

REPORT FOR:

**HEALTH AND WELLBEING  
BOARD**

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<b>Date of Meeting:</b>	8 September 2016
<b>Subject:</b>	<b>INFORMATION REPORT</b> Harrow Safeguarding Adults Board (HSAB) Annual Report 2015/2016
<b>Responsible Officer:</b>	Bernie Flaherty (Director, Adult Social Services – Harrow Council)
<b>Exempt:</b>	No
<b>Wards affected:</b>	All
<b>Enclosures:</b>	Harrow Local Safeguarding Adults Board Annual Report 2015/2016

**Section 1 – Summary**

This report provides the Health and Wellbeing Board with an overview of the Harrow Safeguarding Adults Board (HSAB) Annual Report for 2015/2016, which summarises safeguarding activity undertaken in that year by the Council and its key partners. It sets out the progress made against priorities, analyses the referrals received and outlines priorities for the current year (2016/17), including those areas where the support of the H&WB Board would be most appropriate. This is the first year (as required by the Care Act 2014) that the HSAB has been on a statutory footing and the NHS, Police and Council representation has to be at a relevant and senior level.

**FOR INFORMATION**

## **Section 2 – Report**

### **2.1 The Care Act 2014**

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 8<sup>th</sup> Annual Report (for 2014/2015) was presented to the Council's Scrutiny Committee in October 2015. This 9<sup>th</sup> report for 2015/2016 will go to a Scrutiny meeting on November 21<sup>st</sup> 2016
  - each partner organisation represented at the HSAB 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. There were none required in 2015/16
- 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 SAB (as at 31<sup>st</sup> March 2016) is shown in Appendix 3 and their attendance record is shown at Appendix 4

### **2.2 Management Information/statistics**

The full set of statistical information for safeguarding adults activity is at Appendix 1 of the attached report.

#### **Headline messages – safeguarding adults**

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

- 1,690 concerns (previously called "alerts") compared to 1,227 in 2014/15, represented a growth of 38% locally. This year the growth in numbers is likely to be related to implementation of the Care Act 2014

which widened the remit for safeguarding adults and lowered the threshold for making enquiries

- 40% of Harrow concerns (680 cases) were taken forward as enquiries (previously called “referrals”), compared to 51% in 2013/14. It is difficult to be sure what percentage of concerns should meet the threshold for enquiries, although it certainly would not be 100%.

Given another high increase in concerns 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 concerns are being taken forward to the enquiries stage

- repeat enquiries in Harrow increased very slightly from 18% in 2014/2015 to 19% in 2015/2016. The last known national figure was 18%, so Harrow is closely aligned with the performance in 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 wants to continue to monitor closely. The most recent independent file audit (for cases completed between March 2015 and September 2015) looked at repeat referrals and with one exception found that they were all for a new concern, which is reassuring
- completed enquiries in Harrow (100%) is significantly better than the last available national figure of 81%. The safeguarding adults team in the Council tracks cases very carefully against the indicative timescales to ensure that there is no “drift”, however the introduction of Making Safeguarding Personal has slowed down the process because the user is in control of dates and venues for meetings etc
- in Harrow the female: male ratio at the end of 2015/2016 was 63:37 for enquiries, which is very close to the last known national position of 61:39
- numbers for older people decreased again last year from 363 in 2014/15 to 314, even so they remain the highest “at risk” group
- for adults with a physical disability the figure in Harrow last year was 40% of concerns. 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
- mental health numbers improved significantly last year from 16% of enquiries (103 users) in 2014/15 to 31% (210 users). This is now higher than the last national figure of 24% and is very positive given the

