Harrow COUNCIL LONDON

& our Partners,

Committed to Safeguarding Adults

Harrow Local Safeguarding Adults Board (LSAB)

Annual Report

2014/2015

Harrow COUNCIL LONDON

in partnership with:

HAD Harrow Association of Disabled people

mind For better mental health

Harrow mencap Providing opportunity : promoting change

harrow carers supporting family & friends

Royal National Orthopaedic Hospital NHS Trust

The North West London Hospitals NHS Trust

Central and North West London NHS Foundation Trust

London Ambulance Service NHS Trust

Ealing Hospital NHS Trust

Harrow Community Services NHS Harrow

Harrow age UK

LFB LONDON FIRE BRIGADE

METROPOLITAN POLICE Working together for a safer London

Local Safeguarding Children Board

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Foreword

This is the 8th 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 (2014/15) and highlights the priorities for 2015/16.

Last year the LSAB built on the work done for the Peer Review by signing up for the national "Making Safeguarding Personal" (MSP) project. This work aims to ensure that users determine early on what they want from the safeguarding process and that we check with them throughout that they are as in control as they want to be. There is more information about MSP in this report and the LSAB will be checking that the agreed actions are progressed, so that even better outcomes can be achieved for service users.

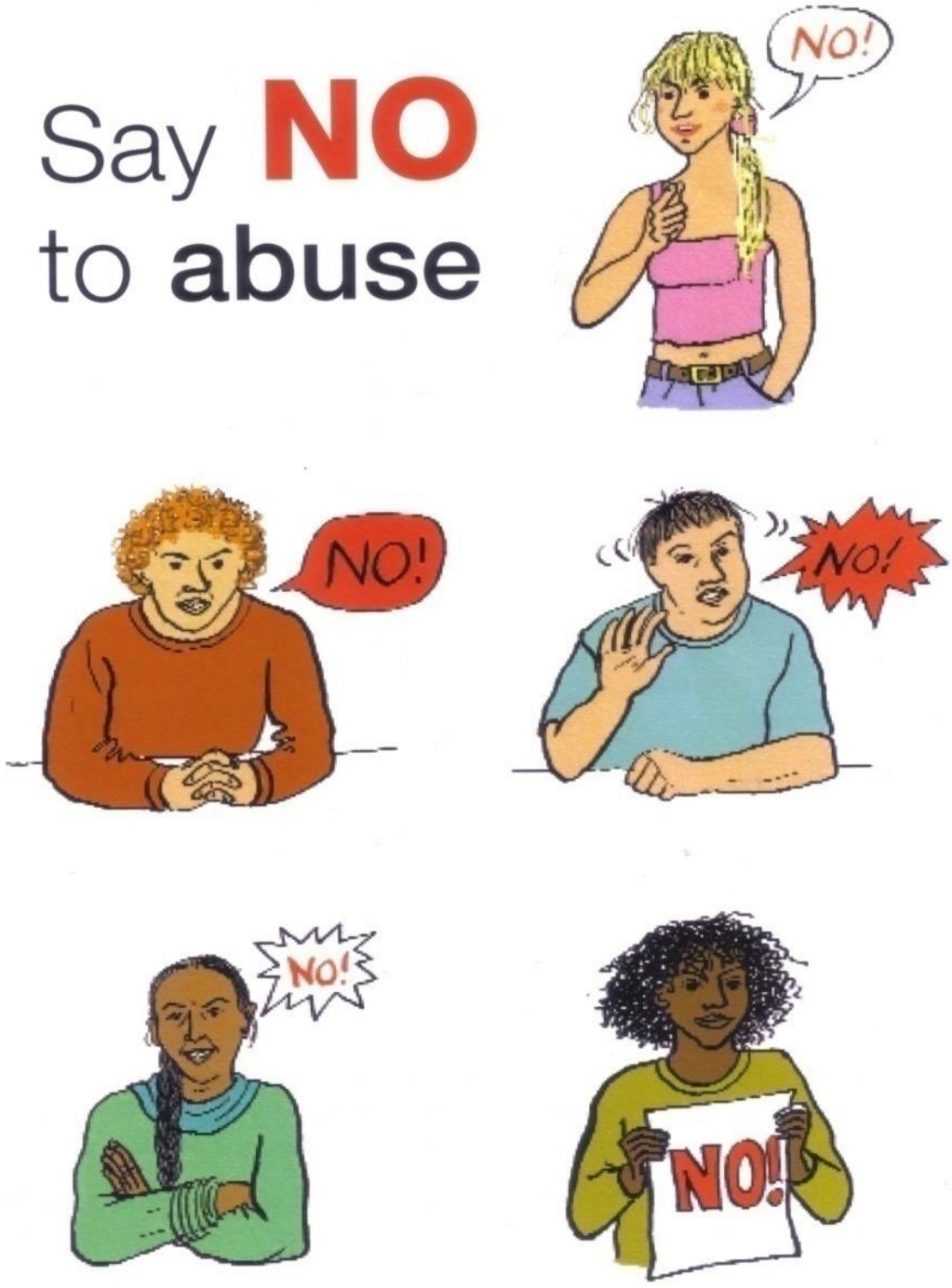
By the time this report is published the Care Act 2014 will have been introduced. One of its key requirements is that there is a local safeguarding adults board and it now has statutory status bringing it more in line with the equivalent Board in Children's Services. A summary of the Care Act requirements and the good progress already made in Harrow is covered later in this report.

There was a lot of excellent work done last year on the priorities that the LSAB had agreed were important. For example: we have run some more multi-agency best practice forums for staff, including an innovative event with the Local Safeguarding Children's Board and the RSPCA looking at the links between child/adult abuse and animal cruelty. The newsletter from the LSAB covered a very wide range of topics and discussion ideas and I hope that you continue to find it informative. We trained even more staff than in previous years and once again received a rise in alerts from people concerned that a vulnerable adult may be at risk of harm. 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 section 4) and trust you agree once you have read it.

Key priorities for the LSAB in the coming year include: a focus on self neglect now that it comes under the umbrella of safeguarding; learning about the new areas the Board is now responsible for e.g. modern slavery; and more prevention activities for the wider public. 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)



"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

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 2014/2015. It also looks ahead to the Board's priorities for 2015/16, including any that ensure the requirements of the Care Act 2014 are addressed.

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 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. The list of members (as at March 31st 2015) is at Appendix 5, with their attendance record at Appendix 6.

1.2 LSAB Accountability

Under the Care Act 2014 the local Safeguarding Adults Board has 3 core duties. It **must**:

i. publish a strategic plan for each financial year

- the Harrow LSAB has a 3 year strategic plan for 2014 – 2017

ii. publish an annual report

- Harrow LSAB's 7th Annual Report (for 2013/2014) was presented to the Council's Scrutiny Committee in July 2014. This 8th report for 2014/2015 will go to a Scrutiny meeting on October 26th 2015 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

iii. conduct any Safeguarding Adults Reviews (SARs)

- these will be carried out as required

iv. have the following organisations on the Board – the Council; the local NHS Clinical Commissioning Group (CCG) and the chief officer of Police

- the membership of Harrow's LSAB (as at 31st March 2015) is shown in Appendix 5 and their attendance record is shown at Appendix 6

1.3 "Pan-London" Procedures

In common with all London boroughs, the Harrow LSAB (and therefore all staff in its constituent organisations) is 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. These procedures were followed last year and when the new set of Care Act compliant procedures are issued will be formally adopted by the LSAB.

1.4 Care Act 2014

Requirements under the Care Act replace the "No Secrets" guidance. The Harrow LSAB has considered its responsibilities under this legislation at two business meetings (see section 2.1 below) and the resulting actions are covered in section 5 – referenced as "CA".

1.5 A review of findings from the 2013-14 (NHS) Safeguarding Adults at Risk Audit Tool – self assessment as carried out by London Safeguarding Adults Boards

The Harrow LSAB considered this process at all its Business meetings last year. Recommendations specifically for Safeguarding Adults Board (SABs) were as follows:

- SABs should take account of findings and benchmark their own work against other London SABs to see where they might learn from others
- local partnerships should identify mechanisms for analysing information to assist early identification of safeguarding issues
- SABs should ensure lessons learnt from serious incidents and safeguarding adults reviews are disseminated
- to ensure information on adult safeguarding is accessible to all parts of the community recognising diversity
- to make use of the "Making Safeguarding Personal" resources to achieve an outcome focus

All these points are being addressed by the Board (see section 5).

"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 2014/2015

Section 2 – LSAB work programme 2014/2015

2.1 Harrow LSAB business meetings – work areas covered

The LSAB met on 4 occasions in 2014/2015 – three Business Meetings and an Annual Review/Business Planning Day. The following table lists the main 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 Communications Policy); some were for information/discussion (e.g. user views from the Keep Safe event); others were aimed at Board development (e.g. the Human Trafficking presentation), and there were also specific items providing challenge to the Board (e.g. user input to the annual review/business planning day). Some items (e.g. the Care Act implications and the NHS audit tool) were discussed at more than one meeting.

Prevention and Community Engagement

- User Engagement - feedback on progress with the Harrow Safe Place Scheme development and from the "Keep Safe" event held at Choices For All in December 2014 (item for information)
- Peer Review action plan – update on the Mystery Shopping exercise (item for information and decision)
- "Safeguarding is all about us" – user input to annual review/business planning day (item for challenge)
- Pressure sores – prevalence concerns and links to safeguarding adults (item for discussion)
- World Elder Abuse Awareness Day 2014 in Harrow – local arrangements agreed (item for decision)
- "Who is at risk" – fire prevention for vulnerable adults (item for information)
- Budget cuts and any impact on vulnerable people – (item for challenge)
- LSAB Communication Policy – agreed (item for decision)

Training and Workforce Development

- LSAB Training programme for 2015/2016
  (item for information and decision)
- Feedback from Best Practice Forums e.g. “recognising the links” jointly with the LSCB and RSPCA in October 2014 (item for information)
- FGM – issues for the LSAB – for information (item for information and Board development)
- “Human Trafficking - Safeguarding Adults and Children (item for information and Board development)
- Personalisation and Safeguarding Adults (item for information and Board development)

Quality and Performance Review

- Peer Review action plan monitoring (item for decision)
- Quality assurance framework for safeguarding adults’ work (standing item)
- File audits – confirmation of each Board member organisation’s audit processes (item for information)
- Quarterly statistics – discussed and findings used by the LSAB to inform changes to the training programme and local practice (standing item)
- CNWL response to CQC review and update on new inspection approach (item for information)
- NHS audit tool for safeguarding adults – update (item for information)
- Pressure sores – update on NW London project (item for information)

Policies and Procedures/Governance

- LSAB Strategic Plan 2014/17– exception reports (item for discussion)
- The LSAB Annual Report 2013/2014 - discussed and formally signed off (item for decision)
- NHS self assessment framework for safeguarding adults and new audit tool (item for information)
- DBS checks for Councillors agreed by Council 12th June 2014
  (item for information)

- Care Act 2014 – implications for safeguarding adults – recommendations/actions agreed (item for discussion and decision)
- Making Safeguarding Personal – action plan agreed (item for discussion and decision)
- NHS duties of candour and escalation (item for information)
- Metropolitan Police information sharing agreement (item for discussion)
- Escalation of concerns protocol (item for decision)

Joint work with the Local Safeguarding Children's Board (LSCB)

- LSCB independent audit (item for information)
- LSCB Annual Report (item for information)
- Special Education Needs Reforms (item for information)
- Joint Protocol between the LSAB and LSCB – agreed (item for decision)
- Child Sexual exploitation – LSCB feedback (item for information)

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 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 full sets of statistical information for safeguarding adults and DoLS services in 2014/15 are at Appendix 1.

Headline messages – safeguarding adults

Previous annual reports have compared Harrow's performance against the national figures. However with the introduction of the new data set (the SAR – Safeguarding Adults Return), this opportunity has reduced – the level of detail is significantly less, reducing the usefulness of the comparison and the first year was experimental and therefore potentially unreliable.

This section therefore provides the Harrow position last year with commentary based on the last set of national data and local intelligence:

- 1,227 alerts compared to 1003 in 2013/14, represented a growth of 22% locally. A growth in number remains positive and suggests that briefing sessions, publicity and training events are being successful in raising awareness of the issues
- 51% of Harrow alerts were taken forward as referrals (629 referrals), compared to 62% in 2013/14. It is difficult to be sure what percentage of alerts should meet the threshold for investigation although it certainly would not be 100%. Given the high increase in alerts it is possible that quite a significant percentage are dealt with by other means e.g. information/advice, care management or "root cause analysis" for pressure sores. 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 increased slightly from 10% in 2013/14 to 18% in 2014/15. The last known national figure was 18%, so Harrow is now in line with other boroughs. 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. The most recent independent file audit (for cases completed between September 2014 and March 2015) looked at repeat referrals and with one exception found that they were all for a new concern, which is reassuring
- completed referrals in Harrow (88%) are now in line with the last available national figure of 81%. The safeguarding adults team in the Council tracks cases very carefully to ensure that there is no "drift", however the introduction of Making Safeguarding Personal has slowed down the timescales because the user is in control of dates and venues for meetings etc
- in Harrow the female: male referral ratio at the end of 2014/15 was 65:35 which is very close to the last known national position of 61:39
- referrals for older people decreased slightly from 383 in 2013/14 to 363 in 2014/15, even so they remain the highest "at risk" group

- for adults with a physical disability the figure in Harrow last year was 53% compared to 66% in 2013/14. As indicated in last year's annual report 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 last national figure was 51%, so Harrow is now closer to that position
- mental health referrals increased slightly from 81 (13%) in 2013/14 to 103 (16%). This is still some distance away from the last national figure of 24%. Given that the main hospital site is located in Brent, it is possible that more in-patient statistics are counted in their data than in those generated by Harrow
- in Harrow the referral figure for people with a learning disability in 2014/15 was very slightly lower at 14% (88 cases) compared to 15% in 2013/2014. This remains lower than the last available national figure of 19%
- it is pleasing to note that the alerts from "BME" communities rose last year to 46% from 34% in 2013/14 – which is much more in line with the makeup of the Harrow population. The referral figure was 44% which is also positive, as it suggests that a proportionate number of alerts are progressed and people from "minority" communities are not being disproportionately closed before the investigation stage
- statistics showing where the abuse took place in Harrow remain broadly similar to 2013/14, with the highest percentage being in the service user's own home (61%) and 21% in care homes (long term and temporary placements). It is positive that last year's slight reduction in referrals from care homes has been sustained and at the time of writing this report there are no homes where a formal embargo is in place. Figures in other settings remain small e.g. 2% in an acute hospital (13 cases) and 5% in supported accommodation (30 cases)
- allegations of physical abuse (28%) and neglect (at 23%) were the most common referral reasons last year. The slight reduction in neglect cases (29% in 2013/14) is likely to be due to a different approach taken last year with pressure sores i.e. a root cause analysis being completed by NHS staff before a decision about the need for a safeguarding investigation was taken
- financial abuse (20%) and emotional/psychological abuse (22%) are the other significant figures which have each reduced by one percentage point
- in Harrow, social care staff e.g. "domiciliary care workers" (20%); "other family members" (30%) and "partner" (8%) were the most commonly alleged persons causing harm – these figures being very similar to those in 2013/14

- given the numbers of training and briefing sessions undertaken in recent years, it is always interesting to look at the source of alerts and this is the first time (following a request from the LSAB) that year on year comparison has been possible. Last year (as in the previous year) the highest number (20%) were from social workers/care managers. The other sources were: primary health care staff (12% - a small reduction on 2013/14); residential care staff (8% - also a small reduction on 2013/14); family (9% - a 1% reduction on 2013/14); secondary health care staff (16% - a 7% increase on 2013/14); mental health staff (1% - an 8% reduction); Police (5% - a 2% increase) and family/friend/neighbour (10% - a 2% reduction)
- outcomes in Harrow for the person alleged to have caused harm in relation to criminal prosecutions/Police action compared to the 2013/14 statistics of 10% have improved again slightly in 2014/15 to 12%. This indicates that the focus given to this area by the safeguarding adults team supported by the Police is positive, however progress is slow and work will need to continue in 2015/16
- outcomes for the adult at risk remain similar to previous years with the highest statistic being "no further action" at 23%. The other outcome areas include: increased monitoring (12%); community care assessment and services (12%); management of access to perpetrator (6%); moved to different services (5%); referral to MARAC (2%); referral to advocacy (2%); referral to counselling or training (2%); management of access to finances (2%); application to Court of Protection (1%). All figures are broadly similar to 2013/14, with the exception of a significant reduction in "no further action" which suggests that more creative outcomes are being identified for victims

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Headline messages - Deprivation of Liberty Safeguards (DOLS)

This is the third year that the LSAB Annual Report has included a full set of statistics for use of the 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 384 requests for authorisations last year (an increase of 370 on the previous year) of which 304 were granted. The very large increase followed the "Cheshire West" Supreme Court ruling in March 2014 which significantly changed the criteria requiring that any individuals meeting the "acid test" be assessed. There were 16 requests from hospitals compared to 5 in 2013/14.

It is now the case that anyone living in a care home or hospital without the mental capacity to consent to reside there and receive the care/support/treatment they may need, could be eligible for a DoLS authorisation.

Summary/Actions Required

In the majority of the performance statistics above, the Harrow position mirrors the last available national data and/or is broadly in line with the 2013/14 position. In some important areas e.g. Police action/criminal prosecutions; mental health referrals and alerts/referrals from BME communities, there was some improvement. Given that these were areas prioritised by the LSAB for 2014/15 this is a very positive outcome.

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

2.3 LSAB Resources

As at 31st March 2015, 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 meetings, facilitating staff release for training etc, are borne by the individual organisations.

"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 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 Central and North West London Mental Health Trust (CNWL)

CNWL has continued to implement and develop strategies in relation to safeguarding which reflect its core values of:

- A strong user voice and empowerment, safety, respect and personal recovery.

