

# **REPORT FOR: Health & Social Care Scrutiny Sub-Committee**

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<b>Date of Meeting:</b>	15 December 2016
<b>Subject:</b>	Harrow Safeguarding Adults Board (HSAB) Annual Report 2015/2016
<b>Responsible Officer:</b>	Visva Sathasivam Assistant Director, Adult Social Services
<b>Scrutiny Lead Member area:</b>	Policy Lead Member, Councillor Chris Mote Performance Lead Member, Councillor Mrs Chika Amadi
<b>Exempt:</b>	No
<b>Wards affected:</b>	All
<b>Enclosures:</b>	Appendix 1 - Harrow Safeguarding Adults Board Annual Report 2015/2016

## **Section 1 – Summary and Recommendations**

This report provides Scrutiny Committee Members 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 (2016/2017).

### **Recommendations:**

Scrutiny Committee is requested to note the work that has taken place in 2015/2016 and the action plan for 2016/2017.

## **Section 2 – Report**

### **2.1 Introduction**

This is the ninth Annual Report of the Harrow Safeguarding Adults Board (HSAB) and a copy is attached as an appendix for information.

### **2.2 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 SAB has a 3 year strategic plan for 2014 – 2017 which will be updated for 2017/2020*
- 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 covers the financial year 2015/2016*
  - *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, the Board's annual report for 2015/16 has been produced in "Executive Summary", "key messages for staff" and "easy to read" formats and is 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 and there were none required for 2015/16 in Harrow*
- 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 SAB (as at 31<sup>st</sup> March 2016) is shown in Appendix 3 and their attendance record is shown at Appendix 4*

### **2.3 Management Information/statistics**

The full set of statistical information 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. Independent file audit always looks at repeat referrals and to date (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%.

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.

### **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 the attached 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 objectives for 2015/2016)**

This section of the attached annual 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. There are some very positive examples of positive outcomes for Scrutiny to note.

### **Section 3 - Performance Issues**

The report is primarily concerned with performance and contains analysis of the Harrow Safeguarding Adults Board statistics, both as they relate to the previous year and also to national data.

### **Section 4 - Environmental Impact**

There is no environmental impact arising from this report.

### **Section 5 - Risk Management Implications**

Risk included on Directorate risk register? Yes

Separate risk register in place? No

#### **Potential risks:**

Failure to ensure local safeguarding adults' arrangements are robust could lead to a serious untoward incident e.g. death of a vulnerable person. Failure to implement the statutory DoLS guidance could lead to a legal challenge about unlawful deprivation of a vulnerable person in a care home, hospice, or hospital.

### **Section 6 - 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 concerns (referrals) are being received from all sections of the community. The Strategic Plan for 2014/17 was developed such that the HSAB monitors the impact of abuse in all parts of Harrow's community and the new version for 2017/2020 will continue that focus. 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 7 - Corporate 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

**Ward Councillors notified:**

No - the report affects all  
Wards

**Section 9 - Contact Details/Background Papers**

**Contact:** Visva Sathasivam (Head of Adult Social Care)  
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**Background Papers:** Harrow Safeguarding Adults Annual Report 2015/2016