny Committee to include progress against the previous year's action plan and objectives for the coming year	First available Scrutiny meeting after Annual Report is discussed and agreed at the LSAB (and no later than the end of September '13)

<p>Source: PR and AR</p>	<p>All partner agencies present the Annual Report to their Board (or equivalent) within 3 months of the agreement by the LSAB</p> <p>Presentation made to Health and Wellbeing Board with particular reference to progress on agreed joint priorities and recommendations for the coming year</p> <p>(accountability)</p>	<p>First available Board meeting after the Annual Report is discussed and agreed at the LSAB (and no later than the end of September '13)</p> <p>First available Health and Wellbeing Board meeting after the Annual Report is discussed and agreed at the LSAB (and no later than the end of September '13)</p>
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<p>The general public is aware of safeguarding issues and the work of the LSAB</p> <p>Source: PR</p>	<p>The LSAB Annual Report 2012/2013 is published in an easy to read format and posted on all partner websites</p> <p>There is a relevant range of easy to read/accessible public information</p> <p>(accountability)</p>	<p>End September 2013</p>
<p>The LSAB (jointly with the LSCB) takes a “family first” approach to its work</p>	<p>Relevant range of key protocols in place e.g. for parents with a learning disability</p> <p>(leadership)</p>	<p>End December 2013</p>
<p>The LSAB has strategic oversight of local safeguarding adults work</p> <p>Source: ADASS</p>	<p>The LSAB has an up to date Strategic Plan which is monitored at Board meetings and updated annually</p> <p>(leadership)</p>	<p>End March 2014</p>

Theme 5 – Partnership with the Local Safeguarding Children’s Board (LSCB)

The LSAB and LSCB have agreed to work in collaboration to ensure sharing of information, learning and ideas such that effective and safe services are offered with a “family first” approach. This ensures that staff working in Children’s Services recognise any vulnerable adults in the family and staff working with adults recognise any risks to children. The key areas that will be taken forward under this theme are:

NB. There are a range of actions for all partner agencies that will be taken forward in 2013/2014 not reflected below as the LSAB objectives are at the strategic level. Some are contained within the documents that supplement the Strategic Plan 2013 – 2016 and others are single agency.

Objective	How it will be achieved and measured (outcomes)	Timescale
<p>Common joint safeguarding needs are identified in terms of Domestic Violence and actions prepared to address gaps, including mapping key pathways to MARAC</p> <p>Source: PR and ADASS</p>	<p>Agreed actions to be reported to LSAB and LSCB</p> <p>(prevention and partnership)</p>	End March 2014
<p>The LSAB (jointly with the LSCB) takes a “family first” approach to its work</p> <p>Source: WV and NHS SAF</p>	<p>Relevant range of key protocols in place e.g. for parents with a learning disability, physical disability or mental health difficulty</p> <p>(leadership and partnership)</p>	End March 2014

Source Documents:

AR – Local Safeguarding Adults Board Annual Reports

PR – Peer Review (incorporating Association of Directors of Adult Social Services – National Framework for Good Practice Standards; Care Quality Commission (CQC) reports and the reviews of “No Secrets” and “Putting People First”)

NHS SAF – National Health Service Self Assessment Framework (local priorities)

BU - Bournemouth University/Learn To Care research “Towards A National Competence Framework For Safeguarding Adults” (May 2010) and Harrow (Safeguarding Adults Board) Training Strategy

File Audit

WV – Winterbourne View or Francis report findings and Government response

HWB – Health and Wellbeing Board priority

AVA – national abuse of vulnerable adults statistics

UES – Harrow (Safeguarding Adults Board) User Engagement Strategy

HPS - Harrow (Safeguarding Adults Board) Prevention Strategy

ADASS – Advice and guidance to Directors of Adult Social Services (March 2013)



“Harrow is a place where adults at risk from harm are safe and empowered to make their own decisions and where safeguarding is everyone’s business” (LSAB Vision)

SECTION 6 - APPENDICES

Safeguarding Adults Alert & Referral Data - 1st April 2012 - 31st March 2013

Summary Statistics

No. of Alerts: -	657	%
Taken forward as Refs: -	461	70%
Dealt with at Alert Stage: -	196	30%
No. of Repeat Refs: -	53	11%
No. of Completed Refs: -	507	110%

Alerts Female	392	60%
Alerts Male	265	40%
Not Stated / Recorded	0	0%
	657	100%

Referrals Female	275	60%
Referrals Male	186	40%
Not Stated / Recorded	0	0%
	461	100%

From different Ethnic Backgrounds (non white UK): -	276	42%	}	A l e r t s
Female	168	61%		
Male	108	39%		
(ethnicity) Not Stated / Recorded	75	27%		
	276	100%		

(ethnicity) Not Stated / Recorded or	W/UK	BME
White UK	381	276
White UK	58%	42%

From different Ethnic Backgrounds (non white UK): -	188	41%	}	R e f e r r a l s
Female	119	63%		
Male	69	37%		
(ethnicity) Not Stated / Recorded	42	15%		
	188	100%		

(ethnicity) Not Stated / Recorded or	W/UK	BME
White UK	273	188
White UK	59%	41%

Where Abuse / Harm took Place: -

Own Home	235	49%	}	Many cases involve multiple locations of abuse and this is highlighted in these figures
Care Home - Permanent	76	16%		
Care Home with Nursing - Permanent	44	9%		
Care Home - Temporary	10	2%		
Care Home with Nursing - Temporary	11	2%		
Alleged Perpetrators Home	7	1%		
Mental Health Inpatient Setting	0	0%		
Acute Hospital	2	0%		
Community Hospital	8	2%		
Other Health Setting	2	0%		
Supported Accommodation	34	7%		
Day Centre/Service	6	1%		
Public Place	10	2%		
Education/Training/Workplace Establishment	2	0%		
Other	16	3%		
Not Known / Not Recorded	17	4%		
	480	100%		

Service User Group: -

Older People	292	63%	}	Some Service Users have multiple conditions e.g. older person with a physical disability and mental health issue and this is highlighted in these figures
Learning Disability	81	18%		
Physical disability	256	56%		
Mental Health	77	17%		
Substance Misuse	4	1%		
Other Adult at Risk	43	9%		
Not Stated / Recorded	0	0%		

Type of Abuse / Harm: -

Physical	173	29%
Sexual	19	3%
Emotional/Psychological	131	22%
Financial	124	21%
Neglect	111	19%
Discriminatory	7	1%
Institutional	25	4%
Not Stated / Recorded	0	0%
Multiple Abuses	113	19%
590	119%	

Many cases involve multiple abuses and this is highlighted in these figures

Person Alleged to have caused Abuse / Harm:-

Health Care Worker	12	3%
Neighbour or Friend	30	7%
Other Family Member	68	15%
Other Professional	16	3%
Other Vulnerable Adult	17	4%
Partner	53	11%
Social Care Staff	89	19%
Stranger	8	2%
Volunteer or Befriender	3	1%
Other	46	10%
Not Known/Stated/Recorded	119	26%
461	100%	

Outcomes for Adult at Risk (completed cases) :-

Increased Monitoring	80	12%
Removed from property or service	20	3%
Community Care Assessment & Services	54	8%
Civil Action	0	0%
Application to Court of Protection	8	1%
Application to change appointee-ship	6	1%
Referral to advocacy scheme	8	1%
Referral to Counselling/Training	6	1%
Moved to increase/Different Care	36	5%
Management of access to finances	23	3%
Guardianship/Use of Mental Health Act	1	0%
Review of Self Directed Support (IB)	2	0%
Management of access to Perpetrator	29	4%
Referral to MARAC	4	1%
Other	92	14%
No Further Action	306	45%
675	100%	

