



& our Partners,

Committed to  
Safeguarding Adults



# Harrow Local Safeguarding Adults Board (LSAB)

## Annual Report

2013/2014



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



<b>Index</b>	<b>Page</b>
Foreword	3
<b>Section 1 - Introduction to the Annual Report</b>	<b>5</b>
1.1    The Harrow Local Safeguarding Adults Board (LSAB)	6
1.2    LSAB accountability	6
1.3    “Pan-London” policy and procedures	6
<b>Section 2 – LSAB work programme 2013/2014/management information (statistics)</b>	<b>8</b>
2.1    LSAB work areas in 2013/14	8
2.2    Management information/statistics	10
<b>Section 3 - Statements from key LSAB partners</b>	<b>17</b>
<b>Section 4 – Making a difference in 2013/14</b>	<b>34</b>
4.1    Theme 1 – Prevention and Community Involvement	34
4.2    Theme 2 – Quality/Performance Review	38
4.3    Theme 3 – Training/Workforce Development	42
4.4    Theme 4 – Policy and Procedures/Governance	45
4.5    Theme 5 – Partnership with the LSCB	447
<b>Section 5 – Objectives for 2014/2015 – year one of the Strategic Plan 2014/2017</b>	<b>49</b>
<b>Section 6 - Appendices</b>	<b>61</b>
Appendix 1 - 2013/2014 Statistics (safeguarding adults and DoLS services)	62
Appendix 2 - 2013/14 Training statistics	79
Appendix 3 - LSAB Quality Assurance Framework	81
Appendix 4 - LSAB membership as at 31 <sup>st</sup> March 2014	82
Appendix 5 – LSAB meeting attendance record 2013 - 2014	84
<b>Section 7 – Further information/contact details</b>	<b>87</b>

## Foreword

This is the 7<sup>th</sup> 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 at risk of harm. This report details the work carried out by the LSAB last year (2013/14) and highlights the priorities for 2014/15.

Last year was a very important one for the LSAB. I was very pleased that the Board supported the Council's wish to carry out an independent Peer Review of local safeguarding adult's work which took place in November 2013. There is more detail about the review later on in this report, but I am delighted to be able to acknowledge that the review team's findings were mostly positive, with a few very helpful recommendations to assist us to go from strength to strength in the coming months. The LSAB will be checking that the agreed actions are progressed, so that the best possible outcomes can be achieved for service users.

A new development for the LSAB last year was a service user presentation at the Board's annual review day. Each year the LSAB spends a day reflecting on achievements in the previous year and looking ahead at plans for the coming year. It is very important to all of us on the Board to ensure that we know the views of people who may have been victims of abuse, or who represent those vulnerable adults that have been. We heard some very clear messages from service users about how important keeping safe is to them and what sort of information they want to have about safeguarding.

A lot of progress was made last year on the priorities that the LSAB had agreed to focus on. For example: we have run some more innovative best practice forums for staff including tackling financial abuse (linked to World Elder Abuse Awareness Day); taking a "family first" approach together with the Local Safeguarding Children's Board; and a legal update. In October 2013 and in partnership with our colleagues in Children's Services, the LSAB launched a range of joint protocols for working with parents that have mental health issues or a learning disability. The contract for the multi-agency safeguarding adults training programme was formally retendered and following a challenging selection process the LSAB was delighted to offer the new contract to Lowe Consultancy Services and we look forward to working with them over the next 3 years. Lastly we launched a newsletter and I hope that you are finding it informative. I think this annual report demonstrates the difference that the Board's work has made to the lives of the most vulnerable people in the borough (see pages 34 – 48) and trust you agree once you have read it.

Key priorities for the LSAB in the coming year include: keeping the lessons from the Winterbourne View Serious Case Review at the forefront when commissioning services for people with a learning disability; producing more easy to read information; and implementing the recommendations from the Peer Review Team. As ever, everything the LSAB does is to achieve its 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)



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.

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 2013/2014. The detailed statistics are shown at Appendix 1.

## 1.1 The Harrow Local Safeguarding Adults Board (LSAB)

The Local Safeguarding Adults Board (LSAB) is chaired by Bernie Flaherty (Director – Adult Social Services, Harrow Council) and is the body that oversees how organisations across Harrow work together to safeguard or protect adults who may be at risk of significant harm, or who have been abused or harmed. The list of current 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 2012/2013 was presented to the Council's Scrutiny Committee in July 2013. This report for 2013/2014 will go to a Scrutiny meeting on the 7<sup>th</sup> July 2014 and the Health and Wellbeing Board as soon as possible after that date.

Each partner organisation represented at the LSAB presented the Board's Annual Report for last year at their Executive level meeting or equivalent.

As in previous years, this report will be produced in "Executive Summary", "key messages for staff" and "easy to read" formats and will be available to a wider audience through the Council and partner agencies websites.

## 1.3 "Pan-London" Procedures

In common with all London boroughs, the Harrow LSAB (and therefore all staff in its constituent organisations) are signed up to work within the "Protecting Adults At Risk: London multi-agency policy and procedures to safeguard adults from abuse" issued by the Institute of Social Care Excellence (SCIE) in collaboration with NHS London and the Metropolitan Police in January 2011.



“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 2013/2014

## Section 2 – LSAB work programme 2013/2014

### 2.1 Harrow LSAB business meetings – work areas covered

The LSAB met on 4 occasions in 2013/2014 – 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 Training Strategy) and some were for information or Board development (e.g. the Peer Review presentation).

#### Prevention and Community Engagement

- New 3 year LSAB “Promoting Dignity and Prevention Strategy 2014/17” developed – formally signed off by the Board
- User Engagement - feedback from the Learning Disability “Big Health Day” – for information
- Pressure sores – prevalence concerns and links to safeguarding adults - discussion
- World Elder Abuse Awareness Day 2013 in Harrow – local arrangements agreed
- Winterbourne View stock take and update on local actions – for information

#### Training and Workforce Development

- New 3 year LSAB Training Strategy for 2014/2017 developed – formally signed off by the Board
- Multi-agency training programme – process for re-tender of the contract agreed and final decision on supplier taken by the LSAB Training and Workforce Development sub-group
- Feedback from Best Practice Forums – for information
- Research project about self neglect and hoarding – for information



### Quality and Performance Review

- Peer Review preparation, participation and resulting action plan – for decision
- Quality assurance framework for safeguarding adults’ work – standing item
- File audit - noted and findings used by the LSAB to inform changes to the training programme and local practice (e.g. production of more easy to read information)
- Quarterly statistics – discussed and findings used by the LSAB to inform changes to the training programme and local practice. These items included the Deprivation of Liberty Safeguards (DoLS) and Independent Mental Capacity Advocate (IMCA) statistics for the first time

### Policies and Procedures/Governance

- New 3 year LSAB Strategic Plan for 2014/17 developed – formally signed off by the Board
- The LSAB Annual Report 2012/2013 – discussed and formally signed off
- NHS self assessment framework for safeguarding adults and new audit tool – for information
- Update on DoLS (transfer of NHS supervisory body responsibilities to the Local Authority) – LSAB development item
- Clinical Commissioning Group (CCG) safeguarding adults arrangements, including the working group structure and governance – for information
- “Think Family” – joint presentation with the LSCB and discussion in groups (LSAB development item)
- New on-line procedures (joint work with the Local Safeguarding Children’s Board) – for information
- Criminal Records Bureau (CRB) checks for elected Councillors – for discussion
- Choice of an independent facilitator for the LSAB Annual Review Day 2014 – for decision

## 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.

The new LSAB Strategic Plan 2014/2017 includes some trend analysis of the statistics from the preceding three years and any conclusions that can be drawn from it.

The full sets of statistical information for safeguarding adults and DoLS services are at Appendix 1.

### Headline messages – safeguarding adults

This is the third year where it has been possible to compare the Harrow data against the national data. This section therefore provides both a comparison with 2012/2013 Harrow performance and the most up to date national figures available for comparison.

- 1,003 alerts compared to 657 in 2012/13 represented a growth of 53% 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 this is a very large increase and it therefore remains important to continue to ensure that only appropriate alerts are being taken forward as referrals – see next bullet point below
- 62% of Harrow alerts were taken forward as referrals (621 referrals), compared to 70% in 2012/13. The national figure is 63%. It is difficult to be sure what percentage of alerts should meet the threshold for investigation although it certainly would not be 100%. 2013/14 is the first year where a formal threshold decision making tool was used by the Safeguarding Adults service with all incoming alerts. The statistics suggest that in Harrow progress continues to be made at identifying the most relevant cases to be taken forward for investigation. As previously, both internal and external file audits continue to check that appropriate alerts are being taken forward to the referral stage
- repeat referrals in Harrow decreased slightly from 11% in 2012/13 to 10% in 2013/14. The national figure was 18%, so Harrow continues to perform well in this area. As stated in previous reports, 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 decreased from 110% in 2012/13 to 92% in 2013/14 which continues to suggest that cases are progressing to a conclusion and are not “drifting”. Last year’s figure of over 100% represented completion of a number of cases not concluded in 2011/12. The performance is also good in comparison to the national figure of 81%
- in Harrow the female: male referral ratio at the end of 2013/14 was 62:38 which almost exactly mirrors the national position of 61:39
- referrals for older people remained high at 62% (63% in 2012/13), so they continue to be the most at risk service user group and the Harrow position exactly mirrors the same national figure
- for adults with a physical disability the figure in Harrow last year was 66% compared to 56% in 2012/13. It is important to note that in the statistics (as required by the Department of Health/ NHS Information Centre), service users (for example) who are older but also have a physical disability are counted in both categories. It is therefore quite difficult to form a view about risks to younger adults whose primary disability is physical or sensory. The national figure was 51%
- due to the high overall increase in alerts, the percentage of mental health referrals was lower (at 13% compared to 17% in 2012/13), however it’s important to note that the service dealt with slightly more cases - 81 last year, compared to 77 in 2012/13. The national figure was 24%
- in Harrow the referral figure for people with a learning disability in 2013/14 was slightly lower at 15% compared to 18% in 2012/13, although with the overall increase in numbers there were more people (92 compared to 81 in 12/13) referred. Harrow’s position is slightly lower than the national figure of 19%
- analysis of London comparisons released separately by the Information Centre (in respect of referrals from ethnic minority groups) and presented to the LSAB in March 2013 had suggested that Harrow was performing well (41% of all referrals) in relation to other London Boroughs. However as reported quarterly over the last 12 months at LSAB Business meetings, the final figures for alerts were 34% for 2013/14 – a reduction of 8% on the 2012/13 figures. Therefore it remains a high priority for the LSAB to reassure itself that all sections of the community know how to raise a concern
- statistics showing where the abuse took place in Harrow remain broadly similar to 2012/13 with the highest percentage being in the service user’s own home (56%) and 23% in care homes (long term and temporary placements). The national figures are 39% and 37% respectively. It is pleasing that there has been a slight reduction in referrals from care homes and at the time of writing this report there is only one embargoed home in Harrow – with the restriction on admissions due to be lifted shortly

- allegations of neglect (at 25%) have become the most common referral, a rise of 9% in comparison with the 2012/13 figure and is likely to be due to the high numbers of grade 3 and grade 4 pressure sore alerts made during the year which were recorded under this category. The national statistic is 27% and is likely to be high for the same reason
- physical abuse (18%), financial abuse (18%) and emotional/psychological abuse (18%) are the other significant figures with the statistics being reasonably in line with or lower than the national figures of 28%; 18% and 16% respectively
- in Harrow, social care staff e.g. “domiciliary care workers” (25%); “other family members” (30%) and “partner” (5%) were the most commonly alleged persons causing harm. For Harrow it is of note that there has been a reasonably significant statistical increase in the numbers of allegations about family members – from 15% in 2012/13 to 30% last year. The national statistics are: social care staff 32% and family (including partner) 23%
- given the numbers of training and briefing sessions undertaken in recent years, it is always interesting to look at the source of alerts. Last year the highest number (19%) were from social workers/care managers. The other sources were: primary health care staff (14%); residential care staff (10%); family (10%); secondary health care staff (9%); mental health staff (9%); Police (3%) and family/friend/neighbour (12%). The previous year’s figures are unavailable for direct comparison, however recognition should be given to what appears to the Safeguarding Service to be an overall and positive rise in the numbers of alerts raised by NHS staff which are better in Harrow than the national performance of 10% for primary care; 8% for secondary care and 5% for mental health. Given the amount of publicity targeting communities/neighbourhoods it is also positive to note that 12% of referrals from neighbours/family exceeds the national performance of 9%
- outcomes in Harrow for the person alleged to have caused harm in relation to criminal prosecutions/Police action compared to the 2012/2013 statistics of 6% have improved in 2013/14 at 10% (compared to 6% nationally). This indicates that the focus given to this area by the safeguarding adults team supported by the Police is positive, however work will need to continue in 2014/15
- outcomes for the adult at risk remain similar to previous years with the highest statistic being “no further action” at 36%. The other outcome areas include: increased monitoring (14%); community care assessment and services (13%); moved to different services (7%); referral to MARAC (1%); referral to advocacy (1%); application to Court of Protection (1%)



### Headline messages – IMCA services

Harrow accesses IMCAs through a West London contract with the organisation POWhER and is able to compare local activity against similar London boroughs using the same provider:

- IMCAs were accessed in 44 cases last year (the average number of cases across all areas using the POWhER service was 25.3) and most were for people with dementia (14 cases); 11 for people with a learning disability and 10 for people with mental health difficulties
- source of referral to the IMCA service was: adult social care team (16); safeguarding adults and DoLS service (8); NHS services (8); mental health services (2)
- in relation to the ethnicity of cases referred to POWhER, 27 were white British; 5 were black Asian/Asian British and 2 were black African/Black British



### Headline messages - Deprivation of Liberty Safeguards (DOLS)

This is the second year that the LSAB Annual Report has included a full set of statistics for the use of Deprivation of Liberty Safeguards (DoLS). The use of these safeguards is important in the Board's oversight of the prevention of abuse and as they are relevant for some of the most vulnerable people known to local services (and those that are placed out of borough), the LSAB needs to be reassured that they are carefully monitored.

There were 14 requests for authorisations last year (an increase of 1 from the previous year) of which 9 were granted. The main change is that there were 5 requests from hospitals compared to none in 2013/2013. The remaining 9 were from registered care settings, primarily nursing homes.

- 5 authorisations were for 18 – 64 year old (younger) adults and 9 were for older people
- 9 authorisations were for men and 5 were for women
- the 14 referrals were across a range of disabilities: 6 for people with a physical disability; 3 for people with a mental health difficulty; 3 for people with a learning disability and 2 for people with more than one disability (LD/MH and sensory)

On 19 March 2014, the Supreme Court handed down its judgment in the case of "P v Cheshire West and Chester Council and another" and "P and Q v Surrey County Council". The judgment is significant in the determination of whether arrangements made for the care and/or treatment of an individual lacking capacity to consent to those arrangements amount to a deprivation of liberty.

A deprivation of liberty for relevant people must be authorised in accordance with one of the following legal regimes: a deprivation of liberty authorisation/Court of Protection order under the Mental Capacity Act 2005, or (if applicable) under the Mental Health Act 1983.

The “acid test” has now become:

- is the person under continuous supervision and control? - and
- if they wanted to leave (the care home or hospital) would they be free to do so?

In addition, the ruling determined that individuals living in supported housing accommodation (i.e. not a care home or hospital) where the “acid test” is met are also being deprived of their liberty and application must be made to the Court of Protection.

This judgement has brought significantly higher numbers of people into eligibility for a DoLS assessment and at the time of writing this report Harrow has dealt with 59 cases in the first 3 months of the new financial year, a figure which already significantly exceeds the total number for last year.

The consequences for resources are significant and are still being quantified.

### **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 4 main areas arising from this section of the 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, access to the criminal justice system for victims; alongside the Board’s ongoing commitment to ensure that all sections of the community/user groups are able to obtain information/raise alerts.

The action plan in this report (year one of the LSAB Strategic Plan 2014 – 2017) includes objectives to address the key messages from the statistical analysis.

## 2.3 LSAB Resources

As at 31<sup>st</sup> March 2014, the staffing of the dedicated Safeguarding Adults Service located in the Council is as follows:-

- 1 Service Manager (Safeguarding Adults and DoLS)
- 1 Safeguarding Adults Co-ordinator (DoLS)
- 1 Safeguarding Adults Co-ordinator (Strategy)
- 1 Team Manager
- 2 wte Safeguarding Adults Practice Advisers (senior practitioners)
- 6 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 primarily borne by the Community, Health and Wellbeing Directorate within Harrow Council, with contributions totalling circa £25,000 p.a. from the four local NHS partner agencies (Harrow Clinical Commissioning Group; North West London Hospital Trust; Central and North West London Mental Health Trust and the Royal National Orthopaedic Hospital Trust).