large amount of focused work done by CNWL Mental Health NHS Trust in 2015/16

- in Harrow the number of enquiries for people with a learning disability in 2015/2016 was exactly the same (88 cases) as the previous year and at 13% is lower than the last available national figure of 19%
- it is very pleasing to note that the concerns from “BME” communities rose again last year to 51% from 45% in 2015/2016 – which is in line with the makeup of the Harrow population. The enquiries figure was 48% which is also positive, as it suggests that a proportionate number of concerns are progressed and people from “minority” communities are not being disproportionately closed before that stage of the process
- statistics showing where the abuse took place in Harrow remain broadly similar to 2015/16, with the highest percentage being in the service user’s own home (61%) and 20% in care homes (long term and temporary placements). This is almost exactly the same figures as in 2014/15. Figures in other settings remain small e.g. 1% in an acute hospital (10 cases); 4% in mental health in-patient units (25 cases) and 4% in supported accommodation (26 cases)
- allegations of physical abuse (23%) and neglect (at 21%) remained the most common referral reasons last year. Concerns about sexual abuse rose from 42 cases in 2014/2015 to 65 last year. It is the first year for cases of self-neglect to be reported under the safeguarding adults’ statistics and there were 11 concerns dealt with under the local arrangements
- financial abuse (17%) and emotional/psychological abuse (20%) are the other significant figures and both have reduced very slightly – by 3% and 2% respectively
- in Harrow, social care staff e.g. “domiciliary care workers” (22%); “other family members” (25%) and “partner” (10%) were the most commonly alleged persons causing harm – these figures being very similar to those in 2014/2015
- given the numbers of training and briefing sessions undertaken in recent years, it is always interesting to look at the source of concerns and this is the second time that year on year comparison has been possible for the HSAB to carry out. Last year the highest numbers (16%) were from social workers/care managers and mental health staff. The increase in concerns (from 55 in 2014/15 to 112 last year) raised by the latter is very positive given the significant focus on this work by managers in the Trust.

The other sources were: primary health care staff (10% - a small decrease from the previous year); residential care staff (10% - a small increase from 2014/2015); family (8% - a small decrease on the last 2 years); secondary health care staff (a 7% decrease [40 less cases])

than in 2014/15); Police (6% - a 2% increase) and friend/neighbour (3 more cases [12 cases] than the previous year)

- outcomes in Harrow for the person alleged to have caused harm in relation to criminal prosecutions/Police action compared to the 2014/2015 statistics of 89 cases have increased to 105 – which is positive. The safeguarding adults team supported by the Police continue to give this area a high priority
- outcomes for the adult at risk include: increased monitoring (13%); community care assessment and services (13%); management of access to perpetrator (5%); moved to different services (5%); referral to MARAC (2%); referral to advocacy (2%); referral to counselling or training (2%); management of access to finances (1%); application to Court of Protection (1%)

All figures are broadly similar to 2014/2015 and although the percentage is the same as the previous year there were 9 cases (an increase of 5) taken to the Court of Protection which is positive.

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

This is the fourth year that the HSAB 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 (including those that are placed out of borough), the HSAB needs to be reassured that they are carefully applied and monitored.

There were 798 requests for authorisations last year (an increase of 414 on the previous year) of which 644 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 122 requests from hospitals compared to 16 in 2014/2015 – an increase of 13%.

### **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 2014/2015 position. In some important areas e.g. mental health referrals and concerns from BME communities, there was significant improvement. There was also a small improvement in the numbers of cases subject to Police action/prosecution.

Given that these were areas prioritised by the HSAB for 2015/16 this is a very positive outcome. Areas for focus in 2016/17 include the reduction for the 3<sup>rd</sup> year of cases being referred from secondary care and the need to ensure that self-neglect concerns are being recorded correctly - as the numbers in year 1 appear lower than the research suggests they might have been. The HSAB would also like to be reassured that the numbers of concerns received from family/friends are as high as they should be.

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

## **2.3 Making a difference – (progress on 2015/2016 objectives)**

This section of the report looks at what difference the work of the HSAB made last year by reviewing progress on the priorities agreed for 2015/2016, as set out in the annual report for 2014/2015.

### **Theme 1 - Prevention and Community Involvement**

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

The HSAB's prevention strategy 2014 – 2017 ("Promoting Dignity and Prevention of Abuse") was formally agreed at the Board meeting in March 2014. 2015/2016 was the second year of implementation which built on the work done from the previous year. Examples of work in this area include:

Care providers ran events to mark Dignity Awareness Day (1<sup>st</sup> February 2016). Some poignant quotes from older people who took part at Princess Alexandra Home included: "*dignity is about choice*"; "*dignity is being there for me, coming to me to have a conversation*"; "*dignity is simply being nice and pleasant to people - treating them the way you'd like to be treated*". Other events included: pancakes at College Hill Care home; a resident singing West End favourite songs at Grove House; a "digni tea" at Primrose House; celebrations and reminiscence at Holly Bush Nursing Home.