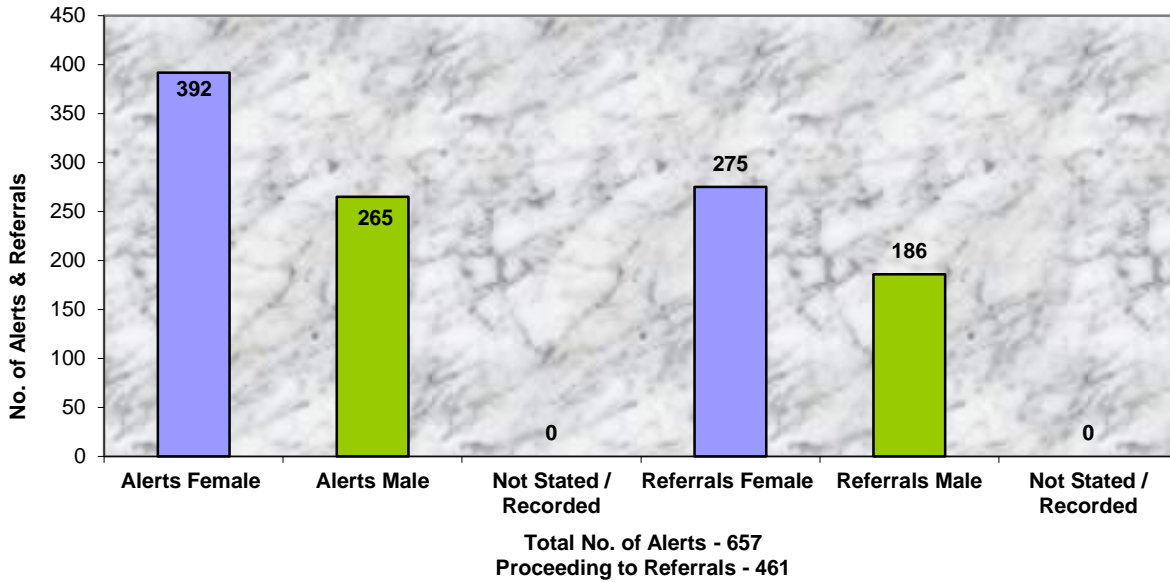
Many cases allow for multiple outcomes and this is highlighted in these figures

Outcomes for Person Alleged to have caused the Abuse / Harm (completed cases) :-

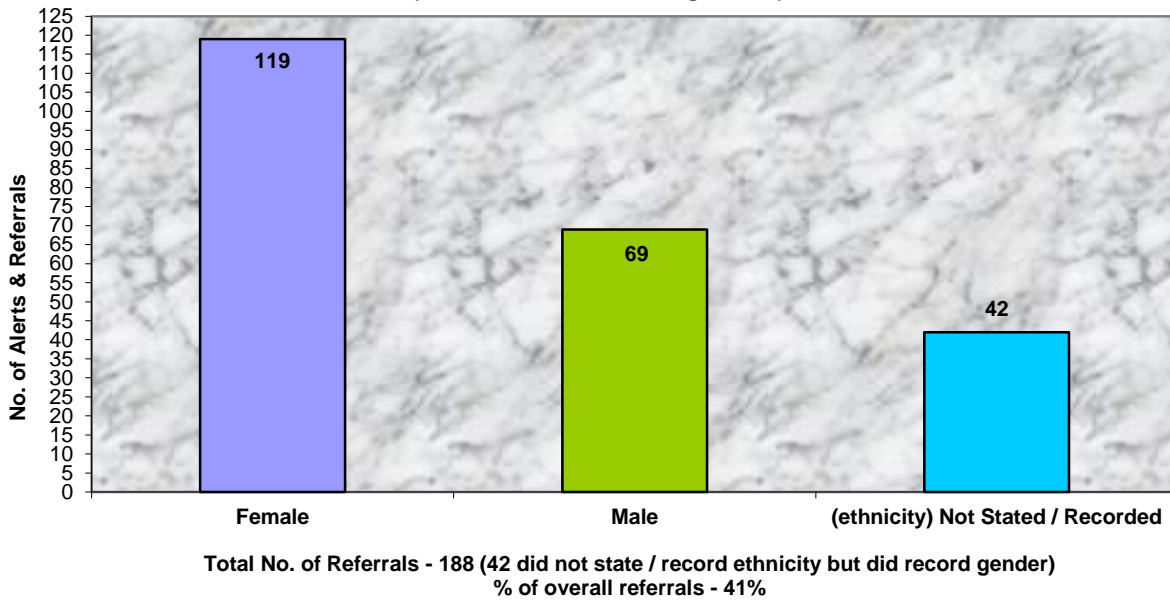
Criminal Prosecution/Formal Caution	11	2%
Police Action	27	4%
Community Care Assessment	15	2%
Removal from Property or Service	21	3%
Management of Access to Adult at Risk	24	4%
Referred to ISA / DBS	2	0%
Referral to Registration Body	9	1%
Disciplinary Action	18	3%
Action By Care Quality Commission	10	2%
Continued Monitoring	35	6%
Counselling/Training/Treatment	11	2%
Referral to Court Mandated Treatment	0	0%
Referral to MAPP	1	0%
Action under Mental Health Act	7	1%
Action by Contract Compliance	23	4%
Exoneration	19	3%
No Further Action	334	54%
Not Known	46	8%
613	100%	

Many cases allow for multiple outcomes and this is highlighted in these figures

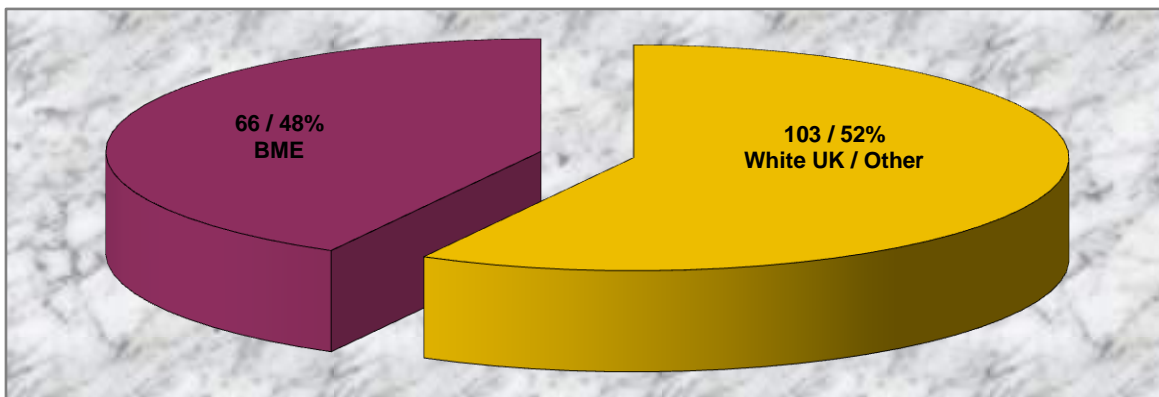
**Safeguarding Adults Alerts & Referrals 1st April 2012 - 31st March 2013
Male / Female Ratio**



**Safeguarding Adults Referrals 1st April 2012 - 31st March 2013
Male / Female Ratio
(from different ethnic backgrounds)**