  This year there has been a strong message from CNWL's safeguarding board to prioritise personalised approaches to safeguarding and the development of strategic partnerships with LSAB's. The appointment of a Harrow Borough Director with more local power including attendance at the Board reflects CNWL's emphasis on strategic partnerships and the priority given to safeguarding within the organisation.

Progress on Priorities for Prevention and Community Engagement

- the main initiatives in the Trust during 2014/15 has been around the Crisis Concordat and the Prevent agenda
- the Crisis Concordat has set a framework for work with other agencies particularly the emergency services
- it has put in place a framework to facilitate and improve understanding and liaison with the police. It gives a clear framework for mental health to work with the police on crime prevention initiatives
- the concordat also looks at the relationships with the fire services. There have been local meetings in Harrow to ensure the fire safety messages get through to mental health service users and to raise awareness amongst mental health service users of the availability of freely installed fire alarms from the local fire services. This included reminding service users that the service was not just for older people but for adults with long term mental health conditions
- CNWL safeguarding initiatives include implementation of the prevent agenda and a Trustwide programme of training and awareness has been undertaken in 2014/15

Outcomes For Training and Workforce Development

- the Trust has mandatory safeguarding adults training for all staff
- initiatives on sharing of information with other agencies to ensure awareness through the Trust of the policies to ensure relevant information including safeguarding concerns and the definition of "need to know" is fully disseminated

- improved supervision and support mechanisms for staff who whistle blow
- all job descriptions clearly identify staff's responsibilities in safeguarding adults at risk.
- the Trust training plan includes a full range of safeguarding adults training including investigator and safeguarding adult's manager training.

Outcomes For Quality and Performance Review

- during 2014/15 the Trust implemented the policy of recording all adults safeguarding incidents on Datix – the Trusts incident reporting system. This puts adult safeguarding on the same footing as other incidents. It gives a clearer recording system and improves the ability of the organisation to track and monitor safeguarding incidents.
- internal random auditing has continued throughout the year
- a mystery shopping exercise was undertaken. This identified some gaps in the response of first contact and admin staff knowledge which has led to a programme of training which has just been completed
- locally we are mid way through our first external audit and are awaiting the results
- figures for safeguarding activity in mental health services remain below the national average
- this is partly related to recording challenges with JADE system
- the use of Datix will improve this and it is expected using Datix will overcome these issues

Outcomes For Policy Procedures and Governance

- Ann Sheridan, CNWL Safeguarding Lead has confirmed the Harrow LSCB report was presented to the Trust at board level
- the Trust Head of Social Work and Social Care reports on safeguarding to the board. The Trust also has a named doctor
- the Trust hold a quarterly adult safeguarding group with strategic and partner agency representation to review and oversee the implementation within the Trust of local and national guidance. The meeting also looks at trends, reviews complex case work issues and shares lessons learnt from incidents and reviews
- with the CNWL restructure into divisions, Jameson Division also has a Safeguarding meeting
- locally the Borough director has safeguarding as a standard agenda item on the monthly Senior Management Team meetings
- safeguarding is integrated into the quality monitoring procedures and reviews of complaints and incidents with a recently established separate meeting to look at any emerging themes

Outcomes for Joint work with the LSCB

- the social work lead, Mark Hall-Pearson (Senior Professional Lead) represents the local services on the LSCB/LSAB sub group. Catherine Knights represents the Trust at a strategic level at that meeting
- Mental Health services are represented on the LSCB Quality Assurance sub group and are part of their audit processes
- the outcome of this audit process is fed into the monthly senior management team meetings
- regular supervision sessions are held on child protection matters with input from CAMHS colleagues
- during the last year staff have attended “think family training”

Priorities

- personalisation of the safeguarding process
- implement the outcomes of the safeguarding audit
- further development of the Prevent agenda
- evaluate the impact of recording of safeguarding adults incidents on the Datix system and its impact on numbers
- reflect on the low number of referrals and identify strategies for ensuring all safeguarding matters are picked up
- review the implementation of DOLS and MCA. To ensure practice reflects the law

3.2 Harrow Mencap

Harrow Mencap continues to support a zero tolerance approach to safeguarding and feels the best way to show its commitment is to actively promote the rights of people with learning disabilities and work in partnership with all agencies and individuals to raise awareness.

Outcomes for Prevention and community Development

- with our partners in Brent Mencap we have delivered a series of workshops on Hate Crime to people who use our services
- provided advocacy support for 20 individuals who were subject to safeguarding alerts ensuring their voice was heard in the process of protecting them.
- provided staying safe workshops for young people (aged 18-25) with learning disabilities
- as part of our partnership with other NWL Mencaps we have delivered quality checks on services for older and disabled people and have worked with providers on what we have found

Outcomes for Training and Workforce Development

- 4 members of staff undertook Safeguarding “Train the Trainer” training this enabled us to ensure all staff have basic awareness and refresher training
- 3 Members of staff have undertaken “ safeguarding lead training”
- all Staff receive basic awareness training as part of their induction
- safeguarding is discussed at every team meeting
- safeguarding incidents are critically reviewed so staff can learn from the process

Outcomes for Quality and Performance Review

- we have increased numbers of safeguarding leads to four to ensure all staff have access to a safeguarding lead when required
- safeguarding leads meet regularly to review incidents and response to incident so any barriers are identified and addressed

Outcomes for Governance

- safeguarding is on agenda for every board meeting so the board are aware of any issues
- we have appointed a trustee with responsibility for safeguarding

Priorities for 2015-16

- ensure that all staff are aware of their responsibilities under the Care Act (2014)
- continue to work with people with learning disabilities on what being safe means to them and how to keep safe
- to continue to campaign to ensure that the rights of people with learning disabilities are upheld

3.3 MIND in Harrow

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

Outcomes for Prevention and Community Engagement

- 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
- promoted safeguarding prevention by raising during the Council’s Take Part consultation the impact if all funding or substantial funding is cut to the voluntary sector organisations, including our representation on LSAB

Outcomes for Training and Workforce Development:

- increased our staff awareness of safeguarding 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 procedures through training delivered by the Harrow Safeguarding Team/Freelance trainer three times a year.
- increased staff awareness of the new requirements of the Care Act 2014 by staff attendance at Council training in early 2015.

Outcomes for 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 2014-15, the Harrow LSAB away day in 2014 and Mind in Harrow representation at user engagement and governance LSAB subgroup meetings.
- contributed to partner quality assurance through Mind in Harrow User Involvement Project coordinating with Harrow Safeguarding team to conduct a 'Mystery Shopping' exercise with CNWL mental health community teams in the autumn of 2014, which has resulted in learning.

Outcomes for Policies and Procedures/Governance:

- improved Child Protection Policy through our annual review, incorporating guidance on identifying children at risk of exploitation.
- improved our Safeguarding Adults at Risk Policy by incorporating an explanation of the new Care Act 2014 requirements for safeguarding adults at risk and the new Prevent legislation.
- improved our Board of Trustees awareness of current local safeguarding issues through our Chief Executive's presentation of LSAB Annual Report 2013-14 of performance and planned actions 2014-15 to our October 2014 Board meeting.

Outcomes for joint work with the LSCB ("think family"):

- increased our staff awareness of safeguarding procedures by our policy that all new senior staff and casework staff are required to undertake Harrow Council introduction to safeguarding children training session.
- improved our management knowledge of current good practice through our Chief Executive and Finance & Operations Manager attending the Harrow Council 'Safer Recruitment' training day in June 2014.
- encouraged improved coordination between Harrow adult mental health safeguarding service lead and child protection services for situations raised with us where the alleged perpetrator is someone experiencing mental health problems.

Priorities for 2015/2016:

In addition to continuation of Mind in Harrow's actions and outcomes for 2014-15:

- contribute to partner quality assurance through Mind in Harrow User Involvement Project coordinating with Harrow Safeguarding team to conduct a second 'Mystery Shopping' exercise with CNWL mental health community teams.
- continue to feedback our learning from safeguarding alerts raised via Section 75 Agreement with CNWL NHS Foundation Trust for people experiencing mental health problems.

3.4 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.

Outcomes for Prevention and Community Engagement

- WEAAD: 16th June 2014

On this day, Age UK Harrow organised outreach in the following places:- Tesco, Libraries, Red Brick Café, St Georges Shopping Centre, Northwick surgery, Enderley Road clinic, Wealdstone clinic, Thomas Hewlett house, Watkins House, Milmans Centre, Princess Alexandra Home, Civic Centre, Knights Court Nursing Home, Harrow Weald Park, Swaminarayan Temple Stanmore, Stanmore Synagogue, Northwick Park Hospital - all wards.

Staff and volunteers gave out information on elder abuse awareness and how to report it. The feedback we got was fantastic as we reached out to more people by being out on the ground giving out information. Age UK Harrow had closed the office on the day to enable all staff and volunteers to take part in raising awareness about elder abuse.

- on-going articles on safeguarding in the newsletter to remind members about various abuse

Outcomes for Quality and Performance Review

- 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

- all staff now more aware of procedures internally on reporting safeguarding issues. Made 4 direct safeguarding referrals

Outcomes for Policies and Procedures/Governance

- Local Safeguarding Adults Board is standing agenda item at AUKH Board meetings
- as a result of incident introduced procedures to rotate volunteers on an annual basis for our befriending service
- we have continued to implement pan London Procedures
- worked to ensure production of the LSAB Annual Report

Outcomes for Training and Workforce Development

- staff continue to attend basic awareness course. Refresher training is also attended where appropriate. New dates are also being awaited for new staff
- 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. 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
- accessed training on Introduction to Safeguarding/ Child Protection for the Community, Voluntary and Faith groups

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 10th 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 Healthwatch in drawing up a plan to do enter an view sessions and thus raise awareness about safeguarding

3.5 Harrow Police

Outcomes for Prevention and Engagement

Harrow police will continue to support are vulnerable members of the community in particular

- staffing and support to the MASH
- enhanced service to those who are victims of crime including re-assurance visits when they are victims of crime and subsequent re-visits as part of a welfare checking activity
- continue a positive arrest policy for those committing crime in this area
- daily review of crimes with a focus upon Domestic Abuse Racial, Homophobic and Elder crime
- engagement with Partner activities including Secure street days of action

Outcomes for training and Workforce Development

The police will continue train its staff in awareness of vulnerable adults in the community. These include corporate training, delivered in house and also supporting training rolled out by partners to raise awareness of roles, responsibilities and available services provided by partners.

Outcomes for Quality and Performance review

The MPS has rolled out several training packages detailing minimum standards expected when engaging with elderly victims and those suffering MH characteristics. The implementation of this training is routinely tested when dip-sampling police investigation and performance. Financial abuse now falls under the definition of Domestic Abuse and these matters are dealt with by the polices' Community Safety Unit. This allows particular engagement with out financial investigation unit and thus is taken extremely seriously with a wide range of partner agency activity

Outcomes and Policies and Procedure/Governance

Any actions created by the presentation of the LSAB annual report have been dealt with and completed.

3.6 Royal National Orthopaedic Hospital NHS Trust

Outcomes for Prevention and Community Engagement

The RNOH employs Community Liaison Nurses who support the admissions and discharges of patients with spinal cord injuries. There have been safeguarding referrals following their interventions pre - and post-admissions and their input and long-standing knowledge of the patients has proven valuable in addressing the safeguarding needs of very vulnerable patients with highly complex needs.

There is an active Patients advisory liaison group who attend the Trust Board and provide regular representation at the Safeguarding Committees.

Outcomes for Training and Workforce Development

The mandatory adult safeguarding training programme has been reviewed and updated during 2014-15. The training now specifically includes the Mental Capacity Act and Deprivation of Liberty Safeguards. The training for 2014/15 has been face to face, however Level 1 is now available on ELearning.
Safeguarding training now covers FGM, human trafficking, self-neglect and domestic violence to reflect the recent changes made by the Care Act 2014.
Volunteers are now included in the mandatory training programme which covers both adults & children safeguarding and a volunteer coordinator responsible to oversee their activities is in place.

Outcomes for Quality and Performance Review

Following CQC visit in May 2014 and an internal mock CQC inspection in December 2014, it was agreed that safeguarding and MCA/DOLS training should be increased and intensified. This is now a standing item on medical staff annual updates and 'safeguarding days' to cover core skills requirements of clinical staff (safeguarding children, adults and MCA/DOLS) are regularly delivered with good attendance.
An MCA audit has been undertaken and recommendations from this will be presented at the Clinical & Quality Governance Committee for approval. Work will be required to ensure the recommendations are embedded into practice.

The RNOH has also contributed to an IMR for a Domestic Homicide Review. As a result, internal policies and processes are being reviewed to ensure there is a more robust system in place to support people in domestic abusive situations.

Following a recent safeguarding conference, recommendations were made by the Local Authority to address training needs of staff in order to support the additional needs of patients with additional mental health conditions. This is now been taken up by the Lead Educator to ensure appropriate training is sourced. Due to the high numbers of patients with learning disabilities admitted for corrective surgery, specific training for clinical staff is also regularly provided.

Outcomes for Policies and Procedures/Governance

LSAB Annual Report 2013/14 was presented to the RNOH Trust Board in April 2015.

Policies developed following recommendations from CQC and the IMR:

- Domestic Violence
- MCA/DOLS
- Safeguarding Supervision
- Restraint
- Policies for future development:
- Prevent
- Admission of people with learning disabilities

Outcomes for joint work with the LSCB - "think family"

There is regular participation to the Safeguarding Committees by both the adults and the children safeguarding nurses to ensure representation of both services.
Domestic Violence and Safeguarding Supervision Policy have been developed jointly and lessons learnt from cases are shared at both committees.

Priorities for 2015/2016:

- to embed safeguarding into practice
- to develop a robust system to deliver safeguarding supervision throughout the organisation
- implement any recommendations and lessons learnt in relation to safeguarding
- increase trainers and training in PREVENT

3.7 North West London Hospitals NHS Trust

Safeguarding should be viewed as part of everyday business to ensure the patient is at the heart of all we do, whether we be in an acute or out of Hospital setting. In our Partnership agreement for 2015/16 we made a commitment to ensure safeguarding is an integral part of all we do for our patients from admission and at home in the community settings.

We have established a proactive approach to assessing the patient on admission and ensuring we follow and introduce the safeguarding Pan London Policy across the Trust. We have monthly safeguarding meetings where we review and discuss active cases across the Divisions. This is also supported by a quarterly strategic meeting which has external partners. We have introduced policies for Domestic Violence and FGM, together with Dols and implications for the Care Act.

Further working is planned to ensure that we adapt and keep abreast of any changes in the adults safeguarding arena.

Working with our Boroughs in relation to Sexual Exploitation and Slavery.

How do we know they are making a difference?

Ongoing review of the Safeguarding process highlights ways in which we have enhanced the service.

- we have an active up to date Database which records and ensure all aspects of safeguarding are recorded and reported externally
- this ensures that we have an accurate record of events and safeguarding is a part of everyday working for patient safety
- we have external groups for Child exploitation, Domestic Violence and FGM
- the majority of patients had an appropriate risk assessment for falls, Nutrition and Tissue Viability
- for those patients who were at risk of malnutrition and dehydration all had a care plan in place
- 99% of patient who required assistance with feeding were receiving it
- of those patients who were identified as being at risk of developing a pressure sore 99% had an appropriate care plan in place
- 94% of patient report that their privacy and dignity had been maintained
- although the overall incidence of falls for the Trust has not fallen, some wards are reporting a reduction in falls as a result of the Care Round
- reduction of grade 3 or 4 pressure ulcers in 2015/16
- reduction of complaints in some areas
- reviewing everything in regards to patient safety and communicating in an open way with collaborative practices
- we have an agreed safeguarding strategy

Areas we need to improve in 2015/17:

- the sharing and integration with collaborative partners, ensuring local authorities feedback information and share this freely
- PreVent training
- attendance at external meetings
- enlarging the team to ensure staff work across the boundaries in community and acute

3.8 Harrow NHS Clinical Commissioning Group (CCG)

Prevention and Community Engagement

Our Chief Operating officer participated in the health and wellbeing event held on the 16.07.15 at the The Kadwa Patidar Centre, Kenmore Avenue, Harrow, HA3 8LU

Training and Workforce Development

Harrow CCG has employed a part- time Lead Nurse for safeguarding adults since mid-May 2015. The Lead Nurse has completed many of the safeguarding adults training courses accessed via the Harrow LSAB training directory. The Lead Nurse has made arrangements to attend strategy meetings as well as case conferences.

All except 3 members of Harrow CCG staff have received face to face safeguarding adults level 1&2 training delivered by the Lead Nurse. The new categories of abuse as per the Care Act 2014 were embedded into the training with scenarios and very good feedback from staff.

Staff also received training on Prevent, facilitated by the designated nurse for Safeguarding

Quality and Performance Review

Harrow CCG was pleased to be able to take part in the recent Local Adult Safeguarding Board's annual review/business planning event in June 2015. It was a good opportunity for the CCG and local authority as well as service users to review events of the year and make plans of improvement where safeguarding adults was concerned in the coming months.

Policies, Procedures and Governance

The CCG's Safeguarding Adults policy is being updated in view of the recent changes made in the Care Act.2014.