To mark the 10<sup>th</sup> World Elder Abuse Awareness Day (June 2015) the HSAB organised a Best Practice Forum on self-neglect which was attended by 55 staff from a range of local organisations. Up to date research was presented by Michael Preston-Shoot (Professor of Social Work at University of Bedfordshire) which focused on how best to work with people who were reluctant to accept care or support..

The Safeguarding Adults Services continues to promote distribution of "The Little Book of Big Scams" produced by the Metropolitan Police and the Home Office which is extremely popular with members of the general public.

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

A formal Communications Plan for the HSAB 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 HSAB'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 (July and October 2015 and January 2016) included topics such as: statistical information; Law Commission consultation on possible DoLS reforms; scams (e.g. door step crime); Dignity Action Day 2016; Home Office report on inspection of custody arrangements for vulnerable people; the new "pan London" procedures; Prevent; and training information.

Articles were also written for “News and Views” which is produced for people with a learning disability with a particular focus on keeping safe including e-safety on-line.

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

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.

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

The independent social worker (who interviews randomly selected service users after the safeguarding enquiry is concluded) continued last year to ask whether people knew how to report abuse and understood what would happen next. She reported that all the users interviewed were very happy with the outcome of the enquiry and (an important change from her previous findings) had felt in control of the process. It is believed that new approaches introduced under the “Making Safeguarding Personal” project e.g. holding strategy meetings at user’s own homes have been major factors in this improvement.

Service users attended the HSAB Annual Review Day again last year (June 2015). They told the HSAB about what was important to them in keeping safe and provided challenge to Board members:

“people come to the front door and ask for our Bank information – this is scary”; “lots of people are worried about door step crime”; “my house was burgled when I was in hospital – I was scared to go back”; “carers should not tell other people what the key safe number at the front door is”; “we would like more leaflets about keeping safe”; “taxi drivers should be told not to speak on their mobile phone when they drive us anywhere”; “tell head teachers at the end of term not to let students be rude to us”; “we don’t think that the Police know much about mental health problems”; “we would like to know which staff in mental health services know about what to do if we tell them about abuse”; “who are the CNWL champions for keeping safe?”

The HSAB Annual Report for 2014/15 was presented to the Local Account Group and discussed in detail. There was a request that more awareness raising was done in local mental health services which has been implemented by CNWL.

### **Outcomes for prevention work included:**

More work has been done to set up a Harrow Safe Place scheme. Choices For All students and users at Creative Support are helping by visiting shops, churches and cafes near the Bus Station (as the first priority area) asking them to sign up.

At its meeting in September 2015, the HSAB formally approved a protocol for working with people who self-neglect based in large part on the research presented by Professor Preston-Shoot. The effectiveness of the new approach was reviewed at the HSAB meeting in March 2016 and was assessed as working well.

The referrals from “BME” communities increased last year to 51% which is very much in line with the local demographic makeup of the borough and suggests that the HSAB’s messages are reaching a wider audience.

The very positive arrangements between the Safeguarding Adults Service and the local Fire Service continued last year with 83 referrals for free home fire safety checks.

As requested by users and the Local Account Group, more awareness raising and focus was given to safeguarding adults work by CNWL with a very significant improvement in numbers of concerns dealt with in that area.

The “champion” information was displayed at relevant units by CNWL.

Mental health concerns rose by 15% (107 more people) suggesting that (as requested by users and the Local Account Group) a greater number of staff in these services know what to do about allegations of abuse.

## **Theme 2 – Quality and Performance Review**

### **The HSAB oversees effective practice and ensures continuous improvement**

Performance management reports were presented to the HSAB at all of its meetings in 2015/2016. See 2.2 above for detailed analysis.

A second “mystery shopping” exercise was commissioned by the HSAB which was carried out by users (supported by Mind in Harrow) in November 2015. The areas contacted were: 101 – Police non-emergency service; SPA (Single Point of Access for CNWL) and 3 GP practices. The findings were presented to the Board in December 2015 and feedback has been given to the agencies contacted in the exercise.