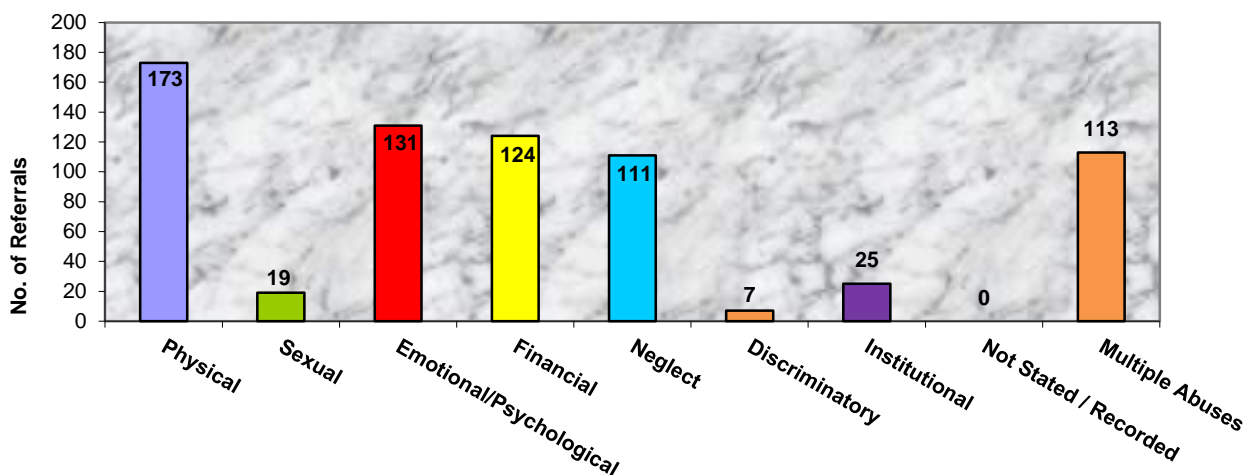


**Safeguarding Adults Referrals 1st April 2012 - 31st March 2013
W/UK / BME Ratio**



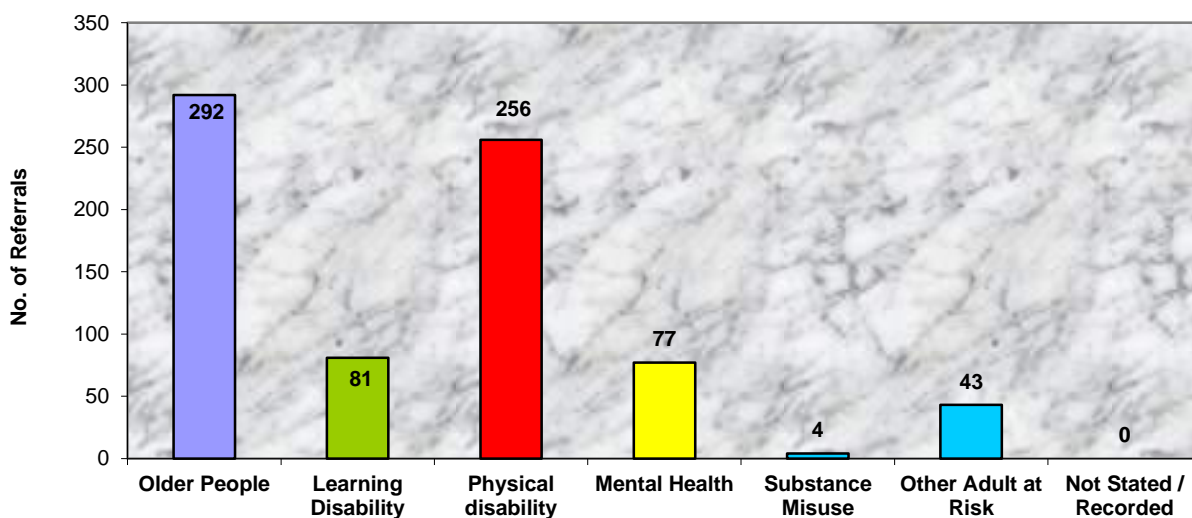
% BME Community in Harrow
 (from 2001 Census) - 41.23%
 % BME Safeguarding Alerts - 42%
 % BME Safeguarding Referrals - 41%

Safeguarding Adults Referrals 1st April 2012 - 31st March 2013
Referrals by Type of Alleged Abuse



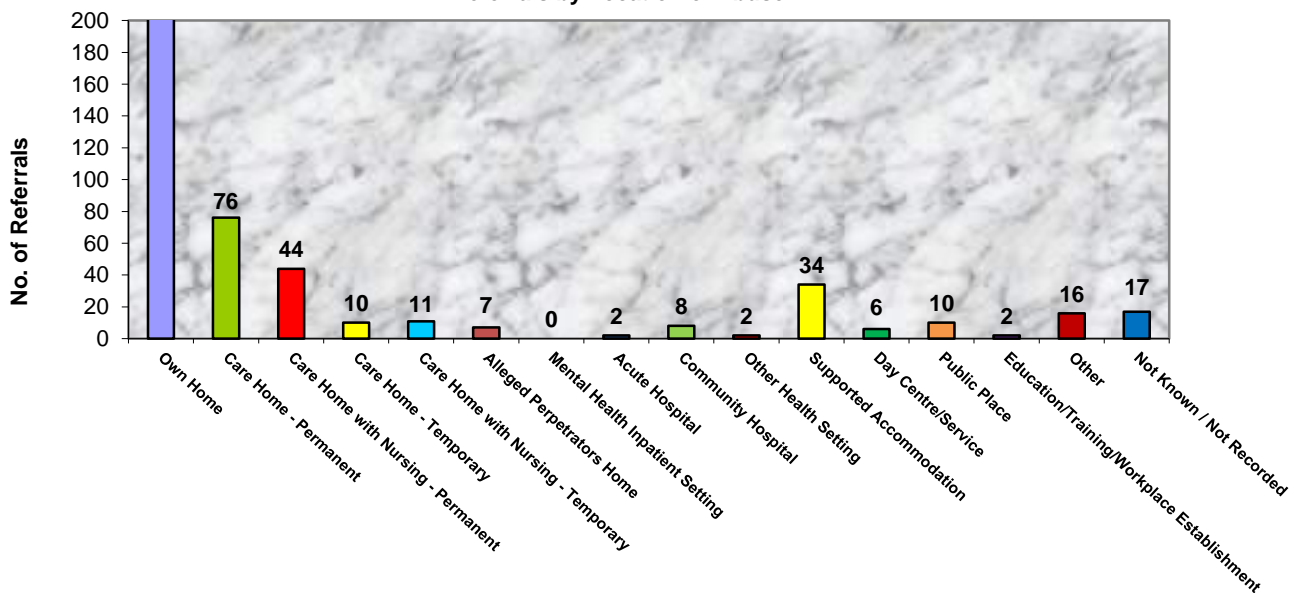
Total No. of Referrals - 461

Safeguarding Adults Referrals 1st April 2012 - 31st March 2013
Referrals by Client Group



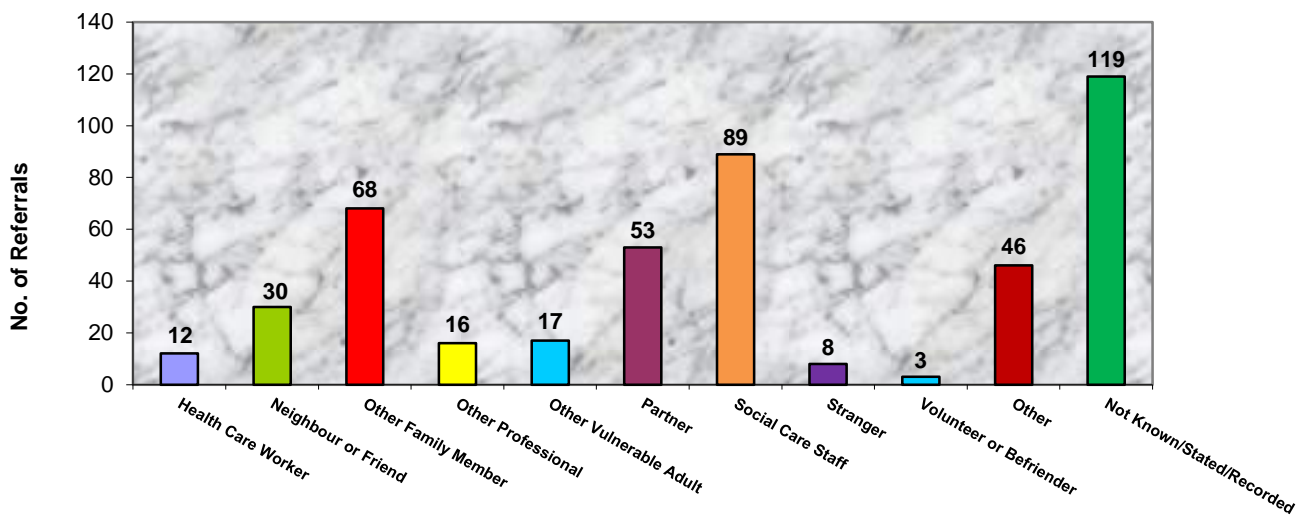
Total No. of Referrals - 461

Safeguarding Adults Referrals 1st April 2012 - 31st March 2013
Referrals by Location of Abuse