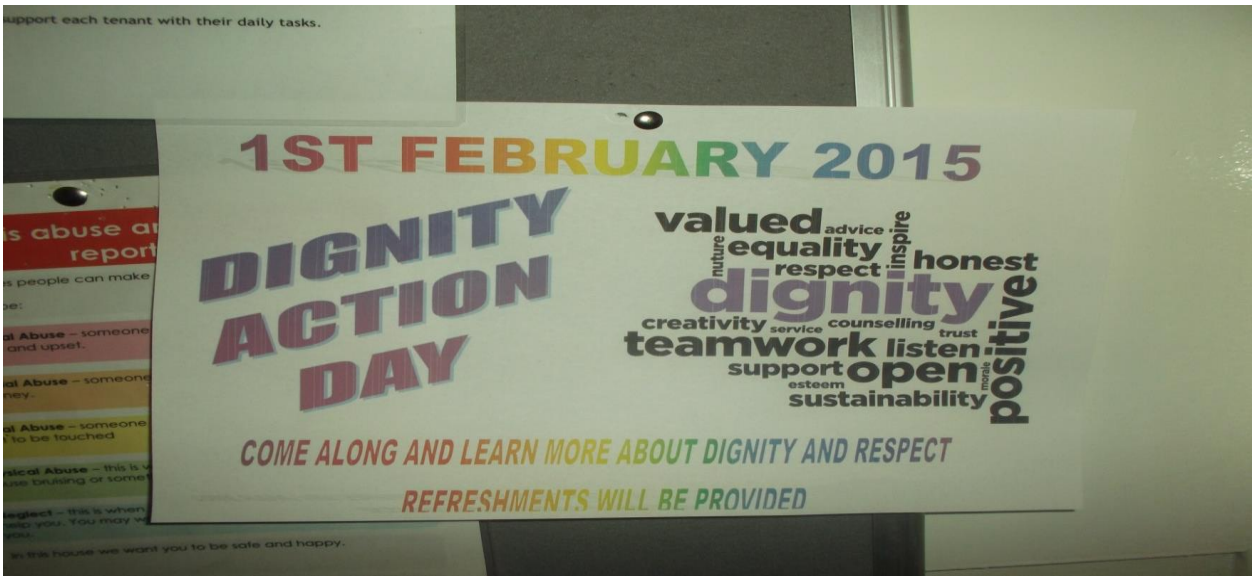
Priorities for 2014/15

- updating of the Safeguarding Adults policy
- ensuring all staff have received safeguarding training and are aware of new government legislation/statutory requirements to aid them in commissioning services

3.9 Harrow Council – Adult Services

Harrow Council's Safeguarding Adults and DoLS 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 2014/15 as with the previous year, the Safeguarding Adults and DoLS Service had a work programme which supported the overall objectives and priorities in the LSAB Business Plan and progress is monitored at a regular meetings. 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 2014/2015)

4. Making a Difference – (progress on objectives for 2014/2015)

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 2014/15, as set out in the annual report for 2013/14.

Theme 1 - Prevention and Community Involvement

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

The LSAB's prevention strategy 2014 – 2017 ("Promoting Dignity and Prevention of Abuse") was formally agreed at the Board meeting in March 2014. 2014/15 was the first year of implementation which built on the work done from the previous plan. Examples of work in this area include:

Care providers ran events to mark Dignity Awareness Day (February 2015). For example, Blenheim Drug Services ran a "digni-tea" and cakes session for staff and users with discussion about dignity and respect. Jewish Care did the same, followed by a focus group discussion. Simply Care Group have a dignity champion who organised their event, Care Management Group held a dignity action day for people with a learning disability and so did Hestia Floating Support for older people (see pictures above introducing this section).

World Elder Abuse Awareness Day 2014 was marked with a Best Practice Forum on dignity and respect which was attended by 70 staff from a range of local organisations. Some powerful messages were delivered by Amanda Waring (actress and campaigner) both verbally and through her film "What Do You See?" starring Virginia McKenna about dignity in care homes for older people.

The Safeguarding Adults Services attended 4 of the "Safer Streets" events in 2014/15, speaking with members of the public about community safety issues for vulnerable people. Booklets and information were handed out, with the most popular being "The Little Book of Big Scams" produced by the Metropolitan Police and the Home Office.

Outcomes:

There were 61 alerts raised by friends/neighbours and family last year – and it is hoped that sustaining the numbers from the previous year was achieved as a result of the above activities.

Ensure effective communication by the LSAB with its target audiences

A formal Communications Plan for the LSAB was approved by the Board at the March 2015 business meeting. It aims to ensure that its target audiences across the whole community know about abuse and how to report it and that resources are used for publicity and awareness related events in the most time/cost efficient ways.

The LSAB's newsletter which commenced in 2013 continued throughout last year aimed at keeping all relevant individuals and organisations up to date with its work and any key issues that needed to be highlighted. The editions published (September and November 2013; January and March 2014) included topics such as: making safeguarding personal; statistical information; DoLS; loan sharks; Dignity Action Day; Fire Safety; Care Act; LSAB annual report 2013/14 and training information.

The Safeguarding Adults Service attended a wide range of community based events last year to raise awareness. This included several Safer Streets days (see above), an information event for older patients at the Elliott Hall primary care centre; Neighbourhood Champions briefings; and the "keep safe and well" event at Choices for All.

Outcomes:

The referrals from "BME" communities increased last year to 42% (44% of alerts) which is much more in line with the local demographic makeup of the borough.

The very positive arrangements between the Safeguarding Adults Service and the local Fire Service continued last year with 105 referrals for free home fire safety checks (an increase of 45 on the previous year).

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

Briefing sessions have been held for 16 more of the borough's Neighbourhood Champions (230 were briefed in 2013/14) who are the "eyes and ears" of the community on their individual street.

As in previous years, 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.

Contributions continued from the Safeguarding Adults Service to the Multi-agency Risk Assessment Conference (MARAC – domestic violence focus); Multi-agency Public Protection Arrangements (MAPPA – public safety focus); Prevent (prevention of terrorism focus), and Anti-social Behaviour Group (ASBAG – anti social behaviour focus) - ensuring effective information sharing and communication where vulnerable adults are victims or perpetrators.

Outcomes:

For Operation Conker in September 2014, the Harrow Police were interviewed and answered questions from the public on local community radio about the campaign which was focused on anti-burglary products and making your home looked lived in. The interview included reference to the most vulnerable people in the borough and related safeguarding implications.

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

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 the majority of users were very happy with the outcome of the investigation. Staff continue to issue the easy to read publication "what happens after I report abuse?" however some people still reported being unclear about the process. New approaches under the "Making Safeguarding Personal" project will embed even further the requirement to start the process being clear about the user's views and to check throughout that they understand what's happening.

Service users attended the LSAB Annual Review Day again last year. They presented a DVD about what was important to them in keeping safe and provided challenge to Board members:

"we are frightened to talk to the Police"

"there is bullying and swearing at the Harrow Bus Station so it's a scary place"

"we are worried about keeping safe on Facebook and about cyber bullying"

"we are worried about nasty messages on mobile phones"

"why haven't more people with mental health difficulties reported abuse?"

Outcomes: as a result the LSAB did the following:

- there was a "Keep Safe in Harrow" session at Choices last December. 70 people came and the Borough Police Commander (Simon Ovens) was there with some of his officers. He gave lots of advice about keeping safe e.g. that the Police have sophisticated technology and excellent links with mobile phone companies, so if users got nasty messages they should keep them and tell the Police. Lots of people talked to the Police at the event and afterwards said that they wouldn't feel so worried about asking a Policeman for help
- more work has been done to set up a Harrow Safe Place scheme. Choices For All students are helping and will be visiting shops, churches and cafes near the Bus Station (as the first priority area) asking them to sign up
- there were more articles in "News and Views" e.g. about fire safety and keeping safe on-line
- CNWL Mental Health NHS Trust carried out a lot of work last year to get information out for people to look at. 3% more people reported abuse last year than the year before

Theme 2 – Quality and Performance Review

The LSAB oversees effective practice and ensures continuous improvement

Performance management reports were presented to the LSAB at all of its meetings in 2014/2015. Following the Peer Review recommendations members were asked to provide input to these reports, however there is still more to do in this regard.

A provider concerns section was added to the performance reports last year so that important information could be shared amongst the LSAB's member organisations.

Peer Review

The Peer Review challenge of safeguarding adults work in Harrow was commissioned by the Council with the full support of the Local Safeguarding Adults Board. This had concluded in 2013/14, so last year focused on implementation of the action plan to address its recommendations. The action plan as at March 31st 2015 is shown at Appendix 4.

Outcomes:

As a result of implementing the Peer Review recommendations examples of outcomes include:

- the Access Harrow "first contact" message for people ringing with concerns was simplified with a specific choice for safeguarding adults
- a "mystery shopping" exercise was commissioned by the LSAB which was carried out by users (supported by Mind in Harrow) in September 2014 with feedback provided to both Access Harrow and CNWL
- more briefing sessions took place at GP surgeries, although this did not result in a further increase in alerts from primary care services

File Audit

Both internal and external (independent) audits of casework continued in the Council's Safeguarding Adults and DoLS Service during 2014/15 with headline massages presented to the LSAB. A total of 105 cases were reviewed with the key focus being on learning from the audit findings and providing feedback to relevant front-line staff and managers.

Outcomes:

Changes were made to the multi-agency training programme and also to the specific sessions for front-line staff. For example, a bespoke course on "unwise decisions" made by vulnerable adults with capacity who choose to put themselves at high risk was commissioned and delivered by a specialist trainer.

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

The LSAB has received statistical reports at each of its meetings, including the full year position for 2013/2014 at its Annual Review Day. In addition, the new Strategic Plan for 2014 – 2017 included trend analysis looking back over the previous 3 years and all reports included comparison with the national position wherever possible.

Some targeted briefing sessions took place, including for groups not previously visited before including: an Asian day centre for older people; Age UK volunteers; RSPCA staff and volunteers; the Wiseworks Centre for people with mental health difficulties; MIND in Harrow users and volunteers.

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 areas identified for future work covered in the action plan at section 5.

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

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.

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 2143 people received some training in 2014/2015
- 1,115 staff received formal training – this was the same level as in the previous year - the breakdown of formal training was: 224 Council staff (an increase of 47 from 2013/14); 67 NHS staff (an increase of 1 from 2013/14); 9 "other statutory" staff including the Police (a decrease of 9 from 2013/14); 565 private sector staff (an increase of 296 from 2013/14) and 250 voluntary sector staff (an increase of 156 from 2013/14)
- a refresher was organised for elected Councillors and was attended by 35 individuals (an increase of 23 on the previous year)

- 1,028 people attended sessions run by the Safeguarding Adults Service. The breakdown of briefing sessions is shown at Appendix 2 with some new groups e.g. RSPCA staff/volunteers and local Dentists
- a total of 209 staff attended 4 multi-agency best practice forums in 2014/15 on "dignity and respect in care" for WEAAD 2014; "Keep Safe and Well" (joint with the Police and Choices For All); "Recognising the Links" (joint with the LSCB and RSPCA); and "Unwise Decision Making/Mental Capacity"
- there was a 21% reduction in individuals booked on to formal training courses cancelling or failing to attend, a significant decrease following the LSAB decision to charge for non-attendance
- this was the third year for the 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 66 staff used the tool last year

Outcomes

Each year the multi-agency training programme and Best Practice Forums are developed from the evaluation and experience of the previous year's sessions. They also cover the areas that successive independent audits of safeguarding cases and the Peer Review suggested for further improvements in staff knowledge and/or confidence. An ongoing high priority was given to mental capacity training, and new topics included "train the trainer" so that organisations can run more in-house sessions, and "what I need to know as the lead for my organisation?" – both being well received by attendees.

…… ✂ ……

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

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 statutory timescales were met in all the cases assessed last year in Harrow which in comparison to many other Councils across the country where there are significant waiting lists is excellent.

Outcomes:

The LSAB can be reassured that for the 304 cases where a DoLS was authorised, some of the most vulnerable people have been protected. It is also positive that more cases were referred from hospitals (15) suggesting that staff in those settings are becoming clearer about their responsibilities as managing authorities.

Theme 4 - Policies and Procedures/Governance

Ensure production of the LSAB Annual Report

The LSAB Annual Report 2013/2014 was agreed formally by the Board at its annual review day in June 2014. This report for 2014/2015 will be discussed at the same event in June 2015. 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:

As in previous years, following the decision to sign off the annual report by the LSAB last June a "key messages for staff" version of the report was produced for the second 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

Following its formal agreement at the LSAB annual review day in 28th June 2014, the report was presented to the Council's Scrutiny Committee in July, the Health and Wellbeing Board in September and subsequently to all partner agencies' Executive meetings or equivalent.

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

As stated earlier in this report, the Safeguarding Adults Service attended a wide range of community based events last year to raise awareness. This included several Safer Streets days (see above), an information event for older patients at Elliott Hall primary care centre; Neighbourhood Champions briefings; and the "keep safe and well" event at Choices for All. The information in the Council tax leaflet (pushed through every letter box) and the community radio coverage were further examples of the service trying to reach out to the general public. Other broader campaigns included articles in the Fire Safety magazine "fire is not the only danger you face" and an article in "Homing In" the Council's Housing Department newsletter for all tenants.

The safeguarding adults' website was kept up to date and has a section for easy to read information.

The LSAB (jointly with the LSCB) takes a "family first" approach to its work

The joint protocols developed in 2013/14 by the LSAB/LSCB sub-group and formally launched by the chairs of the 2 Boards in October 2013 were refreshed last year.

Work between the two Boards continued with (for example) a joint best practice forum on "recognising the links" at which the RSPCA presented information about the growing recognition of risks for children or vulnerable adults in homes where animals are abused and vice versa. Wherever appropriate, meetings where there are common issues are held jointly e.g. the bi-annual meeting with the London Ambulance Service.

Outcomes:

The independent/external file auditor reported again last year that workers in the safeguarding adults team were demonstrating confidence in a "family first" approach, stating that all the relevant (audited) cases had been appropriately referred to Children's Services. In the most recent audit there were also examples of good practice highlighted where joint work on complex cases had produced a more positive outcome for the user.

The LSAB has strategic oversight of local safeguarding adults work

Year one actions from the LSAB Strategic Plan 2014 – 2017 were implemented with an exception report at each Board meeting. This section of the annual report covers the work carried out and some of the outcomes achieved as a result.

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

Independent file audit last year also reviewed cases where domestic violence was a factor. The LSAB was reassured by the finding that referrals were being routinely made to MARAC and it is becoming much more common for a worker or manager from the Safeguarding Adults/DOLS Service to attend the meetings for specific cases.

Some audited cases also recognised work done with both the Looked After Children's and Children with Disability Teams.

Outcomes:

Better outcomes for young adults in specific cases where joint work was effective.

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/DoLS Service and relevant NHS staff provide information for 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 2015/2016

(YEAR 2 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
The LSAB is confident that prevention of abuse of adults at risk is a high priority in Harrow Source: PR; WV; CA and ADASS	Implement the Prevention Strategy 2014 – 2017 Updates on progress presented at Board business meetings (user outcomes)	March/April 2016 March/April 2017 Quarterly at Business Meetings
Ensure effective communication by the LSAB with its target audiences Source: ADASS and CA	Implement the LSAB Communications Policy as agreed at the March 2015 business meeting (service delivery and effective practice)/(user outcomes)	End March 2016

Safeguarding Adults priorities are clearly referenced in wider community safety strategies e.g. Domestic Violence Source: HPS and CA	Specific projects to tackle wider community safety issues as highlighted by users (e.g. hate crime; safe travel on public transport; distraction burglary/doorstop crime; safe place scheme and home fire safety) are taken forward over the 3 years of the LSAB Strategic Plan – and users report feeling safer in annual surveys and in focus group discussions (user outcomes); (leadership); (strategy)	End March 2016
There is evidence that the Harrow LSAB's work is influenced by user feedback and priorities Source: CA; MSP	Update the 2012 LSAB User Engagement Strategy in context of the Care Act 2014 and Making Safeguarding Personal Demonstrable changes in policy and practice are evident following annual evaluation of user feedback and presentation at the LSAB Review Day; Local Account Group and similar (user outcomes); (people's experiences of safeguarding)	End December 2015

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
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 Source: BU; file audit; HPR and CA	Formally evaluate the multi-agency and single agency training programmes with a focus on outcomes for participants in practice Update the training programme to cover requirements of MSP and the Care Act e.g. to include self-neglect; modern slavery (service delivery and effective practice)	Report to the December LSAB meeting End July 2015
DOLS arrangements (including for health funded services and facilities) are effective Source: HWB and WV	LSAB receives DoLS performance information at each Business Meeting (people's experiences of safeguarding)	Quarterly End March 2016

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
The LSAB oversees effective practice and ensures continuous improvement Source: HPR; NHS; ADASS and CA	The recommendations from the formal Peer Review of safeguarding adults work in Harrow are completed Update the LSAB complaints policy to ensure Care Act and MSP compliance (jointly with the LSCB) (performance and resource management)	End December 2015 End December 2015
Statistical data improves understanding of local patterns enabling improved planning of responses to allegations Source: HPR; SAR; CA and AR	Ensure presentation of statistics at each LSAB Business Meeting and at the Annual Review Day, including comparisons with the national SAR data – with resulting actions agreed including: ongoing priority for police action/prosecution in relevant cases; more use of the Court of Protection; mental health referral numbers (performance and resource management)	Quarterly

The LSAB is confident that safeguarding adults work is person centred Source: HPR; MSP	The LSAB User Engagement Strategy is updated in light of the Care Act and Making Safeguarding Personal LSAB receives reports on action plan implementation for the Harrow Safeguarding Adults Service involvement in the Making Safeguarding Personal (national) project (service delivery and effective practice)	End December 2015 End March 2016

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
Ensure production of the LSAB Annual Report Source: HPR and CA	LSAB receive Annual Report within 3 months of the end of the financial year – with a focus on outcomes wherever possible (Local Safeguarding Adults Board)	End June 2015
Ensure that the LSAB Annual Report is presented to all relevant accountable bodies Source: PR; AR; CA	Presentation made to Scrutiny Committee to include progress against the previous year's action plan and objectives for the coming year	First available Scrutiny meeting after the Annual Report is discussed and agreed at the LSAB (and no later than the end of September 2015)