Costs related to the time spent by partner agencies on LSAB activities e.g. attending sub-group meetings, facilitating staff release for training etc, are borne by the individual organisations.



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## SECTION 3 – STATEMENTS FROM KEY LSAB PARTNERS



### 3. Statements from key LSAB 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 2014/2015.

#### 3.1 Royal National Orthopaedic Hospital NHS Trust

##### **Prevention and Community Engagement:**

- flagging system in place to enable staff to identify vulnerable adults for example learning disabilities, mental health issues and physical disabilities
- pathway development for the support of patients admitted to the RNOH with special needs and complex health issues
- pathway development for staff to confidently manage adult safeguarding concerns and referrals
- safeguarding website implemented on RNOH intranet

##### **Training and Workforce Development:**

- 87.4% of RNOH staff (clinical and non-clinical) have been trained in the last 12 months in Level 1 adult safeguarding – basis awareness
- RNOH has implemented a 3 hour mandatory training to the staff annual updates which also now covers:
  - MCA
  - Best Interest Decisions
  - DoLS
  - IMCA

There has been no changes to the adult safeguarding workforce there remains 1.0 WTE Safeguarding Adults Clinical Nurse Specialist. The post holder has strategic and operational responsibility for adult safeguarding. The Executive Director responsible for safeguarding (adult/child) is the Director of Nursing.

##### **Policies and Procedures/Governance:**

- adult safeguarding policy reviewed and updated

### **Priorities for 2014/2015:**

- strengthen the governance structure around adult safeguarding
- review membership, terms of reference and agenda for RNOH adult safeguarding committee and strengthen
- establish work plan through the adult safeguarding committee
- develop audit plan for 2014/2015
- achieve compliance targets for adult safeguarding training Level 1 and 2
- development of a combined safeguarding newsletter for RNOH (child/adult)
- to complete and submit the Safeguarding Adults at Risk Self-Assessment Tool
- to develop business case for Trust wide Learning Disability Nurse
- develop and maintain a database of referral activity
- identify a lead doctor for adult safeguarding with RNOH

### **3.2 Age UK Harrow**

Age UK Harrow is firmly committed to safeguarding adults and believes that all have the right to live free from abuse of any kind. Age or circumstances should not have any bearing or effect on this basic right.

#### **Prevention and Community Engagement**

- we have had talks by the hate crime and community safety officers in our older peoples groups. We have been involved in working with local police who attended our Saturday lunch clubs as part of our winter warmth campaign
- WEAAD: 16th June 2013 - Conference at Harrow Civic Centre on the Financial Crime Good Practice & Workshop, organised by Age UK Harrow in partnership with Harrow Council's Safeguarding team and HAD was well received. Speakers from NatWest Bank, Trading Standards, Office of the Public Guardian (OPG) Metropolitan Police, Economic Crime Unit. The conference was aimed at professionals and volunteers working with older people. Over 80 people attended the conference and there were information stands available for them to be able to collect information and to signpost on. Very positive feedback was given from the conference.
- on-going articles on safeguarding in the newsletter to remind members to be careful who they open their door to.

Outcome: through the work above and our campaign with the Police, council and Banks, we were successful in bringing down ATM robberies by nearly 60%.

### **Quality and Performance Review**

- all staff members to pass details to staff Champions who 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
- Age UK Harrow has contributed to quality and performance review through our Chief Executive, Avani Modasia, attendance at Harrow Multi-Agency Safeguarding Adults Board meetings, Harrow LSAB away day in 2014 and Peer review session.

### **Policies and Procedures/Governance**

- due to some safeguarding alerts this year, we have now put in strict monitoring processes in place for our home visiting services/shopping service to ensure volunteers and staff visiting clients at home are moved around every six months, complete weekly reports and spot checks are in place to ensure all staff are adhering to safeguarding procedures.
- Safeguarding is now a standing agenda item at Board meetings and discussions take place on any alerts that may have arisen and the recommendations/changes that have to be put in place.
- Board was presented with the Annual report and is now more aware of issues on elder abuse.

### **Training and Workforce Development**

- through the restructure of our organisation, we now have two dedicated champions on Safeguarding.
- we continue to access training that is provided by the Council as well as have our own training in house provided by the Safeguarding Team at the Council.
- all staff continues to access the training at the Council and attend the refreshers after every three years. Outcome is more awareness of safeguarding issues and how to report alerts.
- induction of new staff/volunteers/trustees – now includes presentation on safeguarding that was developed by the Council Safeguarding team

As an organisation we have our priorities that are listed in the LSAB Strategic Plan for 2014/2017. Our priorities for 2014/15 are:-

- organise 9th annual World Elder Abuse Awareness Day events to increase the number of people informed about financial abuse.
- continue training staff and volunteers to spot risk/harm and take appropriate action, so that more clients come 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
- work with Health watch in raising awareness in care homes and nursing homes to increase the numbers of people reporting abuse and in turn reduce the 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 a learning disability..

#### **Prevention and Community Engagement**

- we actively engage with the LSAB, Healthwatch, the Health and Wellbeing Board and Task and Finish groups relating to dementia, autism, Winterbourne,
- we have a range of community activities and events which raises the profile of people with learning disabilities, both locally and across NW London
- our services ensure that individuals are engaged actively within the community, reducing isolation and provides opportunities to increase their social networks

#### **Quality and Performance Review**

- we have regular contact with clients and their families through home visits by the field supervisors, regular review of our services through monthly telephone monitoring, feedback forms and annual questionnaires.
- we have established a good communication network improving working relationships with the staff team / volunteers and have procedures in place for feedback ,updates on clients support need and complaints.
- all staff have direct access to the Chief executive to share concerns, ideas and raise issues

#### **Policies and Procedures/Governance**

- we now have 3 safeguarding leads in the organisation
- we have reviewed our financial policies and procedures and strengthened the management monitoring systems and procedures for monitoring individual client finances and petty cash expenses

- all Board members now receive the safeguarding newsletter and an annual report with respect to organisational performance
- safeguarding is now established as a key strategic priority in the annual plan
- campaigned for local elected Councillors to receive training and subjected to DBS checks

### **Training and Workforce Development**

- ensured that new and existing staff / volunteers receive appropriate training and induction
- as part of creating awareness on the ever changing safeguarding laws, we also have regular staff team meetings which include talks from senior managers on safeguarding issues
- staff regularly access training provided through the LSAB

### **For 2014/15 our key priorities are:**

- deliver a number of awareness initiatives for carers and individuals
- continue to ensure that all staff receive appropriate induction, training and supervision
- ensure that the staff teams are kept abreast of development and reminded of process for reporting to the SGA team in case of an emergency
- undertake internal quality audits to monitor the effectiveness of our Safeguarding approach
- agree with the Board a designated Trustee champion

## **3.4 Mind in Harrow**

### **Summary**

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.

### **Prevention and Community Engagement:**

- increased engagement and contributed to safeguarding prevention by offering support and information, in conjunction with Harrow Council Safeguarding Team and CNWL NHS Foundation Trust, to people with mental health needs who have reported to us that they may be at risk of abuse or mistreatment
- increased community engagement and contributed to safeguarding prevention through the Chief Executive being a Trustee of Harrow Equalities Centre, which runs a Hate Crime project, and through being the mental health representative of the Harrow Healthwatch delivery board
- promoted safeguarding prevention through the Chief Executive's participation at the Safe Space scheme workshop on 14 February 2014

### **Training and Workforce Development:**

- increased our staff awareness of safeguarding good practice and procedures through implementation of our policy that all our new employees are required to undertake the Harrow Council introduction to safeguarding training course
- increased our volunteer and mental health service user representatives' awareness of safeguarding good practice and procedures through training delivered by the Harrow Safeguarding Team three times a year

### **Quality and Performance Review:**

- increased awareness of mental health safeguarding issues from a voluntary sector perspective through our Chief Executive's attendance at Harrow Multi-Agency Safeguarding Adults Board meetings 2013-14, the Harrow LSAB away day in 2013 and in the peer review stakeholders' session on 18 December 2013
- strengthened our safeguarding processes and procedures through a quality assurance review of safeguarding practices in 2013 conducted by an independent Mind panel

### **Policies and Procedures/Governance:**

- improved our DBS Policy & Procedure through a review and our Complaints Procedure through review co-produced with service user representatives
- improved our Safeguarding Adults at Risk Policy and Child Protection Policy through annual reviews, including closer alignment with Pan-London safeguarding procedures

### **Joint work with the LSCB ("think family"):**

- increased our staff awareness of safeguarding good practice and procedures all senior staff and casework staff are required to undertake Harrow Council introduction to safeguarding children training session

### **Priorities for 2014/2015:**

In addition to continuation of Mind in Harrow's actions and outcomes for 2013-14:

- we will work with other Mind associations in London on the issue of hoarding with the aim of submitting a funding application within the year to pilot a new hoarding prevention project in Harrow and in partnership with Harrow Safeguarding Team & CNWL NHS Foundation Trust
- we will feedback our learning from safeguarding alerts raised via Section 75 Agreement with CNWL NHS Foundation Trust for people experiencing mental health problems

### 3.5 London Fire Service (LFB)

The Harrow division of the LFB continued to work very closely with the LSAB and the Safeguarding Adults Team in 2013/14. The close partnership working resulted in a significant increase in the number of home fire safety checks for elderly and disabled people - 60 vulnerable people had home visits, where fire-fighters checked for any risks and provided smoke alarms. Two people living in a sheltered housing block were able to have domestic sprinklers fitted - the first in Harrow.

At the LSAB annual review day in 2013, service users requested more information about fire safety for people with a learning disability. The borough Commander visited the local Resource Centres and spoke with groups about this topic which was extremely well received.

The LFB has supported all the “Safer Streets” events resulting in some excellent outcomes for vulnerable adults and young people – see section 4 (theme 1) below.

### 3.6 London Ambulance Service (LAS)

The LAS has produced a report for local Boards titled “SAFEGUARDING CHILDREN AND ADULTS AT RISK - QUARTERLY REPORT (April 2013 - March 2014)” which contains a significant amount of information covering its work with all London Councils. For Harrow it records a total of 566 referrals in 2013/2014 to the Council for adults, however it is not currently possible to separate those for safeguarding from those reporting concerns about care/support. Comparison of referral numbers with similar boroughs show that Brent received a total of 840, Hounslow 733 and Barnet 816.

There is information in the report which demonstrates monitoring of the safeguarding (adults and children) training that LAS staff have attended which is positive.

Following discussions at last year’s LSAB Annual Review Day, a quarterly meeting is now held with LAS (jointly with the LSCB) to discuss referrals, communication and feedback between the 3 services.

### 3.7 Local Safeguarding Children’s Board (LSCB)

#### **Prevention and Community Engagement/Work with harder to reach communities:**

LSCB outreach worker trained over 100 people in 14 sessions from 24 different groups, including some harder to reach;

Work with Mosque policies and procedures and training for teachers and Imaans – which delivers religious teaching to 400 children;

Safeguarding training Level 1 and 2 for supplementary schools;

Work with Hindu Community leading to two events in Spring 2014 involving 600 people in total re DSV and Sexual Exploitation;

Establishing outreach centres with resources at Carramea and the Lodge, Pinner Rd.

### **Media coverage:**

Film on Asian TV following Under One Sky;

Newspaper article, Harrow Observer re strategic leaders for safeguarding children for Child Safety Week June 2013;

### **Work on hate crime / community safety:**

Distribution of 1,000 NSPCC guides re keeping safe in the community;

Stall at Under One Sky July 2013 with awareness on poisons for parents;

Letter to all schools re FGM June 2013;

Distribution of 4,00 Blue Books "*What to do if you are worried about a child in Harrow*" to Adults' Services, voluntary sector groups, all GPs, Hospital and Urgent Care Centres, all Dentists, Vets, Fire Brigade, London Ambulance Team in Harrow, Library, School etc.

### **Training / development / awareness**

48% increase in attendance at LSCB training – 967 people trained, 600 use the e-learning training. Ofsted commends dissemination of learning from local learning and improvement case reviews;

16,000 visitors to LSCB website - on average each month 2014 so far;

1,500,000 page hits on LSCB website in the last financial year.

Joint learning with LSAB for West London RSPCA officers, and "Think Family" event for LSAB; development of LSCB / LSAB training reworking with Parents with Complex Needs.

### **Quality / Assurance / Review**

Section 11 audits of Compass, Adults' Services, Hestia, Victim Support, Leisure Centres, Northwick Park Hospital, Police BOCU and CAIT, Ignite Trust - identify designated leads, policy and training opportunities.

Multi agency audits October 2013 produce guidance re effective safeguarding in Harrow.



## **Policy / Procedures / Governance**

Development of LSAB / LSCB policies re working with parents with disabilities, mental health concerns and substance misuse problems, launched at a joint multi agency event in October 2013;

Protocol developed with the Health and Wellbeing Board and involving LSAB; Safer Harrow develops draft Gangs' Strategy April 2014; LSCB develops CSE Strategy October 2013; LSCB Child Protection Expectations and e-safety guidance produced

**2014/15/ priorities:** yet to be confirmed.

### **3.8 North West London Hospitals NHS Trust**

- the Trust has firmly established its quarterly 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
- firmly established pathways way for Domestic Violence and MASH referrals

### **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)
- we are 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 3 training compliance - 88%
- 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
- safeguarding training fully incorporates Domestic Violence and Learning Disabilities

### **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. The Trust has trailed the patient passport which will be fully rolled out during 2013/14 and this is in place and the Learning disabilities Nurse fully supports staff and patients in the ward areas

### **Policies and Procedures/Governance**

- the Safeguarding Adults Policy and the Terms of Reference for the Trust Adults Safeguarding Board was re-ratified in 2014

### **Priorities for 2014/2015:**

- to continue and review compliance with the SAAF
- to pursue plans for a Designated Safeguarding Adults Team. Adverts out May 2014
- 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
- strengthen links with MASH and multi-agency working around Domestic Violence

## **3.9 Ealing NHS Hospitals Trust (Harrow Community Organisation)**

### **Progress on priorities for 2013 - 2014**

The Ealing ICO has a firmly established Safeguarding Adults Board which takes place on a monthly basis, with full partnership integration. Standing agenda includes directorate reports from CCG meetings and LSAB partnerships and agreement on completion and actions. The Ealing ICO has strengthened collaborative working with the Safeguarding Adults Boards across all Boroughs and this has positively improved working relationships between the key stake holders.

The ICO 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 and good working partnerships across Boroughs for patients with Learning Disabilities and with Certitude. There are firmly established pathways way for Domestic Violence and MASH referrals

### **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)
- we are 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 Harrow Safeguarding Adults team the number of alerts has increased and therefore we have supported early intervention
- compliance with audits on pressure sores, neglect and financial abuse

### **Training and Workforce Development**

- Safeguarding Adults is an integral part of staff induction and there are regular mandatory updates
- increased levels of training 1,2 &3 training compliance 98% for level 1
- dementia training focuses on the provision of patient focused care to improve both patient outcomes and experience
- the Trust has Accredited 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
- safeguarding training fully incorporates Domestic Violence and Learning Disabilities
- there is a specific focus on measurement for Human Trafficking and Forced marriage
- secure reporting and compliance with Female Genital Mutilation and measurements of its effect on patients in the local community

### **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. The Trust has trialled the patient's passport which will be fully rolled out during 2013/14 and this is in place and the Learning disabilities Nurse fully supports staff and patients in the ward areas. Approval and compliance with SAAF agreed with partners

### **Policies and Procedures/Governance**

- the Safeguarding Adults Policy and the Terms of Reference for the Trust Adults Safeguarding Board was re-ratified in 2014

### **Priorities for 2014/2015**

- to continue to review compliance with the SAAF
- to pursue plans for a Designated Safeguarding Adults Team- adverts out in May 2014
- 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
- strengthen links with MASH and multi-agency working around Domestic Violence
- improve reporting on FGM and Forced marriage

### **3.10 Harrow Council – Housing Services**

#### **Prevention and Community Engagement:**

We have appointed a Tenancy Welfare Housing Officer to work closely with our vulnerable tenants.

Working in partnership with LFB to target those in need of advice and developing a programme for the installation of sprinklers in sheltered schemes.

The Sheltered Housing restructure introduced a new role of Involvement and Participation Coordinator dedicated to engaging with sheltered housing tenants on a range of activities.