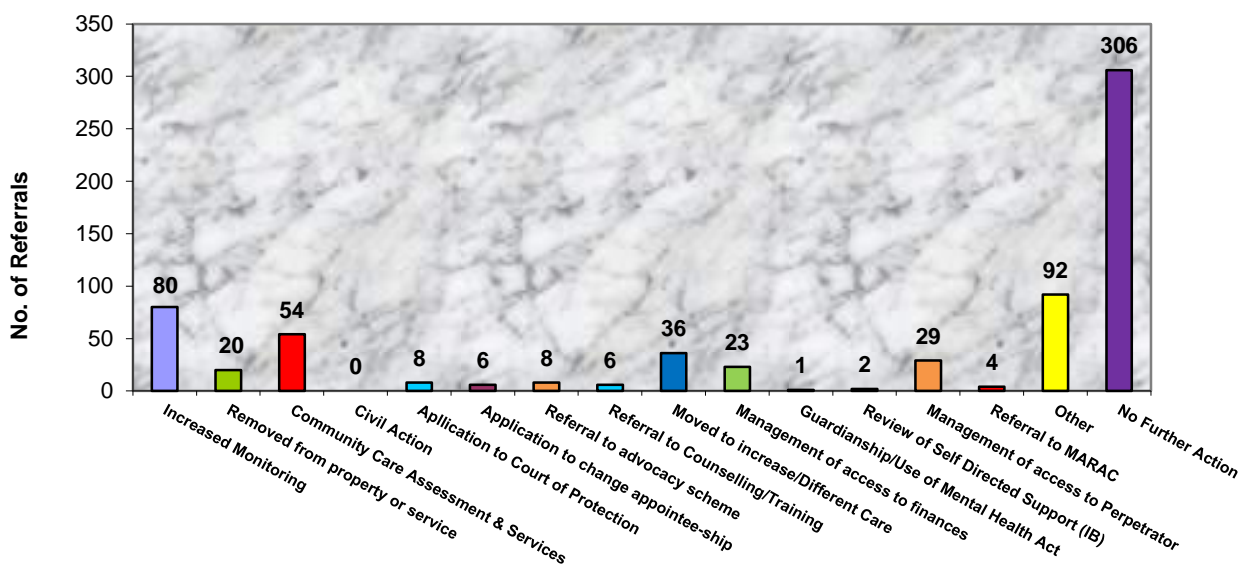
Total No. of Referrals - 461

Safeguarding Adults Referrals 1st April 2012 - 31st March 2013
Referrals by Alleged Perpetrator



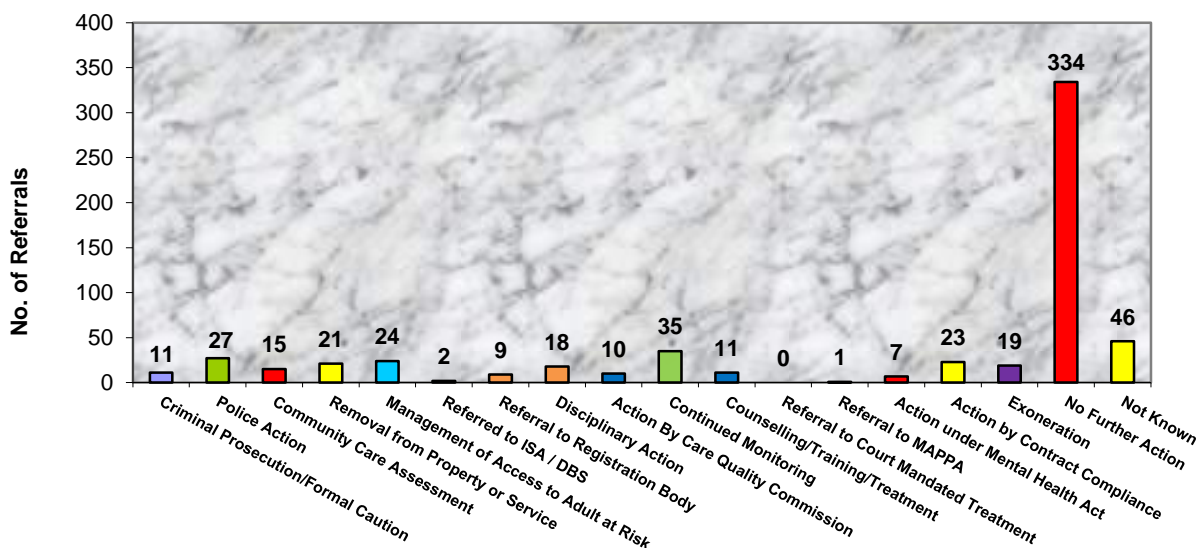
Total No. of Referrals - 461

Safeguarding Adults Referrals 1st April 2012 - 31st March 2013
Outcomes for Alleged Victim



Total No. of Referrals - 461

Safeguarding Adults Referrals 1st April 2012 - 31st March 2013
Outcomes for Alleged Perpetrator



Total No. of Referrals - 461

		Alerts		Total	Referrals		Total	Repeat Referrals		Total	Completed Referrals		Total
		Female	Male		Female	Male		Female	Male		Female	Male	
18 - 64	Physical disability, frailty and sensory impairment	38	38	76	28	29	57	4	2	6	25	25	50
	Physical disability, frailty and sensory impairment - Sensory	9	2	11	7	2	9	2		2	8	2	10
	Mental Health Needs	47	39	86	24	16	40	3	1	4	27	16	43
	Mental Health Needs - Dementia	1		1	1		1				1		1
	Learning Disability	46	55	101	37	39	76	4	5	9	46	51	97
	Substance misuse	3		3	3		3	1		1	4	1	5
	Other Vulnerable Person	36	13	49	16	8	24	1		1	19	9	28
18 - 64		170	145		108	92		13	8		121	102	
65 - 74	Physical disability, frailty and sensory impairment	27	24	51	22	15	37	2	0	2	30	16	46
	Physical disability, frailty and sensory impairment - Sensory	2	2	4	1	1	2				3	1	4
	Mental Health Needs	9	9	18	5	6	11	0	0	0	4	7	11
	Mental Health Needs - Dementia	6	3	9	5	4	9				4	6	10
	Learning Disability	1	3	4	1	2	3				1	3	4
	Substance misuse		1	1		1	1		1	1		2	2
	Other Vulnerable Person	11	2	13	7	2	9	1		1	7	3	10
65 - 74		48	39		35	26		3	1		42	31	
75 - 84	Physical disability, frailty and sensory impairment	65	40	105	46	31	77	4	8	12	52	31	83
	Physical disability, frailty and sensory impairment - Sensory	5		5	3		3				4		4
	Mental Health Needs	17	7	24	12	5	17	4	0	4	12	7	19
	Mental Health Needs - Dementia	14	6	20	10	4	14	4		4	10	6	16
	Learning Disability	1	1	2	1	1	2				2	1	3
	Substance misuse	1		1									
	Other Vulnerable Person	6	3	9	4	3	7				6	3	9
75 - 84		90	51		63	40		8	8		72	42	
85+	Physical disability, frailty and sensory impairment	74	26	100	61	24	85	10	1	11	59	25	84
	Physical disability, frailty and sensory impairment - Sensory	5	4	9	5	4	9	1		1	4	4	8
	Mental Health Needs	6	4	10	5	4	9	0	0	0	4	3	7
	Mental Health Needs - Dementia	6	3	9	5	3	8				4	3	7
	Learning Disability												
	Substance misuse												
	Other Vulnerable Person	4		4	3		3	1		1	6		6
85+		84	30		69	28		11	1		69	28	
	Total:	392	265	657	275	186	461	35	18	53	304	203	507
	Total (including Unknowns)	399	266	665	282	187	469	35	18	53	310	204	514
	No Placed by other authority from outside council area	30	47	77	25	28	53	1	4	5	30	37	67
	No. known to CASSR at time of alert/referral	299	210	509	220	153	373	35	18	53	244	169	413