	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 (leadership); (Local Safeguarding Adults Board); (Strategy)	First available Board meeting after the Annual Report is discussed and agreed at the LSAB (and no later than the end of September 2015) 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 2015)
The general public is aware of safeguarding issues and the work of the LSAB Source: ADASS and PR	Implement the LSAB Communications Policy as agreed by the Board at its March 2015 business meeting The LSAB Annual Report is published in an easy to read format and posted on all partner websites (service delivery and effective practice)	End March 2016 End September 2015
The statutory LSAB is effective; Care Act compliant and has strategic oversight of local safeguarding adults work Source: ADASS; CA and HPR	The LSAB Strategic Plan is monitored at Board meetings and updated at the Annual Review/Business Planning Day The LSAB agrees an effective approach to fulfil its responsibilities for overseeing work on self-neglect	Quarterly and end of June 2016 End December 2015

	Board governance and arrangements are reviewed and post April 2015 meet Care Act 2014 requirements – specifically: • review the partnership agreement • review the information sharing agreement • replace the Serious Case Review (SCR) policy with a Safeguarding Adults Review (SAR) policy • confirm with all LSAB members which posts in their organisation have the Designated Adult Safeguarding Manager (DASM) role attached • confirm the role of Harrow Healthwatch with the LSAB (leadership)	End March 2016
Ensure local arrangements are Pan London Policy/Procedures compliant and cover the new safeguarding areas e.g. human trafficking Source: CA	The LSAB formally adopts the new pan London procedures when available	As determined by relevant guidance when the new procedures are issued

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
Common joint safeguarding needs are identified in terms of Domestic Violence and actions prepared to address gaps, including mapping key pathways to MARAC. Source: PR and ADASS	Consider all possible areas for joint approaches e.g. in relation to safeguarding training, work with schools and sexual exploitation (working together)	End March 2016
The LSAB (jointly with the LSCB) takes a "family first" approach to its work Source: WV and NHS	Relevant range of key protocols in place e.g. for the relationship between the LSAB and LSCB (working together)	End September 2015

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

FA - File Audit learning/recommendations

WV – Winterbourne View or Francis report findings and Government response

HWB – Health and Wellbeing Board priority

SAR – national statistics (Harrow data)

UES – Harrow (Safeguarding Adults Board) User Engagement Strategy

HPS - Harrow (Safeguarding Adults Board) Prevention Strategy 2014 - 2017

ADASS – Advice and guidance to Directors of Adult Social Services

CA – Care Act 2014

MSP – Making Safeguarding Personal

"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	Peer Review action plan as at 31st March 2015
Appendix 5	LSAB membership as at March 31st 2015
Appendix 6	LSAB meeting attendance record 2014 - 2015

Safeguarding Adults Alert & Referral Data - 1st April 2014 - 31st March 2015

Summary Statistics

No. of Alerts: -	**1227**	**%**
Taken forward as Refs: -	629	51%
Dealt with at Alert Stage: -	598	49%
No. of Repeat Refs: -	112	18%
No. of Completed Refs: -	551	88%
Alerts Female	794	65%
Alerts Male	431	35%
Not Stated / Recorded	2	0%
	1227	**100%**
Referrals Female	399	63%
Referrals Male	230	37%
Not Stated / Recorded	0	0%
	629	**100%**
From different Ethnic Backgrounds (non white UK): -	**549**	**46%**
Female	370	66%
Male	177	31%
(ethnicity) Not Stated / Recorded	17	3%
	564	**100%**
(ethnicity) Not Stated / Recorded or	**W/UK**	**BME**
White UK	663	564
White UK	54%	46%

Alerts

From different Ethnic Backgrounds (non white UK): -	**271**	**44%**
Female	182	67%
Male	89	33%
(ethnicity) Not Stated / Recorded	8	1%
	279	**101%**
(ethnicity) Not Stated / Recorded or	**W/UK**	**BME**
White UK	350	279
White UK	56%	44%

Referrals

Where Abuse / Harm took Place: -		
Own Home	382	61%
Care Home - Permanent	71	11%
Care Home with Nursing - Permanent	52	8%
Care Home - Temporary	4	1%
Care Home with Nursing - Temporary	7	1%
Alleged Perpetrators Home	5	1%
Mental Health Inpatient Setting	12	2%
Acute Hospital	13	2%
Community Hospital	7	1%
Other Health Setting	1	0%
Supported Accommodation	30	5%
Day Centre/Service	6	1%
Public Place	12	2%
Education/Training/Workplace Establishment	4	1%
Other	16	3%
Not Known / Not Recorded	7	1%
	629	**100%**

Many cases involve multiple locations of abuse and this is highlighted in these figures

Service User Group: -		
Older People	363	58%
Learning Disability	88	14%
Physical Disability Support	332	53%
Mental Health	103	16%
Support with Memory and Cognotion	54	9%
Sensory Support	19	3%
Substance Misuse	0	0%
Other Adult at Risk / Social Support	60	10%
Not Stated / Recorded	50	8%
Total No. of Service Users	**629**	**170%**
No. of Multiple Service User Groups	**440**	**70%**

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

Type of Abuse / Harm: -		
Physical	223	28%
Sexual	42	5%
Emotional/Psychological	177	22%
Financial	159	20%
Neglect	183	23%
Discriminatory	6	1%
Institutional	4	1%
Not Stated / Recorded	0	0%
Multiple Abuses	165	21%
	794	**121%**

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

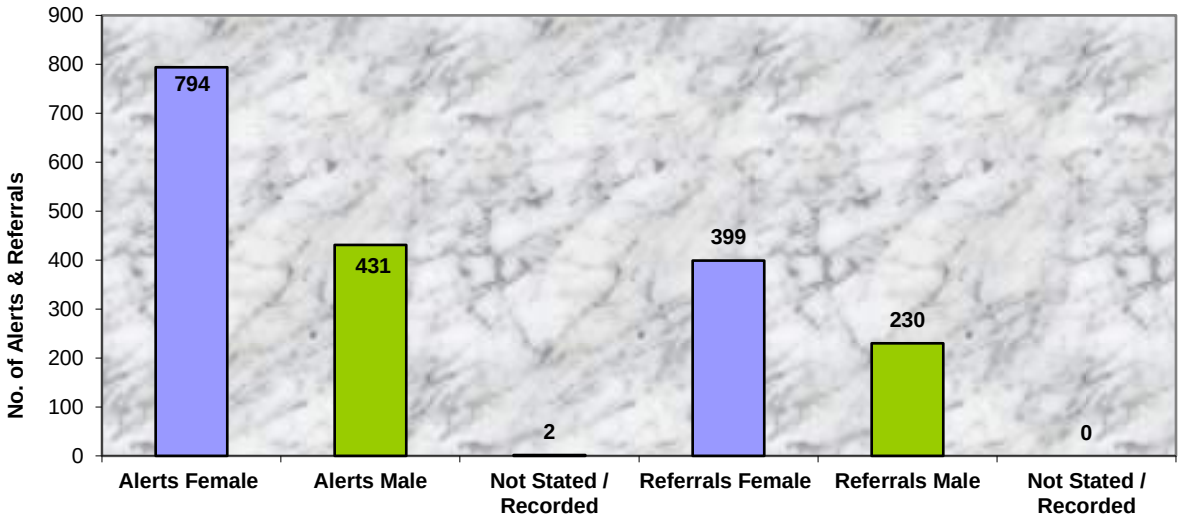
Person Alleged to have caused Abuse / Harm:-			
	Health Care Worker	34	5%
	Neighbour or Friend	55	9%
	Main Family Carer / Other Family Member	186	30%
	Other Professional	15	2%
	Other Vulnerable Adult	28	4%
	Partner	50	8%
	Social Care Staff	128	20%
	Stranger	49	8%
	Volunteer or Befriender	0	0%
	Other	51	8%
	Not Known/Stated/Recorded	33	5%
		629	**100%**

	Source of Referral		
Social Care Staff	Domiciliary Staff	27	4%
	Residential Care Staff	53	8%
	Day Care Staff	28	4%
	Social Worker/Care Manager	126	20%
	Self -Directed Care Staff	5	1%
	Other Social Care Worker	37	6%
Health Staff	Primary/Community Health Staff	76	12%
	Secondary Health Staff	99	16%
	Mental Health Staff	4	1%
	Other Health Care Worker	0	0%
Other Sources of Referral	Self-Referral	17	3%
	Family member	54	9%
	Friend/neighbour	9	1%
	Other Service User	2	0%
	Care Quality Commission	4	1%
	Education/Training/Workplace Establishment	2	0%
	Housing	14	2%
	Police	29	5%
	Other (anon, probation, contracts, MAPPA, MARAC, etc	43	7%
	Not Recorded	0	0%
		629	**100%**

Outcomes for Adult at Risk (completed cases) :-				
	Increased Monitoring	94	12%	
	Removed from property or service	35	5%	
	Community Care Assessment & Services	89	12%	
	Civil Action	2	0%	
	Apllication to Court of Protection	4	1%	
	Application to change appointee-ship	0	0%	
	Referral to advocacy scheme	12	2%	
	Referral to Counselling/Training	16	2%	**Many cases allow for multiple outcomes and this is highlighted in these figures**
	Moved to increase/Different Care	36	5%	
	Management of access to finances	16	2%	
	Guardianship/Use of Mental Health Act	1	0%	
	Review of Self Directed Support (IB)	13	2%	
	Management of access to Perpetrator	43	6%	
	Referral to MARAC	13	2%	
	Other	211	28%	
	No Further Action	173	23%	
	Not Recorded	0	0%	
		758	**100%**	

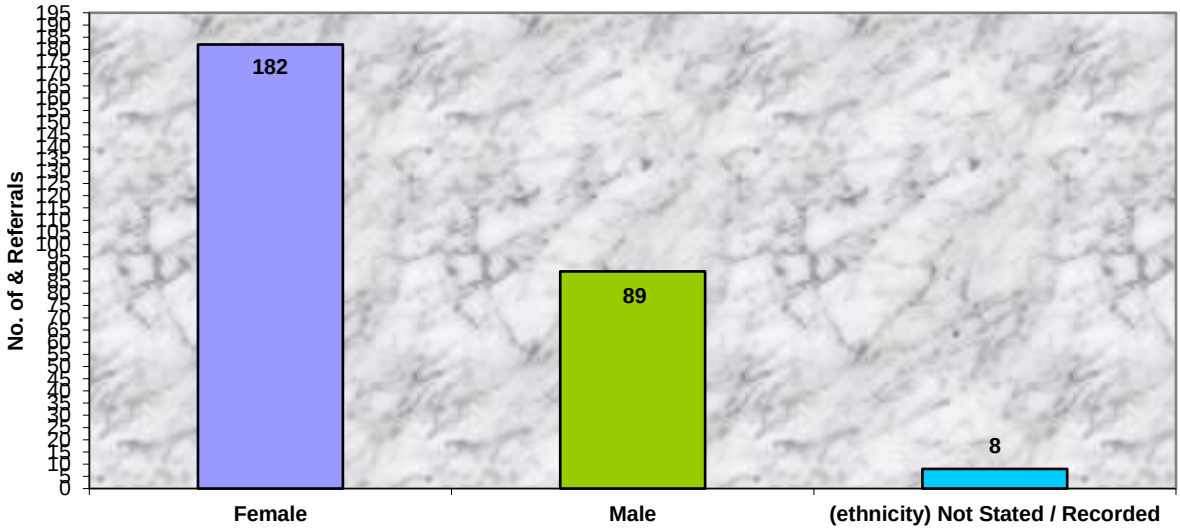
Outcomes for Person Alleged to have caused the Abuse / Harm (completed cases) :-				
	Criminal Prosecution/Formal Caution	17	2%	
	Police Action	72	10%	
	Community Care Assessment	26	4%	
	Removal from Property or Service	44	6%	
	Management of Access to Adult at Risk	34	5%	
	Referred to ISA / DBS	8	1%	
	Referral to Registration Body	12	2%	
	Disciplinary Action	23	3%	
	Action By Care Quality Commission	12	2%	**Many cases allow for multiple outcomes and this is highlighted in these figures**
	Continued Monitoring	43	6%	
	Counselling/Training/Treatment	21	3%	
	Referral to Court Mandated Treatment	1	0%	
	Referral to MAPPA	1	0%	
	Action under Mental Health Act	7	1%	
	Action by Contract Compliance	28	4%	
	Exoneration	28	4%	
	No Further Action	266	37%	
	Not Known	75	10%	
	Not Recorded	0	0%	
		718	**100%**	

Safeguarding Adults Alerts & Referrals 1st April 2014 - 31st March 2015
Male / Female Ratio



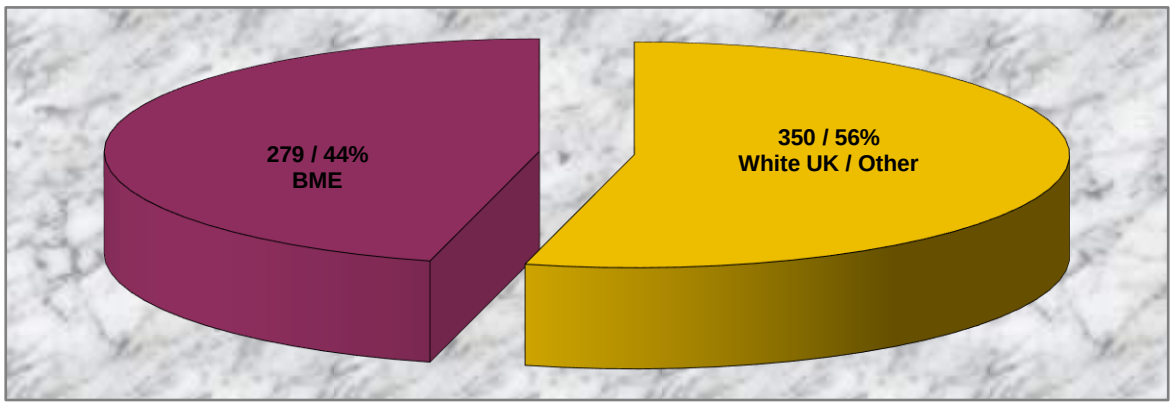
Total No. of Alerts - 1227
Proceeding to Referrals - 629

Safeguarding Adults Referrals 1st April 2014 - 31st March 2015
Male / Female Ratio
(from different ethnic backgrounds)



Total No. of Referrals - 629 (8 did not state / record ethnicity but did record gender)
% of overall referrals - 44%

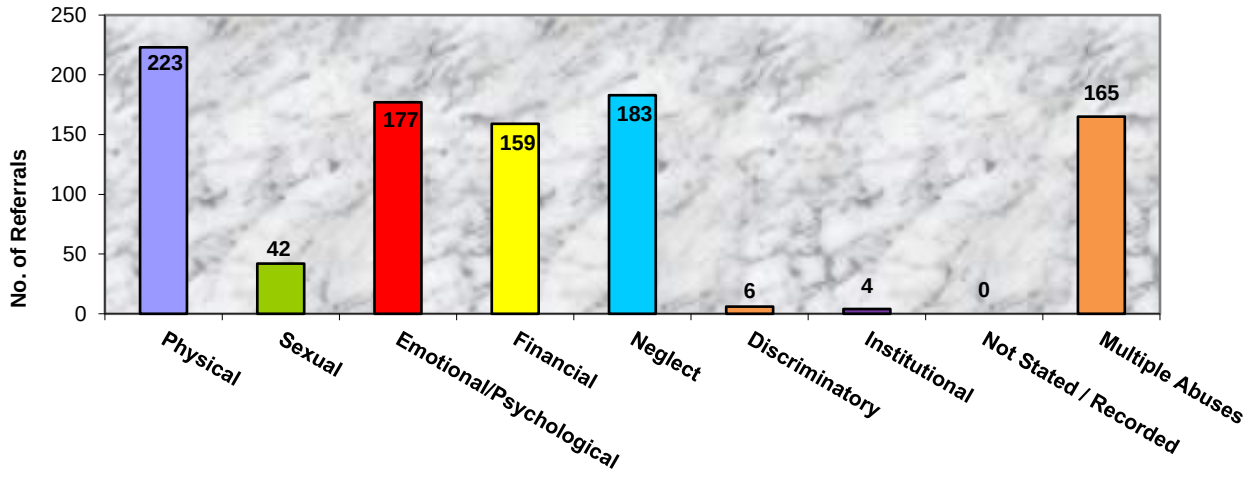
Safeguarding Adults Referrrals 1st April 2014 - 31st March 2015
W/UK / BME Ratio



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

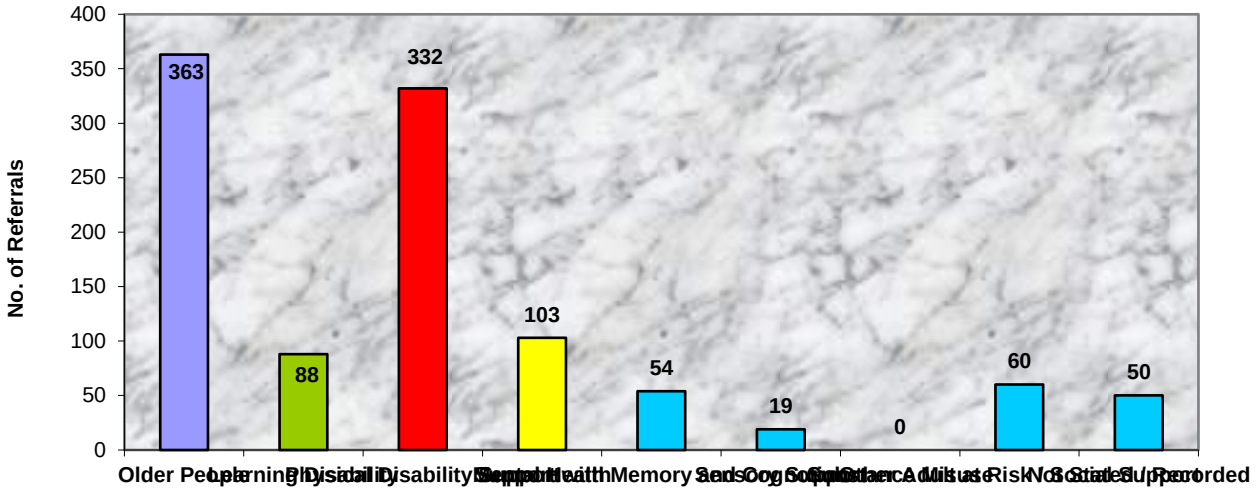
% BME Safeguarding Alerts - 46%
% BME Safeguarding Referrals - 44%