We have revised our tenancy sign up packs to ensure that new tenants are aware of the support services that are available to them.

We have improved working relationships with the Corporate Anti Social Behaviour Team in terms of taking a joint approach towards tackling ASB and improving community safety.

We have had media coverage of both a Mutual Exchange event targeted at those tenants struggling with the impact of welfare reforms and wishing to downsize and our Anti-Fraud day which enables us to recover property to let to those in most housing need.

#### **Training and Workforce Development:**

All tenancy management staff continue to receive safeguarding training.

We have appointed a Tenancy Welfare Housing Officer dedicated to working closely with our vulnerable tenants.

We have engaged with CNWL Mental Health Services who have provided two workshops for housing staff on dealing with mental health issues including hoarding. We have also provided a housing officer presence within their team during a period of staff absence.

We are currently developing a joint approach towards housing people being discharged from hospital.

**Quality and Performance Review:**

We have collated the information obtained from our tenancy audits to identify those vulnerable households and developed a database for the Tenancy Welfare Housing Officer to prioritise contact

We have also completed an analysis of those tenants who have failed to report repairs and identified that a large majority of these also had wide spread support needs

**Policies and Procedures/Governance:**

Our sign up packs have been reviewed to make them more informative.

We have developed a policy and procedure for vulnerable households receiving major repair works to their property.

We have developed a policy and procedure for managing tenants displaying threatening behaviour.

We have reviewed the care flag categories on our tenant records system.

We have worked with corporate colleagues to develop the Corporate Debt policy which ensures that we adopt a consistent approach towards debt recovery from vulnerable groups. As a result we have also amended our rent recovery and recharge policies to capture the same categories.

**Joint work with the LSCB (“think family”):**

We have worked with corporate colleagues on both the “troubled families” and “complex households” projects which have developed multi agency approaches towards resolving issues presented.

**Overarching Housing Commitments (priorities) 2014/15 - please note that these are broken down into more detailed service specific action plans**

- respond to the challenges arising as a result of Welfare Reform – maximise income and tenancy sustainability
- review the effectiveness of changes to Sheltered Housing provision – assessment of service delivery for the last 12 months
- seek to deliver maximum tenancy sustainability
- devise support packages for our most vulnerable tenants

### 3.11 Harrow Clinical Commissioning Group (CCG)

#### Prevention and Community Engagement

Members of staff from the CCG were pleased to be able to assist with the facilitation of groups for the LD Big Health Day and are keen to offer ongoing support with follow up events such as the “Safe Place Scheme”.

#### Training and Workforce Development

Harrow CCG has employed a full time Lead Nurse for safeguarding adults and children since September 2013. This exciting new role has supported and enabled the gap to be bridged between commissioning and practice with regard to safeguarding adults.

The Lead Nurse has completed many of the safeguarding adults training courses including MCA and DOLs accessed via the Harrow LSAB training directory. The Lead Nurse has attended a strategy meeting, three case conferences and has assisted with sign posting Adult Social Care staff to other relevant Health Professionals where required.

All Harrow CCG members of staff have received face to face safeguarding adults awareness training delivered by the Lead Nurse. Although commissioned by NHS England, Primary Care Services have also been supported by Harrow CCG to access training for safeguarding adults. Capacity issues did not allow for this to be undertaken face to face, so all General Practice staff were urged to undertake the LSAB online safeguarding adults course. Recognising the limitations of online safeguarding training; the practices were advised to undertake this as a group exercise led by a GP wherever possible so that discussions and explanations could take place in order to strengthen the learning process.

To date 18 Practices have taken part and the breakdown of numbers is:

- General Practitioners – 30
- Other Practice Staff – 111

Details of these individuals have been captured and retained by the CCG.

#### Quality and Performance Review

Harrow CCG were pleased to be able to take part in the recent Local Authority Peer Review and acknowledged areas for improvement. In particular, the interfaces between clinical incidents and complaints and how these relate to safeguarding adults have been scrutinised and it is envisaged that by embedding our quality assurance processes and reporting mechanisms from all our providers we will be more equipped to identify patterns or themes early on so that appropriate action plans or preventative measures can be put in place.

Harrow CCG has completed the revised Safeguarding Adults at Risk audit tool and this will be submitted to NHS England towards the end of June 2014.

### **Policies, Procedures and Governance**

The Safeguarding Adults Commissioning Policy has been written and signed off by the Clinical Commissioning Board. The policy makes clear the individual responsibilities for identification and response to suspected or actual harm of adults who may be at risk of abuse. It also sets out clear expectations from all provider services for contract monitoring purposes.

### **Priorities for 2014/15**

- improve the quality assurance processes of clinical incidents and complaints in order to strengthen potential links to safeguarding
- enhance the current level of training for key CCG staff members to include MCA and DOLs
- develop a safeguarding supervision framework for all staff who may be in contact with adults at risk
- embark on the development of arrangements to support the PREVENT agenda

### **3.12 Methodist Homes (private provider representative)**

#### **Safeguarding – the importance of transparency, promotion and review**

At MHA we understand the importance of active communication and listening. We use various methods to ensure anyone who has a compliment, concern, complaint or recommendation has a positive reception and we review this information when revising our policies and introducing changes to our service delivery. We also utilise feedback from our annual surveys to enhance change delivery. We work in partnership with internal and external stakeholders and encourage use of advocates.

Our home in Harrow prides itself in its promotion of the duty to safeguard adults at risk and we are pleased to say that we had no complaints resulting in a safeguarding matter for 2013/2014 at David's House.

David's House promotes awareness of safeguarding through monthly resident and staff meetings and quarterly relative meetings. Feedback from the Harrow safeguarding board is a standard agenda item. The home maintains strong links with the community police team; this is appreciated by the residents of the home. We have regular contact with our local church groups and they are available to discuss any concerns and complaints too with residents, relatives and staff alike. Complaints, whistle blowing procedures, the Care Quality Commission and Harrow local safeguarding contact details are promoted through staff interviews, in posters around the home, through policies, training and our admissions packs.

We strive to promote a positive open and honest culture and gladly disseminate information from the LSAB.

We ensure we DBS check employment applicants. In addition to training our staff in areas such as Mental Capacity, DOLS, safeguarding and challenging behaviour, we now test staff's understanding during one to ones in the months following.

We have reviewed trends in incidents across the London Region and communicated trends through to peer reviews and up to Senior Management level. MHA appointed a new Quality Director in January 2014, she is also the safeguarding lead.

A service improvement team has been introduced to inspect and review the homes. Deputy Service managers have been recruited to assist the Regional services managers to audit the homes on a monthly basis and offer support. As part of our quality assurance monitoring process we report to our independent board on issues related to resident welfare e.g. weight loss, falls, pressure wounds and medication errors and trends are analysed.

In our endeavours to promote openness, honesty and an invitation to all to work in partnership to provide a safe environment to our residents with high quality delivery of care, David's house achieved full compliance in it's CQC inspection in 2013 and gladly share information on reportable incidents and complaints with Harrow, this in addition to the six compliments received in the year.

During 2014/2015, the introduction of a new Strategic Development Group and a Communications Group will aid us in our commitment to working in partnership with the LSAB, maximise our review and learning processes and continuing to promote awareness and understanding of safeguarding to all.

### **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 2013/14 as with the previous year, 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 any outcomes, including the numbers of referrals handled 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 – MAKING A DIFFERENCE (PROGRESS ON OBJECTIVES 2013/2014)**

## 4. Making a Difference – (progress on objectives for 2013/2014)

This section of the report looks at what difference the work of the LSAB made last year by reviewing progress on the priorities agreed for 2013/2014, as set out in the annual report for 2012/2013. The wording (*in italics*) under each objective represents the agreed actions and outcome measures that are being reported on.

### 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 2013/14. 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 2014/2017.

An in-depth review of Harrow's multi-agency post Winterbourne View work is being carried out at the time of writing this report and any recommendations will be reported to the LSAB during 2014/2015.



### Theme 1 - Prevention and Community Involvement

#### **The LSAB is confident that prevention of abuse of adults at risk is a high priority in Harrow**

*(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)*

The 2012/2013 LSAB Annual Report summarised the successful implementation of the Prevention Strategy 2010 – 2013. A new version titled "Promoting Dignity and Prevention of Abuse" was developed by the Board in 2013 and formally agreed at the business meeting in March 2014.

The LSAB kept oversight of key issues (e.g. learning disability commissioning plans) developed in response to the Winterbourne View Serious Case review (see above).

The focus of the information in last year's Council Tax leaflet (sent to every household in the borough) was about "being a good neighbour" with a plea to let vulnerable older or disabled people know if it seems that there might be unscrupulous doorstep salesmen or similar operating in the area. It gave the example of an elderly man escorted to the bank by a bogus builder where he withdrew all his life savings to pay for work that wasn't needed. It provided contact information for the safeguarding adults team and 999 and 101 numbers for the Police. Linked to the briefings for 220 Neighbourhood Champions; joint work with the Fire Service for free home fire safety checks and further action to reduce ATM thefts targeting older people, these activities were aimed at broadening the approach to the prevention of adult abuse.

The Best Practice Forum held on 17<sup>th</sup> June 2013 for World Elder Abuse Awareness Day focussed on tackling financial abuse and was attended by 65 staff from a range of organisations. The event included presentations from the Police (Economic Crime Unit); Trading Standards; NatWest Bank and the Office of the Public Guardian. There was a strong prevention focus to the day which had been set up in response to staff reporting that this was a growing area of work which was difficult to deal with.

#### **Outcomes:**

There were 14 alerts raised by friends/neighbours last year and 57 by family – and it is hoped that the increase (and slightly better than national performance) were achieved as a result of the above activities.

There were 38 more reported cases of financial abuse in 2013/14 compared to the previous year. This indicates growing awareness of the topic. Staff have also indicated slightly improved confidence in dealing with allegations of this type which has been confirmed by the external case file auditor in his independent review of casework.

#### **Ensure effective communication by the LSAB with its target audiences**

*(A Communications Strategy is developed for the LSAB – and users report that they know how to report abuse and what will happen afterwards)*

Initial preparatory work has taken place on a formal Communications Strategy for the LSAB which will assist the Board with ensuring that its target audiences know about abuse and how to report it. It will also assist the LSAB to use whatever resources are available for publicity and awareness related events in the most time/cost efficient ways.

Information about abuse and how to report it was included in the packs sent out to 4,500 family carers in May 2013.

A session was run for the Harrow “Rethink” support group in February 2014 with a range of information provided to attendees. A focus on briefings for mental health related services was agreed by the LSAB for last year given the relatively low number of alerts received the previous year.

The LSAB created a bi-monthly newsletter in 2013 aimed at keeping all relevant individuals and organisations up to date with its work and any key issues that needed to be highlighted. Four editions have been published to date (September and November 2013; January and March 2014) which included topics such as: making safeguarding personal; statistical information; safe place schemes; mental capacity and training information.

The Safeguarding Adults Service attended a wide range of community based events last year to raise awareness. This included the carer’s “Shopping Road Show” during Carer’s Week 2013, several Safer Streets days, 3 sessions with Age UK in the Town Centre, white ribbon day (international day of domestic violence) and the LD Big Health Day.

### **Outcomes:**

On receiving the third edition of the LSAB’s newsletter, the staff at a local Neighbourhood Resource Centre discussed the idea of a Harrow Safe Place Scheme with service users who were very keen on the idea and wanted to help. As a result, workers have supported service users to visit shops and other businesses in their area to sign them up for the scheme. This is a very positive first step in getting a fully established scheme in the borough (an LSAB priority for this year).

After attending the “Shopping Road Show” and visiting the safeguarding adults stall (where they collected an application form to request a free home fire safety check), two older carers received a visit from the fire service resulting in the fitting of new smoke alarms and advice about fire safety. During this visit the couple made the Borough’s Fire Commander aware of a young disabled child living next door who had oxygen breathing apparatus fitted all around the home. This was seen by him as a possible fire risk, so he took the time to call in on the neighbours and advise them about free home safety checks, offering them a priority visit within 24 hours.

### **Safeguarding Adults priorities are clearly referenced in wider community safety strategies e.g. Domestic Violence**

*(Specific projects to tackle wider community safety issues as highlighted by service users (e.g. hate crime; safe travel on public transport; fire safety and distraction burglary/doorstop crime) are taken forward over the 3 years of this plan – and users report feeling safer in annual surveys)*

Briefing sessions have been held for 200 of the borough’s Neighbourhood Champions who are the “eyes and ears” of the community on their individual street. A simple fact sheet was developed to give to the Champions which also included information about support for carers.

Last year the safeguarding adults' contribution to the Council Tax leaflet (which goes to every household in the borough) featured "being a good neighbour", giving the example of distraction burglary and asking residents to be aware of vulnerable people in their street that might be targeted.

60 vulnerable older people were referred by the Safeguarding Adults Service to the Fire Service to get free home fire safety visits, where fire-fighters have checked their home for any risks.

### **Outcomes:**

One elderly man had been falling asleep in bed whilst smoking cigarettes - following the home fire safety check the fire service gave him fire retardant bedding and a new smoke alarm, vastly reducing his risk of harm from a fire. Another woman was a well known hoarder and following the referral, fire officers were able to ensure that she had an escape route from her property. Through the same project, two people living in a sheltered housing block were able to have domestic sprinklers fitted - the first in Harrow.

### **There is evidence that the Harrow LSAB's work is influenced by user feedback and priorities**

*(Implement LSAB User Engagement Strategy)*

*(Demonstrable changes in practice are evident following annual evaluation of user feedback and presentation at the LSAB Review Day)*

The independent social worker (who interviews randomly selected service users after the safeguarding investigation is concluded) continued last year to ask whether people knew how to report abuse and understood what would happen next. She reported that service users were unclear about the process – resulting in production of new easy to read information developed with the assistance of service users. This publication follows on from the original leaflet about "safeguarding adults from abuse in Harrow is everyone's business" which had been well received.

Service users attended the LSAB Annual Review Day for the first time last year. This positive development by the Board aims to ensure that the views of victims of abuse or those that represent possible victims are directly heard by the LSAB and that actions are taken as a result. There were a number of clear messages from the user representatives, including a wish for people with a learning disability to have more information about fire safety.

## Outcomes:

Production of a new publication “what happens after I report abuse?” which is now given to all clients who are involved in a safeguarding adult’s investigation. The effectiveness of the information being given out will be monitored by the independent social worker in her interviews with service users in future.

The borough’s Fire Commander visited some of the Neighbourhood Resource Centres (see the picture at the start of this section) to discuss fire safety, promote home fire safety checks and stress the importance of smoke alarms.

## Theme 2 – Quality and Performance Review

### The LSAB oversees effective practice and ensures continuous improvement

*(A performance management report is presented to the LSAB at each Business Meeting which covers a range of aspects from the Quality Assurance Framework (QAF) and is multi agency. An end of year summary to be included in the LSAB Annual Report – with resulting changes to practice agreed)*

*(LSAB commissions a formal Peer Review of safeguarding adults work in Harrow and addresses the resulting recommendations – resulting in further improvements to local practice)*

*(LSAB receives routine updates from member organisations on progress on their safeguarding adults priorities)*

Performance management reports were presented to the LSAB at all of its meetings in 2013/14. Attempts were made during the year (e.g. with the production of a standard template for all LSAB members to complete) to make the reports more multi-agency, however the Peer Review (see below) found that there was more to do in this regard.

A section on Provider concerns is due to be added to future reports so that important information can be shared amongst the LSAB’s member organisations.

### **Peer Review**

The Care Quality Commission (CQC) no longer inspects Councils, other than any in-house residential services that they provide. The expectation is for senior managers and Councillors to ensure that internal processes for continuous learning, quality assurance and improved outcomes for users are in place. Peer Review challenge (by relevant senior professionals from other Councils) is one method that can be applied to support self evaluation and service development.

The Peer Review challenge was commissioned by the Council with the full support of the Local Safeguarding Adults Board.

### ***What was the Harrow process?***

The Peer Review challenge team were in Harrow for 3 days, (18-20 November 2013) and the formal process followed the Local Government Association methodology. The Team that carried it out was: Cathy Kerr (Director of Adult and Community Services, LB Richmond); Stephen Day (Director of Adult Services, LB Ealing); Gill Ford (Head of Performance and Quality Assurance, LB Richmond); Mary Stein (Head of Service Transformation, LB Brent) and Cathie Williams (for London Councils and also the lead for Adult Safeguarding, Local Government Association).