		Cc - Sga Alert					Cc - Sga Referral					Cc - Sga Referral Closure (Outcomes)				
		18 - 64	18 - 64	65+	65+	Sum:	18 - 64	18 - 64	65+	65+	Sum:	18 - 64	18 - 64	65+	65+	Sum:
		Female	Male	Female	Male		Female	Male	Female	Male		Female	Male	Female	Male	
Asian or Asian British	Any other Asian background	12	8	16	2	38	7	4	12	2	25	8	6	13	3	30
	Bangladeshi				1	1				1	1		1			1
	Indian	25	16	30	20	91	17	11	28	14	70	15	12	25	13	65
	Pakistani	6	3	3		12	5	2	2		9	5	3	2		10
	Asian or Asian British	43	27	49	23	142	29	17	42	17	105	28	22	40	16	106
Not Stated	Did not wish to reply	0	1	0	1	2	0	1	0	1	2	1	1	0	0	2
	Form not completed	28	25	7	13	73	14	15	5	6	40	16	14	7	8	45
	Not Stated	28	26	7	14	75	14	16	5	7	42	17	15	7	8	47
Black or Black British	African	6	1	1	2	10	5	1	1	2	9	8	2	2	2	14
	Any other Black background	1	2			3		1			1		1			1
	Caribbean	6	2	10	4	22	3	2	8	3	16	4	1	8	3	16
	Black or Black British	13	5	11	6	35	8	4	9	5	26	12	4	10	5	31
White or White British	Any other White background	9	6	8	3	26	2	2	7	2	13	2	3	9	2	16
	British	61	62	132	70	325	45	40	92	57	234	48	44	102	63	257
	Irish	4	12	9	5	30	2	10	8	6	26	2	9	10	7	28
	White or White British	74	80	149	78	381	49	52	107	65	273	52	56	121	72	301
Mixed background	Any other mixed background	2	2			4	1	1			2	3	1			4
	White and Asian					0				0			1	1		2
	White and Black African	1				1	1			1		1				1
	White and Black Caribbean	2				2	2			2		2				2
	Mixed background	5	2			7	4	1			5	6	2	1		9
Other Ethnic background	Chinese	1				1	1			1						0
	Any other ethnic group	5	5	6		16	3	2	4	9		6	3	4		13
	Other Ethnic background	6	5	6		17	4	2	4		10	6	3	4		13
	Sum:	170	145	222	120	657	108	92	167	94	461	121	102	183	101	507

	18 - 64						65+ Total	18+ Total
	Physical disability, frailty and sensory impairment	Mental Health needs	Learning Disability	Substance Misuse	Other Vulnerable People	Total		
Social Care Total	39	8	48	1	9	105	121	226
<i>of which: Domiciliary staff</i>	3		4			7	18	25
<i>Residential Care staff</i>	12	4	14		2	32	35	67
<i>Day Care staff</i>	1		4			5	3	8
<i>Social Worker/Care Manager</i>	12	2	11		4	29	41	70
<i>Self-directed Care staff</i>	1		1			2	1	3
<i>Other</i>	10	2	14	1	3	30	23	53
Health Staff Total	6	25	6	0	7	44	48	92
<i>of which: Primary Health/Community Health staff</i>	4	1	5		6	16	32	48
<i>Secondary Health staff</i>	2	4	1		1	8	15	23
<i>Mental Health staff</i>		20				20	1	21
Self Referral	1		3	1	3	8	10	18
Family member	4	1	9		1	15	43	58
Friend/neighbour	1					1	5	6
Other service user	1		1			2		2
Care Quality Commission	1					1	3	4
Housing							5	5
Education/Training/Workplace Establishment			2			2		2
Police	2	1	1		1	5	5	10
Other (including probation, anonymous, contract staff, MAPA, MARCA)	2	5	6	1	3	17	21	38
Sum:	57	40	76	3	24	200	261	461

Cc - Sga Referral

Nature of alleged abuse	18 - 64			65+			18+		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Physical	52	29	81	58	34	92	110	63	173
Sexual	11	4	15	2	2	4	13	6	19
Psychological/ Emotional	32	28	60	55	16	71	87	44	131
Financial and Material	18	19	37	59	28	87	77	47	124
Neglect and Acts of Omission	12	24	36	45	30	75	57	54	111
Discriminatory	3	3	6	1		1	4	3	7
Institutional	4	9	13	8	4	12	12	13	25
TOTALS	132	116	248	228	114	342	360	230	590
NUmber of Episodes with Multiple Categories	22	20	42	53	18	71	75	38	113

Nature of alleged abuse	18 - 64					
	Physical disability, frailty and sensory impairment	Mental Health needs	Learning Disability	Substance Misuse	Other Vulnerable People	Total
Physical	13	18	32	2	16	81
Sexual	1	2	12			15
Psychological/ Emotional	15	10	27		8	60
Financial and Material	13	7	12	1	4	37
Neglect and Acts of Omission	21	3	10	1	1	36
Discriminatory	4		1		1	6
Institutional	5	2	5		1	13
TOTALS	72	42	99	4	31	248
NUmber of Episodes with Multiple Categories	13	2	21	1	5	42

65 - 74 Total	75 - 84 Total	85+ Total	18+ Total
18	40	34	173
1	3		19
22	33	16	131
24	31	32	124
17	26	32	111
	1		7
3	4	5	25
85	138	119	590
18	32	21	113

Location of Abuse	18 - 64	65 - 74	75 - 84	85+	18+
Own home	89	38	57		51 235
Residential Care Home - Permanent	39	6	14		17 76
Nursing Care Home - Permanent	14	5	13		12 44
Residential Care Home - Temporary	3	2	1		4 10
Nursing Care Home - Temporary		2	6		3 11
Home of the Person who is alleged to cause harm	4		3		7
Mental health Inpatient Setting					
Acute Hospital	1				1 2
Community Hospital	1	1	4		2 8
Other Health Setting (including Hospice)	1	1			2
Supported Accommodation	18	3	5		8 34
Day Centre/Service	6				6
Public Place	9				1 10
Education/ Training/ Workplace Establishment	2				2
Other	9	3	4		16
Not known	13	2	2		17
Sum:	209	63	109		99 480
Count of Episodes	200	61	103		97 461

Service Type	18 - 64					
	Physical disability, frailty and sensory impairment	Mental Health needs	Learning Disability	Substance Misuse	Other Vulnerable People	Total
Service Commissioned by Harrow	28	8	41		1	78
Service Commissioned by other council	9	3	16		1	29
Service - self funded						
Service - funded by Health	3	21	2			26
No Service	17	8	17	3	22	67
Sum:	57	40	76	3	24	200
Count of Episodes	57	40	76	3	24	200

65 - 74 Total	75 - 84 Total	85+ Total	18+ Total
29	47	50	204
5	4	7	45
	11	12	23
4	8	3	41
23	33	25	148
61	103	97	461
61	103	97	461

	18 - 64			65+			Total		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Health Care Worker (Incl. GPs, nurses, consultants)	2	1	3	4	5	9	6	6	12
Neighbour/Friend	8	4	12	8	10	18	16	14	30
Not Known	36	32	68	38	13	51	74	45	119
Other (incl. milk-person, post-person, taxi driver)	9	9	18	21	7	28	30	16	46
Other family member	10	11	21	34	13	47	44	24	68
Other professional	4	5	9	4	3	7	8	8	16
Other Vulnerable Adult	3	7	10	4	3	7	7	10	17
Partner	21	3	24	23	6	29	44	9	53
Social Care - Day Care staff		1	1	0	0	0	0	1	1
Social Care - Domiciliary Care staff	1	4	5	11	6	17	12	10	22
Social Care - Other	1	1	2	1	0	1	2	1	3
Social Care - Residential Care staff	10	11	21	17	23	40	27	34	61
Social Care - Self-Directed care staff		1	1	0	0	0	0	1	1
Social Care - Social worker/Care Manager				0	1	1	0	1	1
Stranger	2	1	3	2	3	5	4	4	8
Volunteer/ Befriender	1	1	2	0	1	1	1	2	3
Total	108	92	200	167	94	261	275	186	461
<i>of which the alleged perpetrator lives with the vulnerable adult</i>	37	25	62	60	18	78	97	43	140
<i>the alleged perpetrator is the main family Carer</i>	16	15	31	38	16	54	54	31	85