Safeguarding Adults Referrals 1st April 2014 - 31st March 2015
Referrals by Type of Alleged Abuse



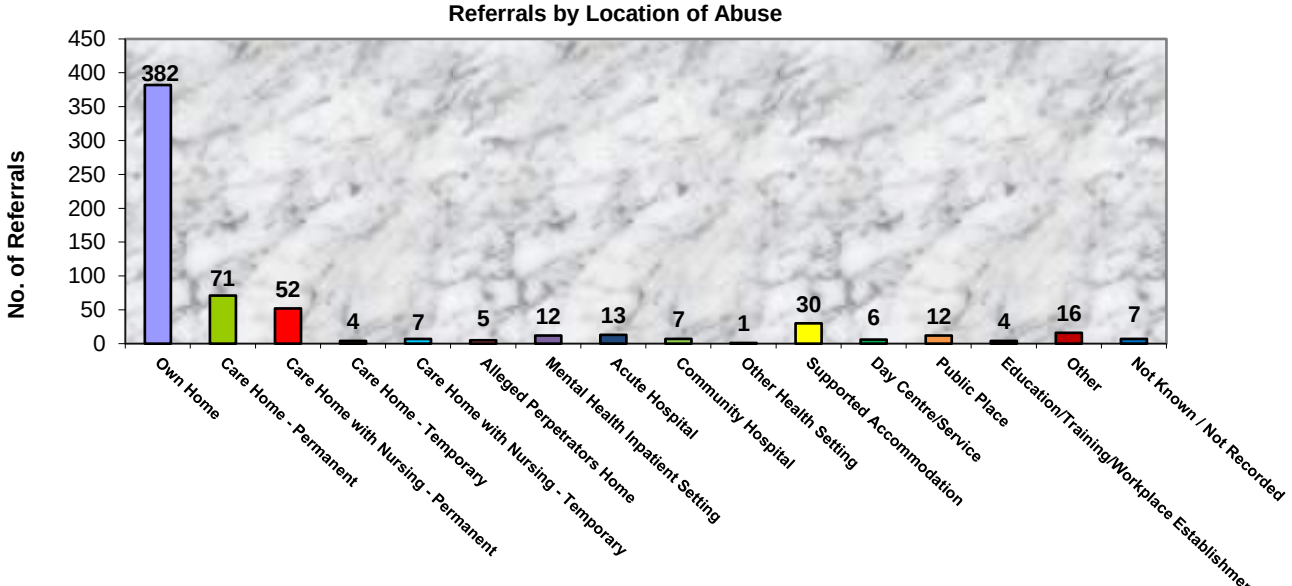
Total No. of Referrals - 629

Safeguarding Adults Referrals 1st April 2014 - 31st March 2015
Referrals by Client Group



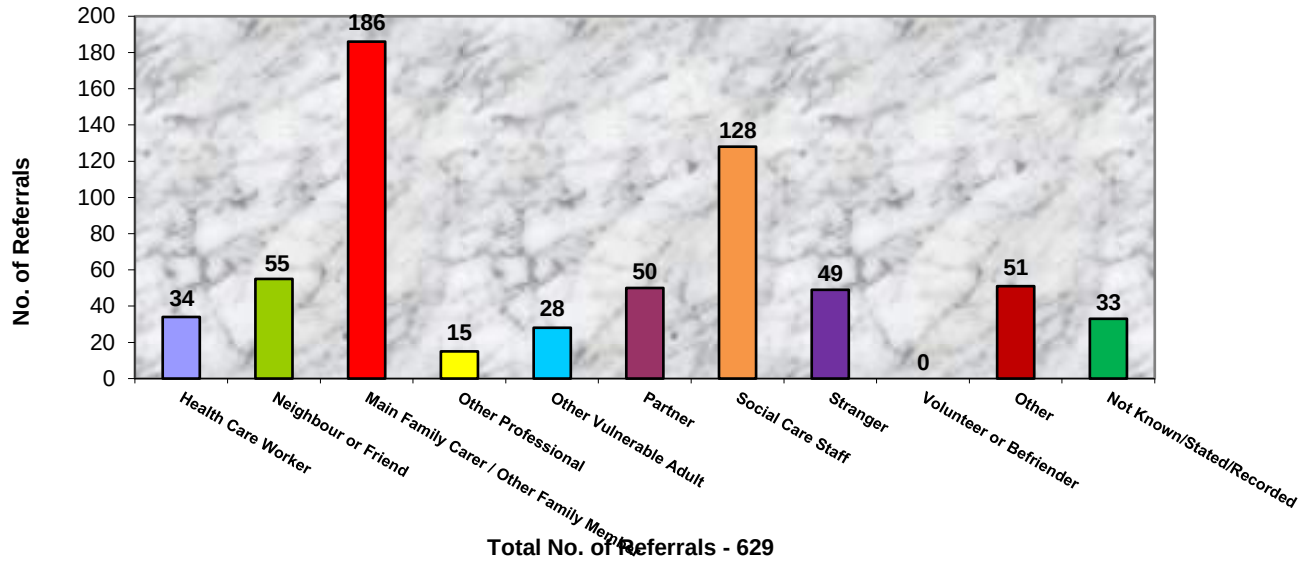
Total No. of Referrals - 629

Safeguarding Adults Referrals 1st April 2014 - 31st March 2015
Referrals by Location of Abuse



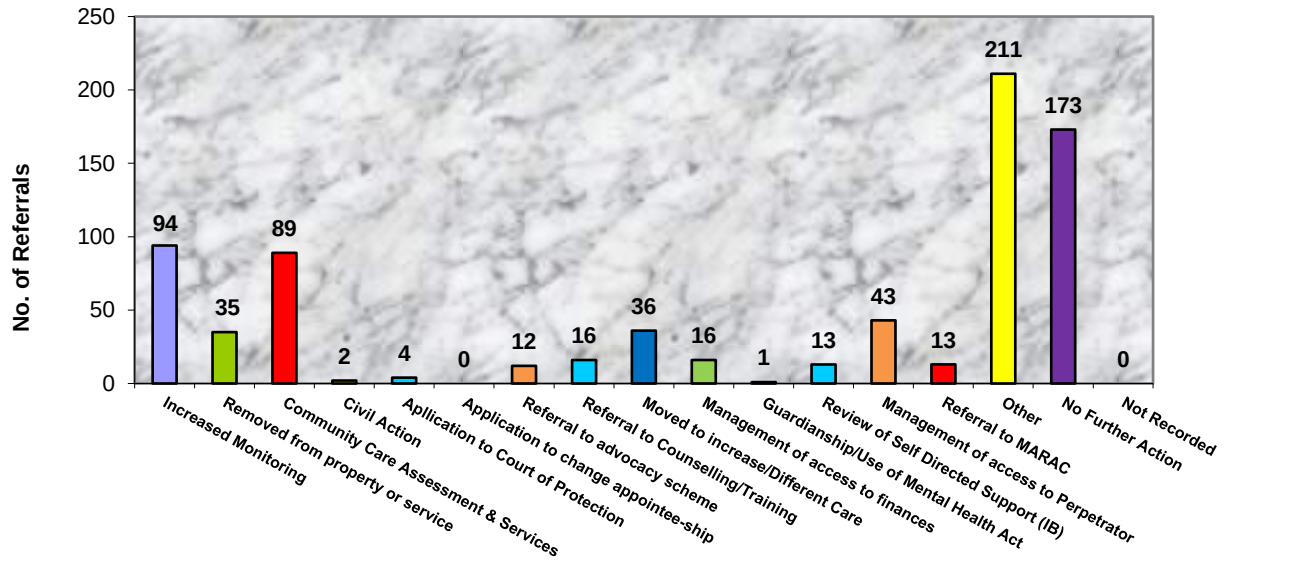
Total No. of Referrals - 629

Safeguarding Adults Referrals 1st April 2014 - 31st March 2015
Referrals by Alleged Perpetrator



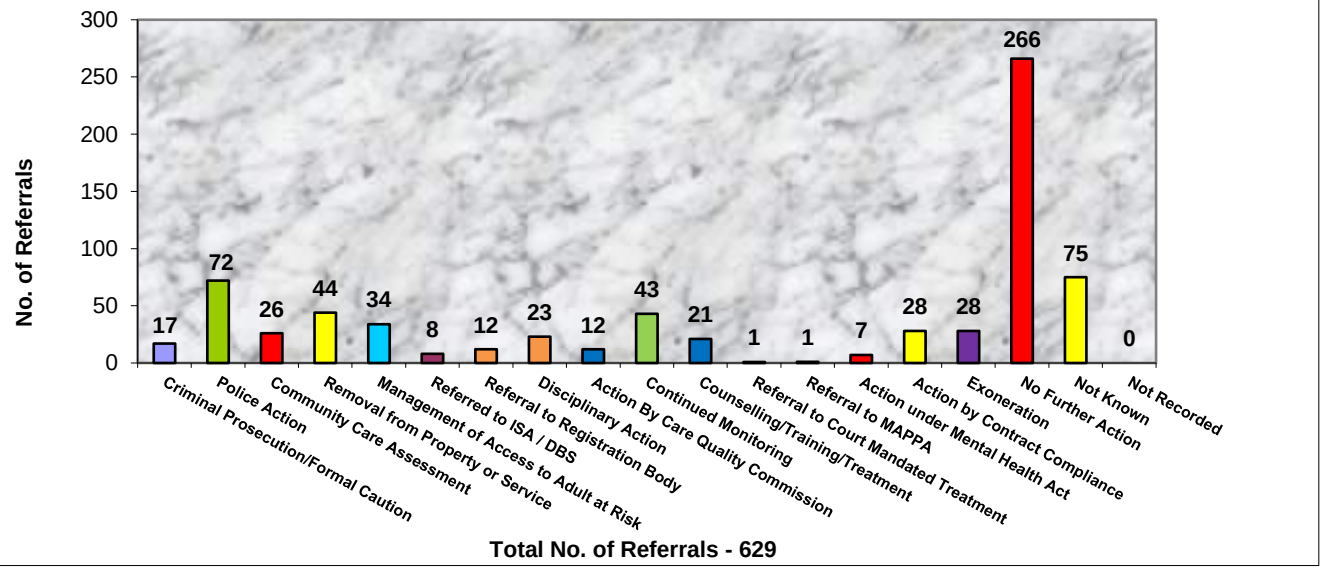
Total No. of Referrals - 629

Safeguarding Adults Referrals 1st April 2014 - 31st March 2015
Outcomes for Alleged Victim



Total No. of Referrals - 629

Safeguarding Adults Referrals 1st April 2014 - 31st March 2015
Outcomes for Alleged Perpetrator



Total No. of Referrals - 629

Summary for 01/04/2014 00:00:00 to 31/03/2015 23:59:00

Number of concerns	1227	
Number of concerns (LBH)	1094	
Number of concerns (external)	133	
Number of enquiries	629	51.3%
Number of enquiries (LBH)	552	
Number of enquiries (external)	77	
Dealt with at concerns stage	598	48.7%
Number of repeat enquiries	112	9.1%
Number of completed enquiries	551	44.9%
Number of completed (LBH)	487	
Number of completed (external)	64	
Female concerns	794	64.7%
Male concerns	431	35.1%
Unknown gender concerns	2	0.2%

Enquiry gender	F	399	63.4%
Enquiry gender	M	230	36.6%

Concerns by ethnicity

	F	M	U	Total	%
BME	370	177	2	549	44.7%
Not stated	10	5		15	1.2%
White UK	414	249		663	54.0%
Totals	794	431	2	1227	

Enquiries by ethnicity

	F	M	Total	%
BME	182	89	271	43.1%
Not stated	5	3	8	1.3%
White UK	212	138	350	55.6%
Totals	399	230	629	

Concerns by location

	Count of ale	%
Own home	719	58.6%
Residential Care Home - Permanent	128	10.4%
Nursing Care Home - Permanent	93	7.6%
Supported Accommodation	49	4.0%
Not known	33	2.7%
Other	31	2.5%
Public Place	25	2.0%
Acute Hospital	24	2.0%
Mental Health Inpatient Setting	22	1.8%
Community Hospital	18	1.5%
Nursing Care Home - Temporary	16	1.3%
Day Centre/Service	10	0.8%
Home of alleged	9	0.7%
Residential Care Home - Temporary	9	0.7%
Education/Training/Workplace Establishment	7	0.6%
Other Health Setting (including Hospice)	6	0.5%
Own home; Public Place	5	0.4%
Own home; Other	3	0.2%
Own home; Supported Accommodation	3	0.2%
Own home; Community Hospital	2	0.2%
Acute Hospital; Community Hospital	1	0.1%
Community Hospital; Other Health Setting (including H	1	0.1%
Home of alleged; Other	1	0.1%
Nursing Care Home - Permanent; Community Hospital	1	0.1%
Nursing Care Home - Permanent; Supported Accommo	1	0.1%
Other; Not known	1	0.1%
Own home; Acute Hospital	1	0.1%
Own home; Home of alleged	1	0.1%
Own home; Mental Health Inpatient Setting	1	0.1%
Own home; Nursing Care Home - Permanent	1	0.1%
Own home; Public Place; Home of alleged	1	0.1%
Own home; Public Place; Other	1	0.1%
Residential Care Home - Permanent; Acute Hospital	1	0.1%
Residential Care Home - Permanent; Residential Care I	1	0.1%
Supported Accommodation; Home of alleged	1	0.1%
Total	1227	

Enquiries by location

	Count of referrals	%
Own home	372	59.1%
Residential Care Home - Permanent	70	11.1%
Nursing Care Home - Permanent	51	8.1%
Supported Accommodation	29	4.6%
Other	16	2.5%
Acute Hospital	13	2.1%
Mental Health Inpatient Setting	12	1.9%
Public Place	12	1.9%
Not known	7	1.1%
Nursing Care Home - Temporary	7	1.1%
Community Hospital	6	1.0%
Day Centre/Service	6	1.0%
Home of alleged	5	0.8%
Education/Training/Workplace Establishment	4	0.6%
Residential Care Home - Temporary	4	0.6%
Own home; Other	3	0.5%
Community Hospital; Other Health Setting (including Hospice)	1	0.2%
Nursing Care Home - Permanent; Community Hospital; Other	1	0.2%
Other Health Setting (including Hospice)	1	0.2%
Own home; Community Hospital	1	0.2%
Own home; Home of alleged	1	0.2%
Own home; Nursing Care Home - Permanent	1	0.2%
Own home; Public Place	1	0.2%
Own home; Public Place; Home of alleged	1	0.2%
Own home; Public Place; Other	1	0.2%
Own home; Supported Accommodation	1	0.2%
Residential Care Home - Permanent; Acute Hospital	1	0.2%
Supported Accommodation; Home of alleged	1	0.2%
Total	629	

Concerns by primary support rea

	Count of ale	%
Physical Support	589	48.0%
Learning Disability Support	157	12.8%
Social Support	155	12.6%
Support with memory and Cognition	103	8.4%
Mental Health Support	96	7.8%
Not recorded	95	7.7%
Sensory Support	32	2.6%
	1227	

Enquiries by primary support reaso

	Count of referrals	%
Physical Support	332	52.8%
Learning Disability Support	88	14.0%
Social Support	60	9.5%
Support with memory and Cognition	54	8.6%
Not recorded	50	7.9%
Mental Health Support	26	4.1%
Sensory Support	19	3.0%
	629	

Concerns by abuse type

	Reported	%
Discriminatory	10	0.7%
Financial	239	16.1%
Institutional	11	0.7%
Neglect and Acts of Omission	378	25.4%
Physical	422	28.3%
Psychological	357	24.0%
Sexual	72	4.8%
including multiple	237	15.9%
Abuse types count for all alerts	1489	

Enquiries by abuse type

	Reported	%
Discriminatory	6	0.8%
Financial	159	####
Institutional	4	0.5%
Neglect and Acts of Omissior	183	####
Physical	223	####
Psychological	177	####
Sexual	42	5.3%
including multiple	143	####
buse types count for all referrals	794	

Concerns by relationship to adult at risk

	Count of ale	%
Known - Other Family Member	215	17.5%
Unknown - Individual/ Stranger	153	12.5%
Known - Partner	113	9.2%
Known - Main Family Carer	100	8.1%
Known - Neighbour/ Friend	89	7.3%
Known - but not related - Other Individual	81	6.6%
Private Sector - Residential Care Staff	80	6.5%
Known - Other Vulnerable Adult	73	5.9%
Unknown - Other Private Sector	61	5.0%
Public Sector - Domicilliary Care Staff	48	3.9%
Known - Social Care - Other	37	3.0%
Public Sector - Residential Care Staff	35	2.9%
Known - Secondary Health Care	23	1.9%
Known - Primary Health Care	21	1.7%
Known - Other Professional	15	1.2%
Known - Other Private Sector	14	1.1%
Unknown - Other Professional	14	1.1%
Unknown - Community Health Care	11	0.9%
Known - Community Health Care	10	0.8%
Unknown - Primary Health Care	5	0.4%
Known - Other Public Sector	4	0.3%
Private Sector - Self Directed Support Staff	4	0.3%
Voluntary/ 3rd Sector - Domicilliary Care Staff	4	0.3%
Known - Social Care - Social Worker/ Care Manager	3	0.2%
Unknown - Secondary Health Care	3	0.2%
Private Sector - Day Care	2	0.2%
Public Sector - Day Care	2	0.2%
Public Sector - Self Directed Support Staff	2	0.2%
Unknown - Other Public Sector	2	0.2%
Known - Police	1	0.1%
Unknown - Other Voluntary	1	0.1%
Unknown - Police	1	0.1%
Total	1227	