It should be noted that all members of the Team were social care professionals i.e. there were none from the other statutory sectors including the NHS and the Police.

The methodology was:

- completion of a self assessment;
- reading by the Peer Review Team of the self assessment/evidence portfolio (prior to the 3 days on-site work); and
- interviews/focus groups/observation on site

The evidence portfolio was extensive and the interviews/focus groups included a wide range of LSAB members and partner organisations across the statutory sectors (NHS, Fire Service, Police); third sector (Harrow Mencap/Age UK Harrow/Mind in Harrow etc) and private sector care homes and agencies. Elected members (the Portfolio holder and shadow portfolio holder); front line staff and relevant managers were also interviewed.

### ***The Safeguarding Adults Peer Review standards***

The 8 themes used in the Peer Review have been developed by ADASS; SCIE; NHS Confederation and the Improvement and Development Agency (I&DeA) and from them Harrow identified 3 main areas for examination: Supporting Practice; Quality Assurance; and Governance. Under these main themes there were six specific outcome areas as outlined below and where as part of the self assessment, strengths/achievements and areas for improvement/consideration were identified: (i) the council demonstrates improved safeguarding outcomes alongside wider community safety improvements; (ii) the council has fully engaged people who use services in the design of its services; (iii) there is recognised and active leadership by the council on Adult Safeguarding (iv) the council has robust and effective service delivery that makes safeguarding everybody's business; (v) services are held accountable through performance measures, including quality measures, towards the outcomes for people in the strategy; and (vi) there is multi-agency commitment to safeguarding.

### ***The Peer Review Team's findings (highlights)***

#### **Practice:**

They found that there is impressive safeguarding adult's practice which is overseen by strong leadership and commitment by senior officers and elected members.

There is also a real strength in the practice at all levels with a range of forums/activities in place to develop the skills of staff and clear evidence of a learning cycle. They also found that staff are giving high priority to placing users at the centre of the safeguarding process and to working with them to achieve the outcomes they want. They also noted that the LSAB has produced good literature and that other materials and awareness raising activities have had a positive impact.

#### ***Recommendations (for Practice):***

The Peer Review Team said that gaining access to justice for victims in Harrow (in common with the national picture) is a challenging experience, and the LSAB must continue to do what it can to make it easy for people to report issues.

They found that getting through the "front door" of Access Harrow can be difficult.

They advised the LSAB to consider how it exerts a preventative function to ensure people are not harmed by poor health, care or police responses.

#### **Governance:**

The LSAB is well established with a high level of commitment from most partners. There is also strong leadership from the Council with evidence of inter department working practices, including strong links with Children's Safeguarding and wider community safety work. There is also evidence of innovative activities that reach some citizens who would not otherwise get any support.

#### ***Recommendations (for Governance):***

They asked the Council to consider how it brings strategic leadership and commitment from key partners into owning safeguarding (rather than seeing it as Council business they are helping with).

#### **Quality Assurance:**

There is evidence of the Council proactively seeking feedback from service users and acting on the feedback. There is evidence that there is an effective learning loop from the practice through audit response and review. There is also a broad and innovative system of risk management in place.

#### ***Recommendations (for Quality Assurance):***

They identified scope to address care quality issues more systematically. This would involve partnership work between NHS Commissioners, the Care Quality Commission, the Quality Surveillance Group, along with the council. This will encourage Providers to engage more proactively with their own learning and development.



They identified a need for more focus on outcomes in reporting to the LSAB, assisted by systematically capturing the outcomes that people wanted and whether they have been achieved.

### **Conclusion**

In conclusion the Peer Review Team stated that they found an openness to try new approaches and that the Council is in a strong position for the challenges that are coming and to continue the journey.

### **Outcomes:**

It is important to note that some of the recommendations had already been identified by the LSAB and work is underway e.g. a new template is in place for capturing partner data for presentation at Board meetings; there are quarterly meetings with Access Harrow to discuss the pathway for safeguarding adults alerts; a legal update Best Practice Forum was held on 10<sup>th</sup> December 2013 as part of ongoing sessions to further develop staff's understanding of relevant legislation and a new Prevention Strategy was agreed by the LSAB at its March 2014 meeting. Some of the recommendations relate to the function of the LSAB and the Board had already agreed to some independent challenge at its next annual review day in June 2014. This will provide an opportunity for further debate about membership, ownership and effectiveness.

### **Statistical data improves understanding of local patterns enabling improved planning of responses to allegations**

*(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)*

*(LSAB oversees specific projects in response to the 5 areas identified from AVA trend analysis (2010 – 2013) i.e. older people; mental health; financial abuse; outcomes for users and ongoing community outreach)*

The LSAB has received statistical reports at each of its meetings, including the full year position for 2012/13 at its Annual Review Day. In addition, the new Strategic Plan for 2014 – 2017 includes trend analysis looking back over the previous 3 years and all reports include comparison with the national position.

Targeted awareness/briefing sessions in 2013/14 have included MIND; the Rethink Group; Bridge Day Centre and for World Elder Abuse Awareness Day – a full list is shown at Appendix 2. As covered in theme 3 below, a Best Practice Forum was convened for tackling financial abuse.

### **Outcomes:**

Ongoing analysis by the LSAB of relevant statistical information has enabled adjustments to be made to training events and also to briefing sessions. The most up to date comparisons with the national data shows a positive picture for the work in Harrow with 4 main areas identified for future work.

### **Theme 3 – Training and Workforce Development**

**The LSAB is confident that the local workforce is competent in relation to safeguarding adults’ practice – with particular focus on learning from file audits and management reviews e.g. use of the Mental Capacity Act**

*(Revised LSAB Training Strategy agreed by the Board)*

*(Multi-agency training programme re-tendered for 2014 – 2017)*

*(Multi-agency training programme revised/updated for 2014 – 2017)*

*(File audits and user feedback demonstrate a greater focus on outcomes)*

The LSAB Training Strategy was updated and agreed by the Board at its meeting in March 2014.

The contract for the multi-agency safeguarding adults training programme was formally retendered and following a challenging selection process the LSAB confirmed that the new contract for the next 3 years will be with Lowe Consultancy Services.

At the time of writing this report the training programme is being updated based on learning from file audits and case reviews and on analysis of attendee feedback about the previous year’s sessions.

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 briefing sessions across a range of agencies, offering most at the organisation’s premises. Full details of the training statistics are at Appendix 2.

#### **Headline messages**

- a total of 2176 people received some training in 2013/14 - this was an increase of 698 people from 2012/13 and as reported previously 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 contract in 2013/2014 with establishment of the new multi-agency training programme for 2014/15 onwards has provided more opportunity for this approach which is already in use

- 620 staff received formal training – this was the same level as in the previous year - the breakdown of formal training was: 177 Council staff (a decrease of 27 from 2012/13); 66 NHS staff (a decrease of 22 from 2012/13); 14 “other statutory” staff including the Police (an increase of 9 from 2012/13); 269 private sector staff (an increase of 43 from 2012/13) and 94 voluntary sector staff (a small decrease of 3 from 2012/13)
- a refresher was organised for elected Councillors and was attended by 12 individuals
- 1355 people attended sessions run by the Safeguarding Adults Service (an increase of 645 from 2012/13). The breakdown of briefing sessions is shown at Appendix 2, however it is very positive to note that there were a number of new or significantly increased areas last year including: 254 related to DoLS; 220 Neighbourhood Champions; 30 students at local colleges and 169 service users
- a total of 208 staff attended 5 multi-agency best practice forums in 2013/14 on financial abuse; self neglect/hoarding; “think family” (joint with the LSCB); legal updates and safe place schemes
- 33% of individuals (302 people) booked on to formal training courses cancelled, a small decrease, but still leading as in previous years to difficulties about the viability of some sessions
- this was the second 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 201 staff (including 110 GPs/primary care staff) used the tool – an increase of 53 people from 2012/13 suggesting that this approach to training/development is being well received

## Outcomes

The new programme for 2014/15 has been developed from the evaluation and experience of the 2013/14 sessions. It also covers the areas that successive independent audits of safeguarding cases and the Peer Review suggested for further improvements in staff knowledge and/or confidence. These include the Mental Capacity Act; DoLS and making safeguarding personal/outcome focused.

The Councillors asked for safeguarding adults’ wallet cards to be provided to all elected Members which was done in October 2013.



The well established file audit process continued in 2013/14 with both internal and external/independent scrutiny of safeguarding adults' work. The main findings were reported to the Board in September 2013 and the headlines were:

- the quality of the work continues to improve and there is a lot of evidence that changes to FWi (the client database) are supporting workers to follow best practice
- there had been another increase in user/carer or other family member attendance at Case Conferences which is positive
- the improvement in cross agency working and the active involvement with partners was evidenced - with improved outcomes for users linked to this approach. The external file auditor found that this was particularly the case in circumstances where there were clearly health issues and Primary Health Care staff were invited both to look at the situation and be actively involved in decision making
- there was evidence of improvement in understanding and use of the Mental Capacity Act, but still more work to do (as is the case nationally)
- financial abuse seems to be one of the most challenging areas for staff to deal with, although there was more evidence this time around of involvement of Police and Banks and of growing staff confidence
- the independent social worker found that some users had not understood the term "safeguarding" however all had felt involved in the process

### Outcomes:

Some of the actions taken in response to the audits (outcomes) included:

- the external auditor provided a helpful "flow diagram" on Mental Capacity Act decision making which has been provided to all relevant staff as an "on the wall" aide memoir
- the multi-agency best practice forum on 17<sup>th</sup> June 2013 focused on financial abuse and included presentations from the Police Economic Crime Unit, Banks, Trading Standards and the Court of Protection to increase staff confidence in this area
- a new easy to read leaflet called "what happens after I report abuse?" has been produced and is now being given to everyone going through a safeguarding adults investigation and follows on from the original information leaflet "Keep Safe in Harrow" about what to do if you think you are being abused - both are on the Council's website in the safeguarding adults section
- the training programme was further adapted to address the above findings. For example, small group work sessions with the specialist safeguarding adults' workers looking at case examples where mental capacity was an issue were held and well received

## **DOLS arrangements (including for health funded services and facilities) are effective**

*(LSAB receives performance information at each Business Meeting)*

*(DOLS work is independently audited and peer audit arrangements with another Council area are implemented)*

The full set of Deprivation of Liberty Safeguards (DoLS) statistics are shown at Appendix 1. Analysis of the statistics is at section 2.2 of this report.

The first independent audit of DoLS work has recently been undertaken by the external file auditor and will be reported to the LSAB at its business meeting in September 2014. As explained at section 2.2 of this report, there has recently been a very significant increase in the number of DoLS referrals following the Supreme Court ruling in respect of the “Cheshire West” legal case. The implications for Harrow will be reported to the LSAB and summarised in next year’s Annual Report.

A significant number (254) of briefing sessions about the DoLS arrangements have been held with local providers of services e.g. nursing homes which have assisted in increasing the referral numbers in 2013/14 compared to 2012/2013.

Informal peer review/audit with another London Council has been agreed in principle with that borough, however implementation has been delayed due to the very large influx of cases in all Council areas.

### **Outcomes:**

An increase in referral numbers last year suggests that work carried out to improve awareness of the safeguards has started to have a positive impact.

There were 5 requests for DoLS assessments from local hospitals last year compared to none the previous year, which is a very positive change.

## **Theme 4 - Policies and Procedures/Governance**

### **Ensure production of the LSAB Annual Report**

*(LSAB receive Annual Report within 3 months of the end of each financial year)*

The LSAB Annual Report 2012/13 was agreed formally by the Board at its annual review day in June 2013. This report for 2013/14 will be discussed at the same event in June 2014. Subsequently the report will be presented to the Council’s Scrutiny Committee, the Health and Wellbeing Board and partner agencies’ Executive meetings or equivalent.

### **Outcomes:**

Following discussion by the LSAB last June a “key messages for staff” version of the report was produced for the first time and an easy to read version was put on the Council’s website – aiming to ensure that the Board’s work is as accessible as possible to both staff and the public.

### **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)*

*(All partner agencies present the Annual Report to their Board (or equivalent) within 3 months of the agreement by the LSAB)*

*(Presentation made to Health and Wellbeing Board with particular reference to progress on agreed joint priorities and recommendations for the coming year)*

Following its formal agreement at the LSAB annual review day on 28<sup>th</sup> June 2013, the report was presented to the Council’s Scrutiny Committee in July, the Health and Wellbeing Board in August and subsequently to all partner agencies’ Executive meetings or equivalent.

### **The general public is aware of safeguarding issues and the work of the LSAB**

*(The LSAB Annual Report is published in an easy to read format and posted on all partner websites)*

*(There is a relevant range of easy to read/accessible public information)*

In 2013/14 the safeguarding adults’ website was refreshed and now includes (for example) the notes from LSAB meetings which had not previously been available there.

### **Outcomes:**

As stated earlier in this report an additional easy to read leaflet “what happens after I report abuse” was developed with the involvement of service users as feedback from vulnerable adults by the independent social worker was primarily that they didn’t understand the terminology or process that had been followed even though they were happy with it and the outcome.

## **The LSAB (jointly with the LSCB) takes a “family first” approach to its work**

*(Relevant range of key protocols are in place e.g. for parents with a learning disability, and reviewed after one year)*

A full set of joint protocols were developed in 2013/14 by the LSAB/LSCB sub-group and were formally launched by the chairs of the 2 Boards in October 2013. A joint LSCB/LSAB “think family” best practice forum was subsequently held for 50 staff across adults and children’s services which included use of the protocols as well as the importance of working together and sharing information to ensure positive outcomes for both vulnerable adults and vulnerable children.

The LSAB/LSCB work programme for 2014/15 includes a review of the joint protocols one year after their formal launch.

### **Outcomes:**

The independent/external file auditor reported that the safeguarding adults team were demonstrating growing confidence in a “family first” approach, with all the relevant (audited) cases being appropriately referred to Children’s Services.

## **The LSAB has strategic oversight of local safeguarding adults work**

*(The LSAB has an up to date Strategic Plan which is monitored at Board meetings and updated each year at the Annual Review Day)*

During 2013/14 the LSAB developed a new Strategic Plan for 2014 – 2017 having overseen the successful implementation of the previous Business Plan which expired in 2013. The new Plan was formally adopted by the LSAB at its Business meeting in March 2014 and the action plan for the first year is shown at the end of this report.

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

### **Common joint safeguarding needs are identified in terms of Domestic Violence and actions prepared to address gaps, including mapping key pathways to MARAC**

*(Agreed actions to be reported to LSAB and LSCB)*

Close work continued in 2013/2014 between the LSAB and LSCB primarily through the joint sub-group which reports to both Boards. The main piece of work achieved last year was the production of a set of joint working protocols for use where the adults are vulnerable e.g. have a disability or mental health difficulty that may impact on their ability to look after any children in their family. The protocols (formally launched in October 2013 by the chairs of the LSAB and LSCB) will ensure a “think family” approach is taken by staff in both adults or children’s services.

After production of the protocols, a joint best practice forum was held which looked at lessons from the serious case reviews which followed the death of a child (e.g. baby Peter) with a particular focus on the responsibilities of staff working with the adults in a family where there are concerns about a vulnerable child.

A key focus of the event was on the “toxic trio” of factors that can be present in some cases i.e. an adult with mental health issues, a substance misuse problem and the presence of domestic violence - and the impact on ability to parent. Adult Services staff were given advice about completing Common Assessment Framework (CAF) forms and also on taking cases to MARAC (multi-agency risk assessment conference – for domestic abuse).

### **Outcomes:**

The independent file auditor commented on a growing confidence in the work of the safeguarding team in cases where there are also children present and reported that all appropriate (audited) cases were referred to Children’s Services.

### **The LSAB (jointly with the LSCB) takes a “family first” approach to its work**

See above. In addition, a practitioner representative from the Council’s Safeguarding Adults Service and relevant NHS staff attend the daily MASH (Multi-agency Safeguarding Hub) meeting where threshold decisions about referred children are discussed. This ensures appropriate information sharing and therefore decisions are taken in the most informed way possible.





“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 2014/2015 (YEAR 1 OF THE STRATEGIC PLAN 2014 – 2017)**

## Theme 1 – Prevention and Community Engagement

### 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 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 2014/2015 not reflected below as the LSAB objectives are at the strategic level. Some are contained within the documents that supplement the Strategic Plan 2014 – 2017 and others are single agency.