	18 - 64						65 - 74 Total	75 - 84 Total	85+ Total	18+ Total
	Physical disability, frailty and sensory impairment	Mental Health Needs	Learning Disability	Substance Misuse	Other Vulnerable Person	Total				
Health Care Worker (Incl. GPs, nurses, consultants)	2	0	1			3	2	2	5	12
Neighbour/Friend	4	0	5	1	2	12	6	8	4	30
Not Known	10	35	16	2	5	68	10	17	24	119
Other (incl. milk-person, post-person, taxi driver)	4	0	14			18	3	13	12	46
Other family member	7	0	12		2	21	14	22	11	68
Other professional	2	1	5		1	9	1	1	5	16
Other Vulnerable Adult	2	1	6		1	10	2	2	3	17
Partner	8	1	6		9	24	12	10	7	53
Social Care - Day Care staff	0	0	1			1				1
Social Care - Domiciliary Care staff	4	0			1	5	1	8	8	22
Social Care - Other	1	0			1	2			1	3
Social Care - Residential Care staff	10	2	8		1	21	8	17	15	61
Social Care - Self-Directed care staff	0	0	1			1				1
Social Care - Social worker/Care Manager	0	0					1			1
Stranger	2	0	1			3	1	2	2	8
Volunteer/ Befriender	1	0			1	2		1		3
Grand Total	57	40	76	3	24	200	61	103	97	461
<i>of which the alleged perpetrator lives with the vulnerable adult</i>	12	21	21	1	7	62	22	35	21	140
<i>the alleged perpetrator is the main family Carer</i>	8	10	12	0	1	31	11	28	15	85

		Substantiated	Partly Substantiated	Not Substantiated	Not Determined/Inconclusive
18 - 64	Physical disability, frailty and sensory impairment	16	12	17	5
	Mental Health needs	14	5	10	14
	Learning Disability	27	17	36	17
	Substance Misuse	0	1	1	3
	Other Vulnerable People	5	5	10	8
	Total	62	40	74	47

65 - 74		21	12	26	14
75 - 84		28	18	40	28
85+		16	12	35	34
18+		127	82	175	123

		Substantiated	Partly Substantiated	Not Substantiated	Not Determined/Inconclusive
White or White British	British	62	40	89	68
White or White British	Irish	6	4	12	6
White or White British	Traveller				
White or White British	Gypsy				
White or White British	Any other White background	1	2	6	5
Mixed background	White and Black Caribbean	1	0	1	0
Mixed background	White and Black African	0	0	1	0
Mixed background	White and Asian	2	0	0	0
Mixed background	Any other mixed background	1	2	0	1
Asian or Asian British	Indian	15	9	25	16
Asian or Asian British	Pakistani	2	2	6	0
Asian or Asian British	Bangladeshi	0	0	0	1
Asian or Asian British	Any other Asian background	6	8	8	8
Black or Black British	Caribbean	4	3	3	6
Black or Black British	African	7	3	3	1
Black or Black British	Any other Black background	0	0	1	0
Other Ethnic background	Chinese				
Other Ethnic background	Any other ethnic group	6	2	4	1
Not Stated	Refused	0	1	1	0
Not Stated	Information Not Yet Obtained	14	6	15	10

Cc - Sga Referral Closure (Outcomes)

	18 - 64					
	Physical disability, frailty and sensory impairment	Mental Health needs	Learning Disability	Substance Misuse	Other Vulnerable People	Total
Increased Monitoring	7	10	19		1	37
Vulnerable Adult removed from property or service	4	3	5			12
Community Care Assessment and Services	4	8	12		2	26
Civil Action						
Application of Court of Protection		2	3		1	6
Application of change appointee-ship			4			4
Referral to advocacy scheme	1	1	2			4
Referral to Counselling/Training	1		3			4
Move to increase/different care	5		10			15
Management of access to finances	4	1	4	1		10
Guardianship/Use of Mental Health Act		1				1
Review of Self-Directed Support	1					1
Restriction or Management of Access of Vulnerable Adult to Alleged Perpetrator	4	1	8	1		14
Referral to MARAC		1	1			2
Other	11	8	17			36
No Further Action (NFA)	31	12	52	3	21	119
Sum of Outcomes	73	48	140	9	34	304
Count of Episodes	50	43	97	5	28	

65 - 74 Total	75 - 84 Total	85+ Total	18+ Total
14	14	14	80
1	2	5	20
12	9	7	54
	1	1	8
1	1		6
1			8
		1	6
3	10	8	36
6	3	4	23
			1
1			2
4	5	5	29
	2		4
13	23	13	92
39	80	68	306
95	150	126	675
73	114	97	507

No. completed referrals leading to serious case review	0
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LBH Acceptance of Protection Plan

	18 - 64					
	Physical disability, frailty and sensory impairment	Mental Health needs	Learning Disability	Substance Misuse	Other Vulnerable People	Total
Yes		35	18	59	3	115
No		6	21	7	1	35
Vulnerable Adult was not deemed to have capacity to consent to protection Plan		9	4	31	1	45
Sum		50	43	97	5	195

65 - 74 Total	75 - 84 Total	85+ Total	18+ Total
58	77	63	332
1	14	11	66
14	23	23	109
73	114	97	507

18 - 64										
	Physical disability, frailty and sensory impairment	Mental Health needs	Learning Disability	Substance Misuse	Other Vulnerable People	Total	65 - 74 Total	75 - 84 Total	85+ Total	18+ Total
Criminal Prosecution/Formal Caution	3	1	2			1	2		2	11
Police Action	2	6	3	1		4	4	2	5	27
Community Care Assessment and services for the alleged perpetrator		2	1				2	4	6	15
Removal of alleged perpetrator from property or Service	2	1	2			2	5	6	3	21
Management of access to the Vulnerable Adult by the Perpetrator	5	4	5	1			3	3	3	24
Alleged perpetrator referred to PoVA List/ISA	1								1	2
Referral to Registration Body			2			1	2	2	2	9
Disciplinary Action against Alleged Perpetrator	6	1	6			1		2	2	18
Action by Care Quality Commission	2		2				4	1	1	10
Continued Monitoring of Alleged Perpetrator	3	3	10			1	4	4	10	35
Counselling/Training/Treatment		1					2	5	3	11
Referral to Court Mandated Treatment										
Referral to MAPPA									1	1
Action under the Mental Health Acts 1983 and 2005	1		1			1	2	2		7
Action by Contract Compliance	3		5				9	3	3	23
Exoneration			3			1	2	9	4	19
No Further Action (NFA)	31	9	68	3		22	50	82	69	334
Not known	5	16	7	2		1	3	8	4	46
Sum of Outcomes	64	44	117	7		35	94	133	119	613
Total Episodes	50	43	97	5		28	73	114	97	507

Appendix 2

Safeguarding Vulnerable Adults at Risk in Harrow Quality Assurance Framework

Independent Challenge

- External audit
- Inspections
- Improvement Board & equivalents
- Scrutiny Committee
- Peer review

Provider Challenge

- Data collection and analysis
- Contract and SLA monitoring
- Dignity toolkit/monitoring

Continuous Learning

- All learning and training is: multi-agency, competency based & evaluated (annually)
- LSAB learns from inquiries
- Performance Indicators
- SCRs inform learning and development
- Best practice forums

User & Carer Challenge

- complaints
- research
- surveys
- audit

Professional Challenge

- Case file audit
- Peer Audit
- Care reviews
- Staff supervision and appraisal
- LSAB benchmarking best practice
- SGVA Team monitoring of practice

