

**REPORT FOR: HEALTH AND SOCIAL
CARE SCRUTINY
SUB-COMMITTEE**

Date of Meeting:	16 July 2013
Subject:	Harrow Local Safeguarding Adults Board (LSAB) Annual Report 2012/2013
Responsible Officer:	Paul Najsarek (Corporate Director – Community, Health & Wellbeing)
Portfolio Holder	Councillor Krishna James, Portfolio Holder for Adult Social Care, Health and Wellbeing
Scrutiny Lead Member area:	Councillor Ben Wealthy – Health, Policy Lead Member Councillor Janet Mote – Health, Performance Lead Member Councillor Chris Mote - Community, Health and Wellbeing, Policy Lead Member Councillor Nana Asante - Community, Health and Wellbeing, Performance Lead Member
Exempt:	No
Enclosures:	Harrow Local Safeguarding Adults Board Annual Report 2012/2013

Section 1 – Summary and Recommendations

This report provides Scrutiny Committee Members with an overview of the Local Safeguarding Adults Board (LSAB) Annual Report for 2012/2013.

The annual report summarises safeguarding activity undertaken in 2012/2013 by the Council and its key partners by setting out the progress made against priorities, analysis of the referrals received and outlining priorities for the current year (2013/2014).

As requested at previous Scrutiny meetings, it has been possible for the second year to compare local performance with other Councils through the nationally produced Abuse of Vulnerable Adults (AVA) statistics and this is set out at section 2.4.

Recommendations:

The Health and Social Care Scrutiny Sub-Committee is requested to note the work that has taken place in 2012/2013 and the action plan for 2013/2014.

Reason: (for recommendation)

Supporting and protecting people who are in most need is a Corporate priority. Presentation of the LSAB Annual Report at this Committee allows for scrutiny of the critical statutory function of safeguarding vulnerable adults at risk from harm.

Section 2 – Report

2.1 Introduction

This is the sixth Annual Report of the Local Safeguarding Adults Board (LSAB) and a copy is attached as an appendix for information.

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.

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 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.

The LSAB oversees the work of the Council and its key partners in protecting vulnerable adults at risk of harm.

2.2 Corporate Priorities

This report addresses issues under the following 3 Corporate priority areas:

- keeping neighbourhoods clean, green and safe
- united and involved communities: a Council that listens and leads
- supporting and protecting people who are most in need

2.3 Progress on the 2012/2013 objectives (Year 3 LSAB 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

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 new 2013/2016 LSAB Strategic Plan) is a priority for 2013/2014.

Outcomes:

One example of a positive outcome is that District Nurses now all carry 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 have taken 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 include:

- 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
- 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 2.4 below), 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 (see also section 2.4 below). 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 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. 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 in the LSAB Annual Report 2012/2013.

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). 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)

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. This year the Council has recruited 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

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 was subsequently 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 a safeguarding adults article in 2012 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 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 and 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.

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
- 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. A number of areas were covered which are fully reported in section 2.1 of the attached report.

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 was held on June 28th and included a formal review of practice, impact, outcomes and the effectiveness of the Board. The 2013 review day also provided an opportunity for service users 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 of the attached report with headline messages and outcomes at section 2.4 below.

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.

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

Following discussion at Scrutiny, this Annual Report will be presented 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.

2.4 Management information (statistics)

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 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. However the LSAB will always want to be reassured that its messages are reaching all sections of the local community and is starting to look at local data alongside the latest Census information – which indicates that 42% of the adult population in Harrow are from BME communities
- 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 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 has 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
- This is the first time that the local Deprivation of Liberty Safeguards (DOLS) statistics are presented in the LSAB Annual Report. 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.

At the end of 2012/2013 the supervisory body responsibilities held by NHS Harrow were transferred to the Council.

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: (i) high prevalence in abuse of older people, (ii) slightly lower numbers of mental health referrals than the national average, (iii) tackling financial abuse, and (iv) improving outcomes for service users (including looking at the high number of “nfa’s”), (v) 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 it will be important to add these figures 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 of the attached report. 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.

2.5 Action Plan for 2013 (Year 1 of the new LSAB Strategic Plan)

The aim with the new LSAB Strategic Plan is to ensure that the Board is taking a strategic approach to the work, rather than getting involved in all the detailed activities (which will be taken forward by its 5 sub groups). There are therefore 14 actions for 2013/2014 as follows:

- the LSAB is confident that prevention of abuse of adults at risk is a high priority in Harrow
- ensure effective communication by the LSAB with its target audiences
- safeguarding adults priorities are clearly referenced in wider community safety strategies e.g. Domestic Violence
- Ensure effective implementation of the LSAB User Engagement Strategy
- the LSAB has an effective Quality Assurance framework in place which includes all relevant approaches to overseeing effective practice and ensuring continuous improvement

- statistical data improves understanding of local patterns enabling improved planning of responses to allegations
- the LSAB is confident that the local social care workforce is competent in relation to safeguarding adults' practice
- LSAB ensures transfer of the DOLS supervisory body responsibilities from the NHS to the local authority and that effective ongoing arrangements are in place
- ensure production of the LSAB Annual Report
- ensure that the LSAB Annual Report is presented to all relevant accountable bodies
- the general public is aware of safeguarding issues and the work of the LSAB
- the LSAB (jointly with the LSCB) takes a "family first" approach to its work
- the LSAB has strategic oversight of local safeguarding adults work
- common joint safeguarding needs are identified in terms of Domestic Violence and actions prepared to address gaps, including mapping key pathways to MARAC

A copy of the new LSAB draft Strategic Plan for 2013 – 2016 is available on request.

Section 3 - Financial Implications

There are no specific financial implications arising from this report. The revenue cost of the Safeguarding Adults Service (and related activities e.g. publicity) is outlined in the Annual Report at Section 2.3.

Section 4 - Risk Management Implications

Risk included on Directorate risk register? Yes

Separate risk register in place? No

Potential risks:

Failure to ensure local safeguarding adults' arrangements are robust could lead to a serious untoward incident e.g. death of a vulnerable person.

Section 5 - Statutory Officer Clearance

Not required.

Section 6 - Contact Details and Background Papers:

Report author:

Visva Sathasivam (Head of Adult Social Care)
Direct Dial: 0208 736 6012

Background papers: Harrow Local Safeguarding Adults Annual Report 2012/2013