Objectives and Targets	How it will be achieved and measured (outcomes)	Timescale for achievement
<p>The LSAB is confident that prevention of abuse of adults at risk is a high priority in Harrow</p> <p>Source: PR; WV and ADASS</p>	<p>A revised Prevention Strategy will be presented to the LSAB at its December 2013 Business Meeting – with a resulting 50% reduction in institutional investigations by 2017</p> <p>LSAB keeps oversight of key action plans e.g. the Learning Disability commissioning plans developed in response to the Winterbourne View Serious Case review</p> <p>(user outcomes)</p>	<p>March/April 2014</p> <p>Quarterly at Business Meetings</p>

<p>Ensure effective communication by the LSAB with its target audiences</p> <p>Source: ADASS</p>	<p>A formal Communications Strategy is developed for the LSAB – and users report that they know how to report abuse and what will happen afterwards</p> <p>(service delivery and effective practice)</p> <p>(user outcomes)</p>	<p>End December 2014</p>
<p>Safeguarding Adults priorities are clearly referenced in wider community safety strategies e.g. Domestic Violence</p> <p>Source: HPS</p>	<p>Specific projects to tackle wider community safety issues as highlighted by service users (e.g. hate crime; safe travel on public transport; distraction burglary/doorstop crime and home fire safety) are taken forward over the 3 years of the LSAB Strategic Plan – and users report feeling safer in annual surveys</p> <p>A “Safe Place” initiative is launched by end of December 2014</p> <p>(user outcomes); (leadership); (strategy)</p>	<p>End December 2014</p>
<p>There is evidence that the Harrow LSAB’s work is influenced by user feedback and priorities</p> <p>Source: UES</p>	<p>Implement LSAB User Engagement Strategy</p> <p>Demonstrable changes in practice are evident following annual evaluation of user feedback and presentation at the LSAB Review Day</p> <p>(user outcomes); (people’s experiences of safeguarding)</p>	<p>End March 2015 and as determined in the User Engagement Strategy</p>

## Theme 2 – Training and Workforce Development

### 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 2014/2015 not reflected below as the LSAB objectives are at the strategic level. Some are contained within the documents that supplement the Strategic Plan 2014 – 2017 and others are single agency.

Objectives and Targets	How it will be achieved and measured (outcomes)	Timescale for achievement
<p>The LSAB is confident that the local workforce is competent in relation to safeguarding adults’ practice – with particular focus on learning from file audits and management reviews e.g. use of the Mental Capacity Act</p> <p>Source: BU; file audit and HPR</p>	<p>Revised LSAB Training Strategy agreed by the Board</p> <p>Multi-agency training programme re-tendered for 2014 – 2017</p> <p>Multi-agency training programme revised/updated for 2014 - 2017</p> <p>File audits and user feedback demonstrate a greater focus on outcomes</p> <p>(performance and resource management)</p> <p>(service delivery and effective practice)</p>	<p>End April 2014</p> <p>End April 2014</p> <p>End May 2014</p> <p>Annually</p>

<p>DOLS arrangements (including for health funded services and facilities) are effective</p> <p>Source: HWB and WV</p>	<p>LSAB receives DoLS performance information at each Business Meeting, including feedback on independent file audits</p> <p>Peer audit arrangements with another Council area are implemented for DoLS work</p> <p>(people's experiences of safeguarding)</p>	<p>Quarterly</p> <p>End March 2015</p>

## Theme 3 – Quality and Performance Review

### 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 2014/2015 not reflected below as the LSAB objectives are at the strategic level. Some are contained within the documents that supplement the Strategic Plan 2014 – 2017 and others are single agency.

Objectives and Targets	How it will be achieved and measured (outcomes)	Timescale for achievement
<p>The LSAB oversees effective practice and ensures continuous improvement</p> <p>Source: HPR; NHS and ADASS</p>	<p>A performance management report is presented to the LSAB at each Business Meeting which covers a range of aspects from the Quality Assurance Framework (QAF) and is multi agency. An end of year summary to be included in the LSAB Annual Report – with resulting changes to practice agreed</p> <p>The recommendations from the formal Peer Review of safeguarding adults work in Harrow are implemented – resulting in further improvements to local practice</p> <p>LSAB receives routine updates from member organisations on progress on their safeguarding adults priorities</p> <p>(performance and resource management)</p>	<p>Quarterly</p> <p>End December 2014</p> <p>At each Business meeting during 2014/2015</p>

<p>Statistical data improves understanding of local patterns enabling improved planning of responses to allegations</p> <p>Source: HPR; AVA (SAR) and AR</p>	<p>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</p> <p>LSAB oversees specific projects in response to the areas identified from statistical analysis i.e. in 2014/15 this is: older people; mental health; access to criminal justice and ongoing community outreach</p> <p>(performance and resource management)</p>	<p>End March 2015</p>
<p>The LSAB is confident that safeguarding adults work is person centred – confirmed in file audit/QA reports</p> <p>Source: HPR</p>	<p>LSAB receives reports on the Harrow Safeguarding Adults Service involvement in the Making Safeguarding Personal (national) project</p> <p>(service delivery and effective practice)</p>	<p>End March 2015</p>

## Theme 4 - Policies and Procedures/Governance

### 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 2014/2015 not reflected below as the LSAB objectives are at the strategic level. Some are contained within the documents that supplement the Strategic Plan 2014 – 2017 and others are single agency.

Objectives and Targets	How it will be achieved and measured (outcomes)	Timescale for achievement
<p>Ensure production of the LSAB Annual Report</p> <p>Source: HPR and AR</p>	<p>LSAB receive Annual Report within 3 months of the end of the financial year – with a focus on outcomes wherever possible</p> <p>(Local Safeguarding Adults Board)</p>	<p>End June 2014</p>
<p>Ensure that the LSAB Annual Report is presented to all relevant accountable bodies</p> <p>Source: PR and AR</p>	<p>Presentation made to Scrutiny Committee to include progress against the previous year's action plan and objectives for the coming year</p>	<p>First available Scrutiny meeting after the Annual Report is discussed and agreed at the LSAB (and no later than the end of September 2014)</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>(leadership); (Local Safeguarding Adults Board); (Strategy)</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 2014)</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 2014)</p>
<p>The general public is aware of safeguarding issues and the work of the LSAB</p> <p>Source: ADASS and PR</p>	<p>The LSAB Annual Report 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>(service delivery and effective practice)</p>	<p>End August 2014</p> <p>End March 2015</p>

<p>The LSAB (jointly with the LSCB) takes a “family first” approach to its work</p> <p>Source: WV and NHS</p>	<p>Relevant range of key protocols are in place e.g. for parents with a learning disability, and reviewed after one year</p> <p>(service delivery and effective practice); (working together)</p>	<p>End March 2015</p>
<p>The LSAB is effective and has strategic oversight of local safeguarding adults work</p> <p>Source: ADASS; CA and HPR</p>	<p>The LSAB Strategic Plan is monitored at Board meetings and updated at the Annual Review Day</p> <p>Board governance and arrangements are reviewed and post April 2015 meet Care Act 2014 requirements</p> <p>(leadership)</p>	<p>Quarterly and end of June 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 2014/2015 not reflected below as the LSAB objectives are at the strategic level. Some are contained within the documents that supplement the Strategic Plan 2014 – 2017 and others are single agency.

Objectives and Targets	How it will be achieved and measured (outcomes)	Timescale for achievement
<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>(working together)</p>	<p>End March 2015</p>
<p>The LSAB (jointly with the LSCB) takes a “family first” approach to its work</p> <p>Source: WV and NHS</p>	<p>Relevant range of key protocols in place e.g. for parents with a learning disability, physical disability or mental health difficulty, and are reviewed after one year</p> <p>(working together)</p>	<p>End March 2015</p>

**Source Documents:**

AR – Local Safeguarding Adults Board Annual Reports

HPR – Harrow formal Peer Review recommendations

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 – National Health Service audit tool (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 (SAR) – 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)

CA – Care Act 2014



“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

Appendix 1	Safeguarding Adults and Deprivation of Liberty Safeguards (DoLS) statistics
Appendix 2	Training statistics
Appendix 3	LSAB Quality Assurance Framework
Appendix 4	LSAB membership as at March 31 <sup>st</sup> 2014
Appendix 5	LSAB meeting attendance record 2013 - 2014

Safeguarding Adults Alert & Referral Data - 1st April 2013 - 31st March 2014

Summary Statistics

<b>No. of Alerts: -</b>	<b>1003</b>	<b>%</b>
Taken forward as Refs: -	620	62%
Dealt with at Alert Stage: -	383	38%
No. of Repeat Refs: -	63	10%
No. of Completed Refs: -	573	92%

Alerts Female	618	62%
Alerts Male	385	38%
Not Stated / Recorded	0	0%
<b>1003</b>	<b>100%</b>	

Referrals Female	378	61%
Referrals Male	242	39%
Not Stated / Recorded	0	0%
<b>620</b>	<b>100%</b>	

<b>From different Ethnic Backgrounds (non white UK): -</b>	<b>346</b>	<b>34%</b>	} Alerts
Female	235	68%	
Male	111	32%	
(ethnicity) Not Stated / Recorded	13	4%	
	<b>346</b>	<b>100%</b>	
(ethnicity) Not Stated / Recorded or	<b>W/UK</b>	<b>BME</b>	
<b>White UK</b>	657	346	
<b>White UK</b>	66%	34%	

<b>From different Ethnic Backgrounds (non white UK): -</b>	<b>195</b>	<b>31%</b>	} Referrals
Female	138	71%	
Male	57	29%	
(ethnicity) Not Stated / Recorded	6	2%	
	<b>195</b>	<b>100%</b>	
(ethnicity) Not Stated / Recorded or	<b>W/UK</b>	<b>BME</b>	
<b>White UK</b>	425	195	
<b>White UK</b>	69%	31%	

<b>Where Abuse / Harm took Place: -</b>			} Many cases involve multiple locations of abuse and this is highlighted in these figures
Own Home	355	56%	
Care Home - Permanent	85	13%	
Care Home with Nursing - Permanent	41	6%	
Care Home - Temporary	11	2%	
Care Home with Nursing - Temporary	15	2%	
Alleged Perpetrators Home	9	1%	
Mental Health Inpatient Setting	8	1%	
Acute Hospital	19	3%	
Community Hospital	7	1%	
Other Health Setting	8	1%	
Supported Accommodation	20	3%	
Day Centre/Service	4	1%	
Public Place	20	3%	
Education/Training/Workplace Establishment	2	0%	
Other	16	3%	
Not Known / Not Recorded	15	2%	
<b>635</b>	<b>100%</b>		

<b>Service User Group: -</b>			} 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
Older People	383	62%	
Learning Disability	92	15%	
Physical disability	412	66%	
Mental Health	81	13%	
Substance Misuse	5	1%	
Other Adult at Risk	30	5%	
Not Stated / Recorded	0	0%	
Total No. of Service Users	<b>620</b>	<b>162%</b>	
No. of Multiple Service User Groups	<b>383</b>	<b>62%</b>	

<b>Type of Abuse / Harm: -</b>			} Many cases involve multiple abuses and this is highlighted in these figures
Physical	164	18%	
Sexual	42	5%	
Emotional/Psychological	161	18%	
Financial	164	18%	
Neglect	225	25%	
Discriminatory	3	0%	
Institutional	16	2%	
Not Stated / Recorded	0	0%	
Multiple Abuses	135	15%	
<b>910</b>	<b>100%</b>		

**Person Alleged to have caused Abuse / Harm:-**

Health Care Worker	49	8%
Neighbour or Friend	35	6%
Main Family Carer / Other Family Member	186	30%
Other Professional	18	3%
Other Vulnerable Adult	18	3%
Partner	34	5%
Social Care Staff	152	25%
Stranger	53	9%
Volunteer or Befriender	9	1%
Other	58	9%
Not Known/Stated/Recorded	8	1%
<b>620</b>	<b>100%</b>	

**Source of Referral**

<b>Social Care Staff</b>	Domiciliary Staff	26	4%
	Residential Care Staff	65	10%
	Day Care Staff	8	1%
	Social Worker/Care Manager	115	19%
	Self -Directed Care Staff	3	0%
	Other Social Care Worker	45	7%
<b>Health Staff</b>	Primary/Community Health Staff	88	14%
	Secondary Health Staff	56	9%
	Mental Health Staff	53	9%
	Other Health Care Worker	0	0%
<b>Other Sources of Referral</b>	Self-Referral	8	1%
	Family member	59	10%
	Friend/neighbour	14	2%
	Other Service User	0	0%
	Care Quality Commission	7	1%
	Education/Training/Workplace Establishment	4	1%
	Housing	7	1%
	Police	21	3%
Other (anon, probation, contracts, MAPPA, MARAC, etc		41	7%
	Not Recorded	0	0%
<b>620</b>	<b>100%</b>		

**Outcomes for Adult at Risk (completed cases) :-**

Increased Monitoring	110	14%
Removed from property or service	31	4%
Community Care Assessment & Services	98	13%
Civil Action	0	0%
Application to Court of Protection	5	1%
Application to change appointee-ship	3	0%
Referral to advocacy scheme	5	1%
Referral to Counselling/Training	12	2%
Moved to increase/Different Care	51	7%
Management of access to finances	21	3%
Guardianship/Use of Mental Health Act	0	0%
Review of Self Directed Support (IB)	10	1%
Management of access to Perpetrator	34	4%
Referral to MARAC	8	1%
Other	115	15%
No Further Action	280	36%
Not Recorded	0	0%
<b>783</b>	<b>100%</b>	

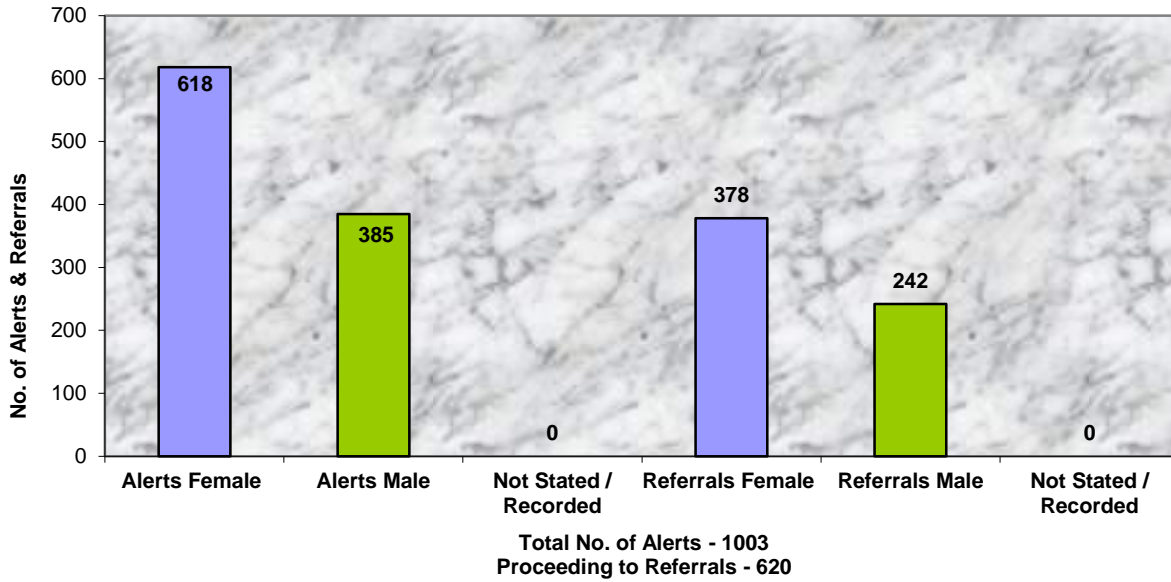
Many cases allow for multiple outcomes and this is highlighted in these figures