#### ***File Audit***

Both internal and external (independent) audits of casework continued in the Council’s Safeguarding Adults and DoLS Service during 2015/2016 with headline messages presented to the HSAB.

A total of 96 cases were reviewed with the key focus being on areas highlighted from performance reports e.g. checking that repeat referrals were for different concerns. The audit findings were fed back to relevant front-line staff and managers as a way of informing continuous improvement.

In May 2015, in CNWL Mental Health Trust, an audit of procedures and recording of safeguarding adults enquiries was undertaken by an external auditor. One outcome was the creation of a specific role ‘Lead Safeguarding Adults Manager’ (Lead SAM) to undertake reform of policies and procedures for raising a concern, verifying if a further enquiry was required and organising a Safeguarding Adults Manager to conduct this.

A further very positive outcome was a marked improvement in the number of concerns raised/reported. In Quarter 1 of 2015/16 the average was 10 a month, in Quarter 4 it was 35 a month.



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

The HSAB has received statistical reports at each of its meetings, including the full year position for 2014/2015 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.

### **Outcomes:**

Ongoing analysis by the HSAB 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 4

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 “pressure sore prevention and management” was delivered by a local Tissue Viability Nurse.

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

### **The HSAB 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 HSAB. 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. Some targeted briefing sessions took place: Pubwatch landlords (with a focus on the sexual exploitation of vulnerable adults and done in partnership with the HSCB); Enhanced Practice Nurses; the Wiseworks Centre for people with mental health difficulties; MIND in Harrow users and volunteers; St Luke’s Hospice and care providers (primarily about DoLS).

Funding was also received from the Department of Health which enabled the HSAB to hold its first conference. The focus was on use of the Mental Capacity Act, sessions were run by Edge Training and included input from Alex Ruck-Keene a leading barrister in the field. Evaluation was almost 100% positive from the 107 multi-agency staff that attended.

<b>Attendees by sector (multi-agency training programme)</b>	<b>2015-16</b>
Harrow Council Internal	187
Health	49
Statutory (other)	1
Private	373
Voluntary	85
<b>Sub-total:</b>	<b>695</b>

### **SGA Team Briefing Sessions**

Age UK Harrow Volunteers	10
Deprivation of Liberty Safeguards (DoLS) Briefings	72
Housing Team	15
Members Briefings	12
Pubwatch	50
HSAB annual conference (focus on the Mental Capacity Act)	107
Pressure Area Care	29
Self-Neglect & Hoarding (learning from research)	55
Kenmore NRC	19
Marlborough Hill Day Centre / Wiseworks	9
Milmans Service User Briefings	20
MIND in Harrow Service Users & Volunteers	5
Carers Briefing	14
Enhanced Practice Nurses	19
GP Surgeries (Clinical & Non-Clinical Staff)	17
St Luke's Hospice	25
	<b>Sub-total 478</b>
<b>Total Attending (all sessions)</b>	<b>1173</b>

## 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.

Last year there was a focus on ensuring that the requirements of the Care Act 2014 were addressed in both formal and briefing sessions. This included self-neglect and the other new areas of work e.g. modern slavery.

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

The Deprivation of Liberty Safeguards (DoLS) statistics are 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. This may not be sustainable in 2016/17 given withdrawal of the Government grant, pressure on Council finances and a continuing growth in referral numbers.

## **Outcomes:**

The HSAB can be reassured that for the 789 cases where a DoLS was authorised, some of the most vulnerable people they are responsible for have been protected. It is also positive that more cases were referred from hospitals suggesting that staff in those settings are becoming clearer about their responsibilities as managing authorities.

There are also good case examples of the involvement of a Best Interest Assessor or independent section 12 doctor highlighting ways in which restrictions on individual's can be reduced e.g. picking up where sedative medication has not been reviewed and could be reduced.

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

##### **Ensure production of the HSAB Annual Report and presentation to all relevant accountable bodies**

The HSAB Annual Report 2014/2015 was agreed formally by the Board at its annual review day in June 2015. This report for 2015/2016 will be discussed at the same event in June 2016. Following its formal agreement by the HSAB, the report was presented to the Health and Wellbeing Board (14<sup>th</sup> October 2015), the Council's Scrutiny Committee (26<sup>th</sup> October 2015) and subsequently to all partner agencies' Executive meetings or equivalent.