Appendix 3

Training Breakdowns	2012-	Cancellations / No Shows	2012-	%
Harrow Council Internal	13	Harrow Council Internal	100	10%
Health	204	Health	34	3%
Statutory (other)	88	Statutory (other)	0	0%
Private	5	Private	169	17%
Voluntary	226	Voluntary	59	6%
	97	Total Cancelled (formal training)	362	35%
Total:	620			

e-Learning Stats

No. of completed courses	148
Internal completions	78
External completions	70

SGA Team Briefing Sessions

	No.s
Age UK Board Members	10
Age UK Volunteers	35
Asian Deaf Club	50
Bachu's Chemist	2
CAB Volunteer Advisors	20
Contract Monitoring Staff	12
District Nurse Team Meeting	5
EDT Team Meeting	4
Harrow College Staff	15
Library Managers Meeting	15
Members Briefings	5
MIND Volunteers	9
NHS Walk Volunteers	22

Police Partnership Working Event	15
Provider Forum	0
Audit Feedback Session for ASC Managers	10
Good Practice Workshops	
Self Neglect & Hoarding	105
Forced Marriage	73
Learning from Audits	40
Service User Briefings	
Service Users on the Supporting People Long Term Need Subgroup	7
Mental Health Service Users	50
MIND Service Users & Volunteers	8
Carer Briefings	
Carers Briefing	14
Harrow Shared Lives Carers	16
GP / Doctor / Medical Centres	
CCG Board	7
GP Briefing	40
GP Surgeries (Clinical & Non-Clinical Staff)	81
Commercial Briefings	
Skills for Care Provider Event	40
<u>Total Attending</u>	<u>1478</u>

Appendix 4

Harrow LSAB Terms of Reference

1. Introduction/background

Department of Health/Home Office Guidance “*NO SECRETS*” 2000

The Department of Health and the Home Office published *NO SECRETS* in March 2000. It was issued as guidance under Section 7 of the Local Authority Social Services Act 1970. *NO SECRETS* makes it a requirement for local authority Social Services Departments to take a lead in working in partnership with health care providers, the Police and the voluntary/private sector to: *“create a framework for action within which all responsible agencies work together to ensure a coherent policy for the protection of adults at risk of abuse”*

Local authorities are required to:

- collaborate with public, voluntary, private sector agencies and with users and carers and involve them in developing an inter-agency response to safeguarding adults
- adopt a lead/co-ordinating role in the development of local Safeguarding Adults Policies and Procedures
- carry out a policy and service audit, develop a Safeguarding Adults Strategy and present an Annual Report to elected Members
- collect and collate monitoring information
- ensure that safeguarding adults is included in commissioning and contract monitoring
- develop a Training Plan and ensure that training is provided
- disseminate information

Partner agencies have a responsibility to:

- work in collaboration with the local authority and other agencies
- investigate and take action when a vulnerable adult is believed to be suffering abuse
- produce internal guidelines
- appoint a lead officer
- provide training for staff and volunteers
- draw up guidance on confidentiality
- disseminate information to staff and service users

In January 2011 “protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse” was issued and the HSAB ensures that it is being effectively implemented in the borough.

The Harrow Safeguarding Adults Board (HSAB) is the multi-agency forum that oversees how organisations across Harrow work together to safeguard or protect vulnerable adults who may be at risk of harm, or who have been abused or harmed.

2. Vision

The Harrow Safeguarding Adults’ Board (HSAB) has agreed a vision for the borough:

“Harrow is a place where adults at risk from harm are safe and empowered to make their own decisions and where safeguarding is everyone’s business”

3. Objectives

The HSAB partners will safeguard the welfare of adults at risk by working together (in six key areas – empowerment; protection; prevention; proportionality; partnership and accountability) to ensure that:

- there is a culture that does not tolerate abuse (protection)
- dignity and respect are promoted so that abuse is prevented wherever possible (prevention)
- there is active engagement with all sections of the local community so that they are well informed about safeguarding issues (partnership)
- adults at risk are supported to safeguard themselves from harm and can report any concerns that they have (empowerment)
- quality commissioned, regulated and accredited services are provided by staff with the appropriate level of training (accountability)
- there is a robust outcome focused process and performance framework so that everyone undergoing safeguarding procedures receive a consistent high quality service which is underpinned by multi-agency cooperation and continuous learning (accountability)
 - victims are supported to stop the abuse continuing, access the services they need (including advocacy and victims support) (proportionality)
 - there is improved access to justice (empowerment)

And

- we are accountable for what we do and learn from local experience and national policy ([accountability](#))

4. Purpose

The HSAB has 5 workstream areas, each with its own specific aims/objectives as follows:

i. Prevention and Community Engagement

All the agencies in Harrow represented at the SAB have agreed to take a “zero tolerance” approach to the abuse of adults at risk from harm. The vision for the Board adopted in 2011 states that “[Harrow is a place where adults at risk from harm are safe and empowered to make their own decisions and where safeguarding is everyone’s business](#)”. As such the HSAB has agreed that the prevention of abuse (in both domestic and institutional settings), publicity campaigns and information provision which reaches all sections of the community should be a high priority.

ii. Training and Workforce Development

In adopting the ADASS standards for Safeguarding Adults at risk and the main messages drawn from the Bournemouth University/Learn To Care research (May 2010) “Towards a National Competence Framework for Safeguarding Adults”, the HSAB has signed up to a multi-agency workforce development/training strategy.

iii. Quality and Performance Review

The HSAB has agreed to oversee a robust performance management framework for monitoring the quality and effectiveness of safeguarding work across all sectors. The Quality Assurance framework has user/carer challenge at its centre.

iv. Policies and Procedures/Governance

In adopting the ADASS standards for Safeguarding Adults at risk, the HSAB has signed up to a multi agency partnership, oversight by each organisation’s executive body to the work and the pan London Policy & Procedures that describe the framework for responding to alerts/referrals.

v. HSAB/Local Safeguarding Children’s Board (LSCB) joint work

The HSAB and LSCB have agreed to work together to learn from each other’s experiences/processes and to tackle specific projects that benefit families with both a vulnerable adult and a child.

Each of the work streams has an action plan which is monitored at HSAB Business meetings. There will also be “task and finish” groups set up as required to oversee specific projects.

5. Membership and Board Arrangements

The Board shall be composed of Senior Managers/ Directors nominated by each member agency. Members must have sufficient delegated authority to effectively represent their agency and to make decisions on their organisation’s behalf. They must have access to those responsible for making the decision for which they do not have delegated authority. If they are unable to attend board meetings for any reason they must send a representative of sufficient seniority. The full details are shown at the end of this document, however the HSAB will have standing membership from:

- Harrow Council - Community, Health and Wellbeing (including Adults Social Services, Contracts/Brokerage and Housing)
- Metropolitan Police
- Harrow Primary Care Trust (NHS Harrow)
- North West London Hospital Trust (NWLHT)
- Central and North West London Mental Health NHS Foundation Trust (CNWL)
- Ealing Hospitals NHS Trust/Harrow ICO
- Independent Sector Provider representatives
- Voluntary sector representatives, including Age UK Harrow, Harrow Association for Disability (HAD), Mencap and MIND
- User and Carer Groups
- Advocacy Services

The following will attend in an advisory capacity:

- Care Quality Commission

The Harrow Council Safeguarding Adults Service (Coordinator and Manager) will support the work of the HSAB and will be accountable to the Board.

The Chair of the HSAB is the Director of Adult Social Services (Community, Health and Wellbeing - Harrow Council). The chairing arrangements and membership will be formally reviewed every year at the HSAB Annual Review Day.

The HSAB will hold a Business Meeting 3 times a year and one annual review day. Additional meetings may be convened if required by or agreed by the Chair. Work stream meetings will be held in between Board meetings to progress the HSAB's actions as outlined in the Business Plan.

The LSAB will be quorate if there are five members present representing four separate agencies and including the Chair or his nominated deputy for that meeting.

If the HSAB is not quorate the meeting will not proceed.