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

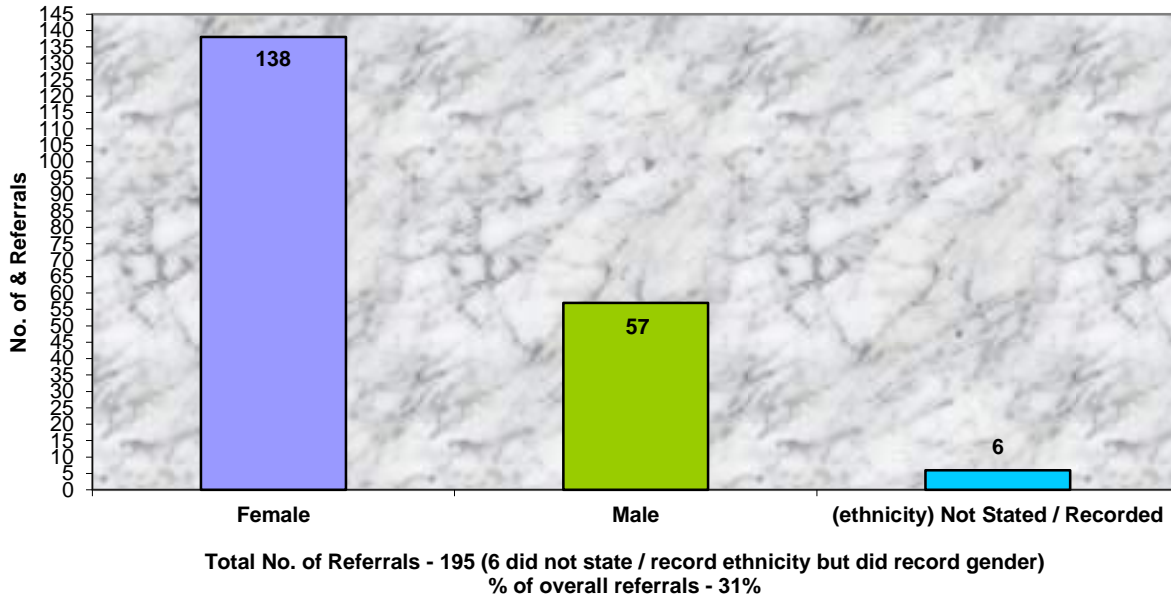
Criminal Prosecution/Formal Caution	13	2%
Police Action	65	8%
Community Care Assessment	42	5%
Removal from Property or Service	34	4%
Management of Access to Adult at Risk	29	4%
Referred to ISA / DBS	8	1%
Referral to Registration Body	14	2%
Disciplinary Action	32	4%
Action By Care Quality Commission	10	1%
Continued Monitoring	40	5%
Counselling/Training/Treatment	6	1%
Referral to Court Mandated Treatment	1	0%
Referral to MAPPA	1	0%
Action under Mental Health Act	3	0%
Action by Contract Compliance	20	3%
Exoneration	32	4%
No Further Action	414	53%
Not Known	23	3%
Not Recorded	0	0%
<b>787</b>	<b>100%</b>	

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

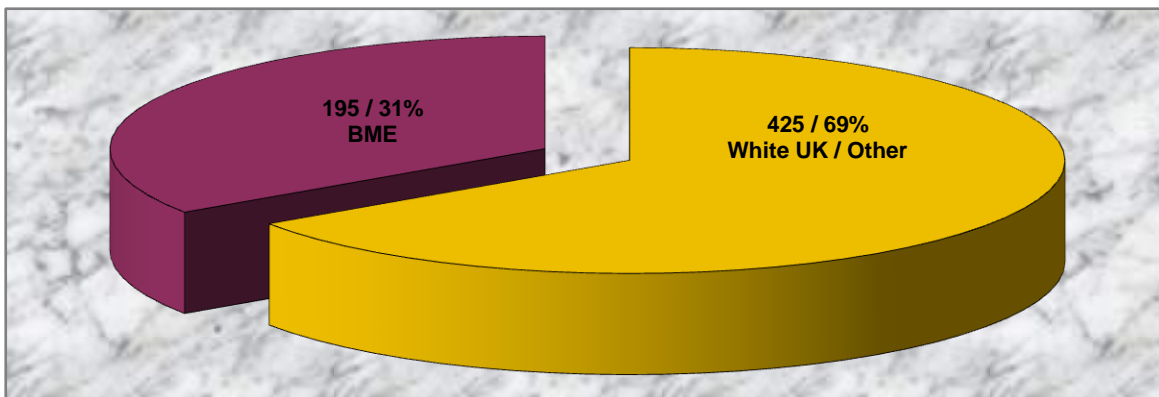
**Safeguarding Adults Alerts & Referrals 1st April 2013 - 31st March 2014**  
**Male / Female Ratio**



**Safeguarding Adults Referrals 1st April 2013 - 31st March 2014**  
**Male / Female Ratio**  
 ( from different ethnic backgrounds )



**Safeguarding Adults Referrals 1st April 2013 - 31st March 2014**  
**W/UK / BME Ratio**



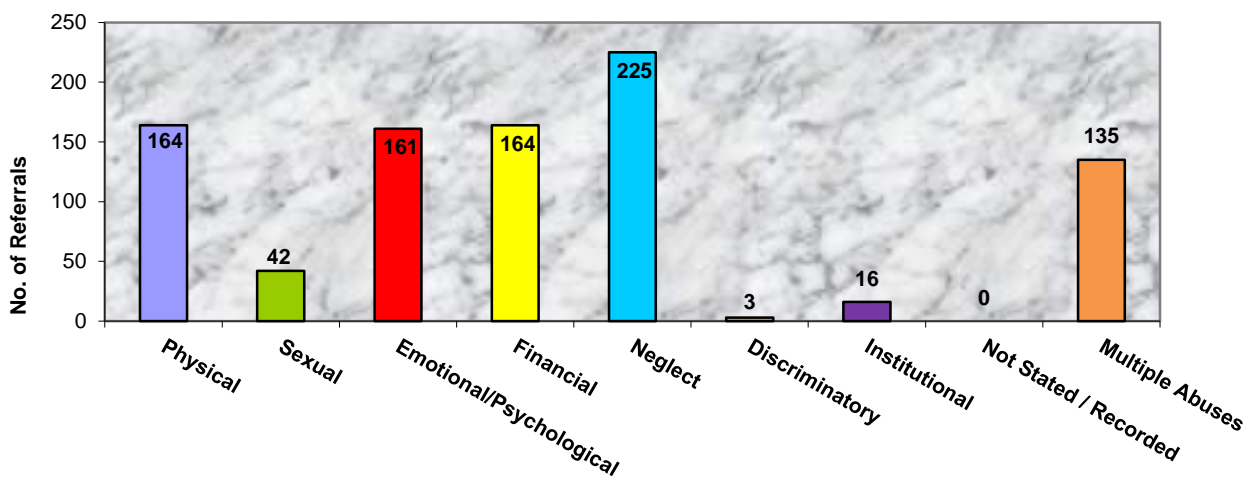
% Adult BAME Community in Harrow  
 (from 2011 Census) - 42%

% BME Safeguarding Alerts - 34%

% BME Safeguarding Referrals - 31%

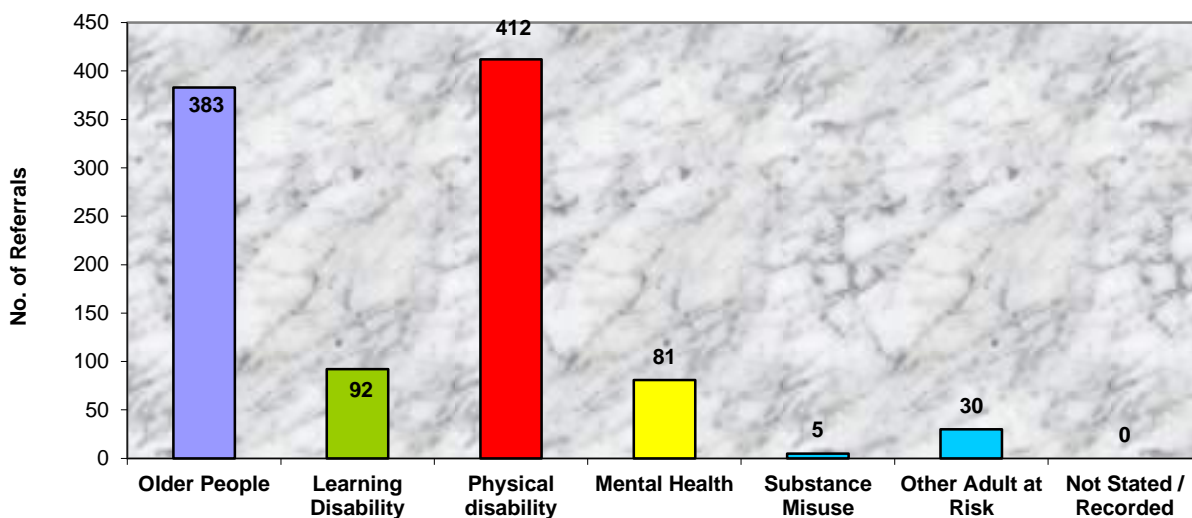


Safeguarding Adults Referrals 1st April 2013 - 31st March 2014  
Referrals by Type of Alleged Abuse



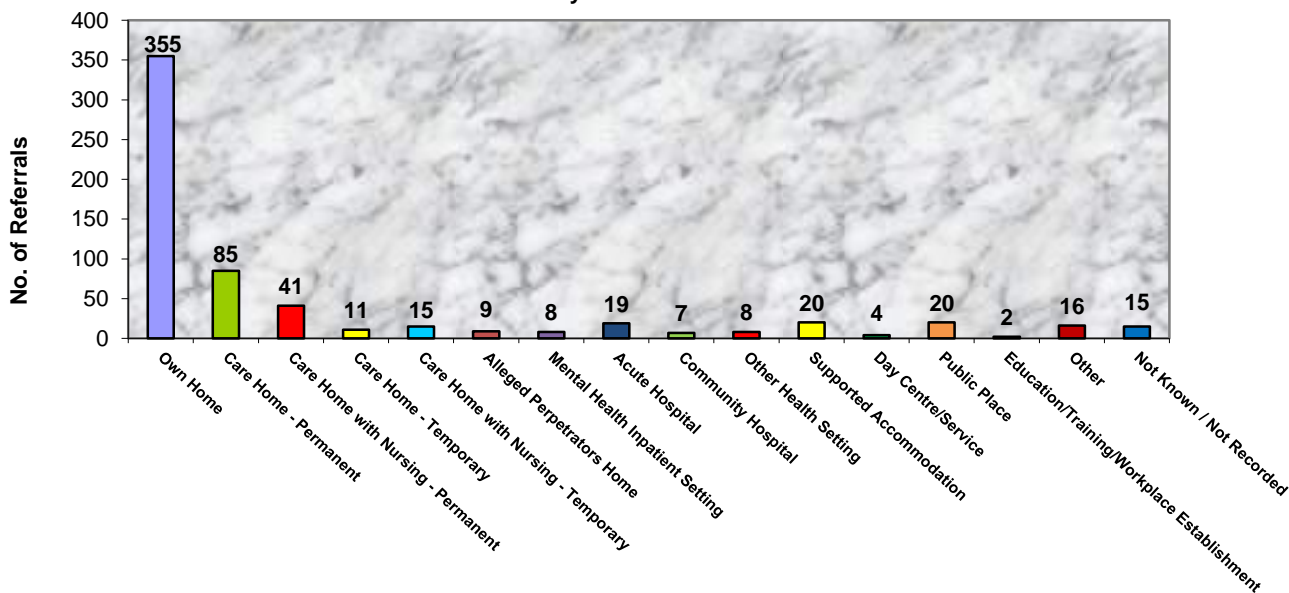
Total No. of Referrals - 620

Safeguarding Adults Referrals 1st April 2013 - 31st March 2014  
Referrals by Client Group



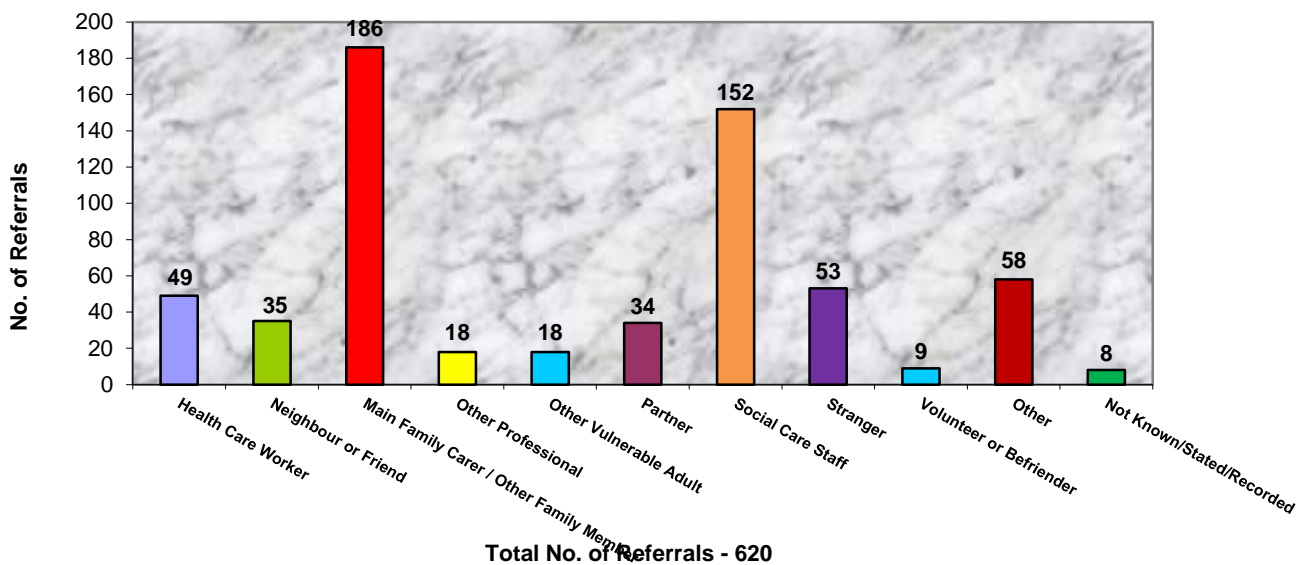
Total No. of Referrals - 620

Safeguarding Adults Referrals 1st April 2013 - 31st March 2014  
Referrals by Location of Abuse



Total No. of Referrals - 620

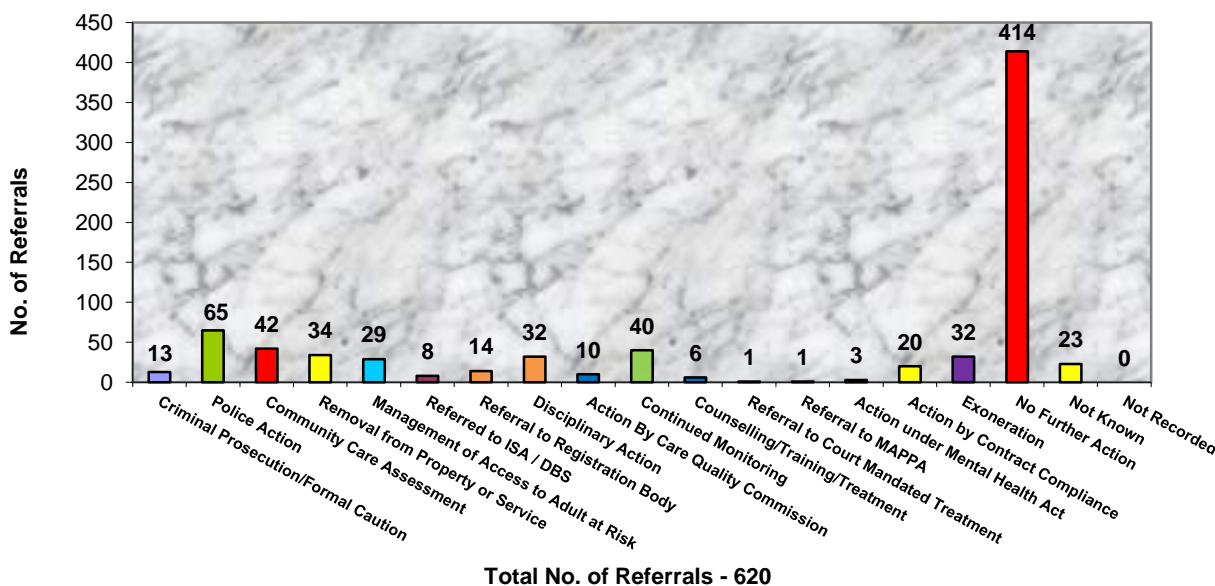
**Safeguarding Adults Referrals 1st April 2013 - 31st March 2014**  
**Referrals by Alleged Perpetrator**