Enquiries by relationship to adult at risk

	Count of referral	%
Known - Other Family Member	121	19.2%
Known - Main Family Carer	65	10.3%
Known - Neighbour/ Friend	55	8.7%
Known - Partner	50	7.9%
Unknown - Individual/ Stranger	49	7.8%
Private Sector - Residential Care Staff	41	6.5%
Known - but not related - Other Individual	38	6.0%
Unknown - Other Private Sector	32	5.1%
Public Sector - Domicilliary Care Staff	29	4.6%
Known - Other Vulnerable Adult	28	4.5%
Public Sector - Residential Care Staff	24	3.8%
Known - Social Care - Other	23	3.7%
Known - Secondary Health Care	12	1.9%
Known - Other Professional	11	1.7%
Known - Other Private Sector	10	1.6%
Known - Primary Health Care	10	1.6%
Unknown - Community Health Care	4	0.6%
Known - Community Health Care	3	0.5%
Known - Other Public Sector	3	0.5%
Private Sector - Self Directed Support Staff	3	0.5%
Unknown - Other Professional	3	0.5%
Unknown - Primary Health Care	3	0.5%
Private Sector - Day Care	2	0.3%
Public Sector - Day Care	2	0.3%
Unknown - Secondary Health Care	2	0.3%
Voluntary/ 3rd Sector - Domicilliary Care Staff	2	0.3%
Known - Police	1	0.2%
Known - Social Care - Social Worker/ Care Manager	1	0.2%
Public Sector - Self Directed Support Staff	1	0.2%
Unknown - Other Public Sector	1	0.2%
Total	629	

Concerns by source

	Count of ale	
Social Care - Social Worker/Care Manager	217	17.7%
Health - Secondary Health staff	166	13.5%
Health - Primary Health/Community Health staff	159	13.0%
Social Care - Residential Care staff	129	10.5%
Other (including probation, anonymous, contract staff,	111	9.0%
Family member	88	7.2%
Social Care - Other	76	6.2%
Police	63	5.1%
Social Care - Domiciliary staff	49	4.0%
Self Referral	39	3.2%
Social Care - Day Care staff	38	3.1%
Housing	23	1.9%
Friend/neighbour	18	1.5%
London Ambulance Service	18	1.5%
Health - Mental Health staff ?? Joint Teams	12	1.0%
Social Care - Self-directed Care staff	7	0.6%
Care Quality Commission	5	0.4%
Education/Training/Workplace Establishment	5	0.4%
Other service user	4	0.3%

	Count of alert	%
Social Care - Social Worker/Care Manager	217	17.7%
Health - Secondary Health staff	166	13.5%
Health - Primary Health/Community Health staff	159	13.0%
Social Care - Residential Care staff	129	10.5%
Other (including probation, anonymous, contract staff,	111	9.0%
Family member	88	7.2%
Social Care - Other	76	6.2%
Police	63	5.1%
Social Care - Domiciliary staff	49	4.0%
Self Referral	39	3.2%
Social Care - Day Care staff	38	3.1%
Housing	23	1.9%
Friend/neighbour	18	1.5%
London Ambulance Service	18	1.5%
Health - Mental Health staff ?? Joint Teams	12	1.0%
Social Care - Self-directed Care staff	7	0.6%
Care Quality Commission	5	0.4%
Education/Training/Workplace Establishment	5	0.4%
Other service user	4	0.3%
Total	1227	

Enquiries by source

	Count of Referral	%
Social Care - Social Worker/Care Manager	126	20.0%
Health - Secondary Health staff	99	15.7%
Health - Primary Health/Community Health staff	67	10.7%
Family member	54	8.6%
Social Care - Residential Care staff	53	8.4%
Other (including probation, anonymous, contract staff	43	6.8%
Social Care - Other	37	5.9%
Police	29	4.6%
Social Care - Day Care staff	28	4.5%
Social Care - Domiciliary staff	27	4.3%
Self Referral	17	2.7%
Housing	14	2.2%
Friend/neighbour	9	1.4%
London Ambulance Service	9	1.4%
Social Care - Self-directed Care staff	5	0.8%
Care Quality Commission	4	0.6%
Health - Mental Health staff ?? Joint Teams	4	0.6%
Education/Training/Workplace Establishment	2	0.3%
Other service user	2	0.3%
Total	629	

Plan offered

Plan offered includes..	Count of plan items	%
Application of change appointee-ship		
Application of Court of Protection	4	0.5%
Civil action	2	0.3%
Community Care assessment and services	89	11.7%
Guardianship/use of Mental Health A	1	0.1%
Increased monitoring	94	12.4%
Management of access to finances	16	2.1%
Move to increase/different care	36	4.7%
No further action (NFA)	173	22.8%
Other	211	27.8%
Referral to advocacy scheme	12	1.6%
Referral to counselling/training	16	2.1%
Referral to MARAC	13	1.7%
Restriction or management of acces	43	5.7%
Review of self-directed support	13	1.7%
Vulnerable adult removed from property or service	35	4.6%
Plan items count	758	

Outcomes for alleged

	Count of plan items for alleged	%
Action by Care Quality Commission	12	1.7%
Action by contract compliance	28	3.9%
Action under the MHA 1983 and 2005	7	1.0%
Alleged perpetrator referred to PoVA List/ISA	8	1.1%
Community Care assessment and services for the alle	26	3.6%
Continued monitoring of alleged perpetrator	43	6.0%
Counselling/training/treatment	21	2.9%
Criminal prosecution/formal caution	17	2.4%
Disciplinary action against alleged perpetrator	23	3.2%
Exoneration	28	3.9%
Management of access to the Vulnerable Adult by the	34	4.7%
No further action (NFA)	266	37.0%
Not known	75	10.4%
Police action	72	10.0%
Referral to court mandated treatment	1	0.1%
Referral to MAPPA	1	0.1%
Referral to registration body	12	1.7%
Removal of alleged perpetrator from property or service	44	6.1%
Plan items count	718	

Safeguarding Concerns

		F	M	U	Total
18-64	18-64: Learning Disability Support	71	64		135
	18-64: Mental Health Support	55	20		75
	18-64: Not recorded	59	33		92
	18-64: Physical Support	70	47		117
	18-64: Sensory Support	9	5		14
	18-64: Social Support	73	18	1	92
	18-64: Support with memory and Cognition	17	18		35
18-64		354	205	1	560
65-74	65-74: Learning Disability Support	12	8		20
	65-74: Mental Health Support	5	4		9
	65-74: Not recorded				0
	65-74: Physical Support	46	38		84
	65-74: Sensory Support	3	1		4
	65-74: Social Support	21	8		29
	65-74: Support with memory and Cognition	10	8		18
65-74		97	67		164
75-84	75-84: Learning Disability Support	1			1
	75-84: Mental Health Support	6	2		8
	75-84: Not recorded	3			3
	75-84: Physical Support	132	62		194
	75-84: Sensory Support	2	5		7
	75-84: Social Support	22	3		25
	75-84: Support with memory and Cognition	22	13		35
75-84		188	85		273
85+	85+: Learning Disability Support				0
	85+: Mental Health Support	3	1		4
	85+: Not recorded				0
	85+: Physical Support	135	58		193
	85+: Sensory Support	2	5		7
	85+: Social Support	1	5		6
	85+: Support with memory and Cognition	13	2		15
85+		154	71		225
DOB unknown	DOB unknown: Learning Disability Support			1	1
	DOB unknown: Physical Support		1		1
	DOB unknown: Social Support	1	2		3
DOB unknown		1	3	1	5

		F	M	U	Total
	Total	794	431	2	1227
	Placed by other local authority	58	38		96
	Already known to CASSR	528	304		832

Safeguarding Enquiries

		F	M	Total
18-64	18-64: Learning Disability Support	42	32	74
	18-64: Mental Health Support	13	4	17
	18-64: Not recorded	26	21	47
	18-64: Physical Support	44	24	68
	18-64: Sensory Support	5	2	7
	18-64: Social Support	23	7	30
	18-64: Support with memory and Cognition	11	12	23
18-64		164	102	266
65-74	65-74: Learning Disability Support	8	5	13
	65-74: Mental Health Support	2	1	3
	65-74: Not recorded			0
	65-74: Physical Support	33	24	57
	65-74: Sensory Support	2	1	3
	65-74: Social Support	8	3	11
	65-74: Support with memory and Cognition	3	6	9
65-74		56	40	96
75-84	75-84: Learning Disability Support	1		1
	75-84: Mental Health Support	4	1	5
	75-84: Not recorded	2		2
	75-84: Physical Support	73	37	110
	75-84: Sensory Support	1	3	4
	75-84: Social Support	11	3	14
	75-84: Support with memory and Cognition	13	3	16
75-84		105	47	152
85+	85+: Learning Disability Support			0
	85+: Mental Health Support	1	1	2
	85+: Not recorded			0
	85+: Physical Support	67	30	97
	85+: Sensory Support	2	3	5
	85+: Social Support		5	5
	85+: Support with memory and Cognition	4	2	6
85+		74	41	115

		F	M	Total
	Total	399	230	629
	Placed by other local authority	35	21	56
	Already known to CASSR	273	164	437

of which Repeat Enquiries

		F	M	Totals
18-64	18-64: Learning Disability Support	15	8	23
	18-64: Mental Health Support	3	2	5
	18-64: Not recorded	1	1	2
	18-64: Physical Support	9	2	11
	18-64: Sensory Support	2		2
	18-64: Social Support	1		1
	18-64: Support with memory and Cognition	3	7	10
18-64		34	20	54
65-74	65-74: Learning Disability Support	4	1	5
	65-74: Mental Health Support			
	65-74: Not recorded			
	65-74: Physical Support	4	7	11
	65-74: Sensory Support			
	65-74: Social Support			
	65-74: Support with memory and Cognition		3	3
65-74		8	11	19
75-84	75-84: Learning Disability Support			
	75-84: Mental Health Support	1		1
	75-84: Not recorded			
	75-84: Physical Support	13	4	17
	75-84: Sensory Support		1	1
	75-84: Social Support	2		2
	75-84: Support with memory and Cognition	2		2
75-84		18	5	23
85+	85+: Learning Disability Support			
	85+: Mental Health Support			
	85+: Not recorded			
	85+: Physical Support	9	4	13
	85+: Sensory Support	1	2	3
	85+: Social Support			
	85+: Support with memory and Cognition			
85+		10	6	16

		F	M	Totals
	Total	70	42	112
	Placed by other local authority	8	3	11
	Already known to CASSR	56	34	90

Completed Enquiries

		F	M	Total
18-64	18-64: Learning Disability Support	42	28	70
	18-64: Mental Health Support	12	4	16
	18-64: Not recorded	17	17	34
	18-64: Physical Support	43	19	62
	18-64: Sensory Support	5	1	6
	18-64: Social Support	21	6	27
	18-64: Support with memory and Cognition	11	11	22
18-64		151	86	237
65-74	65-74: Learning Disability Support	8	4	12
	65-74: Mental Health Support	2	1	3
	65-74: Not recorded			0
	65-74: Physical Support	31	20	51
	65-74: Sensory Support	3	1	4
	65-74: Social Support	7	4	11
	65-74: Support with memory and Cognition	2	4	6
65-74		53	34	87
75-84	75-84: Learning Disability Support	1		1
	75-84: Mental Health Support	5	1	6
	75-84: Not recorded	2		2
	75-84: Physical Support	59	32	91
	75-84: Sensory Support		3	3
	75-84: Social Support	10	2	12
	75-84: Support with memory and Cognition	9	4	13
75-84		86	42	128
85+	85+: Learning Disability Support			0
	85+: Mental Health Support	1	1	2
	85+: Not recorded			0
	85+: Physical Support	58	25	83
	85+: Sensory Support	2	2	4
	85+: Social Support	1	4	5
	85+: Support with memory and Cognition	4	1	5
85+		66	33	99

		F	M	Total
	Total	356	195	551
	Placed by other local authority	38	24	62
	Already known to CASSR	267	148	415

Safeguarding Conc

		18-64 F	18-64 M	18-64 U	65+ F	65+ M	B unkno F	B unkno M	B unkno U	Totals
Asian or Asian British	Afghan	2			1					3
	Any other Asian background	22	14		22	8				66
	Bangladeshi	3	1		1					5
	Chinese				2					2
	Did not wish to reply		2							2
	Form not completed		1							1
	Indian	45	23		49	25		1		143
	Pakistani	17	3		1	2				23
	Sri Lankan	7			1	2				10
Asian or Asian British	Totals	96	44		77	37		1		**255**
Black or Black British	African	8	4		7	1				20
	Any other Black background	11	2		1	1				15
	Caribbean	17	16		19	8				60
	Somali									0
Black or Black British	Totals	36	22		27	10				**95**
Mixed background	Any other mixed background	23	6							29
	White and Asian	3			4					7
	White and Black African	1								1
	White and Black Caribbean	2	3							5
Mixed background	Totals	29	9		4					**42**
Not Stated	Did not wish to reply	2			4	1				7
	Form not completed	11	4		3	4		1	1	24
Not Stated	Totals	13	4		7	5		1	1	**31**
Other Ethnic backgroun	Any other ethnic group	32	7		5					44
	Arab	3	1							4
	Form not completed				2					2
	Iranian									0
Other Ethnic background	Totals	35	8		7					**50**
White or White British	Albanian									0
	Any other White background	39	19		58	20	1			137
	English	88	87		228	122		1		526
	Gypsy									0
	Irish	14	11		31	29				85
	Irish Traveller									0
	Polish	4	1	1						6
	Romanian									0
	Scottish									0
	Welsh									0
White or White British	Totals	145	118	1	317	171	1	1		**754**

		F	M	U	Total
	Total	794	431	2	##
	Placed by other local authority	58	38		96
	Already known to CASSR	528	304		##

Safeguarding Enquiries

		18-64 F	18-64 M	65+ F	65+ M	Totals
Asian or Asian British	Afghan					0
	Any other Asian background	13	11	12	5	41
	Bangladeshi			1		1
	Chinese			2		2
	Form not completed		1			1
	Indian	21	11	30	12	74
	Pakistani	9	1		2	12
	Sri Lankan	3		1	1	5
Asian or Asian British	Totals	46	24	46	20	**136**
Black or Black British	African	3	2	3	1	9
	Any other Black background	3	2	1	1	7
	Caribbean	8	8	11	6	33
	Somali					0
Black or Black British	Totals	14	12	15	8	**49**
Mixed background	Any other mixed background	10	2			12
	White and Asian	3		3		6
	White and Black African	1				1
	White and Black Caribbean	2	1			3
Mixed background	Totals	16	3	3		**22**
Not Stated	Did not wish to reply	1		2	1	4
	Form not completed	1	1	1	1	4
Not Stated	Totals	2	1	3	2	**8**
Other Ethnic backgroun	Any other ethnic group	14	5	1		20
	Arab					0
	Iranian					0
Other Ethnic background	Totals	14	5	1		**20**
White or White British	Albanian					0
	Any other White background	13	7	30	13	63
	English	49	47	120	71	287
	Gypsy					0
	Irish	7	3	17	14	41
	Irish Traveller					0
	Polish	3				3
	Romanian					0
	Scottish					0
	Welsh					0
White or White British	Totals	72	57	167	98	**394**

		F	M	Total
	Total	##	230	629
	Placed by other local authority	35	21	56
	Already known to CASSR	##	164	437

of which Repeat Enquiries

		18-64 F	18-64 M	65+ F	65+ M	Totals
Asian or Asian British	Afghan					
	Any other Asian background	3	2			5
	Bangladeshi					
	Chinese			1		1
	Form not completed					
	Indian	3		2	3	8
	Pakistani	2				2
	Sri Lankan					
Asian or Asian British	Totals	8	2	3	3	**16**
Black or Black British	African					
	Any other Black background		1			1
	Caribbean			2	3	2	7
	Somali					
Black or Black British	Totals		3	3	2	**8**
Mixed background	Any other mixed background	1				1
	White and Asian			2		2
	White and Black African					
	White and Black Caribbean					
Mixed background	Totals	1		2		**3**
Not Stated	Did not wish to reply					
	Form not completed					
Not Stated	Totals					
Other Ethnic backgroun	Any other ethnic group	1				1
	Arab					
	Iranian					
Other Ethnic background	Totals	1				**1**
White or White British	Albanian					
	Any other White background	5	1	9	3	18
	English	15	13	15	9	52
	Gypsy					
	Irish	3	1	4	5	13
	Irish Traveller					
	Polish	1				1
	Romanian					
	Scottish					
	Welsh					
White or White British	Totals	24	15	28	17	**84**

		F	M	Totals
	Total	70	42	112
	Placed by other local authority	8	3	11
	Already known to CASSR	56	34	90

Completed Referrals

		18-64 F	18-64 M	65+ F	65+ M	Totals
Asian or Asian British	Afghan					0
	Any other Asian background	11	9	10	4	34
	Bangladeshi			1		1
	Chinese			2		2
	Form not completed		1			1
	Indian	23	11	29	12	75
	Pakistani	8	1		2	11
	Sri Lankan	2		1	1	4
Asian or Asian British	Totals	44	22	43	19	**128**
Black or Black British	African	2	2	2	1	7
	Any other Black background	4	2	1	1	8
	Caribbean	5	7	9	5	26
	Somali					0
Black or Black British	Totals	11	11	12	7	**41**
Mixed background	Any other mixed background	7	3			10
	White and Asian	3		2		5
	White and Black African					0
	White and Black Caribbean	2	1			3
Mixed background	Totals	12	4	2		**18**
Not Stated	Did not wish to reply			1	1	2
	Form not completed	1	1	1	1	4
Not Stated	Totals	1	1	2	2	**6**
Other Ethnic backgroun	Any other ethnic group	12	3	1		16
	Arab					0
	Indian	1				1
	Iranian					0
Other Ethnic background	Totals	13	3	1		**17**
White or White British	Albanian					0
	Any other White background	10	6	27	12	55
	English	52	35	103	58	248
	Gypsy					0
	Irish	5	4	15	11	35
	Irish Traveller					0
	Polish	3				3
	Romanian					0
	Scottish					0
	Welsh					0
White or White British	Totals	70	45	145	81	**341**