##### **Outcomes:**

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

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

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

As stated above the Safeguarding Adults Service finds that the "little book of big scams" produced by the Metropolitan Police is popular with the general public and is therefore actively promoting it as widely as possible across Harrow.

##### **The HSAB (jointly with the Safeguarding Children's Board) takes a "family first" approach to its work**

Joint common meetings continued again last year e.g. bi-annually with the Multi-agency [children's] Safeguarding Hub (MASH) and London Ambulance Service.

Joint briefing sessions are run wherever possible e.g. with Pubwatch/pub landlords about sexual exploitation.

##### **Outcomes:**

Independent file audits continue to show growing confidence in this area of work by staff in Adult Services. These audit findings were fed back to and discussed with the Children's Safeguarding Board (HSCB) quality assurance sub-group meeting.

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

Year two actions from the HSAB 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 (HSCB)**

### **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 again reviewed cases where domestic violence was a factor. The HSAB 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 HSAB (jointly with the HSCB) 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 to MASH (Multi-agency Safeguarding Hub) where threshold decisions about referred children are discussed. This ensures appropriate information sharing and therefore decisions are taken in the most informed way possible.

## **2.4 HSAB Objectives for 2016/2017**

The LSAB’s objectives for 2016/2017 build on those established the previous year and address the priorities identified in its Strategic Plan for 2014 - 2017. The priorities include: 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); commission the 3<sup>rd</sup> “mystery shopping” exercise ensuring feedback is given to providers and learning is implemented; and develop an action plan to address relevant recommendations from the inspection of vulnerable people in custody report.

## **Section 3 – Further Information**

All relevant information is contained in the attached document.

## **Section 4 – Financial Implications**

The revenue cost of the Safeguarding Adults Service (and related activities e.g. publicity) is outlined in the Annual Report under the “HSAB Resources” section. The increased activity during 2015/2016 resulted in additional costs incurred by the Safeguarding Adults and DoLS Service, however this was contained within the overall adult social care budget.

As highlighted last year, the other financial implication arising from this report relates to the Supreme Court judgement in the DoLS work area and the numbers are at section 2.2 above.

The Council received a financial contribution for 2015/16 from the Department of Health (DoH) of £104K in recognition of the extremely high numbers of cases, however this was removed in 2016/17 despite the rising numbers, so the Council has had to fund the remaining cost pressure. Whilst in previous years costs have been contained within the Adult social care budget, the increasing care cost pressures together with the reduced budget to deliver MTFs savings to contribute towards council budget gap are likely to influence the ability to contain these pressures moving forward.

The expectation is that the outcomes can be delivered within the annual financial envelope, however this continues to prove challenging where the pressures are demand led and of a statutory nature.

## **Section 5 - Equalities implications**

The HSAB considers local safeguarding adults statistics at each Business Meeting and at its annual review/business planning event, with particular emphasis on ensuring that alerts (now “concerns”) are being received from all sections of the community. The Strategic Plan for 2014/17 has been developed such that the HSAB will monitor the impact of abuse in all parts of Harrow’s community and will focus its awareness raising sessions in areas where low/no referrals have been received in the previous period. Safeguarding adults’ work is already focused on some of the most vulnerable and marginalised residents of the local community and the 2015/2016 statistics demonstrate that concerns are coming from all sections of the Harrow community.

## **Section 6 – Council Priorities**

The Council’s vision:

### **Working Together to Make a Difference for Harrow**

This report primarily relates to the Corporate priorities of:

- making a difference for the vulnerable
- making a difference for communities

## **STATUTORY OFFICER CLEARANCE**

(Council and Joint Reports)

Name: Anthony Lineker	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 15 <sup>th</sup> August 2016		
Ward Councillors notified:		<b>NO</b> - the report affects all Wards

### **Section 7 - Contact Details and Background Papers**

**Contact:** Visva Sathasivam (Assistant Director, Adults) - 02087366012

#### **Background Papers:**

Harrow Safeguarding Adults Annual Report 2015/2016