**Safeguarding Adults Referrals 1st April 2013 - 31st March 2014**  
**Outcomes for Alleged Victim**



**Safeguarding Adults Referrals 1st April 2013 - 31st March 2014**  
**Outcomes for Alleged Perpetrator**



Summary sheet		Alerts		Total	Referrals		Total	Repeat Referrals		Total	Completed Referrals		Total
		Female	Male		Female	Male		Female	Male		Female	Male	
18 - 64	Learning Disability	66	80	146	44	42	86	7	4	11	44	41	85
	Physical disability, frailty and sensory impairment	81	60	141	45	34	79	4	5	9	43	35	78
	of which Sensory	8	4	12	7	4	11				7	4	11
	Other Vulnerable People	30	8	38	11	6	17	1		1	10	8	18
	Mental Health	87	61	148	29	23	52		3	3	8	12	20
	of which Dementia	1		1	1		1				1		1
Substance Misuse	4		4	3		3				2		2	
18 - 64		268	209		132	105		12	12		107	93	
65 - 74	Learning Disability	1	3	4	1	3	4		1	1		3	3
	Physical disability, frailty and sensory impairment	61	28	89	45	22	67	3		3	43	24	67
	of which Sensory	4		4	4		4	1		1	2		2
	Other Vulnerable People	3	4	7	2	4	6		2	2	2	3	5
	Mental Health	8	6	14	4	5	9		2	2	2	5	7
	of which Dementia		3	3		1	1						
Substance Misuse		2	2		1	1					1	1	
65 - 74		73	43		52	35		3	5		47	36	
75 - 84	Learning Disability	3	1	4	1	1	2				1	1	2
	Physical disability, frailty and sensory impairment	104	64	168	77	49	126	7	8	15	78	49	127
	of which Sensory	1	6	7	1	6	7		1	1	1	6	7
	Other Vulnerable People	2	2	4	2	2	4				2	2	4
	Mental Health	23	2	25	11	3	14	2		2	10	3	13
	of which Dementia	7	2	9	5		5				5		5
Substance misuse		1	1		1	1					1	1	
75 - 84		132	70		91	56		9	8		91	56	
85+	Physical disability, frailty and sensory impairment	132	59	191	96	44	140	10	4	14	95	40	135
	of which Sensory	6	2	8	6	2	8	1		1	6	2	8
	Mental Health	8	2	10	5	1	6				5		5
	of which Dementia	6		6	5		5				5		5
	Other Vulnerable People	5	2	7	2	1	3				2	1	3
85+		145	63		103	46		10	4		102	41	
Total:		618	385	1003	378	242	620	34	29	63	347	226	573
Total (including Unknowns)		618	390	1008	378	246	624	34	30	64	347	233	582
No Placed by other authority from outside council area		33	43	76	22	26	48	0	5	5	22	27	49
No. known to CASSR at time of alert/referral		418	276	694	281	175	456	27	20	47	283	178	461

Ethnicity		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	
<b>Asian or Asian British</b>	Any other Asian background	26	19	14		59	10	9	9		28	7	5	9		21
	Bangladeshi	2				2	1				1			1	1	2
	Chinese	2			1	3				1	1	1		1	1	2
	Indian	39	19	44	24	126	26	5	30	20	81	24	5	38	22	89
	Pakistani	5	2	5		12	2		5		7	3		5		8
	Sri Lankan		4			4		3			3		3			3
	Asian or Asian British	74	44	63	25	206	39	17	44	21	121	35	13	53	24	125
<b>Not Stated</b>	Did not wish to reply	2		2	2	6			2	1	3			2	2	4
	Form not completed	3	1	1	1	6		1	1	1	3		1	1	1	3
	Not Stated	5	1	3	3	12		1	3	2	6		1	3	3	7
<b>Black or Black British</b>	African	7	7	3	1	18	4	2	2		8	4	2	2		8
	Any other Black background	2	3	2	1	8	1	1	1	1	4		1	1	1	3
	Caribbean	12	10	21	2	45	8	5	16	1	30	5	4	11	1	21
	Form not completed	1				1										
	Black or Black British	22	20	26	4	72	13	8	19	2	42	9	7	14	2	32
<b>White or White British</b>	Any other White background	42	18	27	16	103	16	6	17	15	54	11	4	15	13	43
	Did not wish to reply	1				1	1				1	1				1
	English	84	107	184	119	494	47	64	135	89	335	40	61	128	82	311
	Form not completed			2		2			1		1			1		1
	Irish	14	8	24	10	56	7	5	16	6	34	5	4	15	7	31
	Romanian		1			1										
White or White British	141	134	237	145	657	71	75	169	110	425	57	69	159	102	387	
<b>Mixed background</b>	Any other mixed background	11	3	1	1	16	1			1	2				1	1
	White and Asian			3		3			2	2			2		2	
	White and Black Caribbean	1				1										
	Mixed background	12	3	4	1	20	1		2	1	4			2	1	3
<b>Other Ethnic background</b>	Any other ethnic group	12	7	12	3	34	7	4	8	1	20	5	4	8	1	18
	Indian	1				1	1			1						
				1		1			1		1			1		1
	Other Ethnic background	13	7	13	3	36	8	4	9	1	22	5	4	9	1	19
	Sum:	267	209	346	181	1003	132	105	246	137	620	106	94	240	133	573

Source of Referral

	18 - 64					65+	18+
	Learning Disability Support	Mental Health needs	Physical disability, frailty and sensory impairment	Substance Misuse	Other Vulnerable People		
Care Quality Commission	1		1			2	7
Education/Training/Workplace Establishment	3					3	4
Family member	7	1	5			13	59
Friend/neighbour	1				1	2	14
Health - Mental Health staff ?? Joint Teams	6	32	6			44	53
Health - Primary Health/Community Health staff	8	3	6	1	4	22	84
Health - Secondary Health staff	3	2	2	1	3	11	56
Housing	1					1	7
London Ambulance Service		1	1			2	4
Other (including probation, anonymous, contract staff, MAPA, MARCA)	4	3	7	1	3	18	41
Police	6	1	1		2	10	21
Self Referral	1	1	3			5	8
Social Care - Day Care staff	4		2			6	8
Social Care - Domiciliary staff	4		4			8	26
Social Care - Other	10	2	8		1	21	45
Social Care - Residential Care staff	13	1	14			28	65
Social Care - Self-directed Care staff	2					2	3
Social Care - Social Worker/Care Manager	12	5	19		3	39	115
Sum:	86	52	79	3	17	237	620

Type of alleged abuse	18 - 64		65+		Sum:
	Female	Male	Female	Male	
Discriminatory	2	1			3
Financial and Material	24	22	67	51	164
Institutional	4	3	5	4	16
Neglect and Acts of Omission	28	36	101	60	225
Physical	43	25	67	29	164
Psychological/ Emotional	43	31	63	24	161
Sexual	26	12	4		42
TOTALS	170	130	307	168	775
Number of Episodes with Multiple Abuse	33	21	58	26	135

Nature of alleged abuse	18 - 64						65 - 74				75 - 84				85+ 18+			
	Learning Disability Support	Mental Health needs	Physical disability, frailty and sensory impairment	Other Vulnerable People	Substance misuse	Total												
Discriminatory	1	1	1			3										3		
Financial and Material	21	8	14	3		46	34	42	42	164								
Institutional	4		2	1		7		3	6	16								
Neglect and Acts of Omission	25	10	29			64	25	62	74	225								
Physical	19	14	24	8	3	68	28	35	33	164								
Psychological/ Emotional	26	17	20	9	2	74	28	38	21	161								
Sexual	16	10	9	2	1	38	1	1	2	42								
TOTALS	112	60	99	23	6	300	116	181	178	775								
Number of Episodes with Multiple Abuse	22	5	17	6	4	52	27	32	25	135								

Location of Abuse	18 - 64	65 - 74	75 - 84	85+	Sum:
Acute Hospital	3	2	7	7	19
Community Hospital	1		5	1	7
Day Centre/Service	4				4
Education/ Training/ Workplace Establishm	1			1	2
Home of the Person who is alleged to caus	4	3	2		9
Mental health inpatient setting	8				8
Not known	11	3		1	15
Nursing Care Home - Permanent	9	3	9	20	41
Nursing Care Home - Temporary	3	1	11		15
Other	13	1	1	1	16
Other Health Setting (including Hospice)	2	1	1	4	8
Own home	113	61	89	92	355
Public Place	14		2	4	20
Residential Care Home - Permanent	37	10	17	21	85
Residential Care Home - Temporary	5	1	4	1	11
Supported Accommodation	14	2	3	1	20
Sum:	242	88	151	154	635

Service Type	18 - 64					
	Learning Disability Support	Mental Health needs	Physical disability	Other Vulnerable People	Substance Misuse	Total
Service Commissioned by Harrow	54	39	36	2		131
Service Commissioned by other council	12	2	9			23
Service - self funded			1			1
No Service	18	9	26	13	3	69
Service - funded by Health	2	2	8	1		13
Sum:	86	52	80	16	3	237

65 - 74	75 - 84	85+	18+
40	57	85	313
5	7	1	36
2	12	19	34
39	63	42	213
1	8	2	24
87	147	149	620

**Person alleged to have caused harm**

	18 - 64			65+			Total		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Known - but not related - Other Individual	11	5	16	10	8	18	21	13	34
Known - Community Health Care	2	3	5	4	2	6	6	5	11
Known - Main Family Carer	7	9	16	38	9	47	45	18	63
Known - Neighbour/ Friend	14	5	19	7	9	16	21	14	35
Known - Other Family Member	32	8	40	54	25	79	86	33	119
Known - Other Private Sector	5	8	13	5	4	9	10	12	22
Known - Other Professional	3	1	4	1	4	5	4	5	9
Known - Other Public Sector	1	1	2			0	1	1	2
Known - Other Voluntary		2	2		1	1	0	3	3
Known - Other Vulnerable Adult	6	8	14	3	1	4	9	9	18
Known - Partner	13	3	16	15	3	18	28	6	34
Known - Primary Health Care	3	1	4	7	2	9	10	3	13
Known- Relative/Family Carer	1	1	2	1	1	2	2	2	4
Known - Secondary Health Care	3	2	5	5	3	8	8	5	13
Known - Social Care - Other	3	5	8	3	3	6	6	8	14
Known - Volunteer/ Befriender		1	1	2	1	3	2	2	4
Private Sector - Day Care	1		1			0	1	0	1
Private Sector - Residential Care Staff	8	18	26	29	20	49	37	38	75
Private Sector - Self Directed Support Staff	1	1	2	1	2	3	2	3	5
Public Sector - Day Care		1	1			0	0	1	1
Public Sector - Domiciliary Care Staff	2	3	5	20	8	28	22	11	33
Public Sector - Residential Care Staff	2	1	3	9	8	17	11	9	20
Public Sector - Self Directed Support Staff		1	1			0	0	1	1
Unknown - Community Health Care			0	4	1	5	4	1	5
Unknown - Individual/ Stranger	13	12	25	13	15	28	26	27	53
Unknown - Other Private Sector		1	1	7		7	7	1	8
Unknown - Other Professional		3	3	3	3	6	3	6	9
Unknown - Primary Health Care			0	1	1	2	1	1	2
Unknown - Secondary Health Care		1	1	3	1	4	3	2	5
Unknown - Volunteer/ Befriender			0	1	1	0	1	1	1
Voluntary/ 3rd Sector - Day care	1		1			0	1	0	1
Voluntary/ 3rd Sector - Residential Care Staff			0	1	1	2	1	1	2
<b>Total</b>	<b>132</b>	<b>105</b>	<b>237</b>	<b>246</b>	<b>137</b>	<b>383</b>	<b>378</b>	<b>242</b>	<b>620</b>
<i>of which the alleged perpetrator lives with the vulnerable adult</i>	<i>36</i>	<i>14</i>	<i>50</i>	<i>70</i>	<i>21</i>	<i>91</i>	<i>106</i>	<i>35</i>	<i>141</i>
<i>the alleged perpetrator is the main family Carer</i>	<i>13</i>	<i>15</i>	<i>28</i>	<i>57</i>	<i>18</i>	<i>75</i>	<i>70</i>	<i>33</i>	<i>103</i>

	18 - 64					Total
	Learning	Mental	Physical	Other	Substance	
Known - but not related - Other Individual	7		6		2	16
Known - Community Health Care	1	4				5
Known - Main Family Carer	2	6	7		1	16
Known - Neighbour/ Friend	9	3	4		1	17
Known - Other Family Member	13	6	16		5	40
Known - Other Private Sector	5	2	6			13
Known - Other Professional	2	2				4
Known - Other Public Sector	2					2
Known - Other Voluntary	2					2
Known - Other Vulnerable Adult	5	7	1		1	14
Known - Partner		7	6		3	18
Known - Primary Health Care	1		3			4
Known - Secondary Health Care	1	1	2		1	5
Known - Social Care - Other	7		1			8
Known - Volunteer/ Befriender		1				1
Private Sector - Day Care	1					1
Private Sector - Residential Care Staff	10	1	13		1	25
Private Sector - Self Directed Support Staff	1		1			2
Public Sector - Day Care	1					1
Public Sector - Domiciliary Care Staff	1	1	3			5
Public Sector - Residential Care Staff	3					3
Public Sector - Self Directed Support Staff	1					1
Unknown - Community Health Care						0
Unknown - Individual/ Stranger	7	9			1	25
Unknown - Other Private Sector			1			1
Unknown - Other Professional	1	1	1			3
Unknown - Primary Health Care						0
Unknown - Secondary Health Care			1			1
Unknown - Volunteer/ Befriender						0
Voluntary/ 3rd Sector - Day care	1					1
Voluntary/ 3rd Sector - Residential Care Staff						0
Known - Relative/Family Carer	1	1				2
<b>Total</b>	<b>85</b>	<b>52</b>	<b>80</b>		<b>16</b>	<b>236</b>
<i>of which the alleged perpetrator lives with the vulnerable adult</i>	<i>10</i>	<i>9</i>	<i>23</i>		<i>8</i>	<i>50</i>
<i>the alleged perpetrator is the main family Carer</i>	<i>6</i>	<i>7</i>	<i>15</i>			<i>28</i>

	65 - 74	75 - 84	85+	18+
	4	7	7	33
	1		5	9
	13	16	18	62
	6	6	4	34
	22	37	20	116
	2	3	4	21
	2	2	1	8
				2
			1	3
	1	1	2	18
	8	7	3	30
	1	6	2	13
		2	6	13
		1	5	14
		2	1	4
				1
	7	22	20	73
	2			5
				1
	7	7	14	33
	3	6	6	18
				1
		3	2	5
	6	11	11	52
	1	3	3	8
		2	4	9
		1	1	2
	1	1	2	5
			1	1
				1
		1	1	2
				2
	87	147	149	620
	21	51	19	141
	18	33	24	103



**Case Outcome**

		Inconclusive	Not substantiated	Substantiated - fully	Substantiated - partially	Investigation ceased at individual's request
18 - 64	Learning Disability Support	15	23	24	11	9
	Mental Health needs	8	5	3	2	2
	Other Vulnerable People	3	8	3	1	1
	Physical disability, frailty and sensory impairment	19	20	22	12	7
	Substance Misuse		1			1
	<b>Total</b>	<b>45</b>	<b>57</b>	<b>52</b>	<b>26</b>	<b>20</b>

65 - 74		19	32	11	12	9
75 - 84		27	62	32	11	15
85+		33	65	17	21	7
18+		124	216	112	70	51

		Inconclusive	Not substantiated	Substantiated - fully	Substantiated - partially	Investigation ceased at individual's request
Asian or Asian British	Any other Asian background	4	5	6	4	2
Asian or Asian British	Bangladeshi		1			1
Asian or Asian British	Chinese		2			
Asian or Asian British	Indian	24	38	16	7	4
Asian or Asian British	Pakistani	2	3	2	1	
Asian or Asian British	Sri Lankan	1	2			
Not Stated	Did not wish to reply	1	2	1		
Not Stated	Form not completed		1	2		
Black or Black British	African		5	2	1	
Black or Black British	Any other Black background	1	1		1	
Black or Black British	Caribbean	8	2	7	2	2
White or White British	Any other White background	11	16	5	3	8
White or White British	Did not wish to reply	1				
White or White British	English	62	125	56	44	24
White or White British	Form not completed		1			
White or White British	Irish	5	6	10	4	6
Mixed background	Any other mixed background	1				
Mixed background	White and Asian		1			1
Other Ethnic background	Any other ethnic group	3	5	4	3	3
Other Ethnic background				1		

**Outcome for Adult at Risk**

	18-64					
	Learning	Mental	Other	Physical	Substance	Total
Application of change appointee-ship	1			1		2
Application of Court of Protection				1		1
Community Care Assessment and Services	16	4	3	11		34
Increased Monitoring	24	3	1	14		42
Management of access to finances	4			3		7
Move to increase/different care	7	1	1	9		18
No Further Action (NFA)	34	8	7	36	1	86
Other	23	4	5	11	1	44
Referral to advocacy scheme	2			1		3
Referral to Counselling/Training	4	2	1	3		10
Referral to MARAC		1	2	1	1	5
Restriction or Management of Access of Vulnerable Adult to Alleged Perpetrator	10	1	2	8		21
Review of Self-Directed Support	3			2		5
Vulnerable Adult removed from property or service	3			5		8
Sum of Outcomes	131	24	22	106	3	286