		F	M	Total
	Total	##	195	551
	Placed by other local authority	38	24	62
	Already known to CASSR	##	148	415

Safeguarding Concerns: Source

	18-64: Learning Disability Support	18-64: Mental Health Support	18-64: Not recorded	18-64: Physical Support	18-64: Sensory Support	18-64: Social Support	18-64: Support with memory and Cognition	65-74: Older	75-84: Older	85+: Older	DOB unknown: Learning Disability Support	DOB unknown: Physical Support	DOB unknown: Social Support	Totals
Care Quality Commission	2								1	2				5
Education/Training/Workplace Establishment	1	1				3								5
Family member	3	3	6	11		3	4	14	26	17			1	88
Friend/neighbour		2		1		3		3	4	5				18
Health - Mental Health staff ?? Joint Teams	2	3		2		1		1	3					12
Health - Primary Health/Community Health staff	4	10	2	15	2	20	4	24	40	37			1	159
Health - Secondary Health staff	9	16	34	17	2	14	5	14	29	25		1		166
Housing	1	1	1	1				6	10	3				23
London Ambulance Service		2	1	2		3		2	1	7				18
Other (including probation, anonymous, contract staff, MAPA, MARCA)	11	13	33	8		7	5	9	10	15				111
Other service user	1							2		1				4
Police	6	3	4	4		4	1	13	22	6				63
Self Referral	2	5	4	6	1	9	4	2	3	3				39
Social Care - Day Care staff	9	3		4			3	8	7	4				38
Social Care - Domiciliary staff	5			8	2	1	1	9	17	6				49
Social Care - Other	15	4	3	6	1	5	2	7	17	15			1	76
Social Care - Residential Care staff	28	2		11	2	3	2	17	27	37				129
Social Care - Self-directed Care staff	2					3	1	1						7
Social Care - Social Worker/Care Manager	34	7	4	21	4	13	3	32	56	42	1			217
	135	75	92	117	14	92	35	164	273	225	1	1	3	1227

Concerns by abuse type: referral may be appear more than once if multiple abuse types appl

Abuse type	Reported	%
Discriminatory	10	0.7%
Domestic violence	4	0.3%
Financial	239	16.1%
Institutional	11	0.7%
Modern slavery		
Neglect and Acts of Omission	378	25.4%
Physical	422	28.3%
Psychological	357	24.0%
Self neglect	5	0.3%
Sexual	72	4.8%
Sexual exploitation	9	0.6%
including multiple	237	15.9%
Abuse types count for all concerns	1489	

	18-64 F	18-64 M	18-64 U	65-74 F	65-74 M	75-84 F	75-84 M	85+ F	85+ M	DOB unknown F	DOB unknown M	DOB unknown U	Total
Discriminatory	4	2				1		2	1				10
Domestic violence	3	1											4
Financial	40	44		22	23	44	18	31	17				239
Institutional	2	1		1		2	2	1	2				11
Modern slavery													
Neglect and Acts of Omission	52	52		32	22	67	33	79	41				378
Physical	162	61	1	41	13	63	23	42	13	1	1	1	422
Psychological	133	67		24	21	53	20	26	10	1	2		357
Self neglect	1	1			1		1	1					5
Sexual	45	13		5	1	6		1	1				72
Sexual exploitation	7	2											9
including multiple	77	33		23	13	43	10	24	13	1			237
Total	354	205	1	97	67	188	85	154	71	1	3	1	1227

	18-64: Learning Disability Support	18-64: Mental Health Support	18-64: Not recorded	18-64: Physical Support	18-64: Sensory Support	18-64: Social Support	Support with memory and Cognitio n	65-74: Older	75-84: Older	85+: Older	DOB unknown: Learning Disability Support	DOB unknown: Physical Support	DOB unknown: Social Support	Total
Discriminatory	1			2			3		1	3				10
Domestic violence														
Financial	19	16	9	22	2	7	9	45	62	48				239
Institutional	1	1					1	1	4	3				11
Modern slavery														
Neglect and Acts of Omission	27	12	13	40	1	2	9	54	100	120				378
Physical	49	33	34	33	9	57	9	54	86	55	1	1	1	422
Psychological	41	27	28	38	5	52	9	45	73	36			3	357
Self neglect														
Sexual	20	4	15	9		9	1	6	6	2				72
Sexual exploitation														
including multiple	21	17	5	26	3	33	5	36	53	37			1	237
Total	135	75	92	117	14	92	35	164	273	225	1	1	3	1227

Concerns by location

	18-64	65-74	75-84	85+	DOB unknown	Total
Acute Hospital	15	1	4	4		24
Acute Hospital; Community Hospital			1			1
Community Hospital	6	3	7	2		18
Community Hospital; Other Health Setting (i				1		1
Day Centre/Service	6	1	1	2		10
Education/Training/Workplace Establishmen	6			1		7
Home of alleged	7	2				9
Home of alleged; Other	1					1
Mental Health Inpatient Setting	18	2	1	1		22
Not known	29	1	2	1		33
Nursing Care Home - Permanent	16	9	25	43		93
Nursing Care Home - Permanent; Communit				1		1
Nursing Care Home - Permanent; Supported				1		1
Nursing Care Home - Temporary		3	7	6		16
Other	21	6	4			31
Other Health Setting (including Hospice)	3		1	2		6
Other; Not known	1					1
Own home	322	104	173	116	4	719
Own home; Acute Hospital				1		1
Own home; Community Hospital			1	1		2
Own home; Home of alleged			1			1
Own home; Mental Health Inpatient Setting				1		1
Own home; Nursing Care Home - Permanen	1					1
Own home; Other	3					3
Own home; Public Place	3	2				5
Own home; Public Place; Home of alleged	1					1
Own home; Public Place; Other		1				1
Own home; Supported Accommodation	1	2				3
Public Place	20	2	3			25
Residential Care Home - Permanent	48	15	32	33		128
Residential Care Home - Permanent; Acute I			1			1
Residential Care Home - Permanent; Reside					1	1
Residential Care Home - Temporary	1	2	4	2		9
Supported Accommodation	30	8	5	6		49
Supported Accommodation; Home of allege	1					1
al	560	164	273	225	5	1227

Enquiries by location

	Learning Disability Support	Mental Health Support	Not recorded	Physical Support	Sensory Support	Social Support	Support with memory and Cognition	Total
Acute Hospital			8	4			1	13
Community Hospital	1			4		1		6
Community Hospital; Other Health Setting (including Hospice)				1				1
Day Centre/Service	3			2			1	6
Education/Training/Workplace Establishment	2		1			1		4
Home of alleged	1			1		3		5
Mental Health Inpatient Setting			11	1				12
Not known	1	1	1	2		2		7
Nursing Care Home - Permanent	4	1		41	2	1	2	51
Nursing Care Home - Permanent; Community Hospital; Other						1		1
Nursing Care Home - Temporary				6			1	7
Other	3		1	5	2	5		16
Other Health Setting (including Hospice)							1	1
Own home	33	21	24	209	12	40	33	372
Own home; Community Hospital				1				1
Own home; Home of alleged						1		1
Own home; Nursing Care Home - Permanent				1				1
Own home; Other	1		1	1				3
Own home; Public Place				1				1
Own home; Public Place; Home of alleged	1							1
Own home; Public Place; Other				1				1
Own home; Supported Accommodation	1							1
Public Place	5		1	2		1	3	12
Residential Care Home - Permanent	21	3	1	30	2	3	10	70
Residential Care Home - Permanent; Acute Hospital				1				1
Residential Care Home - Temporary				3			1	4
Supported Accommodation	10		1	15	1	1	1	29
Supported Accommodation; Home of alleged	1							1
Total	88	26	50	332	19	60	54	629

Concerns by funding arrangement

	18-64 F	18-64 M	18-64 U	65-74 F	65-74 M	75-84 F	75-84 M	85+ F	85+ M	DOB unknown F	DOB unknown M	DOB unknown U	Total
Funded by another Local Authority	13	19		5	3	11	2	3	1		1	1	59
Funded by another Local Authority; Funde	1						1	1					3
Funded by Harrow Council	88	77		29	29	83	33	73	37				449
Funded by Harrow Council; Funded by an									1				1
Funded by Harrow Council; Funded by an				1									1
Funded by Harrow Council; Funded by NH	2	2			2								6
Funded by Harrow Council; Not in receipt	1	3		1	2	1	1	1					10
Funded by Harrow Council; Self funded		1											1
Funded by NHS Continuing Health Care	2	6		1	1		5	9	1				25
Funded by NHS Continuing Health Care; S		1							1				2
Not in receipt of Funded Care	146	48	1	42	21	65	27	33	17	1	2		403
Not recorded	101	48		15	7	13	10	13	8				215
Self funded				3	2	15	6	21	5				52
Total	354	205	1	97	67	188	85	154	71	1	3	1	1227

Safeguarding concerns: alleged perpetr

		18-64 F	18-64 M	18-64 U	65-74 F	65-74 M	75-84 F	75-84 M	85+ F	85+ M	DOB unknown F	DOB unknown M	DOB unknown U	Total
Known - but not related - Other Individual		30	18		2	2	6	5	6	9	1	1	1	81
Known - Community Health Care		2			1		2		4	1				10
Known - Main Family Carer		19	14		13	1	28	7	14	4				100
Known - Neighbour/ Friend		27	17		9	8	15	5	6	1		1		89
Known - Other Family Member		78	32		24	6	35	12	23	5				215
Known - Other Private Sector		3	3				3	3	1	1				14
Known - Other Professional		3	4		1		3		3	1				15
Known - Other Public Sector			1		1		1	1						4
Known - Other Vulnerable Adult		22	25		5	5	5	2	9					73
Known - Partner		67	7	1	7	6	13	5	4	3				113
Known - Police			1											1
Known - Primary Health Care			3		1	4	4	4		5				21
Known - Secondary Health Care		9	1			1	3	3	3	3				23
Known - Social Care - Other		10	7		1	1	6	1	8	3				37
Known - Social Care - Social Worker/ Care Manager		1							1	1				3
Private Sector - Day Care		1								1				2
Private Sector - Residential Care Staff		10	11		4	5	12	12	17	8		1		80
Private Sector - Self Directed Support Staff			1		1			1		1				4
Public Sector - Day Care							1			1				2
Public Sector - Domicilliary Care Staff		7	4		6	5	8	2	11	5				48
Public Sector - Residential Care Staff		5	5		2	3	3	3	10	4				35
Public Sector - Self Directed Support Staff						1	1							2
Unknown - Community Health Care		3			1		3		3	1				11
Unknown - Individual/ Stranger		47	34		8	10	18	11	18	7				153
Unknown - Other Private Sector		4	11		8	4	14	5	12	3				61
Unknown - Other Professional		3	4		2	1	2	1		1				14
Unknown - Other Public Sector						1	1							2
Unknown - Other Voluntary								1						1
Unknown - Police		1												1
Unknown - Primary Health Care		1				1			1	2				5
Unknown - Secondary Health Care		1	1				1							3
Voluntary/ 3rd Sector - Domicilliary Care Staff			1			2		1						4
	Total	354	205	1	97	67	188	85	154	71	1	3	1	1227
Lives with vulnerable adult		108	42	1	40	12	58	13	32	8				314
Is main carer		41	28		21	7	44	20	31	14		1		207

		18-64: Learning Disability Support	18-64: Mental Health Support	18-64: Not recorded	18-64: Physical Support	18-64: Sensory Support	18-64: Social Support	18-64: Support with memory and Cognition	65-74: Older	75-84: Older	85+: Older	DOB unknown: Learning Disability Support	DOB unknown: Physical Support	DOB unknown: Social Support	Total
Known - but not related - Other Individual		15	8	1	8	1	13	2	4	11	15	1		2	81
Known - Community Health Care					2				1	2	5				10
Known - Main Family Carer		13	1		11	4	3	1	14	35	18				100
Known - Neighbour/ Friend		16	8	3	3	2	7	5	17	20	7			1	89
Known - Other Family Member		13	14	22	31	2	24	4	30	47	28				215
Known - Other Private Sector			1		4			1		6	2				14
Known - Other Professional		3		2	1			1	1	3	4				15
Known - Other Public Sector		1							1	2					4
Known - Other Vulnerable Adult		16	2	17	4		3	5	10	7	9				73
Known - Partner		5	15	10	11		30	4	13	18	7				113
Known - Police							1								1
Known - Primary Health Care					3				5	8	5				21
Known - Secondary Health Care		1	1	5	3				1	6	6				23
Known - Social Care - Other		7	1	1	4		3	1	2	7	11				37
Known - Social Care - Social Worker/ Care Manager		1									2				3
Private Sector - Day Care		1									1				2
Private Sector - Residential Care Staff		13			4			4	9	24	25		1		80
Private Sector - Self Directed Support Staff		1							1	1	1				4
Public Sector - Day Care										1	1				2
Public Sector - Domicilliary Care Staff		3		1	5	1		1	11	10	16				48
Public Sector - Residential Care Staff		5		1	3			1	5	6	14				35
Public Sector - Self Directed Support Staff									1	1					2
Unknown - Community Health Care			2					1	1	3	4				11
Unknown - Individual/ Stranger		15	18	26	11	3	6	2	18	29	25				153
Unknown - Other Private Sector		6	3	1	1	1	2	1	12	19	15				61
Unknown - Other Professional			1	1	4			1	3	3	1				14
Unknown - Other Public Sector									1	1					2
Unknown - Other Voluntary										1					1
Unknown - Police					1										1
Unknown - Primary Health Care					1				1		3				5
Unknown - Secondary Health Care				1	1					1					3
Voluntary/ 3rd Sector - Domicilliary Care Staff					1				2	1					4
	Total	135	75	92	117	14	92	35	164	273	225	1	1	3	1227
Lives with vulnerable adult		30	21	20	32	1	41	6	52	71	40				314
Is main carer		22	4	16	15	1	3	8	28	64	45		1		207

Conclusion

	Inconclusive	Investigation ceased at individual`s request	Not substantiated	Substantiated - fully	Substantiated - partially		Totals
18-64: Learning Disability Support	12	3	26	17	3	9	70
18-64: Mental Health Support	3		3	7	2	1	16
18-64: Not recorded	10		8	9	6	1	34
18-64: Physical Support	10	3	16	14	9	10	62
18-64: Sensory Support	1	3	2				6
18-64: Social Support	4	4	5	8	2	4	27
18-64: Support with memory and C	3		5	7	6	1	22
65-74: Older	10	4	36	13	7	17	87
75-84: Older	19	9	43	22	9	26	128
85+: Older	11	4	37	21	7	19	99
	83	30	181	118	51	88	551

		Inconclusive	Investigation ceased at individual`s request	Not substantiated	Substantiated - fully	Substantiated - partially		Total
Asian or Asian British	Any other Asian background	4		9	12	3	6	34
Asian or Asian British	Bangladeshi						1	1
Asian or Asian British	Chinese			2				2
Asian or Asian British	Form not completed			1				1
Asian or Asian British	Indian	12	5	26	13	5	14	75
Asian or Asian British	Pakistani	4	1	1	3		2	11
Asian or Asian British	Sri Lankan	1	1				2	4
Black or Black British	African	3		3		1		7
Black or Black British	Any other Black background	2		2	3	1		8
Black or Black British	Caribbean	5	2	9	3	3	4	26
Mixed background	Any other mixed background	4		3	3			10
Mixed background	White and Asian			2	2	1		5
Mixed background	White and Black Caribbean			2			1	3
Not Stated	Did not wish to reply			1			1	2
Not Stated	Form not completed						4	4
Other Ethnic background	Any other ethnic group	6	1		7	2		16
Other Ethnic background	Indian			1				1
White or White British	Any other White background	7	6	16	10	9	7	55
White or White British	English	32	13	87	53	23	40	248
White or White British	Irish	3	1	16	6	3	6	35
White or White British	Polish				3			3
	Total	83	30	181	118	51	88	551

Plan offered: cases may appear multiple times

	18-64: Learning Disability Support	18-64: Mental Health Support	18-64: Not recorded	18-64: Physical Support	18-64: Sensory Support	18-64: Social Support	18-64: Support with memory and Cognition	65-74: Older	75-84: Older	85+: Older	Totals
Application of change appointee-ship											
Application of Court of Protection				1					2	1	4
Civil action									1	1	2
Community Care assessment and services	14	1		10	2	3	5	11	24	19	89
Guardianship/use of Mental Health Act				1							1
Increased monitoring	21	3	9	7		6	6	9	19	14	94
Management of access to finances	3		1	2				4	3	3	16
Move to increase/different care	3	1	4	2		1	3	5	9	8	36
No further action (NFA)	23	2		17	2	14	3	30	47	35	173
Other	23	8	11	26	2	8	8	34	50	41	211
Referral to advocacy scheme	5			1	2	1		1	2		12
Referral to counselling/training	3	1	1	3	2	1	1	2	2		16
Referral to MARAC	2		1	3	1	2	1	2	1		13
Restriction or management of access	10		3	8		2	1	9	6	4	43
Review of self-directed support	3			3			1	1	3	2	13
Vulnerable adult removed from property or service	5	1	5	5		2		5	6	6	35
Totals	70	16	34	62	6	27	22	87	128	99	551

Serious case reviews?