Responsibilities of Board Members

Board members will be Chief Officers/Directors/Senior Managers who will:

- speak for their organisation
- commit the organisation to policy and practice matters
- hold their organisation to account
- ensure there is an effective mechanism to communicate HSAB decisions to their own organisation and track implementation
- be the named safeguarding champion for their agency for all matters relating to the HSAB
- take a lead role for safeguarding adults within their agency
- chair a sub group or lead tasks from the HSAB action plan where required or identify a relevant manager within their organisation to lead such work
- ensure as part of the Serious Case Review, and Multi Agency Management Review processes that individual agency reviews are completed fully and within the set timescales.

Members will be required to sign a partner agency agreement form (see appendix 1).

6. HSAB accountability and partnership work

The HSAB's Annual Report will be presented to the Council's Scrutiny Committee at the first possible meeting after the Board's Annual Review Day. The Report will subsequently be made available in both Executive Summary and accessible formats and to a wider audience through the Council and partner agencies websites.

All Board members will ensure that the Annual Report is presented at relevant Executive/Management meetings within 3 months of its agreement at the HSAB Annual Review Day.

The HSAB will ensure that there are strong working links with all relevant local partnership arrangements i.e. including the LSCB (see also above), Multi-Agency Public Protection Arrangements (MAPPA), Anti-Social Behaviour Action Group (ASBAG), Multi-Agency Risk Assessment Conference (MARAC), the Prevent Panel, Domestic Violence Forum and the Hate Crime Forum.

The HSAB will ensure that there is an up to date and relevant information sharing protocol in place to facilitate its work and the work of local staff across all the organisations signed up to that agreement.

7. Serious Case Reviews

A separate Serious Case Review Protocol exists for the Board which sets out the criteria and thresholds for a Serious Case Review. In some cases where a serious case review is not warranted, the HSAB may decide to carry out an independent management review to identify any lessons that can be learned and used to improve local practice.

Harrow Safeguarding Adults Board Partner Agency Agreement

I agree to participate as a member of the Harrow Safeguarding Adults Board by:

- attending all HSAB Business meetings and the Annual Review Day or delegating to an appropriately briefed colleague in any absence
- reading all papers in advance of the meeting and consulting with appropriate personnel within my agency where appropriate
- declaring any conflict of interest in a particular topic or issue, preferably before a meeting to the Chair
- disseminating and communicating HSAB reports, policies, procedures, training and decisions as appropriate within the agency I represent
- contributing to the development and implementation of the HSAB Business Plan and work stream action plans
- contributing to the development of the HSAB Annual Report and taking that report to my organisation's relevant executive group
- ensuring that safeguarding and promoting of Safeguarding Adults as "everyone's business" is firmly embedded within the agency I represent
- ensuring that staff within the organisation I represent have adequate knowledge and skills
- ensuring that the organisation I represent has both whistle-blowing and rigorous recruitment procedures in place
- contributing to the development of robust and effective quality assurance processes and to open relevant organisational practice to scrutiny
- respecting confidentiality of sensitive information and complying with the HSAB's agreed information sharing protocol
- submitting reports and updates within requested timeframes

Agency represented:

Signed:

Name:

Date:

Position:

LSAB Membership (as at 31st March 2013)

LSAB Member	Designation/Organisation
Samuel Abdullahi	Brent and Harrow Trading Standards
Paul Bushell	London Ambulance Service
Richard Claydon	Borough Commander, London Fire Service
Mike Coker	Carer Support - Harrow
Kim Cox	Service Manager, Harrow & Hillingdon, Adults (under 65), Central and North West London Foundation Trust
Cllr Margaret Davine	Portfolio Holder - Adult Social Care, Health and Wellbeing
Bernie Flaherty (Chair)	Director Adult Social Services, Harrow Council
Mark Gillham	Chief Executive - Mind in Harrow
Jaswant Gohil	Harrow LINK
Lawrence Gould	GP and CCG representative
Mark Hall-Pearson	Senior Professional – Harrow Mental Health Services
John Hunter	Crossroads Care
Nola Ishmael	Ealing Hospitals Trust (Harrow Provider Organisation)
Bridget Jansen	Deputy Director of Nursing – North West London Hospitals Trust
Helen Landers	Safeguarding lead – RNOH
Paulette Lewis	Ealing Hospitals Trust (Harrow Provider Organisation)
Elisabeth Major	LSCB Senior Professional
DCI Peter Stride	Metropolitan Police – Harrow
Avani Modasia	Chief Executive – Age UK Harrow
Deven Pillay	Chief Executive - Harrow Mencap

Visva Sathasivam	Assistant Director, Long Term Care and Safeguarding Adults, LBH
Javina Sehgal	Borough Director, NHS Harrow
Ann Sheridan	CNWL
Georgina Wood	Direct Payments Support Scheme Manager & Acting Advocacy Manager, Harrow Association of Disabled People
Paul Young	Service Manager Contracts and Brokerage – Harrow Council
In attendance	
Julian Maw	Chair – Harrow LINK
Officers supporting the work of the LSAB	
Sue Spurlock	Manager Safeguarding Adults Services – Harrow Council
Seamus Doherty	Safeguarding Adults Co-ordinator - Harrow Council

Harrow LSAB Attendance Record 2012/2013

Organisation	10/9/12	22/6/12	3/12/12	11/3/13
Brent and Harrow Trading Standards	x	x	x	x
Harrow Council - Housing Department	✓	x	✓	✓
London Ambulance Service	x	x	x	x
London Fire Service	✓	✓	✓	✓
Carer Support – Harrow	x	x	x	x
Harrow Council - Adult Social Services	✓	✓	✓	✓
Harrow Council - elected portfolio holder	x	✓	✓	✓
Mind in Harrow	x	✓	✓	✓
NHS Harrow (Harrow PCT)	✓	✓	✓	x
Crossroads Care	x	x	x	x
Ealing Hospitals Trust (Harrow Provider Organisation)	✓	x	✓	✓
North West London Hospitals Trust	✓	✓	✓	x
Harrow CCG –clinician	✓	x	✓	x

Local Safeguarding Children Board (LSCB)	✓	✓	✓	✓
Royal National Orthopaedic Hospital	x	x	x	✓
Metropolitan Police – Harrow	x	✓	✓	x
Age UK Harrow	x	✓	✓	✓
Harrow Mencap	x	✓	✓	✓
CNWL – adult (under 65s) service	✓	✓	✓	✓
CNWL (older people’s service)	✓	x	✓	x
Harrow Association of Disabled People	✓	✓	x	x
Private sector provider representative	x	✓	x	✓
In attendance				
Care Quality Commission (CQC)	x	✓	x	x
Harrow LINK	✓	✓	x	✓
Safeguarding Adults Service – to support the Board	✓	✓	✓	✓



“Harrow is a place where adults at risk from harm are safe and empowered to make their own decisions and where safeguarding is everyone’s business” (LSAB Vision)

SECTION 7 - FURTHER INFORMATION & CONTACT DETAILS

Further information/contact details

For further information about this report or any aspect of safeguarding vulnerable adults at risk of harm in Harrow, the website is:

www.harrow.gov.uk/safeguardingadults

If you are concerned about an adult that might be at risk of harm, or would like information or advice (including how to access the multi-agency training programme) the Safeguarding Adults Team can be contacted on the telephone number below or via e-mail at:

safeguarding.adults@harrow.gov.uk

The address for written correspondence is:

Civic Centre (Second Floor East Wing)
PO Box 7,
Station Road,
Harrow, Middx. HA1 2UH



& our Partners,
Committed to
Safeguarding Adults



Adult abuse - break the silence **REPORT IT**

If you or someone you know is being abused, hurt or exploited, please call Harrow Council's Safeguarding Adults Service

Abuse can be physical, sexual, financial, psychological, discriminatory or neglect.

Safeguarding Adults Service

during office hours:

tel: **020 8420 9453**

at all other times

020 8424 0999

fax: **020 8416 8269**

email: safeguarding.adults@harrow.gov.uk

web: www.harrow.gov.uk/safeguardingadults