65 - 74	75 - 84	85+	18+
		1	3
	3	1	5
13	27	24	98
16	28	24	110
4	3	7	21
9	7	17	51
47	67	80	280
14	36	21	115
1		1	5
1		1	12
	2	1	8
2	9	2	34
1		4	10
6	13	4	31
114	195	188	783

No. completed referrals leading to serious case review 0

**LBH Acceptance of Protection Plan**

	18-64					
	Learning	Mental Health	Other Vulnerable	Physical disability,	Social Support	Total
No	6	2	3	7		18
No protection plan offered as allegation not substantiated	10	3	2	7		22
Vulnerable Adult was not deemed to have capacity to consent to protection Plan	13			8		21
Yes	53	15	11	58	2	139
Sum	82	20	16	80	2	194

65 - 74	75 - 84	85+	18+
7	10	10	45
15	27	17	81
15	18	27	81
46	92	89	366
83	147	143	573

**Outcome for Person Alleged to Caused Harm**

	18-64					
	Learnin g Disabilit y Support	Mental Health needs	Other Vulnerabl e People	Physical disability, frailty and sensory impairment	Substanc e Misuse	Total
Action by Care Quality Commission	1			2		3
Action by Contract Compliance	4			3		7
Action under the Mental Health Acts 1983 and 2005				1		1
Alleged perpetrator referred to PoVA List/ISA	4					4
Community Care Assessment and services for the alleged perpetrator	6	3		3		12
Continued Monitoring of Alleged Perpetrator	9	1	2	6		18
Counselling/Training/Treatment	3			1		4
Criminal Prosecution/Formal Caution	2		3	3		8
Disciplinary Action against Alleged Perpetrator	10			5		15
Exoneration	6			5		11
Management of access to the Vulnerable Adult by the Perpetrator	5		3	6		14
No Further Action (NFA)	56	12	10	58	1	137
Not known	4	2	1	2		9
Police Action	13	4	6	8	1	32
Referral to Court Mandated Treatment			1			1
Referral to MAPPA						0
Referral to Registration Body	1			2		3
Removal of alleged perpetrator from property or Service	5	2		8		15
Sum of Outcomes	129	24	26	113	2	294

65 - 74	75 - 84	85+	18+
	2	5	10
1	5	7	20
		2	3
	2	2	8
6	14	10	42
5	9	8	40
1		1	6
2	2	1	13
5	5	7	32
7	7	7	32
5	6	4	29
56	117	104	414
5	3	6	23
9	11	13	65
			1
1			1
	4	7	14
3	6	10	34
106	193	194	787

## Deprivation of Liberty Safeguards – statistics 2013 – 2014

	<b>Count</b>	<b>%</b>
<b>Authorisation granted/not granted</b>		
1 Granted	9	64%
0 Not Granted	5	36%
<i>Total</i>	<i>14</i>	<i>100%</i>
<b>Age at case start</b>		
18-64	5	36%
65 and over	9	64%
<i>Total</i>	<i>14</i>	<i>100%</i>
<b>Gender</b>		
1 Male	9	64%
2 Female	5	36%
<i>Total</i>	<i>14</i>	<i>100%</i>
<b>Ethnic Origin</b>		
1 White	12	86%
2 Mixed/Multiple ethnic groups	0	0%
3 Asian/Asian British	0	0%
4 Black/Black British	1	7%
5 Other Ethnic origin	0	0%
6 Not stated	1	7%
7 Undeclared/Not Known	0	0%
<i>Total</i>	<i>14</i>	<i>100%</i>
<b>Sexual Orientation</b>		
1 Heterosexual/Straight	0	0%
2 Gay/Lesbian	0	0%
3 Bisexual	0	0%
4 Undeclared	0	0%
0 Not Known	14	100%
<i>Total</i>	<i>14</i>	<i>100%</i>
<b>Disability</b>		
1 Physical disability: Hearing impairment	1	7%
2 Physical disability: Visual impairment	2	14%
3 Physical disability: Dual sensory loss	0	0%
4 Physical disability: Other	3	21%
5 Mental health needs: Dementia	1	7%
6 Mental health needs: Other	2	14%
7 Learning disability	3	21%
8 Other disability (none of the above)	0	0%
0 No disability	2	14%
<i>Total</i>	<i>14</i>	<i>100%</i>

**Reason not granted – If applicable****Age Requirement**

1 Satisfied	2	40%
2 Not Satisfied	1	20%
0 Not assessed	2	40%
<i>Total</i>	5	100%

**Mental Health Requirement**

1 Satisfied	2	40%
2 Not Satisfied	1	20%
0 Not assessed	2	40%
<i>Total</i>	5	100%

**Mental Capacity Requirement**

1 Satisfied	0	0%
2 Not Satisfied	1	20%
0 Not assessed	4	80%
<i>Total</i>	5	100%

**No Refusals Requirement**

1 Satisfied	1	20%
2 Not Satisfied	1	20%
0 Not assessed	3	60%
<i>Total</i>	5	100%

**Eligibility Requirement**

1 Satisfied	2	40%
2 Not Satisfied	0	0%
0 Not assessed	3	60%
<i>Total</i>	5	100%

**Best Interests Requirement**

1 Satisfied	0	0%
2 Not Satisfied	1	20%
0 Not assessed	4	80%
<i>Total</i>	5	100%

**Death of person**

1 Yes	0	0%
0 No	5	100%
<i>Total</i>	5	100%

**Request accompanied by an 'urgent' authorisation? (Y/N)**

1 Yes	11	79%
0 No	3	21%
<i>Total</i>	14	100%

**Instigator of review**

1	The supervisory body	0	0%
2	The person	0	0%
3	Their representative	0	0%
4	The managing authority	0	0%
<i>Total</i>		<i>0</i>	<i>0%</i>

**Not granted but Best Interests Assessment advises that DoL is occurring (if applicable)**

1	Yes	0	0%
0	No	5	100%
<i>Total</i>		<i>5</i>	<i>100%</i>

**Safeguarding referral status during DoL period**

1	Referral commenced during period	0	0%
2	Referral was active during period	1	11%
3	Referral concluded during the period	0	0%
0	No referral during the period	8	89%
<i>Total</i>		<i>9</i>	<i>100%</i>

## Appendix 2 Training statistics 2013 - 2014

<b>Training Breakdown</b>	<b>2013-14</b>	<b>Cancellations / No Shows</b>	<b>2013-14</b>	<b>% of Booked</b>	<b>% of Cancelled</b>
Harrow Council Internal	177	Harrow Council Internal	62	7%	21%
Health	66	Health	41	4%	14%
Statutory (other)	14	Statutory (other)	6	1%	2%
Private	269	Private	149	16%	49%
Voluntary	94	Voluntary	44	5%	15%
<b>Total:</b>	<b>620</b>	<b>Total Cancelled (formal training)</b>	<b>302</b>	<b>33%</b>	<b>100%</b>

### e-Learning Stats

<b>No. of completed courses</b>	<b>2013-14</b>
Internal completions	16
External completions	185
e-learning completed in GP Surgeries (data from Harrow CCG)	110

<b>SGA Team Briefing Sessions</b>	<b>Nos.</b>
Age UK Volunteers	10
Contract Monitoring Staff	5
Deprivation of Liberty Safeguards (DoLS) Briefings	254
Drug and Alcohol Services	5
Harrow Managers (ASC & others)	58
Members Briefings	12
MIND Volunteers	8
Neighbourhood Champions Conference	220
Provider Forums	74
Royal National Orthopaedic Hospital Staff	15
Stanmore College H&SC Students	30

<b>Good Practice Workshops</b>	
Self Neglect & Hoarding	10
Think Family - Working with Children and Families	50
Safeguarding Adults and the Law	65
Financial Abuse	65
A Safe Place Scheme for Harrow	18
<b>Service User Briefings</b>	
Bentley NRC	20
Byron NRC	20
Kenmore NRC	25
Milmans Service User Briefings	20
MIND Service Users & Volunteers	9
Sheltered Housing Blocks (Various)	20
The Bridge Day Centre (Service User & Carers)	35
Vaughan NRC	20
<b>Carer Briefings</b>	
NVK.org (Older Asian User, Carer and Community Group)	150
<b>GP / Doctor / Medical Centres</b>	
Belmont Health Centre	8
GP Surgeries (Clinical & Non-Clinical Staff)	4
GUM Clinic	15
<b>Total Attending</b>	<b>2176</b>



## Appendix 3

## 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 4

### LSAB Membership (as at 31<sup>st</sup> March 2014)

LSAB Member	Designation/Organisation
Samuel Abdullahi	Brent and Harrow Trading Standards
Jane Bennie	Lead Nurse for safeguarding – Harrow Clinical Commissioning Group (CCG)
Paul Bushell	London Ambulance Service
Toni Burke	Head of Resident Services, Harrow Council Housing Department
Richard Claydon	Borough Commander, London Fire Service
Mike Coker	Carer Support - Harrow
Kim Cox	Service Director Harrow, CNWL Mental Health NHS Foundation Trust
Cllr Margaret Davine	Shadow Portfolio Holder – Harrow Council
Bernie Flaherty (Chair)	Director Adult Social Services, Harrow Council
Mark Gillham	Chief Executive - Mind in Harrow
Lawrence Gould	GP and CCG clinical representative
Sherin Hart	Care Home Provider representative
Maureen Hodges	Department of Work and Pensions
Sandra Husbands	Harrow Public Health Department
Patrick Laffey	Ealing Hospitals Trust (Harrow Provider Organisation)
Bridget Jansen	Deputy Director of Nursing – North West London Hospitals Trust
Luisa Orlandi	Safeguarding lead – RNOH
Cllr Barry MacLeod-Cullinane	Elected Councillor and Portfolio holder for adult social care and health – Harrow Council
Elisabeth Major	LSCB Senior Professional

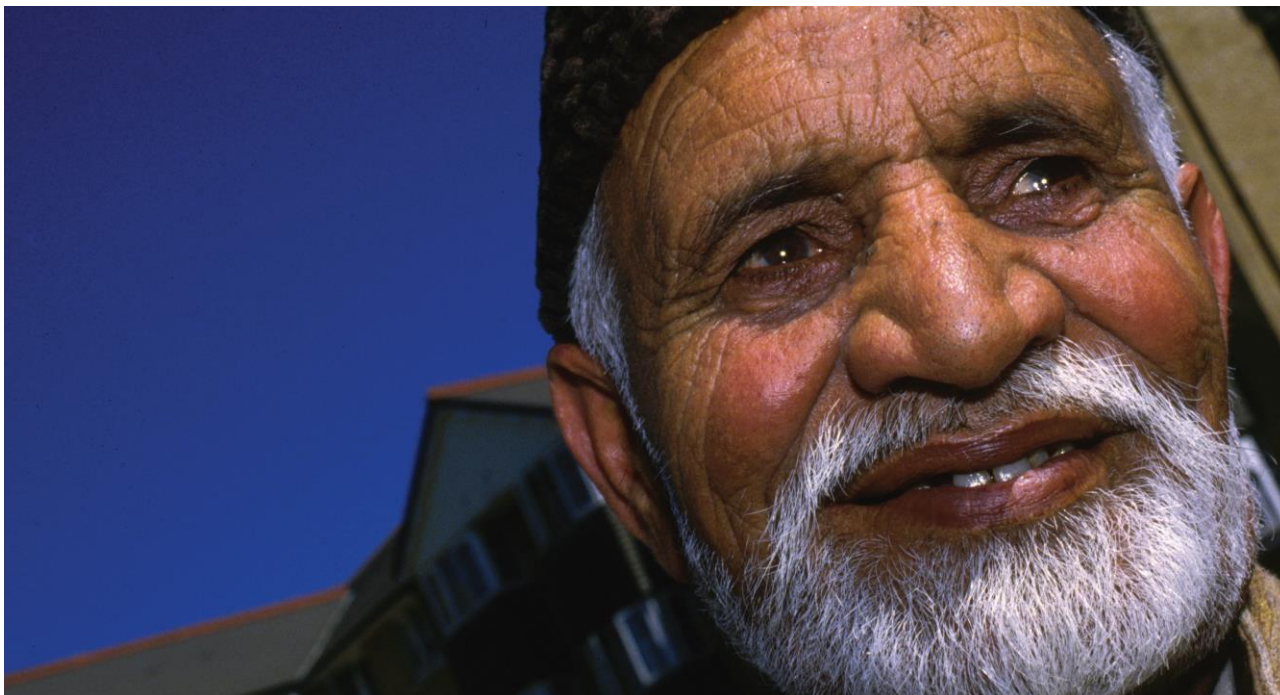
DCI Peter Stride	Metropolitan Police – Harrow
Avani Modasia	Chief Executive – Age UK Harrow
Deven Pillay	Chief Executive - Harrow Mencap
Visva Sathasivam	Assistant Director, Adult Social Care, Harrow Council
Rebecca Wellburn	Deputy Chief Operating Officer, Harrow Clinical Commissioning Group (CCG)
Georgina Wood	Direct Payments Support Scheme Manager & Acting Advocacy Manager, Harrow Association of Disabled People
<b>In attendance</b>	
Ian Brandon	Care Quality Commission
Jaswant Gohil	Healthwatch Harrow
<b>Officers supporting the work of the LSAB</b>	
Sue Spurlock	Manager Safeguarding Adults and DoLS Services – Harrow Council
Seamus Doherty	Safeguarding Adults Co-ordinator - Harrow Council

## Appendix 5

## Harrow LSAB Attendance Record 2012/2013

Organisation	9/9/13	28/6/13	9/12/13	11/3/14	Total meetings attended
Brent and Harrow Trading Standards	x	x	x	x	0
Harrow Council - Housing Department	✓	✓	✓	x	3
London Ambulance Service	✓	✓	x	x	1
London Fire Service	✓	✓	✓	✓	4
Carer Support – Harrow	x	x	x	x	0
Harrow Council - Adult Social Services	✓	✓	✓	✓	4
Harrow Council - elected portfolio holder	✓	✓	x	✓	3
Harrow Council - shadow portfolio holder	✓	x	✓	x	2
Mind in Harrow	✓	✓	x	✓	3
NHS Harrow (Harrow CCG)	✓	✓	✓	✓	4
Ealing Hospitals Trust (Harrow Provider Organisation)	x	✓	✓	x	2
North West London Hospitals Trust	✓	✓	✓	✓	4

Harrow CCG – clinician	✓	x	✓	✓	3
Local Safeguarding Children Board (LSCB)	x	✓	x	✓	2
Royal National Orthopaedic Hospital	x	✓	✓	✓	3
Metropolitan Police – Harrow	✓	✓	✓	x	3
Age UK Harrow	x	✓	✓	x	2
Harrow Mencap	✓	✓	✓	✓	4
CNWL	✓	✓	✓	✓	4
Harrow Association of Disabled People	x	x	x	x	0
Private sector provider representative (elected June 2013)	x	x	✓	x	1
Public Health	x	✓	x	x	1
Department of Work and Pensions	x	✓	✓	x	2
<b>In attendance</b>					
Care Quality Commission (CQC)	x	✓	x	x	1
Healthwatch Harrow	x	✓	x	x	1
Safeguarding Adults Service – to support the Board	✓	✓	✓	✓	4



## **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](http://www.harrow.gov.uk/safeguardingadults)

If you would like information or advice (including how to access the multi-agency training programme) the Safeguarding Adults Service can be contacted on the telephone number below or via e-mail at:

[safeguarding.adults@harrow.gov.uk](mailto:safeguarding.adults@harrow.gov.uk)

If you are concerned about an adult that might be at risk of harm and want to make a referral, this can be done through Access Harrow on: 020 8901 2680 (e-mail: [ahadultsservices@harrow.gov.uk](mailto:ahadultsservices@harrow.gov.uk))

Any enquiries about the Deprivation of Liberty Safeguards (DoLS) including requests for authorisations can be e-mailed to:

[DOLS@harrow.gov.uk](mailto:DOLS@harrow.gov.uk)

DoLS requests can also be sent to the safe haven fax: 020 8416 8269.

The address for written correspondence (to either Access Harrow or the Safeguarding Adults and DoLS Service) is:

Civic Centre  
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](mailto:safeguarding.adults@harrow.gov.uk)

web: [www.harrow.gov.uk/safeguardingadults](http://www.harrow.gov.uk/safeguardingadults)