Serious case review	NO serious case review	OTAL COMPLETED REFERRAL
0	551	551

Protection plan accepted

	18-64: Learning Disability Support	18-64: Mental Health Support	18-64: Not recorded	18-64: Physical Support	18-64: Sensory Support	18-64: Social Support	18-64: Support with memory and	65-74: Older	75-84: Older	85+: Older	Totals
NOT WAREHOUSED	70	16	34	62	6	27	22	87	128	99	551
Totals	70	16	34	62	6	27	22	87	128	99	551

Safeguarding: outcome for alleged

	18-64: Learning Disability Support	18-64: Mental Health Support	18-64: Not recorded	18-64: Physical Support	18-64: Sensory Support	18-64: Social Support	18-64: Support with memory and Cognition	65-74: Older	75-84: Older	85+: Older	Totals
Action by Care Quality Commission									4	8	12
Action by Contract Compliance	2			1		1		1	13	10	28
Action under Mental Health Act	1			1		1		1	2	1	7
Community Care Assessment	5			3		1	1	6	5	5	26
Continued Monitoring	7	2	4	5	1	1	1	3	12	7	43
Counselling/Training/Treatment	4	1		3				5	4	4	21
Criminal Prosecution/ Formal Caution	3	1	1		1	1	2	5	2	1	17
Disciplinary Action	2		1	5		1	1	1	4	8	23
Exoneration	2			1				7	9	9	28
Management of access to the Vulnerable Adult	9		4	4		1	1	4	7	4	34
No Further Action	39	6	2	24	2	15	7	47	70	54	266
Not Known	2	4	15	11	1	3	9	6	17	7	75
Police Action	10	2	4	13	3	7	2	12	15	4	72
Referral to Court Mandated Treatment	1										1
Referral to MAPPA								1			1
Referral to Registration Body	2			1				1	3	5	12
Referred to PoVA List/Independent Safeguarding Authority	1			2					2	3	8
Removal from property or Service	6		3	5		5	1	10	5	9	44
Total	70	16	34	62	6	27	22	87	128	99	551

Appendix 2 Training statistics 2014 - 2015

Formal Training – Safeguarding Multi-agency programme	2014-15
Harrow Council Internal	224
Health	67
Statutory (other)	9
Private	565
Voluntary	250
Total:	**1115**

Booked	1337
Attended	1115
Cancelled	140
No Shows	82

Cancellations / No Shows	2014-15 Cancellations	2014-15 No Shows
Harrow Council Internal	28	31
Health	18	4
Statutory (other)	0	0
Private	63	29
Voluntary	31	18
Total Cancelled (formal training)	**140**	**82**

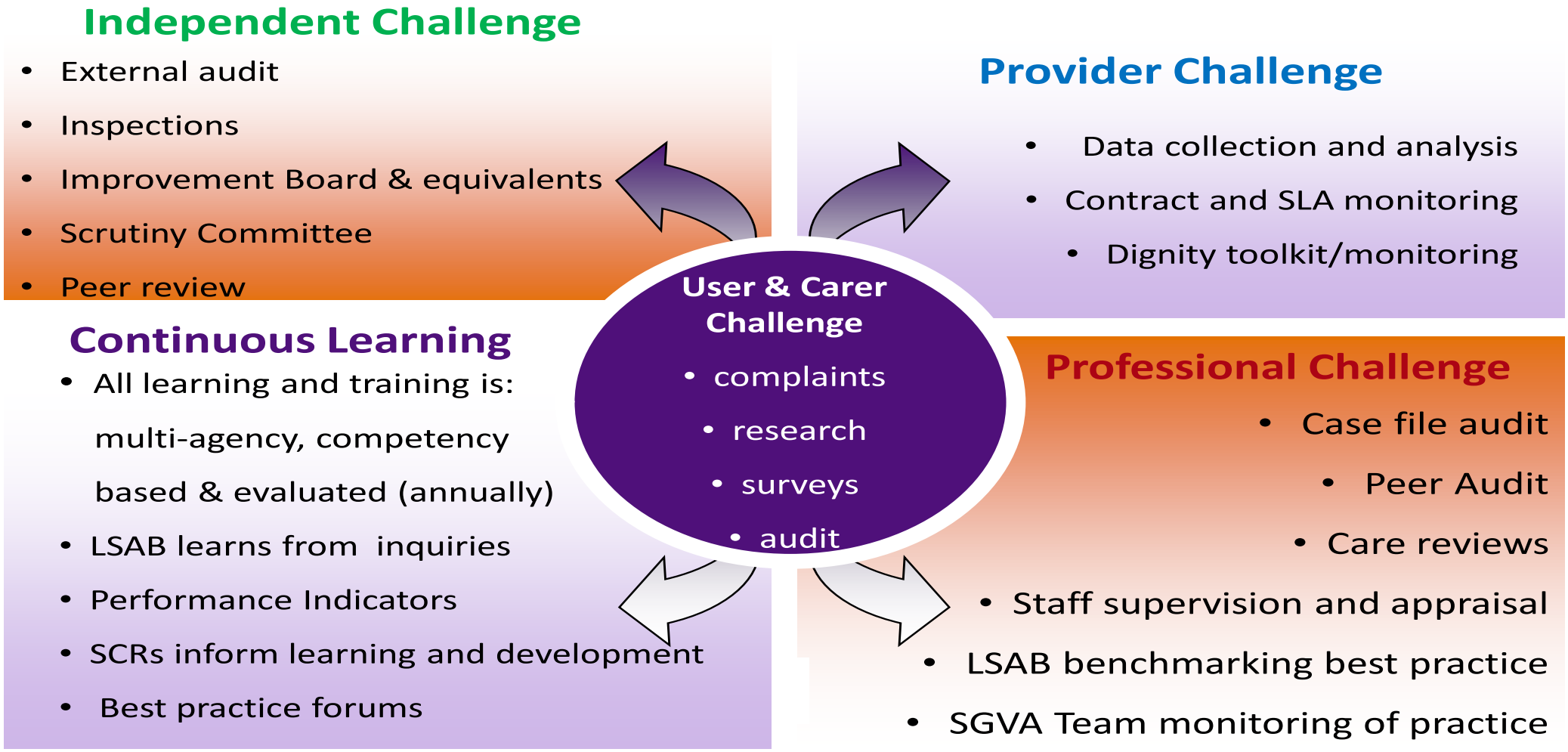
e-Learning	
No. of completed courses	**66**
Internal (Harrow Council) completions	12
External completions	54

SGA Team Briefing Sessions	
Age UK Volunteers	8
Asian Day Centre	41
Delegation of Swedish Visitors - ASB & SGA - Working together	10
Deprivation of Liberty Safeguards (DoLS) Briefings	171
Members Briefings	35
Neighbourhood Champions	16
RSPCA Volunteers	12
Dental Practices	15
GP Briefings	60
GP Surgeries (Clinical & Non-Clinical Staff)	78

Best Practice Workshops	
Dignity & Respect in Care - WEAAD 2014	70
Older People Health Day (Professionals)	40
RSPCA, LSAB & LSCB - Recognising the Links	63
Unwise Decisions, Mental Capacity & Safeguarding	21
Keeping Safe in Harrow - Choices For All event	55
Service user briefings/community events	
Older People Health Day	210
Marlborough Hill Day Centre / Wiseworks	38
MIND Service Users & Volunteers	10
Carers Briefing	9
Total across all events	**2143**

Appendix 3

Safeguarding Vulnerable Adults at Risk in Harrow
Quality Assurance Framework



Appendix 4 Safeguarding Adults Peer Review - Action Plan as at March 2015

Standard	Peer Review Team Recommendation	Action (and timescale)
<u>Key theme:</u> Outcomes for and the experiences of people who use services		
1.3 The council demonstrates improved safeguarding outcomes alongside wider community safety improvements	Systematically capture the fact that people have been asked the outcomes they want and the extent that they are realised. This will focus practice even more and give the Board information about how effective they are	• continue to report on the findings of the independent social worker's interviews with users which checks that desired outcomes have been met (completed and ongoing) • ask the independent file auditor to check (in the next round of audits) that outcomes were clear at the start of the SGA investigation and checked with the user at case conference stage (completed)
	Re-focus on outcomes (rather than outputs or conclusions)	• ask LSAB members to ensure that all annual report and other relevant updates are outcome focused (completed)
	Getting through the 'front door' of Access Harrow (AH) can be difficult	• ask AH to review the telephone responses to calls (completed) • consider an LSAB led "mystery shopping" exercise (completed) • include as a standing agenda item at the quarterly SGA service meetings with AH (completed and ongoing)

	Access to justice is challenging here as elsewhere, but that shouldn't stop partners trying to address this	• amend FWi such that the safeguarding adult episode cannot be closed until a mandatory "prompt" about Police involvement has been answered (completed) • ensure this issue is covered adequately in the new 2014/2015 SGA training programme (completed) • continue to track progress against national performance at the LSAB meetings (completed and ongoing)
Key theme: Service delivery/effective practice, performance and resource management		
Service delivery and effective practice		
6.1 The council has robust and effective service delivery that makes safeguarding everybody's business	Further work on Mental Capacity Act, Human Rights Act and Domestic Violence legislation, case law and approaches would be beneficial	• run annual legal updates either as specific events or as part of other training sessions (completed and ongoing) • register relevant front line staff and managers with legal newsletters (completed) • focus enough of the new 2014/2015 SGA training programme on these areas (completed)

Performance and Resource Management		
7.1 Services are held accountable through performance measures, including quality measures, towards the outcomes for people in the strategy	There is a lot of council data. It could be enhanced by a focus on outcomes from practice and greater interrogation and analysis	• embed use of the new partner agency feedback template at all LSAB meetings from March 2014 (completed)
	There is scope to address more systematically, across the council and NHS commissioners, CQC and the Quality Surveillance Group, care quality issues and provider intelligence The council could encourage providers to engage more proactively with their own learning and development and share their own QA processes	• add Provider quality reports to the LSAB forward agenda (completed) • consider a "part 2" confidential section to Board meetings if business sensitive discussions can't be held at "open" meetings (this was discussed at the annual review day and may need further consideration) • ensure that the Council and CCG are discussing quality assurance processes with Providers at contract monitoring meetings (completed) • encourage Providers to share best practice at the Provider Forum (completed)
	IT is slow	• raise formally within the Council (completed)

Key theme: **Working together**		
8.1 There is multi-agency commitment to safeguarding	Strategic leadership and commitment from key statutory partners (on the board and in their respective organisations) will be critical to safeguarding Harrow citizens	• revisit compliance with signing of LSAB Partnership Agreements (completed) • reflect on membership and attendance as part of the 2013/2014 annual review process (completed)
	In their leadership role the council should consider how it brings partners into owning safeguarding (rather than seeing it as council business they are helping with)	• as agreed at the 2013 event, use an independent facilitator at the 2014 LSAB annual review day to ensure sufficient challenge of all Board members (completed)
	The Board should consider how it exerts a preventative function to ensure that people are not harmed by poor health, care or police responses	• ensure that the revised 2014 – 2017 "Promotion of Dignity and Prevention" Strategy is agreed by the LSAB in March 2014 and the responsible sub-group is fully representative of all the partner agencies (completed) • using the NHS audit tool work as a benchmark, continue to focus on ensuring that all GP surgeries have had recent awareness raising sessions (completed and ongoing) • analyse the 2013/14 mental health statistics and support CNWL in addressing any arising actions (completed and ongoing)
	The Board should consider how it brings together the data and intelligence its partners have in order to identify and manage risks in Harrow	See section 7.1 above

Appendix 5

LSAB Membership (as at 31st March 2015)

LSAB Member	Organisation
Samuel Abdullahi	Brent and Harrow Trading Standards
Jason Antrobus	Harrow Clinical Commissioning Group (CCG)
Paul Bushell	London Ambulance Service
Toni Burke	Harrow Council Housing Department
Richard Claydon	London Fire Service
Kim Cox (Tanya Paxton from March 2015)	CNWL Mental Health NHS Foundation Trust
Cllr Margaret Davine	Elected Councillor and Portfolio Holder – Harrow Council
Jonathan Davies	London North West Healthcare NHS Trust (hospital services)
Dr Julie-Anne Dowie	Royal National Orthopaedic Hospital (RNOH)
Professor Paul Fish	Royal National Orthopaedic Hospital (RNOH)
Cllr Pamela Fitzpatrick	Elected Councillor, Harrow Council
Bernie Flaherty (Chair)	Adult Social Services, Harrow Council
Mark Gillham	Mind in Harrow
Dr Lawrence Gould	Harrow CCG
Sherin Hart	Private sector care home provider representative
Nigel Long	Harrow Association of Disability
Colin Morris	Department of Work and Pensions
Sarah Crouch	Public Health, Harrow Council
Patrick Laffey	London North West Healthcare NHS Trust (community services)

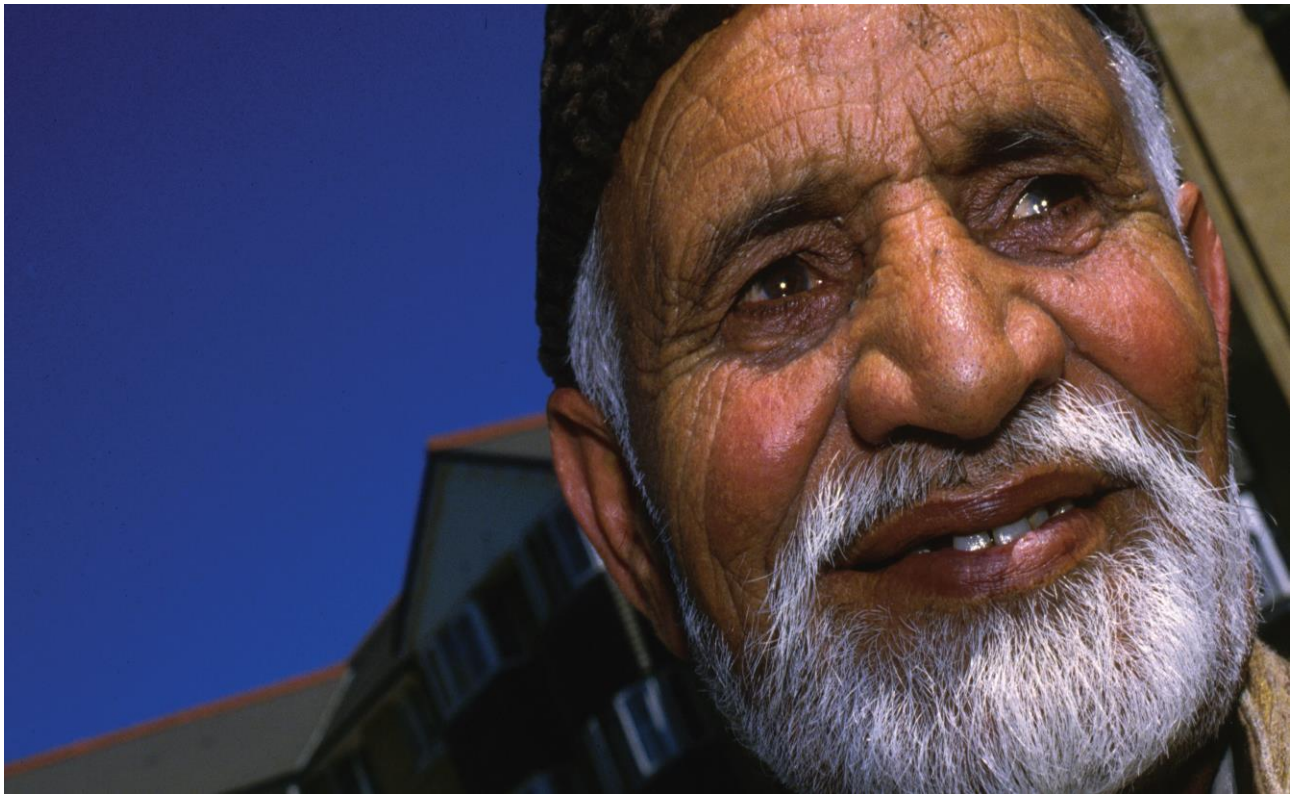
Cllr Chris Mote	Elected Councillor, Harrow Council
Coral McGookin	Harrow Local Safeguarding Children's Board (LSCB)
DCI Peter Stride	Metropolitan Police – Harrow
Avani Modasia	Age UK Harrow
Deven Pillay	Harrow Mencap
Visva Sathasivam	Adult Social Care, Harrow Council
In attendance	
Ash Verma	Healthwatch Harrow
Officers supporting the work of the LSAB	
Sue Spurlock	Manager Safeguarding Adults and DoLS Services – Harrow Council
Seamus Doherty	Safeguarding Adults Co-ordinator - Harrow Council

Appendix 6

Harrow LSAB Attendance Record 2014/2015

Organisation	15/9/14	27/6/14	8/12/14	18/3/15	Total meetings attended
Brent and Harrow Trading Standards	x	x	X	X	0
Harrow Council - Housing Department	✓	x	X	✓	2
London Ambulance Service	x	x	X	X	0
London Fire Service	✓	✓	✓	X	3
Carer Support – Harrow	x	x	X	X	0
Harrow Council - Adult Social Services	✓	✓	✓	✓	4
Harrow Council - elected portfolio holder	✓	✓	✓	✓	4
Harrow Council - shadow portfolio holder	✓	x	X	✓	2
Mind in Harrow	✓	✓	✓	✓	4
NHS Harrow (Harrow CCG)	✓	x	✓	X	2
Ealing Hospitals Trust (Harrow Provider Organisation)	✓	✓	✓	X	3
North West London Hospitals Trust	✓	✓	✓	✓	4

Harrow CCG – clinician	✓	X	X	X	1
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	1
Private sector provider representative (elected June 2013)	x	✓	✓	✓	3
Public Health	x	✓	✓	X	1
Department of Work and Pensions	x	✓	x	X	1
In attendance					
Care Quality Commission (CQC)	x	x	x	X	0
Healthwatch Harrow	x	x	x	x	0
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

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

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)

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

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

Harrow COUNCIL LONDON

& our Partners, Committed to Safeguarding Adults

Adult abuse - break the silence

REPORT IT

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

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

Safeguarding Adults Service

during office hours:

tel: **020 8420 9453**

at all other times

020 8424 0999

fax: 020 8416 8269

email: safeguarding.adults@harrow.gov.uk

web: www.harrow.gov.uk/safeguardingadults